



Inpatient Mental Health Services (IPLOC) PERFORMANCE SPECIFICATIONS

Performance Specifications (PS) Title: Inpatient Mental Health Services (IPLOC)		
PS #: 001	<input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care <input checked="" type="checkbox"/> MA Medicare Premier <input checked="" type="checkbox"/> MA Medicare Value <input checked="" type="checkbox"/> RI Medicare Preferred <input checked="" type="checkbox"/> RI Medicare Premier <input checked="" type="checkbox"/> RI Medicare Value <input checked="" type="checkbox"/> RI Medicare Maximum	Prior Authorization Needed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Notification of Admission Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Continued Stay Review Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Clinical: <input checked="" type="checkbox"/>	Operational: <input type="checkbox"/>	Informational: <input type="checkbox"/>
Medicare Benefit: <input type="checkbox"/> Yes <input type="checkbox"/> No	Approval Date: 06/03/2021	Effective Date: 08/21/2021
Last Revised Date: 08/17/2021; 10/18/2021/4/13/2023;	Next Annual Review Date: 06/03/2022; 08/17/2022; 10/18/2022; 4/13/2024;	Retire Date:

COVERED SERVICES:

Inpatient Mental Health Services represent the most intensive level of psychiatric care, used to stabilize Members who have an acute psychiatric condition or an acute exacerbation of a chronic condition with a sudden onset or worsening of symptoms. It is expected that treatment at this level of care will result in significant improvement of symptoms during the course of a brief hospital stay. Inpatient Mental Health services are provided in a 24-hour, locked, medically staffed and psychiatrically supervised treatment setting. Twenty-four-hour skilled nursing care, daily medical care, and a structured treatment milieu are required. Providers of inpatient psychiatric treatment services are required to admit and treat all Members for whom it has been determined that this level of care is medically necessary, regardless of clinical presentation, as long as a bed is available and, in an age-appropriate unit. Commonwealth Care Alliance uses inpatient level of care for Members only when less intense or restrictive levels of care cannot safely or effectively treat the Member. Facilities providing this level of care are expected to accept and treat Members 24/7 and 365 days per year any member in need of inpatient mental health services who are referred by Adult Community Crisis Intervention (AMCI) provider or an Emergency Department, regardless of the availability of insurance, capacity to private pay, or clinical presentation.

COMPONENTS OF SERVICE:

- All hospitals that admit individuals with an acute psychiatric condition on any admission status other than, or in addition to, voluntary status need to be licensed by the Department of Public Health (DPH) and the Department of Mental Health (DMH). Private psychiatric hospitals need to be licensed by DMH
- All Behavioral Health Inpatient Providers must accept for admission or treatment all Members for whom Commonwealth Care Alliance (CCA) has determined admission or treatment is Medically Necessary, regardless of clinical presentation, as long as a bed is available
- Full therapeutic programming is provided with appropriate levels of professional staff and professional staff-to-

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patient ratio's that support a therapeutic milieu of services 24/7 and 365 days per year. The scope of available services includes, but is not limited to the following and is based on the individual's specific clinical needs:

