



North Sound Behavioral Health Organization, LLC

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North Sound BHO Contract Memorandum 2016-017

Date: October 17, 2016

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Claudia D'Allegri, Sea Mar
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Phil Smith, Volunteers of America
Randy Polidan, Interfaith
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Robert Sullivan, Pioneer Human Services
Beratta Gomillion, Center for Human Services
Corky Hundahl, Phoenix Recovery Services
Julie Lord, Pioneer Human Services
Linda Grant, Evergreen Recovery Services
Marli Bricker, Therapeutic Health Services

From: Joe Valentine, Executive Director

Subject: New/Revised Policies

Greetings BHAs:

Policy 1545.00 – Inpatient Psychiatric Authorization Tribes

This revised policy has been through the review and approval process. The Executive Director signed and approved this policy October 17, 2016.

Policy 1571.00 – Inpatient Psychiatric Authorization

This revised policy has been through the review and approval process. The Executive Director signed and approved this policy October 17, 2016.

Policy 1582.00 – Voluntary Inpatient Psychiatric Authorization for Electroconvulsive Therapy (ECT)

This new policy has been through the review and approval process. The Executive Director signed and approved this policy October 17, 2016.

The NM with policy attachments are included below for your convenience.

October 17, 2016

Please ensure all appropriate staff is notified of these new/revised policies.

Full implementation of this policy should occur no later than 60 days after this memo.

cc: Cindy Ferraro, Bridgeways
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Contract File

Effective Date: 10/17/2016; 2/27/2009
Revised Date: 8/18/2016
Review Date: 10/13/2016

North Sound Behavioral Health Organization

Section 1500 – Clinical: Inpatient Psychiatric Authorization – Tribal Community Members

Authorizing Source: WAC 388-550-2600; Washington Apple Health Mental Health Services Billing Guide;
North Sound BHO Tribal Coordination of Implementation of Service Plan

Cancels:

See Also:

Providers must comply with this policy and may develop individualized implementation guidelines as needed

Responsible Staff: Deputy Director

Approved by Executive Director

Signature:

Date: 10/17/2016

POLICY #1545.00

SUBJECT: INPATIENT PSYCHIATRIC AUTHORIZATION – TRIBAL COMMUNITY MEMBERS

PURPOSE

To delineate the procedure for facilitating a voluntary hospitalization when it is deemed necessary and appropriate, and to comply with North Sound Behavioral Health Organizations (North Sound BHO) current Tribal Coordination of Implementation of Service Plan.

POLICY

North Sound BHO and Tribes throughout the North Sound Region commit to actively work together to provide culturally competent and appropriate services when members of tribal communities are referred for and/or receive inpatient psychiatric services. Tribal community members are those who identify themselves as enrolled members of the Nooksack, Lummi, Samish, Sauk-Suiattle, Stillaguamish, Swinomish, Upper Skagit and Tulalip Tribes, their partners and children and persons receiving services through Tribal social service programs.

Cultural competency is defined as “a set of congruent behaviors, attitudes and policies that come together in a system or agency and enable that system or agency to work effectively in cross-cultural situations. A culturally competent system of care acknowledges and incorporates at all levels the importance of language and culture, cultural differences, expansion of cultural knowledge and adaptation of services to meet culturally unique needs”(WAC 388-877-0200, North Sound BHO Tribal Coordination of Implementation of Service Plan).

Inpatient psychiatric hospitalization should only be considered after all other less restrictive and culturally competent and appropriate options have been ruled out as being inappropriate or unavailable. Other less restrictive options may include referral to or increased coordination with Tribal governmental social service programs, placement in a crisis stabilization/triage bed, on-site placement of an in-home stabilization aide, more intensive outpatient treatment, use of natural supports, and/or implementation of pre-planned crisis interventions.

Hospitals finding it necessary to admit individuals with Medicaid funding and other individuals eligible for publicly funded inpatient mental health services who reside within the North Sound BHO’s region are required to obtain authorization from the North Sound BHO’s hospital inpatient utilization management team contracted through Volunteers of America (VOA). VOA is contracted to authorize or deny inpatient stays on a 24 hour basis.

VOA must provide to requesting hospitals, authorization or denial for all inpatient hospital psychiatric admissions for Medicaid eligible individuals and other individuals eligible for publicly funded inpatient mental health who reside within North Sound BHO 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 hospitalization. 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 hospitalization.

