
Chapter: UTILIZATION MANAGEMENT
Title: EMERGENCY AND POST STABILIZATION SERVICES

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Proposed by: Traci Smith 05/06/2025
Chief Executive Officer Date

Approved by: Al Lorenzo 05/06/2025
County Executive Office Date

I. ABSTRACT

This policy establishes the standards of Macomb County Community Mental Health (MCCMH), an official agency of the County of Macomb, for emergency and post stabilization care services.

II. APPLICATION

This policy shall apply to all directly operated and contract network providers of MCCMH.

III. POLICY

It is the policy of MCCMH, as an official agency of the County of Macomb, that MCCMH will provide and cover necessary services to stabilize a person's health when a medical condition is deemed to be an emergency. The purpose of this policy is to provide clarity and definition to the scope of behavioral health and substance use disorder (SUD) emergency services and post-stabilization care services covered and provided by MCCMH and its network.

IV. DEFINITIONS

A. Concurrent Review

Concurrent review is the process of ongoing review of hospitalizations, through communication with the hospital physicians and other healthcare professionals. This communication process is conducted by telephonic review and electronic review to approve appropriate, medically necessary care for continued medical treatment. Review determinations are based on the medical information obtained at the time of the review. The frequency of continued stay review is based upon diagnosis, guidelines, or change in the person's health condition status.

B. Emergency Medical Condition

A medical condition that manifests itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following: placing the health of the individual (or, for a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; serious impairment to bodily functions; and/or serious dysfunction of any bodily organ or part.

C. Emergency Services

Covered inpatient and outpatient services furnished by a provider that is qualified to furnish services needed to evaluate or stabilize an emergency medical condition.

D. Emergency Situation

A situation in which an individual is experiencing a serious mental illness or a developmental disability, or a minor is experiencing a serious emotional disturbance, and one of the following applies:

1. The individual can reasonably be expected within the near future to physically injure self or another individual, either intentionally or unintentionally;
2. The individual is unable to provide himself or herself food, clothing, or shelter or to attend to basic physical activities such as eating, toileting, bathing, grooming, dressing, or ambulating, and this inability may lead in the near future to harm to the individual or to another individual;
3. The individual's judgement is so impaired that they are unable to understand the need for treatment and, in the opinion of the mental health professional, the individual's continued behavior as a result of the mental illness, developmental disability, or emotional disturbance can reasonably be expected in the near future to result in physical harm to the individual or another individual.

E. Medical Necessity

Determination that a specific service is medically (clinically) appropriate, necessary to meet needs, consistent with the person's diagnosis, symptomatology, functional impairments, consistent with clinical standards of care, and is the most cost-effective option in the least restrictive environment. The medical necessity of a service shall be documented appropriately in a person's served individual plan of service (IPOS).

F. Post Stabilization Services

Covered psychiatric services related to an emergency medical condition provided after a person served is stabilized in an emergency room to maintain the stabilized conditions, or, under the circumstances described in 42 CFR 438.114(e), to improve or resolve the person's condition.

G. Prospective Review

Prospective review is the process in which clinical information and requests are reviewed to determine medical necessity before rendering services. Review determinations are based on the medical information obtained at the time of the review. Prospective review allows for a person's eligibility and benefit determination, the evaluation of proposed

treatment, determination of medical necessity, and level of care assessment prior to the delivery of service. Prospective screening for medical necessity and appropriateness of specified services is performed by a master's level clinician and if needed, reviewed by a physician.

V. STANDARDS

Emergency Services

- A. MCCMH shall provide and cover necessary emergency services provided by both contracted and non-contracted providers.
- B. The Michigan Mental Health Code requires that all Community Mental Health Service Programs (CMHSP) provide 24/7 crisis emergency services and post stabilization for persons served experiencing acute emotional, social, or behavioral dysfunctions.
- C. Emergency services shall be covered by MCCMH when such services are needed to evaluate or stabilize an emergency medical condition. MCCMH is involved in resolving the psychiatric aspect of the emergency by completing a prescreening evaluation for post stabilization treatment. Any medical treatment including medical clearance screening, stabilization, and emergency physician services needed by the person served while in the emergency room is beyond the contractual requirements of MCCMH.
- D. The attending emergency physician or the provider treating the person served is responsible for determining when the person is sufficiently stabilized for transfer or discharge. That determination is binding on the entities identified as responsible for coverage and payment.
- E. Persons served in emergency situations shall be provided inpatient and/or outpatient services by a qualified MCCMH provider. Prior authorization for emergency assessment is not required.
- F. A person served who has an emergency medical condition shall not be held liable for payment of subsequent screening and treatment needed to diagnose the specific condition or stabilize the person.
- G. MCCMH shall not:
 - 1. Limit what constitutes an emergency medical condition with reference to 42 CFR 438.114 on the basis of diagnoses or symptoms;
 - 2. Refuse to cover emergency services based on the emergency room provider, hospital, or fiscal agency not notifying the person's primary care provider, MCCMH, or MDHHS of the person's screening and treatment within ten (10) calendar days of presentation for emergency services;

