

<b>KanCare Meaningful Measures Collaborative</b>	
<b>Informational Question/Sample Template</b>	
<b>Domain:</b>	<b>Access and Coordination of Care</b>
<b>Question:</b>	Q63. What is the help that is being provided regarding PRTF admission and continuing service therein?
<b>Form Completed by:</b>	KHI
<b>Date:</b>	July 12, 2019
<b>Resources:</b>	Interview of KDADS staff and review of policy documents
<i>NOTE: Information reported on this form is for the use of the KMMC only; the form is not a government document. Its contents do not replace official policy guidance.</i>	
<p><b>Background:</b></p> <p>The process to access psychiatric residential treatment facilities (PRTFs) can vary based upon the insurance status of the child being evaluated for admission. This basic description, because it is answering a KMMC question, focuses on the process for children who are enrolled in KanCare, either as their sole source of coverage or as secondary coverage.</p> <p>First, the process for children enrolled in KanCare as sole/primary coverage:</p> <p>A parent, guardian or the state (DCF) requests a PRTF evaluation through the child’s managed care organization (MCO).</p> <p>The MCO has 14 days to make a decision based on information it already has or can obtain (including claims data), or either of:</p> <ol style="list-style-type: none"> <li>1) A Community Based Services Team (CBST) meeting. CBSTs are individualized for each child and are designed to ensure resources are available to meet the child’s needs in the least restrictive environment. CBSTs include the child (as appropriate), a responsible family member or guardian, a Community Mental Health Center (CMHC) representative, a PRTF screener, MCO care coordinator, and other individuals who can be helpful (other clinicians, etc.).</li> <li>2) A psychiatric evaluation by a CMHC or private clinician.</li> </ol> <p>The CBST or other clinician has up to seven days to complete the evaluation (the seven days fall within the 14 days the MCO has to make its determination). The MCO then determines approval or a diversion; if the admission is diverted, alternative services are to be authorized, and rationale provided. Diversions may be appealed. Potential reasons for diversion include that outpatient options have not been exhausted for the child.</p> <p>If approved, the child is admitted or placed on a PRTF wait list. The wait list as of July 5, 2019, was about 190 children (unduplicated) for eight PRTFs. A wait of about three months is typical. Even while a child is on the wait list, other services may begin immediately if not already provided (case management, group therapy, respite or medication management, for example). Reviews are to occur regularly while children are on the waiting list, and services may be added or modified.</p> <p>Once admitted, a team comprised of staff from the PRTF and MCO and the CMHC PRTF liaison meet regularly regarding treatment and discharge planning (weekly or biweekly depending on the length of stay).</p>	

Variations on the process for children who have commercial insurance, with KanCare secondary:

Per KDADS, most commercial plans do not cover PRTFs – they may cover residential treatment, but often not the PRTF model. Even those that do can have technical difficulty reimbursing the codes Medicaid uses.

Even though KanCare is secondary, MCOs perform the initial authorization.

**Other Considerations, including regarding data (if applicable):**

Currently KDADS reports that more than half of children being evaluated for PRTF admission are not on the waiver for children with Serious Emotional Disturbance (SED).

There is a common misperception that children in foster care may not apply for the SED waiver, which may limit use of SED waiver services and increase demand for PRTF services.

Another issue is that once admitted to a PRTF for at least 30 days, children who are on the SED waiver lose eligibility for the waiver. There is an expedited process being implemented to reevaluate children being discharged from a PRTF for the SED waiver.

Since 2018 there is more data available regarding diversion, admissions from the waiting list, waiting list times, and whether a child referred for PRTF admission is in foster care.

**Potential Implications for Meaningful Measures:**

*To be completed by the KMMC.*