ACUTE PSYCHIATRIC INPATIENT HOSPITAL SERVICES
SERVICE EXHIBIT II –
BEHAVIORAL HEALTH & PHYSICAL HEALTH

Notwithstanding language in section 9.0 of the Statement of Work (SOW), the following applies only for Behavioral Health and Physical Health services provided to Medi-Cal and uninsured clients at a General Acute Psychiatric Hospital (GACH). It is the Contractor's responsibility to review the SOW and Service Exhibit (SE) to ensure the appropriate billing is submitted.

Los Angeles County (LAC) shall reimburse acute inpatient psychiatric hospital services provided to Medi-Cal and uninsured clients of all ages receiving behavioral health services and the physical health services shall be claimed separately by the GACH to the managed care Plans. Contractor shall submit reimbursement claim for uninsured clients through LAC Department of Mental Health (DMH).

Medi-Cal and Uninsured clients of all ages who meet the criteria for medical necessity as defined by California Code of Regulations (CCR), Title 9, Section 1820.205 but also have a co-occurring medical condition are unable to obtain the medical clearance necessary for them to receive services on a behavioral health unit at an inpatient acute facility.

Both behavioral health and physical services will be provided in a licensed GACH to Los Angeles County residents, typically from Los Angeles Department of Health Services County Hospitals, GACH or referrals from the Los Angeles Psychiatric Mobile Response Team.

1. PROGRAM CRITERIA

    (1) Los Angeles Medi-Cal and Uninsured beneficiary through the Managed Care Plans (or other pre-approved funding sources such as full scope Medi-Cal and uninsured).
    (2) Patient meets criteria for a Lanterman Petris Short (LPS) involuntary hold as per an LPS designated clinician or meets criteria for medical necessity.
    (3) Patient has a medical condition that is preventing the patient from otherwise being accepted to an acute behavioral health unit as evidenced by at least five recent referrals and denials to an acute psychiatric inpatient unit.
    (4) The receiving hospital has bed availability and the means to address the medical condition. Receiving hospital are GACH designated as a LPS facility for this SE. According to Title 22, Section 100243, receiving hospital means a licensed GACH with a special permit for basic or comprehensive medical and psychiatric emergency services.
    (5) Referring hospital shall be responsible for cost of transportation. Referring hospital is the hospital that sends the clients with behavioral health and medical health condition.

2. PROCEDURE

    (1) LACDMH Intensive Care Division (ICD) will review each referral request to ensure it meets the program criteria;

(2) GACH will determine that they are able to treat both the behavioral health and physical health needs of the patient;
(3) The referring hospital will submit a package of clinical documentation to LACDMH - ICD to include the medical history and physical, the psychiatric comprehensive evaluation, recent psychiatric progress note(s), recent nursing progress note(s), current Medication Administration Records, and recent pertinent lab values within 24 hours in accordance with 42 CFR Subpart D and CCR, Title 22. LACDMH - ICD will securely share this package of documents and the hospital Single Point of Contact information with the GACH; and
(4) If GACH accepts the patient, they will inform LACDMH – ICD. Referral hospital shall coordinate the transfer.

Invoice and Payment

GACH shall claim by submitting a Treatment Authorization Request and requisite supporting documentation to LACDMH for the behavioral health services. GACH shall separately invoice the Managed Care Plans for the physical health services.

Reimbursement Agency:

Medi-Cal Clients: State DHCS Fiscal Intermediary shall reimburse Contractor during the term of this Contract for Acute Psychiatric Inpatient Hospital Services provided to Medi-Cal clients.

Uninsured Clients: LACDMH shall reimburse Contractor during the term of this Contract for Acute Psychiatric Inpatient Hospital Services provided to Uninsured clients

Contractor shall, no later than the 15th day of each month following the service month, submit an invoice to the County for approved services provided to eligible clients as described in SOW Section 2.0 Program Elements For Acute Psychiatric Inpatient Hospital Services. Said invoice shall be in a form as specified by the County and will include an itemized accounting of all charges for each patient day. Invoices shall be submitted to the address identified below.

The following is the Contractor's reimbursement process:

a) Within 15 days of the end of the month in which eligible services are delivered, Contractor submits a monthly invoice to LACDMH for actual services provided for the previous month.

b) The invoice should include the relevant information and documentation to support the payments.

c) DMH reviews the invoice for approval to reimburse Contractor within 30 calendar days after receipt of a complete and accurate invoice via the appropriate reimbursement method to be agreed upon by both parties.

d) In the event of correction of a prior period invoice or reimbursement such as “retro-delete” (overpayment) or “retro-add” (underpayment), the adjustment will be shown and included in Contractor’s current invoice.

Invoices shall be reimbursed at the base rate determined by LACDMH plus the rate for specialized programming and/or provision of more intensive mental health services provided to clients at County's request, if applicable, and as approved by LACDMH.

LACDMH will inform Contractor annually of the reimbursement rate and, as needed, rate changes.

The Contractor shall comply with all requirements necessary for reimbursement as established by federal, State, and local statues, laws, ordinances, rules, regulations, manuals, policies, guidelines, contractor bulletins/alerts and directives.

The Contract shall be subject to any restrictions, limitation, or conditions imposed by County, State, and/or federal government entities, which may in any way affect the provisions or funding of the Contract, including, but not limited to, those contained in County Budget as adopted by County’s Board and/or State’s Budget Act.

Contractor shall submit all Invoices, including any supporting documentation, to the following:

Los Angeles County Department of Mental Health
Financial Services Bureau — Accounting Division
550 S. Vermont Avenue, 8th Floor
Los Angeles, CA 90020
Attn: Provider Reimbursement Section