Provider Alert

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FFS Medi-Cal Inpatient Hospital

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IN THIS ISSUE

The purpose of this Provider Alert is to communicate and clarify the Treatment Authorization Request Unit's requirements for reimbursement when claiming for Administrative Days using the Intensive Care Division (ICD) process for referrals.

Background

Pursuant to *California Code of Regulations (CCR), Title 9, Chapter 11, Section 1810.202*, "Administrative Day Services" means psychiatric inpatient hospital services provided to a client who has been admitted to the hospital for acute psychiatric inpatient hospital services; and the client's stay at the hospital must be continued beyond the client's need for acute psychiatric inpatient hospital services due to a temporary lack of residential placement options at non-acute residential treatment facilities that meet the needs of the client.

On September 20, 2004, the then State Department of Mental Health (SDMH) Program Compliance Division approved the program flexibility waiver requested by Los Angeles County Department of Mental Health (LACDMH), wherein LACDMH may exempt hospitals from the requirements of *CCR, Title 9, Chapter 11, Section 1820.220*. The purpose of the waiver was to streamline the psychiatric inpatient hospital administrative day process, so that clients can be placed from acute psychiatric inpatient care to lower levels of care. The SDMH forwarded the contract amendments to the State of California Department of Health Care Services (DHCS) and the Centers for Medicare and Medicaid Services (CMS) for approval and subsequently included in the interagency agreement between SDMH and DHCS.

The waiver authorizes an acute inpatient hospital to refer a client, who has been placed on Administrative Day status, to LACDMH, Intensive Care Division's (ICD) discharge process. ICD, is formerly known as Countywide Resource Management (CRM). ICD determines the beneficiary's appropriateness for placement consideration. ICD provides placement services to Los Angeles County's adult Medi-Cal beneficiaries only.

Patients not referred to ICD must follow all the requirements listed on the *DHCS Information Notice (IN) No.19-026, Authorization of Mental Health Services.* These requirements are identified on a separate Provider Alert dated October, 2019, Alert No. 2019-2.

The ICD waiver applies to placement assistance for: State Hospitals; Subacute facilities; Crisis Residential Treatment Programs (CRTP); and Enriched Residential Services (ERS). Please refer to the facilities listed below to determine which category the facilities belong to in order to facilitate discharge planning.

State Hospitals: Metropolitan State Hospital and Napa State Hospital.

Subacute facilities: Alpine Special Treatment Center, Community Care Center, Crestwood Fallbrook Healing Center, Harbor View Center, La Casa MHRC, La Paz, Landmark Medical Center, Laurel Park Center, Meadowbrook Manor, Olive Vista Center, Shandin Hills, Sierra Vista, Sylmar Health and Rehabilitation Center and View Heights Convalescent.

Crisis Residential Treatment Programs (CRTP): Exodus CRTP, Freehab (Teen Project- Female only), Gateways CRTP, Hillview CRTP, Excelsior House, and Jump Street.

> *Note:* Hillview Crisis Residential, Excelsior House and Jump Street may have community beds that do not fall under the purview of ICD

Enriched Residential Services (ERS) also fall under the purview of ICD. Therefore, ERS referrals to lower level of care placements are processed by ICD staff. The following facilities belong to the ERS Mental Health Providers: Anne Sippi, Bridges-Casitas Esperanza, Cedar Street, Percy Village, Normandie Village, Special Services for Groups (SSG) and Telecare 7.

> *Note:* The ERS Mental Health providers like SSG, Anne Sippi, and Telecare 7 may have community beds that do not fall under the purview of ICD.
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> The ERS and CRTP community beds are available to be used as placement options under the Title 9 pathway or *DHCS IN No. 19-026* Administrative Days documentation requirements. When availing these community beds as placement options for the Title 9 or DHCS IN pathway, the hospital staff shall not call ICD for referral. Instead, they should call the Mental Health Providers mentioned above for availability of community beds and at a later date, for placement status.
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> Example of an acceptable documentation if the beneficiary was placed on Administrative Day status under the Title 9 or DHCS IN pathway and wanting to avail the community beds of the above-mentioned ERS Mental Health Providers: “I contacted <Name of Mental Health Provider> to get a referral to an appropriate placement option at one of their contracted facilities using a community bed. I was referred to a community bed at <Name of Facility>”. ERS documentation that only states the facility and not that the Mental Health provider is not acceptable. To be in compliance with documentation requirements, hospital staff shall call the Mental Health Provider for status within the required timeline. The hospital staff shall not call the contracted Board and Care facilities directly. Denial of Administrative Day Services may result if the hospital staff does not follow the outlined process.