3. Deny payment for emergency services when a representative of MCCMH instructs the person served to seek emergency services.
- H. MCCMH adheres to the Michigan Department of Health and Human Services (MDHHS) County of Financial Responsibility (COFR) Technical Requirements when a person served requires emergency services from a different Pre-Paid Inpatient Health Plan (PIHP) or Community Mental Health Service Program (CMHSP) outside of the MCCMH region.

Post-Stabilization Services

- A. Post stabilization psychiatric services are covered services provided post emergency room and once a person served is stabilized in order to maintain the stabilized condition. Post stabilization services may include:
1. Inpatient Psychiatric Hospitalization Services
 2. Outpatient Partial Hospitalization Services
 3. Crisis Residential Services
 4. Intensive Crisis Stabilization Services
- B. The Michigan Medicaid Provider Manual requires prior authorization for post stabilization psychiatric services from MCCMH for all Medicaid beneficiaries who reside within the service area covered by MCCMH. This prior authorization is obtained by requesting pre-screening for admission to post stabilization services.
- C. Prospective reviews (i.e., pre-screenings) for post stabilization services will be reviewed for medical necessity by licensed MCCMH staff and delegates that have been determined to have the appropriate experience, credentials, and clinical competence. Physicians employed by or under contract with MCCMH to perform utilization review will oversee all denials for authorizations for post stabilizations services.
- D. Medical necessity for the authorizations or denials of post stabilization services will be fully documented on the completed pre-screening form in the FOCUS Electronic Medical Record (EMR).
- E. MCCMH shall provide and cover post stabilization services provided by contracted or non-contracted providers that are not pre-approved by MCCMH, but administered to maintain, improve, or resolve the person's stabilized condition if:
1. MCCMH does not respond to a pre-approval request within one (1) hour;
 2. An MCCMH representative cannot be contacted; or
 3. MCCMH and the treating physician cannot reach an agreement concerning the person's care and a Medicaid/HMP plan physician is not available for consultation. In this situation, MCCMH shall give the treating physician the

opportunity to consult with a plan physician and the treating physician may continue with care of the person served until a plan physician is reached.

F. MCCMH's financial responsibility for post stabilization services that it has not pre-approved ends when:

1. A Medicaid/Healthy Michigan Plan (HMP) plan physician with privileges at the treating hospital assumes responsibility for the person's care;
2. A Medicaid/HMP plan physician assumes responsibility for the person's care through transfer;
3. An MCCMH representative and the treating physician reach an agreement concerning the person's care; or
4. The person is discharged.

G. For purposes of cost sharing, post stabilization services begin upon inpatient admission.

H. MCCMH shall limit charges to persons served for post stabilization care services to an amount no greater than what MCCMH would charge the person if he or she had obtained the services through MCCMH.

I. The treating physician or provider is responsible for determining when a person is stabilized enough for transfer or discharge. The determination to transfer or discharge is binding on the entities responsible for coverage and payment.

J. For further information on general fee assessment, refer to MCCMH MCO Policy, 7-001.

VI. PROCEDURES

None.

VII. REFERENCES / LEGAL AUTHORITY

A. 42 CFR 422.214

B. 42 CFR 422.113

C. 42 CFR 438.114

D. Michigan Mental Health Code, 300.1100(a)(25)

E. Medicaid Provider Manual Hospital Chapter, Section 3.14.D, "Psychiatric Screening and Stabilization Services"

VIII. EXHIBITS

- A. Preadmission Screening Procedure
- B. Concurrent Review Procedure
- C. Peer to Peer Consultation Procedure
- D. Transitional Housing Procedure
- E. State Hospital Utilization Management Procedures
- F. State Hospital Liaison Procedures