

Services

Hospitalization

Services provided under the Hospitalization Option of the Medicaid Program, include:

- **Inpatient Hospital.** A program of psychiatric care in which a client remains 24 hours a day in a facility licensed as a hospital by the State. This service is limited to forty-five (45) days per State fiscal year, except as otherwise required by EPSDT as described in 10 C.C.R. 2505-10, Section 8.282.
- **Under 21 Psychiatric.** A program of care for clients under age 21 in which the consumer remains 24 hours a day in a psychiatric hospital, or other facility licensed as a hospital by the State. This service is limited to forty-five (45) days per State fiscal year, except as otherwise required by EPSDT as described in 10 C.C.R. 2505-10, Section 8.282.
- **65 and Over Psychiatric.** A program of care for consumers age 65 and over in which the consumer remains 24 hours a day in an institution for mental diseases, or other facility licensed as a hospital by the State. This service is limited to forty-five (45) days per State fiscal year.
- **Outpatient.** A program of care in which the consumer receives services in a hospital or other health care facility, but does not remain in the facility 24 hours a day.
- **Physician.** Services provided within the scope of practice of medicine as defined by State law.

Rehabilitation

Services provided under the Rehabilitation Option of the Medicaid Program, include:

- **Partial Long Day.** Therapeutic contact with a client lasting more than four hours but less than 24 hours. Activities are programmatically linked.
- **Partial Short Day.** Therapeutic contact with a client lasting more than two hours, but no more than four hours. Activities are programmatically linked.
- **Group.** Therapeutic contact with more than one client, of up to and including two hours.
- **Individual.** Therapeutic contact with one consumer of more than 30 minutes, but no more than two hours. This service, in conjunction with Individual Brief services, is limited to thirty-five (35) visits per State fiscal year, except as otherwise required by EPSDT as described in 10 C.C.R. 2505-10, Section 8.282.
- **Individual Brief.** Therapeutic contact with one consumer of up to and including 30 minutes. This service, in conjunction with Individual services, is limited to thirty-five (35) visits per State fiscal year, except as otherwise required by EPSDT as described in 10 C.C.R. 2505-10, Section 8.282.

The 35-session limit does not apply to consumers age 21 and under who are eligible for additional medically necessary mental health services through the

Early Periodic Screening Diagnosis and Treatment (EPSDT) program. (Per 10 CCR 2505-10, Sect 8.282)

Psychosocial Rehabilitation

A broad array of services to maximize consumers' ability to live and participate in the community and to function independently. Service options include but are not limited to:

- Assessment of interests and abilities.
- Development of individualized goals and timelines.
- Assistance in understanding and coping with one's illness.
- Crisis planning.
- Recognition of and skill development to offset the realities of stigma and feelings of lack of control over one's life.
- Daily living skills.
- Education.
- Recreation/leisure time use.
- Social interactions.
- Providing information and assisting in accessing peer oriented groups, including but not limited to social, support, counseling and advocacy groups.

Alternative Services

Vocational	Services designed to help adult and adolescent consumers who are ineligible for state vocational rehabilitation services and require long-term services and supports in developing skills consistent with employment and/or in obtaining employment. Services include skill and support development interventions, educational services (GED, college), vocational assessment, and job coaching.
Home-Based Services for Children and Adolescents	Therapeutic services to address the mental health needs of youth with serious emotional disturbances, provided in their homes and involving family members.
Intensive Case Management	Community-based services averaging more than one hour per week, provided to youth with serious emotional disturbances and adults with serious mental illness who are at risk of hospitalization, incarceration, and/or homelessness due to multiple needs and impaired level of functioning. Services are designed to provide adequate supports to ensure community living. Services may include, but are not limited to mentoring, multi-systemic therapy, wraparound and supportive living services

