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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