LOS ANGELES COUNTY - DEPARTMENT OF MENTAL HEALTH/TAR UNIT

# Provider Alert

FFS Medi-Cal Inpatient Hospital

October 31, 2023

A Publication of the Local Mental Health Plan (LMHP) of the County of Los Angeles Department of Mental Health

## 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.**

**This Provider Alert replaces Alert issued on July 6, 2022**

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

**Patients not referred to ICD must follow all the requirements listed on the *DHCS Information Notice (IN) No.19-026 and DHCS Behavioral Information Notice (BHIN)* No. *22-017, Authorization of Mental Health Services and Concurrent Review Standards for Psychiatric Inpatient Hospital and Psychiatric Health Facility Services respectively.* These requirements, known to LACDMH ICD TAR Unit and Fee-For-Service hospitals as "State Protocols" are identified on a separate Provider Alert dated October, 2019, Alert No. 2019-2 with an update of July 2022.**

The ICD waiver applies to placement assistance for various 24-hour residential level of care facilities, including State Hospitals, Subacute facilities, Crisis Residential Treatment Programs (CRTP), and Enriched Residential Services (ERS). Below is a brief description of these 24-hour residential levels of care to help providers determine the most appropriate placement setting for your clients when facilitating discharge planning.

Levels of Care:

- Subacute (including State Hospital): Subacute facilities provide long term care for individuals who no longer meet criteria for acute care but are not clinically ready to live independently or in a board and care facility. Subacute facilities provide 24/7 psychiatric care, nursing care, and psychosocial rehabilitation services, geared to the needs of individuals with serious mental illness who are placed under Lanterman-Petris-Short (LPS) conservatorship. Subacute is a locked setting level of care. Providers may submit a referral for this level of care as soon as the LPS application is filed.

- Crisis Residential Treatment Program (CRTP): CRTP is an intensive short-term and structured residential program served as an alternative to hospitalization for clients experiencing an acute psychiatric crisis or episode who do not have medical complications requiring nursing care. Length of stay ranges from 14 days and up to a maximum of 90 days. Services are provided in a non- institutional residential setting with the purpose of restoring, improving and/or preserving client's prior living arrangements with independent skills, and access to support systems within the community.

- Enriched Residential Services (ERS): ERS program is designed to provide comprehensive mental health and rehabilitative services in a non-institutional residential setting for individuals 18 and older, who would be at risk of hospitalization, re-hospitalization or other institutional placement if they were not in the ERS program. ERS program accommodates persons discharged from a locked subacute, acute psychiatric inpatient units, jails, or intensive residential facilities at risk of needing higher level of care. ERS program targets individuals in higher levels of care who require on-site mental health and supportive services. ERS is an open setting level of care .ERS focuses on life skills training, linkage and community engagement activities that support individuals in their effort to restore, maintain and apply interpersonal and independent living skills and to access community support systems. ERS program aims to stabilize, prepare, and transition individuals to a stable independent community living environment.

**Implementation of the Administrative Day ICD Waiver Changes**

**Effective July 1, 2022, 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 inpatient admission set forth in DHCS Behavioral Information Notice No.: 22-017, Concurrent Review Standards for Psychiatric Inpatient Hospital and Psychiatric Health Facility Services.

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) 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.

   Once a referral is submitted and accepted by ICD, the hospital must send a complete medical record to ICD within seven (7) calendar 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.

   *For **CRTP** referrals, the hospital provider fills out the Referral Authorization Form (RAF, attached) and fax it to 213-947-4246 or email it to DMHCRTP@dmh.lacounty.gov. After submitting the RAF, please follow initial telephone referral process described above.*

2. Hospital staff contacts ICD at least once a week (except weekends and holidays) for status of referral. Required documentation of the weekly contact includes but is not limited to:
   a. Date of ICD contact;
   b. ICD staff name that was contacted;
   c. Telephone number or email 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.
   Note: Week (7 days) starts from the day the psychiatrist writes the Administrative Day order.

3. Within two (2) business days of the hospital's receipt of the ICD Referral Approval Form for the appropriate level of care, hospital's case manager/discharge planner must contact the facilities checked off on the form for a referral status. ICD will be responsible in forwarding medical records to these facilities for review. 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. Copy of the ICD Referral Approval form must accompany all medical records to be submitted to the TAR Unit for authorization.

   *For **CRTP** referrals, ICD will make a referral to one or more CRTP providers and inform the hospital. The medical records do not need to be sent to ICD but to CRTP providers directly. CRTP providers referred by ICD will contact the hospital directly and request medical records.*

4. Appropriate 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).

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

6. If the client is denied from all identified placements, hospital may contact ICD for an alternative discharge consultation. If there is a delay in the ICD staff returning the call, you may call the ICD Supervisor.

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.

**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/BHIN 22-017* 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.**