

PROVIDERALERT



To: AmeriHealth Caritas Louisiana Providers

Date: February 7, 2024

Subject: LDH Approved Clinical Policy

Summary: Guideline for Level 3.7 Medically Monitored High Intensity Inpatient Treatment – Adolescent

AmeriHealth Caritas Louisiana would like to inform you of a new policy that has been approved by the Louisiana Department of Health in accordance with La. R.S. 46:460.54. The guideline is effective on **March 8, 2024** and will be posted at the following link on our website under Clinical Policies: <https://www.amerhealthcaritasla.com/provider/resources/clinical/policies.aspx>.

Reminder: If your practice is not registered with our website portal-[NaviNet](#), we highly recommend registering. To register, please visit www.navinet.net to sign up or contact your Provider Account Executive for details.

Questions: Thank you for your continued support and commitment to the care of our members. If you have questions about this communication, please get in touch with AmeriHealth Caritas Louisiana Provider Services at 1-888-922-0007 or your [Provider Network Management Account Executive](#).

Missed an alert? You can find a complete list of provider alerts on our website's [Provider Newsletters and Updates](#) page.

Need to update your provider information? Send full details to network@amerihealthcaritasla.com.



Level 3.7 medically monitored high intensity inpatient treatment - adolescent

Plan: AmeriHealth Caritas Louisiana

Clinical Policy ID: CCP.4047

Recent review date: 9/2023

Next review date: 12/2024

Policy contains: Adolescent; bed based services; psychiatric residential treatment facilities; Level 3.7 Medically Monitored High Intensity Inpatient Treatment – Adolescent.

AmeriHealth Caritas has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas' clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of medically necessary, and the specific facts of the particular situation are considered by AmeriHealth Caritas when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas' clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas' clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas will update its clinical policies as necessary. AmeriHealth Caritas' clinical policies are not guarantees of payment.

Policy statement

Level 3.7 Medically Monitored High Intensity Inpatient Treatment – Adolescent is a psychiatric residential treatment facility level of care for co-occurring disorder (COD) treatment that provides 24 hours of structured activities per week including, but not limited to:

1. Psychiatric and substance use assessments;
2. Diagnosis treatment; and
3. Habilitative and rehabilitation services.

These services are provided to individuals with co-occurring psychiatric and substance disorders (ICOPSD), whose disorders are of sufficient severity to require an inpatient level of care.

All facilities are licensed by LDH in accordance with LAC 48:I.Chapter 90 and must be accredited prior to enrollment

by an LDH approved national accrediting body: CARF, COA or TJC. Denial, loss of, or any negative change in accreditation status must be reported to AmeriHealth Caritas Louisiana in writing immediately upon notification by the accreditation body.

It also provides a planned regimen of 24-hour professionally directed evaluation, observation and medical monitoring of addiction and mental health treatment in an inpatient setting. They feature permanent facilities, including residential beds, and function under a defined set of policies, procedures and clinical protocols. Appropriate for members whose subacute biomedical and emotional, behavior or cognitive problems are so severe that they require co-occurring capable or enhanced inpatient treatment, but who do not need the full resources of an acute care general hospital. In addition to meeting integrated service criteria, COD treatment providers must have experience and preferably licensure and/or certification in both addictive disorders and mental health. Children/adolescents receiving services in a PRTF program must have access to education services, including supports to attend public school if possible, or in-house educational components or vocational components if serving adolescents.

Educational/vocational expenses are not AmeriHealth Caritas Louisiana expenses. In addition, supports to attend public school outside of the PRTF are not considered covered activities in the PRTF and on the active treatment plan, and may not be reimbursed by AmeriHealth Caritas Louisiana. However, supports to attend in-house education/vocational components may be reimbursed by the PRTF utilizing AmeriHealth Caritas Louisiana funding to the extent that it is therapy to support education in a PRTF (e.g., OT, PT, ST. etc.). AmeriHealth Caritas Louisiana funding for the education itself is not permitted. AmeriHealth Caritas Louisiana will pay for the therapies associated with the education provided in-house while the child is in a PRTF.

Admission Guidelines

Individuals in this level of care may have co-occurring addiction and mental health disorders that meet the eligibility criteria for placement in a co-occurring-capable program or difficulties with mood, behavior, or cognition related to a substance use or mental disorder, or emotional, behavioral, or cognitive symptoms that are troublesome, but do not meet the DSM criteria for a mental disorder.

