

**CONTRACT FOR SERVICES  
PLACER COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES**

DESCRIPTION: Locked Acute In-Patient and Crisis Residential Mental Health Services  
CONTRACT NO. **HHS000865**  
BEGINS: July 1, 2024  
ENDS: June 30, 2025  
ADMINISTERING AGENCY: Health and Human Services, Adult System of Care

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This is an Agreement made and operative as of the 1<sup>st</sup> day of July, 2024, between the COUNTY OF PLACER, through its Health and Human Services Department, a political subdivision of the State of California, hereinafter referred to as "COUNTY", and **COUNTY OF NEVADA, DEPARTMENT OF BEHAVIORAL HEALTH**, a political subdivision of the State of California, hereinafter referred to as "CONTRACTOR."

WHEREAS, CONTRACTOR wishes to make the most appropriate and economical use of facilities in order to provide comprehensive mental health services to all residents of Nevada County, and the best means of deriving the most appropriate and economical use of facilities available in the region is by contracting with those available facilities for mental health services under provisions of Federal and State Mental Health legislation, and

WHEREAS, COUNTY has the facilities and the ability to be certified and staffed to provide inpatient, involuntary and voluntary acute care for mentally disordered persons, and CONTRACTOR operates a preferred provider network and has entered into, or intends to enter into, agreements with hospitals to provide services to mental health beneficiaries, and

WHEREAS, COUNTY desires to participate in CONTRACTOR'S preferred provider network and to make its facilities and services available to the beneficiaries, subject to the terms and conditions hereof, and CONTRACTOR desires to contract with COUNTY to provide inpatient services for patients referred by CONTRACTOR, and

WHEREAS, the parties wish to enter into this Agreement to provide a full and complete statement of their respective responsibilities in connection with the recitals set forth above,

NOW, THEREFORE, in consideration of the mutual covenants and agreements of this Agreement, the parties hereby agree as follows:

1. **SERVICES**: COUNTY agrees to provide CONTRACTOR with psychiatric inpatient services, as set forth in Exhibit A titled Scope of Services, attached hereto and incorporated herein by this reference.
2. **AMENDMENTS**: This Agreement constitutes the entire Agreement between the parties. Any amendments or changes to this Agreement, including attachments, shall be agreed to in writing, specifying the change(s) and the effective date(s) and shall be executed by duly authorized representatives of both parties. However, in no event shall such amendments create additional liability to CONTRACTOR or provide additional payment to COUNTY except as expressly set forth in this or the amended Agreement.
3. **PAYMENT**: CONTRACTOR shall pay to COUNTY as full payment for all services rendered pursuant to this Agreement in the amount set forth in Exhibit B, titled Payment Provisions, attached hereto. The payment specified in Exhibit B shall be the only payment made to COUNTY for services rendered pursuant to this Agreement. The total amount of this contract and payments made under this Agreement shall not exceed **FIVE HUNDRED THOUSAND DOLLARS (\$500,000)**. This payment amount shall be inclusive of all COUNTY costs, including, but not limited to travel, transportation, lodging, meals, supplies, and incidental expenses except as otherwise might be specifically set forth in this Agreement. COUNTY shall charge for travel according to the Federal General Services Administration (GSA) guidelines.

4. **INVOICES:**

- 4.1. COUNTY will provide invoices to CONTRACTOR on a monthly basis, within 30 days of the close of each calendar month. CONTRACTOR will review, approve, and pay all valid invoices within 30 days of receipt.
- 4.2 Invoices for payment will be submitted to the following address, will be on COUNTY letterhead and will include the contract number, the remittance address, a unique invoice number, a detailed list of expenses with dollar amounts and backup documentation to support each expense should be attached to the invoice:

Nevada County HHSA Fiscal  
Attn: Accounts Payable  
950 Maidu Avenue  
Nevada City, CA 95959

5. **EXHIBITS:** Exhibits expressly listed on the signature page of this Agreement are hereby incorporated herein by this reference and collectively, along with this base document, form the Agreement. In the event of any conflict or inconsistency between provisions contained in the base agreement or exhibits such conflict or inconsistency shall be resolved by giving precedence according to the following priorities: Exhibit A, Exhibit B, base agreement, then followed by any remaining exhibits. Responsibilities and obligations mandated by federal or state regulations or otherwise at law shall be liberally construed to meet legal requirements.
6. **FACILITIES, EQUIPMENT AND OTHER MATERIALS:** Except as otherwise specifically provided in this Agreement, COUNTY will, at its sole cost and expense, furnish all facilities, equipment, and other materials which may be required for furnishing services pursuant to this Agreement.
7. **CONTRACT TERM:** This Agreement shall remain in full force and effect from July 1, 2024 through June 30, 2025. Contract provisions that contain report deadlines or record obligations which occur after contract termination survive as enforceable continuing obligations.
8. **TERMINATION:**
  - 8.1. CONTRACTOR and COUNTY will have the right to terminate this Agreement at any time without cause by giving thirty (30) days' notice, in writing, of such termination to the other party. If the CONTRACTOR gives notice of termination for cause, COUNTY shall immediately cease rendering service upon receipt of such written notice. Such notice shall be personally served or given by United States Mail.
  - 8.2. In the event CONTRACTOR terminates this Agreement, COUNTY shall be paid for all work performed and all reasonable allowable expenses incurred to date of termination. Should there be a dispute regarding the work performed by COUNTY under this Agreement, CONTRACTOR will pay COUNTY the reasonable value of services rendered by COUNTY to the date of termination pursuant to this Agreement not to exceed the amount documented by COUNTY and approved by CONTRACTOR as work accomplished to date. In this regard, COUNTY shall furnish to CONTRACTOR such financial and other information as in the judgment of the CONTRACTOR is necessary to determine the reasonable value of the services rendered by COUNTY.
9. **RECORDS:**
  - 9.1. This provision is intended to provide the minimum obligations with respect to records. If provisions contained elsewhere in this Agreement, or at law, provide greater obligations with respect to records or information, those obligations control. For purposes of this provision "records" is defined to mean any and all writings, as further defined in California Evidence Code section 250, whether maintained in paper or electronic form, prepared by or received by COUNTY, in relation to this Agreement.