Voluntary inpatient psychiatric care for all medical assistance individuals (e.g., those on Title XIX and state programs) must be:

1. Medically necessary as defined in WAC 182-500-0070 also includes 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 (according to WAC 246-322-170), 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 Mental Health Services Billing Guide at <http://www.hca.wa.gov/billers-providers/claims-and-billing/professional-rates-and-billing-guides/> 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 (RCW 71.05 or 71.34) but agreed to inpatient care.
2. Approved (ordered) by the professional in charge of the hospital or hospital unit; and
3. Certified by the North Sound BHO's Contractor (VOA). The person making the determination to authorize inpatient care must meet the definition of a Mental Health Professional (MHP) per WAC 388-865-0238 and RCW 71.05.

PROCEDURE

Generally, for children and adults who are members of a Native American Tribe, the age of consent of the associated tribe supersedes the age of consent rules of non-Native American individuals. For non-Native individual's, 18 years of age and older may be voluntarily admitted to 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. Non-Native American 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 (Parent-Initiated Treatment [PIT]).
4. Individuals 12 years of age and under may be admitted to treatment only with the permission of the minor's parent/legal guardian.

Evaluator and/or Referring Party

1. The individual for whom inpatient psychiatric hospitalization is being sought shall have a face-to-face evaluation by a qualified Mental Health Professional (MHP) or Tribal-designated liaison able to evaluate mental health conditions (i.e., MHP or supervised by an MHP).
2. During the evaluation, the evaluator shall first consider whether there are less restrictive options to psychiatric hospitalization.
3. During the clinical evaluation, the referring party shall provide VOA with the following required information:
 - a. Minimum demographic information includes the individual's name, address, length of time resided at the address, county of residence, Medicaid ID and if known, date of birth and admitting hospital.
 - b. Clinical information includes, but is not limited to: presenting problem/symptoms, current medications and history, co-morbidity issues, other relevant history (e.g., medical issues, substance use, prior or current psychiatric treatment), less restrictive options considered/attempted, proposed treatment plan while at hospital and discharge plan.
4. If VOA determines the individual meets medical necessity criteria, the hospitalization episode will be authorized and the evaluator/referring party can secure arrangements for admission (e.g., transportation).

Inpatient Authorization

Please reference to North Sound BHO Policy 1571 for a current overview of North Sound BHO's utilization management of inpatient psychiatric services.

1. Requests for ***initial*** psychiatric inpatient authorization shall be directed to VOA at 800-707-4656.
2. Individuals, for whom psychiatric inpatient care is being sought, will have been evaluated within 24 hours of the request by an appropriate professional (i.e., MHP or clinical professional supervised by an MHP).
3. All calls requesting certification of the need for psychiatric inpatient care for individuals in community hospital units shall be responded to within two (2) hours by VOA's inpatient utilization management team. VOA must collect the -required clinical data for ***initial*** certification as identified in the Mental Health Services Billing Guide
4. Determinations of authorization or denial for psychiatric inpatient care will be made within 12 hours of the initial call and will be communicated to the referring party and the requesting hospital. Decisions to authorize or deny psychiatric inpatient care will be determined whether to be medically necessary per WAC 388-500-0070.
5. If the decision is made to authorize psychiatric inpatient care, the number of days authorized will be up to five (5) days depending upon the individual's clinical presentation. Once given, inpatient authorizations are not terminated, suspended, or reduced.
6. Length-of-stay (LOS) extension requests shall be directed to the assigned VOA at least 24 hours prior to the expiration of the current authorized period, unless VOA specifies otherwise.
7. A denial occurs ONLY when the hospital believes medical necessity is met for a hospital level of inpatient care and VOA disagrees and therefore does not authorize hospital level of inpatient care. Only a psychiatrist or doctoral-level psychologist may issue a denial. A psychiatrist or doctoral-level psychologist employed by or contracted with VOA will conduct a clinical review of medical necessity for any potential denials.

