



PENINSULA RSN

INPATIENT POLICIES AND PROCEDURES

Policy Name: VOLUNTARY INPATIENT GATEKEEPING **Policy Number:** 12.02

Reference: WAC 388-865-0229

Effective Date: 2/2002

Revision Date(s): 12/2010

Approved by: PRSN Executive Board

CROSS REFERENCES

- Policy: Corrective Action Plan
- Policy: Notice of Action Requirements
- Policy: DSHS Inpatient Instructions Per Diem

PURPOSE

This policy applies to the Peninsula Regional Support Network (PRSN) authorization/certification of voluntary hospitalizations for individuals within the PRSN.

VOLUNTARY ADMISSION CRITERIA

For voluntary admission to an inpatient facility, the following criteria must be met:

1. Determine if the individual has Medicaid or non-Medicaid funding, research third party options.
2. Meets the PRSN Level of Care Criteria for Inpatient Services.
3. All diversion options have been attempted/ reviewed and were not appropriate.
4. **For children only**, there is a consultation by a child mental health specialist that supports the decision to request inpatient hospitalization.

PROCEDURE

1. **Certification Provided at the time of hospital admission:** Certification for

Voluntary Hospitalization must be authorized according to the DSHS Inpatient Instructions per Diem and PRSN LOC.

- The PRSN network provider crisis team conducts the initial 2-hour response and triages a voluntary hospital admission request. The crisis team must request authorization/ certification from the PRSN utilization management subcontractor “CommCare”, prior to the hospital admission.
- If the request for voluntary hospitalization is from outside the catchment area, CommCare is the first point of contact. CommCare gathers all the clinical and administrative information, makes an initial determination, and contacts the local network agency (DMHP) to consult prior to providing the determination to the hospital.

2. Length of stay extension authorizations: Authorization for length of stay extensions provided by following the DSHS Inpatient Instructions per Diem and PRSN LOC.

- For voluntary extension requests for children/ youth at the Youth Inpatient Unit only: All extension requests must be reviewed by the PRSN Children’s Services Coordinator. Upon review, the PRSN will forward the extension request to the ASO for authorization.

3. Retroactive certifications authorized in specific circumstances: If a person is found eligible for Medicaid following admission or following the inpatient stay, these time lines for securing retroactive certification apply per PRSN LOC:

- a. The network crisis team designated to the individual's catchment area must receive notification of Medicaid eligibility and request for retro-authorization/ certification within 30 (thirty) days of the determination of Medicaid eligibility, unless the delay was as a result of third party (insurance) claims determination.

According to the DSHS memo # 0108: “hospitals are allowed to seek retrospective certification of an inpatient stay beyond 30 days after discharge if the delay in seeking authorization resulted from attempts to pursue Medicare or other third party coverage. Prior Authorization must be sought whenever possible.”

Hospitals continue to risk denial of authorization if medical necessity is not present.

- When retro-authorization requests are beyond the 30 (thirty) days timeline for cases *not* involving a third party payor, the requests will be on a case by case basis (such as community hospitals lag information on Medicaid eligibility or requesting regional support network certification).
- The designated crisis team forwards the request for retro-authorization to the PRSN utilization management subcontractor “CommCare” for a determination.

- 4. ITA to Voluntary Legal Status authorization:** Authorizations for individual's legal status changing from involuntary to voluntary must be provided/ authorized according to the DSHS Inpatient Instructions per Diem and PRSN LOC.

MONITORING

1. This policy is a contract and statute mandate. The PRSN will be monitor this policy through use of the:
 - Annual PRSN Provider and Subcontractor Administrative Review
 - Monthly Provider Chart Reviews
 - Exhibit N Provider Complaint and PRSN Grievance Tracking
 - Quarterly Provider Performance Reports
 - Quality Management Plan activities, such as review targeted issues for trends and recommendations
 - NOA tracking and 100% review of all appeal requests

2. If a network provider or subcontractor performs below expected standards during any of the reviews listed above a Corrective Action will be required for PRSN approval. Reference PRSN Corrective Action Plan Policy.