



Psychiatric Residential Treatment Facility (PRTF) Providers Frequently Asked Questions

Information for Providers Serving Medicaid Members in the Georgia Families 360° Program

Georgia Families 360°SM, the state's new managed care program for children, youth, and young adults in foster care, children and youth receiving Adoption Assistance, and select youth involved in the juvenile justice system, launched Monday, March 3, 2014. Amerigroup Community Care (AGP) is the Care Management Organization that is managing this population.

Members of the Georgia Families 360° program will receive the following services to improve care coordination, access to care, and health outcomes:

- A primary care provider and primary dental provider for each member
- Access to preventive care and screenings
- Regional Care Coordination Teams to help coordinate care and schedule appointments
- Assigned Care Managers to identify and refer for services
- 24/7 Intake Line
- Psychotropic Medication Program which includes the medication review by the Georgia Families 360° Medical Director or pharmacy review team for all youth prescribed one or more psychotropic medications

This document includes Frequently Asked Questions that address how the Georgia Families 360° program will impact Psychiatric Residential Treatment Facility (PRTF) providers. If you have questions about this transition, please contact Amerigroup at: GF360@amerigroup.com.

Q1: Are CORE Providers the only provider type able to submit an authorization for PRTF services?

A1: No, requests for PRTF services are not limited to CORE providers. Any licensed independent provider (Psychiatrist, Psychologist, Licensed Social Worker, Licensed Professional Counselor Licensed Marriage and Family Therapist, Advanced Practice Registered Nurse) credentialed with Amerigroup may submit an authorization request to Amerigroup for PRTF services. PRTF providers can submit a request for authorization as long as the staff member requesting the service is a licensed clinician.

Q2: How do I submit an authorization for PRTF services?

A2: For youth enrolled in Georgia Families 360°, providers should submit requests through www.providers.amerigroup.com select "Georgia," under "Provider Resources & Documents" select "Forms." Under the "Forms" heading, you can select the Behavioral Health Inpatient Treatment form. Complete the required information requested on the form and write "Georgia Member 360°" across the top of the request. Fax these items to 877-434-7578.

Q3: What is Amerigroup's approval process for PRTF service requests?

A3: Once a completed Behavioral Health Inpatient Treatment form and supporting clinical documentation, for example: a psychiatric evaluation completed by a MD within the past (30) days; current DFCS /DJJ record, a psychosocial or similar document with an outline of the youth's treatment and placement history, family history, history of offenses as appropriate, a psychosexual assessment if appropriate; history of psychiatric / substance abuse treatment; as well as school records or IEP if appropriate; and any other needed assessment information is received. A review of the presenting clinical information will be completed. A decision based on WellPoint's Medical Necessity Criteria will be made within 5-7 days from receipt of the request. The decision made by the Amerigroup Utilization Management Team will be communicated to the requesting provider via phone, and a letter that is mailed to the provider. The Utilization Management Team will also notify the assigned Amerigroup Care Coordinator.

The Amerigroup Care Coordinator will contact the DFCS Case Manager or the DJJ Juvenile Probation and Parole Specialist (JPPS) with the decision information. If the authorization request was not approved, the Amerigroup Care Coordinator will present the clinically recommended alternative service options.

All approved PRTF authorizations for the Georgia Families 360° members are based on clinical necessity. A prior authorization does not guarantee continued stay coverage or reimbursement for the entire period of authorization. Continued stay reviews are conducted every seven (7) days following admission.

Q4: Who identifies the PRTF for the approved youth to be admitted?

A4: The requesting provider or acute facility looks for the appropriate PRTF facility for the clinical needs of the youth. Taking into consideration the preferences of the parent (regardless of who is fulfilling that role), this would be a collaborative discussion via conference call between the DFCS Case Manager/DJJ JPPS, the requesting facility / provider, and when clinically appropriate the Amerigroup Care Coordinator within 24 hours of prior authorization approval.

Q5: How will the approval/denial be communicated to the DFCS CM/DJJ JPPS?

A5: The Amerigroup UM team will notify the provider of the approval/denial decision and last covered day for youth at the PRTF level of care. For youth in the custody of DFCS and/or committed to DJJ, the Amerigroup UM team will notify state DCH, DFCS and DJJ leadership of the denial decision daily (Mon-Fri) via email by 10:00 am with a notice of the expected discharge date. The Amerigroup Care Coordinator will notify the DFCS Case Manager and/or DJJ JPPS regarding treatment and service decisions by email. The Amerigroup Care Coordinator will email a copy of the denial letter to the DFCS CM or DJJ JPPS, appropriate state DFCS and DJJ leadership and designated PRTF facility representatives. For Adoption Assistance youth, a letter will be mailed to the parent regarding decisions for treatment services. The assigned Care Coordinator will receive a copy of the denial letter to notify parents of the decision, and address planning for aftercare.