- Bio-psychosocial evaluation
 - Psychiatric and medical evaluation and pharmacological services
 - Individual therapy, group and family therapy
 - Peer support and or other recovery services
 - Development of a behavioral and/or crisis intervention plan
 - Psychological testing, if clinically indicated for stabilization and/or to address diagnostic questions central to the assessment, treatment and discharge planning for the Member
 - Substance use disorder assessment and counseling
 - Vocational assessment
- A comprehensive psychiatric evaluation will be conducted within 24 hours of admission to assess the medical, psychiatric, pharmacological, and treatment needs of the Member. Medication reviews need to happen on a daily basis during admission
 - Providers must ensure that their discharge planning staff screen admission data, which at a minimum includes age, diagnosis, and housing status, within 24 hours of admission. For any member determined by the provider to be experiencing or at risk of becoming houseless, the provider must begin discharge-planning activities related to housing concerns within three days of the member's admission
 - Following the initial evaluation, the psychiatrist must meet with the Member at least once a day
 - The Inpatient Mental Health provider is required to supply the Member with medications prescribed for physical and behavioral health conditions and ensures clear and accurate documentation of all medications in the member's health record
 - A medication reconciliation process is conducted prior to supplying medications to the Member. The provider is expected to review the Member's complete medication regimen at the time of admission and compare it to the regimen being considered by the Inpatient Mental Health provider. It is expected that the Inpatient Mental Health provider will collaborate with the Member's primary care provider or outpatient psychiatric medication prescriber (if appropriate and applicable) when considering adjusting the Member's medication regimen. At discharge, the Inpatient Mental Health provider must communicate the new list of medications to the member, and with consent, to the appropriate caregivers, the Member's primary care provider, the CCA Clinical Team, and any other treatment providers
 - A Behavioral Health Multidisciplinary Team is assigned to each Member within 24 hours of admission. This team completes and reviews the Member's treatment plan within 24 hours of admission, modifies the treatment plan as needed during the Member's Inpatient stay and periodically meets to review and modify the treatment plan. The provider ensures that each Member has daily individual contact with unit staff, and that individual therapy with an assigned master's-level clinician, group therapy, and family therapy are provided at a frequency determined in each Member's individualized treatment plan as clinically indicated
 - CCA is a payor and a provider of integrated care. Prescribers and Multidisciplinary staff are expected to collaborate with CCA staff and/or team to gain an understanding of the Members medical, behavioral health and social risk history
 - **For non-emergency admissions: AMCI provider or Emergency Department the admitting provider calls CCA BH Utilization Management (UM) Team @ 866-610--2273 for an initial authorization**
 - All urgent consultation services, laboratory tests, and radiological exams resulting from the psychiatric evaluation,

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medical history, and physical examination/medical assessment, or as subsequently identified during the admission, are provided to CCA BH UM staff within 24 hours of the order for these services

- The facility has access to translators and translator services appropriate to the needs of the population served
- The facility provides culturally sensitive care to all Members in their care
- The provider is responsible for updating its available capacity, three times each day at a minimum, seven days per week, 365 days per year on the Massachusetts Behavioral Health Access website (www.MABHAccess.com). The provider is also responsible for keeping all administrative and contact information up to date on the website. The provider is also responsible for training staff on the use of the website to locate other services for Members, particularly in planning aftercare services
- The facility must promote continuity of care for Members who are readmitted to Behavioral Health Inpatient and 24-Hour Diversionary Services by offering them readmission to the same Provider when there is a bed available in that facility.
- For the One Care and SCO products, the facility must convene regular meetings and conduct ad hoc communication on clinical and administrative issues with AMCI's to enhance the continuity of care for Members.

Training Expectations:

It is the expectation of CCA that all contracted providers will offer ongoing staff training in order to best serve the diverse identities and experiences of the CCA Member population. Staff training should be inclusive of, but not limited to:

- Social determinants of health (SDOH)
- Trauma-informed behavioral health and medical care (including, but not limited to, ways in which the ACE study informs care delivery for Members, and trauma-specific treatment approaches)
- Best practices in delivering LGBTQIA+ inclusive and affirming— and, specifically, transgender inclusive and affirming— behavioral health and medical care
- Best practices in delivering culturally responsive, inclusive, and anti-racist behavioral health and medical care
- Best practices in health equity and inclusivity for Members of various racial, ethnic, and cultural backgrounds, as well as disabled Members, Members of various religious backgrounds, and Members with multiply marginalized identities
- Organizational strategies and resources for accessing interpreter services for Members who primarily communicate in languages other than English (including ASL)

Transgender Inclusive and Affirming Expectations:

It is the expectation of CCA that all contracted providers will provide inclusive and affirming care to our transgender/non-binary/gender diverse Members. This expectation is inclusive of, but not limited to:

- Consistently using the name and pronouns that the Member uses for themselves, even if this is

not the name and/or pronoun set reflected in the Member's legal identification and/or CCA insurance card

- Making admission decisions without regard to the Member's gender identity
- Making determinations about access to any gender-based/gender separated service based on the gender with which the Member identifies, even if this is not the gender reflected in the Member's legal identification and/or CCA insurance card

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- Ensuring that staff are regularly trained in best practices in delivering LGBTQIA+ inclusive and affirming— and, specifically, transgender inclusive and affirming— behavioral health and medical care

Trauma-Informed Care Expectations:

It is the expectation of CCA that all contracted providers will provide care to our Members that is fundamentally trauma informed. Trauma-informed care is inclusive of, but not limited to:

- Providing staff with ongoing training in trauma-informed behavioral health and medical care (including, but not limited to, ways in which the ACE study informs care delivery for Members, and trauma-specific treatment approaches)
- Providing comprehensive trauma screening as part of the standard evaluative process, in order to avoid potentially traumatic re-screening
- Integrating knowledge of trauma, and trauma responsiveness, into the creation and implementation of policies and procedures
- Including the Member's voice, involvement, and feedback in treatment planning—including offering harm reduction strategies in all aspects of treatment
- Seeking to avoid re-traumatization for Members receiving care by creating a safe treatment environment
- Offering trauma-specific treatment interventions and approaches

STAFFING REQUIREMENTS:

- The inpatient mental health facility complies with the staffing requirements of the applicable licensing body, in addition to the following:
 - The facility has a written plan that clearly delineates (by shift) the number and qualifications of its professional staff, including nurses, social workers, other mental health professionals and psychologists in compliance with its licensed capacity on a daily basis
 - The inpatient facility will maintain appropriate staffing-to-patient ratio to safely care for Members 24/7/365. It is expected that staffing is sufficient to safely admit and discharge members 7 days per week, 365 days per year
 - The facility must have a governing body and an organized professional staff whose primary function is to diagnose and treat Members with psychiatric conditions. The staff will include a credentialed, supervising psychiatrist, offer 24-hour nursing coverage, and individualized treatment plans
 - The director of a licensed facility shall hold an advanced degree from an accredited college or university in a discipline appropriate to the care and treatment of the mentally ill
 - If the director of a licensed facility is not a fully licensed physician, there shall be a director of psychiatric or medical services for such facility who is a physician fully licensed to practice medicine under Massachusetts law, and who is certified or eligible to be certified by the American Board of Psychiatry and Neurology in psychiatry, provided that in the discretion of the Department of Mental Health, experience and expertise may be considered in lieu of board certification or eligibility
 - The program shall maintain adequate staffing to carry out the program's functions in the treatment of behavioral health needs, representing at a minimum the following disciplines: psychiatry, nursing, social work, psychology, and OT/RT. Consistent with best practices, use of Peer and Recovery Coach support is strongly encouraged.

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- Staff, organization, positions and qualifications shall be documented in writing through:
 - An organization outline detailing the working relationships and responsibilities of staff
 - Individual resumes of staff stating training, education, and experience
 - Individual job descriptions
 - Individual work schedules
- A physician (MD) is required to be on-site at the inpatient mental health facility 24/7 and 365 days per year in order to respond to medical emergencies. During weekday business hours, the physician is a psychiatrist who meets CCA's credentialing criteria. Outside of normal business hours and on holidays, it is expected that the facility has an on-site physician available for emergencies who is either psychiatrically or non-psychiatrically trained, and is capable of responding to, assessing and treating medical emergencies within 15 minutes of being notified. If this service is provided by a non-psychiatrically trained physician, psychiatric consultation is provided by a psychiatrist on call who responds by phone within 15 minutes, and when necessary, has the capacity to arrive on-site at the facility within 60 minutes of notification
- The facility has trained nursing staff on-site 24/7 and 365 days per year, in accordance with DMH licensure requirements to perform services such as medical assessment and triage, admissions, as well as medication management and monitoring
- Members have access to supportive milieu and clinical staff, as clinically indicated, 24/7 and 365 days per year. One-on-one staffing is available when needed for crisis intervention, safety and containment, and/or as included in the treatment plan
- The facility utilizes master's-level or doctoral-level staff, who have training and experience in the assessment and treatment of substance use and co-occurring disorders, or staff who are Licensed Alcohol and Drug Counselors (LADC), Certified Alcoholism and Drug Abuse Counselors (CADAC), Certified Addiction Counselors (CAC), or Licensed Alcohol and Drug Abuse Counselors (LADAC), are involved in the assessment and treatment of Members who have a substance use diagnosis, and that supervision and/or consultation relative to substance use disorders is available to staff as needed
- The attending physician must meet with the Member daily, document daily in the medical record, and serve as the Member's primary physician. On days when the attending physician is unavailable, a medically trained physician designee of the attending physician carries out these functions for the Member in his or her stead. The attending physician, as much as possible, designates a consistent substitute to ensure that the Member receives as much continuity in psychiatric care as possible
- Multidisciplinary team must have staff that is trained in or has experience in Substance use treatment composition for Members whose diagnoses include substance use disorders (SUD). Substance use treatment is directed by a staff member qualified (e.g., certified, licensed, experienced) in the provision of substance use treatment and who also possesses a master's-level degree, at a minimum
- The facility ensures that all clinical work is subject to regularly scheduled supervision by an independently licensed clinician and written supervision notes are kept
- All staff receive periodic training, including training by consumer/survivors regarding what is and is not helpful/therapeutic. Staffing should reflect the cultural, gender, and linguistic needs of the community it serves.
- The facility must have human rights and restraint and seclusion protocols that are consistent with the DMH regulations and include training of the provider's staff and education for Members regarding human rights

