Riverside University HEALTH SYSTEM Behavioral Health

DOCUMENTATION OF ADMINSTRATIVE DAYS FOR INPATIENT PROVIDERS

At some point during a hospitalization, a patient may no longer meet criteria for Medical Necessity but this patient may not have an appropriate placement to which to discharge; i.e. there is no appropriate, non-acute treatment facility within a reasonable geographic area with an available bed. Under certain specific circumstances, the documentation for this patient may meet criteria for reimbursement for Administrative Days (Admin Days). The following criteria must be met:

Presence of an Acute Day

Sometime during the hospitalization, documentation must indicate that there was Medical Necessity for at least one acute hospital day. Typically, most patients are admitted to the hospital for symptoms and behaviors that meet the criteria for Medical Necessity for an Acute Day and later may transition to Admin Days. If a patient is admitted purely for placement, this does not meet Medical Necessity for an Acute Day. If a patient is "kicked out" of a placement for problematic behaviors (DTS, DTO behaviors) and will need a new placement, it would probably be appropriate to admit the patient on Acute Day status until the problematic behaviors are stabilized. After stabilization, a patient might be switched to Admin Days while placement efforts are made.

Sometimes there may not be criteria for an Acute Day on admission, but the criteria may be present for a day later in the hospitalization. Under these circumstances, no days requested as Admin Days can be approved before the first Acute Day occurs. However all Admin Days requested *after* the occurrence of the first Acute Day are potentially reimbursable. For example, a patient may be admitted purely for placement and the patient is calm and cooperative. Perhaps a week later, the patient becomes combative and receives IM meds; this day meets criteria for an Acute Day. In this scenario, no Admin Days could be approved for the first week, but days

requested as Admin Days after the first week are potentially reimbursable if the placement calls are properly documented.

Admin Days for discharges to the following placements are potentially reimbursable:

- Augmented B&C (a B&C which provides extensive psychiatric services at the B&C; e.g., Desert Sage, Roy's Augmented B&C)
- CRT (Crisis Residential Treatment; e.g., Lagos CRT, Indio CRT)
- IMD (Institute for Mental Disorder)
- SNF (Skilled Nursing Facility) with a psychiatric milieu
- Dual Diagnosis Rehab Facility
- State Hospital

Admin Days for discharges to the following placements <u>cannot</u> be approved:

- To Home, To Friends, To Self, To the Streets
- Shelter
- R&B (Room and Board)
- Regular B&C (Board and Care)
- Sober Living Facility
- Rehab Facility that does not provide dual-diagnosis treatment
- Regular Nursing Home/SNF

The psychiatrist must order (preferably) or clearly indicate in a progress note which hospital days are to be reviewed as Admin Days. He/she should also indicate the level of care (LOC) into which the patient should be placed (e.g., CRT, IMD). The placement worker should then begin making placement calls to the appropriate placements for that LOC. When the psychiatrist indicates that a patient is on Admin Days, the psychiatrist is not required to document for Medical Necessity in his/her daily progress note.

In order for the Admin Days to be approved for reimbursement, the placement worker must make and appropriately document five calls to approved facilities each week. (Each of these calls will be referred to as a *viable call.*) The placement worker ***must*** include the following information for the calls to be approved:

- The specific *facility* called
- The *date* of the contact
- The *status* of the placement call; i.e., *accepted* or *denied* (patient accepted, patient denied because no beds are available, patient denied because of other reason)
- A *signature* (either handwritten or electronic) of the placement worker making the contact

In order to meet the requirements for the *first* Admin Day to be approved, the psychiatrist must have requested Admin Days *and* five viable calls must be documented within the week following the initial request for Admin Days. If the five viable calls are documented within the week following the initial request for Admin Days, Admin Days will be approved for one week starting with the day that the psychiatrist first orders Admin Days. This day would be considered Day #1 of Placement-Calls-Week #1.

If viable placement calls are not documented within the week following the initial request for Admin Days, the first approved Admin Day would occur on the day that the first viable placement call was documented. This day would be considered Day #1 of Placement-Calls-Week #1.

In order to approve all seven days of the subsequent weeks (ie, Placement-Calls-Week #2, Placement-Calls-Week #3, etc), five viable calls must be documented during each week. The calls do not need to be made on Day #1 of the subsequent weeks, only sometime during the week.

If there are fewer than five possible placements available (e.g., currently there are only two appropriate SNF's with psychiatric milieu), then the requirement is not five viable calls a week but rather that *all* viable placements must be called. In the example, if both SNF's with the psychiatric milieus are called, all seven days of the week will be approved as Admin Days.

Sometimes a patient who is put on Admin Days suffers deterioration and might qualify for a return to one or more Acute Days.

If a patient is accepted at a viable placement but the day of admission to that placement is not projected to be within seven days, placement calls should continue.

If a patient has been on Admin Days for a discharge to a viable placement, but the patient is eventually discharged to a placement that is not covered (e.g., home, regular B&C), the Admin Days are still potentially reimbursable until the change of plans occurs.

In order for a patient to be eligible for placement at an IMD, the patient must be on an LPS Conservatorship, either a temporary conservatorship (TCON) or a permanent conservatorship (PCON). Therefore, calls to an IMD for placement of a patient awaiting a conservatorship are not viable/reimbursable because the patient cannot be accepted under those circumstances. Once the TCON has been *granted*, placement calls to IMD should immediately begin and are potentially reimbursable.

A scenario that occurs frequently in acute hospitals starts with a patient admitted on a 5150 for grave disability and Acute Days are approved. Eventually a psychiatrist determines that the patient needs to be on an LPS conservatorship because the patient is unable to make or consent to a reasonable discharge plan. The psychiatrist files the appropriate paperwork for the LPS Conservatorship. Eventually the court grants the request and the patient is then on a TCON.

Under this scenario, Acute Days would likely be approved up until the TCON is granted based on acute grave disability. Once the TCON is granted, the patient would no longer be considered to be acutely gravely disabled because the conservator has the legal responsibility for consenting to an appropriate placement for the patient. Therefore, no Acute Days would likely be approved after the TCON is granted if the rationale is based on grave disability. (Acute Days might be approved if behavior indicative of DTS or DTO occurs on some days.) The bottom line is that the psychiatrist ought to usually request Acute Days until the TCON is granted and Admin Days after it is granted.