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North Sound Mental Health Administration

Section 1500 – Clinical: Inpatient Certification and Authorization

Authorizing Source: WAC 388-550-2600; Community Psychiatric Inpatient Instructions and Requirements; MHD-NSMHA Contract 2008-09

Cancels:

See Also:

Responsible Staff: Quality Manager

Approved by Executive Director

Signature:

Date: 9/13/2007

POLICY #1525.00

SUBJECT: INPATIENT CERTIFICATION AND AUTHORIZATION

PURPOSE

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

POLICY

North Sound Mental Health Administration (NSMHA) will contract with Volunteers of America to staff and operate a hospital inpatient certification team to authorize or deny inpatient stays on a twenty-four (24) hour basis. Volunteers of America must provide to requesting hospitals, certification and authorization or denial for all inpatient hospital psychiatric admissions for Medicaid eligible consumers and other individuals eligible for publicly funded inpatient mental health who reside within NSMHA's region. This includes consumers 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 consumers 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.

Questions regarding the consumer's county of residence, and therefore, which Regional Support Network (RSN) should be involved with the authorization decision, may be resolved by referring to the Community Psychiatric Inpatient Instructions and Requirements' MHD Designee Flow Chart. If the appropriate RSN still cannot be determined, Volunteers of America will make a determination regarding medical necessity and either certify and authorize or deny the request.

The voluntary inpatient psychiatric care for all Medical Assistance consumers (e.g. those on Title XIX and state programs) must be:

1. Medically necessary as defined in WAC 388-500-0005 and also include the following:
 - a. Ambulatory care resources available in the community do not meet the treatment needs of the consumer, AND
 - b. Proper treatment of the consumer'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 consumer's level of functioning or prevent further regression of functioning, AND
 - d. The consumer 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 Community Psychiatric Inpatient Instructions and Requirements) and warrants extended care in the most intensive and restrictive setting;
OR

- e. The consumer was evaluated and met the criteria for emergency involuntary detention (Chapter 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 Regional Support Network's Contractor (Volunteers of America). The person making the determination to authorize inpatient care must meet the definition of a Mental Health Professional per WAC 388-865-0150.

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

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 consumer.

NSMHA and Volunteers of America 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

Consumers 18 years of age and older may be admitted to treatment only with the consumer's voluntary and informed written consent, a properly executed advance directive that allows for admission when the consumer is unable to consent, or the consent of the consumer's legal representative when appropriate. Consumers 13-17 years of age may be admitted to treatment only with the permission of: the minor and the minor's parent/legal guardian; or the minor without parental consent; or the minor's parent/legal guardian without the minor's consent. Consumers 12 years of age and under may be admitted to treatment only with the permission of the minor's parent/legal guardian. 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 above.

Initial Certification and Authorization

1. Requests for initial certification and authorization shall be directed to Volunteers of America at 800-707-4656.
2. A consumer must be evaluated by a mental health professional within 24 hours prior to the request for admission. Mental health professional is defined in RCW 71.05.020 and WAC 388-865. 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 Community Psychiatric Inpatient Instructions and Requirements as well as specifics to the particular request), Volunteers of America 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- Volunteers of America 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 a mental health professional.
 - b- Hospitals that routinely request authorizations from Volunteers of America and do not have mental health professionals on staff may seek a waiver of this requirement. Hospitals requesting this waiver must demonstrate that other staff can perform an adequate consumer assessment.
3. Calls received by the requesting hospital prior to admission shall be considered an initial certification and authorization request. This includes consumers 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 consumers 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 a consumer without prior authorization due to staff shortages, the hospital must submit a request for initial authorization the same calendar day (which begins at midnight) as the admission. In these cases, the hospital assumes the risk for denial as Volunteers of America may or may not authorize care for that day.
 4. All calls requesting certification of the need for psychiatric inpatient care for consumers in community hospital units shall be responded to within two (2) hours by Volunteer of America's hospital certification team. Volunteers of America must collect the MHD-required clinical data for **initial** certification as identified in the Community Psychiatric Inpatient Instructions and Requirements.
 5. Determinations of certification and authorization or denial for psychiatric inpatient care will be made within twelve (12) hours of the initial call. Decisions to certify and authorize or deny psychiatric inpatient care will be determined whether to be medically necessary per the following dimensions: risk of harm, functional status, co-morbidity, stressors, supports, response to treatment, and engagement.
 6. If the decision is made to authorize psychiatric inpatient care, the number of days authorized will be up to five days depending upon the consumer's clinical presentation. Once given, inpatient authorizations are not terminated, suspended, or reduced.
 7. The certification and authorization or denial decision must be documented on the Mental Health Division's (MHD) **Initial** Certification Authorization Admission to Inpatient Psychiatric Care form. Volunteers of America 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 Certification and Authorization

