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|  | Behavioral Health and Developmental Disabilities (BHDD) Division |
| | Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health Date effective: October 1, 2022 |
| Policy Number: 470 | Subject: Acute Inpatient Hospital Services |

Definition

Acute Inpatient Hospital Services means services that are ordinarily furnished in an acute care hospital for the care and treatment of an inpatient under the direction of a physician, dentist, or other practitioner as permitted by federal law.

Medical Necessity Criteria

- (1) Any mental health diagnosis from the current version of the DSM or ICD diagnosis as the primary diagnosis; and
- (2) The member is a danger to self or others with continued acuity of risk that cannot be appropriately treated in a less restrictive level of care.

Provider Requirements

Acute Inpatient Hospital Services are furnished in an institution that:

- (a) is licensed or formally approved as an acute care hospital by the officially designated authority in the state where the institution is located;
- (b) except as otherwise permitted by federal law, meets the requirements for participation in Medicare as a hospital and has a utilization review plan in effect that meets the requirements of 42 CFR 482.30; or
- (c) provides acute care psychiatric hospital services as defined in this manual for members.

Services must be provided under the direction of a licensed physician in a facility maintained primarily for treatment and care of patients with disorders other than tuberculosis or mental illness.

Service Requirements

Acute Inpatient Hospital services must be provided in accordance with all state and federal regulations pertaining to the administration of the service. All Medicaid-eligible members transitioning to the community, can receive targeted case management services during the last 180 consecutive days of a Medicaid-eligible member's inpatient hospital stay.

Utilization Management

- (1) Prior authorization Criteria:
 - (a) Prior Authorization is not required for in-state acute inpatient hospital.
 - (b) Prior authorization is required for OOS facilities and may be submitted via Auto-Authorization (Policy 206/206a).
 - (c) The department or the UR Contractor may issue the prior authorization for as many days as deemed medically necessary up to 60 days.

- (2) Continued Stay Review Criteria:
 - (a) Any mental health diagnosis from the current version of the DSM or ICD as the primary diagnosis;
 - (b) Active treatment is occurring, which is focused on stabilizing or reversing symptoms that meet the admission criteria and that still exist;
 - (c) A lower level of care is inadequate to meet the member's needs regarding either treatment or safety; and
 - (d) There is reasonable likelihood of clinically significant benefit because of the medical intervention requiring the inpatient setting or a high likelihood of either risk to the member's safety or clinical well-being or of further significant acute deterioration in the member's condition without continued care in the inpatient setting, with lower levels of care inadequate to meet these needs.
 - (e) For OOS facilities, the department or the UR Contractor may issue the continued stay authorization for as many days as deemed medically necessary.

- (3) The provider must document in the file of the member that the member meets the medical necessity criteria.

- (4) Montana Medicaid Adult Certificate of Need:
 - (a) For members ages 18 to 21 years of age, a certificate of need is required pursuant to 42 CFR 441.152 and 441.153, in addition to the medical necessity documentation. For emergency admissions, the certificate of need must be made by the team responsible for the plan of care within 14 days after admission.
 - (b) A certificate of need is not required for members 21 years of age and older. The requirements at 42 CFR 456.60 are met by having the physician admit the member.