8. If the hospital physician does not agree with the potential denial of inpatient care, he or she may request a consultation with VOA's psychiatrist. Once a final determination is made to deny inpatient services, the hospital and individual are notified in writing.
9. A Notice of Action (NOA) is sent no later than one (1) business day when a denial is issued regarding medical necessity for hospital inpatient admission or continued stay.
10. An NOA will be mailed to the individual and a faxed copy will be sent to the hospital or provider facility that made the request for authorization.
11. It is the expectation of North Sound BHO that receiving hospitals or providers hand deliver any NOA regarding a denial for psychiatric inpatient if the individual is still currently residing at their facility. Timelines for making a determination:
 - a. Initial requests within 12 hours of the request from the inpatient provider;
 - b. Extension requests within 24 hours of the request from the inpatient provider;
 - c. Retrospective requests prior to discharge (current day and days forward) within 12 hours of the request;
 - d. Retrospective requests prior to discharge (for the days prior to the current day) and retrospective requests after discharge within 30 calendar day's receipt of the required clinical documentation from the inpatient provider.

Appeals and Disputes

1. Individuals may refer to the following policies regarding their rights when requested services have been denied:
 - a. 1001.00 – Grievance, Appeal, Fair Hearing & Notice – General Policy Requirements;
 - b. 1002.00 – Grievance;
 - c. 1003.00 – Appeal; and
 - d. 1004.00 – Fair Hearing.
 - e. 1005.00 – Notice Requirements
2. Inpatient providers may refer to Policy 1020.00 – Inpatient Provider Appeal and Dispute Policy if they disagree with the medical necessity determination (appeal) or have concerns regarding VOA's or North Sound BHO's compliance with published requirements (administrative dispute).

Tribal-designated Liaison will:

1. Be available, with appropriate authorization from the individual, to problem solve and/or consult with Tribal programs, referring clinician or Behavioral Health Agency (BHA) to assist in the hospital admission or discharge per the current North Sound BHO Tribal Coordination of Implementation of Service Plan.
2. Be available to assist with the appeal process as appropriate.

ATTACHMENTS

None

Effective Date: 10/17/2016; 11/8/2007; 9/13/2007; 7/13/2005

Revised Date: 7/18/2016

Review Date: 10/13/2016

North Sound Behavioral Health Organization, LLC

Section 1500 - Clinical – Inpatient Psychiatric Authorization

Authorizing Source: WAC 182-500-0070 and 182-550-2600; Washington Apple Health Mental Health Services Provider Guide

Cancels:

See Also:

Providers must comply with this policy and may develop individualized implementation guidelines as needed

Approved by: Executive Director

Responsible Staff: Deputy Director

Signature:

Date: 10/17/2016

POLICY #1571.00

SUBJECT: INPATIENT PSYCHIATRIC AUTHORIZATION

PURPOSE

To provide rapid and appropriate access to medically necessary inpatient mental health services, voluntary and involuntary, for Medicaid eligible individuals and other individuals eligible for publicly funded inpatient mental health.

POLICY

North Sound Behavioral Health Organization (North Sound BHO) contracts with Volunteers of America (VOA) to staff and operate a hospital inpatient utilization management team to review inpatient psychiatric authorization requests on a 24 hour basis. VOA must provide to requesting hospitals, authorization or denial for all inpatient hospital psychiatric admissions for individuals who are Medicaid eligible and eligible for publicly funded inpatient mental health who reside within the North Sound BHO 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 hospitalization. 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 hospitalization.

For Voluntary Inpatient Psychiatric Authorization for individuals receiving Electroconvulsive Therapy (ECT) please refer to North Sound BHO Policy #1582. Questions regarding the individual's county of residence, and therefore, which Behavioral Health Organization (BHO) should be involved with the authorization decision, may be resolved by referring to the Washington Apple Health Mental Health Services Provider Guide Designee Flow Chart. If the appropriate BHO still cannot be determined, VOA will make a determination regarding medical necessity and either authorize or deny the request.

Voluntary inpatient psychiatric care for all medical assistance individuals (e.g. those on Title XIX and state programs) must be:

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 (according to WAC 246-322-170), 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 Mental Health Services Billing Guide 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 (RCW 71.05 or 71.34) but agreed to inpatient care.
2. Approved (ordered) by the professional in charge of the hospital or hospital unit; and
 3. Certified by the BHO's Contractor (VOA). The person making the determination to authorize inpatient care must meet the definition of a Mental Health Professional per WAC 388-865-0238 and RCW 71.05.020.

