Authorization of Psychiatric Inpatient Hospitalization Policy

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Policy

The San Bernardino County Department of Behavioral Health (DBH) shall adhere to Behavioral Health Information Notices (BHIN) issued by the Department of Health Care Services (DHCS) regarding concurrent review standards for psychiatric inpatient hospitals and psychiatric health facility (PHF) services.

Purpose

To describe the DHCS standards and regulations related to the authorization process for psychiatric inpatient hospitalization and PHF services.

Definitions

Acute Day: Defined in Title 9 of the California Code of Regulations (CCR) §1810.201 as “a period of inpatient care in a hospital for individuals experiencing a severe, immediate mental health crisis requiring intensive treatment and diagnosis; this is considered an "acute day" within the context of “mental health care.”

Administrative Day: Defined in 9 CCR §1810.202 as "psychiatric inpatient hospital services provided to a member who has been admitted to the hospital for acute psychiatric inpatient hospital services, and the members stay at the hospital must be continued beyond the members need for acute psychiatric inpatient hospital services due to a temporary lack of residential placement options at non-acute residential treatment facilities that meet the needs of the member."

Concurrent Review: The process by which authorization for delivery of services is provided by DBH or its designee (i.e., contracted concurrent review provider) to the requesting hospital or PHF. It is an analysis of admissions to an inpatient psychiatric hospital/unit while care is being provided. It comprises of certification regarding the necessity for admission and assessment of the need for care to be continued.

Hospital or PHF: For the purposes of this policy and related procedure refers to all psychiatric inpatient level of care services in general acute care hospitals with psychiatric units, psychiatric hospitals, and psychiatric health facilities (PHFs) certified by DHCS as Medi-Cal providers of inpatient hospital services.

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Definitions, *continued*

Psychiatric Emergency Care: In accordance with Health and Safety Code §1317.1 (k), psychiatric emergency care refers to a mental health disorder that manifests itself by acute symptoms of sufficient severity that it renders the member as being either of the following, regardless of whether the member is voluntary or involuntarily detained for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment pursuant to the Lanterman-Petris-Short (LPS) Act:

a. Danger to self (DTS) as a result of a mental health disorder;
b. Danger to others (DTO) as a result of a mental health disorder;
c. Gravely disabled adult as a result of a mental health disorder;
d. Gravely disabled adult due to a severe substance use disorder;
e. Gravely disabled adult due to a co-occurring mental health and severe substance use disorder;
f. Gravely disabled minor as a result of a mental health disorder; and
g. Noting, grave disability as meaning a condition in which a person, due to a mental health disorder or severe substance use disorder, is unable is unable to provide for their basic personal needs (food, clothing, shelter), personal safety (inability to protect oneself from harm or risky situations), and necessary medical care (care required to prevent serious deterioration of an existing physical condition).

While a psychiatric emergency care does not require a prior authorization for the first 24-hours, notification of admission is still required for payment. However, if the member will require hospital or PHF services beyond the first 24 hours, the concurrent review authorization process applies for initial and continued stays – no exceptions.

Residential Treatment Facilities: The San Bernardino County Behavioral Health Plan has identified the following are consistent with the definition of "residential treatment facilities" and are Medi-Cal eligible non-acute treatment facilities that meet the Administrative Day Service criteria:

a. State Hospital. State Hospitals are the highest level of locked psychiatric inpatient care for members living with behavioral health conditions and require the highest level of intensive services. Additionally, State Hospitals provide services to members who are committed pursuant to sections of the Penal Code and Welfare and Institutions Code (WIC) or who are found to be incompetent to stand trial.
b. Adult Residential Treatment Facilities licensed through Community Care Licensing to provide long-term or transitional social rehabilitation services as those contracted through the DBH Centralized Hospital Aftercare Services (CHAS) program.

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Definitions, *continued*

c. Institutions for Mental Disease (IMD): A hospital, nursing facility or other institution of more than sixteen (16) beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services (42 Code of Federal Regulations (CFR) 435.1010, 9 CFR 1810.222.1).
d. Mental Health Rehabilitation Centers and Skilled Nursing Facilities (SNF) with a psychiatric component. SNFs that provide only medical care do not qualify for administrative day reimbursement.
e. Enhanced Assisted Living facilities contracted with DBH to provide specialized treatment to members living with comorbid behavioral health and medical conditions.
f. Licensed enhanced board and care. These are designated board and care facilities that have a contract with DBH to provide specialized enhanced services to targeted populations. Non-enhanced (basic) licensed board and care facilities do not qualify for administrative day reimbursement.
g. Facilities whose services include co-occurring treatment through the DBH Therapeutic Alliance Program (TAP).
h. A residential facility funded by Transitional Assistance Department (TAD), including, but not limited to:
    - Group Home with a Rate Classification Level (RCL) rating of 10 or above.
    - Short Term Residential Therapeutic Program (STRTP).
    - Placement into qualified Wraparound Services as approved by the San Bernardino County Interagency Planning Council.