- 9.2. COUNTY shall maintain, at all times, complete detailed records with regard to work performed under this Agreement in a form acceptable to CONTRACTOR. COUNTY agrees to provide documentation or reports, compile data, or make its internal practices and records available to CONTRACTOR or personnel of authorized state or federal agencies, for purpose of determining compliance with this Agreement or other applicable legal obligations. CONTRACTOR will have the right to inspect or obtain copies of such records during usual business hours upon reasonable notice.
- 9.3. Upon completion or termination of this Agreement, if requested by CONTRACTOR, COUNTY will deliver originals or copies of all records to CONTRACTOR. CONTRACTOR will have full ownership and control of all such records. If CONTRACTOR does not request all records from COUNTY, then COUNTY shall maintain them for a minimum of four (4) years after completion or termination of the Agreement. If for some reason COUNTY is unable to continue its maintenance obligations, COUNTY will give notice to CONTRACTOR in sufficient time for CONTRACTOR to take steps to ensure proper continued maintenance of records.
- 9.4. If Agreement is state or federally funded, COUNTY will be subject to the examination and audit of the California State Auditor for a period of three years after final payment under contract (California Government Code, Section 8546.7). Should CONTRACTOR or any outside governmental entity require or request a post-contract audit, record review, report, or similar activity that would require COUNTY to expend staff time and/or resources to comply, COUNTY will be responsible for all such costs incurred as a result of this activity.
10. **INSURANCE and INDEMNIFICATION REQUIREMENTS:** See Exhibit C, attached hereto, for insurance requirements for this Agreement. The COUNTY'S insurance requirements are a material provision to this Agreement.
11. **CONFIDENTIALITY of RECORDS and INFORMATION:** COUNTY agrees to maintain confidentiality of information and records as required by applicable Federal, State and local laws, regulations and rules. COUNTY will not use or disclose confidential information other than as permitted or required by this Agreement and will notify CONTRACTOR of any discovered instances of breaches of confidentiality. COUNTY will ensure that any subcontractors' agents receiving confidential information related to this Agreement agree to the same restrictions and conditions that apply to COUNTY with respect to such information.
12. **CONFLICT OF INTEREST:** COUNTY certifies that it has no current business or financial relationship with any CONTRACTOR employee or official, or other CONTRACTOR contract provider that could create a conflict with this Agreement and will not enter into any such business or financial relationships during the period of this Agreement. COUNTY attests that its employees and the officers of its governing body shall avoid any actual or potential conflicts of interest, and that no officer or employee who exercises any functions or responsibilities in connection with this Agreement shall have any legally prohibited personal financial interest or benefit which either directly or indirectly arises out of this Agreement. COUNTY will establish safeguards to prohibit employees or officers from using their positions for a purpose which could result in legally prohibited private gain or gives the appearance of being motivated for legally prohibited private gain for themselves or others, particularly those with whom they have family, business, or other ties. COUNTY certifies that no official or employee of the CONTRACTOR, nor any business entity in which an official of the CONTRACTOR has an interest, has been employed or retained to solicit or aid in the procuring of this Agreement. In addition, COUNTY agrees that no such person will be employed in the performance of this Agreement without immediately notifying the CONTRACTOR.
13. **CONTRACT ADMINISTRATOR:**
- 13.1. ADMINISTRATOR will provide consultation and technical assistance in monitoring the terms of this Agreement.

13.2. ADMINISTRATOR is responsible for monitoring the performance of the COUNTY in meeting the terms of this Agreement, for reviewing the quality of COUNTY services, notifying CONTRACTOR of any issues that may arise that impact services to be performed.

13.3. ADMINISTRATOR may be revised from time to time, at the discretion of the COUNTY. Any change in ADMINISTRATOR will be provided to CONTRACTOR by written notice. At contract commencement, the ADMINISTRATOR will be:

Curtis Budge, Program Manager  
Placer County Adult System of Care  
101 Cirby Hills Dr.  
Roseville, CA 95678  
916.787.8976

14. **NOTICES:** All notices required or authorized by this Agreement shall be in writing and shall be deemed to have been served if delivered personally or deposited in the United States Mail, postage prepaid and properly addressed as follows:

If to COUNTY: Robert L. Oldham, Director  
Placer County Dept. of Health and Human Services  
11434 B Avenue, Suite 100  
Auburn, CA 95603  
[HHSContracts@placer.ca.gov](mailto:HHSContracts@placer.ca.gov)

If to CONTRACTOR: Phebe Bell, Director  
Nevada County Behavioral Health  
500 Crown Point Circle, Suite 120  
Grass Valley, CA 95945

Changes in contact person or address information shall be made by notice, in writing, to the other party.

15. **NONDISCRIMINATION:** During the performance of this Agreement, COUNTY will comply with all applicable Federal, State and local laws, rules, regulations and ordinances, including the provisions of the Americans with Disabilities Act of 1990, and Fair Employment and Housing Act, and will not unlawfully discriminate against employees, applicants or clients because of race, sex, sexual orientation, color, ancestry, religion or religious creed, national origin or ethnic group identification, mental disability, physical disability, medical condition (including cancer, HIV and AIDS), age (over 40), marital status, or use of Family and Medical Care Leave and/or Pregnancy Disability Leave in regard to any position for which the employee or applicant is qualified.
16. **ASSIGNMENT:** CONTRACTOR will not assign or sub-contract, in whole or part, any of its rights, duties, services or obligations arising under this Agreement without written consent of COUNTY.
17. **ENTIRETY OF AGREEMENT:** This Agreement contains the entire agreement of CONTRACTOR and COUNTY with respect to the subject matter hereof, and no other agreement, statement, or promise made by any party, or to any employee, officer, or agent of any party which is not contained in this Agreement shall be binding or valid.
18. **GOVERNING LAW AND VENUE:** The parties enter into this Agreement in the County of Placer, California and agree to comply with all applicable laws and regulations therein. The laws of the State of California shall govern its interpretation and effect. For litigation purposes, the parties agree that the proper venue for any dispute related to the Agreement shall be the Placer County Superior Court or the United States District Court, Eastern District of California.
19. **SIGNATURES:** This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together will constitute one and the same instrument. The Parties agree that an electronic copy of a signed contract, or an electronically signed contract, shall

have the same force and legal effect as a contract executed with an original ink signature. The term “electronic copy of a signed contract” refers to a transmission by facsimile, electronic mail, or other electronic means of a copy of an original signed contract in a portable document format. The term “electronically signed contract” means a contract that is executed by applying an electronic signature using technology approved by the Parties.

