

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 the recipient reached age 21, before the earlier of: (1) the date the recipient no longer requires the services or (2) the date the recipient reaches age 22, 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.

(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 1st 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~~

~~(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 1st Program.~~

~~(c) Written requests for Patient 1st 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 1st Medical Exemption Request found on the Medicaid website: medicaid.state.al.us under the Patient 1st 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 1st Program
P.O. Box 5624
Montgomery, AL 36103-5624~~

(~~54~~) 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.

(~~65~~) The specific requirements for psychiatric medical records may be found at 42 C.F.R. § 482.61.

(~~76~~) The specific requirements for psychiatric facility staff may be found at 42 C.F.R. § 482.62.

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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 June 11, 2015; effective July 16, 2015. **Amended:** Filed October 21, 2019.