



# Behavioral Health Inpatient

Cashlee Cates- Provider relations Representative  
for Telligen on behalf of Wyoming Medicaid



# Agenda

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- What is needed for an approval of services
- Criteria
- Continued Stay Review
- Discharge information



- **Questions**

- Please enter all questions into the chat
- Time at the end of the training will be used for answering chat questions
- Any questions that were not answered from the chat will be posted to the website

- **Content availability**

- Presentation will be recorded and available to view at <https://wymedicaid.telligen.com> as well as the slides

- **Survey**

- Email from Survey Monkey
- Feedback on content
- Constructive feedback
- Any additional training you would like to see presented in the future



## For Approval requested services must be:

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- Reasonably calculated to prevent, diagnose, or treat conditions in the participant that endangers life, causes pain, or cause functionally significant deformity or malfunction.
- There is no other equally effective course of treatment available or suitable for the participant requesting the service which is more conservative or substantially less costly.
- Medical services must be of a quality that meets professionally recognized standards of care and must be substantiated by records including evidence of such medical necessity and quality.
- Meet all policy requirements.
- Be appropriate and effective treatment for the participant's current medical needs.
- Meet all federal and state regulations



## MNC for Acute Psych Specific: For approval the requested service must be:

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- Admission to **Inpatient Level of Care** is indicated due to **ALL** of the following:
  - Patient risk or severity of behavioral health disorder is appropriate to the proposed level of care, as indicated by **1 or more** of the following:
    - Imminent danger to self
    - Imminent danger to others
    - Behavioral health disorder is present and appropriate for inpatient care with **ALL** of the following:
      - **Severe** Psychiatric, behavioral, or other comorbid conditions
      - Severe dysfunction in daily living
- Treatment services available at the proposed level of care are necessary to meet patient needs and **1 or more** of the following:
  - Specific condition related to admission diagnosis is present and judged likely to further improve at the proposed level of care.
  - Specific condition related to admission diagnosis is present and judged likely to deteriorate in the absence of treatment at the proposed level of care.
  - Patient is receiving continuing care (eg, transition of care from a less intensive level of care).



## MNC for Acute Psych Specific: For approval the requested service must be continued:

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- Situation and expectations are appropriate for inpatient care, as indicated by **1 or more** of the following:
  - Patient is unwilling to participate in treatment voluntarily and requires treatment (eg, legal commitment) in an involuntary unit.
  - Voluntary treatment at a lower level of care is not feasible (eg, very short-term crisis intervention or residential care unavailable or unacceptable for the patient's condition).
  - Need for physical restraint, seclusion, or other involuntary treatment intervention is present (eg, actively violent patient for whom treatment in an involuntary unit is deemed necessary in accordance with applicable medical and legal criteria).
  - Around-the-clock medical and nursing care to address symptoms and initiate intervention is required; the specific need is identified. [\[G\]](#)
  - Patient management at a lower level of care is not feasible or is inappropriate (eg, a less intensive level of care is unavailable or not suitable for the patient's condition or treatment history).



# Title 25 Inpatient

# For approval evidence of the following must be present: Title 25

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- The Member must have been diagnosed with a psychiatric illness by a licensed mental health professional
- Symptoms of the illness must be in accord with those described in the Diagnostic Statistical Manual of Mental Disorders, Edition V (DSM-V)
- Evidence of the following must be present:
  - “Mentally ill” (Wyo. Stat. § 25-10-101 (ix)): means a physical, emotional, mental or behavioral disorder which causes a person to be dangerous to themselves or others and which requires treatment, but does not include addiction to drugs or alcohol, drug or alcohol intoxication or developmental disabilities, except when one (1) or more of the conditions co-occurs as a secondary diagnosis with a mental illness;





# For approval evidence of the following must be present continued: Title 25

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- “Dangerous to themselves or others” (Wyo. Stat. § 25-10-101 (ii)): means that, as a result of mental illness, a person:
  - Evidence of a substantial probability of physical harm to themselves as manifested by evidence of recent threats of or attempts at suicide or serious bodily harm; or
  - Evidence of a substantial probability of physical harm to other individuals as manifested by a recent overt homicidal act, attempt, or threat or other violent act, attempt, or threat which places others in reasonable fear of serious physical harm to them; or
  - Evidence behavior manifested by recent acts or omissions that, due to mental illness, they are unable to satisfy basic needs for nourishment, essential medical care, shelter, or safety so that a substantial probability exists that death, serious physical injury, serious physical debilitation, serious mental debilitation, destabilization from lack of or refusal to take prescribed psychotropic medications for a diagnosed condition or serious physical disease will imminently ensue unless the individual receives prompt and adequate treatment for this mental illness. No person, however, shall be deemed to be unable to satisfy their needs for nourishment, essential medical care, shelter, or safety if they are able to satisfy those needs with the supervision and assistance of others who are willing.



- The patient must have been diagnosed with a psychiatric illness by a licensed mental health professional
- Symptoms of the illness must be in accord with those described in the Diagnostic Statistical Manual of Mental Disorders, Edition V (DSM - V)
- One or more of the following must be present:
  - Patient presents with suicidal ideation and/or intention, which presents significant risk of harm, medically significant self-mutilation, and/or a recent lethal attempt to harm self, such that 24-hour/day hospitalization and observation are necessary for the patient's safety.
  - Patient presents with a recent history of grossly disruptive/delusional and/or violent behavior representing clear and present danger of serious harm to others.
  - The patient's psychiatric condition severely impairs his/her basic functional capacity as evidenced by disorganized, uncontrolled thinking/behavior that represents a genuine and proximal risk of danger to self such that 24-hour/day nursing and medical treatment is required.
  - Diagnosis and/or treatment is/are clearly unsafe or impossible to be provided in an ambulatory setting and can only be accomplished with 24-hour intensive nursing and medical care.



# CSR: Continue Stay Review

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- Need to be submitted by the end date of the previous review
  - If the end date were to fall on a weekend you can submit it the Friday before
  - Be sure to submit CSR requests timely.
  - If the patient is discharged and a CSR request is not need, please be sure the discharge clinical notes have been added to the case.



# Discharge

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- Providers are responsible for submitting discharge to Telligen
- Provider will fax in DC summary notification

## DC Summary

Date:

Diagnosis:

Location:

Aftercare services:

Safety Plan:

Meds:

Referrals:



## Helpful Tips/Links

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### Links-

[Provider Manuals and Bulletins | Serving Wyoming Medicaid Providers and Members](#)

### Tips

- Be sure to upload all documentation for a prompt review

