



Florida Medicaid

State Mental Health Hospital Services Coverage Policy

Agency for Health Care Administration
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1.0 Introduction

1.1 Description

Florida Medicaid state mental health hospital services provide long-term, inpatient psychiatric and medical services, with the goal of facilitating the recipient's successful return to treatment in a community-based setting.

1.1.1 Florida Medicaid Policies

This policy is intended for use by state mental health hospital providers that render services to eligible Florida Medicaid recipients. It must be used in conjunction with Florida Medicaid's General Policies (as defined in section 1.3) and any applicable service-specific and claim reimbursement policies with which providers must comply.

Note: All Florida Medicaid policies are promulgated in Rule Division 59G, Florida Administrative Code (F.A.C.). Coverage policies are available on the Agency for Health Care Administration's (AHCA) Web site at <http://ahca.myflorida.com/Medicaid/review/index.shtml>.

1.1.2 Statewide Medicaid Managed Care Plans

This is not a covered service in the Statewide Medicaid Managed Care program.

1.2 Legal Authority

State mental health hospital services are authorized by the following:

- Title XIX, sections 1902 and 1905 of the Social Security Act (SSA)
- Title 42, Code of Federal Regulations (CFR), sections 440.140 and 431.620, and Parts 441 (Subpart C), 456 (Subpart D), and 482
- Section 409.906, Florida Statutes (F.S.) and Chapter 395, Part I, F.S.
- Rule 59G-4.300, F.A.C.

1.3 Definitions

The following definitions are applicable to this policy. For additional definitions that are applicable to all sections of Rule Division 59G, F.A.C., please refer to the Florida Medicaid definitions policy.

1.3.1 Claim Reimbursement Policy

A policy document found in Rule Division 59G, F.A.C. that provides instructions on how to bill for services.

1.3.2 Coverage and Limitations Handbook or Coverage Policy

A policy document found in Rule Division 59G, F.A.C. that contains coverage information about a Florida Medicaid service.

1.3.3 General Policies

A collective term for Florida Medicaid policy documents found in Rule Chapter 59G-1, F.A.C. containing information that applies to all providers (unless otherwise specified) rendering services to recipients.

1.3.4 Institutional Care Program

The Institutional Care Program (ICP) is an eligibility category that covers individuals who meet the eligibility requirements for Florida Medicaid services in a skilled nursing facility or swing bed, intermediate care facility for individuals with intellectual disabilities (ICF/IID), state mental health hospital, or hospice.

1.3.5 Leave Days

When a recipient leaves the facility overnight for hospitalization or therapeutic leave.

1.3.6 Medically Necessary/Medical Necessity

As defined in Rule 59G-1.010, F.A.C.

1.3.7 Patient Responsibility

The portion of a Florida Medicaid recipient's monthly income that the recipient is responsible to pay the state mental hospital, nursing facility, ICF/IID, or hospice, as determined by the Department of Children and Families.

1.3.8 Provider

The term used to describe any entity, facility, person, or group enrolled with AHCA to furnish services under the Florida Medicaid program in accordance with the provider agreement.

1.3.9 Recipient

For the purpose of this coverage policy, the term used to describe an individual enrolled in Florida Medicaid.

1.3.10 Resident Rights

Rights afforded to state mental health hospital residents in accordance with 42 CFR 483.10 and Chapters 394, 395, and 381.026, F.S.

1.3.11 Therapeutic Leave

A non-medical visit outside the facility used for overnight visits with family or friends.

2.0 Eligible Recipient

2.1 General Criteria

An eligible recipient must be enrolled in the Florida Medicaid program on the date of service and meet the criteria provided in this policy.

Provider(s) must verify each recipient's eligibility each time a service is rendered.

2.2 Who Can Receive

Florida Medicaid recipients age 65 years and older requiring medically necessary state mental health hospital services and who:

- Meet the requirements for the Institutional Care Program (ICP)
- Meet state mental health hospital level of care as determined by Comprehensive Assessment and Review for Long Term Care Services (CARES)
- Have a completed Physician Certification State Mental Health Hospital Services Form - AHCA-Med Serv Form 034, January 2008, incorporated by reference in 59G-4.300, F.A.C.

