

PerformCARE®		Policy and Procedure
Name of Policy:	Reimbursement for Bed Hold Payment and Leaves	
Policy Number:	CM-019	
Contracts:	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton	
Primary Stakeholder:	Clinical Care Management Department	
Related Stakeholder(s):	All Departments	
Applies to:	Associates	
Original Effective Date:	06/17/02	
Last Revision Date:	03/18/24	
Last Review Date:	10/21/24	
OMHSAS Approval Date:	10/21/24	
Next Review Date:	10/01/25	

Policy: PerformCare will reimburse providers for absences related to Therapeutic Leave, Hospitalization and Absence Without Leave as described below.

Purpose: To Establish a policy regarding reimbursement to Mental Health Inpatient units, Non-Hospital Substance Use Disorder programs and Residential Treatment Facilities for holding a bed during Therapeutic Leave, Hospitalization or Absent Without Leave.

Definitions: **Absent Without Leave:** Member is absent from the residential or inpatient setting without approval.

ASAM: American Society of Addiction Medicine.

Eat, Sleep, Console Program: Is an evidence-based method of care that helps new mothers care for their SUD exposed infants, who are at risk for developing neonatal abstinence syndrome (NAS). The program seeks to change the stigma around neonatal exposure and withdrawal and helps provide family-centered care to the family unit.

Hospitalization Leave: Member is absent from a residential program due to a time limited, medical hospitalization. For RTF, a Hospitalization Leave is defined as a medical or psychiatric hospitalization.

Substance Use Disorder (SUD) Residential: Defined as ASAM Levels of Care for Clinically Managed, High-Intensity Residential Services, Medically Monitored Intensive Inpatient Services (3.5 & 3.7) and Halfway House (3.1)

Therapeutic Leave: A period of absence from a residential or inpatient setting, directly related to the treatment and/or discharge planning. The therapeutic leave must be prescribed as part of the Member's individual treatment and designed as part of active discharge planning and transition to a community setting. The therapeutic leave must be fully documented

by the provider in the Member's treatment plan, including goals, and time and date of Therapeutic Leave and return, as well as outcomes and/or barriers to ongoing Therapeutic Leave.

Acronyms: **AWOL:** Absent Without Leave
CCM: Clinical Care Manager
CRR-HH/CRR-ITP: Community Residential Rehabilitation-Host Home/
Community Residential Rehabilitation-Intensive Treatment Program
EAC: Extended Acute Care- Mental Health Inpatient
ESC: Eat, Sleep, Console Program
EMR: Electronic Medical Record
HL: Hospitalization Leave/ Medical Admission
ISPT: Interagency Service Planning Team
MH IP: Mental Health Inpatient
PA: Psychiatrist Advisor
RTF: Residential Treatment Facilities
SUD: Substance Use Disorder
TL: Therapeutic Leave
WM: Withdrawal Management

- Procedure:**
1. MH IP
 - 1.1. MH IP (TL)
 - 1.1.1. MH IP providers will be reimbursed at their established per diem rate when clinically indicated and prior notification is provided to the PerformCare CCM.
 - 1.1.2. The TL must be prescribed as part of the Member's individual treatment program and active discharge planning to facilitate transition to community setting.
 - 1.1.3. Consultation with a PerformCare Psychiatrist Advisor will occur if there are clinical concerns, or the TL would be counter therapeutic for Member. A PA-to-PA Peer review will occur as needed.
 - 1.1.4. The MH IP Provider is required to have a safety/crisis plan in place prior to the TL with Member/Guardian input and agreement.
 - 1.1.5. Reimbursement will only be made if the MH IP Provider agrees to Member returning to MH IP and Member returns to MH IP.
 - 1.1.6. PerformCare will recoup any payments made for TL if the MH IP Provider decides to not accept member back into program from TL.
 - 1.2. MH IP (HL)
 - 1.2.1. MH IP providers will be reimbursed at their established per diem rate for up to three (3) consecutive days for a HL when the Member is expected to return to the MH IP.