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

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.

North Sound BHO and VOA will continue provision of community psychiatric inpatient services through discharge should a community hospital become insolvent including any requirement for transfer.

PROCEDURES

Voluntary Inpatient Care

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 (Parent-Initiated Treatment [PIT]). (It is treated as a voluntary stay for utilization management purposes).
4. Consumers 12 years of age and under may be admitted to treatment only with the permission of the minor's parent/legal guardian

Initial Authorization

1. Requests for initial authorization shall be directed to VOA at 800-707-4656.
2. The individual must be evaluated by a Mental Health Professional (MHP) within 24 hours prior to the request for admission. MHP is defined in RCW 71.05.020 and WAC 388-865-0150. The request does not have to be made by the person who performed the evaluation, but must be made by a clinical professional who is able to discuss the clinical issues related to the specific request. If the requestor is unable to provide the clinical information required (as identified in the Washington Apple Health Mental Health Services Billing Guide, as well as, specifics to the particular request), VOA will identify the additional information needed. If the complete information is not received within 12 hours of the initial request, the authorization request will be categorized as either cancelled or withdrawn, not denied.
 - a. VOA may, in rare instances and at their discretion, accept an evaluation by an emergency room physician or a contracted provider staff person who is not an MHP.
 - b. Hospitals that routinely request authorizations from VOA and do not have MHPs on staff may seek a waiver of this requirement. Hospitals requesting this waiver must demonstrate that other staff can perform an adequate individual assessment.
3. Calls received by the requesting hospital prior to admission shall be considered an initial authorization request. This includes individuals eligible for both Medicare and medical assistance who have exhausted their lifetime Medicare benefits at admission or during the course of hospitalization. This 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 hospitalization. If Medicare or primary benefits are exhausted during the course of hospitalization, authorization must be sought 24 hours prior to benefit exhaustion. If the hospital chooses to admit an Individual without prior authorization due to staff shortages, the hospital must submit a request for initial authorization within 24 hours of the admission. In these cases, the hospital assumes the risk for denial as VOA may or may not authorize care for that day.
4. All calls requesting authorization for psychiatric inpatient care for individuals shall be responded to within two (2) hours by VOA's Utilization Management team. VOA must collect the DBHR required clinical data for **initial** authorization as identified in the Washington Apple Health Mental Health Services Billing Guide.
5. Determinations of authorization or denial for psychiatric inpatient care will be made within 12 hours of the initial call. ..
6. If the decision is made to authorize psychiatric inpatient care, the number of days authorized will be up to five (5) days depending upon the individual's clinical presentation. Once given, inpatient authorizations are not terminated, suspended, or reduced.
7. The authorization or denial decision must be documented on VOA's **Initial** Certification Authorization Admission to Inpatient Psychiatric Care form. VOA must ensure the form is provided to the hospital within three (3) business days of the authorization, unless the hospital requires receipt of the form prior to admission.

Extension Authorization

1. Requests for length-of-stay extensions shall be directed to the assigned VOA Utilization Management clinician. The assigned clinician will be noted on the fax cover sheet sent to the hospital with the initial certification authorization form if different than the clinician who authorized the initial request.
2. Requests for length-of-stay extension should be made by the hospital at least 24 hours prior to the expiration of the currently authorized period, unless VOA specifies otherwise on the current authorization form. Whenever possible, the hospitals are encouraged to submit extension requests during regular business hours. In the event that a length-of-stay ends and a request for extension falls outside of regular business hours, VOA will offer alternatives to the requester, allowing for the authorization or denial process to occur.
3. VOA must collect the DBHR required clinical data for **extension** Authorization as identified in the Washington's Apple Health Mental Health Services Provider Guide.
4. Determinations of authorization or denial of extension requests must be made within 24 hours of receipt of the request using the previously identified definitions and dimensions of medical necessity.
5. If the decision is made to authorize a length-of-stay extension for psychiatric inpatient care, the number of days authorized will be up to five (5) days depending upon the individual's clinical presentation. Once given, inpatient authorizations are not terminated, suspended, or reduced.
6. The authorization decision must be documented on VOA's **Extension** Certification Authorization Admission to Inpatient Psychiatric Care form. VOA must ensure the form is 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.