***//Signatures on following page***

**IN WITNESS WHEREOF**, the parties hereto have caused their duly authorized representatives to execute this Agreement as of the day first above stated:

COUNTY OF PLACER ("COUNTY")

\_\_\_\_\_  
Robert L. Oldham, Director,  
Department of Health & Human Services

Date: \_\_\_\_\_

Approved as to Form  
Office of Placer County Counsel

\_\_\_\_\_  
Date: \_\_\_\_\_

COUNTY OF NEVADA ("CONTRACTOR")\*

\_\_\_\_\_  
Phebe Bell, Director,  
Nevada County Behavioral Health

Date: \_\_\_\_\_

\_\_\_\_\_, Chair,  
Board of Supervisors

Date: \_\_\_\_\_

\_\_\_\_\_, Clerk of the Board,  
Board of Supervisors

Date: \_\_\_\_\_

Approved as to Form  
Office of Nevada County Counsel

\_\_\_\_\_  
Date: \_\_\_\_\_

**EXHIBITS:**

Exhibit A – Scope of Services

Exhibit A1 – Admission Procedures – Nevada County Clients

Exhibit B – Payment Provisions

Exhibit C – Insurance and Indemnification Requirements

Exhibit D – Reporting Exhibit

Exhibit E – Nevada County Inpatient Concurrent Review and Authorization

\*Agreement must have two signatures, one in each of the two categories of corporate offices indicated above. Check the box indicating the corporate office of the signing party. The same person may sign the contract twice if that person holds an office in each of the two categories. (California Corporations Code § 313) One signature will suffice, if the corporation's board of directors has passed a resolution that gives one person authority to sign. A copy of the most recent resolution must be sent with the signed contract, even if it is the same as the previous year.

**SCOPE OF SERVICES****1. DESCRIPTION OF SERVICES:**

- 1.1. COUNTY shall provide psychiatric inpatient services through its contractors North Valley Behavioral Health, LLC at its Psychiatric Health Facility and Yolo Community Care Continuum at its Cornerstone location to residents of Nevada County over the age of eighteen (18) who are eligible for Mental Health Services under the California Community Mental Health Services Law, in adherence with Title XIX of the Social Security Act, 42 USC in conformance with all applicable Federal and State statutes. Services will be provided, with prior authorization by CONTRACTOR, to eligible persons who may be either on voluntary or involuntary status. The admission, along with the length of stay of each mentally disordered person, shall be determined by the COUNTY'S professional staff, in coordination with CONTRACTOR, based on Title 9 Medical Necessity criteria. COUNTY may, but is not required to, provide necessary emergency and non-elective ancillary medical services as part of the inpatient treatment services.
- 1.2. If services required by CONTRACTOR patients exceed COUNTY'S capabilities, COUNTY may utilize other facilities as mutually agreed upon by the Directors of Mental Health of CONTRACTOR and COUNTY.
- 1.3. It is recognized that to make efficient use of any inpatient facility, the provision of aftercare services is of extreme importance. To this end, it is the responsibility of CONTRACTOR to maintain adequate aftercare services, such that efficient referral to these services may be made part of discharge planning of patients, including transportation, if necessary. CONTRACTOR staff will work with COUNTY'S staff prior to a patient's discharge to effect an appropriate placement of patients discharged from the COUNTY'S facility. CONTRACTOR will be responsible for aftercare and placement of all patients (LPS and non-LPS [Lanterman-Petris-Short Act]) covered by this Agreement upon their discharge from COUNTY'S facility or any subsequent placement facility.
- 1.4. It is understood and agreed that only mentally disordered persons are to be admitted pursuant to this Agreement and that inebriates and persons not mentally disordered, in the opinion of COUNTY, are specifically excluded here from.
- 1.5. CONTRACTOR agrees to be responsible for, and triage appropriately, any persons that are referred but do not meet the aforementioned definition of mentally disordered.

**2. PROJECTED UTILIZATION: COUNTY will provide one (1) bed at the PHF on an average daily basis from July 1, 2024 through June 30, 2025.**

- 2.1. In addition to the guaranteed minimum purchase of these bed days, CONTRACTOR reserves the right to purchase additional bed days as needed, based upon availability in COUNTY'S facility, at the daily rate described in Section 3 herein.

**3. COORDINATION: Such services shall be provided by COUNTY for CONTRACTOR patients with input from the CONTRACTOR Mental Health Director or his/her designee. It is the responsibility of COUNTY to assure that the inpatient psychiatric services rendered to patients admitted to COUNTY'S facility are consistent with State and Federal laws, including meeting the requirements of California Department of Health Care Services Informational Notice No. 19-026, Concurrent Review for Authorization of Psychiatric Inpatient Hospitalization. Documentation of services provided by COUNTY for each patient of CONTRACTOR shall be available for review by CONTRACTOR upon request.****4. PATIENT ELIGIBILITY: Services under this Agreement shall be rendered without regard to race, color, sex, sexual orientation, religion, national origin, ancestry, disability, age (over 40), physical or mental status as specified in applicable Federal and State laws. Residency in Nevada County will**

be the basic requirement for eligibility for these services. Transients referred by CONTRACTOR in an emergency or involuntary status may also be serviced through this Agreement.

5. **ADMISSIONS PROCEDURE:** Admissions will be conducted in accordance with the procedures shown in Exhibit A1, Admission Procedures – Nevada County Clients.
  - 5.1. All persons referred for admission to COUNTY'S PHF and Crisis Residential facilities will be medically cleared for admission to a non-medical facility prior to admission to COUNTY'S facility, in accordance with the respective contracted PHF and Crisis Residential provider admission criteria and procedures. This medical clearance will be provided directly or indirectly and payment arranged or provided by CONTRACTOR. Criteria and requirements for medical clearance will be approved by COUNTY. All transportation costs to and from COUNTY'S facility for medical care and clearance are the responsibility of CONTRACTOR.
  - 5.2. CONTRACTOR understands and accepts that patients are encouraged and permitted to sign-in as a voluntary commitment when possible pursuant to Welfare & Institutions Code Section 5250(c). A voluntary commitment does not relieve CONTRACTOR of its financial responsibility to reimburse COUNTY for such commitments.
6. **COORDINATION OF CARE:** CONTRACTOR and COUNTY agree that both of their clinical staffs will fully communicate and cooperate with each other and COUNTY'S contractors NVBH and YCCC in the development of treatment, planning, determination of length of stay, and readiness for discharge and in the process of planned transition back into the community and to this end may freely exchange, as necessary for the coordination of care, such patient information as a unitary treatment program.
  - 6.1. CONTRACTOR will be primarily responsible for development and implementation of discharge planning and for arranging placement after COUNTY'S staff determines that a patient is ready to be discharged from the inpatient psychiatric unit.
7. **JAIL REFERRALS:** As needed, CONTRACTOR'S Sheriff's Office may be required to provide a security guard to remain on the Cirby Hills premises outside of the locked PHF unit for those persons admitted from Nevada County Jail and still in custody but for their inpatient status. Security Guard is defined as a Deputy Sheriff from Nevada County or one assigned by the Placer County Sheriff's Office. The ability for CONTRACTOR to use Placer County deputies shall be contained under a separate agreement. The security guard may be removed if the PHF treatment team makes a determination that a deputy is not required to remain on premises. Prior to a security guard being released, COUNTY, or PHF contractor North Valley Behavioral Health, shall request and receive permission from CONTRACTOR. CONTRACTOR recognizes that the COUNTY'S PHF is not a jail unit and that while security measures will be taken for jail inmates, COUNTY cannot guarantee security from escape.
8. **CRISIS RESIDENTIAL TREATMENT SERVICES:** COUNTY shall upon request of CONTRACTOR, provide Crisis Residential Treatment Services to CONTRACTOR at the Cornerstone facility, which is adjacent to the Psychiatric Health Facility described herein. In accordance with California Code of Regulations, Section 1810.208, "Crisis Residential Treatment Service" means therapeutic or rehabilitative services provided in a non-institutional residential setting which provides a structured program as an alternative to hospitalization for beneficiaries experiencing an acute psychiatric episode or crisis who do not have medical complications requiring nursing care. The service includes a range of activities and services that support beneficiaries in their efforts to restore, maintain, and apply interpersonal and independent living skills, and to access community support systems. The service is available 24 hours per day, seven days per week. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation, collateral, and crisis intervention.