- 1.2.2. Providers are expected to notify the CCM within one (1) business day of hospital admission for medical reasons.
- 1.2.3. The MH IP Provider is required to have a safety/crisis plan in place prior to the HL or within 24 hours if HL is an emergency with Member/Guardian input and agreement.
- 1.2.4. Reimbursement will only be made if the MH IP Provider agrees to Member returning to MH IP and Member returns to MH IP.
- 1.2.5. PerformCare will recoup any payments made for HL if the MH IP Provider decides to not accept member back into program from Medical admission.
- 1.3. MH IP (AWOL)
 - 1.3.1. MH IP will be reimbursed at their established per diem rate for up to forty-eight (48) consecutive hours for AWOL.
 - 1.3.2. Reimbursement will only be made if the MH IP provider agrees to Member returning to MH IP and Member returns to MH IP. Reimbursement will be made if the Member cannot be located and discharged from MH IP.
 - 1.3.3. PerformCare will recoup any payments made if the MH IP Provider decides to not accept member back into program from AWOL.
 - 1.3.4. Provider is required to follow AWOL reporting requirements per *QI-CIR-001 Critical Incident Reporting*.
- 2. EAC
 - 2.1. EAC (TL)
 - 2.1.1. EAC Providers will be reimbursed at their established per diem rate for up to three (3) days during any given calendar month with prior notification to the PerformCare CCM.
 - 2.1.2. The TL must be prescribed as part of the Member's individual treatment program and active discharge planning to facilitate transition to a community setting.
 - 2.1.3. Consultation with a PerformCare Psychiatrist Advisor will occur if there are clinical concerns, or the TL would be counter therapeutic for Member. A PA-to-PA Peer review will occur as needed.
 - 2.1.4. The EAC Provider is required to have a safety/crisis plan in place prior to the TL with Member/Guardian input and agreement.
 - 2.1.5. Reimbursement will only be made if the EAC Provider agrees to Member returning to EAC and Member returns to EAC.
 - 2.1.6. PerformCare will recoup any payments made for TL if the EAC Provider decides to not accept member back into program from TL.
 - 2.2. EAC (HL)

- 2.2.1. EAC providers will be reimbursed at their established per diem rate for up to three (3) consecutive days for a HL when the Member is expected to return to the EAC.
- 2.2.2. Providers are expected to notify the CCM within one (1) business day of hospital admission for medical reasons.
- 2.2.3. The EAC Provider is required to have a safety/crisis plan in place prior to the HL with Member/Guardian input and agreement.
- 2.2.4. Reimbursement will only be made if the EAC provider agrees to Member returning to EAC and Member returns to EAC.
- 2.2.5. PerformCare will recoup any payments made for HL if the EAC Provider decides to not accept member back into program from Medical admission.
- 2.3. EAC (AWOL)
 - 2.3.1. EAC will be reimbursed at their established per diem rate for up to forty-eight (48) consecutive hours for AWOL.
 - 2.3.2. Reimbursement will only be made if the EAC provider agrees to Member returning to EAC. Reimbursement will be made if the Member cannot be located and discharged from MH EAC.
 - 2.3.3. PerformCare will recoup any payments made if the EAC Provider decides to not accept member back into program from AWOL.
 - 2.3.4. Provider is required to follow AWOL reporting requirements per *QI-CIR-001 Critical Incident Reporting*.
- 3. SUD Residential.
 - 3.1. SUD Residential (TL)
 - 3.1.1. SUD Clinically Managed, High-Intensity Residential Services, Medically Monitored Intensive Inpatient Services (3.5 & 3.7) and Halfway House (3.1) Providers will be reimbursed at their established per diem rate for up to three (3) days during any given calendar month with prior notification the PerformCare CCM.
 - 3.1.2. The TL must be prescribed as part of the Member's individual treatment program and active discharge planning to facilitate transition to a community setting.
 - 3.1.3. Consultation with a PerformCare Psychiatrist Advisor will occur if there are clinical concerns, or the TL would be counter therapeutic for Member. A PA-to-PA Peer review will occur, as needed.
 - 3.1.4. The SUD Residential Provider is required to have a safety/crisis/relapse plan in place prior to the TL with Member/Guardian input and agreement.

