

CHANGE NOTICE FOR MANUAL, NO 17-01, Children in PRTFs

Manual: Aged, Blind, and Disabled

Change No. 17-01

To: County Directors of Social Services

Effective: June 1, 2001 Make the following Changes

I. CONTENT OF THE CHANGE

A. Psychiatric Residential Treatment Facilities

Effective October 1, 2000, Medicaid began coverage of inpatient treatment in a psychiatric residential treatment facility (PRTF) for individuals under 21. Change No. 08-01 issued eligibility policy for children in PRTFs. This policy was written with the understanding that claims for PRTF would process like claims for inpatient psychiatric hospitals. However, PRTF claims process as nursing facility claims, which require a patient monthly liability (PML). This policy change corrects the initial instructions.

Key points are as follows:

1. When a disabled child under 21 is admitted to a PRTF, treat the admission like an admission to a nursing facility for budgeting purposes.
 - a. Parental financial responsibility ceases for the month of entry.
 - b. Budgeting for the month of entry is PLA, counting only the child's income.

If he has no deductible or his deductible was met prior to entry into the PRTF, his patient monthly liability is \$0 effective the date of entry.

If he has a deductible to meet in the month of entry, PRTF daily charges are applied to the deductible. The amount of PRTF charges on the date of authorization is reported in EIS as a patient monthly liability.

- c. Long term care budgeting begins the month following the month of entry.
2. Prior Approval

An approved FL-2/MR-2 is not required for coverage of PRTF. There is a separate prior approval process for PRTF. Do not delay applying long-term care budgeting awaiting prior approval.

B. Other Changes

1. Reference to Carolina Alternatives is removed from MA-1100. There no longer is a Carolina Alternatives program.
2. MA-2270, XI.A.2. is revised to indicate that the instructions that follow in that item are for reporting the patient monthly liability (pml) in the month of entry into long term care. The previous instructions said they were for reporting a "\$0" pml. The pml could be greater than \$0.
3. MA-2270, XI.A.2.c. provides instructions on what to report as the patient monthly liability in the month of entry when the a/r has not met his deductible when he enters the facility. The facility's daily private rate is applied to his deductible and he is authorized on the date he meets his deductible. The instructions say to report the deductible balance as pml effective the date the deductible is met. The instructions are clarified to indicate that the amount reported as pml is the amount of facility charges applied to the deductible on the date the deductible is met.
4. The tables at the end of MA-2270 are updated to include new Medicaid reimbursement ranges and update prior approval requirements.

II. EFFECTIVE DATE AND IMPLEMENTATION:

The Manual is updated effective June 1, 2001. Apply this policy to any child admitted to a PRTF whose eligibility determination (application, review, or change in situation) is in process or begins on or after receipt of this material.

III. MAINTENANCE OF MANUAL

- A. Remove MA-1100, pages 9 & 10 and 17 & 18.
Insert attached MA-1100, pages 9 & 10 and 17 & 18.
- B. Remove MA-2270, pages 1 & 2 (retain 2a), 29 – 30a, and Tables i - iii.
Insert attached MA-2270, pages 1 & 2, 29 – 30a, and Tables i - iii.
- C. Remove MA-2360, pages 1 & 2 and 9 – 14.
Insert attached MA-2360, pages 1 & 2 and 9 – 14.

If you have any questions, please contact your Medicaid Program Representative.

Paul R. Perruzzi
Director