TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control No: 560 . Department or Agency: Alabama Medicaid Agency .
Rule No:560-X-510
Rule Title: <u>Authorization for Admission</u>
New Rule; X Amend; Repeal; Adoption by Reference
Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety?
Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare?
Is there another, less restrictive method of regulation available that could adequately protect the public?
Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree?
Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule?
Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? ***********************************
Does the proposed rule have any economic impact?no
If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fisca note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975. ***********************************
Certification of Authorized Official
I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975 and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Reference Service.
Signature of certifying officer: Stephanie Lindsay
Date: $7-20-12$

PUBLISHED IN VOLUME ISSUE NO
EDITED AND APPROVED BY DOCUMENT NO

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-5-.10 Authorization for Admission

INTENDED ACTION: Amend 560-X-5-.10

SUBSTANCE OF PROPOSED ACTION: The above referenced rule of the Administrative Code is being amended to allow a retrospective chart review instead of a prior authorization review of inpatient psychiatric services provided in a freestanding psychiatric hospital to adults over the age of 65.

TIME, PLACE, MANNER OF PRESENTING VIEWS: Written or oral comments may be submitted to the Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624. Agency business hours are 8:00 a.m. to 5:00 p.m. Monday through Friday.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: Written/Oral comments concerning this change must be received by the Alabama Medicaid Agency no later than September 4, 2012.

<u>CONTACT PERSON AT AGENCY:</u> Stephanie Lindsay, Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624.

Stephanie McGee Azar

Acting Commissioner

Rule	No.	560-	X-5	10.	Authorization for Admission. Inpatient Utilization Review
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- (1)All admissions to psychiatric hospitals for recipients age 65 or older must be approved by Medicaid prior to payment authorization. The determination of the level of care will be made by a licensed nurse of the hospital staff.
- (2)A Medicaid psychiatric utilization reviewer shall be responsible for taking all telephone reviews. Medical records and/or other documentation may be requested when the medical necessity of the admission cannot be determined by telephone review. Providers will receive written notification when admissions and/or recertifications are not found to be medically necessary. Five percent of all admissions and concurrent stay charts will be retrospectively reviewed by the Medicaid Agency or designee on a monthly basis.
- For an individual who applies for Medicaid while in the facility, a Psychiatric Admission form must be signed by the attending physician at the time application for Medicaid is made.
- (3) Reviews shall be called in within eight working days after admission. Reviews that are not called in within eight working days will be approved beginning the day the review is ealled in, provided the criteria for admission and continued stay are met.

(4)(24) The following finformation shall be included on the Psychiatric Admission Form: required for admission review must include, but is not limited to:

- Recipient information: (a)
 - 1. admitting diagnosis;
 - 2. events leading to hospitalization;
 - 3. history of psychiatric treatment;
 - 4. current medications:
 - 5. physician orders:
 - presenting signs and symptoms.
- Verification that Certification of Need Form (PSY-5) has been completed. Events leading to present hospitalization Verification that medical, social, and psychiatric evaluations have been completed. Diagnosis (within range 290-316) (d) Verification that initial treatment plan (Plan of Care) is present on recipient's chart. History and physical
 - Mental and physical capacity
 - Summary of present medical findings including prognosis (f)
 - (g)Plan of care.

(5) Medicaid's Psychiatric Criteria for Age 65 or Over will be utilized in determining reviewing whether the if the admission and continued stay waswere appropriately billed. is approved or denied.
(6) If the admission is approved, the facility will be given verbal authorization to bill for the stay and the initial continued stay review (CSR) date will be assigned.
(7)—If the admission cannot be approved, based on the information received by the review unit, additional information will be requested.
(8) If a determination is made by Medicaid that the admission is not medically necessary, the facility will be notified in writing within two working days after a determination has been made.

Author: Jerri Jackson, Associate Director, Institutional Services

Statutory Authority: 42 C.F.R. Section 456.171.

History: Rule effective October 12, 1995. The effective date of this amendment is November

10, 1997. **Amended:** Filed July 20, 2012;