- 3.1.5. Reimbursement will only be made if the SUD Residential provider agrees to Member returning to SUD Residential and Member returns to SUD Residential.
- 3.1.6. PerformCare will recoup any payments made for TL if the SUD Residential Provider decides to not accept member back into program from TL.
- 3.1.7. PerformCare will not approve TL for SUD Hospital or Non-Hospital Withdrawal Management (3.7 WM and 4 WM) or Hospital-based Residential Inpatient (4) level of care.
- 3.2. SUD Residential (HL-)
 - 3.2.1. SUD Clinically Managed, High-Intensity Residential Services, Medically Monitored Intensive Inpatient Services (3.5 & 3.7) and Halfway House (3.1) Providers will be reimbursed at their established per diem rate for up to three (3) consecutive days for a HL when the Member is expected to return to the SUD Program.
 - 3.2.1.1. Additional HL will be approved for up to five (5) consecutive days for women when the HL was due to the birth of a child and require HL for themselves and child in an ESC.
 - 3.2.2. Providers are expected to notify the CCM within one (1) business day of hospital admission or need for additional HL for ESC.
 - 3.2.3. SUD Residential Provider is required to have a safety/crisis/relapse plan in place prior to the HL with Member/Guardian input and agreement.
 - 3.2.4. Reimbursement will only be made if the SUD Residential Provider agrees to Member returning to SUD Residential and Member returns to SUD Residential.
 - 3.2.5. PerformCare will recoup any payments made for HL if the SUD Residential Provider decides to not accept member back into program from Medical Admission.
 - 3.2.6. PerformCare will not approve HL for SUD Withdrawal Management (3.7 WM and 4 WM) or Medically Managed Intensive Inpatient Services (4) level of care. When a Member must be transferred from SUD Withdrawal Management Medically or Managed Intensive Inpatient Services to receive medical treatment at a hospital, that Member should be discharged.
 - 3.2.7. HL for a MH IP admissions are not reimbursable, and Members should be discharged from the SUD Residential level of Care (ASAM 3.7 WM, 4WM and 4).
- 3.3. SUD Residential (AWOL)
 - 3.3.1. SUD Residential will be reimbursed at their established per diem rate for up to forty-eight (48) consecutive hours for AWOL.

- 3.3.2. Reimbursement will only be made if the SUD Residential Provider agrees to the Member returning to SUD Residential. Reimbursement will be made if the Member cannot be located and discharged from MH SUD Residential.
- 3.3.3. PerformCare will recoup any payments made if the SUD Residential Provider decides to not accept member back into program from AWOL.
- 3.3.4. Provider is required to follow AWOL reporting requirements per *QI-CIR-001 Critical Incident Reporting*.
- 4. RTF
 - 4.1. RTF (TL)
 - 4.1.1. RTF providers will be reimbursed at their established per diem rate for up to forty-eight (48) days during any given calendar year.
 - 4.1.2. The TL must be prescribed as part of the Member's individual treatment program and active discharge planning to facilitate transition to community setting.
 - 4.1.3. The RTF Provider is required to have a safety/crisis in place prior to the TL with Member/Guardian input and agreement.
 - 4.1.4. Additional TL may be approved by the Clinical Care Manager per *OMHSAS Policy Clarification RFP-3-96-RD15-58 issued on 2/20/97* per the following circumstances:
 - 4.1.4.1. Progress made has been significant and discharge is imminent within 30 days.
 - 4.1.4.2. The additional days will support transition to another support service that will be available upon discharge.
 - 4.1.4.3. For emergency situations (e.g., significant family illness, death in family, etc.).
 - 4.1.4.4. Reimbursement will only be made if the RTF Provider agrees to the Member returning to RTF and Member returns to RTF.
 - 4.1.4.5. PerformCare will recoup any payments made for TL if the RTF Provider decides to not accept member back into program from TL.
 - 4.2. RTF (HL-Medical or Psychiatric)
 - 4.2.1. RTF will be reimbursed at one-third (1/3) of their established per diem rate *per MA Bulletin 01-95-12 and 01-95-13* for up to three (3) consecutive days for a HL when the Member is expected to return to the RTF.
 - 4.2.2. Additional HL will be approved for up to a total fifteen (15) day maximum per *MA Bulletin 01-95-12 and 01-95-13* for a HL when the Member is expected to return to the RTF.
 - 4.2.3. The CCM will facilitate a team meeting if the HL goes beyond three (3) days and will notify clinical supervisor.
 - 4.2.4. RTF Providers are expected to notify the CCM within one (1) business day of hospital admission.

