

**State Plan under Title XIX of the Social Security Act
State/Territory: West Virginia**

PEDIATRIC RESIDENTIAL TREATMENT NURSING FACILITIES

Pediatric Residential Treatment Nursing Facilities

Definition: The Pediatric Residential Treatment Nursing Facility (PRTNF) will provide inpatient care to Medicaid eligible newborns diagnosed with, and at risk for Neonatal Abstinence Syndrome (NAS). The PRTNF cannot exceed 24 licensed beds.

PRTNF services must be ordered by a physician or other licensed practitioner within the scope of his/her practice under state law and furnished by or under the direction of a physician or other practitioners operating within the scope of applicable state law, to avert or ameliorate the symptoms of (NAS) withdrawal or intensity of withdrawal.

Neonatal abstinence syndrome is often a multisystem disorder that frequently involves the Central Nervous System, Gastrointestinal system, autonomic system, respiratory system and overt behavioral and physical symptoms including, but not limited to; high-pitch crying, sleep difficulties, jitteriness, hypertonia, myoclonic jerking, tremors, generalized convulsions, sweating, fever, mottling, excessive sucking or rooting, poor feeding, vomiting and diarrhea.

1. Member Eligibility:

- a. A newborn, within the first 30 days of birth, diagnosed with NAS
- b. A newborn at risk of NAS based on:
 - Suspicion of prenatal exposure without documentation or evidence; or
 - Signs and symptoms consistent with NAS based on screening; or
 - Asymptomatic newborn with documentation or other confirmatory evidence of prenatal exposure; and
- c. The Newborn must be in a medically stable condition and is without other unrelated serious health conditions

2. Facility/Staffing Qualifications:

- a. WV Licensure as a NAS facility defined by WV legal code, rules and regulations.
- b. Staffing Qualification as a NAS facility defined by WV legal code, rules and regulations.

3. Services are Defined as follows:

- a. Comprehensive assessment to determine plan of care
- b. Pharmaceutical Withdrawal Management
 - i. Tapering Protocol as referenced by the American Academic of Pediatrics
- c. Monitoring Withdrawal Objective Assessment, at least twice daily

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- d. Non-Pharmacological Interventions
 - i. Manual therapy techniques
 - 1. Swaddling
 - 2. Vestibular stimulation/vertical rocking
 - 3. C-position (bending at the waist)
 - 4. Head to Toe Movements
 - 5. Clapping (patting their bottom)
 - 6. Exercise to relieve gas discomfort
 - 7. Newborn massage
 - ii. Low or Reduced Stimulus Environment
 - 1. Slow introduction to sensory stimulation
- 4. Parent /Legal Representative Responsibilities:**

Upon newborn admission to the PRTNF, each parent and/or legal representative, will sign the discharge plan agreement. The discharge plan agreement will outline the duties and responsibilities required of the parent and/or legal guardian, during the newborn's treatment at the PRTNF

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A. RATE METHODOLOGY

Reimbursement for the Pediatric Residential Treatment Nursing Facility (PRTNF) is an all-inclusive cost per diem rate based on a prospective payment methodology for the 24-hour treatment of Medicaid clients residing within a PRTNF.

B. RATE COVERED SERVICES

The PRTNF all-inclusive per diem rate will reimburse all approved services incurred in treating newborns with a diagnosis of Neonatal Abstinence Syndrome (NAS). The prospective per diem PRTNF rate covers all medically necessary costs associated with 24 hour daily care, child maintenance services, administrative services, and room and board. No services are to be billed by the PRTNF in addition to the PRTNF per diem rate on the same date of service for a Medicaid client.

C. RATE DETERMINATION

1. Interim Initial Rate

Each PRTNF (meeting licensure and enrollment requirements) must file a projected fiscal year cost report to establish an interim initial projected per diem rate. The cost report must contain the PRTNF's reasonable costs anticipated to be incurred in the initial fiscal year. Reasonable Costs are determined using PRTNF submitted facility personnel, food, supplies and occupancy expenses (janitorial, maintenance, rent, property taxes, etc.). Reasonable costs, as used in rate setting is defined as those costs that are allowable under Medicaid cost principles, as required in 45 CFR 92.22(b) and the applicable OMB circular. Reasonable costs do not include unallowable costs. The PRTNF will be required to provide independent accounting validation for WV Medicaid's questions pertaining to projected reasonable costs.

2. Established Initial Rate

After twelve months of continuous service, the PRTNF must submit a Medicaid cost report reflecting actual costs for the twelve months of operations. The rate established from the actual cost report data shall take the place of the projected interim initial rate. WV Medicaid will reconcile payments back to the beginning of the interim rate period applying the actual

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reasonable costs. Facilities using cost report data to calculate the Established Initial Rate will be capped at a maximum of \$250 per day. (Subject to annual review based on changes in the Medicare Economic Index). Facilities providing PRNTF "like services", prior to September 1, 2016, using the child residential rate methodology will transition the facility's current billing rate to the PRNTF rate methodology as their Established Initial Rate.

1. Annual Rate Reviews

At the Bureau's discretion, PRTNF's may receive an annual rate increase based on the Medicare Economic Index. The Annual Rate Reviews will only apply to PRTNF's who have an Established Initial Rate. The annual rate increases, if implemented will be effective January 1st.

2. Rate Rebasing Review Request

A PRTNF, with an Established Initial Rate, may request a Rate Rebasing Review (Only one per fiscal year). The purpose of the Rate Rebasing Review Request is to allow for material changes in operational costs based on significant capital asset purchase / improvements. The following criteria must be met to request the Rate Rebasing Review:

- a. The Capital Asset purchase / improvements must have been implemented for twelve consecutive months.
- b. The cost attributable to the capital asset purchase / improvements must increase the PRNTF's current all-inclusive per diem rate by 10%.
- c. The Capital Asset purchase / improvement must be a minimum investment of \$200,000 (Adjusted annually to reflect changes in the Medicare Economic Index).
- d. The Capital Asset purchase / improvement costs shall comply with Medicaid cost principles, as required in 45 CFR 92.22(b) and the applicable OMB circular. Reasonable costs do not include unallowable costs

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