Some services may be subject to additional coverage criteria as specified in section 4.0.

2.3 Coinsurance and Copayments

There is no coinsurance or copayment for this service in accordance with section 409.9081, F.S. For more information on copayment and coinsurance requirements and exemptions, please refer to Florida Medicaid's General Policies on copayment and coinsurance.

2.4 Patient Responsibility

Providers may not change a recipient's patient responsibility without DCF approval.

3.0 Eligible Provider

3.1 General Criteria

Providers must meet the qualifications specified in this policy in order to be reimbursed for Florida Medicaid state mental health hospital services.

3.2 Who Can Provide

Services must be rendered by state-owned facilities licensed as psychiatric hospitals in accordance with Chapters 395 and 408, Part II, F.S. that are certified, or certifiable, by Medicare.

4.0 Coverage Information

4.1 General Criteria

Florida Medicaid covers services that meet all of the following:

- Are determined medically necessary
- Do not duplicate another service
- Meet the criteria as specified in this policy

4.2 Specific Criteria

Florida Medicaid covers up to 365/6 days of all-inclusive state mental health hospital services per year, per recipient when all of the following are met:

- Providers comply with admission procedures for state mental hospitals as specified in Chapter 394, Part I, F.S.
- Recipient certifications and recertifications of need are completed in accordance with 42 CFR 456.160
 - Certification must be completed by licensed physicians at the time of admission or before Florida Medicaid reimburses the claim
 - Recertification must be completed by a physician, physician assistant, or nurse practitioner acting within their scope of practice under the supervision of a licensed physician
- Treatment is provided according to an individualized plan of treatment and care in accordance with 42 CFR 441.102, under the direction of a licensed physician in accordance with 42 CFR 440.140 and 482.60

Providers must provide, or arrange for the provision of, necessary care and services required for a recipient to attain or maintain the highest practicable physical, mental, and psychological well-being, including:

- Comprehensive discharge planning services
- Durable medical equipment and medical supplies, for use in the facility
- Food and dietetic services
- Individual therapy services
- Medical and psychiatric services, including nursing services
- Personal care services and supplies, including incontinence supplies
- Prescribed drug services
- Prescribed stock medical supplies (such as analgesics, antacids, laxatives, vitamins, and wound care supplies)
- Rehabilitative, restorative, and recovery services (including physical, speech, occupational, and mental health therapies)
- Room and basic room furnishings

Florida Medicaid covers dental, hearing, optometric, podiatry, and visual services separately in accordance with the applicable service-specific coverage policy.

4.2.1 Leave Days

Florida Medicaid covers leave days when a recipient is expected to return to the state hospital, as follows:

- Up to 15 days per hospital stay, per recipient
- Up to 30 days of therapeutic leave per state fiscal year, per recipient

Providers must notify recipients and their legal representatives of the leave policy in writing upon admission and when the recipient leaves the facility for therapeutic leave or is hospitalized.

5.0 Exclusion

5.1 General Non-Covered Criteria

Services related to this policy are not covered when any of the following apply:

- The service does not meet the medical necessity criteria listed in section 1.0
- The recipient does not meet the eligibility requirements listed in section 2.0
- The service unnecessarily duplicates another provider's service

5.2 Specific Non-Covered Criteria

Florida Medicaid does not cover the following as part of this service benefit:

- Absences from the state mental hospital for:
 - Recipient leave days after notification that the recipient will not return
 - Recipients who have applied for ICP but are not yet eligible
 - Recipients within the Medicare Part A coinsurance period
- Durable medical equipment and medical supplies for use after discharge

6.0 Documentation

6.1 General Criteria

For information on general documentation requirements, please refer to Florida Medicaid's General Policies on recordkeeping and documentation.

6.2 Specific Criteria

Providers must complete and maintain documentation for services in the recipient's file in accordance with Rules 59A-3.270 and 59A-3.278, F.A.C., and 42 CFR 482.24.

7.0 Authorization

7.1 General Criteria

For information on general authorization requirements, please refer to Florida Medicaid's General Policies on authorization requirements.

7.2 Specific Criteria

There are no specific authorization criteria for this service.

8.0 Reimbursement

8.1 General Criteria

The reimbursement information below is applicable to the fee-for-service delivery system, unless otherwise specified.