- 4.2.5. The RTF Provider is required to have a safety/crisis/relapse in place prior to the HL with Member/Guardian input and agreement.
- 4.2.6. The RTF Provider is required to submit claims to PerformCare one-third (1/3) of their established per diem rate.
- 4.2.7. Reimbursement will only be made if the RTF provider agrees to Member returning to RTF and Member returns to RTF.
- 4.2.8. PerformCare will recoup any payments made for HL if the RTF decides to not accept member back into program from Medical or Psychiatric admissions.
- 4.2.9. HL beyond the fifteen (15) day maximum per MA Bulletin 01-95-12 and 01-95-13 will require an ISPT meeting to determine if RTF is still medically necessary. A case consultation will occur with a PerformCare Psychiatrist Advisor and Director of Clinical Services for approval of HL beyond fifteen (15) days based on recommendations from ISPT meeting.
 - 4.2.9.1. Reimbursement will only be made if the RTF provider agrees to Member returning to RTF and Member returns to RTF.
 - 4.2.9.2. PerformCare will recoup any payment made for HL if the RTF decides to not accept member back into program from Medical or Psychiatric admissions.
- 4.3. RTF (AWOL)
 - 4.3.1. RTF will be reimbursed at their established per diem rate for up to forty-eight (48) consecutive hours for AWOL.
 - 4.3.2. The RTF is required to follow all requirements defined in MA Bulletin 01-95-12, 01-95-13 and 1157-95-01 in order to receive reimbursement for AWOL.
 - 4.3.3. AWOL in excess of 48 forty-eight (48) consecutive hours is not reimbursable and may not be paid per *MA Bulletin 01-95-12 and 01-95-13*.
 - 4.3.4. The CCM will facilitate a team meeting for AWOL in excess of twenty-four (24) consecutive hours.
 - 4.3.5. Reimbursement will only be made if the Reimbursement will only be made if the RTF Provider agrees to the Member returning to RTF and Member returns to RTF from AWOL.
 - 4.3.6. PerformCare will recoup any payment made if the RTF decides to not accept member back into program from AWOL. Reimbursement will be made if the Member cannot be located and discharged from RTF>
 - 4.3.7. Provider is required to follow AWOL reporting requirements per *QI-CIR-001 Critical Incident Reporting*.

5. CRR-HH/CRR-ITP

5.1. TL, HL and AWOL over 24 hrs. are not reimbursable for CRR-HH/CRR-ITP per *OMHSAS Therapeutic Leave in CRR Policy Clarification*.

Related Policies: *QI-CIR-001 Critical Incident Reporting*

Related Reports: None

Source Documents and References: *MA Bulletin 01-9512, Mental Health Services Provided In a Non-JCAHO Accredited Residential Facility for Children under 21 Years of Age.*
MA Bulletin 01-95-13, Update - JCAHO-Accredited RTF Services.
OMHSAS Policy Clarification RFP-3-96-RD15-58 issued on 2/20/97
OMHSAS Therapeutic Leave in CRR Policy Clarification.

Superseded Policies and/or Procedures: None

Attachments: None

Approved by:



Primary Stakeholder