

APA-1

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control No: 560 Department or Agency: Alabama Medicaid Agency

Rule No: 560-X-41-.10

Rule Title: Authorization for Inpatient Treatment Services

 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? no

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? yes

Is there another, less restrictive method of regulation available that could adequately protect the public? no

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? no

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? no

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? yes

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 fiscal 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

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ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-41.10 Authorization for Inpatient Treatment Services

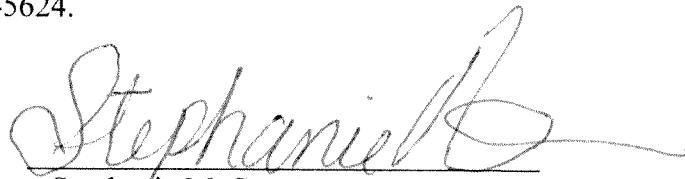
INTENDED ACTION: Amend 560-X-41-.10

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 children under the age of 22.

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.

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

A handwritten signature in cursive script, appearing to read 'Stephanie McGee Azar', written in black ink over a horizontal line.

Stephanie McGee Azar
Acting Commissioner

Rule No. 560-X-41-10. Authorization for Inpatient Treatment Utilization Review Services.

(1) ~~_____~~ The determination of the level of care will be made by a licensed nurse of the hospital staff.

All admissions to psychiatric hospitals for recipients under the age of 21 must be approved by Medicaid prior to payment.

(2) Five percent of all admissions and concurrent stay charts will be retrospectively reviewed by the Medicaid Agency or designee on a monthly basis.

~~(2)(3)~~ For an individual who is a Medicaid recipient at the time of admission, the attending physician must sign a Psychiatric Admission form indicating the medical necessity of the admission.

~~(3)(4)~~ For an individual who applies for Medicaid while in the facility, the Psychiatric Admission form must be signed by the attending physician at the time application for Medicaid is made.

~~(4)(5)~~ Providers of care are responsible for submitting a completed Psychiatric Admission form to the PA Unit at Medicaid. ~~The following information shall be included on the Psychiatric Admission form:~~

(a) Recipient information:

1. admitting diagnosis;
2. events leading to hospitalization;
3. history of psychiatric treatment;
4. current medications;
5. physician orders;
6. presenting signs and symptoms.

(ba) Events leading to present hospitalization

(cb) Diagnosis (within the range of 290-316)

(de) History and physical

(de) Mental and physical capacity

(ef) Summary of present medical findings including prognosis

(fg) Plan of care.

~~(6)(5)~~ This information will be reviewed by the PA Unit utilizing the Medicaid psychiatric criteria as described in Rule 560-X-41-09 to determine approval or denial of the admission. This information must be received by the PA Unit at Medicaid within eight working days of the recipient's admission to the facility. Medicaid's Psychiatric Criteria for Psych Under 21 will be utilized in reviewing whether the admission and continued stay was/were appropriately billed.

~~(6) Admission information not received by the PA Unit within the eight working days will be approved effective on the day the information is received, provided admission criteria are met.~~

~~(7) The PA Unit will review the submitted admission information to determine whether the admission is approved or denied. The PA unit will notify the provider of the approval or denial via telephone or fax. A 10 digit prior approval number issued by the PA Unit will be required on claims submitted for payment.~~

Author: Jerri Jackson, Associate Director, Institutional Services

Statutory Authority: Title XIX, Social Security Act; State Plan, Attachment 3.1-A, pp. 7, 7.16; 42 CFR, Section 456.170-.171.

History: Rule effective September 13, 1989. Amended August 21, 1991; November 13, 1991; June 14, 1994; September 11, 2000. Amended: Filed September 21, 2001; effective December 14, 2001. **Amended:** Filed July 20, 2012;