



NEW MEGA REGS POLICY & PROCEDURE (P&P) APPROVAL REQUEST FORM

I. P&P INFORMATION

Assigned Policy Name: Emergency and Post Stabilization Services

Assigned Policy Number: 3200

Mega Regs Policy Area(s): Mark All That Apply

- | | |
|--|--|
| <input type="checkbox"/> Plan Administration and Organization | <input type="checkbox"/> Provider Network |
| <input type="checkbox"/> Scope of Services | <input type="checkbox"/> Documentation Requirements |
| <input checked="" type="checkbox"/> Financial Reporting Requirements | <input type="checkbox"/> Coordination and Continuity of Care |
| <input type="checkbox"/> Management Information Systems | <input type="checkbox"/> Beneficiary Rights |
| <input type="checkbox"/> Quality Improvement System | <input type="checkbox"/> Beneficiary Problem Resolution |
| <input type="checkbox"/> Utilization Management Program | <input type="checkbox"/> Program Integrity |
| <input type="checkbox"/> Access and Availability of Services | <input type="checkbox"/> Reporting Requirements |

Submitted by: victor Ibabao Date: 3/29/2018

Policy developed by: Heather Bilich

Attach P&P Document For Review In this Section



II. APPROVAL

Section A: HHS Compliance and County Counsel

HHS Compliance: DocuSigned by: Victoria Phan Date: 4/2/2018

County Counsel: 3527B4B4F12742C... DocuSigned by: Lorraine Van Kirk Date: 4/3/2018

Section B: BHSD Executive Director

BHSD Executive Director: DocuSigned by: Toni Tullys Date: 4/5/2018

Note - A copy of the Approved Mega Regs P&P Form will be emailed to: BHSD Compliance Unit



Policy & Procedure Number: BHSD # 3200

<input checked="" type="checkbox"/>	BHSD County Staff
<input checked="" type="checkbox"/>	Contract Providers
<input checked="" type="checkbox"/>	Specialty Mental Health
<input checked="" type="checkbox"/>	Specialty Substance Use Treatment Services

Title: Emergency and Post Stabilization Services

Approved/Issue Date:	Behavioral Health Services Director:	
Last Review/Revision Date:	Next Review Date:	Inactive Date:

<p><u>REFERENCE:</u></p> <ul style="list-style-type: none"> • 42 Code of Federal Regulations (C.F.R.) §438.114 Emergency and post-stabilization services. • 42 Code of Federal Regulations (C.F.R.) §438.210 Coverage and authorization of services. • 42 Code of Federal Regulations (C.F.R.) §422.113 Special rules for ambulance services, emergency and urgently needed services, and maintenance and post-stabilization care services. • 9 California Code of Regulations (C.C.R.) § 1820.225. MHP Payment Authorization for Emergency Admissions by a Point of Authorization. • 9 California Code of Regulations (C.C.R.) § 1820.220. MHP Payment Authorization – by a Point of Authorization. 9 California Code of Regulations (C.C.R.) § 1820.215. MHP Payment Authorization -General Provisions. • 9 California Code of Regulations (C.C.R.) § 1820.205. Medical Necessity Criteria for Reimbursement of Psychiatric Inpatient Hospital Services. • 9 California Code of Regulations (C.C.R.) § 1810.237.1. Psychiatric Inpatient Hospital Professional Services. • 9 California Code of Regulations (C.C.R.) § 1850.405. Arbitration between MHPs. • 9 California Code of Regulations (C.C.R.) § 1850.505. Requests for Resolution. • 9 California Code of Regulations (C.C.R.) § 1810.246. Short-Doyle/Medi-Cal Hospital. • 9 California Code of Regulations (C.C.R.) § 1810.230. Non-contract Hospital Hospital. • 9 California Code of Regulations (C.C.R.) § 1810.217. Fee-for-Service/Medi-Cal Hospital. • 9 California Code of Regulations (C.C.R.) § 1810.216. Emergency Psychiatric Condition.
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POLICY:

1. BHSD does not deny payment for behavioral health treatment obtained in the following circumstances:
 - a. An emergency behavioral health condition including cases in which absent immediate medical attention would place the beneficiary in serious jeopardy, seriously impair bodily functions or serious dysfunction of any bodily organ or part.
 - b. Where a representative of the MCP instructs the beneficiary to seek emergency behavioral health services.
2. BHSD allows beneficiaries to obtain services outside the MCP, even if the beneficiary obtained emergency services outside the MCP regardless of whether a case manager referred the beneficiary to a MCP provider that furnishes the services. BHSD shall ensure that the cost to the beneficiary for services provided out of network pursuant to an authorization is no greater than it would be if the services were furnished within the BHSD's network.
3. BHSD does not limit what constitutes an emergency psychiatric condition or refuse to cover services based on the emergency room provider, hospital or fiscal agent not notifying the beneficiary MCP of the beneficiary's screening and treatment within 10 calendar days of presentation for emergency psychiatric services.
4. The attending emergency physician or the provider treating the beneficiary is responsible for determining when the beneficiary is sufficiently stabilized for transfer or discharge. This determination is binding and BHSD is responsible for coverage and payment.
5. Beneficiaries will not be held liable for payment for screening and treatment of an emergency psychiatric or medical condition needed to stabilize the conditions.
6. Covers and pays for emergency psychiatric and post stabilization behavioral health services.



