

Adopt He-M 1401, cited and to read as follows:

CHAPTER He-M 1400 INSTITUTIONS FOR MENTAL DISEASES TREATING SERIOUS MENTAL ILLNESSES

PART He-M 1401 OPERATIONAL REQUIREMENTS FOR INSTITUTIONS FOR MENTAL DISEASES TREATING SERIOUS MENTAL ILLNESSES

He-M 1401.01 Purpose. The purpose of this part is to describe the requirements necessary for a hospital level of care facility that meets the definition of an institution for mental disease (IMD), as defined in 42 CFR Part 435.1010, and determined by the department of health and human services (department) as eligible to claim medicaid reimbursement for the treatment of serious mental illnesses.

He-M 1401.02 Definitions.

(a) “Department” means the New Hampshire department of health and human services.

(b) “Institution for mental disease (IMD)”, as defined by 42 CFR Part 435.1010, means “a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases, including medical attention, nursing care and related services. Whether an institution is an institution for mental diseases is determined by its overall character as that of a facility established and maintained primarily for the care and treatment of individuals with mental diseases, whether or not it is licensed as such.” An institution for individuals with Intellectual Disabilities is not an institution for mental diseases.

(c) “Involuntary emergency admission (IEA)” means an individual who has been admitted to the state mental health system on an involuntary, emergency basis, pursuant to RSA 135-C:27-33, or a person who is in such mental condition as a result of a mental illness as to pose a likelihood of harm to self or others.

(d) “Medicaid” means the Title XIX and Title XXI programs administered by the department, which makes medical assistance available to eligible individuals.

(e) “Medicaid care management” means the medicaid program described in He-W 506.

He-M 1401.03 Confidentiality. All information about individuals receiving services in accordance with this chapter shall be kept confidential, and only persons involved in administering services in accordance with this chapter shall review an individual’s information, unless the individual signs an authorization to release the information to another individual or organization.

He-M 1401.04 Facility Certification and Operational Requirements. The IMD shall meet the following requirements:

(a) Be enrolled as a New Hampshire medicaid provider;

(b) Be licensed or deemed licensed in accordance with RSA 151:5-b primarily to treat mental illnesses;

(c) Be credentialed with, or have a provider contractual agreement with, each managed care organization operating in the medicaid care management program;

(d) Be a designated receiving facility as defined in He-M 405.02(f);

(e) Agree to abide by the following:

(1) Submit real-time reporting on length of stay data to the department as requested, to include admissions and discharge feed, in order to facilitate the department reporting on the Centers for Medicare and Medicaid Services (CMS) requirement for a statewide average length of stay of 30 days;

(2) Not restrict admissions on the basis of involuntary legal status of the admission, or housing situation of the patient; and

(3) Provide preference for admission of patients from the IEA waiting list maintained by the department or its designee;

(f) Be accredited, or provisionally accredited, by one of the following entities:

(1) The Joint Commission;

(2) The Commission on Accreditation of Rehabilitation Facilities; or

(3) The Council on Accreditation;

(g) Be determined by the department to be an IMD in accordance with Section 1905(i) of the Social Security Act and 42 U.S. Code § 1396d; and

(h) Have policies and procedures on the following:

(1) The reporting of admission-discharge-transfer data for known medicaid beneficiaries receiving treatment to the department on a daily basis and in an electronic format acceptable to the department;

(2) The screening of patients for co-morbid physical health conditions and substance use disorders and addressing co-morbid physical health conditions during short-term stays in the facility;

(3) Providing intensive pre-discharge, care coordination services to help patients transition out of the facility into appropriate community-based outpatient services, including the requirement that community-based providers participate in transition efforts;

(4) Assessing the housing situation of a patient transitioning to the community from the facility and connecting patients who have been experiencing or are likely to experience homelessness or who would be returning to unsuitable or unstable housing with community providers that coordinate housing services, where available;

(5) The protocols in place to ensure contact is made, through effective means, with each discharged patient and the community-based provider to which the patient was referred within 72 hours of discharge to encourage the beneficiary to receive appropriate follow-up care after leaving the facility;

(6) Performing utilization review using an evidence-based, publicly available patient assessment tool endorsed by a mental health provider association, to ensure that lengths of stay are limited to what is medically necessary and only for those patients who have a clinical need to receive treatment in such a facility and are receiving treatment in the facility; and

(7) Participating in current and future department health information technology initiatives in the following areas:

- a. Referrals;
- b. Electronic care plans and medical records;
- c. Consent;
- d. Interoperability;
- e. Telehealth;
- f. Alerting, analytics, or both; and
- g. Identity management.

He-M 1401.05 Reimbursement for the Treatment of Serious Mental Illnesses in IMDs.

(a) Rates of payment for IMD services shall be established by the department in accordance with RSA 161:4, VI(a) and the methodology for the IMD reimbursement rates shall be outlined in the New Hampshire Medicaid State Plan, Section 4.19-A, "Payment for Inpatient Hospital Services".

(b) Payment for IMD services shall be billed only in cases where the individual is:

- (1) Twenty-one through 64 years of age at the time of admission;
- (2) Approved for full medicaid benefits in accordance with He-W 600 and He-W 800; and
- (3) In such mental condition, as a result of mental illness, as to create a potentially serious likelihood of danger to themselves or to others.

(c) Treatment of serious mental illness shall not be eligible for medicaid reimbursement when the individual falls under one of the following eligibility groups:

- (1) Qualified medicare beneficiaries;
- (2) Specified low-income medicare beneficiaries;
- (3) Non-citizens qualifying for emergency services only benefits;
- (4) Family planning only; and
- (5) Temporary eligibility groups, if applicable.

He-M 1401.06 Required Documentation. The provider shall maintain supporting records in accordance with He-W 520 and shall keep documentation supporting claims and records necessary to disclose the extent of services the provider furnishes to Medicaid recipients in accordance with He-W 520.

He-M 1401.07 Record Keeping Requirements. Providers shall maintain clinical records to support claims submitted for reimbursement for a period of at least 6 years from the date of service or until the resolution of any legal action(s) commenced in the 6 year period, whichever is longer in accordance with He-W 520.03

He-M 1401.08 Utilization Review.

(a) Evaluations of the quality, medical necessity, appropriateness of care, and length of stay determinations for all inpatient hospital services at in-state and border hospitals shall be made by the department in accordance with 42 CFR 456.100 and those sections of 42 CFR 456 described therein.

(b) The department’s program integrity unit shall monitor utilization of hospital services to identify, prevent, and correct potential occurrences of fraud, waste, and abuse, in accordance with 42 CFR 455, 42 CFR 447, 42 CFR 456, and He-W 520.

(c) Failure to maintain records in accordance with He-W 520 and He-M 1401 shall entitle the department to recoupment of state and federal Medicaid payments made as permitted by 42 CFR 455, 42 CFR 447, and 42 CFR 456.

APPENDIX

RULE	SPECIFIC STATE AND FEDERAL STATUTES AND FEDERAL REGULATIONS
He-M 1401 - All sections	42 CFR Part 435.1010
He-M 1401.01	42 CFR Part 435.1010
He-M 1401.02	RSA 135-C:27-33
He-M 1401.03	42 CFR Part 435.1010
He-M 1401.04	RSA 151:5-b; 42 U.S. Code § 1396d
He-M 1401.05	RSA 161:4, VI(a)
He-M 1401.06	42 CFR Part 435.1010
He-M 1401.07	42 CFR Part 435.1010
He-M 1401.08	42 CFR 456.100; 42 CFR 455; 42 CFR 447; 42 CFR 456