

To: All Members, Stakeholders, and Providers

From: Michael Smith, MD, Chief Medical Officer

Date: December 29, 2021

Subject: Increased access to residential treatment for children with medically necessary behavioral health treatment needs

Effective for admissions January 15, 2022, Trillium will create a rapid access to medically necessary levels of residential supports for children with behavioral health conditions by using administrative flexibilities allowed under the 1915(b) waiver to modify prior authorization requirements on clinical coverage policy for children covered by Trillium. Trillium will create a pass through authorization process in an effort to expedite admissions to Therapeutic Foster Care (TFC), Intensive Alternative Family Treatment (IAFT), Residential Treatment Program Type and III programs, and PRTF programs.

TRILLIUM WILL OFFER PASS THROUGH AUTHORIZATIONS AS OUTLINED BELOW:

TFC and IAFT: Trillium members who receive an assessment that indicates it is medically necessary to specifically receive TFC or IAFT can receive up to a 180 days pass through period for admission to TFC and IAFT programs with Trillium in network providers. Trillium members who live in a TFC or IAFT setting are also eligible under EPSDT to receive day treatment, if determined medically necessary, and planned respite for care givers as an additional administrative flexibility offered by Trillium. If a member or legally responsible party chooses an out-of-network or out-of-state provider, that provider must have services approved through the traditional prior authorization process outlined in clinical coverage policy. Prior authorization is not waived for out-of-state or out-of-network providers. All TFC and IAFT services are subject to a postpayment clinical review and concurrent authorization following the initial pass through authorization period. Providers will still submit an authorization request to initiate the pass through period. All children in DSS custody must have a viable permanency plan developed that includes identified step down plan prior to the end of the pass through authorization. DSS must share the plan with the Child and Family Team to include as part of the comprehensive transition plan for each child to a safe, stable, least restrictive treatment environment. Children who are dually eligible must first exhaust primary insurance benefits.

Residential Treatment Level II Program Type or III: Trillium Members who have received an assessment within 30 days that determines it is medically necessary to specifically receive

treatment in a Residential Treatment Level II Program Type or specifically receive Level III Residential treatment setting from a program within the Trillium network will have a 120 day pass through admission. The assessment must be specific as to the appropriate level of residential treatment needed to treat the child's presenting condition. If a member or legally responsible party chooses an out-of-network or out-of-state provider, that provider must have services approved through the traditional prior authorization process outlined in clinical coverage policy. Prior authorization is not waived for out-of-state or out-of-network providers. All Residential Treatment Level II and III services are subject to a postpayment clinical review and concurrent authorization following the initial pass through authorization period. All children in DSS custody must have a viable permanency plan developed that includes identified step down plan prior to the end of the pass through authorization. DSS must share the plan with the Child and Family Team to include as part of the comprehensive transition plan for each child to a safe, stable, least restrictive treatment environment. Providers will still submit an authorization request to initiate the 120 day pass through period. Trillium cannot support children to remain in this level of care when it is no longer medically necessary especially if the child is ready to step down or return home to their families. Children who are dually eligible must first exhaust primary insurance benefits.

Psychiatric Residential Treatment Facility (PRTF) All members age 14 and up will receive a pass through admission for 60 days to PRTF level of care for any in state PRTF admission with facilities that are in good standing. The child must have an assessment within seven days of admission that specifically recommends PRTF as the appropriate level of care needed to treat the presenting condition of the child. Providers will still be required to submit an authorization request to initiate the pass through period of 60 days. Children that are under age 14 or any out-of-state or out-of-network requests will still require prior authorization approval before accessing the PRTF services. All treatment provided to Trillium members in these levels of care is subject to a postpayment clinical review for the required documentation and evidence of the provision of medically necessary treatment. All children provided treatment, regardless of the level of care, should only receive treatment that is compliant with clinical coverage policy and medically necessary in the least restrictive setting in accordance with general statute. All youth will be subject to continued stay review for concurrent authorizations in accordance with clinical coverage policy. Children and youth who have completed treatment, accomplished established treatment goals, or who are failing to make progress in treatment will not be reauthorized for continued stay. All children in DSS custody must have a viable permanency plan ready to execute for step down upon completion of treatment in this highly restrictive level of care. The plan must be shared with the Child and Family team to include as a part of the comprehensive transition plan for each child to a safe, stable, least restrictive treatment environment. Children who are dually eligible must first exhaust all primary insurance benefits and then request authorization for pass through timeframe if the service continues to meet medical necessity.