9. **REFERENCES TO LAWS AND RULES:**

- 9.1. All references in this Agreement to the California Code of Regulations, Welfare and Institutions Code, the California Mental Health Services Act, and to other laws, regulations, and policies may from time to time be changed by appropriate authority during the term of this Agreement and are agreed to be binding on both parties of this Agreement.
- 9.2. COUNTY agrees to comply with all applicable provisions of Title 9 and 22 of the California Code of Regulations.

10. **DESIGNATION OF COUNTY TO INVOLUNTARILY DETAIN MENTALLY DISORDERED PERSONS FOR TREATMENT AND EVALUATION:**

- 10.1. Sections 5150 et seq. of the Welfare and Institutions Code provide that CONTRACTOR may designate facilities to provide for involuntary treatment and evaluation of persons who are mentally disordered.
- 10.2. CONTRACTOR shall be responsible to designate COUNTY and its CONTRACTOR North Valley Behavioral Health and CONTRACTOR staff authorized to complete application for the involuntary detention of mentally disordered persons pursuant to Welfare and Institutions Code 5150 et seq.
- 10.3. Pursuant to the terms of this Agreement and commencing on the date that this Agreement is in effect, COUNTY through its CONTRACTOR North Valley Behavioral Health shall be designated as a facility to involuntarily detain mentally disordered persons for treatment and evaluation.
- 10.4. This designation shall be rescinded at the discretion of CONTRACTOR'S Behavioral Health Director.
- 10.5. This designation shall continue in effect during the life of this Agreement, subject to the following conditions.
  - 10.5.1. COUNTY through its CONTRACTOR North Valley Behavioral Health shall meet such requirements as the State Director of Mental Health shall establish by regulation, as well as other legal requirements, and shall maintain all applicable current licenses.
  - 10.5.2. COUNTY through its CONTRACTOR North Valley Behavioral Health must meet those requirements and standards set forth in Division 5, Welfare and Institutions Code, and Title 9, California Code of Regulations.
  - 10.5.3. COUNTY and its CONTRACTOR North Valley Behavioral Health shall show no gross violations of clinical practice and/or safety precautions relevant to the class of persons for whom the designation applies, even though the violations may not be explicitly covered by licensing standards. Any such gross violations, as determined by CONTRACTOR Behavioral Health Director or designee, can result in discontinuance of the designation within and in accordance with California State Department of Social Services (Licensing and Certification); DHCS; Welfare and Institutions Code, JCAHO Regulations, California Code of Regulations, and other applicable laws.
  - 10.5.4. COUNTY agrees to assume the full responsibility for assuring appropriate beneficiary care and accepts all legal obligations relevant thereto.
  - 10.5.5. COUNTY shall allow CONTRACTOR'S Behavioral Health Director or designee to review COUNTY through its CONTRACTOR North Valley Behavioral Health for designation. Review shall consist of at least the following: analysis of reports; site visits; and medical records review, including utilization review and the safeguarding of Patients' Rights.

- 10.5.6. COUNTY shall notify CONTRACTOR'S Behavioral Health Director of any changes relating to the criteria for designation.
- 10.5.7. COUNTY agrees that once it initiates a Detainment Period (72 hours, 14 days, 180 days, etc.), it will not terminate said period because the beneficiary involved is unable to arrange for payment for his/her care.
- 10.5.8. COUNTY agrees that, should it decide to terminate care at the end of a Detainment Period even though the beneficiary still needs care, it will arrange for the transfer of the beneficiary to a facility where the indicated level of care is available and permitted by law. CONTRACTOR agrees to be financially responsible for costs pertaining to these transfers.
- 10.5.9. COUNTY agrees to submit all required reports in a timely manner to CONTRACTOR'S Behavioral Health Patients' Rights Advocate.
- 10.6. COUNTY shall comply with all requirements of the Certification Review Hearings and Capacity Hearings as specified in the Welfare & Institutions Code. Specifically, COUNTY shall provide an appropriate location to conduct various hearings and shall designate a person to present evidence in support of the particular hearing. This person shall be designated by the Placer County Director of Adult System of Care.

**ADMISSION PROCEDURES – NEVADA COUNTY CLIENTS**

Placer County Psychiatric Health Facility and Crisis Residential  
101 Cirby Hills Drive, Roseville, California 95678

1. **POLICY:** COUNTY will admit CONTRACTOR'S Medi-Cal eligible and indigent clients to the Placer County Psychiatric Health Facility (PHF) and Crisis Residential pursuant to the contractual agreement between COUNTY and CONTRACTOR for in-patient psychiatric services and crisis residential services. The following procedures have been developed as a guideline to assist CONTRACTOR in placing their clients at these two facilities.
2. **PURPOSE:** To detail the admissions process of CONTRACTOR'S Medi-Cal eligible and indigent clients to the Placer County PHF and Cornerstone Crisis Residential.
3. **PROCEDURES:** All potentially eligible CONTRACTOR clients shall be processed through the following admissions procedures:
  - 3.1. All CONTRACTOR clients must be medically cleared in the Emergency Room (ER) prior to admission to the PHF or Crisis Residential. For the benefit of the ER physician, COUNTY'S minimum requirements for medical clearance may be obtained by calling the PHF directly at 916-787-8900 or Cornerstone Crisis Residential directly at 916-781-8144. This clearance will usually be accomplished at a medical facility in Nevada County.
  - 3.2. Once the client is medically cleared, the CONTRACTOR mental health worker will complete a 5150 evaluation to determine if the client meets criteria for a psychiatric hold.
    - 3.2.1. If the client meets criteria and is in need of psychiatric hospitalization, the CONTRACTOR will contact the PHF and fax current admission documents required by the PHF provider for review and concurrence.
      - 3.2.1.1. Once the PHF provider has made the determination to admit the client to the PHF, CONTRACTOR will arrange for an ambulance to transport the client to the PHF. The ambulance service must stay at the PHF until admission.
    - 3.2.2. For clients admitted to Cornerstone Crisis Residential, all paperwork and admission forms will be sent to Cornerstone and transportation will be arranged by CONTRACTOR.

