



SALISH BHO

INPATIENT POLICIES AND PROCEDURES

Policy Name: VOLUNTARY PSYCHIATRIC INPATIENT
GATEKEEPING

Policy Number: 12.01

Reference: WAC 388-865-0254

Effective Date: 2/2002

Revision Date(s): 4/2016; 5/2018

Reviewed Date: 4/2016; 7/2017; 5/2018

Approved by: SBHO Executive Board

CROSS REFERENCES

- Policy: Corrective Action Plan
- Policy: Notice of Action Requirements
- Policy: State Inpatient Billing Instructions

PURPOSE

This policy applies to the Salish Behavioral Health Organization (SBHO) authorization/certification of voluntary psychiatric hospitalizations for individuals within the SBHO.

VOLUNTARY ADMISSION CRITERIA

For voluntary admission to a psychiatric 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 SBHO 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 State Inpatient Instructions and SBHO Level of Care (LOC).
 - If the individual is currently within SBHO's boundaries:
The SBHO network provider crisis team conducts the initial two (2) hour response and triages a voluntary hospital admission request. The crisis team

must request authorization/certification from the SBHO utilization management subcontractor CommCare prior to the hospital admission.

- If the individual is currently outside of SBHO's boundaries:

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 (DCR) to consult prior to providing the determination to the hospital.

- Requests for authorization of inpatient stays when the individual is outside of Washington State:

Voluntary out-of-state inpatient stays are only approved when authorization was obtained prior to admission. No retrospective requests are accepted. The result is an administrative denial. Appeals of administrative denials may be directed to the SBHO compliance manager.

Involuntary out-of-state stays are treated in the same manner as voluntary in-state episodes. In these cases, retrospective requests are accepted for consideration.

2. **Length of stay extension authorizations:** Authorization for length of stay extensions provided by following the State Inpatient Instructions and SBHO LOC.

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

3. **Retrospective certifications authorized in specific circumstances:**

CommCare will consider retrospective authorization requests under the following circumstances:

- The individual has not yet been discharged from the inpatient episode of care for which authorization is being sought.
- Within 30 days of discharge when circumstances beyond the control of the hospital or hospital unit provider prevented a prior authorization request, or when the client has been determined to be eligible for Washington Apple Health after discharge.

The following rules apply to retrospective requests:

- a. Involuntary retrospective reviews are sent to the network crisis team in the individual's catchment area. The crisis team then contacts CommCare for authorization. The exception is out-of-state involuntary reviews, which are sent directly to CommCare and treated as a voluntary request.
- b. Voluntary retrospective reviews are sent directly to CommCare.

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 HCA Inpatient Instructions and SBHO LOC

MONITORING

1. This policy is a contract and statute mandate. The SBHO will monitor this policy through use of the:
 - Annual SBHO Provider and Subcontractor Administrative Review
 - Annual Provider Chart Reviews
 - SBHO Grievance Tracking Reports
 - Quarterly Provider Performance Reports
 - Quality Management Plan activities, such as review targeted issues for trends and recommendations
 - NOABD 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 SBHO approval. Reference SBHO Corrective Action Plan Policy.