Psychiatric Residential Treatment Facility (PRTF) Providers
Frequently Asked Questions

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

Georgia Families 360°SM, the state's 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 is the Care Management Organization that is managing this population.

Members of the Georgia Families 360°SM 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
- A designated Care Coordinator to help coordinate care and schedule appointments
- Assigned Care Coordinators to identify and refer after care services and transition planning
- 24/7 Intake Line
- Psychotropic Medication Program which includes the medication review by the Georgia Families 360°SM 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°SM 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 that is currently in treatment with the member. PRTF providers who are currently treating an Amerigroup member can submit a request for authorization for that member.

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

A2: For youth enrolled in Georgia Families 360°SM, providers should go to www.providers.amerigroup.com select "Georgia", under "Provider Resources & Documents" select "Forms". Under the "Forms" heading, you can select the Behavioral

health psychiatric residential treatment facilities initial review form. Complete the required information requested on the form and write "Georgia Member 360°" across the top of the request. Please utilize the Availity system to submit requests and upload completed form.

Q3: What information should be included in the PRTF request/submission?

A3: All fields on the Behavioral health psychiatric residential treatment facilities initial review form should be addressed and be verified as 'accurate and complete' prior to submission. Additionally, any available clinical documentation supporting the PRTF request should be attached and submitted along with the completed form.

Supporting Documentation can include (but is not limited to) a psychiatric evaluation completed by a MD within the past (30) days; current DFCS /DJJ records; a psychosocial or similar document with an outline of the youth's treatment and placement history, family history, history of offenses; a psychosexual assessment; history of psychiatric / substance abuse treatment; school records or IEP, any other needed assessment information deemed applicable and pertinent to the processing of the PRTF request

Q4: **What is the Amerigroup (AGP) approval process for PRTF service requests?**

A4: Once a completed Behavioral health psychiatric residential treatment facilities initial review form and supporting clinical documentation is received by Amerigroup, the request will be staffed with the Amerigroup Medical Director and be processed within 3 business days. A decision based on the Amerigroup designated Medical Necessity Criteria will be made within three (3) business days from receipt of the request.

The decision made by the Amerigroup Medical Director will be communicated to the requesting provider via (Availity Portal, E-mail and/or telephonic update).

If the decision results in a denial or split decision, a denial letter is mailed to the provider. The Utilization Management (UM) Team will also notify the assigned Amerigroup Care Coordinator for Georgia Families 360°$_{SM}$ of the decision.

The Amerigroup Care Coordinator for Georgia Families 360°$_{SM}$ will contact the DFCS Case Manager or the DJJ Community Case Manager (CCM) with the decision information. If the authorization request was not approved, the Amerigroup Care Coordinator for Georgia Families 360°$_{SM}$ will present the clinically recommended alternative service options.

All approved PRTF authorizations for the Georgia Families 360°$_{SM}$ members are based on clinical necessity. A prior authorization does not guarantee continued stay coverage or reimbursement for the entire period of authorization. PRTF approval does not immediately constitute admission to a facility. Bed availability and admission is solely up to the treating facility.

If approved, all in-state PRTF facilities must be exhausted before looking into out of state facility treatment beds.

The PRTF initial authorization is valid for 30 days. If a PRTF is not found within those 30 days, the authorization will be voided and another precertification request will have to be submitted for review as a member's presentation can change over time.

Q5: Who identifies the PRTF for the approved youth to be admitted?

A5: The requesting provider or acute facility looks for the appropriate PRTF facility to meet 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 CCM, the requesting facility / provider, and when clinically appropriate the Amerigroup Care Coordinator within 24 hours of prior authorization approval. Once a facility has been identified, continued stay is based upon medical necessity criteria. Bed availability is at the facilities discretion.

It is also imperative for all legal guardians/ DJJ CCM be available for contact for medication consent, treatment planning, and discharge planning once a member is approved/admitted into a PRTF facility. Discharge planning begins upon admission.

Q6: How will the approval/denial be communicated to the DFCS CM/DJJ CCM/Caregiver?

A6: 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 am with a notice of the expected discharge date. The Amerigroup Care Coordinator for Georgia Families 360°$_{SM}$ will notify the DFCS Case Manager and/or DJJ CCM regarding treatment and service decisions by email. The Amerigroup Care Coordinator for Georgia Families 360°$_{SM}$ will email a copy of the denial letter to the DFCS CM or DJJ CCM, 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.