Retrospective Requests for Authorization

1. Requests for retrospective certification and authorization shall be directed to VOA at 800-707-4656.
2. Requests for retrospective authorization will be considered only if the individual becomes eligible for medical assistance after admission or the hospital was not notified of or able to determine exhaustion of Medicare or commercial (private) insurance benefits prior to benefit exhaustion.
3. An authorization or denial must be based upon the individual's condition and services rendered at the time of admission and over the course of the hospital stay until the date of notification or discharge, as applicable. *Whether or not the individual could have been diverted is not a consideration after the fact.*
4. For retrospective authorization requests **prior to discharge**, the hospital must submit a request for authorization for the current day and days forward. For the current day and days forward, VOA must respond to the hospital within 2 hours of the request and provide certification and authorization or denial within 12 hours of the request. For days prior to the current day (i.e. admission date to the day before VOA was contacted), the hospital must submit a separate request for authorization. The hospital may make both requests during the same contact with VOA. VOA shall make every attempt to provide a decision sooner than 30 days in situations of retrospective requests prior to discharge, but must provide a determination within 30 days upon receipt of the requested clinical documentation for those days prior to notification.

5. For retrospective authorization requests **after discharge**, the hospital must submit a request for authorization, as well as, provide all required clinical information to VOA within 30 days of discharge. VOA must provide a determination within 30 days of the receipt of the requested clinical documentation for the entire episode of care.
6. Dually eligible or Third Party Liability impacted eligible individuals, hospitals are allowed to seek retrospective authorization of an inpatient stay beyond 30 days, but not longer than one (1) calendar year, if the delay in seeking authorization resulted from attempts to pursue Medicare or third party coverage.
7. The retro authorization or denial decision must be documented on the **Initial Certification Authorization Admission to Inpatient Psychiatric Care** form. When a request is submitted for the current day and days forward, VOA must ensure the form is provided to the hospital within 3 business days of the authorization unless the hospital requires receipt of the form prior to continuation of the stay. For days prior and requests after discharge, the 30-day timeline is used.

Involuntary Psychiatric Admissions

Involuntary admissions occur in accordance with the Involuntary Treatment Act (ITA) RCW 71.05 and 71.34; therefore, no consent is required. Only individuals 13 years of age and older may be subject to the provisions of these laws.

1. Requests for initial authorization shall be directed to VOA at 800-707-4656. Requests for length-of-stay extensions shall be directed to the assigned VOA clinician.
2. Requesting authorization shall be conducted by the hospital and not delegated to the DMHP/DCR.
3. Initial authorization is given for detained individuals without additional medical necessity review by VOA. However, hospitals shall provide necessary demographic information needed to complete the Initial Authorization form and fax the detention paperwork to VOA at 425-252-7051. Required clinical information shall 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. VOA shall request weekly clinical and placement updates from hospitals on detained individuals.
6. VOA cannot deny extension requests for individuals who are detained in accordance of the ITA unless another 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. If authorized, extension requests for individuals whose legal status changes from involuntary to voluntary, will be authorized for lengths-of-stay up to five (5) days depending upon clinical presentation.

I. Children's Long-Term Inpatient Program (CLIP)

For a youth waiting CLIP placement that is in a community psychiatric hospital on a voluntary basis, VOA may authorize or deny extensions or administrative days. For a youth waiting for CLIP placement that is in a community psychiatric hospital on an involuntary basis, authorizations may

not be denied and VOA may not authorize administrative days. VOA and the hospitals are encouraged to consider least restrictive alternatives for involuntary youth awaiting CLIP that are ITA certified.

Changes in Status

Calls regarding change in status shall be directed to the assigned VOA clinician. The assigned clinician will be noted on the fax cover sheet sent to the hospital with the initial authorization form if different than the clinician who authorized the initial request.

