

Effective Date:
Revised Date:
Review Date: 5/27/2009

North Sound Mental Health Administration

Section 1500 – Clinical: Evaluation and Treatment Facility Authorization

Authorizing Source: RSN - E&T Facility Payment Agreements

Cancels:

See Also:

VOA and E&T Providers must “comply with” this policy

Responsible Staff: Quality Manager

Approved by: Executive Director

Date: 5/29/2009

Signature:

POLICY #1575.00

SUBJECT: EVALUATION AND TREATMENT FACILITY AUTHORIZATION

PURPOSE

To provide rapid and appropriate authorization, and certification if applicable, for medically necessary mental health services at freestanding Evaluation and Treatment facilities (E&Ts) for which there is a pre-existing agreement between North Sound Mental Health Administration (NSMHA) and the appropriate Regional Support Network (RSN) or E&T. This may apply to:

1. Eligible North Sound residents for whom admission is being sought at an out-of-region E&T; and
2. Out-of-region residents at NSMHA regional E&Ts.

*This policy and procedure applies **only** to freestanding E&T admissions where there is a previously signed payment agreement between NSMHA and the particular RSN or E&T. Look under Provider Resources on NSMHA’s website (www.nsmha.org) for a current list of those RSNs and E&Ts with which NSMHA has agreements.*

DEFINITIONS

Certification – Clinical determination by NSMHA designee that a individual’s need for a voluntary or involuntary E&T admission, length of stay extension or transfer has been reviewed and, based on the information provided, meets the requirements of medical necessity for this type of care. In the case of voluntary admissions, Volunteers of America (VOA) is NSMHA’s designee for the certification determination. The certification determination for involuntary admissions is completed by the Designated Crisis Responder/Designated Mental Health Professional (DCR/DMHP) when he/she detains an individual.

Authorization – Acknowledgement by the RSN that, based on the information provided, the individual for whom E&T admission is being sought appears to reside in that RSN’s region. This applies to both voluntary and involuntary admissions. This acknowledgement is indicated by the assignment of an authorization number or some other identifier that must be submitted with a claim in order for payment to be considered. Authorization does not guarantee payment. Residency and financial eligibility have to be determined. VOA conducts the authorization process for NSMHA.

POLICY

When attempting to involuntarily detain or voluntarily admit an individual to inpatient care, DCRs/DMHPs or crisis workers shall, when the individual’s residence is known, attempt to have the individual admitted to a bed within the individual’s RSN of residence. However, there may be times when these attempts are unsuccessful and the individual may need to be admitted to an E&T outside his/her region of residence. DCRs/DMHPs may seek admission to an out-of-region E&T or detain an out-of-

region individual to a North Sound region E&T without an authorization from VOA and without regard to funding status. However, all parties involved shall be aware that for the RSN (either NSMHA or another RSN) or E&T to be paid for an E&T stay, a previously signed payment agreement must exist between NSMHA and the specific RSN or E&T.

Most individuals for whom admission to an E&T is being requested will be on involuntary legal status. The involuntary psychiatric care must be in accordance with the admission criteria specified in chapters 71.05 and 71.34 RCW.

In the infrequent instances that authorization is being sought for a voluntary admission to an E&T or an individual has been converted to voluntary status during an admission, the voluntary care for all Medical Assistance individuals (e.g., those on Title XIX and state programs) **must** be:

1. Medically necessary as defined in WAC 388-500-0005 and also include the following:
 - a. Ambulatory care resources available in the community do not meet the treatment needs of the individual, AND
 - b. Proper treatment of the individual's psychiatric condition requires services at an E&T, AND
 - c. Services can reasonably be expected to improve the individual's level of functioning or prevent further regression of functioning, AND
 - d. The individual has been diagnosed as having an emotional/behavioral disorder or a severe psychiatric disorder (as defined in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association) which is considered a principal covered diagnosis (see NSMHA Policy Attachment #1571.01 Community Psychiatric Inpatient Instructions and Requirements) and warrants extended care in the most intensive and restrictive setting; **OR**
 - e. The individual was evaluated and met the criteria for emergency involuntary detention (Chapter 71.05 or 71.34) but agreed to inpatient care.
2. Approved (ordered) by the professional in charge of the facility; and
3. Certified by the Regional Support Network's Contractor, VOA. The person making the determination to authorize care at the E&T must meet the definition of a Mental Health Professional per WAC 388-865-0150.

