Montana Medicaid Youth
In-State Psychiatric Residential Treatment Facility (PRTF) Denial Letter

Please type or print clearly. Processing may be delayed if information submitted is illegible or incomplete.

In-state PRTFs, complete Sections I – IV.

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| I. Youth Information |
| NAME:      |
| ADDRESS:      | CITY:      | STATE:   | ZIP:      |
| DOB:      | SSN:      | proposed ADMIT DATE:      |

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| II. Referring Party Information |
| NAME      |
| ADDRESS:      | CITY:      | STATE:   | ZIP:      |
| RELATIONSHIP TO youth: | [ ]  Parent | [ ]  Guardian | [ ]  Agency | [ ]  Other |       |

| III. Verification of Unavailability by In-State PRTF |
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| 1. This youth meets admission criteria for this facility; however, there is no bed available. Specify date when bed will be available: |
|       |
| 2. This youth meets admission criteria for this facility; however, based on the current unit milieu, we are unable to admit youth at this time. Check all the following criteria that apply. Specify date when bed will be available: |
|       |
| [ ]  a. Moderate violence/physical aggression. |
| [ ]  b. Moderate suicide risk. |
| [ ]  c. Developmental disability. |
| [ ]  d. Moderate sexually reactive or sex offending behavior **(specify below)**:  |
|       |
| [ ]  e. Youth’s sibling is a resident. |
| [ ]  f. Other **(specify below)**: |
|       |

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| 3. This youth does not meet admission criteria for this facility for the following reasons (check all that apply): |
| [ ]  | a. | History of multiple PRTF placements without a clear response to a variety of treatment approaches in these settings. Youth unlikely to respond to treatment at, or benefit from, admission to this facility. |
| [ ]  | b. | Severe violence/physical aggression means a series of physical assaults without response to therapeutic intervention. Facility cannot assure safety of youth and/or staff and peers. |
| [ ]  | c. | Disregard for limit settings by staff, requiring 1:1 staffing more than 75% of the time to maintain safety of persons and property. |
| [ ]  | d. | Minimal response in reducing severe psychiatric symptoms after multiple therapeutic trials of psychotropic medications |
| [ ]  | e. | Severe suicide risk based on multiple suicide attempts in the last 6 to 12 months |
| [ ]  | f. | Established pattern of antisocial behavior with no documented response to treatment |
| [ ]  | g. | Florid psychosis, organic personality symptoms, or severely regressed behavior that has not responded to medical or psychological treatment **(specify symptoms and/or diagnosis)**: |
|       |
| [ ]  | h. | Primary presenting problem is chemical dependency (CD) without prior substance abuse treatment and inpatient CD treatment is indicated |
| [ ]  | i. | Developmentally disabled, IQ, neuropsychological deficits or level of functioning is too low to benefit from treatment **(specify below)**: |
|       |
| [ ]  | j. | Medical condition requiring specialized services or care beyond the capacity of the facility to address or manage **(specify below)**: |
|       |
| [ ]  | k. | One or only presenting problem is sexually reactive or sex offending behavior **(specify below)**: |
|       |
| [ ]  | l. | Autism Spectrum Disorder **(specify below)**: |
|       |
| [ ]  | m. | Fire Setting Behavior |
| [ ]  | n. | Elopement Risk |
| [ ]  | o. | Fetal Alcohol Spectrum Disorder **(specify below)**: |
|       |
| [ ]  | p. | Neuropsychiatric Disorder **(specify below)**: |
|       |
| [ ]  | q. | Age Inappropriate **(specify below)**: |
|       |
| [ ]  | r. | Other (Specify): |
|       |
| 4. Check the box if the following circumstances apply: |
| [ ]  | a. | Youth is in the custody of Child and Family Services Division |
|  | [ ]  Temporary  | [ ]  Permanent | [ ]  Unknown |
| [ ]  | b. | Treatment is Court Ordered |

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| 5. Additional Comments: |
|       |

| IV. Admissions Coordinator Completing Form |
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|  |  | **ADMISSIONS COORDINATOR** |  | **DATE** |  |
| iN-sTATE prtf nAME: |       |

| IV. Name of Out-of-State PRTF Submitting Form to Magellan Medicaid Administration |
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Note: This completed, signed document must be forwarded to the out-of-state PRTF within three business days. If this document is over 30 days old from the anticipated out-of-state PRTF admission date, a new document must be obtained from the In-state PRTF.