Implementation of the Administrative Day ICD Waiver Changes

Effective April 1, 2021, ALL of the following requirements must be in place when submitting Administrative Day Treatment Authorization Request (TAR) for authorization and reimbursement:

There must be at least one (1) day approved TAR that meets medical necessity criteria for acute psychiatric admission set forth in CCR, Title 9, Chapter 11, Section 1820.205.

1. There must be an MD order for Administrative Day for ICD level of care through the ICD process (Day 1 Administrative Day on the date of the MD order). (*Reference*: *Title 42, Code of Federal Regulations, Public Health, Part 456, Utilization Control: Mental Hospitals, Section 456.235, Length of Stay Modification).* No other discipline can write an order for Administrative Days. In addition, retroactive orders for Administrative Days are not acceptable.

   Within twenty-four (24) hours of an MD Administrative Day order, the hospital provider contacts ICD for initial referral (Tel: 213-738-4775). Initial telephone referrals must make verbal contact with ICD staff (if no verbal contact, leave a voicemail and follow up with email: ICDReferral@dmh.lacounty.gov).

   There must be documentation of contact date, (within 24 hours of doctor's order) the ICD staff name that was contacted, telephone number, hospital staff name and signature. Within one (1) business day, ICD will return the voicemail or email.

   If ICD determines that the referral is appropriate, the hospital must send a complete medical record to ICD within five (5) business days. If referred client is not yet Lanterman Petris Short (LPS) conserved, send copy of LPS application for conservatorship. Medical Records shall be sent through eFax at 213-947-1609. Do not attach the medical records to the email address.

2. Hospital staff must include the ICD Confirmation of Appropriate Referral when submitting documents to ICD and the TAR Unit and provide documentation that the complete medical record was sent on or before the fifth business day.

3. Hospital staff contacts ICD at least once a week (except weekends and holidays) for status of referral. Required documentation of the weekly call includes but is not limited to:
   a. Date of ICD contact;
   b. ICD staff name that was contacted (must make verbal contact);
   c. Telephone number contacted;
   d. Status of referral (in triage, referral being reviewed, etc.); and
   e. Hospital staff name and signature of the person making the contact.

   Note: ICD is no longer assigning wait list numbers.

4. Hospital must follow the ICD screening and review process until the client is placed on the appropriate facility and/or facilities referral list (State Hospitals; Subacute, CRTPs or ERS).

5. Within two (2) business days of receipt of the ICD Referral Approval Form, hospital must contact the facilities checked off on the form and forward medical records to these facilities. Copy of the ICD Referral Approval form must accompany all medical records to be submitted. Please note that only the checked off facilities listed on the ICD Referral Form should be

called. If ICD identifies only one facility that is appropriate for the patient, only that facility must be called. Please do not call ICD.

6. Hospital shall contact the identified provider at least once a week or as often as necessary to check the client's status of referral, until the client is accepted/denied to the facility and discharged. Required documentation includes but is not limited to:
    a. Date of facility contact;
    b. Facility staff name contacted;
    c. Name of facility/telephone number contacted;
    d. Status of referral; and
    e. Provider staff name and signature of the person making the contact.
    (All telephone contacts must make verbal contact; leaving voicemail is not acceptable and may lead to a denial).

7. Reasonable promptness of the hospital in discharging the client to the accepting facility is anticipated.

8. If the client is denied from all identified placements, hospital may contact ICD for an alternative discharge consultation.

Although not required, it is recommended that the hospital maintain an Administrative Day Contact Log so that the required elements of contact documentation are captured and met.

Note: If a hospital discharge planner or case manager independently calls ICD placement options without going through the ICD process, and mixes these facilities with non-ICD contracted facilities and/or board and care facilities the entire week will run the risk of being denied.

ICD Initial Referral Denial

When ICD determines that the hospital's initial referral is not appropriate and does not meet ICD admission criteria, the TAR Unit will approve the hospital's TAR for Administrative Day, from the date of the MD Administrative Day order through the date that ICD notified the hospital that the client did not meet ICD admission criteria. The hospital staff shall start to document required contacts pursuant to *DHCS IN No. 19-026* the day after the patient was denied ICD services.

The TAR Unit wishes to emphasize the importance of clear and accurate documentation in the medical records as required. Lack of required and accurate documentation will create problems at all phases of Administrative Day requests and could potentially put the hospital at risk of unanticipated denials.