8.2 Specific Criteria

Florida Medicaid reimburses a daily rate for care in a state mental health hospital (per diem), which is calculated based on the hospital's annual cost report.

8.3 Claim Type

Institutional (837I/UB-04)

8.4 Billing Code, Modifier, and Billing Unit

Providers must report the most current and appropriate billing code(s), modifier(s), and billing unit(s) for the service rendered, as incorporated by reference in Rule 59G-4.002, F.A.C.

8.5 Diagnosis Code

Providers must report the most current and appropriate diagnosis code to the highest level of specificity that supports medical necessity, as appropriate for this service.

8.6 Rate

For per diem rates, see http://ahca.myflorida.com/medicaid/cost_reim/index.shtml.

9.0 Appendix

9.1 Physician Certification State Mental Health Hospital Services



PHYSICIAN CERTIFICATION STATE MENTAL HEALTH HOSPITAL SERVICES

To be completed by Comprehensive Assessment and Review for Long Term Care Services (CARES)

Name: _____ Date of Birth: _____ Medicaid #: _____
 Race: _____ Sex: _____ Marital Status: _____
 Current Location: _____ Telephone #: _____ Date of Admission: _____
 Attending Physician (please print): _____
 Last State Mental Health Hospital Stay: From _____ To _____ N/A

1. Diagnosis:

2. Summary of Current Medical Findings:

3. Medical History and Current Medications:

4. Mental and Physical Capacity:

5. Prognosis:

6. Meets the following clinical criteria: (42 CFR § 441.102, 42 CFR § 441.103, and section 409.906(22), Florida Statutes)
- _____ A. Ambulatory care resources available in the community do not meet the treatment needs of the individual.
 - _____ B. Proper treatment of the individual's psychiatric condition requires services on an inpatient basis under the direction of a psychiatrist.
 - _____ C. Services can reasonably be expected to improve the individual's condition or prevent further regression so that the services will no longer be needed.

Recommended to receive State Mental Health Hospital Services Effective Date: _____

Attending Physician Signature: _____ Date: _____
 Consulting Psychiatrist Signature: _____ Date: _____
 (Required if Attending Physician is not a Psychiatrist)

Comments:

PHYSICIAN CERTIFICATION STATE MENTAL HEALTH HOSPITAL SERVICES INSTRUCTIONS

Name, Date of Birth, and Medicaid Number: Should be filled out accurately and as completely as possible.

Race, Sex, and Marital Status: Should be filled out accurately and as completely as possible.

Current Location and Telephone Number: Where the individual is located during the time the level of care is requested and the contact telephone number.

Date of Admission: The date the individual was admitted into the current facility.

Attending Physician: The physician responsible for coordinating clinical care for the individual.

Last State Mental Health Hospital Stay: Dates the individual previously received state mental health hospital services, if known.

Diagnosis: All medical and psychiatric diagnoses for the individual.

Summary of Current Medical Findings: Any significant medical conditions that impact the individual (lab results, radiology reports, etc).

Medical History and Current Medications: All pertinent historical medical information and any medications currently prescribed for the individual. A copy of individual's medical history and current medications may be attached.

Mental and Physical Capacity: Current mental and physical capabilities and deficits of the individual.

Prognosis: Indicate poor, fair, or good.

Meets the following criteria: Individual meets each of the criteria as described in 42 CFR 441.152 (a), and detailed in the Florida Medicaid State Mental Health Hospital Services Coverage Policy.

Recommended to receive State Mental Health Hospital Services: By checking this box, the attending physician and or consulting psychiatrist certifies placement is recommended in a state mental health hospital.

Effective Date: The date the attending physician and/or consulting psychiatrist certifies the individual meets the medical and psychiatric criteria for state mental health hospital services.

Attending Physician Signature: The original signature of the medical doctor (MD) or doctor of osteopath (DO) that is providing medical care to the individual, is required.

Date: The date the physician signs the form.

Consulting Psychiatrist Signature: The original signature of the psychiatrist providing care to the individual is required if the attending physician is not a psychiatrist.

Date: The date the psychiatrist signs the form.

Comments: The attending physician or consulting psychiatrist may provide additional comments here relevant to the individual or level of care.