Q6: Are there opportunities for “doc to doc” peer reviews on PRTF admissions or denials?

A6: Yes, the Medical Director for Georgia Families 360° will participate in consultative sessions with requesting provider clinicians. This is particularly available and preferred following a denial for PRTF level of care but before pursuit of an appeal to allow the requesting provider to present evidence and discuss observations and related analysis and for Amerigroup to relay the rationale for the determination. A provider who wishes to request a clinical peer review may do so by calling the respective UM staff at Amerigroup.

Q7: What is the process for submitting an appeal to Amerigroup?

A7: Upon notification of a denial or adverse action related to the medical necessity determination for PRTF by Amerigroup, an appeal request (referred to as an Administrative Review) can be made in one of two ways: the standard appeal processes or expedited appeal processes:

Standard Appeal:

- The member or their representative (DFCS System of Care Unit Well Being Specialist/DJJ JPPS, PRTF treatment program or parent as appropriate) may initiate the appeal process with appropriate consent.
- The written request for a standard appeal must be received by Amerigroup within 30 days from the date of the denial letter.
- A written request for appeal can be accompanied by the following forms:
 - Request for Administrative Review Form
 - Request for Continuation of Benefits Form
 - Authorized Representative Form

A written request may be mailed or faxed.

Mailed to:
Medical Appeals
Amerigroup Community Care
P.O. Box 62429
Virginia Beach, VA 23466-2429

Faxed to: 877-842-7183

Expedited Appeal:

Expedited requests for appeal may be made a) orally or b) in writing.

a) Oral requests for expedited review can be made through the Georgia Families 360° Intake line at (855) 661-2021.

- The member or their representative (DFCS System of Care Unit Well Being Specialist/DJJ JPPS, PRTF treatment program or parent as appropriate) may initiate the appeal (referred to as an Administrative Review) process.

- The actual review will take place with the PRTF Provider that is providing the services to the member.
- Once the review is initiated then it is recommended that the PRTF Medical Director take part in the review of the member's clinical presentation. If the Medical Director is not able/available, a delegate from the clinical PRTF team would be a preferred alternate.
- When the review takes place, the person speaking with the Amerigroup reviewer (PRTF Medical Director or their designee) should be prepared to address the rationale for the request and provide evidence to justify the request.
- Oral requests for expedited review must be made within 24 hours of the denial or termination notification, and must be followed up in writing. This can be submitted to 877-842-7183.
- Additional clinical information should be faxed to 877-842-7183.

b) Written requests for expedited review should be faxed

- The provider, member or their representative (DFCS System of Care Unit Well Being Specialist/DJJ JPPS, PRTF treatment program or parent as appropriate) may initiate the appeal (referred to as an Administrative Review) process.
- The written request for expedited appeal may be submitted in letter form (on letterhead as appropriate) or may use
 - Request for Administrative Review Form
 - Fax written request to 877- 842-7183 with "EXPEDITE" clearly marked on top of first page. No fax cover page is required.
- Once the written request is received then a review will be scheduled with the PRTF provider that the youth is receiving services for.
- Once the review is initiated then it is recommended that the PRTF medical director take part in the review of the member's clinical presentation. If the Medical Director is not able/available, a delegate from the clinical PRTF team would be a preferred alternate.
- When the review takes place, the person speaking with the Amerigroup reviewer (PRTF Medical Director or their designee) should be prepared to address the rationale for the request and provide evidence to justify the request.
- Additional clinical documentation can be submitted to 877-842-7183.

If the final resolution of the appeal upholds the original decision, Amerigroup has the right to recover the cost of the services provided to the member during the appeal process in accordance with the policy set forth in §431.230(b.).

Q8: How does the appeals process work?

A8: Upon receipt of the appeal, the provider will be contacted for additional clinical information as appropriate.

- The appeal, along with the clinical information and medical necessity criteria, is sent to the appropriate clinical reviewer for determination.
- Amerigroup's total time for acknowledgment, investigation, resolution and written notification for:
 - An expedited appeal will be resolved within seventy-two (72) hours from the date of notification or as expeditiously as the member's health condition requires.
 - Pre-service appeal review is no more than thirty (30) calendar days from the date Amerigroup receives the request for appeal or as expeditiously as the member's health condition requires.
 - Post-service appeal review is not more than forty-five (45) calendar days from the date Amerigroup receives the request for appeal or as expeditiously as the member's health condition requires.
- There is only one level of medical necessity appeal which can be expedited to accommodate the clinical urgency of the situation or standard.

