



REGION 10 PIHP

SUBJECT Emergency and Post-stabilization Services		CHAPTER 05	SECTION 03	SUBJECT 17
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I. APPLICATION:

- PIHP Board CMH Providers SUD Providers
- PIHP Staff CMH Subcontractors

II. POLICY STATEMENT:

It shall be the policy of Region 10 PIHP to ensure behavioral health emergency and post-stabilization services for its members. Region 10 PIHP shall operate consistent with all applicable federal requirements and how they apply to emergency room and hospital settings versus emergency services obtained through community provider locations. The definition and descriptions of emergency medical conditions, emergency services, and post-stabilization 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 (HMP) members. For the purpose of this policy in the context of behavioral health emergencies, Region 10 PIHP and its Community Mental Health Service Program (CMHSP) affiliate programs 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. Region 10 PIHP will 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.

III. DEFINITIONS:

EMERGENCY MEDICAL CONDITIONS: 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: Emergency services are covered inpatient and outpatient services, a) furnished by a provider program that is qualified to provide these services, and b) needed to evaluate or stabilize an emergency medical condition/emergency situation. Region 10 PIHP per its contractual obligation to its CMHSP affiliate programs, ensures the provision of the following types of emergency services

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described in the Michigan Medicaid Provider Manual Behavioral Health and Intellectual and Developmental Disability Supports and Services Chapter: Crisis Intervention, Inpatient Psychiatric Hospital Pre-Admission Screening, Intensive Crisis Stabilization Services.

POSTSTABILIZATION CARE SERVICES: 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.

IV. **STANDARDS:**

- A. Coverage and Payment: Emergency Services: Region 10 PIHP must cover and pay for emergency services regardless of whether the provider that furnishes the services has a contract with the PIHP. The Michigan Mental Health Code 330.1206 (1) (a) requires that all CMHSPs 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 Region 10 PIHP. There is never a cost to the member for emergency services provided by Region 10 PIHP and its CMHSP affiliate programs. No prior authorization is needed.
- B. Region 10 PIHP may not deny payment for treatment obtained under either of the following circumstances:
 1. 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).
 2. A representative of Region 10 PIHP instructs the member to seek emergency services.
- C. Region 10 PIHP may not:
 1. 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
 2. Refuse to cover emergency services based on the emergency room provider, hospital, or fiscal agent not notifying the member's primary care provider, PIHP, or MDHHS of the member's screening and treatment within ten (10) calendar days of presentation for emergency services.
- D. A member who has an emergency medical condition may not be held liable for payment of subsequent screening and treatment needed to diagnose the specific condition or stabilize the emergency medical condition.
- E. The attending emergency physician, or the provider actually treating the member, is responsible for

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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.

- F. Post-stabilization care services are covered and paid for in accordance with provisions set forth by 42 CFR §422.113(c). Region 10 PIHP:
1. Is financially responsible (consistent with 42 CFR §422.214) for post-stabilization care services obtained within or outside the Region 10 PIHP provider network that are pre-approved by Region 10 PIHP/designee;
 2. Is financially responsible for post-stabilization care services obtained within or outside the Region 10 PIHP provider network that are not pre-approved by Region 10 PIHP, but administered to maintain, improve, or resolve the member's stabilized condition if —
 - a. The Region 10 PIHP representative does not respond to a request for pre-approval within one (1) hour;
 - b. The Region 10 PIHP representative cannot be contacted; or
 - c. The Region 10 PIHP representative and the treating physician cannot reach an agreement concerning the member's care and a Medicaid/HMP plan physician is not available for consultation. In this situation, the organization must give the treating physician the opportunity to consult with a Medicaid/HMP plan physician and the treating physician may continue with care of the patient until a Medicaid/HMP plan physician is reached or one of the criteria in 42 CFR §422.113(c)(3) is met; and
 3. Must limit charges to members for post-stabilization care services to an amount no greater than what the Region 10 PIHP provider network would charge the member if he or she had obtained the services through the Region 10 PIHP provider network. For purposes of cost sharing, post-stabilization care services begin upon inpatient admission.
- G. Region 10 PIHP identifies that its financial responsibility for post-stabilization care services it has not pre-approved ends when—
1. A Medicaid/HMP plan physician with privileges at the treating hospital assumes responsibility for the member's care;
 2. A Medicaid/HMP plan physician assumes responsibility for the member's care through transfer;
 3. A Region 10 PIHP representative and the treating physician reach an agreement concerning the member's care; or
 4. The member is discharged.
- H. Through its Access Center, Region 10 PIHP assumes financial responsibility for post-stabilization care services obtained for its members within or outside its provider network that are: a) pre-

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approved by a network provider or other PIHP representative, or b) not pre-approved by a network provider or other PIHP representative, but administered to maintain the enrollee's stabilized condition within one (1) hour of a request to the PIHP for pre-approval of further post-stabilization care services.

- I. Through its Access Center, Region 10 PIHP assumes financial responsibility for post-stabilization services obtained for its members within or outside the PIHP that are not pre-approved by a network provider or other PIHP representative, but administered to maintain, improve, or resolve the enrollee's stabilized condition if, a) Region 10 PIHP does not respond to a request for pre-approval within one (1) hour, b) Region 10 PIHP cannot be contacted; or c) Region 10 PIHP and the treating physician cannot reach an agreement concerning the enrollee's care and a plan physician is not available for consultation. In this situation, Region 10 PIHP must give the treating physician the opportunity to consult with a Medicaid/HMP physician and the treating physician may continue with care of the patient until a Medicaid/HMP physician is reached or one of the criteria in § 422.113(c)(3) is met; and must limit charges to enrollees for post-stabilization care services to an amount no greater than what the Region 10 PIHP provider network would charge the member if he or she had obtained the services through the PIHP. For purposes of cost sharing, post-stabilization care services begin upon inpatient admission.
- J. Accessing Emergency/Stabilization Care Services: Beneficiary. When necessary, a member may seek services through the hospital emergency room or the CMHSP provider program. Disposition of the psychiatric emergency will be the responsibility of Region 10 PIHP. Region 10 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 member while in the emergency room is beyond the contractual requirements of Region 10 PIHP (Michigan Medicaid Provider Manual Hospital Chapter, Section 3.14.D Psychiatric Screening and Stabilization Services).
- K. Emergency/Stabilization Care Services: PIHP/CMHSP. Region 10 PIHP and its contractual obligation to its CMHSP affiliate programs, ensure the provision of the following types of 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, Crisis Residential, Outpatient, Partial Hospitalization, and mobile crisis response teams.
- L. Post-stabilization Care Services: PIHP/CMHSP Coverage and Payment. The Michigan Medicaid Provider Manual requires prior authorization for post-stabilization psychiatric services from the PIHP or CMHSP for all Medicaid members 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

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Admissions, Section 9.1.A - Intensive Crisis Stabilization Services, Section 10 Outpatient Partial Hospitalization Services.

V. **PROCEDURES:** None.

VI. **EXHIBITS:** None.

VII. **REFERENCES:**

- A. 42 CFR §422.113
- B. 42 CFR §422.214
- C. 42 CFR §438.114
- D. Medicaid Managed Specialty Supports and Services MDHHS/PIHP Contract
- E. Michigan Medicaid Provider Manual, BHIDDDSS Chapter
- F. Michigan Compiled Laws, Chapter 330. Mental Health Code