PRTF Medical Necessity Standards

Maximus applies the Department's Admission Criteria for PRTFs to establish medical necessity determinations for residential treatment services. Basic admission criteria include:

- The recipient must have a DSM diagnosis not solely due to an intellectual or developmental disability or a substance use diagnosis. The diagnosis should indicate the presence of a psychiatric condition which is moderate to severe in nature, and which has had a serious impact on the recipient's family, school, or social functioning. The recipient does not have a current unstable medical condition or present with psychiatric symptoms that require acute intervention due to significant immediate risk of harm. If an intellectual or developmental disability is present, there is indication that the recipient has the capacity to acquire habilitative and rehabilitative skills based on their adaptive functioning.

  The admission is not used primarily as:

  a. An alternative to incarceration or means to ensure community
  b. The equivalent of safe housing or a permanency placement
  c. An alternative to a parent/guardian's or other agency's capacity to provide for the child or youth, or
  d. An intervention when other less restrictive alternatives are available and not being utilized.

Before payment by the Department may be authorized, these following 3 criteria (A – C) must be met for admission to or continued stay in a PRTF (see 42 CFR 441.152 for accredited PRTFs and North Dakota Administrative Code 75-02-02-10.1 for non-accredited PRTFs).

1. 4.1. Admission Criteria

Criterion A **Ambulatory resources available in the community do not meet the treatment needs of the recipient.**
To meet this requirement, both of the following must be met (A and B):
A. The child or youth has behaviors or conditions that require intensive treatment with continuous monitoring under the direction of a physician and receiving treatment in a lower level of care would result in risk of admission or readmission into an acute psychiatric hospital. B. Community resources have been determined not to meet the current treatment needs of the child or youth as indicated by ONE of the following (a or b): a. The child or youth has participated in community services such as individual, family, and/or group psychotherapy, psychiatric medication management, or rehabilitative services and these services have not produced substantive improvement in behaviors or psychiatric symptoms

b. The child or youth's psychiatric condition prohibits using community services because of one of the following:
    i. Multiple acute admissions prohibit consistent use of community services
    ii. The behaviors or psychiatric condition are so severe that they prohibit consistent use of community services
    iii. The family, school, agency, or community's efforts to manage the behaviors or psychiatric condition have exhausted all available and accessible resources

Criteria B
Proper treatment of the recipient's psychiatric condition requires services on an inpatient basis under the direction of a physician.

Symptoms or functional impairment of a severe or persistent nature are present related to the child or youth's psychiatric condition that pose a risk a danger to self or others as indicated by at least ONE of the following:

A. Self-harm that is present on a repeated or daily basis that results in a need for medical attention
B. Suicidal ideation present with intent but that is responsive to de-escalation and does not warrant acute treatment for stabilization
C. Chronic suicidal ideation, behaviors, or gestures
D. Physical aggression that is frequent and unprovoked, planned, or intended to instigate violence in others and has been unresponsive to intervention
E. Chronic sexually abusive behaviors present that involve power differential and/or force
F. Pattern of behaviors that pose a direct risk to self and/or the community due to significant endangerment (e.g., fire setting, theft by force, violence toward animals, reckless endangerment with a vehicle, etc.)
G. Consistent basic impairment in ability to meet physical self-care needs for nutrition, sleep, hygiene, rest, stimulation, etc.
H. Impaired reality testing and orientation to the extent that there is an inability to negotiate the basic environment or participate in family/school/social environment

Criterion C:
The services can reasonably be expected to improve the recipient's condition or prevent further regression so that the services will no longer be needed.

To meet this requirement, ALL of the following conditions must be met:

A. The provider describes a PRTF treatment plan that meets ALL of the following:
    a. Addresses the assessed need(s) and diagnosis(es) of the child or youth
    b. Sets out reasonable treatment goals that can be used to demonstrate improvement over the authorization period
    c. Includes a comprehensive discharge plan with discrete mental, emotional, and/or behavioral criteria, expected discharge date, and identified outpatient provider for any continuing community-based treatment
B. The psychiatric assessment identifies the recipient's requirement for additional therapeutic interventions, intensive milieu therapy, and a therapeutic environment and reflects the need for psychiatric care. (Note: For initial PRTF approval periods, if a psychiatric assessment has not occurred at the time of submission of the review and all other criteria is met, approval can occur but only for 15 days.)

2. 4.2. Continued Stay Criteria

To be eligible for continued Medicaid payment in a PRTF, ALL of the following must be met:
1. The recipient continues to meet admission criteria A, B, and C as detailed above in the Criteria for Residential Treatment Center Admissions. 2. The recipient's ongoing treatment plan must include the patient's strengths, developmental needs, problem areas, treatment goals and objectives, which are based upon integration of the preadmission/admission assessments. 3. The recipient is receiving active treatment. The recipient is responding to the therapeutic services. Progress is documented in the medical record. 4. The recipient demonstrates reasonable likelihood of substantial benefit as a result of active continuation in the therapeutic program or a high likelihood of significant deterioration in the recipient's condition without continued care in the residential settings. Benefits for this level of care are demonstrated by objective behavioral measurement of improvement. 5. The recipient's family or caregiver(s) are actively involved in treatment and making progress toward goals; or there is documentation of family or caregiver inability or unwillingness to participate and the provider has documented efforts to engage family or caregiver. 6. Discharge planning is active, documented, and reflective or treatment needs and residential status.