1. **Change in legal status:** If an Individual's legal status changes from involuntary to voluntary, the hospital must contact VOA within 24 hours to request a new authorization reflecting the changed legal status. A subsequent authorization may be issued if the stay is authorized. If the Individual's legal status changes from voluntary to involuntary, the hospital is not required to notify VOA as a DMHP/DCR is required for detention and thus VOA would be notified. However, to ensure notification has occurred and the authorization is issued, the hospital is encouraged to notify VOA of a change from voluntary to involuntary status. VOA will issue a separate authorization for the involuntary days. Any previously authorized days under the previous legal status that are past the date of the change in legal status are not covered. VOA is required to respond to these requests within 2 hours and make a determination within 12 hours.
2. **Change in principal diagnosis:** The situations below outline different scenarios and corresponding expectations when a change in principal diagnosis occurs. VOA must respond within 2 hours and provide determinations within 12 hours for requests related to changes in principal diagnosis:
 - a. If an individual's principal diagnosis changes from a physical health condition to a covered mental health condition, the hospital must contact VOA within the calendar day to request an authorization related to the new principal covered diagnosis. An authorization may be issued if the stay is authorized.
 - b. If an individual's principal diagnosis changes from a covered mental health diagnosis to a physical health diagnosis, the hospital must notify VOA within 24 hours of this change. Any previously authorized days under the previous principal covered diagnosis that are past the date of the change in principal covered diagnosis are not covered.
 - c. If an individual's principal diagnosis changes from a covered mental health diagnosis to another covered mental health diagnosis, a new authorization is *not* required, though this change should be communicated to VOA within 24 hours of the change in diagnosis.
 - d. If an individual authorized for hospital inpatient psychiatric care is discharged, admitted to a medical unit and then medically discharged and readmitted to psychiatric care during the course of their hospitalization, a new authorization is required for the readmission to psychiatric care for that day forward.

3. **Change in hospital of service (transfer):** When VOA receives a request for authorization for services to be provided in a new hospital, a subsequent authorization may be issued if the stay is certified. It is the responsibility of the transferring hospital to secure a bed in the expected receiving treatment facility prior to the authorization request. VOA must respond to requests within 24 hours when the request was received 24 hours prior to the transfer.
4. **Application for Medical Assistance:** If an application is made for determination of an individual's medical assistance eligibility, the hospital will contact VOA within the calendar day. VOA may not withhold an authorization number pending the outcome of medical assistance eligibility. VOA is required to respond to requests within 2 hours and make a determination within 12 hours.

Administrative Days

Administrative days may be utilized by the hospitals when all of the following conditions are met:

1. The individual has a legal status of voluntary;
2. The individual no longer meets medical necessity;
3. The individual no longer meets intensity of service criteria;
4. Less restrictive alternatives are not available, posing a barrier to safe discharge; and
5. The hospital and VOA mutually agree to the appropriateness of the administrative day.

Discharge

1. VOA will work with the hospitals toward discharge beginning at admission.
2. When VOA receives the required notification from the hospital that the individual discharged or left against medical advice prior to the expiration of the authorized period, VOA will add the discharge date to the current authorization form and ensure the hospital receives a copy.

Diversion

1. A diversion occurs when VOA and the hospital agree to a LRA to hospital level of inpatient care or an alternative level of inpatient care.

Examples of LRA to hospital level of care are community based crisis stabilization placements or a freestanding Evaluation & Treatment facility.

2. A diversion may occur prior to admission or at a length-of-stay extension request.
3. A diversion may not be considered in retrospective requests except for the current days and days forward of a request prior to discharge.

Denials

1. A denial occurs **ONLY** when the hospital believes medical necessity is met for a hospital level of inpatient care and VOA disagrees and therefore does not authorize hospital level of inpatient care. In the event of a denial of initial **authorization**, an expedited review process (peer-to-peer consult) must occur within 12 hours. In the event of a length-of-stay **extension** denial, an expedited review process must occur within 24 hours from the time VOA notifies the requester of the denial.

2. Only a psychiatrist or doctoral-level psychologist may issue a denial. A psychiatrist or doctoral-level psychologist employed by or contracted with VOA will conduct a clinical review of medical necessity for any potential denials.
3. A Notice of Action (NOA) is sent no later than one (1) business day when a denial is issued regarding medical necessity for hospital inpatient admission or continued stay. A NOA will be mailed to the individual and a faxed copy will be sent to the hospital that made the request for authorization. It is the expectation of North Sound BHO and its designee VOA, that hospital's deliver any NOA regarding a denial for psychiatric inpatient if the individual is still currently admitted at their facility. Timelines for making a determination:
 - a. Initial requests within 12 hours of the request from the inpatient provider;
 - b. Extension requests within 24 hours of the request from the inpatient provider;
 - c. Retrospective requests prior to discharge (current day and days forward) within 12 hours of the request;
 - d. Retrospective requests prior to discharge (for the days prior to the current day) and retrospective requests after discharge within 30 calendar day's receipt of the required clinical documentation from the inpatient provider.