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- The facility must have a human rights officer who shall be overseen by a human rights committee, and who shall provide written materials to Members regarding their human rights, in accordance with applicable DMH regulations and requirements

TREATMENT PLANNING, DOCUMENTATION:

- A multidisciplinary team is assigned to the Member within 24 hours of admission, consisting of a psychiatrist and at least one additional discipline. This Multidisciplinary team establishes a provisional treatment and discharge plan within 24 hours of the Member's admission. The Member is expected to participate in treatment planning. The treatment and discharge plans are reviewed by the team at least every 48 hours (a maximum of 72 hours between reviews on weekends), and are updated as needed, based on each Member's progress. All assessments, treatment plans, discharge plans, reviews and updates are documented in the Member's health record
- When a guardian is appointed by the court, the facility additionally involves the guardian in treatment planning and other decision making. A staff member records the Member's understanding of the goals of the treatment and discharge plan in the Member's own words. The plan is signed by the Member/guardian
- A facility-based case manager is identified and assigned upon admission. This staff member shall be involved in the establishment and implementation of treatment and discharge planning
- The case manager is responsible to coordinate with the appropriate staff at CCA to coordinate discharge planning and follow-up care
- A comprehensive nursing assessment must occur within 8 hours and subsequent nursing staff observation is in place 24 hours/day
- A comprehensive medical history and physical exam must be conducted by a physician (either a psychiatrist or non-psychiatrist) within 24 hours of admission
- A psychiatrist conducts a comprehensive evaluation of the member within 24 hours of admission, including medical history and an assessment of psychiatric, pharmacological, and treatment needs of the member, as well as a clinical formulation that explains the Member's acute condition and behaviors
- On weekends and holidays, the initial evaluation may be completed by a covering psychiatrist, a psychiatric resident, Mental health nurse specialist or psychiatry fellow/trainee, all acting under the attending psychiatrist's or the medical director's supervision. In this situation, the attending psychiatrist must evaluate the member the next business day
- A comprehensive psychosocial assessment must be completed within 48 hours of admission
- The Member's specific ongoing treatment and discharge plan is formulated and documented within 48 hours of admission by the treatment team
- The treatment plan shall include at least:
 - Objective and measurable goals, as well as timeframes for expected outcomes
 - Identification of the CCA Care Partner or CCA Clinical Team members
 - Identification of the new acute clinical services, as well as supports, covered services and the continuing care with any established Providers (including PCP), CCA Clinical Team and the identification of any new providers and the covered services that will be added
 - Identification of the Member's state agency affiliation, appropriate releases of information, and coordination with any state agency case worker assigned to the Member
 - Identification of non-clinical supports and the role they serve in the Member's treatment and aftercare plans

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- Scheduling of discharge/aftercare appointments in accordance with the access and availability standards
- Recommendation for the initial frequency of aftercare services and supports
- Identification of barriers to aftercare, and the strategies developed to address such barriers
- Inpatient facility staff are expected to collaborate and coordinate with CCA to ensure completion of MDS assessment as needed. The **CCA BH Transitions of Care Team can be reached at 866-610-2273**
- CCA pays for administratively necessary days if a Member is psychiatrically stable and ready for discharge, and the hospital is making regular efforts to move a Member to a more appropriate level of care that is not immediately available. The facility must participate in continued utilization management reviews at least weekly and must continue with disposition planning

DISCHARGE PLANNING, AFTERCARE AND COMMUNITY COLLATERAL LINKAGES:

