




Section: Utilization Management	Policy Name: Emergency & Post-Stabilization Services	Policy Number: 04.13
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Purpose: Federal managed care regulations and state legal authorities require Medicaid managed care entities, including Michigan Prepaid Inpatient Health Plans (PIHPs), to provide coverage and payment for emergency services and post-stabilization care services within the scope of their provided services for Medicaid and Healthy Michigan Plan beneficiaries. This policy is to provide clarity to the roles and responsibilities of the region.

Scope: This impacts the emergent and post-stabilization of behavioral health services provided by the PIHP via the Community Mental Health Service Providers (CMHSPs) when beneficiaries are experiencing a related to mental health and/or substance use disorder (SUD) crisis situation.

Responsibilities: Southwest Michigan Behavioral Health (PIHP), through delegation through the Community Mental Health Service Providers (CMHSPs) of region 4 (Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren counties), have the responsibility to ensure behavioral health-related emergency services and post-stabilization services are authorized and paid for, regardless of the location being either at the emergency room or at another community provider location.

Definitions:

Emergency Medical Condition – A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) 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 – Covered inpatient and outpatient services that are 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 Care Services – Covered services, related to an emergency medical condition that are provided after an enrollee is stabilized to maintain the stabilized condition, or, to improve or resolve the enrollee’s condition.

Standards and Guidelines:

A. Emergency Situations

The Michigan Mental Health Code defines an emergency situation in which an individual is experience a serious mental illness or a developmental disability, or a minor is experiencing a serious emotional disturbance and 1 of the following applies:

1. The individual can reasonably be expected within the near future to physically injure himself, herself, or another individual, either intentionally or unintentionally.
2. The individual is unable to provide himself or herself food, clothing, or shelter or to attend to basic physical activities such as eating, toileting, bathing, grooming, dressing, or ambulating, and this inability may lead in the near future to harm to the individual or to another individual.
3. The individual has mental illness that has impaired his or her judgment so that the individual is unable to understand his or her need for treatment and presents a risk of harm.

B. Emergency Services Available for Beneficiaries

The Behavioral Health and Intellectual and Developmental Disability Supports and Services section of the Michigan Medicaid Provider Manual indicates the following emergency services for Michigan Medicaid and Healthy Michigan Plan beneficiaries:

1. **Crisis Intervention** - Unscheduled activities conducted for the purpose of resolving a crisis situation requiring immediate attention. Activities include crisis response, crisis line, assessment, referral, and direct therapy. Crisis intervention may occur in a variety



of settings, including but not limited to the CMHSP offices, hospital emergency department, beneficiary home, schools, jails, and other community settings.

2. **Inpatient Psychiatric Hospital Admission Screenings** - Pre-admission screening to determine if an individual requires psychiatric inpatient hospitalization or whether alternative services are appropriate and available to treat the individual's needs. Severity of Illness and Intensity of Service clinical criteria will be used for such pre-screening. Inpatient pre-screening services must be available 24-hours-a-day/7-days-a-week. Pre-admission screenings most often occur in hospital emergency departments although they can take place in other settings such as CMHSP offices, jails, or other community settings.
3. **Intensive Crisis Stabilization Services** - Intensive crisis stabilization services (ICSS) are structured treatment and support activities provided by a multidisciplinary team and designed to provide a short-term alternative to inpatient psychiatric services. Services may be used to avert a psychiatric admission or to shorten the length of an inpatient stay when clinically indicated. ICSS may be provided where necessary to alleviate the crisis situation, and to permit the beneficiary to remain in, or return more quickly to, his usual community environment. ICSS can also be used for post stabilization care once the immediate crisis situation has been addressed. Most ICSS are delivered by a mobile crisis team and typically occur at the beneficiary's home or other community settings where the beneficiary is located.
4. **Outpatient Partial Hospitalization Services Screenings** – Partial hospitalization services may be used to treat a person with mental illness who requires intensive, highly coordinated, multi-modal ambulatory care with active psychiatric supervision. Treatment, services and supports are provided for six or more hours per day, five days a week. The use of partial hospitalization as a setting of care presumes that the individual does not currently need treatment in a 24-hour protective environment. Conversely, the use of partial hospitalization implies that routine outpatient treatment is of insufficient intensity to meet the individual's present treatment needs. The Severity of Illness/Intensity of Service criteria for admission assume that the individual is displaying signs and symptoms of a serious psychiatric disorder, demonstrating significant functional impairments in self-care, daily living skills, interpersonal/social and/or educational/vocational domains, and is exhibiting some evidence of clinical instability. However, the level of symptom acuity, extent of functional impairments and/or the estimation of risk (clinical instability) do not justify or necessitate treatment at a more restrictive level of care.

