

**EMERGENCY MEDICAL AND  
POST-STABILIZATION CARE SERVICES**

**Section:** Clinical Policies

**Pages:** 3

**Subject:** Emergency Medical and Post-Stabilization Care Services

**Effective Date:** 1/2009

**Revision Date:** 07/17/2023

**POLICY STATEMENT**

Davis Behavioral Health will adhere to the provision of Emergency Medical Conditions and Post Stabilization Care Services as found in the Medicaid Contract with the Utah State Department of Health and in accordance with 42 CFR. DBH will assume financial responsibility for PMHP enrollees as outlined in said contract. Utah Medicaid members will be charged only applicable co-pays for hospitalizations in accordance with Utah Medicaid's copayment policy. Out-of-network hospitals may not bill members more than the member would pay an in-network hospital.

**EMERGENCY MEDICAL CONDITIONS**

- a. An Emergency Medical Condition is a psychiatric condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of behavioral health and medicine, could reasonably expect the absence of immediate medical attention to result in the following:
  - Placing the health of the client (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy.
  - Placing the health or safety of other individuals in serious jeopardy
  - Serious impairment to bodily functions
  - Serious dysfunction of any bodily organ or part.
- b. With respect to clients who have Medicaid insurance, DBH pays for Emergency Medical Conditions. The attending emergency physician or the provider actually treating the client is responsible for determining when the client is sufficiently stabilized for discharge or transfer to an inpatient unit or other facility.
- c. DBH will not deny payment for treatment obtained when a client with Medicaid has an Emergency Medical Condition, including cases in which the absence of immediate medical attention would not have had the outcomes specified in the definition of an Emergency Medical Condition. DBH will also not deny payment when a DBH clinical staff member instructed the member to seek emergency services.

- d. DBH will not
- Limit what constitutes an emergency medical condition based on a list of diagnoses or symptoms
  - Refuse to cover emergency services as a result of anyone's failure to notify DBH within 10 days of the client's presentation for emergency services.
  - Hold the client who has an emergency medical condition responsible for screening and treatments needed to diagnose the specific condition or stabilize the client.
  - Deny payment for emergency services furnished by psychiatrists.

#### **POST-STABILIZATION CARE SERVICES (PCS)**

- a. Generally, Post-stabilization Care Services begin upon admission to the inpatient psychiatric unit after Emergency Services to evaluate or stabilize the Emergency Medical Condition have been provided in the Emergency Room.
- b. However, in situations where the hospital demonstrates the client received Emergency Services related to an Emergency Medical Condition during the inpatient psychiatric admission, DBH will reimburse the hospital in accordance with regulations governing Emergency Services.
- c. DBH will pay for Post-stabilization Care Services that are pre-approved by DBH.

#### **POST-STABILIZATION (Inpatient) CARE SERVICES NOT PRE-APPROVED**

- a. DBH will pay for Post-stabilization Care Services that are not pre-approved but are administered to maintain the client's stabilized condition.
- b. DBH will pay for Inpatient Care Services obtained that are not pre-approved but are administered to maintain, improve, or resolve the Enrollee's stabilized condition if:
- i. DBH cannot be contacted; or
  - ii. The services are administered to maintain the members' stabilized condition within one hour of a request to the organization for pre-approval of further post-stabilization care services, or if DBH does not respond for pre-approval within one hour.
  - iii. DBH's representative and the treating physician cannot reach an agreement concerning the client's care and a DBH physician is not available for consultation.
    - a. In this situation, DBH will give the treating physician the opportunity to consult with a DBH physician and the treating physician may continue with the care of the client until a DBH physician is reached, or one of the criteria outlined in 42 CFR 422.113(c)(3) is met:

- i. a DBH physician assumes responsibility for the client's care through transfer
    - ii. A physician with privileges at the treating hospital assumes responsibility for the member's care.
    - iii. a DBH representative and the treating physician reach an agreement concerning the client's care; or
    - iv. the client is discharged
- d. DBH is not responsible for Inpatient Care Services provided prior to the request from a hospital for pre-approval of further Inpatient care. However, there may be extenuating circumstances that preclude the hospital from requesting pre-approval immediately upon admission to the hospital. In such instances DBH may reimburse the provider for a portion of, or the entire inpatient psychiatric admission when it is determined it would be clinically appropriate to do so.
- e. If a hospital requests pre-approval of a specific number of days, and DBH authorizes less than the number of days requested, this constitutes an Action and triggers a Notice of Action (see Article XI, B), unless:
  - i. Authorizing fewer days and conducting periodic continued stay reviews (e.g., every 24 hours, etc.) to ensure clients are discharged timely are standard procedure.

**POST-DISCHARGE PROCEDURES:**

1. After a client has been discharged from an inpatient behavioral unit, Davis Behavioral Health will assume follow-up care based on the clinical needs of the client. If the client is not considered suitable for outpatient care and needs some type of transitional treatment, the client may be transitioned from inpatient care to residential, respite, or other type of intensive care environment. If the client is suitable for outpatient care, DBH will make a reasonable effort to schedule an outpatient appointment within five business days of discharge.
2. If DBH is unable to schedule a current client with their primary treatment provider within five business days, the hospital liaison will contact the respective supervisor to schedule an appointment within the five-day standard.
3. If the client does not show for the initial follow-up appointment, the hospital liaison and/or MCOT teams will outreach the client and attempt to engage in services.
  - a. Once the client attends their first post-inpatient service, the hospital liaison and MCOT team will stop tracking the client.