Admission guidelines for PRTF services are:

1. Acute intoxication and/or withdrawal potential – None or minimal/stable withdrawal risk;
2. Biomedical conditions and complications – Moderate to severe conditions (which require 24-hour nursing and medical monitoring or active treatment but not the full resource of an acute care hospital);
3. Emotional, behavioral, or cognitive conditions and complications – Moderate to severe conditions and complications. These symptoms may not be severe enough to meet diagnostic criteria but interfere or distract from recovery efforts (for example, anxiety/hypomanic or depression, and/or cognitive symptoms, which may include compulsive behaviors, suicidal or homicidal ideation, with a recent history of attempts but no specific plan, or hallucinations and delusions without acute risk to self or others) are interfering with abstinence, recovery, and stability to such a degree that the individual needs a structured 24-hour, medically monitored (but not medically managed) environment to address recovery efforts;
4. Readiness to change – Member is in need of intensive motivating strategies, activities, and processes available only in a 24-hour structured medically monitored setting (but not medically managed);
5. Relapse, continued use, or continued problem potential – Member is experiencing an escalation of relapse behaviors and/or acute psychiatric crisis and/or reemergence of acute symptoms and is in need of 24-hour monitoring and structured support; and

6. Recovery environment – Environment or current living arrangement is characterized by a high risk of initiation or repetition of physical, sexual or emotional abuse or substance use so endemic that the patient is assessed as unable to achieve or maintain recovery at a less intensive level or care.

Screening/Assessment/Treatment Plan Review

A triage screening must be completed to determine eligibility and appropriateness (proper patient placement) for admission and referral. (AmeriHealth Caritas Louisiana ensures that pre-certification requirements are met.)

A comprehensive bio-psychosocial assessment must be completed within seven days, which substantiates appropriate patient placement. The assessment must be reviewed and signed by a qualified professional. The following sections must be completed prior to seven days of admission:

1. Medical;
2. Psychological;
3. Alcohol; and
4. Drug.

An individualized, interdisciplinary treatment plan must be completed which includes problem formulation and articulation of short-term, measurable treatment goals and activities designed to achieve those goals. This plan should be developed in collaboration with the member and meet the following criteria:

1. The treatment plan is reviewed/updated in collaboration with the member, as needed, or at a minimum of every 30 days;
2. Discharge/transfer planning must begin at admission; and
3. Referral arrangements made prior to discharge.

Provider Qualifications

Agency

To provide PTRF level of care services, agencies must meet the following requirements:

1. Licensed as a PRTF by LDH per LAC 48: I. Chapter 90;
2. Physician directed and meet the requirements of 42 CFR 441.151, including requirements referenced therein to 42 CFR 483 subpart G;
3. Arrange for and maintain documentation that prior to employment (or contracting, volunteering, or as required by law) individuals pass criminal background checks, including sexual offender registry checks, in accordance with all of the below:
 - a. The Psychiatric Residential Treatment Facilities licensing regulations established by the Louisiana Administrative Code (LAC) 48:I.Chapter 90, which includes those for owners, managers, and administrators any applicant for employment, contractor, volunteer and other person who will provide services to the residents prior to that person working at the facility;

- b. La. R.S. 40:1203.1 et seq. associated with criminal background checks of un-licensed workers providing patient care;
 - c. La. R.S. 15:587, as applicable; and
 - d. Any other applicable state or federal law.
4. Providers shall not hire individuals failing to meet criminal background check requirements and regulations. Individuals not in compliance with criminal background check requirements and regulations shall not be utilized on an employment, contract nor volunteer basis. Criminal background checks performed over 90 days prior to the date of employment will not be accepted as meeting the criminal background check requirement. Results of criminal background checks are to be maintained in the individual's personnel record.
5. The provider must review the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and the LDH State Adverse Actions website prior to hiring or contracting any employee or contractor that performs services that are compensated with AmeriHealth Louisiana funds, including but not limited to licensed and unlicensed staff, interns and contractors. Once employed, the lists must be checked once a month thereafter to determine if there is a finding that an employee or contractor has abused, neglected or extorted any individual or if they have been excluded from participation in AmeriHealth Caritas Louisiana or the Department of Health and Human Services' Office of Inspector General. The provider is prohibited from knowingly employing or contracting with, or retaining the employment of or contract with, anyone who has a negative finding placed on the Louisiana State Adverse Action List, or who have been excluded from participation in AmeriHealth Caritas Louisiana or the Department of Health and Human Services' Office of Inspector General.
6. Providers are required to maintain results in personnel records that checks have been completed. The OIG maintains the LEIE on the OIG website (<http://exclusions.oig.hhs.gov>) and the LDH Adverse Action website is located at <https://adverseactions.ldh.la.gov>;
7. Arrange for and maintain documentation that all persons, prior to employment, are free from Tuberculosis (TB) in a communicable state via skin testing (or chest exam if recommended by physician) to reduce the risk of such infections in recipients and staff. Results from testing performed over 30 days prior to date of employment will not be accepted as meeting this requirement;
8. Establish and maintain written policies and procedures inclusive of drug testing staff to ensure an alcohol and drug-free workplace and a workforce free of substance use;
9. Maintain documentation that all direct care staff, who are required to complete First Aid and cardiopulmonary resuscitation (CPR) training, complete American Heart Association (AHA) recognized training within 90 days of hire, which must be renewed within a time period recommended by the AHA; and
10. Maintain documentation of verification of staff meeting educational and professional requirements, licensure (where applicable), as well as completion of required trainings for all staff.