**PAYMENT PROVISIONS****1. FACILITIES**

1.1. **PSYCHIATRIC HEALTH FACILITY SERVICES:** Payment shall be made to COUNTY for the number of days guaranteed under this Agreement, plus any days used in excess of the guaranteed minimum and all ancillary charges.

1.1.1. CONTRACTOR shall pay COUNTY for both guaranteed days and excess days at the rate of **\$1174** per patient/day for lengths of stay days 1-7 and **\$1045** per patient per day for lengths of stay days 8+, including the day of admission and excluding the day of discharge, all inclusive of: all hospital costs including room and board, medications, psychiatrist's time, laboratory work and court costs.

1.1.2. In accordance with Exhibit A Section 7, jail referrals who are the sole occupant of a PHF room shall be billed at two times the daily rate.

1.1.3. For patients who are Nevada County Medi-Cal beneficiaries, CONTRACTOR will be charged the Schedule of Maximum Allowances (SMA) rate less a credit for payment due from Medi-Cal Federal Financial Participation (FFP).

1.1.4. COUNTY shall invoice CONTRACTOR quarterly in arrears for number of guaranteed bed days reserved under this Contract plus any bed days used in excess of this amount.

1.2. **CRISIS RESIDENTIAL (CORNERSTONE):** CONTRACTOR shall pay COUNTY at the rate of **\$537** per patient/per day or portion of day, including the day of admission and excluding the day of discharge, inclusive of 24 hours a day, seven days a week treatment services, and room and board.

2. CONTRACTOR agrees to assume liability for payment of medical services if patient must see a specialist or requires emergency room services. CONTRACTOR shall reimburse the cost of additional staff in cases where one-on-one staffing is required for management of client care, in which COUNTY will notify CONTRACTOR of such needs as they arise.
3. CONTRACTOR shall reimburse COUNTY for transportation costs incurred by COUNTY in implementing a discharge plan authorized by CONTRACTOR. In consideration for COUNTY providing transportation for CONTRACTOR'S patients, CONTRACTOR shall pay COUNTY **\$15.00** per hour/per driver plus mileage expense, up to a maximum of \$1,000.00 during the term of the Agreement. Mileage expense, when requested to travel to meet contractual obligations, shall be reimbursed at the non-taxable per mile rate permitted by the Internal Revenue Service (IRS) as promulgated from time-to-time in IRS regulations.
4. Regardless of a patient's county Medi-Cal eligibility, CONTRACTOR is responsible for payment in full for COUNTY'S services provided to patient as authorized by CONTRACTOR.
5. COUNTY will not bill a patient or insurance other than Medi-Cal directly for any services, such as unmet share of cost, deductibles, etc.
6. There is no administrative day rate. Payment is due from CONTRACTOR for each day of inpatient psychiatric service, excluding day of discharge.

**PLACER COUNTY INSURANCE AND INDEMNITY REQUIREMENTS****1. HOLD HARMLESS AND INDEMNIFICATION AGREEMENT:**

To the fullest extent permitted by law, each Party (the “Indemnifying Party”) hereby agrees to protect, defend, indemnify, and hold the other Party (the “Indemnified Party”), its officers, agents, employees, and volunteers, free and harmless from any and all losses, claims, liens, demands, and causes of action of every kind and character resulting from the Indemnifying Party’s negligent act, willful misconduct, or error or omission, including, but not limited to, the amounts of judgments, penalties, interest, court costs, legal fees, and all other expenses incurred by the Indemnified Party arising in favor of any party, including claims, liens, debts, personal injuries, death, or damages to property (including employees or property of the Indemnified Party) and without limitation, all other claims or demands of every character occurring or in any way incident to, in connection with or arising directly or indirectly out of, the Agreement. The Indemnifying Party agrees to investigate, handle, respond to, provide defense for, and defend any such claims, demand, or suit at the sole expense of the Indemnifying Party, using legal counsel approved in writing by Indemnified Party. Indemnifying Party also agrees to bear all other costs and expenses related thereto, even if the claim or claims alleged are groundless, false, or fraudulent. This provision is not intended to create any cause of action in favor of any third party against either Party or to enlarge in any way either Party’s liability but is intended solely to provide for indemnification of the Indemnified Party from liability for damages, or injuries to third persons or property, arising from or in connection with Indemnifying Party’s performance pursuant to this Agreement. This obligation is independent of, and shall not in any way be limited by, the minimum insurance obligations contained in this agreement.

**2. INSURANCE:**

PLACER COUNTY understands and agrees to the following: in accordance with Government Code section 990 and Labor Code Section 3700, the CONTRACTOR has elected to self-insure or participate in risk pools for general, auto, medical malpractice, and worker’s compensation liabilities. Under this form of insurance, the CONTRACTOR and its employees acting in the course and scope of employment are covered for tort and worker’s compensation liability arising out of official CONTRACTOR business and only in connection to this agreement to include operating motor vehicle for official CONTRACTOR business (California Vehicle Code Section 17000 and 17001). All claims against the CONTRACTOR based on tort liability should be presented as a government claim to the Clerk of the Board, Eric Rood Administrative Center 950 Maidu Avenue, Suite 200 Nevada City, CA 95959. (Gov. Code Section 900, et. Seq.) Internet link:

<https://www.mynevadacounty.com/869/Filing-Claims-Against-the-County>

**3. CONTRACTOR UNDERSTANDS AND AGREES TO THE FOLLOWING:**

In accordance with Government Code section 990 and Labor Code Section 3700, PLACER COUNTY has elected to insure, self-insure, or participate in risk pools for general, auto, medical malpractice, and worker’s compensation liabilities. Under this form of insurance, PLACER COUNTY and its employees acting in the course and scope of employment are covered for tort and worker’s compensation liability arising out of official PLACER COUNTY business and only in connection to this agreement to include operating motor vehicle for official PLACER COUNTY business (California Vehicle Code Section 17000 and 17001). All claims against PLACER COUNTY based on tort liability should be presented as a government claim to the Clerk of the Board (Gov. Code Section 900, et. Seq.).