Q7: **What is a Medical Director Review (MDR) or "Peer to Peer" review?**

A7: A Medical Director Review (MDR), also known as a "peer to peer" or "doc to doc," is a process in which the provider (the facility Medical Doctor, state licensed therapist, nurse or APRN responsible for the member) has the opportunity to speak with the Amerigroup Medical Director to provide information to support the request for authorization. This occurs once the primary reviewer determines that there is not enough information to support medical necessity for continued stay and sends the case for a Medical Director Review (MDR). At that point, the provider will be provided with the opportunity to speak

with the Medical Director before a decision is made. If the provider declines the opportunity to speak with the Medical Director or does not provide a response within the allotted time, the Medical Director will make a decision based on the clinical documentation provided. The benefits of a peer to peer is that it allows the provider an opportunity to provide additional information that may not be clear or present in the written documentation. It also allows the Amerigroup Medical Director an opportunity to ask any questions that may need to be clarified prior to the decision being rendered. If the MDR results in an adverse decision, the provider will then have the opportunity to request a reconsideration or an appeal.

Q8: What is a reconsideration?

A8: A reconsideration is a request for the opportunity to speak with the Medical Director who rendered the initial denial in light of new information that may support medical necessity. A reconsideration can be made within five business days of receiving an adverse decision and before the member is discharged. Reconsiderations are only available in the absence of a peer review. If a peer review has been completed, an appeal needs to be requested instead of a reconsideration. **Please also note that the Medical Director who rendered the decision may decline the reconsideration request, at which time the facility must request an appeal**. Requests for reconsideration should be made by the provider directly to the primary reviewer via email or phone.

Q9: What is an appeal?

A9: An appeal is conducted upon the request of the provider once a MDR is completed and an adverse decision is made. An appeal is completed by a 3rd party Amerigroup medical doctor meaning it will not be completed by the same physician who rendered the initial denial. An appeal is considered "expedited" when the member remains in that same level of care and has not yet discharged.

An appeal gives the provider another opportunity to have the clinical information reviewed to determine if medical necessity is met. The appeal can result in the original decision being upheld (no additional time provided), in a partial decision (some additional time is allowed up until a specified date but the remainder of the time is denied), or in a total overturn of the original decision (in which case the facility must submit clinical documentation to be reviewed by the primary reviewer for continued stay on the last covered day if the member is still being provided with services).

Q10: What is the process for submitting an appeal to Amerigroup?

A10: 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 WPAC Unit/DJJ CCM, 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 60 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°$_{SM}$ Intake line at (855) 661-2021.
   - The member or their representative (DFCS System of Care Unit Well Being Specialist/DJJ CCM, 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 documents 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 documents 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.).

Q11: How does the appeals process work?

A11: 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.
- The Amerigroup 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 thirty (30) 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.

Q12: Does the appeal process differ between a denial for admission versus a denial for continued stay?

A12: No, the processes are the same.

Q13: How are discharges from PRTF supported by Georgia Families 360°$_{SM}$?

A13: Amerigroup will review the member's clinical progress as part of the continued stay review process. Amerigroup Care Coordinators for Georgia Families 360°$_{SM}$ 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. The Amerigroup Care Coordinator for Georgia Families 360°$_{SM}$ is responsible for notifying the DFCS Case Manager, Office of Provider Management (OPM), DJJ Regional Placement Specialist (RPS) and/or the parents of the last covered day provided by Amerigroup.

Q14: 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?

A14: 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. Medical benefits do not cover placement services.

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°$_{SM}$ program. These youth are fee-for service so the completed PRTF application should be submitted to Beacon 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. Consents for all medications must be obtained from the legal guardian.

Q17: What is expected of PRTF PROVIDER/TREATMENT TEAM while a member is in PRTF?

A17: Amerigroup expects that the **PRTF treatment team will assess all members in a manner that will address comprehensive treatment needs** (ex.-dual medical, substance abuse and/or psychiatric-behavioral needs) prior to and throughout the PRTF stay

A current, thorough, active, and individualized plan of care is to be created within 10-14 days of admission and reviewed every 30 days thereafter.
The treatment plan is also expected to be updated in a manner that reflects ongoing active and effective treatment interventions, based on observed behaviors, needs and outcomes noted throughout the member's stay.

An Interdisciplinary Treatment Team Plan, as guided by a board eligible/certified Psychiatrist, is required.

The Treatment Plan should remain focused on allowing for safe and enduring stabilization of the member within the most timely duration period, to minimize length of stay in this restrictive setting.

The Treatment Plan should take into consideration the need for review of existing diagnosis and current medications, as well as the need for potential supplemental testing (psych testing etc.) as part of the treatment process.
Efforts should be made to identify need and complete any clinical reviews/testing as soon as possible during treatment process. This will help to assure the best possible treatment outcome and provision of aftercare service/ supports, based on results as noted.

The Treatment Plan should include consideration of both **short term and long-term** needs. Both should be addressed in DC planning for the member, in collaboration with Amerigroup when appropriate. This includes formulating an effective Hospital Aversion Plan and identifying/securing the most appropriate outpatient providers, services and supports that can best assist member in succeeding upon discharge, based on needs observed during the member's PRTF stay.

