

**SMMC Managed Care Plan Report Guide
Residential Psychiatric Treatment Report Summary**

02/28/2025

BENEFIT TYPE(S):

The Managed Care Plan providing the following benefit type(s) must submit this report:

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REPORT PURPOSE:

The purpose of this report is to provide the Agency with information regarding enrollees under the age of twenty-one (21) who are receiving residential psychiatric treatment in Statewide Inpatient Psychiatric Programs (SIPP), Therapeutic Group Care (TGC) or Qualified Residential Treatment Programs (Q RTP) placement in accordance with reporting requirements and the Managed Care Plan Report Guide.

FREQUENCY & DUE DATES:

Report Year Type	Report Year Period
C = Calendar	01/01 – 12/31

Report Frequency	Reporting Data Period
M = Monthly	Two-digit month of data being reported

This report is due monthly, within fifteen (15) calendar days after the end of the reporting month.

REPORT CODE & SUBMISSION:

Report Code	0188
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Using the file naming convention described in Chapter 2, the Managed Care Plan must submit the following to the applicable SFTP site:

- Residential Psychiatric Treatment Report using the template provided.
- A report attestation as described in Chapter 2.

INSTRUCTIONS:

The Managed Care Plan must submit the Residential Psychiatric Treatment Report in the format and layout specified in the report template.

In-State Reporting:

- Managed Care Plan Name
- Benefit Type
- Managed Care Plan 7-Digit Medicaid ID
- Reporting Month/Year (MM/YYYY)
- Report Submission Date
- Report Submitted By
- Enrollee's Full Name (Last, First)
- Enrollee's Medicaid ID (10-digit)
- Date of Birth (MM/DD/YYYY)
- Residential Psychiatric Treatment Provider (Select from drop-down menu)
- Custody (Select from drop-down menu)
- Admission Date (MM/DD/YYYY)

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- Discharge Date (MM/DD/YYYY)
- Number of Days in Care (Auto-calculates)
- Date Discharge Planning Conducted (MM/DD/YYYY)
- Discharge/Transfer Placement (Select from drop-down menu)
- Post-Discharge Treatment (Describe Treatment Plan below)
- Was a 7-day Follow-Up Conducted? (Yes or No)
- Additional Comments

Out-of-State Reporting:

- Managed Care Plan Name
- Benefit Type
- Managed Care Plan 7-Digit Medicaid ID
- Reporting Month/Year (MM/YYYY)
- Report Submission Date
- Report Submitted By
- Enrollee's Full Name (Last, First)
- Enrollee's Medicaid ID (10-digit)
- Date of Birth (MM/DD/YYYY)
- FL Residential Psychiatric Treatment Provider Consulted for Placement
- Date Referral Sent to Florida Provider (MM/DD/YYYY)
- Date Florida Provider Denied Placement (MM/DD/YYYY)
- Custody (Select from drop-down menu)
- Out-of-State Residential Psychiatric Treatment Provider
- Reason for Out-of-State Placement (Select from drop-down menu)
- Out-of-State Admission Date (MM/DD/YYYY)
- Out-of-State Discharge Date (MM/DD/YYYY)
- Number of Days in Care (Auto-calculates)
- Date Discharge Planning Conducted (MM/DD/YYYY)
- Post-Discharge Treatment (Describe Treatment Plan below)
- Was a 7-day Follow-Up Conducted? (Yes or No)
- Additional Comments

VARIATIONS BY MANAGED CARE PLAN TYPE:

No variations.

REPORT TEMPLATE:

The Agency templates can be found using the directions in Chapter 1. There are no additional report template instructions unique to this report chapter.

AMENDMENT HISTORY:

PLAN COMMUNICATION	DATE	RECAP OF CHANGE(S)
None	None	None

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