

## Memorandum

**To:** Psychiatric Residential Treatment Facility (PRTF) providers and organizations  
Providers who refer to PRTFs

**From:** Kristen Donheffner, Medicaid Behavioral Health Policy manager

**Date:** March 13, 2026

**Subject:** Children's PRTF emergency admission procedure

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In response to recent questions about the certification of need for services (CONS) process as it relates to emergency situations, Oregon Health Authority (OHA) is clarifying the process for "emergency admission" as used in Oregon Administrative Rule (OAR) [410-172-0690\(4\)](#) and [42 CFR Part 441 Subpart D](#). This information may also help coordinated care organizations (CCOs) understand the applicability of these policies to their current processes.

An emergency admission is appropriate when all the following are true:

1. The child:
  - Has an emergency medical condition requiring immediate medical attention as defined in OAR [410-120-0000\(108\)](#),
  - Requires emergency services from a qualified provider and psychiatric emergency services to provide immediate intervention as defined in OAR [410-120-0000\(110\)](#) and (270), and
  - Meets Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Medically Necessary and Medically Appropriate criteria as defined in [OAR 410-151-0001\(3\)](#) and (4) for PRTF level of care.
2. The referring provider has determined:
  - The child's admission cannot wait for certification of need for services,

- The child needs the specific PRTF level of care requested, and
  - Community-based services cannot meet the child's needs.
3. The PRTF:
- Agrees it is an emergency,
  - Can meet the child's need,
  - Has current capacity to admit the child,
    - If a child will be placed on a waitlist for admission to a PRTF this does not meet the criteria of an emergency admission and standard process must be followed,
  - Has [verified the child's OHP coverage](#) and any other health coverage or insurance the child has prior to admission. This verification includes:
    - The member's CCO enrollment status and whether the services require a prior authorization, and
    - Following any requirements of member's other health coverage, referred to as third party liability (TPL), as well as OHP requirements.

## Why is this happening?

OHA is sharing this clarification to ensure PRTF emergency admissions occur only for children and youth whose benefits and clinical condition qualify them for emergency admission, as required by current state and federal policy listed below.

- [410-172-0650](#): Prior Authorization
- [410-172-0690](#): Admission Procedure for Psychiatric Residential Treatment Services for Children
- [410-120-0000](#): Acronyms and Definitions
- [410-120-1140](#): Verification of Eligibility and Coverage
- [410-120-1280](#): Billing, includes TPL requirements
- [42 CFR Part 441 Subpart D](#): Inpatient Psychiatric Services for Individuals Under Age 21 in Psychiatric Facilities or Programs

# What should you do?

## Referring providers:

When referring children for emergency admission to a PRTF, please include documentation that shows the child needs emergency admission as outlined above.

## PRTF providers:

For all emergency admissions:

- Clearly document the need for emergency services as outlined above.
- Have the team responsible for the child's plan of care complete a CONS within 14 days as described in [42 CFR Part 441 Subpart D](#). The CONS document must clearly:
  - Certify each of the three required components found in [42 CFR 441.152](#) have been met, and
  - Include written or electronic signatures, with credentials, of the team responsible for the plan of care.
    - The team and their credentials must meet the requirements found in [42 CFR 441.156](#).
- Documentation needs to describe why the service is medically necessary and medically appropriate as defined in EPSDT OAR [410-151-0001](#)(3) and (4).
- Request retroactive authorization, if needed, within 14 days of admission. Fee-for-service requests to Comagine Health must include:
  - Documentation justifying the emergency admission,
  - The certification of need for services (CONS), and
  - Information required in OAR [410-172-0650](#)(4)(a-f):
    - A cover sheet with referring and service Medicaid ID provider numbers,
    - Recipient Medicaid ID number,
    - Requested dates of service,

- Healthcare Common Procedure Code System (HCPCS) or Current Procedural Terminology (CPT) procedure code,
- Amount of services or units requested, and
- Any additional clinical information supporting the medical justification for the services requested.

### All providers:

If the situation does not meet PRTF emergency admission criteria, obtain a certification of need for services according to the standard admission process.

- For fee-for-service (open card) members, OHA requires prior authorization in addition to the CONS. Follow current process or fax fee-for-service requests to Comagine Health at 877-717-8594. If you have questions about how to submit a request, please call 888-416-3184 or email [ORURFFS@comagine.org](mailto:ORURFFS@comagine.org).
- For CCO members or members with TPL coverage, [please contact the CCO](#) or the TPL entity to determine what is required for a certification of need for services.

### Questions?

If you have any questions about this announcement, please email [medicaid.programs@odhsoha.oregon.gov](mailto:medicaid.programs@odhsoha.oregon.gov).