

Alternative Services Request Form

1. Service Name and Description: Acute and Subacute Services Provided in an Institute for Mental Disease

Procedure Code: RC01XX

Description: This service provides 24-hour access to continuous intensive evaluation and treatment delivered in an Institute for Mental Disease (IMD) as defined in CFR 435.1010 for acute and subacute inpatient psychiatric or substance use disorders. Delivery of service is provided by nursing and medical professionals under the supervision of a psychiatrist. Beneficiaries age 21-64 who meet medical necessity criteria for inpatient level of care may be treated for up to 15 days per calendar month in an IMD.

Providers must follow the requirements for inpatient level of care outlined in the Division of Medical Assistance (DMA) Clinical Coverage Policy (CCP) 8-B, Inpatient Behavioral Health Services

2. Treatment Program Philosophy, Goals and Objectives

A determination of the appropriate services is made by the care provider under the direction of the attending physician. This service focuses on reducing acute psychiatric and substance use symptoms through face-to-face, structured group and individual treatment. This service is designed to offer the following therapeutic interventions to address acute biomedical, emotional, behavioral and cognitive problems:

- Psychiatric and medical care
- Medication and withdrawal management
- Individual and group psychoeducational and psychotherapy
- Dual diagnosis treatment for comorbid psychiatric and substance use disorders
- Milieu treatment
- Supportive services
- Room and board

3. Population to be Served

Population	Age Ranges	Projected Numbers	Characteristics
Medicaid	21-64		Medicaid beneficiaries with Mental Health (MH) and Substance Use Disorders (SUD) who require inpatient behavioral health treatment.

4. Admission and Continued Stay Criteria:

Providers of this service are required to use the admission, continued stay, and discharge criteria for MH and SUD for individuals age 21 through 64 as outlined in the following sections and attachments of the DMA CCP 8-B, Inpatient Behavioral Health Services:

- Section 3.2.5, Preadmission Review Criteria for Substance Use Disorders for Medicaid Beneficiaries Ages 21-64
- Section 3.2.6, Preadmission Review Criteria for Non-Substance Use Disorders for Medicaid Beneficiaries Ages 21-64
- Section 7.4, Preadmission Authorization and Continued Stay Review
- Attachment B, Section F, Entrance Criteria
- Attachment B, Section G, Continue Stay Criteria
- Attachment B, Section H, Discharge Criteria
- Attachment C, Section H, Entrance Criteria
- Attachment C, Section I, Continue Stay Criteria
- Attachment C, Section J, Discharge Criteria

5. Prior Approval Requirements

A service order must be completed by a physician, licensed psychologist, physician's assistant or nurse practitioner per their scope of practice prior to or on the first day of service.

Providers must contact the Prepaid Inpatient Health Plan (PIHP) for authorization of services within 48 working hours of admission. Authorization and documentation of review is required by the PIHP.

- For beneficiaries with psychiatric disorders, initial authorization is limited to three days with continued stay review.
- For beneficiaries with substance use disorders, initial authorization is limited to seven days.

The PHIP must comply with the Centers for Medicare & Medicaid Services (CMS) requirements, ensuring that no more than 15 days are authorized in each calendar month. For admissions spanning two consecutive months, the total length of stay may exceed 15 days, but no more than 15 days must be authorized in each month.

Refer to the following sections and attachments in the DMA CCP 8-B Inpatient Behavioral Health Services:

- 5.0 Requirements for and Limitation on Coverage
- Attachment B, Section E, Utilization Management
- Attachment C, Section F, Utilization Management

6. Expected Outcomes

The establishment of stability to enable treatment in a less restrictive level of care.

7. Provider Requirements

To be eligible to bill for this service, providers must meet all requirements outlined in the following sections and attachments in the DMA CCP 8-B Inpatient Behavioral Health Services:

- Section 6.0, Provider(s) Eligible to Bill for the Procedure, Product, or Service
- Section 6.1, Provider Qualifications
- Section 6.2, Provider Accreditation
- Attachment B, Section B, Provider Requirements
- Attachment B, Section D, Service Type and Setting
- Attachment C, Section B, Provider Requirements
- Attachment C, Section D, Service Type and Setting

8. Staffing Qualifications, Credentialing Process, and Levels of Supervision Administrative and Clinical) Required:

Refer to the following sections and attachments in the DMA CCP 8-B Inpatient Behavioral Health Services:

- Section 6.0, Provider(s) Eligible to Bill for the Procedure, Product, or Service
- Attachment B, Section C, Staffing Requirements
- Attachment C, Section C, Staffing Requirements

9. Documentation Requirements:

The provider must document a shift note for every eight hours of service provided. Refer to documentation requirements outlined in the following sections and attachments of the DMA CCP 8-B Inpatient Behavioral Health Services:

- Section 7.5, Documentation Requirements
- Attachment B, Section, J Documentation Requirements
- Attachment C, Section L, Documentation Requirements

10. Unit of Service:

This service is reimbursed at a per diem rate based on occupancy on the inpatient unit during the midnight bed count. Physician and other professional time not included in the daily rate is billed separately.

11. Anticipated Units of Service per Person:

15 days or less per calendar month.

12. Targeted Length of Service:

15 days or less per calendar month.

13. Describe why this service is needed and is different than any State Plan or alternative service already defined. If implemented in other states, describe successful outcomes.

This service provides Medicaid beneficiaries ages 21-64 the opportunity to have their MH and SUD inpatient treatment needs addressed within or closer to their home community; increasing the likelihood of engaging paid and natural supports throughout the treatment process. Medical-surgical hospital emergency departments (ED) will also benefit by a reduction in psychiatric ED wait times when the number of providers allowed to bill for adult Medicaid beneficiaries requiring acute or subacute inpatient care is increased.

December 2012 to June 2015, North Carolina participated in the Medicaid Emergency Psychiatric Demonstration (MEPD) project authorized by Section 2707 of the Affordable Care Act. Data gathered by North Carolina’s participation in the MEPD supports the need for this service.

14. Cost-Benefit Analysis: Document the cost-effectiveness of this alternative service versus the State Plan services available.

Description of comparable State Plan Service Payment Arrangements (include type, amount, frequency, etc.)

Service	Procedure Code	Unit Definition	Units of Service	Cost of Service
Inpatient	RC01XX	Per diem		\$450

Description of Alternative Service Payment Arrangements (include type, amount, frequency, etc.)

Service	Procedure Code	Unit Definition	Units of Service	Cost of Service
IMD	RC01XX	Per diem		\$450

Description of Process for Reporting Encounter Data (include record type, codes to be used, etc.)

This service is billed under RC01XX.

Description of Monitoring Activities:

PIHP must submit data to DMA on a quarterly basis to include the number of admissions, number of discharges, number of unduplicated beneficiaries using services, total number of bed days, average length of stay, and readmission rate within 30 days.