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North Sound Behavioral Health Administrative Services Organization, LLC

Section 1500 – Clinical: Authorization for Payment of Psychiatric Inpatient
Services for General Funds - State

Authorizing Source: HCA Contract

Approved by: Executive Director Date: 9/4/2019

Signature:

POLICY # 1571.00

**SUBJECT: AUTHORIZATION FOR PAYMENT OF PSYCHIATRIC INPATIENT SERVICES FOR
GENERAL FUNDS - STATE**

PURPOSE

To provide a standardized Utilization Management (UM) protocol for inpatient psychiatric services funded solely or in part through General Funds-State.

GENERAL FUNDS – STATE RESOURCE AVAILABILITY

North Sound Behavioral Health Administrative Services Organization (North Sound BH-ASO) Policy #1574.00 establishes and standardizes a methodology for determining when General Funds – State (GFS) resources are available for the provision of services. This includes planning for under- or over-utilization patterns with providers.

INPATIENT PSYCHIATRIC HOSPITAL LEVEL OF CARE CRITERIA

Case specific UM review decisions maintain the following Level of Care Guidelines for making authorizations, continued stay and discharge determinations:

1. Medically necessary as defined in WAC 182-500-0070 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 based on the acuity of the individual’s psychiatric condition requires services on an inpatient basis under the direction of a physician; AND
 - c. The individual’s Level of Care Utilization System/Child & Adolescent Level of Care Utilization System (LOCUS/CALOCUS) assessment warrants medically monitored inpatient psychiatric services; AND
 - d. Services can reasonably be expected to improve the individual’s level of functioning or prevent further regression of functioning; AND
 - e. The individual has been diagnosed as having an emotional/behavioral disorder or a severe psychiatric disorder and warrants extended care in the most intensive and restrictive setting;
OR
2. The individual was evaluated and met the criteria for emergency involuntary detention (RCW 71.05 or 71.34) but agreed to inpatient care. Approved (ordered) by the professional in charge of the hospital or hospital unit; and

3. Certified or authorized by the North Sound BH-ASO.

Involuntary inpatient psychiatric care must be in accordance with the admission criteria specified in RCW 71.05 and 71.34.

Services will 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.

PROVIDER REQUIREMENTS

North Sound BH-ASO pays for inpatient psychiatric care only when provided by one (1) of the following Department of Health (DOH) licensed hospitals or units:

1. Free-standing psychiatric hospitals determined by the Health Care Authority (HCA) to meet the federal definition of an Institution for Mental Diseases (IMD), which is: “a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of people with mental diseases, including medical attention, nursing care and related services”.
2. Medicare-certified, distinct psychiatric units, or State-designated pediatric psychiatric units.
3. In addition to DOH licensure, hospitals providing involuntary hospital inpatient psychiatric care must be certified in accordance with WAC 246-341.

CONSENT FOR TREATMENT

Individuals 18 years of age and older may be admitted to voluntary treatment only with the individual’s voluntary and informed written consent, a properly executed advance directive that allows for admission when the individual is unable to consent, or the consent of the individual’s legal representative when appropriate. Individuals 13-17 years of age may be admitted to treatment only with the permission of:

1. The minor and the minor’s parent/legal guardian; or
2. The minor without parental consent; or
3. The minor’s parent/legal guardian without the minor’s consent (Family-Initiated Treatment [PIT]). (It is treated as a voluntary stay for UM purposes).
4. Individuals 12 years of age and under may be admitted to treatment only with the permission of the minor’s parent/legal guardian.

AUTHORIZATION REQUIREMENTS FOR INPATIENT HOSPITAL PSYCHIATRIC CARE

The hospital must obtain authorization for payment from North Sound BH-ASO for all voluntary inpatient hospital psychiatric stays when the North Sound BH-ASO is the primary payer. Hospitals must request authorization prior to admission.

North Sound BH-ASO will collect from the requestor required clinical data for authorization of services.

TIMEFRAMES FOR AUTHORIZATION DECISIONS

Prior Authorization Requests

North Sound BH-ASO will provide a written “Notice of Determination” to the individual, or their legal representative, if a denial occurs based on our medical necessity review.

1. Initial Requests

- a. Prior Authorization is required for all admissions that would be funded solely or partially by GFS, including planned admissions coordinated by individual's provider network.
- b. North Sound BH-ASO is required to acknowledge receipt of a standard authorization request for psychiatric inpatient services within 2 hours and provide a decision within 12 hours of receipt of the request.
- c. North Sound BH-ASO or its delegated UM contractor will provide written notification of the decision within 72 hours.

2. Length-of-Stay – Concurrent Review

- a. Unless North Sound BH-ASO specifies otherwise, hospitals must submit requests for extension reviews at least 24 hours prior to the expiration of the authorized period.
- b. Length-of-stay extension determinations will be made within 24 hours or 1 business day from the request and authorized 3 to 5 days depending on clinical presentation. Once given, inpatient authorizations are not terminated, suspended, or reduced.
- c. Hospital providers requesting prior authorization for length-of-stay extensions are encouraged to submit requests during regular business hours. For requests that fall outside of regular business hours, North Sound BH-ASO will offer alternatives to allow the prior authorization review to occur.
- d. The authorization decision must be documented on delegate authorization forms and must be provided to the hospital within three (3) business days of the authorization, unless the hospital requires receipt of the form prior to continuation of the stay.

3. If the required clinical information is not received by North Sound BH-ASO to construct an authorization record, the request will be categorized as either cancelled or withdrawn, not denied.

Post Service Authorization Requests

Requests for post service authorizations (retrospective) will be considered only if the individual becomes eligible for GFS assistance after admission or the hospital was not notified of or able to determine eligibility for GFS funding.