Clubhouses and Drop-In Centers	Clubhouses and drop-in centers are places where people who have mental illnesses go to rebuild their lives. In clubhouses, individuals (members) utilize their skills for clerical work, data input, meal preparation, providing resource information or reaching out to fellow members. Staff and members work side by side, in a unique partnership. In drop-in centers, individuals with mental illnesses plan and conduct programs and activities in a club-like setting. There are planned activities and opportunities for individuals to interact with social groups.
Assertive Community Treatment (ACT) Services	ACT is a service-delivery model that provides comprehensive, locally based treatment to adults with serious mental illnesses. Services are highly individualized. A multidisciplinary treatment team trained in arrears including but not limited to psychiatry, social work and nursing provided ACT services that are available 24 hours a day, seven days a week, 365 days a year.
Prevention and Early Intervention	Pro-active efforts to educate and empower individuals to choose and maintain healthy life behaviors and lifestyles that promote mental health.
Recovery Services	Services that are designed to provide choices and opportunities for adult Members with serious mental illnesses and youth Members with serious emotional disturbances. Recovery-oriented services promote self-management of psychiatric symptoms, relapse prevention, treatment choices, mutual support, enrichment, and rights protection. They also provide social supports and a lifeline for Members who have difficulties developing and maintaining relationships. These services can be provided at schools, churches or other community locations. Services include, but are not limited to, peer counseling and support services, peer-run employment services, peer mentoring for children and adolescents, recovery groups, warm lines and advocacy services.
Respite Care	Temporary or short-term care of a child, adolescent or adult that is provided by adults other than the birth parents, foster parents, adoptive parents, family members or caregivers that the child, adolescent or adult normally resides with, and that is designed to give the parents, family members or caregivers some time away from the child, adolescent or adult to allow them to emotionally recharge and become better prepared to handle the normal day-to-day challenges.

Case Management

Activities that are community-based and are delivered in the consumer's environment, including:

- Service planning.
- Outreach.
- Referral.
- Supportive interventions.
- Crisis management.
- Linkage.
- Service coordination and continuity of care.
- Monitoring/follow-up.
- Advocacy.

Medication Management

The administration of medication, as prescribed and monitored by NBH psychiatrists, is an essential component of our managed care health program. The physician is available to consumers and his/her family for consultation regarding medications prescribed, side effects, potential benefits and risks. Appropriate prescription and administration of psychoactive medication may be used either as a primary treatment intervention or an adjunct to other therapies.

After Hours, Emergency and Post-stabilization Care Services

Services provided during a mental health emergency that involves unscheduled, immediate, or special interventions in response to crisis situation with a consumer and the services provided after stabilization.

Residential

Any type of 24 hour care provided in a non-hospital, non-nursing home setting, where NBH provides room, room and board, or room, board and supervision. Residential services are appropriate for children, youth, adults and older adults who need 24 hour supervised care in a therapeutic environment. NBH is not responsible for 24-hour care in a non-hospital setting for children and youth who are in the custody of the Department of Human Services or Youth Corrections.

School-Based Services

Mental health services provided to school aged children and adolescents on site in their schools, with the cooperation of the schools

Emergency and Post-Stabilization Care

NBH will be responsible for coverage and payment of Emergency and Post-Stabilization Care service regardless of whether the Provider that furnishes the services has a contract with NBH.

NBH will not deny payment for treatment obtained if a Member has an Emergency Medical condition and/or a representative of NBH instructs the Member to seek

Emergency Services.

NBH recognizes that:

- It cannot limit what constitutes an Emergency Medical Condition on the basis of lists of diagnoses or symptoms;
- It cannot refuse to cover services based on not receiving notification of the Member's screening and treatment;
- A Member may not be held liable for payment of subsequent screening and treatment needed to diagnose the specific condition or for stabilization; and
- That the attending Physician or Provider actually treating the Member is responsible for determining when the Member is sufficiently stabilized for transfer or discharge and that determination is binding on NBH for coverage.

Definitions:

Emergency medical condition means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, with an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in: (a) serious jeopardy to the health of the individual or, in the case of a pregnant woman, the health of the woman or her unborn child; (b) serious impairment to bodily functions; or (c) serious dysfunction of any bodily organ or part.

Emergency medical condition also includes "the sudden, and at the time, unexpected onset or exacerbation of a mental health condition that requires immediate medical attention or mental health services, where failure to provide medical attention or mental health services would be likely to result in serious impairment of bodily functions or serious dysfunction of a bodily organ or part, or would place the person's or another's health or safety in serious jeopardy."