Trillium will focus concurrent reviews on reauthorization criteria established in clinical coverage policy. Children should not be held in restrictive levels of care, like Residential Treatment level II Program Type, Residential Treatment level III, and PRTF because of failures to develop adequate or appropriate transition plans or to secure adequate or appropriate step down services and supports. It is critical that children who have completed treatment benefits in restrictive settings receive the transition support needed to step down to less restrictive levels of care and support in the community. Trillium will assign a licensed behavioral health clinician as the primary Care Manager to each child as they complete a planned transition back to the community. Each child and family will also be assigned a Family Partner to assist with transition planning and to assure the child's voice and family are heard in the transition planning process. Trillium's System of Care staff and DSS Liaison will all work to support children to be successful living in the community.

Trillium is using these administrative flexibilities to improve access to medically necessary levels of care for children, planned transitions, and family/stakeholder engagement in planning. It is our hope that we can shorten the length of stay in restrictive levels of care and support children to live with safe and stable families whenever possible.

***ADDITIONAL GUIDANCE FOR MEMBERS SEEKING PRTF INCLUDE:**

1. All members are required to complete a Comprehensive Clinical Assessment (CCA) to determine an accurate diagnosis and the most appropriate course of treatment for the condition by a licensed clinical professional. The clinical professional that completes the assessment will determine if a child needs out of home treatment and the appropriate level of care needed for treatment. In addition, the licensed clinical professional will recommend treatment interventions that will address the behavioral health condition that has led to out of home treatment.
2. The Behavioral Clinical Home completes the universal application to send to potential PRTF providers, the completed CCA recommending the level of care, recommended treatment interventions, and any other pertinent clinical information.
3. Once a member age 14 and up has been accepted to a PRTF facility for admission, the member's Person Centered Plan/PCP is updated to include goals and interventions expected for treatment in a PRTF level of care. A service order is completed and signed by a Psychiatrist/Physician and legal guardian in addition to the person completing PCP. Sometimes the accepting PRTF program will complete PCP, and sometimes the accepting PRTF requires the clinical home to complete PCP. A discussion must occur to clarify who is doing what task, as the accepting PRTF will typically not sign the service order citing potential conflict of interest.
4. If a member is under the age of 14 the PRTF must be prior approved by Trillium.

5. If PRTF is out-of-state the PRTF provider must enroll with the NC Medicaid program first and complete a single case agreement with Trillium before services can be requested. All out of state services must receive prior approval authorization from Trillium.
6. Ensure that a Certificate of Need (CON) is completed on all children regardless of pass through for prior authorization and signed by appropriate parties (must have required signatures). CON is only good for two weeks once signed. Clinical Home-Targeted Case Manager, Family Centered Therapist, High Fidelity Wraparound team, Multi-systemic Therapy provider or Intensive In-Home provider is typically responsible for assisting with paperwork to access this level of care.
7. If the PRTF facility is outside North Carolina then state-required Interstate Compact Placement of Children (ICPC) paperwork must be completed and submitted to Interstate Compact in addition to prior authorization. Some facilities require ICPC paperwork to be processed prior to allowing member to be admitted so this can cause a delay if not done in a timely manner. ICPC paperwork is NOT a part of prior authorization process, but is a part of outof-state PRTF process required by NCDHHS. Prior authorization must be completed once ICPC process is complete.
8. The PRTF provider submits Treatment Authorization Request (TAR) along with the CCA recommending PRTF level of care, PCP with signed service order and CON must be included when TAR is submitted to initiate 60 day pass through for in state PRTF admissions of youth ages 14 to 22. The same process is followed for youth under age 14 or out-of-state requests that require prior authorization for PRTF.

****Note:** Any provider that is out-of-network or out-of-state must be enrolled with NC Tracks and complete a Single Case Agreement with Trillium. The steps for a single case agreement can be found at the [Provider Documents and Forms](#) webpage.

Any questions regarding this process should be sent to UM@Trilliumnc.org .