

COUNTY OF HUMBOLDT  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
BEHAVIORAL HEALTH

POLICY NO. :  0704.660	POLICY TITLE:  <b>OUT OF COUNTY (OOC) HOSPITALIZATIONS</b>	EFFECTIVE DATE:  08/07/2006
PROGRAM:	PERFORMANCE MANAGEMENT UNIT - QUALITY IMPROVEMENT	REVISION DATES: 01/13/15, 4/6/15, 6/22/15, 8/9/17, 12/11/17
AFFECTS:	ALL PROGRAMS	REVIEW DATES: 03/12/10; 07/28/10; 03/30/11; 9/23/13; 02/06/14

**POLICY** Humboldt County Department of Health and Human Services - Behavioral Health (DHHS-BH) Quality Improvement (QI) evaluates for medical necessity for all Humboldt County Medi-Cal beneficiaries who are hospitalized in an out of county facility. QI coordinates continuity of care by obtaining status reports (reviews) from the out of county facility on Monday, Wednesday and Friday via Humboldt County Behavioral Health direct confidential phone line or fax. Reviews are communicated to the appropriate Humboldt County Behavioral Health Outpatient Program(s) via secure email. Communications are maintained throughout the course of the hospitalization with all parties participating in the QI OOC Hospitalizations process.

24 hour notification is requested from out of county facilities that admit Humboldt County Medi-Cal clients.

**DEFINITION(S)**

<p><u>OOO</u>: Out of (Humboldt) County  <u>QI</u>: Quality Improvement  <u>OP</u>: Outpatient  <u>DHCS</u>: CA Department of Health Care Services  <u>CFS</u>: Children, Youth and Family Services  <u>HCBH</u>: Humboldt County Behavioral Health  <u>CSU</u>: Crisis Stabilization Unit  <u>SV</u>: Sempervirens  <u>IMD</u>: Institute for Mental Disease</p>	<p><u>PHI</u>: Protected Health Information  <u>HIPAA</u>: Health Insurance Portability and Accountability Act  <u>TAY</u>: Transition Age Youth division treating 16-26 ages</p>
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**PROCEDURE**

When notified of a client's out of county (OOC) hospitalization (usually through the Managed Care direct confidential phone line, 707-268-2955 Option 2 or by fax or by Humboldt County CSU), QI will do the following:

1. Check **MEDS** online to verify if client is Humboldt County Medi-Cal eligible and document this in the QI records.
2. Check the electronic health record to see if the person is open for services or has ever received services and when the last time the client was seen by HCBH, and print the necessary client information for QI records.
3. If QI receives a call **requesting authorization for placement of an OOC client who has Humboldt County (HC) Medi-Cal**, the following will occur:
  - 3.1 The request with the pertinent clinical information will be forwarded to the SV Administrator or designee via a phone call and QI personnel will send a follow-up email indicating this request for tracking purposes;
  - 3.2. Responsible program as below will also be apprised of the request via secure email by QI; and
    - 3.2.1. Adult OOC distribution list: Adult Services Senior Program Managers (SPM) and Program Managers, Director of Nurses (DON), Assistant DON, Sempervirens SPM, Administration, Claims Data Management (CDM), the QIC and all QI Nurses.
    - 3.2.2 TAY OOC distribution list: TAY Division Supervising Clinician, Adult and C&FS

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Deputy Directors, Adult and C&FS SPMs, Adult and C&FS Outpatient Supervisors, Social Services C&FS Deputy Director and Program Manager, Sempervirens SPM, DON, Assistant DON, HCBH Director and Deputy Director(s), Social Service Director, CYFS Access Clinician(s), CDM, the QIC and all QI nurses.

