



Topic: Changes to Psychiatric Residential Treatment Facility (PRTF) Service definition and Prior Authorization Process

Effective Date: November 1, 2026

Revisions to the OhioRISE PRTF authorization process establish clearer admission criteria, stronger documentation requirements, defined authorization timelines, and formal resubmission expectations.

Summary of Changes (please utilize the attached Service Definition for further details)

Admission Criteria Are More Explicit

Youth must meet **all admission criteria (A-I) for PRTF and (A-J) for PRTF MI/IDD** of the attached service definition to qualify for PRTF admission, including:

- A qualifying **DSM-5 mental health diagnosis**
- Significant functional impairment
- Clinical evidence that the youth requires a **highly structured, 24-hour therapeutic environment**
- Documentation showing community-based treatment has:
 - Been unsuccessful,
 - Failed to produce sufficient improvement,
 - Resulted in worsening symptoms, or
 - That the youth is currently hospitalized and recommended for PRTF by the treatment team
- Recommendation from:
 - A qualified prescribing provider or independently licensed clinician with behavioral health expertise and direct observation of the youth's condition.
- Additionally, requests must include:
 - Child and Family Team documentation demonstrating the youth's needs over the prior 30 days are consistent with PRTF-level intensity

Exclusion Criteria Are Clearly Defined

Youth may be excluded when they:

- Present an imminent risk of serious harm
- Have only a substance use diagnosis
- Have only an intellectual/developmental disability without a co-occurring DSM-5 mental health diagnosis
- Cannot benefit from a therapeutic milieu setting
- Have medical or support needs beyond what a PRTF can safely provide

Submission Requirements Are More Structured

All requests must:

- Be submitted by the OhioRISE Care Coordinator through FamilyCare Central
- Include a fully completed PRTF Request Form
- Include all required clinical and non-clinical documentation
- Include a signed Aetna Release of Information

Review timelines are changing:

- Determinations move from **3 calendar days to 7 calendar days**
- Aetna may request up to **14 additional days** when more information is needed

Documentation Quality Is Critical

Recent reviews identified recurring issues, including:

- Missing clinical documentation
- Outdated records
- Lack of evidence supporting intensive treatment needs
- Unclear recommending authority
- Insufficient documentation of community-based service utilization
- Excessive records that lacked actionable clinical information

Successful authorization is about submitting a **clinically usable packet** that clearly demonstrates:

- Medical necessity
- Failure of community-based interventions
- Current functional impairment
- Need for a PRTF level of care

Authorizations Now Expire and Require Resubmission

Approved PRTF authorizations now:

- Expire after **90 calendar days** if admission has not occurred
- Require notification to the guardian and Care Coordinator **10 business days prior to expiration**
- Require updated documentation from the previous **30 days** for resubmission
- May be extended up to **90 days** when hospitalization occurs within the 14 days preceding expiration
- May be resubmitted within **6 months** of expiration; after that, a new application is required

Questions or need help?

Please contact:

- OhioRISEPRTF@aetna.com
- OhioRISE Member Services: 1-833-711-0773 (TTY: 711) Available Monday to Friday, 7 a.m. to 8 p.m.