1. For post-service authorizations, North Sound BH-ASO will make its determination within 30 calendar days of receipt of the authorization request.
2. North Sound BH-ASO will notify the individual and the requesting provider within two (2) business days of the post service authorization determination.
3. Standard Appeal timeframes apply to post-service denials.
4. When post-service authorizations are approved, they become effective the date the service was first administered.

Peer-to-Peer Clinical Reviews

North Sound BH-ASO will ensure any decision to authorize or deny actions must be peer-to-peer, that is, the credential of the licensed clinician making the decision to authorize service in an amount, duration, or scope that is less than requested must be at least equal to that of the recommending clinician. A physician board-certified or board-eligible in General Psychiatry must review all inpatient level of care actions for psychiatric treatment.

Involuntary Psychiatric Admissions

North Sound BH-ASO Policy 1571.00

AUTHORIZATION FOR PAYMENT OF PSYCHIATRIC INPATIENT SERVICES FOR GENERAL FUNDS - STATE

North Sound BH-ASO maintains a sufficient capacity of Evaluation and Treatment (E&T), Secure Withdrawal Management and Psychiatric Inpatient Beds to serve the region's non-Medicaid populations. All services delivered under the Involuntary Treatment Act (ITA) will be delivered in accordance with the following applicable regulations:

1. RCW 71.05 and 71.24.
2. Washington Administrative Code (WAC) 246-322, 246-337 and 246-341

Involuntary admissions occur in accordance with the Involuntary Treatment Act (ITA) RCW 71.05 and 71.34; therefore, no consent is required. Authorizations are done to facilitate claims submissions and are not based on Medical Necessity but rather the legal status. Only individuals 13 years of age and older may be subject to the provisions of these laws. The representative also authorizes services that are provided to individuals detained under ITA law when the individual either refuses to apply for, or does not qualify for, any Apple Health program. These inpatient stays are paid for with state funds:

1. Requests for initial authorization will be directed to North Sound BH-ASO delegated UM contractor.
2. Requesting ITA authorization will be conducted by the hospital and not delegated to the Designated Crisis Responder (DCR).
3. Required clinical information will be provided by the hospital within 72 judicial hours of admission.
4. The number of initial days authorized for an involuntary psychiatric admission is limited to 20 days from date of detention.
5. Hospitals providing Involuntary treatment and provided certification, must submit the Extension Certification Authorization for Continued Inpatient Psychiatric Care form 24 hours before the expiration of the previously authorized days (WAC 182-550-2600).
6. North Sound BH-ASO or it's delegated UM contractor cannot deny extension requests for individuals who are detained in accordance of the ITA unless another Less Restrictive Alternative (LRA) is available. Any less restrictive placement would need to be ITA certified and the court would need to change the detention location.
7. Individuals on a continuance will be granted a length-of-stay extension until their next court date. Individuals awaiting placement at Western State Hospital (WSH) will be granted a length-of-stay extension until admission to WSH.
8. Requests for individuals whose legal status changes from involuntary to voluntary, will be reviewed by UM and authorized or denied depending upon clinical presentation.

Changes in Status

Changes in the individual's status include, legal, principle diagnosis, or hospital of service, should be directed to North Sound BH-ASO or it's delegated UM contractor within 24 hours of the change of status. North Sound BH-ASO or it's delegated UM contractor will respond within 2 hours and make any authorization determinations within 12 hours.

Discharge Notification

1. Hospitals are expected to work toward discharge beginning at admission.
2. Hospitals are required to provide discharge notification and clinical disposition in order for North Sound BH-ASO or it's delegated UM contractor to close out the authorization record.

Diversion

1. A diversion is any time a community hospital agrees to alternative level of inpatient care or any other alternative level of care (e.g., community-based crisis stabilization placement). A diversion can occur prior to admission or during continued stay review if it is determined another level of care is medically indicated.
2. A diversion may not be considered in retrospective requests except for the current days and days forward of a request prior to discharge.

Notification of Coverage and Authorization Determinations

North Sound BH-ASO will notify the individual in writing of the decision. For an adverse authorization decision involving an expedited authorization request, North Sound BH-ASO or its delegated UM contractor may initially provide notice orally but is required to provide written notification of the decision within 72 hours or 48 hours when a request for a non-crisis related service is denied.

The written notification will include:

1. The reasons for the action in easily understood language including, citation to any UM guidelines, protocols, or other criteria that were used to make the decision and how to access the guidelines, protocols, or other criteria.
2. A statement of whether the individual has any liability for payment.
3. Information regarding whether and how the individual may Appeal the decision.
4. The individual's right to receive North Sound BH-ASO assistance in filing an Appeal and how to request it, including access to services for individuals with communication barriers or disabilities.

The written notification will be provided in accordance with the timeframes described in this policy except in the following circumstances:

1. The individual dies.
2. North Sound BH-ASO has a signed statement from the individual requesting service termination or giving information that makes the individual ineligible and requiring termination or reduction of services (where the individual understands termination, reduction, or suspension of services is the result of supplying this information).
3. The individual is admitted to a facility institution where he or she is ineligible for services.
4. The individual's address is unknown, there is no mail directed to him or her and has no forwarding address.
5. The individual has moved out of the North Sound service area.
6. The individual requests a change in the level of medical care.

Untimely Service Authorization Decisions

When North Sound BH-ASO does not reach service authorization decisions within the timeframes for either standard or expedited service authorizations, it is considered a denial and thus, an adverse action.

Appeals and Disputes

Individuals may refer to the following policies regarding their rights when requested services have been denied:

1. 1001.00 – Grievance System;
2. 1005.00 – Notice Requirements.

ATTACHMENTS

None