NORTHCARE NETWORK

POLICY TITLE: Pre-Admission Screening Services	**CATEGORY:** Utilization Management	
EFFECTIVE DATE: 9/4/13	**BOARD APPROVAL DATE:** 9/4/13	
REVIEW DATE: 1/3/24	**REVISION(S) TO POLICY STATEMENT:** ☐ **Yes** ☒ **No**	**OTHER REVISION(S):** ☒ **Yes** ☐ **No**
RESPONSIBLE PARTY: QI/UM Specialist	**CEO APPROVAL DATE:** 3/5/24 Megan Rooney, CEO	

APPLIES TO

NorthCare Network Personnel
Member CMHSPs

POLICY

It is the Policy of NorthCare Network that timely pre-admission screening services and authorization/ certification determinations will be conducted for all emergent/urgent requests for psychiatric inpatient, crisis residential, crisis stabilization, and partial hospitalization admissions for which NorthCare Network has financial responsibility once medical stability is obtained. Pre-admission screening services must be available 24 hours per day, 7 days per week to all Michigan residents NorthCare Network is responsible to serve. Authorization/certification determinations for admissions must occur in accordance with the eligibility criteria as defined by the specific benefit plan responsible for authorizing/certifying the individual's admission. Documentation of pre-admission screening services must include sufficient information to substantiate the determination.

Pre-admission screening services must be provided to all eligible beneficiaries including individuals with co-occurring mental health and substance use disorders. Individuals with a co-occurring mental health and substance use disorder must not be denied access during pre-admission screening based solely on the presence of a co-occurring mental health and substance use disorder. Decisions involving emergent/urgent requests must be made within three or fewer hours from the time of request for admission. The screening may be provided on-site, face-to-face, or over the telephone.

NOTE: Pre-admission screening services DO NOT require prior authorization and may be requested from the local Member CMHSP office during office hours or through the regional after hour crisis phone services at any other time.

PURPOSE

N/A

DEFINITIONS

Emergency medical conditions: a medical (psychiatric) condition manifesting itself by acute symptoms of sufficient severity that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following:

a. Placing the health of the individual (or, for a pregnant woman, the health of the woman or her unborn child) in serious jeopardy.
b. Serious impairment to bodily functions.
c. Serious dysfunction of any bodily organ or part.

Emergency services, provided in an emergency room setting, covers inpatient and outpatient services, regardless of if there is a contract in place, as follows:

a. Furnished by a provider that is qualified to furnish these services under this Title
b. Needed to evaluate or stabilize an emergency medical condition.

Post Stabilization services: (a.k.a. post Emergency Room - once admitted to inpatient level of care) services for psychiatric reasons are covered services related to an emergency medical condition that are provided after a member is stabilized to maintain the stabilized condition, or, under the circumstances described in 42 CFR §438.114(e), to improve or resolve the member's condition. Post stabilization services covered by NorthCare include inpatient psychiatric admission, crisis residential admission, or partial hospital program admission for adults and children. Crisis intervention and Intensive Crisis Stabilization Services (ICSS) are also available outpatient via Community Mental Health.

Medical stability: The attending emergency physician, or the provider treating the member, is responsible for determining when the member is sufficiently stabilized for transfer or discharge, and that determination is binding on the entities identified in 42 CFR §438.114(b) as responsible for coverage and payment. In the emergency room, CMHSP/PIHP are responsible for the preadmission screening. Other medical services are the financial responsibility of the Medicaid Health Plan.

REFERENCES

- Michigan Mental Health Code, Act 258, Public Acts of 1974, as amended,
- Michigan Medicaid Provider Manual
- Medicare Program

HISTORY

REVISION DATE: 11/5/14, 9/28/15, 5/18/17, 3/21/18, 2/6/19, 2/2/21, 3/5/22, 9/13/22, 1/3/24
REVIEW DATE: 9/4/14, 11/5/14, 9/28/15, 7/26/16, 5/18/17, 3/21/18, 2/6/19, 1/6/20, 2/2/21, 3/5/22, 9/13/22, 10/9/23, 1/3/24
CEO APPROVAL DATE: 9/4/13, 9/4/14, 11/5/14, 10/6/15, 8/2/16, 6/6/17, 3/27/18, 2/7/19, 1/7/20, 2/2/2, 4/5/22, 11/1/22, 10/12/23, 3/5/24
BOARD APPROVAL DATE: 9/4/13

PROCEDURES

A. Pre-screenings for admission will be conducted by licensed Member CMSHP staff that have been determined by the Member CMHSP to possess the appropriate experience, credentials, and clinical competence. The Pre-screening unit must be supervised by a registered professional nurse or other licensed mental health professional possessing at least a master's degree (Michigan Mental Health Code, Section 409).

B. All individuals conducting pre-screenings must identify the benefit plan responsible for authorizing the beneficiary's admission including any limitations or exclusions in coverage. Pre-screenings will be documented on the NorthCare Network Pre-Admission Screening Form.

C. NorthCare Network Utilization Management Staff will be available during business hours to receive calls from Member CMHSP staff. Pre-Admission screening forms are available in the electronic medical record for NorthCare Utilization Review staff to review.

D. Medical necessity for admission (or lack thereof) will be fully documented on the completed pre-screening form. Rationale must include valid DSM diagnosis, Intensity of Service, and Severity of Illness. Neither CMHSP nor PIHP staff will limit what constitutes an emergency condition. A preadmission screening will be completed on any Medicaid recipient that CMH staff receive a request for screening on and eligibility determination will be made for inpatient admission based on medical necessity as stated in the Medicaid Provider Manual.