C. Coverage and Payment for Post-Stabilization Care Services



Post stabilization care services are covered and paid for by SWMBH in accordance with provisions set forth at 42 CFR §422.113(c). The Region 4 CMHSPs, through delegated responsibility of the PIHP, is likewise responsible for coverage and payment of emergency services.

SWMBH will cover and pay for emergency services regardless of whether the provider that furnishes the services has a contract with the PIHP.

Therefore, Southwest Michigan Behavioral Health:

1. Is financially responsible (consistent with 42 CFR §422.214) for post stabilization care services obtained within or outside the organization that are pre-approved by a plan provider or other organization representative.
2. Is financially responsible for post stabilization care services obtained within or outside the organization that are not preapproved by a plan provider or other organization representative, but administered to maintain, improve, or resolve the member's stabilized condition if—
 - a. The organization does not respond to a request for preapproval within 1 hour;
 - b. The organization cannot be contacted; or
 - c. The organization representative and the treating physician cannot reach an agreement concerning the member's care and a plan physician is not available for consultation. In this situation, the organization must give the treating physician the opportunity to consult with a plan physician and the treating physician may continue with care of the patient until a plan physician is reached or one of the criteria in 42 CFR §422.113(c)(3) is met;
3. Will limit charges to members for post stabilization care services to an amount no greater than what SWMBH would charge the member if he or she had obtained the services through SWMBH. For purposes of cost sharing, post stabilization care services begin upon inpatient admission.

SWMBH's financial responsibility for post-stabilization care services it has not pre-approved ends when:

- a. A plan physician with privileges at the treating hospital assumes responsibility for the member's care;
- b. A plan physician assumes responsibility for the member's care through transfer;
- c. An organization representative and the treating physician reach an agreement concerning the member's care; or
- d. The member is discharged.

SWMBH will not:

- a. Limit what constitutes an emergency medical condition with reference to 42 CFR §438.114(a), on the basis of lists of diagnoses or symptoms; and



- b. Refuse to cover emergency services based on the emergency room provider, hospital, or fiscal agent not notifying the member's primary care provider, SWMBH, or MDHHS of the member's screening and treatment within 10 calendar days of presentation for emergency services.

SWMBH will not deny payment for treatment obtained under either of the following circumstances:

- a. A member had an emergency medical condition, including cases in which the absence of immediate medical attention would not have had the outcomes specified in (1), (2), and (3) of the definition of emergency medical condition in 42 CFR §438.114(a).
- b. A representative of the PIHP instructs the member to seek emergency services.

Finally, 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.

References:

- a. 42 CFR § 422.113 – Special rules for ambulance services, emergency and urgently needed services, and maintenance and post-stabilization care services
- b. 42 CFR § 422.214 – Special rules for services furnished by noncontract providers
- c. 42 CFR § 438.114 – Emergency and post-stabilization services
- d. Michigan Mental Health Code, Act 258 or 1974
- e. Michigan Medicaid Provider Manual, Behavioral Health and Intellectual Developmental Disability Supports and Services Chapter
- f. MDHHS/PIHP Medicaid Managed Specialty Supports and Services Contract

Attachments: None.



Revision History

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Final Audit Report

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