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North Sound Behavioral Health Administrative Services Organization, LLC

Section 1500 – Clinical: Authorization/Certification of Psychiatric Inpatient
Services

Authorizing Source: HCA Contract

Approved by: Assistant Director Date: 5/20/2025

Signature:

POLICY # 1571.00

SUBJECT: AUTHORIZATION/CERTIFICATION OF PSYCHIATRIC INPATIENT SERVICES

PURPOSE

To provide a standardized Utilization Management (UM) protocol for inpatient psychiatric services.

North Sound Behavioral Health Administrative Services (North Sound BH-ASO) Utilization Management requirements can be referenced in North Sound BH-ASO Policy 1594.00 *Utilization Management*. Timeframes and Notification of Coverage Determinations requirements can be referenced in North Sound BH-ASO Policy 1005.00 *Notice Requirements*.

INPATIENT PSYCHIATRIC HOSPITAL LEVEL OF CARE CRITERIA

Utilization Management maintains guidelines for making authorizations, continued stay and discharge determinations.

1. Medically necessary as defined in Washington Administrative Code (WAC) 182-500-0070 and also include the following:
 - a. Ambulatory care resources available in the community do not meet the treatment needs of the individual; AND
 - b. Proper treatment of the individual's psychiatric condition requires services on an inpatient basis under the direction of a physician; AND
 - c. Services can reasonably be expected to improve the individual's level of functioning or prevent further regression of functioning; AND
 - d. The individual has been diagnosed as having an emotional/behavioral disorder or a severe psychiatric disorder (as defined in the current edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association) and warrants extended care in the most intensive and restrictive setting; OR
 - e. The individual was evaluated and met the criteria for emergency involuntary detention (chapter 71.05 or 71.34 RCW); OR
 - f. The individual was evaluated and met the criteria for emergency involuntary detention (chapter 71.05 or 71.34 RCW) but agreed to inpatient care and was admitted on a voluntary basis.

Services will be provided that are:

1. Culturally and linguistically competent;
2. Working towards recovery and resiliency; and

3. Appropriate to the age and developmental stage of the individual.

PROVIDER REQUIREMENTS

North Sound BH-ASO pays for inpatient psychiatric care only when provided by one (1) of the following Department of Health (DOH) licensed hospitals or units:

1. Free-standing psychiatric hospitals determined by the Health Care Authority (HCA) to meet the federal definition of an Institution for Mental Diseases (IMD), which is: “a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of people with mental diseases, including medical attention, nursing care and related services”.
2. Medicare-certified, distinct psychiatric units, or State-designated pediatric psychiatric units.
3. Hospitals that provide active psychiatric treatment (see WAC 182-550-2600) outside of a Medicare-certified or state-designated psychiatric unit, under the supervision of a physician, including single-bed certifications for ITA admissions and voluntary admissions that occur in an emergency circumstance under the direction of the designated crisis responder (DCR) or written order of the emergency physician.
4. In addition to DOH licensure, hospitals providing involuntary hospital inpatient psychiatric care must be certified in accordance with WAC 246-341.

CONSENT FOR TREATMENT

Individuals 18 years of age and older may be admitted to voluntary treatment only with the individual’s voluntary and informed written consent, a properly executed advance directive that allows for admission when the individual is unable to consent, or the consent of the individual’s legal representative when appropriate. Individuals 13-17 years of age may be admitted to treatment only with the permission of:

1. The minor and the minor’s parent/legal guardian; or
2. The minor without parental consent; or
3. The minor’s parent/legal guardian without the minor’s consent (Family-Initiated Treatment [FIT]). (It is treated as a voluntary stay for UM purposes).
4. Individuals 12 years of age and under may be admitted to treatment only with the permission of the minor’s parent/legal guardian.

AUTHORIZATION REQUIREMENTS FOR INPATIENT HOSPITAL PSYCHIATRIC CARE

The hospital must obtain authorization for payment from North Sound BH-ASO for all voluntary inpatient hospital psychiatric stays when the North Sound BH-ASO is the primary payer. Hospitals must request authorization prior to admission.

The hospital must obtain certification for payment from North Sound BH-ASO for all Involuntary inpatient hospital psychiatric stays when North Sound BH-ASO is the primary payor within 24 hours of admission.

North Sound BH-ASO will collect from the requestor required clinical data for authorization of services.

