Jeff Landry
GOVERNOR

Rebecca Harris
SECRETARY

State of Louisiana

Louisiana Department of Children and Family Services

LETTER OF EXPECTATIONS BETWEEN DCFS AND HOSPITAL

This correspondence will constitute a Letter of Expectation between the Department of Children and Family Services (DCFS) and _____ Hospital regarding the hospitalization of _____ , TIPS number _____ , who was admitted on _____ . The hospital will provide inpatient hospital services (psychiatric and/or medical) to the afore-named child, who is in custody of DCFS.

DCFS's expectations of _____ Hospital include:

1) The hospital shall request the required authorization for hospital services from the child's Medicaid managed care organization (MCO).

2) If the MCO denies the authorization request, the hospital is to request an appeal of the denial of the authorization request.

3) If the MCO upholds the denial of the authorization request, the hospital is to provide immediate written notification to the child's caseworker and DCFS.treatment@la.gov. The notification should include a brief description of the case information submitted by the hospital to the MCO in support of the authorization request.

4) Within 72 hours of when the child is to be discharged, the hospital is to send to DCFS.treatment@la.gov:

    a) Written notification of the discharge date and recommendation for continued treatment (e.g., Psychiatric Residential Treatment Facility, Therapeutic Group Home, or outpatient services) using CW Form 491: Discharge Recommendation.

    b) A discharge summary, including all necessary medical information pertaining to the patient's current course of illness and treatment (physical and/or behavioral health), post-discharge goals of care, and treatment preferences, at the time of discharge, to the appropriate post-acute care service providers responsible for the patient's follow-up care.

    c) Detailed recommendations for psychotropic medications using CW Form 98-K: Recommendation and Authorization for Psychotropic Medication for Children in Foster Care.

5) If the MCO denies the hospital's claim for payment for hospitalization that the treating physician or practitioner deems medically necessary, the hospital is to pursue payment from the MCO, as provided for in Louisiana Department of Health Informational Bulletin 19-3: Medicaid Provider Issue Resolution (IB 19-3).

6) If the treating physician or practitioner recommends discharge to home and the hospitalization extends beyond the length of stay authorized by the MCO, DCFS will be financially responsible for the extended hospitalization. Payments may not be considered if the hospital has not met the expectations outlined in this letter and/or the billing exceeds one year from the date of services. DCFS will reimburse the hospital at the Medicaid rate for the usual and customary charges. The reimbursement is not to exceed the maximum allowable rate established by Medicaid for the same services. No payments will be made until copies of all applicable denials are received at DCFS.providerbilling@la.gov.

7) The hospital will comply with the following standards as mandated by Act 1287 of the 1995 Regular Session of the Louisiana Legislature:

   - The child's caseworker shall be notified immediately of restraint for seclusion and informed of the minor patient status. Updates will be provided to the child's case worker every two hours for the duration.

   - DCFS has the right of access to the child's record with signed orders for physical restraints and seclusion, documentation of the clinical justification for the usage, documentation of all less restrictive measures attempted, and the written treatment plan denoting the usage of time-out.

For billing or payment questions, contact DCFS.providerbilling@la.gov. For questions related to patient care, contact DCFS.treatment@la.gov and the child's caseworker.

Date: _____

Caseworker Name: _____

Email: _____

Phone Number: _____

Fax number: _____

Supervisor Name: _____

Phone Number: _____

DCFS Region: _____