Appeals and Disputes

1. Individuals may refer to the following policies regarding their rights when requested services have been denied:
 - a. 1001.00 – Grievance, Appeal, Fair Hearing & Notice – General Policy Requirements;
 - b. 1002.00 –Grievance;
 - c. 1003.00 – Appeal; and
 - d. 1004.00 – Fair Hearing.
 - e. 1005.00 – Notice Requirements
2. Inpatient providers may refer to Policy 1020.00 – Inpatient Provider Appeal and Dispute Policy if they disagree with the medical necessity determination (appeal) or have concerns regarding VOA's or North Sound BHO's compliance with published requirements (administrative dispute).

ATTACHMENTS

None

Effective Date: 10/17/2016
Revised Date: 7/15/2016
Review Date: 10/13/2016

North Sound Behavioral Health Organization, LLC

Section 1500 – Clinical: Voluntary Inpatient Psychiatric Authorization for Electroconvulsive Therapy (ECT)

Authorizing Source: WAC 182-500-0070; 246-322-170; 388-865-0150 and RCW: 71.05; 71.34;
Washington Apple Health Mental Health Services Provider guide

Cancels:

See Also:

Providers must comply with this policy and may develop individualized implementation guidelines as needed

Approved by: Executive Director

Responsible Staff: Deputy Director

Signature:

Date: 10/17/2016

POLICY #1582.00

SUBJECT: VOLUNTARY INPATIENT PSYCHIATRIC AUTHORIZATION FOR ELECTROCONVULSIVE THERAPY (ECT)

PURPOSE

To provide appropriate access to medically necessary voluntary inpatient treatment for Medicaid individuals who have planned full course, planned maintenance, already admitted full course and already admitted maintenance Electroconvulsive Therapy (ECT) treatment.

POLICY

Medicaid eligible individuals authorized for publicly funded mental health treatment may be authorized for inpatient psychiatric care for non-pharmacologic treatments. The North Sound Behavioral Health Organization (North Sound BHO) contracts with Volunteers of America (VOA) to staff and operate a hospital inpatient Utilization Management (UM) team to review inpatient psychiatric authorization requests on a 24-hour basis.

Please refer to North Sound BHO Policy 1571.00 and the Washington Apple Health Mental Health Services Provider Guide of the Division of Behavioral Health Recovery (DBHR) for complete inpatient psychiatric authorization criteria and procedures.

Inpatient psychiatric care for all medical assistance individuals (e.g., those on Title XIX and state programs) must be:

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 (according to WAC 246-322-170), 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 Mental Health Services Provider Guide) 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 (RCW 71.05 or 71.34) but agreed to inpatient care.
2. Approved (ordered) by the professional in charge of the hospital or hospital unit; and
 3. Certified by the BHO's Contractor (VOA). The person making the determination to authorize inpatient care must meet the definition of a Mental Health Professional (MHP) per WAC 388-865-0150 and RCW 71.05.020.

In addition to standard medical necessity criteria for inpatient psychiatric authorization defined above, individuals who have a planned full course or planned maintenance ECT treatment must meet the following criteria:

1. **Full Course ECT Treatment:** Current symptoms of an active episode of Depression or Bipolar disorder (either depression or mania, acute, chronic or recurrent), that has been unresponsive to at least 2 documented medication trials of anti-depressants or mood stabilizers for a 4-12 week treatment period.
2. **Maintenance ECT Treatment:** In addition to the criteria above, the individual has demonstrated a previous successful response to a full course ECT and has a history of rapid relapse within six (6) months without ECT.
3. **Full Course/Maintenance ECT treatment** is determined to be **not** clinically appropriate for outpatient services and may only be administered once per client, per day by a staffed psychiatrist.

PROCEDURE

All requests for inpatient psychiatric authorization for ECT shall be directed to VOA inpatient authorization line at 800-707-4656.