If the appeal results in an upheld decision, any involved party (i.e. the member, the member's representative or guardian) may request an administrative law hearing.

The provider cannot request an administrative law hearing on the member's behalf.

Q9: Does the appeal process differ between a denial for admission versus a denial for continued stay?

A9: No, the processes are the same.

Q10: How are discharges from PRTF supported by Georgia Families 360°?

A10: Plans for discharge begin upon admission to the PRTF. A PRTF stay is authorized initially for thirty (30) days for the Georgia Families 360° members. Amerigroup will review the member's clinical progress every seven (7) days as part of the continued stay review process. Amerigroup Care Coordinators will work to attend PRTF treatment team meetings and/or discharge planning meetings, in person when clinically appropriate, or via conference call in order to communicate between the agencies and parents. There will be a minimum ten (10) day period for transition planning to discharge Georgia Families 360° members. The Amerigroup Care Coordinator is responsible for notifying the DFCS Case Manager, DJJ Regional Placement Specialist (RPS) and/or the parents of the projected date of discharge at the time of determination. Once the discharge date has been determined, the ten (10) day transition timeframe starts. This timeframe may be extended, based on clinical changes with the member. There are situations where this timeframe may be shortened due to family/member circumstances (i.e. The family is able to pick the child up early, a residential or community placement is available and the child is stable for discharge etc.)

Q11: A member is being discharged from a PRTF but the DFCS Case Manager or the DJJ Regional Placement Specialist has not located a placement for the member. Will the member remain in the PRTF until a placement is located?

A11: Amerigroup benefits cover medical treatment and will be used to pay for medically necessary services provided by a PRTF for a designated period of time based on the member's clinical condition.

Q12: When should the PRTF provider request non-emergency transportation (NET) when members are being discharged from a PRTF?

A12: PRTF providers should request NET as soon as they are aware of the discharge, at a minimum of seventy-two (72) hours prior to discharge when the member is dependent on NET to return to the community. The PRTF provider must indicate the need for chaperone transport when requesting NET, if an escort is required.

Q13: Is there a specified length of time that existing APS approvals are valid?

A13: All open prior authorizations approved by APS prior to March 7, 2014 will expire within the first (30) days of the 90 day transition period since the maximum APS PRTF authorization is (30) days. PRTF providers should immediately submit the documentation for the current prior authorization request using the same procedure as described above.

Q14: How will CBAY or other waiver services be applied for and by whom?

A14: The process for applying or referring for CBAY, MFP, BIP or other waiver services has not changed and will not change with the implementation of the Georgia Families 360° program. Core or PRTF providers must apply to APS to initiate the process. NOTE: For members residing in a PRTF, referrals to CBAY can be made only if the member continues to meet WellPoint's Medical Necessity Criteria. CBAY cannot be used as a step down from PRTF when a member no longer meets the WellPoint Medical Necessity Criteria. Amerigroup Care Coordinators are available as a support for the member and their caretaker, and can assist in facilitating identification of a treating provider to complete the CBAY application. The Amerigroup Care Coordinator would not be responsible for completing the CBAY application.

Q15: What is the process for submitting a PRTF application for youth currently in a RYDC or YDC awaiting placement?

A15: Youth in a RYDC or YDC awaiting placement in a residential program are not members of the Georgia Families 360° program. These youth are fee-for service so the completed PRTF application should be submitted to APS through a CORE provider.

Q16: What is the plan for youth who are in a PRTF and may be taking non-formulary psychotropic medications while in a PRTF level of care?

A16: While youth are receiving treatment in an authorized PRTF, this is not a benefit coverage issue because coverage of their medications is part of the contracted services provided by the program. Providers/prescribers are encouraged to utilize the Amerigroup formulary when selecting medication(s) for Amerigroup members.

As a youth prepares for transition from the PRTF level of care, and medications are identified as not being on the AGP formulary, the PRTF treatment team would be notified by the AGP Care Coordinator and/or the AGP UM team about the process to request continuation of the off-formulary medication. If the PRTF team believes that the medication should be maintained after the member's discharge then the PRTF team would submit a Prior Authorization (PA) request prior to the youth's discharge to ensure continuity of care is followed. This open discussion is important in making sure youth may remain on a medication that is effective for them.

Q17: I still have questions about this. Who can I talk to about it?

A17: Please direct all questions regarding PRTF services to Provider Relations or your contracting representative at 800-454-3730.