Retrospective Review: The process of examining and analyzing a member's past psychiatric records, including medical history, treatment notes, and diagnostic information, after the treatment period has already ended, to study trends, treatment effectiveness, or identify potential issues with care delivery within the context of mental health.

Notification from Hospital or PHF

Immediately, but no later than 24-hours following the time of admission, hospitals or PHFs shall send notification to DBH via its existing concurrent review provider. Please note, in order to comply with DHCS standards, DBH nor its existing concurrent review provider may not allow exceptions or extensions to the notification requirement.

Telephone Access

Via its existing concurrent review, provider shall maintain telephone access to receive admission notifications and initial authorization requests 24-hours a day, seven (7) days a week.

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Required Documentation

For members who were only admitted for 24-hours or less, notification by the hospital or PHF to DBH via its existing concurrent review provider is required. The following documentation must be submitted:

- The name of responsible county, which is the Behavioral Health Plan of the member;
- Member's admission orders;
- Initial plan of care; and
- A completed face sheet.

Should a member require a hospital or PHF stay beyond the initial 24-hours, then a request to authorize the member's treatment is required in addition to the aforementioned required documentation.

The face sheet shall include the following information:

- Hospital name and address;
- Member's name and DOB;
- Member's insurance coverage;
- Member's Medi-Cal number and county of responsibility identified in the Medi-Cal Eligibility Data System;
- Member's current address/place of residence;
- Date and time of admission;
- Working (provisional) diagnosis;
- Name and contact information of admitting, qualified, and licensed practitioner; and
- Utilization review staff contact information.

Hospital or PHFs shall make every effort to fully complete the required documentation with all the necessary information. Failure to fully complete the required documentation will result in a request for additional information or denial of the authorization request.

Request for Additional Information

Should a hospital or PHF not fully complete the required documentation, DBH via its existing concurrent review provider may request completion of or additional documentation in order to render a decision of the authorization.

Hospital or PHFs must complete the request(s) within 48-hours for initial authorizations and within 24-hours for continued stay authorizations.

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Exchange of Protected Health Information (PHI)	The treating provider at the hospital or PHF may request information from DBH as needed to determine the appropriate length of stay for the member. Conversely, DBH via its existing concurrent review provider may only request information from the treating provider of the applicable hospital or PHF that is reasonably necessary to render a decision whether to grant, modify or deny the authorization request. The exchange of PHI shall be accomplished by any method compliant with Health Insurance Portability and Accountability Act (HIPAA) if it is agreed upon by DBH's existing concurrent review provider and the hospital or PHF.
Initial Authorization Decision and Time Period	DBH's existing concurrent review provider shall determine whether to grant, modify or deny the hospital or PHF's initial authorization request within 72-hours to support real time decision making with the goal to reduce unnecessary inpatient days. If the decision is to grant the initial request, said authorization is valid for a period of up to five (5) calendar days or the number of calendar days requested by the hospital or PHF, whichever is less.
Continued Stay Authorization	Hospitals or PHFs must submit a subsequent authorization request before the end of the initial authorization or subsequent authorization period has ended. The request is based on medical necessity for the member and a response from DBH's existing concurrent review provider must be completed within 24-hours. If the decision is to grant the continued stay, said authorization is valid for a period of up to five (5) calendar days or the number of calendar days requested by the hospital or PHF, whichever is less.
Treatment Authorization Request (TAR) Submission	Hospitals or PHFs must submit TARs within fourteen (14) calendar days following discharge or after ninety-nine (99) consecutive inpatient days, whichever occurs first. Retroactive TARs must be submitted within sixty (60) days of the identification of the need for such a request. Submission shall be made to DBH via its existing concurrent review provider.

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Administrative Days	A hospital or PHF may claim for administrative day services, referred to hereinafter as admin days, when a member no longer meets medical necessity for acute psychiatric hospital services but has not yet been accepted for placement at a non-acute residential treatment facility in a reasonable geographic area. Please refer to the related procedure regarding how a hospital or PHF requests an admin day.
Retrospective Authorization Requirements	DBH may conduct a retrospective authorization of hospital or PHF services under the following limited circumstances: • Retroactive Medi-Cal eligibility determinations; • Inaccuracies in the Medi-Cal Eligibility Data System; • Authorization of services for members with other health coverage pending evidence of billing, including dual eligible members; and/or • Member's failure to identify payer.
Related Policy or Procedure	DBH Standard Practice Manual: QM6061-1 Authorization of Psychiatric Inpatient Hospitalization Procedure
Reference(s)	California Code of Regulations (CCR), Title 9, Sections 1778, 1810.201 and 1810.202 California Department of Health Care Services Behavioral Health Information Notice No. 22-017 California Health and Safety Code section 1317.1 (k)