

POLICY AND PROCEDURE

POLICY NAME: Involuntary Admissions	POLICY ID: FL.UM.84.00
BUSINESS UNIT: Sunshine State Health Plan	FUNCTIONAL AREA: Utilization Management
EFFECTIVE DATE: 04/20/2021	PRODUCT(S): Managed Medical Assistance (MMA), Child Welfare (CW), Children's Medical Services (CMS) Serious Mental Illness (SMI), Comprehensive (MMA and Long- Term Care), and Ambetter (HIM).
REVIEWED/REVISED DATE: 04/21, 04/22, 3/23	
REGULATOR MOST RECENT APPROVAL DATE(S): 04/21	

POLICY STATEMENT:

This policy is to assure all members have access to emergency behavioral health care services.

PURPOSE:

The purpose of this policy is to assure all members have access to emergency behavioral health care services. All Medicaid and Ambetter products shall have available emergency /crisis behavioral health care per s. 394.463(2) (f), F.S. Chapter 65E-5.2801, F.A.C.

SCOPE:

Sunshine Health Utilization Department for Managed Medical Assistance (MMA), Child Welfare (CW), Children's Medical Services (CMS) Serious Mental Illness (SMI), Comprehensive (MMA and Long Term Care), and Ambetter (HIM). This policy applies to all directors, officers, and employees of Centene Corporation, its affiliates, health plans, and subsidiary companies (collectively, the "Company").

DEFINITIONS: Emergency Behavioral Health Services – Those services required to meet the needs of an individual who is experiencing an acute crisis, resulting from a mental illness, which is a level of severity that would meet the requirements for an involuntary examination (See s.394.463, F.S.), and in the absence of a suitable alternative or psychiatric medication, would require hospitalization.

Sunshine Health is required to provide 365 days- per year of emergency inpatient care, including behavioral health coverage for members admitted to an acute inpatient level of care in accordance with Florida Medicaid contractual requirements and federal law. In accordance with the Agency for Healthcare Administration Inpatient Hospital Services Coverage Policy, non-pregnant members 21 years old and over who have exhausted their annual 45-day inpatient hospital benefit are eligible for 365 days per year of continued coverage for emergency inpatient care if they meet the criteria established under the Florida Medicaid contractual requirements. Members under 21 and pregnant members are eligible for 365 days of acute inpatient care regardless of the admission type.

POLICY:

Sunshine Health is financially responsible for, and shall cover all behavioral health screenings, evaluations and examinations that are reasonably calculated to assist the provider in arriving at the determination as to whether the enrollee's condition is an emergency behavioral health medical condition.

- a. Sunshine is financially responsible for all emergency services regardless of network status or lack of notification or prior authorization. Neither the enrollee nor the provider is required to call Sunshine Health to request prior authorization for emergency services.
 - b. Notification is required once member is stabilized, admitted, or under observation. Emergency service providers shall make a reasonable attempt to notify Sunshine Health within two (2) business days of the enrollee's presenting for emergency behavioral health services. In cases in which the enrollee has no identification, or is unable to orally identify himself/herself when presenting for behavioral health services, the provider shall notify Sunshine Health within two (2) business days of learning the enrollee's identity.
2. Sunshine Health does not deny payment for behavioral health emergency services obtained under any of the following circumstances:
- a. An enrollee had an emergency behavioral health medical condition, including cases in which the absence of immediate medical attention will have the outcomes specified in the definition of emergency medical condition

per state and federal law, contract and regulation; or

- b. Behavioral health emergency services and care received at a hospital due to lack of parental consent.
3. Sunshine shall establish policies and procedures that will address notification by providers of pending discharge of enrollees from an emergency inpatient facility. In addition, Sunshine requires providers to ensure:
 - a. The enrollee has a follow-up appointment scheduled within seven (7) days after discharge; and
 - b. Sunshine Health expects providers to assist enrollees by ensuring all required prescriptions are authorized at the time of discharge.
4. Sunshine Health will begin coordinating the enrollee's care upon notification by the receiving facility.
5. A stabilized condition is determined when the physician treating the enrollee decides when the enrollee may be considered stabilized for transfer or discharge, and that decision does not conflict with involuntary examinations and that decision is binding on the Health Plan (42 CFR 438.114(d)(3)).
6. Sunshine Health operates, as part of its crisis support/emergency services a crisis emergency hotline available to all enrollees 24 hours a day, seven days per week. The crisis emergency hotline is answered by live agents, who are licensed mental health professionals.