**REPORTING EXHIBIT****1. RECORDS AND REPORTS:**

- 1.1. COUNTY shall maintain accurate accounting records of its costs and operating expenses as well as a record of all revenues received applicable to services rendered to eligible patients during the period of this Agreement. Such records of revenues, costs, and expenditures shall be open to inspection, within the reasonable time limits of record retention, by CONTRACTOR, the State Controller, the State Director of Mental Health, and the U.S. Secretary of the Department of Health and Human Services, or any of their deputies.
- 1.2. Medical records of each patient shall be kept and shall include evaluative studies and records of services provided in sufficient detail to make possible an evaluation by CONTRACTOR of the services and shall be in accordance with rules and regulations of the Community Mental Health Services Act.
- 1.3. COUNTY shall maintain beneficiary records and notes. Appropriate beneficiary information will be available to CONTRACTOR upon beneficiary discharge to be incorporated into the Mental Health case record as determined by the CONTRACTOR. Such records and information shall be provided to each party hereto pursuant to procedures designed to protect the confidentiality of beneficiary medical records, applicable legal requirements and recognized standards of professional practice. In the event CONTRACTOR requires extensive medical record information, COUNTY may charge Twenty-Five Cents (\$.25) per copy plus Sixteen and No/100 Dollars (\$16.00) per hour or fraction thereof for COUNTY'S actual labor time incurred to photocopy medical records. This does not preclude CONTRACTOR from photocopying medical records at no charge.
- 1.4. COUNTY shall retain all beneficiary records for seven (7) years.
- 1.5. COUNTY shall maintain statistical records and submit reports as required by CONTRACTOR on or before the fifth working day of each month. All such records shall be available for inspection by auditors designated by county or state, at reasonable times during normal business hours.
- 1.6. Statistical and financial records shall be retained for four (4) years or until program review findings and/or audit findings are resolved, whichever is later.
- 1.7. COUNTY will provide CONTRACTOR with an annual cost report on the form required by the DHCS and COUNTY, no later than 30 days following the previous State fiscal year.
- 1.8. Professional records shall be interchangeable between COUNTY and CONTRACTOR in order to support and establish a high level of clinical services and continuity of care and aftercare services in accordance with the Welfare and Institutions Code, Section 5328(a) and (b). All such records shall be confidential.

**INFORMATION SECURITY REQUIREMENTS****1. DATA LOCATION**

- 1.1. The CONTRACTOR shall not store or transfer non-public COUNTY data outside of the United States. This includes backup data and Disaster Recovery locations. The CONTRACTOR will permit its personnel and contractors to access COUNTY data remotely only as required to provide technical support. (Remote access to data from outside the continental United States is prohibited unless approved in advance and in writing by the County.)
- 1.2. The CONTRACTOR must notify the COUNTY in advance and in writing of any location changes to CONTRACTOR'S data center(s) that will process or store County data.

**2. DATA ENCRYPTION**

- 2.1. For all COUNTY data, the CONTRACTOR shall encrypt all non-public **data in transit** regardless of the transit mechanism.
- 2.2. For all COUNTY data, if the CONTRACTOR stores sensitive personally identifiable or otherwise confidential information, this data shall be **encrypted at rest**. Examples are social security number, date of birth, driver's license number, financial data, federal/state tax information, and hashed passwords.
- 2.3. For all COUNTY data, the CONTRACTOR'S encryption shall be consistent with validated cryptography standards as specified in National Institute of Standards and Technology Security Requirements as outlined at <http://nvlpubs.nist.gov/nistpubs/Legacy/SP/nistspecialpublication800-111.pdf>

**3. SUB-CONTRACTOR DISCLOSURE**

- 3.1. The CONTRACTOR shall ensure its subcontractors, vendors, agents, and suppliers acting on behalf of, or through CONTRACTOR comply with all COUNTY Information Security Requirements.

**4. BUSINESS CONTINUITY**

- 4.1. CONTRACTOR shall provide and maintain a business continuity and disaster recovery plan that achieves the County's Recovery Time Objective (RTO) and Recovery Point Objective (RPO), as set forth below, and specifically incorporated herein.
  - 4.1.1. Recovery Time Objective is the duration of time within which a service, business process or application must be restored after an outage to avoid unacceptable consequences associated with a break in continuity of business.
  - 4.1.2. Recovery Point Objective is the maximum acceptable amount of data loss after an unplanned outage expressed as an amount of time. Example: If RPO is 4 hours, only a maximum of 4 hours' worth of data can be lost. Backups should be maintained at intervals of every 4 hours.


**5. BREACH NOTIFICATION**

- 5.1. CONTRACTOR shall notify the COUNTY'S contract administrator concerning any breach of COUNTY data or any data incident involving CONTRACTOR'S data in which the security of COUNTY data systems may be compromised within 24 hours of the breach or incident.

**NEVADA COUNTY INPATIENT CONCURRENT REVIEW AND AUTHORIZATION**

P&P 519  
Original: 8/1/2019  
Revision: 2/5/2020  
Page 1 of 7

**NEVADA COUNTY BEHAVIORAL HEALTH DEPARTMENT**

P&P No: 519	Approved By: Phebe Bell, MSW, Executive Director 
Subject: Inpatient Concurrent Review & Authorization	
Effective Date: 8/1/2019 Revisions: 2/5/2020	

**PURPOSE**

Licensed clinicians review and authorize all requests for psychiatric inpatient hospital or psychiatric health facility (PHF) services for child, adolescent, and adult Medi-Cal beneficiaries for all contracted psychiatric inpatient hospitals, out of county hospitals providing services to county beneficiaries, Psychiatric Health Facilities, and non-contracted hospitals within the county.

**POLICY**

Nevada County Behavioral Health (NCBH) will ensure that authorization for reimbursement of psychiatric inpatient hospital and Psychiatric Health Facility services are conducted in accordance with the above authorities and available 24 hours per day, 7 days per week.