- 3.2.3. Minor OOC distribution list: C&FS Deputy Directors, C&FS SPMs, C&FS Supervisors, Social Services C&FS Deputy Director and Program Manager, Sempervirens SPM, DON, Assistant DON, HCBH Director and Deputy Director(s), Social Service Director, CYFS Access Clinician(s), CDM, the QIC and all QI nurses.
- 3.3 QI will request notification from the SV Administrator or designee of the placement status decision (OOC approval vs. transfer to SV, etc) of the client to initiate appropriate follow-up if the client is authorized to be placed in an OOC facility.
4. If HCBH sent the client to the OOC facility (usually as a transfer from CSU or a minor from SV), obtain a copy of the documentation showing why the client was sent, demographic information, and any additional pertinent facts.
5. If client is **not open to HCBH services, but has HC Medi-Cal**, QI will follow procedure as listed in #10 below.
6. If client is considered **indigent (not a HC Medi-Cal beneficiary, but resides in HC and NO other insurance coverage)**, QI will:
- 6.1 Inform the OOC facility HCBH is not fiscally responsible and will not be taking reviews;
- 6.2 Send a secure email notifying the responsible program that the client is deemed indigent and QI will not be taking reviews unless a Letter Of Intent (LOI) or contract is initiated by Administration.
- 6.2.1 If a LOI or contract is approved by Administration, QI will be notified of this by Administration and follow the procedure listed in #10 below.
7. **Clients who are conserved through Humboldt County** may be placed in an IMD/ behavioral health treatment facility in another County. In these cases, the client's MEDS screen may indicate Medi-Cal eligibility through the County where the OOC site is located.
- 7.1 If this is suspected or stated, QI will verify if the client:
- 7.1.1. Is conserved through the HC Public Guardian's office at (707) 445-7343 and
- 7.1.2 Was placed out of county in an IMD behavioral health treatment facility by checking the [S:\Managers\ABxHRS\Placement Tracking -Final Monthly Reconciliations](#) folder.
- 7.2. If the client is a **HC conserved client**, QI will follow the procedure listed in #10 below and include the HC Public Guardian in the email(s) pertaining to the OOC admission.
- 7.3 If the client is **not a HC conserved client**, QI will:
- 7.3.1. Inform the OOC facility HCBH is not fiscally responsible and will not be taking reviews;
- 7.3.2 Send an email notifying the responsible program of this.
8. If the client has **HC Medicare and Medi-Cal**, Medicare is considered the primary insurance and QI will **not** take reviews.
- 8.1 QI will send an email to notify the responsible program in OP that QI will not be following up with reviews.
9. If a **HC Medi-Cal client is admitted to an Out of State facility**, QI will determine if the facility meets border community criteria per [CCR Title 9 Section 1820.115](#).
- 9.1. If the OOC facility falls within a HC border community, QI to follow procedure as listed in #10 below.
- 9.2. If the OOC facility does not fall within a HC border community, QI will notify the facility that HC is not fiscally responsible and will be advised to consider the client indigent. QI will send a secure email with this information to the responsible program making sure that the responsible program in OP knows that QI **will not** be following up with reviews.
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10. If the **client has Humboldt County Medi-Cal**, QI will:
  - 10.1 Contact the OOC facility to obtain the name, phone number, and fax number of their Utilization Review Nurse (or this person may be a Social Worker or Discharge Planner).
    - 10.1.1 Inquire if the facility is contracted with Medi-Cal for inpatient services for adults or minors depending on the client's age.
    - 10.1.2 If the OOC facility is NOT a certified Medi-Cal facility, QI will call and email the responsible HCBH program staff informing them of this situation. The responsible staff will then decide and inform QI of the outcome (LOI, transfer to SV or another Medi-Cal certified facility, contract).
  - 10.2 Fax the "fax packet" (kept in the OOC file drawer) to the facility; include the "EPSDT and TBS" packet if the client is under the age of 21.
    - 10.2.1 The completed Form QI-83 HCBH Inpatient Consolidation Client Information Form is requested back from the OOC hospital for their DHCS Approved Per Diem Rate for acute and administrative per day rates for billing purposes. This process relates to the treatment authorization request (TAR) or invoice processing after the client is discharged.
  - 10.3 Log the client into the electronic QI OOC Log located on the shared drive ([OOO Hospital TAR Log](#)) completing all applicable columns.
  - 10.4 Begin and complete Form QI-44 OOC Hospitalization Review Sheet when notification and information becomes available from the OOC facility. This information includes:
    - 5150 information
    - Admitting psychiatric evaluation with DSM diagnoses
    - UR person contact name and phone number
    - Social Worker (SW) name and phone number—this information requested as the HCBH responsible staff will be working with the OOC SW on discharge planning.
  - 10.5. If an admission/initial review is not available upon first notification, a preliminary email notification of the client's admit along with pertinent information available at the time and the documentation provided from the OOC facility will be provided by QI to the responsible program (Adult, Minor, or TAY) via email on the same business day QI receives the notification.
    - 10.5.1 QI will put the name of the Responsible Program's point person in the "To" line in the email and the rest of the members in the distribution group on the "Cc" line to eliminate any confusion as to who should be following up with OOC facility.
    - 10.5.2 QI will track the number of days the beneficiary has been hospitalized at the OOC facility and include a running tally of the inpatient stay in the subject line of each OOC email being sent to the distribution group. Continue to provide, as usual, name of OOC facility, adult or minor and date of admit in the subject line.
    - 10.5.3 When the beneficiary's hospital stay at the OOC facility has exceeded 10 days, QI will include the supervisor in the "To" line in the email along with the Responsible Program's point person. For Children's Program, the supervisor would be C&FS/CYFS Senior Program Manager and the Adult's Program supervisor is the Deputy Director.
  - 10.6 Notify the OOC facility that QI will request reviews via fax or phone typically on Monday, Wednesday, and Friday.
  - 10.7 Enter the OOC admission continuing information to Form QI-44 OOC Hospitalization Review Sheet as information is obtained.
  - 10.8 Proceed with phone or fax reviews, paying attention to medical necessity and discharge planning, scan, and send the information out to the responsible program as new information is obtained via secure email including the number of days inpatient in the subject line as noted above in Section 10.5.
  - 10.7. List the client's initials, HCBH ID # or date of birth, OOC facility name, insurance and date of admit on the OOC Log Board in the QI office.
  - 10.8 Before the client is discharged, request that the Aftercare Instructions and the Discharge Summary (when available) be faxed from the OOC facility to the QI fax number (707-476-4096).
    - 10.8.1 When QI receives the Aftercare Instructions and/or Discharge Summary from the OOC facility, forward this information to the responsible program in OP via secure email