E. All Pre-screeners and NorthCare Network UM staff will follow the Inpatient Psychiatric Hospital Admission Standards as outlined in the Medicaid Provider Manual, Behavioral Health and Intellectual and Developmental Disability Supports and Services section:

1. Inpatient pre-screening services are available 24 hours a day, 7 day a week for any persons presenting in a CMHSP catchment area (regardless of their place of residence) requesting inpatient psychiatric services, if state county or community mental health services program funds are obligated for the services provided by the licensed hospital.

2. Disposition is completed within 3 hours with response to the ER within one hour of request for service. CMHSP ES Staff must notify the ER within 1 hour that they will be completing the screening if they are not there within the hour to do it.

3. Severity of illness and intensity of service criteria are appropriately employed in admission or denial decisions.

4. If it is determined that the person being screened does not have a mental health condition requiring inpatient psychiatric treatment and the primary condition is related to a substance use issue, coordination with substance use providers will occur. The following information will be provided to the beneficiary and clearly documented on the Pre-screening form (if applicable):

    a. name, phone number and address of a referral source
    b. if possible, an appointment date, time, agency name, and name of the individual they will be seeing.

5. Pre-screeners, Member CMHSP staff and/or NorthCare Network will communicate with the Primary Care Physician (PCP) or health plan for admissions as well as diversions. The name, agency, and phone number of the PCP will be clearly documented on the pre-screen form. When a

beneficiary does not have a PCP, documentation indicating so must be clearly noted on the pre-screen. All attempts will be made to ensure appropriate coordination occurs on behalf of the beneficiary.

6. The CMHSP is responsible for providing, or referring and linking, to alternative services and clearly documenting such referrals on the pre-screen form when individuals have been assessed as not meeting criteria for inpatient psychiatric hospitalization.

7. When requested inpatient services are denied, the beneficiary is informed that they may request a reconsideration and are given notice of their right to an expedited second opinion. The distribution of the second opinion and resulting outcome are clearly documented on the pre-screen form. If a denial is conducted over the telephone, documentation must indicate the denied beneficiary was mailed a copy of his/her right to a second opinion. If the beneficiary is denied inpatient services and requests a second opinion; the CMHSP will arrange for an additional evaluation by a psychiatrist, other physician, or licensed psychologist as outlined in the Michigan Mental Health Code Act 258 of 1974 Sec.409.

8. The PIHP, in conjunction with pre-screeners and/or hospital liaisons, will communicate with treating and/or referring providers. When a referring provider is outside of the PIHP system, a release of information will be obtained to allow the PIHP to communicate with the provider.

9. Courtesy Pre-screenings are completed when it is determined the person requesting inpatient psychiatric services presents at a CMHSP that would not be financially responsible for paying for requested inpatient psychiatric services.
   a. When pre-screening is done by a CMHSP not affiliated with NorthCare Network but conducted on behalf of a NorthCare Network Member CMHSP, the NorthCare Network Member CMHSP is responsible for coordinating with the CMHSP conducting the pre-screening, creating an “Administrative pre-screen” using information contained on the courtesy pre-screen, and ensure documentation of the pre-screening is sent to the NorthCare Network UM department within the required time frames.

   b. When pre-screening is done by a NorthCare Network Member CMHSP on behalf of a NorthCare Network Member CMHSP, the home CMHSP is contacted for an authorization request. The name and telephone number of the CMHSP contact along with the # of days authorized is documented in the disposition section of the pre-admission screening form.

   c. When someone requests Inpatient Psychiatric services at a CMHSP affiliated with NorthCare but it is determined that the person is the financial responsibility of a CMHSP not affiliated with NorthCare, the NorthCare CMHSP will conduct the Courtesy Pre-screening. If it is determined that the person meets the criteria for inpatient services, contact will be made with the financially responsible CMHSP for an authorization request. The name and telephone number of the CMHSP contact along with the # of

days authorized is documented in the disposition section of the pre-admission screening form.

10. Retrospective Administrative Preadmission Screenings can be requested within 365 days of admission. Preadmission Screenings will not be refused based on the provider, hospital, or fiscal agent not notifying the CMHSP or PIHP of the members presentation and screening in the ER as long as it is requested within 365 days. Retrospective preadmission screenings will be reviewed by the CMH for medical necessity based on information provided, as necessary.
    a. If the CMH agrees with the admission, NorthCare will add the continuing stay review based on information provided to NorthCare from the inpatient psychiatric unit.
    b. If the CMH disagrees with the admission, appropriate Adverse Benefit Determination will be provided
    c. See the Retrospective Preadmission Screening Procedure for more information.

F. Emergency services provided in an emergency room/department are the responsibility of the Medicaid Health Plan.

G. Prior authorization for post stabilization services, should be obtained from the CMHSP emergency services staff, per the Medicaid Provider Manual, Section 8 of the Behavioral Health chapter. If prior authorization is not obtained, retrospective authorization can be requested.
    a. Individuals who are placed in a medical bed/on a medical unit following an ER visit are the financial responsibility of the Medicaid Health Plan.
    b. Individuals who are diverted from inpatient admission and receiving follow up care at an outpatient provider in the community will be the responsibility of the Medicaid Health Plan under their benefit.
    c. Individuals who are diverted from inpatient admission and active consumers of the CMH system will be the responsibility of the CMH.

    The PIHP is financially responsible for post stabilization care services (inpatient levels of care) in accordance with 42 CFR §422.113(c) as long as medical necessity criteria are met for continued stay at this level of care until such a point that:
    a. The treating hospital assumes financial responsibility for the member's care.
    b. There is a transfer of care.
    c. The member is discharged.
    d. There is some other agreement concerning payment for the members care.