- Discharge Plan is initiated within 24 hours of admission
- Components of Discharge Planning incorporate the Member's identified concerns, including but not limited to: housing, finances, health care, recovery, peer support, transportation, familial, occupational, educational, and social supports
- The treatment team staff member who is responsible for implementing a Member's discharge plan documents in the medical record all of the discharge-related activities that have occurred while the Member is in the facility, and this reflects Member participation in its development
- Providers invite Members' family members, their guardians, CCA Care Partner or other CCA team members as appropriate, outpatient individual practitioners, state agency staff, as appropriate and if applicable, and other identified supports to participate in discharge planning to the maximum extent practicable, including behavioral health treatment team meetings, developing the discharge plan, when appropriate, and only when the Member has consented to their involvement
- For the One Care and SCO products, the provider ensures that the Member has a current safety plan in place and that the member has a copy of the plan. With member consent, the provider contacts CCA Clinical Team and the Member's local AMCI to request assistance with developing or implementing the member's safety plan. The provider sends a copy of the plan to the AMCI Director
- The facility must ensure that outpatient services contained in the Member's discharge plan are offered and available to Members within 7 business days of discharge from an inpatient setting
- The facility must ensure that Members who require medication monitoring will have access to psychopharmacology services within 14 business days of discharge
- For those Members who are discharged on medication, at least one psychiatric medication monitoring appointment (including an outpatient medication evaluation, an initial evaluation by a physician or clinical nurse specialist or a medication group) is scheduled no more than 14 days from the Member's discharge from the facility and this is documented in the Member's medical record
- The completed discharge form, including referral to any agency, is available to and given to the Member and, when appropriate, the Member's family or guardian at the time of discharge, which includes but is not limited to appointments, medication information, and emergency/crises information
- The facility must develop, in collaboration with the Member, an individualized discharge plan for the next service or program anticipating the Member's movement along a continuum of services
- The facility must make best efforts to ensure a smooth transition to the next service or to the community. Engaging

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CCA staff will ensure best aftercare to support the Member in achieving success in meeting discharge aftercare appointments. CCA offers transportation to Members for aftercare appointments. Facility staff can coordinate aftercare appointment transportation with CCA staff and the Member

- The facility must document, in the Members Record, all efforts related to these discharge planning, including the Member's active participation in discharge planning
- The facility staff coordinates treatment planning and aftercare with Member's CCA staff, primary care clinician, outpatient, and other community-based providers, involved state agencies, community supports and family, guardian, and/or significant others when applicable. If consent for such coordination is withheld or refused, then this is documented in the Member's record
- The facility must coordinate treatment and discharge planning with the state agencies (e.g., DMH, DDS) with which the Member has an affiliation. The facility notifies the appropriate DMH regional office of every Member followed by that office who is admitted to the unit
- The facility ensures that a written aftercare plan is available to the Member at the day of discharge. When consent is given, a copy of the written aftercare plan is forwarded at the time of discharge to the referral source (if appropriate), DMH, (if DMH member), outpatient or community-based provider, PCP, and other entities and agencies that are significant to the Member's aftercare
- **The Provider notifies CCA BH Transitions of Care to alert CCA of Members discharge date and discharge plan. CCA BH UM can be contacted at 866-420-9332. The Member's discharge plan will be faxed to CCA BH UM department at 855-341-0720**
- If there are barriers to accessing covered services, the provider **notifies CCA's Clinical Team by calling CCA's Provider Line at 866-420-9332 (option #4) and** asking to speak to the Members Clinical Team
- The provider will reach out to the Member's CCA Clinical Team **via CCA's Provider Line (@ 866-420-9332)** to obtain appropriate collateral information and to inform CCA's Clinical Team of the treatment plan as well as aftercare plan. CCA's Provider Line and/or Clinical Team can support continuity of care upon discharge including support with transportation authorizations. Please verify that your CCA Plan covers Transportation as a benefit.

DISCHARGE PLANNING FOR MEMBERS WITH HOUSING CONCERNS:

- Regarding a Member's housing status: Providers must ensure that their discharge planning staff screen admission data, which at a minimum includes age, diagnosis, and housing status, within 24 hours of admission. For any member determined by the provider to be experiencing or at risk of becoming houseless, the provider must begin discharge-planning activities within three days of the member's admission
- To the extent that the provider is consistent with all applicable federal and state privacy laws and regulations, the discharge plan must include input regarding housing needs from the Member, the Member's family members, guardians, primary care providers, behavioral health providers, key specialists, community partners (including CCA), case managers or other representatives, emergency shelter outreach or case management staff, or care coordinators; and any other supports identified by the Member
- Where Members who are clients of the Department of Mental Health (DMH), the Department of Developmental Services (DDS), or the Massachusetts Rehabilitation Commission (MRC) have housing concerns, the provider must invite and encourage designated staff from each such agency to participate in such Member's discharge planning activities. All provider activities related to housing searches and support must be documented in the Member's record
- Members with Mental Health and/or substance use who are at risk of or are experiencing potential houseless