TIMEFRAMES FOR AUTHORIZATION DECISIONS

Prior Authorization Requests

Reference North Sound BH-ASO Policy 1005.00 *Notice Requirements* for notification of coverage and authorization determinations.

Reference North Sound BH-ASO Policy 1594.00 *Utilization Management* for authorization timelines and requirements.

Retrospective Authorization Requests

Requests for post service authorizations (retrospective) will be considered only if the individual becomes eligible for ASO funding after admission or the hospital was not notified of or able to determine eligibility for ASO funding.

1. For post-service authorizations, North Sound BH-ASO will make its determination within thirty (30) calendar days of receipt of the authorization request.
2. North Sound BH-ASO will notify the individual and the requesting provider within two (2) business days of the post service authorization determination.
3. Standard Appeal timeframes apply to post-service denials.
4. When post-service authorizations are approved, they become effective the date the service was first administered.

Peer-to-Peer Clinical Reviews

North Sound BH-ASO will ensure any decision to authorize or deny actions must be peer-to-peer, that is, the credential of the licensed clinician making the decision to authorize service in an amount, duration, or scope that is less than requested must be at least equal to that of the recommending clinician. A physician board-certified or board-eligible in General Psychiatry must review all inpatient level of care actions for psychiatric treatment.

Involuntary Psychiatric Admissions

North Sound BH-ASO maintains a sufficient contracting capacity with Evaluation and Treatment (E&T), Secure Withdrawal Management and Stabilization (SWMS) facilities and Psychiatric Inpatient Beds to serve the region's non-Medicaid populations. All services delivered under the Involuntary Treatment Act (ITA) will be delivered in accordance with the following applicable regulations:

1. RCW 71.05 and 71.24.
2. WAC 246-322, 246-337 and 246-341

Involuntary admissions occur in accordance with the Involuntary Treatment Act (ITA) RCW 71.05 and 71.34; therefore, no consent is required. Certifications are done to facilitate claims submissions and are not based on Medical Necessity but rather the legal status. Only individuals 13 years of age and older may be subject to the provisions of these laws. The representative also certifies services that are provided to individuals detained under ITA law when the individual either refuses to apply for, or does not qualify for, any Apple Health program. These inpatient stays are paid for with state funds:

1. Requests for initial ITA certification will be directed to North Sound BH-ASO within one (1) business day.
2. Requesting ITA certifications will be conducted by the hospital and not delegated to the Designated Crisis Responder (DCR).
3. Required clinical information will be provided by the hospital within 72 judicial hours of admission.
4. The number of initial days authorized for an involuntary psychiatric admission is limited to 20 days from date of detention.

5. Hospitals providing Involuntary treatment and provided certification, must submit an Extension Certification for Continued Inpatient Psychiatric Care Web Form 24 hours before the expiration of the previously authorized days (WAC 182-550-2600).
6. North Sound BH-ASO cannot deny extension requests for individuals who are detained in accordance of the ITA unless another Less Restrictive Alternative (LRA) is available.
7. Individuals on an ITA continuance will be granted an additional 20 day certification extension. Requests for individuals whose legal status changes from involuntary to voluntary, will be reviewed by North Sound BH-ASO's UM department and authorized or denied depending upon medical necessity review and available funding.

Changes in Status

Changes in the individual's status include, legal, principal diagnosis, or hospital of service, should be directed to North Sound BH-ASO within 24 hours of the change of status.

Discharge Notification

1. Hospitals are expected to work toward discharge beginning at admission.
2. Hospitals are required to provide discharge notification and clinical disposition in order for North Sound BH-ASO or it's delegated UM contractor within one (1) business day.

Diversion

1. A diversion is any time a community hospital agrees to an alternative level of inpatient care or any other alternative level of care (e.g., community-based crisis stabilization placement). A diversion can occur prior to admission or during continued stay review if it is determined another level of care is medically indicated.
2. A diversion may not be considered in retrospective requests except for the current days and days forward of a request prior to discharge.

Untimely Service Authorization Decisions

When North Sound BH-ASO does not reach service authorization decisions within the timeframes for either standard or expedited service authorizations, it is considered an action or Adverse Authorization Determination.

Appeals and Disputes

Individuals may refer to the following policies regarding their rights when requested services have been denied:

1. 1001.00 – *Grievance and Appeal System*
2. 1005.00 – *Notice Requirements*

ATTACHMENTS

None