

Behavioral Health Utilization Management (BH UM) Psychiatric Residential Treatment Facility (PRTF) Quick-Reference Guide

First Choice by Select Health requires a prior authorization for all PRTF admissions and continued stays.

The **SHSC PRTF Request Form** is required to initiate a request for services. Fax the completed form to **1-888-796-5521**.

A PRTF referral form can be completed by the admitting facility, current treatment provider, or referral source. If you have any questions regarding a member receiving PRTF services, please call BH UM at **1-866-341-8765** and ask to speak to a licensed clinician regarding PRTF placement.

PRTF admissions:

Prior to a PRTF admission the following must occur:

1. The member is referred to the service by a licensed practitioner of the healing arts (LPHA) and the request is received by the BH UM department.
2. The request must include the following clinical documentation:
 - a. Most recent clinical or diagnostic assessment by an LPHA (within the previous week).
 - b. Court order for services (if applicable).
 - c. Most recent IEP/504 plan (if applicable).
 - d. Psychological or neuropsychological testing (if applicable).
 - e. Certificate of Need (prior to admission, per 42 CFR 441.152).
3. BH UM will coordinate an admission phone review with the LPHA who completed the clinical assessment prior to the referral for PRTF and recommended the PRTF service.
 - a. The admission phone review is completed with:
 - i. Select Health BH medical director or designee.
 - ii. BH UM supervisor (if applicable).
 - iii. BH UM clinical staff.
 - iv. The legal guardian appointed by the state, if the member is in state custody.
 - v. The accepting PRTF, if applicable, and the PRTF chooses to participate.
An admitting PRTF is not required to complete the medical necessity determination for this service.

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4. The following information will be reviewed and discussed during the admission phone review:
- a. Reason for PRTF admission (what will need to be addressed for the member to return home).
 - b. Medications, diagnoses, treatment history, school/work history, legal history, and strengths.
 - c. Symptoms or behaviors within the last month.
 - d. Family involvement (what family or supports will be involved.)
 - e. Why is PRTF admission needed now?
 - f. Therapeutic or treatment goals.
 - g. Discharge planning:
 - i. Proposed discharge plan.
 - ii. Supports needed for a successful discharge plan.
 - iii. Barriers to the proposed discharge plan and how they will be addressed.

A medical necessity determination will be made after a review of all required clinical information and an admission phone review. A medical necessity determination will be made within seven calendar days of Select Health BH UM receiving all required clinical documentation. If the PRTF admission is determined medically necessary and a PRTF placement has not been solidified, this will be required of the referral source.

PRTF continued stay requests:

PRTF continued stay requests for PRTF treatment are required to be submitted by the PRTF provider via a phone clinical review with BH UM. Continued stay requests may be submitted 14 calendar days prior to the last covered day (at the earliest), but no later than the last covered day of the PRTF authorization.

The following information will be reviewed and discussed during the continued stay phone reviews:

- 1. Have any screening tools been completed since the last review? If so, include the details and results.
- 2. Date, time, attendance, results, plans, and recommendations from the last monthly treatment team or IPOC meeting. Include information on the next monthly treatment plan or IPOC meeting.
- 3. Medication changes, current medications, and PRNs.
- 4. Diagnosis review.
- 5. Review the reasons for admission (indicate progress made, if no progress made indicate why and what facility plans to do to address lack of progress). An updated treatment plan may be required.
- 6. Substance use disorder: review how any substance use disorder is being addressed.
- 7. Therapeutic home time (THT):
 - a. To date, how has THT been used to support the member's transition back to the community or home?
 - b. Has there been a THT since the last review?
 - c. Provide the progress or lack of progress that occurred during and following the THT.
 - d. When is the next THT scheduled?
- 8. Current clinical reasons for continued stay: describe current symptoms, challenging behaviors, skill deficits and resulting functional impairment that require continued treatment and support.

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9. Mental status exam (mood, affect, behavior, sleep, appetite, activities of daily living).
10. Safety precautions treatment interventions and goals:
 - a. Risk assessment and crisis plan.
 - b. Safety precautions.
 - c. Treatment intervention (specific).
 - d. Treatment focus or goals.
11. Family:
 - a. Frequency of family session(s) and date of last session.
 - b. Has family missed any sessions? If so, what are the reasons?
 - c. What is the provider doing to encourage family involvement?
 - d. Describe the family's progress in treatment.
12. Supports:
 - a. What or who are the support systems for the member?
 - b. Have there been any changes in support systems since the last review? If so, indicate the changes and why.
13. School: describe the member's functioning in the school setting (such as academic progress, supports in place, and social-emotional well-being.)
14. Aftercare and discharge plan:
 - a. What is the discharge plan?
 - b. What will need to occur for the member to return back to the community?
 - c. Barriers to discharge (include any new barriers).
 - d. Tentative discharge date?
 - e. Discharge resource or residence.
 - f. Outpatient providers.
 - g. Services or supports member will need at discharge, to include name and phone number, if available (eg., such as continuum of care, community support, coordinated system of care, and outpatient).
 - h. Barriers to successful discharge and how they are being addressed.
15. Estimated length of stay: what treatment interventions or goals will be addressed during the requested continuation of services?
16. Areas of focus or recommendations by BH UM follow up.

A medical necessity determination requires a phone review of all required clinical information. The medical necessity determination will be made within seven calendar days of BH UM receiving all required clinical information.
