

**ALABAMA MEDICAID AGENCY**

**NOTICE OF INTENDED ACTION**

**RULE NO. & TITLE:** 560-X-41-.01 Psychiatric Facilities for Individuals under age 21 - General

**INTENDED ACTION:** Amend 560-X-41-.01

**SUBSTANCE OF PROPOSED ACTION:** The above referenced rule is being amended to remove the 16 day inpatient hospital reimbursement limitation in accordance with State Plan Amendment 13-016.

**TIME, PLACE, MANNER OF PRESENTING VIEWS:** Written or oral comments may be submitted to the Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624. Agency business hours are 8:00 a.m. to 5:00 p.m. Monday through Friday.

**FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:** Written/Oral comments concerning this change must be received by the Alabama Medicaid Agency no later than June 4, 2015.

**CONTACT PERSON AT AGENCY:** Stephanie Lindsay, Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624. Phone: (334) 242-5833.

  
Stephanie McGee Azar  
Acting Commissioner

**Rule No. 560-X-41-.01 General**

(1) Inpatient psychiatric services for recipients under age 21 are covered services when provided:

(a) Under the direction of a physician,

(b) By a psychiatric hospital enrolled as a Medicaid provider in accordance with Rule No. 560-X-41-.02; OR

(c) By a psychiatric residential treatment facility (RTF) which is accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation of Services for Families and Children (COA), or by other accrediting organization with comparable standards that is recognized by the State;

(d) Before the recipient reaches age 21 or, if the recipient was receiving services immediately before ~~he/she~~the recipient reached age 21, before the earlier of: (1) the date ~~he/she~~the recipient no longer requires the services, or (2) the date ~~he/she~~the recipient reaches age 22, ~~or (3) the expiration of covered days as limited in (2) below,~~ and

(e) To a recipient who is admitted to and remains in the facility for the course of the hospitalization; and

(f) As certified in writing to be necessary in the setting in which it will be provided in accordance with 42 C.F.R. § 441.152.

(2) Inpatient psychiatric services for recipients under age 21 are unlimited if medically necessary and the admission and/or the continued stay reviews meet the approved psychiatric criteria. ~~These days do not count against the recipient's inpatient day limitation for care provided in an acute care hospital.~~

(3) Residential psychiatric treatment services for recipients under age 21 are unlimited if medically necessary and the admission and continued stay reviews meet the approved psychiatric criteria. All treatment plan updates and certifications of need for services shall be performed as specified in Rule 560-X-41-.06.

(4) Referrals from a recipient's Patient 1<sup>st</sup> Primary Medical Provider (PMP) are not required for admissions to psychiatric hospitals or residential treatment facilities (RTFs).

(a) However, hospitals and RTFs should notify the recipient's PMP of the admission within 72 hours by faxing a copy of the recipient's face sheet to the PMP. Fax numbers for all PMPs may be found in the "About Medicaid" section on the Medicaid website, [www.medicaid.state.al.us](http://www.medicaid.state.al.us)

(b) Ancillary services provided during the RTF stay may be billed fee-for-service if the recipient has been granted an exemption from the Patient 1<sup>st</sup> Program.

(c) Written requests for Patient 1<sup>st</sup> exemptions should be submitted to Medicaid by the recipient's case worker or the RTF at the time of admission to the residential facility.

(d) Requests must be submitted on the Patient 1<sup>st</sup> Medical Exemption Request found on the Medicaid website: [medicaid.state.al.us](http://medicaid.state.al.us) under the Patient 1<sup>st</sup> tab. The block "Diagnosis/Other Information" should be checked and the statement "Recipient confined in RTF" entered in the appropriate space.

(e) Written notification shall be provided to Medicaid by the case worker or the RTF at the time of the recipient's discharge or transfer to another facility.

(f) All correspondence regarding Patient 1st should be mailed to:

Alabama Medicaid Agency  
Attention: Patient 1<sup>st</sup> Program  
P.O. Box 5624  
Montgomery, AL 36103-5624

(5) Psychiatric hospitals and RTFs shall comply with all applicable regulations regarding the use of restraint and seclusion as cited in 42 C.F.R., Part 441, Subpart D, and 42 C.F.R., Part 483, Subpart G.

(6) The specific requirements for psychiatric medical records may be found at 42 C.F.R. § 482.61.

(7) The specific requirements for psychiatric facility staff may be found at 42 C.F.R. § 482.62.

**Author:** Solomon Williams, Associate Director, Institutional Services.

**Statutory Authority:** State Plan, Attachment 3.1-A, pp. 7 and 7.16; 42 C.F.R. Part 441, Subpart D; Part 483, Subpart G; Sections 440.240; 482.61; 482.62.

**History:** Rule effective October 1, 1988. Amended: November 1, 1988; February 9, 1989; September 13, 1989; August 21, 1991; and November 13, 1991. **Amended:** Filed September 21, 2001; effective December 14, 2001. **Amended:** Filed March 21, 2005; effective June 16, 2005. **Amended:** Filed April 20, 2015.