ACUTE PSYCHIATRIC INPATIENT HOSPITAL SERVICES

SERVICE EXHIBIT VI

Release Bed Agreement

Notwithstanding language in section 9.0 of the Statement of Work (SOW), the following applies to behavioral health patients being brought to the Contractor for Patients released from jails or referred from the Los Angeles County Department of Mental Health (LACDMH) Intensive Care Division (ICD). The Release Bed Program will include guaranteed available beds primarily to decompress the jail and keep patients out of Emergency Departments (ED). Inpatient Psychiatric services at a Lanterman-Petris-Short (LPS) designated General Acute Care Hospital (GACH) are provided to Medi-Cal (MC) and uninsured/indigent patients to provide services and guarantee released beds to LACDMH. It is the Contractor's responsibility to review the SOW and Service Exhibit (SE) to ensure the appropriate billing is submitted.

LACDMH will reimburse Contractor for acute inpatient psychiatric hospital services and administrative day services for MC patients meeting the program criteria. The Contractor will only be reimbursed for acute inpatient psychiatric hospital services for uninsured/indigent patients meeting the program criteria. Unhoused, indigent and uninsured clients meeting program criteria may be reimbursed for administrative days by approval of the Director or designee.

1. PROGRAM CRITERIA

(a) Contractors shall reserve and guarantee access to an agreed upon number of beds indicated in the contract at all times for LACDMH at the agreed upon effective period indicated in the contract.

(b) The release beds are for patients released from jail or referred from LACDMH ICD with MC insurance or those without insurance (uninsured/indigent).

(c) Contractors shall inform LACDMH ICD and/or the office of Alternative Crisis Response (ACR) of bed usage and referral source on the basis specified by LACDMH.

(d) For MC patients, the Contractor will be reimbursed by the State for the Contract Allowable Acute Rate as identified in the Rate Methodology Chart which can be found at https://file.lacounty.gov/SDSInter/dmh/1149624_RateMethodologyChart.pdf. Additionally, the Contractor will be reimbursed by the State the currently applied State Department of Health Care Services (DHCS) established Administrative Day Rate and a mental health patch claimed with manual invoice to the County with the total Administrative Day Rate and a mental health patch equaling the Acute Rate as identified in the Rate Methodology Chart. For uninsured or indigent patients, the Contractor will invoice LACDMH the Contractor Allowable Rate amount as identified in the Rate Methodology Chart for Acute Day services and Administrative Day services. The Rate Methodology Chart includes the Contractor Allowable Rate, Administrative Day, and Patch rates. It is the Contractor's responsibility to access the link for the Rate Methodology Chart upon notification by LACDMH of updated rates.

(e) Contractors shall exhaust all other payors for indigent services. When the County is the payor, the acute bed rates for indigent patients include professional services and physician fees.
(f) Contractor shall screen all referred patients for psychiatric medical necessity as defined by California Code of Regulations (CCR, Title 9, Section 1820.205 and DHCS Behavioral Health Information Notice 22-017).
(g) Contractor shall accept patients pending any medical test results and patients will not be held at a referring hospital or by a referring team awaiting those results if applicable. Patients accepted will receive additional vital sign testing for the first 48 hours to monitor for medical concerns.
(h) Patients referred by LACDMH ICD will be accepted and will be provided with behavioral health treatment as appropriate, based on existing Contract provisions.
(i) Contractor shall not deny admission to any patient referred by LACDMH unless LACDMH ICD agrees.

2. TARGET POPULATION

Services will be provided to eligible MC or uninsured/indigent beneficiaries brought to Contractor. Medically necessary behavioral health services will be provided to persons with severe and persistent mental illness that are unhoused and/or justice-involved.

Invoice and Payment

Contractor shall claim by submitting a Treatment Authorization Request (TAR) and requisite supporting documentation to LACDMH for the medically necessary behavioral health services.

LACDMH will pay Contractor in arrears for eligible services provided. Contractor shall no later than the 14th calendar day after discharge submit documentation for services provided with the TAR form.

Contractor shall submit all required supporting documentation to the following:

Los Angeles County Department of Mental Health
Intensive Care Division — Treatment Authorization Unit
510 S. Vermont Avenue, 20th Floor
Los Angeles, CA 90020

The following is the Contractor's reimbursement process:

a) LACDMH reviews the documentation provided for approval. For indigent services, within 45 calendar days of receipt of the claims documentation, LACDMH will submit a log containing the claims and the authorization results to the contractor, with an Invoice Summary Request Form.

b) Contractor shall complete the Invoice Summary Request Form in a form as specified by the County and will include an itemized accounting of all charges for each patient day. Upon completion, Contractor shall submit the Invoice Summary Request Form as follows:

By Email: TarUnit@dmh.lacounty.gov

Or

By Fax: (213) 402-2009

c) LACDMH ICD will review and forward approved Invoice Summary Request Form to the LACDMH Finance Services Bureau for reimbursement to Contractor. If not approved, the Invoice Summary Request Form will be returned to Contractor for corrections and/or further documentation. LACDMH's reimbursement period is 30 calendar days after receipt of a complete and accurate invoice.

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.