



MassHealth
Managed Care Entity Bulletin 9
November 2018

TO: All MassHealth Managed Care Entities Participating in MassHealth
FROM: Daniel Tsai, Assistant Secretary for MassHealth
RE: **Clarification on the use of Administratively Necessary Days in all Psychiatric Inpatient Hospital Stays**

Background

This bulletin clarifies the acceptable use of Administratively Necessary Days (AND) for all Psychiatric Inpatient Hospital stays by MassHealth managed care entities (MCEs).

Administratively Necessary Days in Psychiatric Inpatient Hospital Stays

MCEs shall only move a member in inpatient psychiatric hospitalization to AND status when the member is clinically ready for discharge to a lower level of care, but an appropriate setting is not available.

MCEs shall not place a member on AND status when a member is going to be discharged from a hospital but is awaiting a placement at another inpatient level of care. Equivalent inpatient levels of care may include, but are not limited to Department of Mental Health (DMH) continuing inpatient psychiatric care (“long-term continuing care”), Intensive Residential Treatment Programs (IRTP) and Clinically Intensive Residential Treatment Programs for Children (CIRT).

MCE payment rates to hospitals for members placed on AND status should be adequate to maintain the ongoing provision of appropriate clinical care until the date of discharge.

Concurrent Review of Medical Necessity

MCEs may continue to perform concurrent reviews for all members who are on AND status. MCEs should use the concurrent review process to resolve barriers to discharge. Concurrent review conducted by the MCE must be done in collaboration with facilities and DMH (when DMH is involved). In conducting such concurrent reviews, MCEs may not consider a member’s DMH authorized or pending status when determining whether a member is ready for discharge from the acute inpatient psychiatric hospital.

Discharge Planning

MCEs are expected to implement procedures to ensure timely and effective discharge planning. Discharge planning must involve collaboration between the MCE and the treating hospital and must include actionable strategies to address barriers to discharge and

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Discharge Planning (*cont.*)

mitigate the risk of decompensation, readmission and overdose after discharge. MCEs, the hospital, the member, and DMH (when DMH is involved) should reach agreement on the discharge plan before placing a member on AND status.

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Questions

If you have any questions about the information in this bulletin, please contact the MassHealth Customer Service Center at (800) 841-2900, email your inquiry to providersupport@mahealth.net, or fax your inquiry to (617) 988-8974.