PROCEDURE:

Review Process

To assist in determining the medical necessity of inpatient and chemical dependency behavioral health stays the clinical criteria established in this policy will be applied. A request for medical necessity review is consistent with Sunshine Health medical policies:

- FL.UM.02.01 - Medical Necessity Review
 - FL.UM.02.00 – Use of Clinical Criteria
 - Any decision to deny, reduce, suspend or terminate services must be made by a Sunshine Health Medical Director as outlined in the policy Clinical Decision Criteria and Application FL.UM.02.00
 - Determinations and provider notifications will be made according to the expediency of the case as described in the Timeliness of UM Decisions and Notifications FL.UM.05.00
 - FL.UM.83.00- Institutions for Mental Disease (IMD)
- A. UM staff will attempt to obtain either a copy of the signed court order from the facility or provider or a statement from the utilization reviewer stating that the member was placed on a court order. The utilization manager will document verification or attach the court order into the member's electronic record.
 - B. Sunshine Health shall not deny emergency services for members presenting at receiving facilities for examination nor deny inpatient days for the first day of admission by Baker Act admission, if the patient remains involuntary for the Ambetter product.
 - C. Sunshine Health shall not deny emergency services for members presenting at receiving facility for examination nor deny inpatient days for the first 3 days of admission by Baker Act admission, if the patient remains involuntary for the MMA, CW, SMI, CMS, and LTC Comprehensive products per s. 394.463(2)(f), F.S. Chapter 65E-5.2801, F.A.C. Exception to this rule can be applied if the member has exhausted their 15 IMD limit in a 30 calendar day period if exclusionary criteria does not apply.
 - D. For each county it serves, Sunshine Health shall designate an emergency services call line that operates twenty-four (24) hours a day, seven (7) days a week, with Registered Nurse coverage and on-call coverage by a Licensed Practitioner of the Healing Arts.
 - E. Sunshine Health shall cover any medically necessary duration of stay in a non-contracted facility, which results from a medical emergency until such time as Sunshine Health can safely transport the enrollee to a participating facility.
 - F. Mobile crisis assessment and intervention for enrollees in the community may be provided in lieu of emergency behavioral health care

G. Sunshine Health shall outreach all members enrolled in all products post-discharge from any BH inpatient facility for care coordination.

MMA, CW, SMI, CMS and LTC Comprehensive:

Unless otherwise noted, all facilities, will be automatically approved for a minimum of three (3) days', regardless of meeting medical necessity if member is involuntary. Medical necessity will be applied from day one through the end of stay for voluntary members. Should the member not meet medical necessity after 3 days, the utilization manager will send the member's case to the medical director or designated vendor for a peer review.

Ambetter (HIM):

Unless otherwise noted, all facilities, will be automatically approved for a minimum of one (1) day, regardless of meeting medical necessity for involuntary IP stays. Medical necessity will be applied from day one through the end of stay for all voluntary IP stays . Should the member not meet medical necessity after 1 day, the utilization manager will send the member's case to the medical director or designated vendor for a peer review.

Specific Clinical Information/Criteria

Emergent services are considered medically necessary when all of the following criteria are met:

- For member's meeting InterQual Adult and Geriatric Psychiatry - Inpatient Criteria and InterQual Child and Adolescent Psychiatry- Inpatient Criteria
- ASAM Criteria Level 3.7 WM- Adult
- ASAM Criteria Level 3.7 WM- Adolescent

REFERENCES:

FL.UM.05 Timeliness of UM Decisions policy and procedure
 FL.UM.02 Use of Clinical Criteria
 FL.UM.02.02 Clinical Decision Criteria and Application
 FL.UM.02.01 Medical Necessity Review
 FL.UM.83 Institutions for Mental Disease IMD
 s. 304.463(2)(f), Florida Statute Chapter 65E-5.2801, F.A.C

ATTACHMENTS: N/A

ROLES & RESPONSIBILITIES: BH Utilization Management

REGULATORY REPORTING REQUIREMENTS: N/A

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
New Policy Document	Development of policy to meet the needs of full coverage for members admitted to an IP psychiatric facility by a Baker Act 52 Updated language under "REVIEW PROCESS" section B to state we will not deny the first 3 days of a court order. Added the Child Welfare specialty product to policy lines of business. Added section, "Specific Clinical Information/Criteria" to include medical necessity criteria to include InterQual and ASAM. Added definitions for court order, Baker Act, and Ex Parte. Added all lines of business	04/20/2021

	Defined product line rules for days approved under court order by MMA and HIM	
Annual Review	Added CMS and SMI lines of business. Added FL.UM.83.00- Institutions for Mental Disease (IMD) under review process. Added exclusionary language for applying IMD. Changed behavioral health specialist to Licensed Practitioner of the Healing Arts. Added applying MNC for voluntary members from initial day of admission until discharge. Added designated vendor for peer reviews. Added Ambetter in front of HIM. Updated Ambetter language that involuntary IP stays are approved for 1 day even if MNC is not met and voluntary IP admissions will be reviewed for MNC from day 1 through discharge.	04/18/2022
Annual Review	Changed Product(s) to remove Florida and FL from the CMS product through out the policy. Removed 'Keep this consise' from the Purpose. Removed 'A representative of Sunshine Health instructs the enrollee to seek emergency services' under 'Policy' #2; the member would still be required to meeting medical necessity.	03/24/2023

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.

SVP Compliance _____
Senior Dir. Compliance _____