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<p><u>DEFINITIONS:</u></p> <p>Beneficiary. A Medi-Cal recipient who is currently receiving services from BHSD or a BHSD contracted provider.</p> <p>Emergency. A Condition or situation in which an individual has a need for immediate medical attention, or where the potential for such need is perceived by emergency medical personnel or a public safety agency (Health & Safety Code § 1797.07).</p> <p>Provider. A person or entity who is licensed, certified, or otherwise recognized or authorized under state law governing the healing arts to provide specialty mental health services and who meets the standards for participation in the Medi-Cal program as described in California Code of Regulations, title 9, Division 1, Chapters 10 or 11 and in Division 3, Subdivision 1 of Title 22, beginning with Section 50000. Provider includes but is not limited to licensed mental health professionals, clinics, hospital outpatient departments, certified day treatment facilities, certified residential treatment facilities, skilled nursing facilities, psychiatric health facilities, general acute care hospitals, and acute psychiatric hospitals. The MHP is a provider when direct services are provided to beneficiaries by employees of the Mental Health Plan.</p>
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<u>PROCEDURE</u>	
Responsible Party	Action Required
<p>Hospital Providing Emergency Psychiatric Inpatient Services</p> <p>(contracted and non-contracted)</p>	<ol style="list-style-type: none"> 1. BHSD shall not require a hospital to obtain prior payment authorization for an emergency admission, whether voluntary or involuntary. 2. BSDH ensures the beneficiary meets medical criteria for voluntary or involuntary emergency admissions. 3. Notifies BHSD within timelines specified contractually or within ten calendar days of the time of the presentation for emergency services. <ol style="list-style-type: none"> a. If the hospital cannot determine the MCP of the beneficiary, the hospital will notify the MCP of the county where the hospital is located within 10 ten calendar days of the time of the presentation for emergency services.



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	<ul style="list-style-type: none"> b. The MCP will assist the hospital to determine the MCP of the beneficiary. The hospital will notify the MCP of the beneficiary within 10 ten calendar days of determination of the appropriate MCP. 4. Request MCP payment authorization for an emergency admission through notification to the Point of Authorization within the timelines specified above. <ul style="list-style-type: none"> a. Provides written documentation that certifies the beneficiary met medical necessity criteria for emergency psychiatric inpatient care at the time of admission. b. Provides written documentation that certifies the beneficiary met medical necessity criteria for emergency psychiatric inpatient care for the day of admission. c. A non-contract hospital will include documentation that the beneficiary could not be safely transferred to a contract hospital, if the transfer was requested by the MCP. d. Any additional mandatory requirements of the contract negotiated between the hospital and the MCP are met. 5. Will not submit a claim or collect reimbursement for covered emergency psychiatric services from the beneficiary unless beneficiary has a Medi-Cal share of cost which needs to be met.
<p>BHSD Point of Authorization</p>	<ul style="list-style-type: none"> 1. Has mechanisms to ensure inter-rater reliability for authorization decisions. 2. Will consult with requesting provider when appropriate. 3. Authorize Long Term Services and Supports based on beneficiaries currents needs. 4. Will notify the requesting provider of any decision to deny MCP payment authorization request, or to authorize a service in amount, duration or scope that is less than requested. This notice need not be in writing. 5. After an emergency admission, the MCP may transfer the beneficiary from a non-contract hospital to a contract hospital as soon as the beneficiary is stable. An acute care patient shall be considered stable when no deterioration of the beneficiary's condition is likely, within reasonable medical probability, to result from or occur during the transfer of the beneficiary from the hospital. 6. Will determine payment authorization for: <ul style="list-style-type: none"> a. Fee-for-Service/Medi-Cal Hospitals by the MCP Point of Authorization



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	<ul style="list-style-type: none"> b. Short-Doyle/Medi-Cal Hospitals contracting with the MCP by either: <ul style="list-style-type: none"> i. MCP Point of Authorization, or if applicable, ii. The hospitals Utilization Review Committee as agreed in contract. c. Short-Doyle/Medi-Cal Hospitals that do not have a contract with the MCP by the MCP's Point of Authorization. <p>7. Payment authorization requests presented for authorization beyond the timelines specified will be accepted for consideration if the MCP determines the authorization request presented beyond timelines for other acceptable reasons and includes factual documentation verifying the late submission was due to:</p> <ul style="list-style-type: none"> a. A natural disaster that has: <ul style="list-style-type: none"> i. Destroyed or damaged the hospital business office, records or ii. Substantially interfered with the hospital agent's processing of requests for MCP payment authorization, or b. Delays caused by other circumstances beyond the hospital's control. Documentation must include evidence that the circumstances causing the delay was reported to law enforcement or fire agency, if required to be reported. c. Circumstances not considered beyond the control of the hospital include but are not limited to: <ul style="list-style-type: none"> i. Employee negligence. ii. Misunderstanding of program requirements iii. Illness or absence of any employee trained to prepare MCP authorizations iv. Delays caused by the US Postal Service or any private delivery service.
<p>Call Center</p>	<ul style="list-style-type: none"> 1. Operates a toll free line available 24 hours a day, seven days a week. 2. Acts on MCP payment authorization requests for outpatient post stabilization services within one hour of request for in and out of network services. <p style="text-align: center;">Call Center (800) 704-0900</p>



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<p>Hospital Liaisons</p>	<ol style="list-style-type: none"> 1. Authorizes pre-approved uninsured emergency psychiatric services and approves inpatient post stabilization services needed to maintain the beneficiary stabilized condition within one hour of request. 2. Approves in and out of network post stabilization services that meet medical necessity criteria if they are unable to respond to pre-approval requests within one hour. <p style="text-align: center;">Santa Clara County Family & Children’s Division Hospital Liaison Phone: (408) 794-0760 Phone: (408) 483-8030 (after hours, holidays) FAX: (408) 938-4529</p> <p style="text-align: center;">Santa Clara County Adult Older Adult Division Hospital Liaison Phone: (408) 885-3679 FAX: (408) 885-5789</p>
<p>Attachments:</p>	