Amerigroup RealSolutions in healthcare

Provider update

Comprehensive guide to psychiatric residential treatment facility (PRTF) services

This comprehensive guide offers vital information for providers, guardians, and Division of Family and Children Services (DFCS) representatives navigating psychiatric residential treatment facility (PRTF) services within the Georgia Families 360°$_{SM}$ program.

Key features include:

- Initiating and navigating PRTF requests
- Medical director reviews, reconsiderations, and appeals guidance
- Overview of PRTF treatment and discharge planning
- Care coordination support

Intended as an indispensable resource, this guide aims to empower healthcare providers, guardians, and DFCS representatives with the knowledge needed to ensure effective management of PRTF services.

If you have questions, contact Amerigroup Community Care at GF360@amerigroup.com.

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Initiating a PRTF request

Who can submit PRTF service authorizations?

Any licensed independent provider (psychiatrist, psychologist, licensed social worker (LSW), licensed professional counselor, licensed marriage and family therapist (LMFT), advanced practice registered nurse) who is currently treating the member.

How does the provider submit an authorization for PRTF services?

Providers should visit **provider.amerigroup.com/georgia-provider** and:

- Select **Forms**
- Expand *Behavioral Health* and select the ***Standard PRTF Referral Form***
- Fill out the required information on the form and label it with *Georgia Member 360°*
- Use the Availity Essentials platform for submission and upload the completed form.

When should I submit a PRTF request?

As soon as the treating provider determines that PRTF level of care is clinically appropriate, it is advised to submit the request to Amerigroup immediately. Waiting for an acceptance facility is not necessary and may negatively impact the member's clinical wellbeing.

What information should be included in the PRTF request/submission?

All fields on the initial review form must be completed accurately and verified as such before submission. Attach any available clinical documentation supporting the PRTF request, particularly focusing on the past three months, including symptom frequency and severity, their impact on daily life, and the role of the support system.

When documenting the treatment history, consider the member's response and compliance, current outpatient provider details, session frequency, and any barriers to increasing services. Supporting documentation may include a recent psychiatric evaluation, DFCS/Department of Juvenile Justice (DJJ) records, a psychosocial report covering treatment history, psychosexual assessment, previous psychiatric/substance use disorder treatment, school records/individualized education plan (IEP), and any relevant assessment information essential for processing the PRTF request.

What is the Amerigroup approval process for PRTF service requests?

Requests are reviewed within three business days by clinical team and the Medical Director with Amerigroup. The provider is then informed of the decision through Availity. The care coordinator for Georgia Families 360°$_{SM}$ will inform the DFCS or DJJ case manager of the decision.

If the request is **not approved**, denial letters are also mailed to the provider and guardian. In addition, the care coordinator will provide the guardian with alternative service options based on clinical recommendations.

It is important to note that approved PRTF authorizations are granted based on meeting medical necessity criteria. Receiving an initial prior authorization (PA) does not guarantee continued stay coverage.

What happens after my PRTF request is approved?
The submitting provider or guardian is responsible for seeking admission to a PRTF. Care coordinators with Amerigroup assist in identifying suitable facilities. It is expected that providers send clinical information to multiple in-network PRTFs simultaneously for timely admission decisions. Amerigroup will follow up and should be informed of any updates or reasons for denial, if applicable.

Who identifies the PRTF for the approved youth to be admitted?
The requesting provider, in collaboration with the DFCS case manager/DJJ CCM, and the care coordinator with Amerigroup identifies the appropriate PRTF facility that meets the clinical needs of the youth. Bed availability and acceptance is at the discretion of the facilities.

When can out-of-state or out-of-network PRTFs be considered?
Once all in-network (INN) PRTFs have been tried and Amerigroup has been provided with the denial reasons and/or the wait for a bed is exceptionally long, the clinical team will give permission for out-of-state (OOS) or out-of-network (OON) facilities to be explored.