1. Requests for length of stay extensions shall be directed to the assigned Volunteers of America 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 Volunteers of America specifies otherwise on the current authorization form. Whenever possible, the hospitals are encouraged to submit extension requests during regular business hours. If Volunteers of America is unable to meet these

timelines, they must authorize a single day, allowing for the certification and authorization or denial process to occur.

3. Volunteers of America must collect the MHD-required clinical data for **extension** certification as identified in the Community Psychiatric Inpatient Instructions and Requirements.
4. Determinations of certification and 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 days depending upon the consumer's clinical presentation. Once given, inpatient authorizations are not terminated, suspended, or reduced.
6. The certification and authorization or denial decision must be documented on the Mental Health Division's (MHD) **Extension** Certification Authorization Admission to Inpatient Psychiatric Care form. Volunteers of America 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 Certification and Authorization

1. Requests for retrospective certification and authorization shall be directed to Volunteers of America at 800-707-4656.
2. Requests for retrospective certification and authorization will be considered only if the consumer 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. A certification and authorization or denial must be based upon a consumer'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 consumer could have been diverted is not a consideration after the fact.
4. For retrospective certification 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, Volunteers of America must respond to the hospital within two 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 Volunteers of America was contacted), the hospital must submit a separate request for authorization. The hospital may make both requests during the same contact with Volunteers of America. Volunteers of America 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 certification requests **after discharge**, the hospital must submit a request for authorization as well as provide all required clinical information to Volunteers of America within 30 days of discharge. Volunteers of America must provide a determination within 30 days of the receipt of the requested clinical documentation for the entire episode of care.
6. The certification and authorization or denial decision must be documented on the Mental Health Division's (MHD) **Initial** Certification Authorization Admission to Inpatient Psychiatric Care form. When a request is submitted for the current day and days forward, Volunteers of America 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. 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) chapters 71.05 and 71.34 RCW. Therefore, no consent is required. Only consumers 13 years of age and older may be subject to the provisions of these laws.

1. Requests for initial certification and authorization shall be directed to Volunteers of America at 800-707-4656. Requests for length of stay extensions shall be directed to the assigned Volunteers of America 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. Requesting authorization shall be conducted by the hospital and not delegated to the DMHP/DCR.
3. Initial authorization is given for detained consumers without additional medical necessity review by Volunteers of America. However, hospitals shall provide necessary demographic information needed to complete the Initial Certification Authorization form and fax the detention paperwork to Volunteers of America 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 twenty days from date of detention.
5. Volunteers of America shall request weekly clinical updates from hospitals on detained consumers.
6. Volunteers of America cannot deny extension requests for consumers who are detained under the ITA law unless another less restrictive alternative is available. Any less restrictive placement would need to be ITA certified and the court would need to change the detention location.
7. Consumers on a continuance will be granted a length of stay extension until their next court date. Consumers awaiting placement at Western State Hospital (WSH) will be granted an extension five days at a time until admission at WSH.
8. If certified, extension requests for consumers who were previously involuntary, but are now voluntary, will be authorized for lengths of stay up to five days depending upon clinical presentation.

Changes in Status

Calls regarding change in status shall be directed to the assigned Volunteers of America 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.