**POLICY DEFINITIONS**

**Medical Necessity** is a set of criteria established in CCR, Title 9, [§ 1820.205](#):

Admission:

- (1) Must have an included DSM 5/ICD 10 diagnosis ([Inpatient Included List](#)) AND
- (2) Both the following criteria:
  - (A) Cannot be safely treated at a lower level of care AND
  - (B) Requires psychiatric inpatient hospital services
    1. Has symptoms or behaviors due to a mental disorder that (one or more of the following):
      - a. Represent a current danger to self, others, or significant property destruction
      - b. Prevent the beneficiary from providing for, or utilizing, food, clothing or shelter
      - c. Present a severe risk to the beneficiary's physical health
      - d. Represent a recent, significant deterioration in ability to function
    2. Require admission for one of the following:
      - a. Further psychiatric evaluation
      - b. Medication treatment
      - c. Other treatment that can be reasonably provided only if the patient is hospitalized

Policy #519 Inpatient Concurrent Review & Authorization



Continued stay services:

- (1) Continued presence of indications that meet the admission medical necessity criteria
- (2) Serious adverse reaction to medications, procedures or therapies requiring continued hospitalization
- (3) Presence of new indications that meet medical necessity criteria
- (4) Need for continued medical evaluation or treatment that can only be provided if the beneficiary remains in a hospital

Additional Restrictions for PHF Admission:

California Code of Regulations, Title 22 [§ 77113](#) limits diagnoses for PHF admission:

- Major mental disorders only
- No admissions when the primary diagnosis is an Eating Disorder
- No admissions when the primary diagnosis is a Substance Use Disorder, Substance intoxication, withdrawal, or detoxification, or substance-induced delirium

California Code of Regulations, Title 22 [§ 77135](#) limits medical conditions for PHF admission:

- No admission of patients with known reportable communicable disease
- No admission of patients with injuries or diseases that require inpatient medical care.
- Admission of patients with injury or disease that would ordinarily be treated on an outpatient basis only if the facility has appropriate policies, procedures and resources to ensure the safety of other patients and staff

**Concurrent Authorization** is permission from the county to a provider to deliver specific services in a specified time frame. It is an agreement to pay for those services when the written record documents that the services were medically necessary. Concurrent authorization must occur immediately upon receipt of information necessary to establish medical necessity. Concurrent authorization is prospective, meaning it applies to services on the day of decision and future service dates.

**Retrospective Authorization** is a review of the record and a payment authorization determination after the service is provided. Retrospective Authorization is permitted in the following *limited circumstances* when concurrent authorization is not possible:

- When Medi-Cal eligibility is determined retroactively after the service was provided
- When errors in the Medi-Cal Eligibility Data System (MEDS) are identified after the service
- When a beneficiary fails to identify a payor, which is later determined to be Medi-Cal
- When a beneficiary has more than one health care coverage and a payment determination cannot be made until after the service has been provided and another

Policy #519 Inpatient Concurrent Review & Authorization

payor processed a claim

## **PROCEDURE**

### **A. Notification of Admission**

1. When a facility admits a Nevada County resident who is a Nevada County Medical beneficiary for Psychiatric Inpatient Hospital Services or Psychiatric Health Facility (PHF) Services, the admitting facility must notify NCBH at 530-470-2458 as soon as possible upon admission.
  - a. When a beneficiary has relocated out-of-county, Nevada county may not be financially responsible for the care of the beneficiary, even if the State's MEDS file lists Nevada County as the county of responsibility
  - b. Admitting facilities must identify the beneficiary's residence address, which will help determine the current county of responsibility
  - c. In certain instances, with approval of the Staff Psychiatrist, a Nevada county beneficiary may be transported back to Nevada county for acute care. In these instances, NCBH will authorize acute care until transportation can be arranged.
2. Emergency psychiatric services do not require authorization for the day of admission, provided the beneficiary meets medical necessity criteria.
3. Prompt notification is required so that NCBH staff may provide concurrent authorization for continued stay days, without which claims for continued stay will be denied.

### **B. Concurrent Review and Authorization**

1. When requests for authorization for a hospital/PHF admission are received by NCBH, they are reviewed by the NCBH or contracted staff during regular business hours, Monday through Friday and after business hours.
2. The hospital/PHF calls the county's designated line to request admission authorization.
3. The hospital/PHF transmits reasonably necessary clinical documentation to determine medical necessity to the County for review. Refer to Attachment A – Documentation Checklist.
4. Documentation received by the county is considered a formal authorization request. The hospital/PHF is required to notify NCBH of the type of authorization they are requesting (acute or administrative day) when they transmit the written documentation. The hospital cannot modify what they are requesting once a final determination has been made. If a denial is issued the hospital/PHF may appeal the denial decision as described in the NOABD that will be sent with the denial.
5. Clinical documentation is reviewed by a licensed clinical staff and an authorization determination is made based on Title 9 Medical Necessity Criteria.
  - a. Any beneficiary awaiting transfer to another hospital will be prioritized.
  - b. Hospitals/PHFs will receive an authorization decision within twenty-four hours of the county's receipt of required clinical information, including determinations for each individual day if documentation is batched as

Policy #519 Inpatient Concurrent Review & Authorization

described in #12 below.

6. In addition to addressing Title 9 Medical Necessity Criteria, documentation and review will include discharge planning per policy #218 and policy #218.1.
7. NCBH designated staff will document clinical information regarding the concurrent review.
8. All denials are made by the NCBH designated staff and are based upon not meeting the criteria for Title 9 Medical Necessity. The provider making the determination shall have the appropriate expertise to treat the condition of the beneficiary receiving the denial.
9. If approved, clinical staff will generate an authorization number for the request and complete the authorization notification form as described in Section F below.
10. If denied, clinical staff will complete the authorization notification form and issue a Notice of Adverse Benefit Determination (NOABD) and hospital denial letter.
11. The county will complete concurrent reviews at a frequency consistent with the clinical status of the beneficiary, the County's ability to evaluate medical necessity and appropriateness, and the efficiency of psychiatric inpatient hospital and psychiatric health facility services. Following the initial admission, the hospital/PHF in consultation with the county may elect to batch documentation for up to five days of hospital stays for review and authorization by county staff. The county will evaluate medical necessity separately for each day requested. Concurrent review for all days requested should be completed prior to discharge.
12. In the case of concurrent review, care will not be discontinued until the beneficiary's treating provider(s) has been notified of the NCBH decision and a care plan has been agreed upon by the treating provider that is appropriate for the medical needs of the beneficiary.
13. In cases where NCBH determines it will terminate, modify, or reduce services, NCBH will notify the beneficiary, in writing, of the adverse benefit determination prior to discontinuing services.

