

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE**

16. Inpatient Psychiatric Services for individuals under age 21 (42 CFR 440.160) (continued)

16.b. Residential Level of Care in a Psychiatric Residential Treatment Facility (PRTF)

(A) Payment to State-owned Government Providers

State-owned PRTFs will be paid an interim rate based on the previous year's cost report (HCFA 2552) data and settled to total allowable costs determined by usual and customary charges. The agency may pay the customary charges of the provider but must not pay more than the prevailing charges in the locality for comparable services under comparable circumstances in accordance with 42 CFR 447.325.

(B) Payment to Private, In-State PRTFs with 17 Beds or More

i. Base Rate

A prospective per diem payment is made based on the facility peer group for a comprehensive package of services and room and board which requires 24-hour nursing care supervised by an RN. An RN or LPN must be onsite to meet the ratio of 1:30 during routine waking hours and 1:40 during times residents are asleep.

ii. The following services will not be reimbursed outside of the base rate:

- Dental (excluding orthodontia);
- Vision;
- Prescription drugs;
- Practitioner services; and
- Other medically necessary services not otherwise specified.

Facility Peer Group	Base Rate
Special Populations	\$550.00
Standard	\$336.57
Extended	\$319.54

(C) Payment to Private, In-State PRTFs with 16 Beds or Less

i. Base Rate

The rate listed below is effective as of 05-01-2016 and is equivalent to a 15 percent rate reduction from the rate in effect on 04-30-2016 for private, in-state PRTFs with 16 beds or less.

A prospective per diem payment of \$187.42 is made for a comprehensive package of services provided under the direction of a physician, as well as and room and board.

ii. Physician and Other Ancillary Services

All other medically necessary services, i.e., EPSDT services, are arranged by the PRTF with 16 beds or less and billed separately. The reimbursement for the EPSDT service does not duplicate billing for inpatient psychiatric services under section 1905(a)(16)(A) of the Act by the PRTF with 16 beds or less or a provider furnishing inpatient psychiatric services under arrangement with the PRTF with 16 beds or less. Payment for the EPSDT service is made in accordance with the applicable State Plan payment methodologies and fees. Claiming of such expenditures for federal financial participation (FFP) are in accordance with the CMS-64 form claiming guidance for EPSDT services.

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