

June 2, 2017  
MB# 17-003

# MEDICAID BULLETIN

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**TO: Providers of Inpatient Psychiatric Services to Children under 21**

**SUBJECT: Changes to the Psychiatric Hospital Services Provider Manual Regarding  
Psychiatric Residential Treatment Facilities (PRTFs)**

Effective with dates of service on or after July 1, 2017, the South Carolina Department of Health and Human Services (SCDHHS) will include psychiatric residential treatment facility (PRTF) services and providers in the coordinated care benefit provided by SCDHHS-contracted managed care organizations (MCOs). MCO members will access PRTF services through the MCO they have chosen or to which they have been assigned. Individuals not choosing or not mandatorily assigned to an MCO will continue to access PRTF services through the SCDHHS Medicaid fee-for-service (FFS) benefit. PRTFs serve beneficiaries 21 years of age and younger.

SCDHHS will also implement the below changes in policies and procedures, effective with dates of service on or after July 1, 2017. This bulletin highlights manual revisions to certain policy changes; however, providers should refer to the Psychiatric Hospital Services Provider Manual in its entirety to review all revisions.

### Emphasis on Family-driven, Youth-guided Care

Provider manual changes reflect an emphasis on inclusion of families in the treatment process. PRTF providers are required to encourage and support the active and meaningful involvement of family members and caregivers in all aspects of the youth's care. The primary planning entity for each youth should be a team with the family and youth at its center. Community and facility-based service providers, referring agencies and other supportive individuals invited by the youth and family will also participate. A case manager or care coordinator should orchestrate and facilitate the work of the team. As key members of the team, primary caregivers must be included in the assessment process, setting and prioritizing treatment goals, ongoing care, discharge planning and transition activities. PRTF providers must collaborate with community providers (e.g., outpatient, community service agency) to deliver family-focused therapy and to ensure continuity of care.

### Seclusion and Restraint

PRTF programs should strive to eliminate seclusion, restraint, point and level systems and other similar practices, while maintaining clinical excellence by providing high quality care that is trauma-informed,

incorporates state-of-the-art evidence-based approaches and uses relevant data and feedback in rigorous processes of continuous improvement. If orders for restraint and seclusion are determined necessary, they must not exceed two hours for residents ages 18-21; one hour for residents ages 9-17 or a half-hour for residents under age 9. Quarterly reports of all instances of seclusion and restraint on Medicaid beneficiaries must be submitted to SCDHHS Division of Behavioral Health at [behavioralhealth003@scdhhs.gov](mailto:behavioralhealth003@scdhhs.gov)

#### Serious Occurrence Reporting

A standardized fax cover checklist is located in the forms section of the manual and must accompany facilities' serious occurrence reports. Additionally, there is language in section 2 of the manual outlining circumstances that may prompt a site visit and/or request for further documentation.

#### Changes to Training Requirements

All PRTFs serving beneficiaries ages 12-21 must ensure that employees receive Mental Health First Aid training by July 1, 2018. Excluded from this requirement are staff with at least a master's degree in behavioral health or related field and licensed and/or certified in their respective professions.

#### Changes to Document Set for Admission and Continued Stay

The Child and Adolescent Level of Care Utilization System (CALOCUS) will no longer be required for admission into a PRTF. The certification of need (CON), located in the forms section of the manual, and the most recent diagnostic assessment must be submitted as part of the document set for initial authorization requests. Providers will also be required to submit monthly treatment team notes as part of the document set for continued stay authorization requests.

#### Continuity of Care

PRTFs will be required to work with community providers, referral sources and families to coordinate the continuity of care for beneficiaries, including the identification and assessment of needs, development of treatment plans, coordination of services and discharge planning. Documentation requirements are outlined in the policy manual.

#### Notification to SCDHHS for Monthly Treatment Team Meetings

The PRTF must notify community partners (i.e., family/caregivers, behavioral health treatment providers, involved state agencies and SCDHHS/MCOs) at least two weeks in advance of each beneficiary's monthly treatment team meeting.

#### Therapeutic Home Time (THT)

Beneficiaries may receive up to 14 days of therapeutic home time (THT) per state fiscal year. THT involves allowing the youth to begin the transition process as they stay at home with their family. These 14 days are considered reimbursable as part of the youth's residential intervention. More information regarding billing for THT is located in the provider manual.

Should you have any questions regarding this bulletin, please contact the SCDHHS Division of Behavioral Health at (803) 898-2565.

Thank you for your continued support of the South Carolina Healthy Connections Medicaid program.

/s/  
Deirdra T. Singleton  
Acting Director