Emergency services mean covered outpatient services that are: (a) furnished by a provider qualified to furnish emergency services and (b) needed to evaluate or stabilize an emergency medical condition.

Post-stabilization care services means covered services, related to an emergency medical condition that are provided after an enrollee is stabilized in order to maintain the stabilized condition or, to improve or resolve the enrollee's condition.

Plan physician means a physician who has been retained by the NBH network

Emergency Services

The Medicaid enrollee has the right to obtain emergency services immediately at the nearest provider when and where the need arises, regardless of whether the entity that furnishes the services has a contract with NBH.

The Medicaid enrollee has the right to access emergency services by using 911 or the local equivalent.

The Medicaid enrollee has a right to obtain a second opinion of emergency service provided within 8 hours of making a request.

Emergency services are not subject to prior authorization.

Post-stabilization Care Services

Post stabilization care services are subject to prior authorization. If pre-approval does not occur within 1 hour of the request, or unsuccessful attempts have been made to contact NBH or the NBH representative and the treating physician cannot reach an agreement concerning the enrollee's care, NBH will be financially responsible for the cost of care. If a disagreement concerning care occurs, NBH must give the treating physician the opportunity to consult with a plan physician. The treating physician may continue with care of the patient until a plan physician is reached. The NBH's financial responsibility for post-stabilization care services ends when the following criteria is met: (a) a plan physician with privileges at the treating hospital assumes responsibility for the enrollee's care; (b) a plan physician assumes responsibility for the enrollee's care through transfer; (c) a NBH representative and the treating physician reach an agreement concerning the enrollee's care; or (d) the enrollee is discharged.

Day Time Working Hours Requests

- All Centers will respond within 1 hour to all post-stabilization requests during working hours.
- If the treating physician and the Center's representative cannot reach agreement concerning the enrollee's care and plan, the on call physician from the Center will be contacted.
- The on-call physician will consult with the treating physician.
- The on-call physician will either accept responsibility for the care, have the care transferred to NBH, come to mutual agreement upon the treatment plan or there is agreement of the discharge of the enrollee.
- The Centers will arrange for the next level of care.
- The financial responsibility for post-stabilization will end when the Center's physician with privileges at the treating hospital assumes responsibility for the consumer's care. The Center's physician assumes responsibility by having the care transferred, or a mutual agreement about the care has been reached or the consumer is discharge.

After Hours Requests

- All calls will be triaged through the Acute Treatment Unit

- The after hour emergency clinician will be contacted from each Center
- The emergency clinician will respond within 1 hour for all post-stabilization requests.
- If a disagreement occurs regarding the plan of care, the on-call physician or NBH medical director will be contacted.
- The on-call physician will either accept responsibility for the care, have the care transferred to NBH, come to a mutual agreement upon the treatment plan or agreement of the discharge of the enrollee.
- The Center will arrange for the next level of care.
- The financial responsibility will end as stated in the working hour procedure.

Retrospective reviews

- The Intensive Services staff from NBH will conduct retrospective reviews

Financial Responsibility Regarding Psychiatric and Medical Diagnoses

NBH will be responsible for inpatient services bases on the primary diagnosis that is requiring inpatient level of care and is being actively managed within the treatment plan of the Member. NBH's responsibility will include those primary diagnoses which is psychiatric in nature even when that diagnosis includes some physical health procedures. NBH will not be responsible for substance abuse rehabilitation.

NBH will not be responsible for inpatient services when the Member's primary diagnosis is physical in nature even when that diagnosis includes some psychiatric procedures.

NBH will be responsible for Emergency Room Services when the Member's primary diagnosis is psychiatric in nature, even when some physical health conditions are present or a medical procedure is provided. However, NBH is not responsible for the cost of any medical procedure provided.

NBH will not be responsible for Emergency Room Services when the primary diagnosis in medical in nature even when procedures are provided to treat a secondary psychiatric diagnosis.

NBH's responsibility for Outpatient Hospital services is based on the principal diagnosis is psychiatric in nature and the services are a Covered Service.