

MID-STATE HEALTH NETWORK POLICIES MANUAL

Chapter:	Service Delivery System		
Title:	Emergency & Post-Stabilization Services		
Policy: <input checked="" type="checkbox"/> Procedure: <input type="checkbox"/> Page: 1 of 5	Review Cycle: Biennial Author: Clinical Leadership and Utilization Management Committee	Adopted Date: 03.01.2022 Review Date: 11.12.2024	Related Policies: Inpatient Psychiatric Hospitalization Standards

Purpose

Federal and State legal authorities require Medicaid managed care entities, including Prepaid Inpatient Health Plans (PIHPs), to provide coverage and payment for emergency services and post-stabilization care services. The definition and descriptions of emergency medical conditions, emergency services, and care services focus heavily on physical health and serious bodily impairment. However, the same coverage provisions and requirements for emergency services and post-stabilization care services are still applicable to the PIHP for the scope of services which it is responsible to provide to Medicaid and Healthy Michigan Plan beneficiaries. The purpose of this policy is to provide clarity and definition to the scope of behavioral health and substance use disorder (SUD) emergency services and post-stabilization care services covered by Mid-State Health Network (MSHN) and furnished through its Community Mental Health Service Program (CMHSP) Participants.

Policy

Emergency Medical Condition/Emergency Situation

The definition of emergency medical condition found in 42 Code of Federal Regulations (CFR) 438.114(a) is 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.

For the purpose of this policy in the context of behavioral health emergencies, MSHN and its CMHSP Participants use the definition of emergency situation found in Section 300.1100(a)(25) of the Michigan Mental Health Code to be synonymous with the Federal definition of emergency medical condition. An emergency situation means a situation in which an individual is experiencing a serious mental illness or a developmental disability, or a minor is experiencing a serious emotional disturbance, and one of the following applies:

- a. The individual can reasonably be expected within the near future to physically injure himself, herself, or another individual, either intentionally or unintentionally.
- b. 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.
- c. The individual's judgment is so impaired that he or she is unable to understand the need for treatment and, in the opinion of the mental health professional, his or her continued behavior as a result of the mental illness, developmental disability, or emotional disturbance can reasonably be expected in the near future to result in physical harm to the individual or to another individual.

MSHN does not limit what constitutes an emergency situation on the basis of specific diagnoses or symptoms. To assure understanding of the problem from the point of view of the person who is seeking help, methods for determining emergent situations must incorporate consumer or family-defined crisis situations.

Emergency Services

Emergency services are covered inpatient and outpatient services that are as follows:

- a. Furnished by a provider that is qualified to furnish these services
- b. Needed to evaluate or stabilize an emergency medical condition/emergency situation

MSHN, via delegation to its CMHSP Participants, provides the following types of emergency services described in the Michigan Medicaid Provider Manual Behavioral Health and Intellectual and

Developmental

Disability Supports and Services Chapter:

- **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.
- **Crisis Residential** – Services are designed for individuals who meet psychiatric inpatient admission criteria or are at risk of admission, but who can be appropriately served in settings less intensive than a hospital. The goal of crisis residential services is to facilitate reduction in the intensity of those factors that lead to crisis residential admission through a person-centered/Family Driven, Youth Guided, and recovery/resiliency-oriented approach. Services must be designed to resolve the immediate crisis and improve the functioning level of the individual to allow them to return to less intensive community living as soon as possible.
- **Inpatient Psychiatric Hospital Pre-Admission Screening** - 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.
- **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.
- **Outpatient Partial Hospitalization** – 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.

Coverage and Payment: Emergency Services

The Michigan Mental Health Code 330.1206 (1) (a) requires that all Community Mental Health Service Programs must provide 24/7 crisis emergency service and stabilization for persons experiencing acute emotional, social, or behavioral dysfunctions. These services are funded through the per eligible per month (PEPM) sub-capitation payment the CMHSP receives from the PIHP. There is never a cost to the beneficiary for emergency services provided by the PIHP and its CMHSP Participants. No prior authorization is needed.

When necessary, a beneficiary may seek services through the hospital emergency room. Disposition of the psychiatric emergency will be the responsibility of the PIHP (via delegation to its CMHSP Participants).