Services shall be provided that are:

1. Culturally and linguistically competent;
2. Working towards recovery and resiliency; and
3. Appropriate to the age and developmental stage of the individual.

PROCEDURE

Admission of North Sound Residents to Out-of-Region E&Ts

NSMHA will contract with VOA to staff and operate a team, on a 24 hour basis, to authorize or **deny*** out-of-region E&T admissions for Medicaid eligible individuals and other individuals eligible for publicly funded mental health services who reside within NSMHA's region. This includes individuals eligible for both Medicare and Medical Assistance who have exhausted their lifetime Medicare benefits at admission or during the course of the stay. It also includes individuals with primary commercial or private insurance

and who have secondary Medicaid coverage when their primary insurance has been exhausted at admission or during the course of the stay. Requests for certification and/or authorization shall be directed to VOA at 800-707-4656.

E&T admissions shall follow all procedures outlined in NSMHA Policy #1571.00 - Inpatient Certification and Authorization for involuntary or voluntary admissions dependent on the individual's legal status. This policy outlines procedures for authorization, and certification as applicable, for the E&T facility as well as VOA. Consistent with these procedures, the Certification Authorization for Admission Form (under Forms on NSMHA's website) shall be utilized and the processes for assigning authorization numbers and transmitting data by VOA are the same as for inpatient psychiatric at a community hospital. Only the following items are not applicable to the E&T authorization process:

1. Administrative days are not utilized for E&T stays.
2. E&T providers do not have the same dispute rights as inpatient psychiatric hospitals (i.e., there is no process for taking a dispute to the state for E&Ts).

Questions regarding the individual's county of residence, and therefore, which RSN should be involved with the authorization, may be resolved by referring to the flow chart from the Community Psychiatric Inpatient Instructions and Requirements (see NSMHA Policy Attachment #1571.01). If the appropriate RSN still cannot be determined, VOA will make a determination to authorize or ***deny**** the request, but the requesting E&T must realize that NSMHA may not be the appropriate RSN and the authorization number does not guarantee payment.

If VOA is contacted for authorization for an E&T stay by an RSN or out-of-region E&T for which a payment agreement does not exist, the requestor shall be notified that authorization cannot be provided without a previous payment agreement and shall be directed to contact NSMHA directly with any questions.

For NSMHA residents admitted to an out-of-region E&T facility, coordination of care between the E&T and outpatient services shall follow the procedure outlined for outpatient service requirements related to inpatient utilization in NSMHA Policy #1572.00 - Inpatient Continuity of Care. If it appears that an individual needs admission to Western State Hospital (WSH) or Children's Long-Term Inpatient Program (CLIP), the E&T shall contact NSMHA.

Once the E&T receives the final Certification Authorization for Admission Form, the RSN or E&T shall submit its bill to NSMHA for payment within timeframes required by the specific contract.

****Denials apply only to voluntary admissions.***

Admission to E&Ts in NSMHA's Region

E&Ts in the North Sound region (North Sound or Mukilteo) shall notify an RSN or its contracted provider when one of their region's residents is involuntarily detained and admitted within one business day of the individual's admission. E&T staff shall work with the RSN staff or its contracted provider to facilitate care coordination and discharge planning. This includes, but is not limited to:

1. Providing documents related to an individual's detention.
2. Providing all necessary civil commitment court proceedings and support for Involuntary Treatment Act (ITA) hearing.

3. Identification of the county of residence/RSN of responsibility of an out-of-region resident sent to Western State Hospital (WSH) by the E&T.
4. Transferring the individual from the E&T to a hospital-based ITA bed as soon as one is available.

NSMHA shall obtain information from the Consumer Information System (CIS) on E&T admissions in order to facilitate billing to the other RSN within timeframes required by the specific contract. However, to facilitate billing of non-Medicaid ancillary charges, the provider must contact the other RSN or its designee to obtain the applicable Department of Social and Health Services Form. E&Ts in the North Sound region need not send billing information to NSMHA for residents of another RSN where a payment agreement does not already exist.

ATTACHMENTS

None