1. **Change in legal status:** If a consumer's legal status changes from involuntary to voluntary, the hospital must contact Volunteers of America 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 a consumer's legal status changes from voluntary to involuntary, the hospital is not required to notify Volunteers of America because a DMHP/DCR is required for detention and thus Volunteers of America would already be notified. However, to ensure notification has occurred and the authorization is issued, the hospital is encouraged to notify Volunteers of America of a change from voluntary to involuntary status. Volunteers of America 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. Volunteers of America are 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. Volunteers of America must respond within two hours and provide determinations within 12 hours for requests related to changes in principal diagnosis:
 - a. If a consumer's principal diagnosis changes from a physical health condition to a covered mental health condition, the hospital must contact Volunteers of America 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 a consumer's principal diagnosis changes from a covered mental health diagnosis to a physical health diagnosis, the hospital must notify Volunteers of America 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 a consumer'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 Volunteers of America within 24 hours of the change in diagnosis.
 - d. If a consumer 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 Volunteers of America 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. Volunteers of America 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 a consumer's Medical Assistance eligibility, the hospital will contact Volunteers of America within the calendar day. Volunteers of America may not withhold an authorization number pending the outcome of Medical Assistance eligibility. Volunteers of America are required to respond to requests within two hours and to make a determination within 12 hours.

Administrative Days

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

- a- The consumer has a legal status of voluntary;
- b- The consumer no longer meets medical necessity;
- c- The consumer no longer meets intensity of service criteria;
- d- Less restrictive alternatives are not available, posing a barrier to safe discharge; and
- e- The hospital and Volunteers of America mutually agree to the appropriateness of the administrative day.

Discharge

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

Diversions

1. A diversion occurs when Volunteers of America and the hospital agree to address the consumer's need with a less restrictive alternative to hospital level of inpatient care or an alternative level of inpatient care.
 - a- Examples of less restrictive alternatives to hospital level of care are respite beds and in-home stabilization.
 - b- A freestanding Evaluation & Treatment facility is a less restrictive alternative level of inpatient care.
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 Volunteers of America disagrees and therefore does not authorize hospital level of inpatient care.
2. Only a psychiatrist may issue a denial. A psychiatrist employed by or contracted with Volunteers of America will conduct a clinical review of medical necessity for any potential denials.
3. A Notice of Adverse Action is sent when a denial is issued regarding medical necessity for hospital inpatient admission or continued stay to a Medicaid enrollee. A Notice of Determination is sent when a denial is issued regarding medical necessity for hospital inpatient admission or continued stay to a consumer NOT enrolled in Medicaid (state only). The hospital will also receive a copy of the Notice. Refer to Policy #1005.00 Notice Requirements for additional information regarding notices including timelines.
4. The following situations are **not** denials:
 - a- The hospital and Volunteers of America agree upon a diversion (alternative level of care) for the consumer. A diversion can occur prior to admission or at a length of stay extension request. (See section above for examples of diversions).
 - b- The authorization of length of stay is shorter than the requested length of stay unless Volunteers of America has indicated no additional days will be authorized for the stay.

Examples:

- The hospital requests 5 days at the initial certification request and Volunteers of America authorizes 3 days, but a length of stay extension review is scheduled; this is not a denial.
 - The hospital requests 5 days at the initial certification request and Volunteers of America does not certify medical necessity and does not authorize any days; this is a denial.
 - The hospital requests 5 days at the length of stay extension and Volunteers of America indicates no additional days will be authorized; this is a denial.
- c- Any time a transfer is facilitated from one inpatient facility to another inpatient facility to assure the level of care is met or to assure the best price for the same level of care.
 - d- When care is not authorized for any reason other than medical necessity.

Example:

- A request for retrospective certification and authorization is not considered because it did not meet the criteria for consideration of a retrospective request.

Appeals and Disputes

1. Consumers may refer to the following policies regarding their rights when requested services have been denied: #1001.00 NSMHA Complaint, Grievance, Appeal, and Fair Hearing Policy General Policy Requirements; #1002.00 NSMHA Complaint and Grievance Policy; #1003.00 NSMHA Appeal Policy; and #1004.00 NSMHA Fair Hearing Policy.
2. Inpatient providers may refer to policy #1526.03 Inpatient Provider Appeal and Dispute Policy if they disagree with the medical necessity determination (appeal) or have concerns regarding Volunteers of America's or NSMHA's compliance with published requirements (administrative dispute).

ATTACHMENTS

1525.01 – Community Psychiatric Inpatient Instructions and Requirements