Planned Admission

1. Requesting provider or hospital shall call VOA and submit documentation that fulfills the medical necessity requirements for full course or maintenance ECT as outline above.
2. Inpatient authorization requests for either full course or maintenance ECT treatment shall be submitted within 72 hours of planned admission.
3. VOA UM team will either authorize or deny inpatient psychiatric care for ECT treatment within 72 hours of the request and issue a notice of authorization to the requestor.
4. All authorizations or denials of inpatient care for ECT treatment will be reviewed by VOA's UM team and must be reviewed by a psychiatrist or doctoral-level psychologist.
5. Notices shall be sent to the requesting provider or hospital indicating the authorized number of days (i.e., 6, 6-9, 9-12) with the agreement that treatment will begin within 24 hours of the planned admit.

6. Notices of authorization for all planned admits are valid for seven (7) business days from the date of notice. If the individual is not admitted within the seven (7) business days, the initial authorization will expire and the provider or hospital must contact the VOA to begin a new authorization request.

Planned Admission for Maintenance ECT Series

Authorization for a planned series of single and/or multi day admissions shall only be authorized for inpatient psychiatric care when VOA's UM team agree that the treatment is not medically appropriate on an outpatient basis. Requesting either a single admission or a series of admissions (i.e., 6-12 treatments over a 2 week period), the provider or requesting hospital shall provide:

1. Relevant treatment history including dates of treatment and proposed future admits for maintenance ECT.
2. Clinical rationale describing treatment benefits to date and/or the timeframe for anticipated treatment benefits.
3. Discharge plan that includes outpatient follow up.

Already Admitted

1. When an individual is already admitted to voluntary inpatient care and the provider or hospital determines the need for either full course or maintenance ECT, the same procedures for planned admission applies with the following additions:
 - a. Clarify that the authorization request is for a currently admitted individual.
 - b. VOA's UM team will respond to the request within two (2) hours and will notify the requestor of the authorization or denial by the end of the following business day.
2. In the event that a request for inpatient authorization is not submitted prior to beginning ECT treatment, VOA will review length of stay extensions based on:
 - a. Medical necessity criteria for ECT, number of ECT treatments already provided and proposed treatment plan.
 - b. Standard medical necessity criteria for length of stay extension and an agreed upon length of treatment.
3. In the event that a request is made that is beyond the previously agreed number of days or treatments, the provider or hospital must submit an updated request for a length of stay extension at least 24 hours prior to discharge or if the individual is not currently admitted, at least 72 hours before the last authorized treatment that clearly documents:
 - a. Medical necessity criteria for ECT, number of ECT treatments already provided and proposed treatment plan.
 - b. Anticipated benefit of continued treatment.
 - c. Discharge plan that includes any outpatient treatments and/or follow up services.

Transfer of Care

In the event that an individual has a planned admit or is already admitted and the provider determines the need to transfer to another facility for ECT treatment, the transferring facility or provider shall initiate authorization with VOA and provide medical necessity documentation as defined above. It is the transferring facility's responsibility to secure a bed at the accepting facility that would provide the treatment.

Denials

If an inpatient authorization request with full course or maintenance ECT treatment is denied, VOA's UM team will notify the requester of the denial by phone and inform the individual of their rights to an expedited appeal.

1. In the event of a denial of **initial** authorization, an expedited review process (peer to peer consult) will occur within 12 hours.
2. In the event of a length of stay **extension** denial, an expedited review process must occur within 24 hours from the time VOA notifies the requester of the denial.
3. Only a psychiatrist or doctoral-level psychologist may issue a denial. A psychiatrist or doctoral-level psychologist employed by or contracted with VOA will conduct a clinical review of medical necessity for any potential denials.
4. A Notice of Action (NOA) is sent no later than one business day when a denial is issued regarding medical necessity for hospital inpatient admission or continued stay.

Appeals and Disputes

1. Individuals may refer to the following policies regarding their rights when requested services have been denied:
 - a. 1001.00 – Grievance, Appeal, and Fair Hearing and Notice - General Policy Requirements;
 - b. 1002.00 – Grievance;
 - c. 1003.00 – Appeal; and
 - d. 1004.00 – Fair Hearing.
2. Inpatient providers may refer to Policy 1020.00 – Inpatient Provider Appeal and Dispute if they disagree with the medical necessity determination (appeal) or have concerns regarding VOA's or North Sound BHO's compliance with published requirements (administrative dispute).

ATTACHMENTS

None