Does an approved PRTF request expire if no accepting facility is found?
Initial authorization is valid for 30 days. If a PRTF is not secured within that time, the authorization closes. If the member is accepted to a PRTF after closure, the case will be staffed with the clinical team to assess the case for reopening the authorization. Alternatively, a new PRTF request may be necessary based on the member's current condition.

What is the process for submitting a PRTF application for youth in regional youth detention center custody awaiting admission?

Youth in regional youth detention center (RYDC) custody awaiting admission in a residential program are not necessarily members of Georgia Families 360°$_{SM}$. Providers should verify coverage through the state eligibility website.

Medical director reviews and appeals

What is a medical director review or *peer to peer* review?
A medical director review (MDR), also known as a *peer to peer* review, allows the provider to discuss the request for authorization with the medical director for Amerigroup. It provides an opportunity to provide additional information and clarify any questions before a decision is made. If the provider declines or does not respond, the medical director will render a decision based on the available clinical documentation.

What is a reconsideration?
A reconsideration is a request for a review of an adverse decision by the medical director based on added information. It can be requested within five business days of receiving an adverse decision, and it is only available in the absence of a peer review. However, it is important to note that the medical director who rendered the decision may decline the reconsideration request, at which time the facility must request an appeal.

What is an appeal?

An appeal is a review by a third-party medical doctor of Amerigroup, not the medical director who made the initial denial. An appeal can result in upholding the original decision, a partial overturn , or a total overturn. It provides another opportunity to review clinical information and medical necessity.

Who can submit an appeal?

The member, requesting provider, or their legal guardian or legal representative may initiate the appeal process with appropriate consent.

How do I initiate an appeal request?

Appeals can be submitted through standard or expedited processes. The timing and method depend on the urgency of the situation. The request for an appeal must be received by Amerigroup within 60 days of the date of the denial letter. It is recommended that the request for an expedited appeal be received by Amerigroup within 24 hours of the denial notification.

All appeals may be made **orally** or **in writing** and can be accompanied by the following forms:

- *Request for Administrative Review Form*
- *Request for Continuation of Benefits Form*
- *Authorized Representative Form*

Oral requests for an appeal can be made through the Georgia Families 360°$_{SM}$ intake line at **855-661-2021**:

- Additional clinical documents should be faxed to **877-842-7183**.

A written request may be emailed, mailed, or faxed:

- Emailed to ga1quality@amerigroup.com:
  - Emailed requests for expedited appeals should have *EXPEDITE* in subject line.
- Mailed (not recommended for expedited appeals):
  - Medical Appeals
    Amerigroup Community Care
    P.O. Box 62429
    Virginia Beach, VA 23466-2429
- Faxed:
  - **877-842-7183**
  - Fax requests for expedited appeals should have *EXPEDITE* clearly marked on top of first page. No fax cover page is required.

What happens after an appeal request?

When an appeal is initiated, the provider can submit supporting clinical notes or request a peer-to-peer review. It is important to note that a request for a peer-to-peer review is not guaranteed, so it is highly recommended that the provider also submits detailed clinical notes to support their appeal. In the case of a peer-to-peer review, it is strongly advised that the PRTF medical director or nurse practitioner from the member's clinical team participate. They should

be prepared to explain the reasons for the appeal and provide supporting evidence. The time required for resolution varies depending on whether it is an expedited or standard appeal.

An expedited appeal will be resolved within 72 hours from the date of notification or as expeditiously as the member's health condition requires.

A standard appeal will be resolved no more than 30 calendar days from the date Amerigroup receives the request for appeal or as expeditiously as the member's health condition requires.

You can appeal a decision only once. If the appeal outcome confirms the initial decision, any concerned party (such as the member, their representative, or guardian) has the right to request a State Fair Hearing, otherwise known as an administrative law hearing. The provider is permitted to request a State Fair Hearing on behalf of the member with explicit written consent from the member or guardian.

If the final resolution of the State Fair Hearing confirms the original decision, Amerigroup retains the right to seek reimbursement for the services rendered to the member during the appeal process, following the policy outlined in §431.230(b).

PRTF treatment and discharge planning

What is expected of the PRTF provider while a member is in PRTF?