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status must be assessed for:

- Criteria that would make the Member eligible for DMH, DDS or MCR services. It is expected that the provider will also assist the Member with completing and submitting applications for DMH, DDS or MCR admissions
- If any Member experiencing housing insecurity is admitted for fewer than 14 days, the provider must contact:
 - The emergency shelter in which the Member most recently resided, if known, to discuss the Member's housing options post discharge
 - If the Member has not resided in an emergency shelter, or if the emergency shelter in which the Member most recently resided is unknown, the Provider must contact the local emergency shelter to discuss the Member's housing options post discharge
 - The names and contact information for emergency shelters is available via <https://hedfuel.azurewebsites.net/iShelters.aspx>
- Providers must track discharges of Members to local emergency shelters or the streets
- Providers must make all reasonable efforts to prevent discharges to emergency shelters of Members who have skilled care needs, Members who need assistance with activities of daily living or Members whose behavioral health condition would impact the health and safety of individuals residing in the shelter. For certain Members, discharge to an emergency shelter or the streets may be unavoidable as in the case where a member may choose to return to the streets or go to an emergency shelter despite the best efforts of the provider. For these members, the provider shall:
 - Discharge the Member only during daytime hours
 - Provide the Member a meal prior to discharge
 - Provide transportation to the shelter using CCA's transportation benefit
 - Ensure that the Member is wearing weather appropriate clothing and footwear
 - Provide the Member a copy of their health insurance information
 - To the extent clinically appropriate and consistent with all applicable laws and regulations, provide the Member with a written copy of all prescriptions and at least one week's worth of filled prescription medications

COLLABORATION WITH COMMUNITY BASED PROVIDERS & SERVICES

- For Members who are enrolled in the One Care and SCO products, the facility develops and maintains relationships with their local AMCIs who are high-volume referral sources for the facility. The inpatient facility and AMCI meet regularly or develops other communication strategies to ensure they are able to effectively collaborate on clinical and administrative issues. The facility must coordinate with contracted AMCIs in the Service Area(s), including procedures to credential and grant admitting privileges to AMCI psychiatrists
- The inpatient facility also maintains relationships with step-down programs (such as partial hospitalization or day treatment programs) in order to collaborate on treatment plans and ensure care coordination
- The facility must coordinate with contracted AMCIs in the Service Area(s), including procedures to credential and grant admitting privileges to AMCI psychiatrists
- For members who have both DMH and CCA services (and with the Members consent), , the provider notifies the DMH Case Manager, and/or Program of Assertive Community Treatment (PACT) provider and/or DMH Area Office by noon of the following business day post-admission, or within one (1) business day of identifying the Member's



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involvement with this state agency and/or their service providers

QUALITY MANAGEMENT:

- The facility will develop and maintain a quality management plan which utilizes appropriate measures to monitor, measure, and improve the activities and services it provides
- The facility utilizes a continuous quality improvement process and will include outcome measures and satisfaction surveys, to measure and improve the quality of care and service delivered to members, including their families
- Clinical outcomes data must be made available to Commonwealth Care Alliance (CCA) upon request, and must be consistent with CCA's performance standard for psychiatric inpatient level of care
- Providers will comply with all applicable laws and regulations including but not limited to any and all applicable Medicare and/or Medicaid laws, regulations and instructions of CMS and/or EOHHS relating to addressing and reporting Serious Reportable Events (SREs). Network providers will comply with all requirements contained in their contract with CCA including any corrective actions required by CCA or applicable regulatory agencies. A more complete list of SRE's can be found in Section 11 of CCA's Provider Manual.

REIMBURSEMENT:

Please refer to CCA's Covered Services and Prior Authorization PDF in the Provider Manual Link: [Here](#)

PAYMENT POLICIES:

Please refer to CCA's Payment Policies

Link: [Here](#)

BILLING PROCEDURES:

Please refer to SECTION 6: Claims and Billing Procedures section in CCA's Provider Manual.

Link: [Here](#)

Insurance eligibility must be confirmed on a regular and frequent basis. Eligibility may be confirmed by utilizing the current MassHealth Provider Online Service Center on the Eligibility Verification System (EVS).



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4/19/2023

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