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**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