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and provide a copy to Medical Records to be put in to the client's electronic health record.  
10.8.2 QI is to keep copies of this information for their records as well.

10.9 All electronic communication will be sent via secure email if any client identifying information is included within an email.

10.10 After the client is discharged:

10.10.1 Complete the documentation on the OOC Hospitalization Review Sheet including the discharge date and document the discharge date in the OOC Hospitalization Log.

10.10.2 Remove the client's name from the QI OOC Log Board.

10.10.3 File the accumulated hospitalization paperwork including any emails sent out in the QI OOC Files for reference when processing the TAR and/or Invoice.

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FORMS/  
ATTACHMENTS

[QI-44 Out of County Hospitalization Review Sheet](#)  
[QI-83 HCBH Inpatient Consolidation Client Information Form](#)

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REFERENCE

[CCR Title 9, Div. 1, Chapter 11, Subchapter 2, Art. 2, Section 1820.205](#)  
[CCR Title 28, Div. 1, Chapter 2, Art. 8, Section 1300.70](#)  
[CA Evidence Code section 1157](#)  
[CWIC Section 4070](#)  
[0704.620 Treatment Authorization Requests \(TARs\) for Medi-cal Policy and Procedure](#)  
[0100.317 Out of County Transfer Hospitalization and payment Authorization Letter of Intent](#)

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