Emergency Preparedness Regulations

As required by CMS Emergency Preparedness Final Rule effective November 16, 2016, PRTFs must comply with Emergency Preparedness regulations associated with 42 CFR §441.184 in order to participate in the AmeriHealth Louisiana program (Link to CMS Emergency Preparedness Regulation Guidance and Resources: <https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertemergprep/core-ep-rule-elements>). Regulations must be implemented by November 15, 2017. They include safeguarding human resources, maintaining business continuity and protecting physical resources.

Facilities should incorporate the following four core elements of emergency preparedness into their plans and comply with all components of the Rule:

1. Risk assessment and emergency planning – CMS requires facilities to perform a risk assessment that uses an “all-hazards” approach prior to establishing an emergency plan.
2. Communication plan – CMS requires facilities to develop and maintain an emergency preparedness communication plan that complies with both federal and state laws. Patient care must be well coordinated within the facility, across healthcare providers, and with state and local public health departments and emergency management agencies and systems to protect patient health and safety in the event of a disaster.
3. Policies and procedures – CMS requires that facilities develop and implement policies and procedures that comply with federal and state law, and that support the successful execution of the emergency plan and risks identified during the risk assessment process.
4. Training and testing – CMS requires that facilities develop and maintain an emergency preparedness training and testing program that complies with federal and state law, and that is updated at least annually.

The PRTF shall also meet the state requirements of LAC 48:1 Chapter 90 §9083 Safety and Emergency Preparedness.

Staff

All experience requirements are related to paid experience. Volunteer work, college work/study or internship related to completion of a degree cannot be counted as work experience. If experience is in a part-time position, the staff person must be able to verify the amount of time worked each week. Experience obtained while working in a position for which the individual is not qualified may not be counted as experience.

Staff who provide services in a PRTF setting must:

1. Pass criminal background check through the Louisiana Department of Public Safety, State Police prior to employment;
2. Employees and contractors must not be excluded from participation in AmeriHealth Caritas Louisiana or the Department of Health and Human Services’ Office of Inspector General;
3. Direct care staff must not have a finding on the Louisiana State Adverse Action List;
4. Pass a TB test or TB screening if past + test per agency’s policies and procedures prior to employment;
5. Pass drug screening tests as required by agency’s policies and procedures;
6. Complete American Heart Association (AHA) recognized First Aid and CPR training. Psychiatrists, APRNs/PAs, RNs and LPNs are exempt from this training; and

7. Complete all required training appropriate to the program model approved by OBH.

Staffing Requirements

The facility must have qualified professional medical, nursing and other support staff necessary to provide services appropriate to the bio-psychosocial needs of individuals being admitted to the program.

The provider must ensure that:

1. There is a licensed physician, medical director – licensed physician(s) on site as needed for management of psychiatric/medical needs. 24 hour on-call availability;
2. There is a licensed psychologist available as needed;
3. There is licensed nursing staff present – One FTE Supervisor (APRN/NP/RN), 24 hour on-call availability;
4. There is one FTE RN/LPN available on duty on site at all times;
5. There is a licensed or certified clinician or counselor with direct supervision by an LMHP, or unlicensed professional (UP) under supervision of a clinical supervisor; Caseloads not to exceed eight members;
6. The clinical supervisor is available for clinical supervision when needed and by telephone for consultation;
7. An LMHP is available on site 40 hours per week;
8. The facility shall maintain, in accordance with LAC 48:1 Chapter 90:
 - a. A minimum ratio of one staff person for four residents (1:4) between the hours of 6 a.m. and 10 p.m. The staff for purposes of this ratio shall consist of direct care staff (i.e., licensed practical nurse (LPN), MHS, MHP, LMHP, etc.).
 - b. a minimum ratio of one staff person for six residents (1:6) between 10 p.m. and 6 a.m. Staff shall always be awake while on duty. The staff for purposes of this ratio shall consist of direct care staff (i.e., LPN, MHS, MHP, LMHP, etc.).
9. There is clerical support staff available – 1 to 2 FTE per day shift;
10. There is an activity/occupational therapist – one FTE;
11. There is a care coordinator – one FTE per day shift, and/or duties may be assumed by clinical staff;
12. A peer specialist is recommended;
13. Physicians, who are available 24 hours a day by telephone. (A PA may perform duties within the scope of his/her practice as designated by physician). An APRN may perform duties within the scope of his/her practice;
14. Licensed, certified or registered clinicians provide a planned regimen of 24-hour, professionally directed evaluation, care and treatment services for members and their families; and
15. An interdisciplinary team of appropriately trained clinicians, such as physicians, nurses, counselors, social workers and psychologists, is available to assess and treat the individual and to obtain and interpret information regarding the member's needs. The number and disciplines of team members are appropriate to the range and severity of the individual's problems.

Allowed Provider Types and Specialties

1. PT 96 Psychiatric Residential Treatment Facility, PS 8U Substance Use or Addiction.

References

Louisiana Department of Health. 2017. Behavioral Health Services Provider Manual. Bed Based Services. Chapter 2, Section 2.2. Issued 02/25/2022.

Policy updates

Initial review date: 9/4/2023