

CHANGE NOTICE FOR MANUAL NO. 17-02, PRTF Changes

DATE: MARCH 25, 2002

Manual: Family and Children's Medicaid
Change No: 17-02
To: County Directors of Social Services
Effective: April 1, 2002

I. BACKGROUND

Medicaid coverage for individuals under age 21 in Psychiatric Residential Treatment Facilities (PRTF) began in October 2000. Initially, it was expected that claims for these services would process like inpatient psychiatric hospitals claims. This required entering a deductible balance in EIS for applicable cases. However, in June 2001, policy was revised to state that PRTF claims processed as nursing facility claims, which required entering a patient monthly liability (PML) in EIS.

Due to modifications to the claims payment system, PRTF claims will now be processed as inpatient hospital claims. Therefore, a deductible balance must be entered in EIS for all cases in which the deductible applies in the month of admission to the PRTF. If the individual's stay in the PRTF has exceeded 30 continuous days, a PML must be reported to the facility the month following the month of the 30th inpatient day. A manual DMA-5016 must be sent to the PRTF to report the PML amount. There is no PML entered in EIS.

Budgeting under the Family and Children's Medicaid program has not changed. Long term care budgeting does not apply for an individual under age 21 unless the individual is expected to be out of the home for more than 12 months. For F & C budgeting, parental financial responsibility ceases the month after placement when the duration of care is expected to exceed 12 months.

When it is anticipated that the individual under age 21 will be in a Medicaid certified medical institution, including PRTF, for more than 12 consecutive months, the DMA-5045 must be completed by the attending physician to establish the duration of care and for the purpose of determining parental financial responsibility. The completed DMA-5045 must be submitted to DMA for approval when the placement is in a hospital or PRTF.

If the duration of care is not expected to exceed 12 months, private living budgeting and parental financial responsibility applies. If a deductible applies to the case, the deductible is met on the day of admission to the PRTF. The deductible balance must be entered in EIS.

II. CONTENT OF CHANGE

A. MA-3305, Budgeting, is revised to include procedures when an a.u. member is temporarily absent in a Medicaid certified medical institution. Although long term care budgeting does not apply, send a DMA-5016 to the medical institution to report a PML amount when an a/r is temporarily absent. The DMA-5016 is required for claims processing purposes only.

1. For hospital or PRTF admissions, send a manual DMA-5016 to the facility effective the month following the month in which the 30th continuous inpatient day falls.
2. For nursing facilities (NF) and ICF/MR admissions, send a manual DMA-5016 to the facility effective the date of admission if there is no deductible or the deductible has been met.

If the deductible has not been met, send a manual DMA-5016 to the NF or ICF/MR effective the date the deductible is met. The PML is the amount of the NF or ICF/MR charges applied to the deductible on the date it is met.

B. MA-3315, Medicaid Deductible, is revised to include instructions when applying PRTF charges to the Medicaid deductible. Admission to a PRTF automatically meets the Medicaid deductible regardless of length of stay, ultimate amount of charges, Medicare coverage, or other third party liability.

C. MA-3325, Long Term Care Need and Budgeting, is revised to include procedures for determining the effective date of long term care budgeting. For NF and ICF/MR placements, LTC budgeting begins the month after entry into the facility. For hospital and PRTF placements, LTC budgeting begins the month following the month of the 30th continuous inpatient day.

For MAD, parental financial responsibility ceases at age 18.

D. MA-3360, Living Arrangement is revised to include Psychiatric Residential Treatment Facilities (PRTF) as a type of living arrangement.

MA-3360 is also revised to state that an application for an incarcerated child that was previously denied because the final placement had not been determined by the application due date, must be reopened as an administrative application once the IMC learns that the final placement was not a public institution.

III. EFFECTIVE DATE

Effective April 1, 2002, apply this change in policy.

IV. IMPLEMENTATION PROCEDURES

Apply the new policy to any individual under age 21, admitted to a Medicaid certified medical institution whose eligibility determination (application, redetermination, or change in situation) is completed on or after April 1, 2002.

V. MAINTENANCE OF MANUAL

- A. Remove: MA-3305, pages 3-6 and 23-29.
Insert: MA-3305, pages 3-6 and 23-25.**
- Online Manual: Revised items III.B.4.c. through III.C.1.c., and VI.E.
Deleted item VII.A-G**
- B. Remove: MA-3315, pages 1-2, 5-16, and Figure 4.
Insert: MA-3315, pages 1-2, 5-16, and Figure 4.**
- Online Manual: Revised items II.A.3, III.B1. through III.D.8., and Figure 4**
- C. Remove: MA-3325, pages 1-9.
Insert: MA-3325, pages 1-9.**
- Online Manual: Revised entire section.**
- D. Remove: MA-3360, pages 1-6 and Figure 1.
Insert: MA-3360, pages 1-6 and Figure 1.**
- Online Manual Revised entire section.**

If you have any questions regarding this material, please contact your Medicaid Program Representative.

**Nina Yeager
Director**

(This policy was researched and written by Vanessa Broadhurst, Policy Consultant, Medicaid Eligibility Unit.)

[MA-3305](#)
[MA-3315](#)
[MA-3315 Figure 4](#)
[MA-3325](#)
[MA-3360](#)
[MA-3360 Figure1](#)