#### **C. Emergency Admission Requirements**

NCBH does not require prior authorization for an emergency admission for psychiatric inpatient hospital services or to a psychiatric health facility, whether the admission is voluntary or involuntary, and the beneficiary, due to a mental disorder, is a current danger to self or others, or immediately unable to provide for, or utilize, food, shelter, or clothing. Upon notification by a hospital, NCBH will authorize payment for out-of-network services when a NCBH beneficiary with an emergency psychiatric condition is admitted to a hospital or PHF, to receive psychiatric inpatient hospital services or PHF services. After the date of admission, hospitals must request authorization for continued stay services for the beneficiary subject to concurrent review by NCBH.

#### **D. Notification of Authorization or Denial**

1. A verbal notification of the authorization or denial may be given to the hospital/PHF.

#### **Policy #519 Inpatient Concurrent Review & Authorization**

2. Decisions to approve, modify, or deny provider requests for authorization concurrent with the provision of Specialty Mental Health Services to beneficiaries will be communicated to the beneficiary's treating providers, including both the hospital and treating physician, in writing, within 24 hours of the decision.
3. If days are denied, the county will transmit the NOABD to the beneficiary and signed copy of the denial letter to the provider within the timeframe required in Information Notice 19-026.
  - a. The NOABD will be mailed to the client within two (2) business days of the determination.
  - b. NCBH designated staff will document and track turnaround times.

**E. Expedited Review of Denial**

1. An Expedited Review of the denial may be requested by the attending physician.
2. For an Expedited Review to occur, the beneficiary must still be an inpatient at the facility at the time of the review. If not, the case should utilize the appeal process.
3. Within 2 business days of receipt of the clinical documentation, the NCBH Medical Director reviews the request for Title 9 Medical Necessity and makes a determination to uphold or overturn the denial.
4. County staff will document the decision, including any additional clinical information provided that affected the decision.
5. If the NCBH Medical Director reverses the denial and authorizes reimbursement for the hospital, the designated licensed clinician will be notified of the decision.
  - a. NCBH staff will document the authorization and notify the treating hospital of the new determination.
  - b. If the denial is upheld, the facility may still utilize the appeals process.

**F. Authorization of Administrative Days**

1. A county licensed clinician will authorize inpatient Administrative Days claimed by a hospital in accordance with DHCS MHSUDS Information Notice 19-026 and current County Policy.
2. Beneficiaries 18 years and older, who no longer meet Acute Care criteria, but who are waiting for discharge to a 24 hour care setting, Crisis House, Long Term Care (LTC), or Skilled Nursing Facilities (SNF), must meet Administrative Day criteria.
3. Beneficiaries under 18 years old, who no longer meet Acute Care criteria, but who are waiting for discharge to a placement facility such as Short Term Residential Therapeutic Program (STRTP), must meet Administrative Day Criteria.
4. Documentation of the discharge plan and any required actions by the hospitals (documentation of five calls per week for SNF placement and daily calls for START facilities) will be documented by the NCBH designated staff.
5. Beneficiaries on Administrative Days will be reviewed at a frequency appropriate to their clinical status.

**Policy #519 Inpatient Concurrent Review & Authorization**

6. If the discharge plan changes and the patient no longer meets Administrative Day criteria, further authorization will be denied.
  - a. The hospital will be notified and a NOABD will be sent to the facility and the beneficiary.
7. If a beneficiary's status changes and the hospital is requesting a return to an Acute level of care from Administrative Days, the hospital must transmit the required clinical documentation to the NCBH that supports medical necessity for Acute level of care and specifies the type of authorization they are requesting within 1 business day.
  - a. The county licensed clinician will review any request for the beneficiary's status to change from Administrative to Acute level of care.
  - b. The treating Psychiatrist may, at any time, request a peer review with the county designated physician to discuss a status change.

**G. Discharge and Treatment Authorization Request for Payment**

1. NCBH licensed clinician will close out the assignment when the beneficiary is discharged from the hospital.
2. If a Treatment Authorization Request (TAR) form is required for payment, the hospital/PHF submits a TAR at the time of admission.
3. At the end of the authorized stay, the TAR is reviewed and signed by a licensed clinician with NCBH.
4. The TAR will be signed by the licensed clinician and be submitted to the NCBH Fiscal Analyst within 14 calendar days from receipt.
5. The final confirmation and approval of all Inpatient Hospital Services will be completed when the Treatment Authorization Request (TAR) is received from the hospital/PHF.
6. The hospital is required to submit the TAR to the County per Title 9 regulations.
7. County staff record receipt of all TARs in the TARs database.
  - a. If a TAR has been altered in any way, the TAR is returned to the hospital and a new TAR is requested from hospital.
  - b. Staff and hospitals are notified within one business day of any errors and monitored on a monthly basis for adherence to this policy.
  - c. Upon resubmission, the County reviews and submits TAR to NCBH Fiscal Analyst if complete.
  - d. If hospital/PHF staff noncompliance continues, the Clinical Manager or designee notifies the hospital's Quality Improvement department to discuss further.
8. Inpatient Professional Services will not be authorized for adult inpatient hospitalizations that are not authorized.

**H. Retrospective Review & Authorization**

1. The NCBH licensed clinician will perform Retrospective reviews only for inpatient services that were not concurrently authorized due to the following reasons: a natural disaster, circumstances beyond the provider's control, delayed certification of eligibility by the County Welfare Department, other coverage

**Policy #519 Inpatient Concurrent Review & Authorization**



denied payment of a claim for service, communication with the field office consultant could not be established or the beneficiary concealed Medi-Cal eligibility at the time of admission.

2. Retroactive review packets must be submitted within 4 months of the notification of the beneficiary's Medi-Cal eligible status or from the date on beneficiary's primary insurance denial, or EOB.
3. The Retroactive review packet must include a completed TAR, the complete medical record for the dates of service for which authorization is being requested, and a letter of explanation for not obtaining prior authorization.
4. Retroactive reviews will be denied administratively without clinical review if the Retroactive review process is requested beyond the above timelines or for circumstances other than those listed above. Circumstances such as employee negligence, misunderstanding of program requirements, illness or absence of employees trained to prepare requests for review or delays by the US Postal Service do not meet the guidelines for Retroactive review per Title 9 guidelines.
5. Hospital will be informed of the authorization determination on the TAR. Any applicable NOABDs will be mailed to the client within two (2) business days of the determination.

**REFERENCES:**

- Code of Federal Regulations, Title 42, §438.210, §438.330, §438.608
- California Code of Regulations, Title 9, §1820.100 – 1820.230
- California Code of Regulations, Title 22, §77113, §77135
- California Health and Safety Code (HSC) §1367.01
- Contract with Department of Health Care Services (DHCS), Exhibits A, B
- MHSUDS Information Notice [19-026](#)