Discharge planning should be initiated at time of admission, and updated throughout the member's stay. It is expected that the Treatment Team closely and continuously collaborate with the member, the member guardian(s) and with the Amerigroup Utilization Management and Case Management Staff regarding discharge planning. When possible and appropriate, outpatient providers (existing psychiatrist, intensive family intervention providers, behavioral analysts, PCP, psychiatrist, therapist) should be incorporated into the treatment and/or advised of the active treatment and discharge plan, to assure a smooth transition and best effective continuity of care for the member upon discharge

Clinical Updates regarding progress/barriers/active treatment interventions/ adjustments and DC planning should consistently be provided for utilization review (via the Georgia Portal) within the time frame as requested by **Amerigroup** (typically on the last covered day of service, unless otherwise specified).

Updates should include **dated** Attending MD notes, RN notes, Therapist/Social Work notes (to include updates regarding completed individual and family sessions).

Updates should completely address any question and/or concerns as noted by the assigned Utilization Manager throughout the clinical review process.

Q18: What is expected of the MEMBER GUARDIAN while a member is in PRTF?

A18: Amerigroup expects that a member's LEGAL GUARDIAN (parents, DFCS, DJJ Case worker or Agency Representatives, etc.) actively engage in the PRTF Treatment process throughout the duration of the members stay.
Engagement includes being available/accessible to the treatment team, in order to provide collateral information upon a member's admission to PRTF, as well as ongoing feedback throughout the PRTF stay. This assures that best possible treatment planning and adjustments can be implemented for the member.
At minimum, weekly communication with the facility treatment team is anticipated, in order to provide and receive updates regarding treatment plan, progress, barriers, psychiatric discharge plan and placement.

Ongoing and consistent attendance of scheduled family sessions and completion of passes if also expected, as directed by the PRTF Treatment Team.

Consistent, proactive communication and engagement in the treatment planning and implementation process is needed between the member, guardian and treatment team, so that the best treatment outcome can be realized.
This includes returning calls, presenting concerns and questions, attending scheduled Treatment Team meetings, collaborating with the Treatment Team and following through on recommended Treatment Team interventions, as discussed during interactions with the Team throughout the PRTF stay. Contact and collaboration with the assigned

Amerigroup Care Manager, throughout the treatment process is also expected and highly beneficial.

A focus on discharge planning should be initiated as soon as member is admitted and should be maintained throughout the member's stay. This is to assure that all concerns and barriers are effectively addressed during the stay and included in the final plan, as implemented at time of discharge.

Effective discharge planning engagement includes member's guardian inquiring and assuring that **any and all medication prior authorizations and prescriptions are in place** (as per Amerigroup Formulary guidelines as found on https://providers.amerigroup.com/QuickTools/Pages/FormularyCaid.aspx). Additionally, it should be verified that appropriate outpatient services are secured (as discussed during treatment) and that outpatient psychiatric and therapy follow up appointments (within 7 days of discharge) are confirmed to be in place prior to member's date of discharge. Guardians can contact Amerigroup should additional questions regarding provider/service referrals be needed.

It is highly encouraged that the member's guardians keep existing providers informed of current treatment planning and significant treatment plan changes noted throughout the member's PRTF stay. Additionally, guardians are encouraged to request a thorough treatment summary and discharge plan, to provide to the member's outpatient primary care physician, psychiatrist and other providers for review upon PRTF discharge. This will assist in assuring that that effective continuity of care can be assured once member initiates/resumes services with these providers

For members in DFCS and/or DJJ custody in need of placement, it is vital that collaboration with the treatment team be completed at least weekly during the member's stay. This helps assure that timelines and rationales regarding medical necessity based projected lengths of stay are effectively communicated for planning purposes. This also allows for discussion of placement recommendations with the member and Treatment Team, based on behaviors, requests and needs noted.

Universal Packets to explore placement alternatives should be submitted in a timely manner, particularly once a member shows signs of sustained improvement in the treatment setting.

At minimum, monthly Case Worker visits and sessions with members who have no placement / additional supports identified is expected. This is to promote progress and member inclusion in the treatment and discharge planning process, as well as facilitate passes to assess readiness of member for discharge and placement.

If/when placement is secured, immediate initiation of family sessions, guardian education, visits and passes with the identified placement guardian is strongly encouraged.

Q19: What do I need when my member is discharged from PRTF?

A19: 1) Ensure that all aftercare appointments are in place (appointment with outpatient provider should be within 7 days of discharge). 2) Ensure that all necessary prior authorizations are submitted and authorized to prevent any issues with the member receiving their medications.

Q20: I still have questions about this. Whom can I talk to about it?

A20: Please direct all questions regarding PRTF services to Provider Services or your contracting representative at 1-800-454-3730. For other questions related to coordination of a member's care, please call the Georgia Families 360°$_{SM}$ Member Services line at 1-855-661-2021.