The PIHP is involved in resolving the psychiatric aspect of the emergency situation. Any medical treatment including medical clearance screening, stabilization and emergency physician services needed by the beneficiary while in the emergency room is beyond the contractual requirements of the PIHP (Michigan Medicaid Provider Manual Hospital Chapter, Section 3.14.D Psychiatric Screening and Stabilization Services).

MSHN and its CMHSP Partners adhere to the MDHHS County of Financial Responsibility (COFR) Technical Requirements when a beneficiary requires emergency services from a different PIHP or CMHSP provider outside of the MSHN PIHP region.

Post-stabilization Care Services

Post-stabilization care services means covered services, related to an emergency medical condition/emergency situation that are provided after an individual is stabilized to maintain the stabilized condition or to improve or resolve the individual's condition. MSHN, via delegation to its CMHSP Participants, provides the following types of post-stabilization care services as described in the Michigan Medicaid Provider Manual Behavioral Health and Intellectual and Developmental Disability Supports and Services Chapter:

- **Inpatient Psychiatric Hospital Admission**- Inpatient psychiatric care may be used to treat a person with mental illness who requires care in a 24-hour medically structured and supervised facility. The Severity of Illness/Intensity of Service criteria for admission are based upon the assumption that the beneficiary is displaying signs and symptoms of a serious psychiatric disorder, demonstrating functional impairments, and manifesting a level of clinical instability (risk) that, either individually or collectively, are of such severity that treatment in an alternative setting would be unsafe or ineffective.
- **Crisis Residential** – Services are designed for individuals who meet psychiatric inpatient admission criteria or are at risk of admission, but who can be appropriately served in settings less intensive than a hospital. The goal of crisis residential services is to facilitate reduction in the intensity of those factors that lead to crisis residential admission through a person-centered/Family Driven, Youth Guided, and recovery/resiliency-oriented approach. Services must be designed to resolve the immediate crisis and improve the functioning level of the individual to allow them to return to less intensive community living as soon as possible.
- **Outpatient Partial Hospitalization** – 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.

Coverage and Payment: Post-stabilization Care Services

The Michigan Medicaid Provider Manual requires prior authorization for post-stabilization psychiatric services from the PIHP or CMHSP for all Medicaid beneficiaries who reside within the service area covered

by the PIHP. The following sections of the Michigan Medicaid Provider Manual Behavioral Health and Intellectual and Developmental Disability Supports and Services Chapter contain specific prior authorization

requirements and provider qualifications for each type of post-stabilization care service:

Section 6.3 - Crisis Residential

Sections 8.1 and 8.2 - Inpatient Psychiatric Hospital Admissions

Section 9.1.A - Intensive Crisis Stabilization Services

Section 10 - Outpatient Partial Hospitalization Services

The MSHN Finance Claims Procedure includes provision for reimbursement of claims for emergency and post-stabilization services provided to beneficiaries of the MSHN region if the provider is not contracted with the PIHP/CMHSP and/or if prior authorization was not obtained but it can be determined that, but for the urgency of the need, the service would have been pre-authorized by MSHN or the CMHSP.

Applies to

All Mid-State Health Network Staff

Selected MSHN Staff, as follows:

MSHN CMHSP Participants: Policy Only Policy and Procedure

Other: Sub-contract Providers

Definitions/Acronyms:

CFR: Code of Federal Regulations

CMHSP: Community Mental Health Service Programs

COFR: County of Financial Responsibility

Consumers/Beneficiaries: Refers to those individuals who are eligible to receive specialty mental health and substance use disorder services, as well as those currently receiving such services and their families/guardians. For the purpose of MSHN policy, these terms are used interchangeably.

MDHHS: Michigan Department of Health and Human Services

MSHN: Mid-State Health Network

PEPM: Per Eligible Per Month

PIHP: Prepaid Inpatient Health Plan

SUD: Substance Use Disorder

References/Legal Authority

1. Medicaid Managed Specialty Supports and Services MDHHS/PIHP Contract
2. 42 CFR 438.114(a-f)
3. Michigan Medicaid Provider Manual, Behavioral Health and Intellectual and Developmental Disability Supports and Services Chapter

Change Log:

Date of Change	Description of Change	Responsible Party
01-2022	New policy	Director of Integrated Care and Utilization Management
09.2022	Biennial Review	Chief Behavioral Health Officer
06.2024	Biennial Review	Chief Behavioral Health Officer