The PRTF treatment team is expected to conduct thorough assessments that address the member's comprehensive treatment needs, including medical, substance use disorder, psychiatric and behavioral needs, both upon admission and throughout the stay.

They should develop an individualized plan of care within 10 to14 days of admission and review it every 30 days, updating it based on observed behaviors and outcomes. This plan should be guided by a board-certified psychiatrist and focus on achieving safe and enduring stabilization in the shortest possible time.

The treatment plan should also consider the need for diagnostic reviews and testing, with an emphasis on completing these as soon as possible to ensure the best possible treatment outcome and aftercare service provision.

The treatment team should also ensure that family sessions are occurring on a weekly basis. The treatment team should also provide regular updates to the member's guardian, utilization management and case management team with Amerigroup, on the member's progress, expected progress, recommendations, and discharge dates. Efforts should be made to identify the need for and recommend visits and passes with the member and guardian.

The provider must address short-term and long-term needs in discharge planning, collaborating with Amerigroup when necessary. This includes creating a Hospital Aversion Plan and identifying and engaging outpatient providers and supports to ensure continuity of care for the member post-discharge.

What is expected of the member's guardian while a member is in PRTF?

Member guardians play a vital role in the PRTF treatment process, starting with providing essential information at admission and continuous feedback throughout the stay. Effective communication and engagement with the treatment team are essential for optimal treatment outcomes. Weekly updates on the treatment plan, progress, and barriers are expected, alongside attending scheduled family sessions, and facilitating passes as directed by the PRTF Treatment Team.

Guardians are expected to maintain contact and collaboration with the assigned case manager throughout the treatment process. Early initiation of discharge planning is crucial to address all concerns and barriers, ensuring the case manager's inclusion in the final plan upon discharge. This encompasses verifying medication prior authorizations and prescriptions according to formulary guidelines and confirming outpatient services and follow-up appointments.

Furthermore, guardians are urged to keep existing providers informed about treatment planning and changes during the member's PRTF stay. It is advisable that the guardian request a comprehensive treatment summary and discharge plan from the PRTF provider, which can be shared with outpatient providers to ensure continuity of care when the member resumes services with them.

For members in DFCS and/or DJJ custody who require placement, it is important to collaborate with the treatment team and promptly submit universal packets to explore placement alternatives. Monthly case worker visits and sessions are expected for members without identified placements, facilitating discharge planning, and readiness assessments.

Upon securing placement, it is recommended to initiate family sessions, guardian education, visits, and passes with the identified placement guardian promptly.

How are non-formulary psychotropic medications managed for youth in PRTF?

While in PRTF, the coverage of medication is included as part of the contracted services. However, to prevent issues with the member receiving medication after discharge, the PRTF provider should submit a prior authorization form for approval by Amerigroup. This step is essential in ensuring continuity of care.

How are discharges from PRTF supported by Georgia Families 360°SM?

Discharge planning should be initiated upon admission, with active involvement from care coordinators in monitoring the member's clinical progress. They actively participate in PRTF treatment team meetings and discharge planning sessions, serving as a liaison between different agencies and the guardian. If a continued stay denial is rendered, the Care Coordinator is responsible for conveying the discharge date and/or the last day of coverage to the appropriate stakeholders.

What happens if a member is discharged from PRTF, but no placement is found?

Amerigroup covers medical treatment and not placement services. The member's stay in a PRTF is based on medical necessity. Coverage does not extend in the absence of placement.

What is needed when a member is discharged from PRTF?

The PRTF provider should submit and obtain prior authorization for medication before the discharge. In addition, the PRTF provider must collaborate with the guardian to ensure all aftercare appointments are in place within seven days of discharge, including a psychiatric appointment within 30 days of discharge. The PRTF provider should submit discharge clinical through Availity within 24 to 48 hours post discharge.

I still have questions, who can I talk to?

Providers should direct all questions regarding PRTF services to Provider Services or your contracting representative at **800-454-3730**. For care coordination inquiries, call the Georgia Families 360°$_{SM}$ Member Services line at **855-661-2021**.