

ACUTE PSYCHIATRIC INPATIENT HOSPITAL SERVICES
SERVICE EXHIBIT III
CHILD AND ADOLESCENT INPATIENT PSYCHIATRIC SERVICES

Notwithstanding language in section 9.0 of the Statement of Work (SOW), the following applies only for Child and Adolescent Inpatient Psychiatric services provided to Medi-Cal and uninsured clients at a General Acute Psychiatric Hospital (GACH) or Acute Psychiatric Hospital (APH). It is the Contractor's responsibility to review the SOW and Service Exhibit (SE) to ensure the appropriate billing is submitted.

Los Angeles County (LAC) will reimburse Contractor for acute inpatient psychiatric hospital services provided to Medi-Cal and uninsured clients of ages 5-12 (child) and ages 13-17 (adolescent) receiving behavioral health services who meet the criteria for medical necessity as defined by California Code of Regulations (CCR), Title 9, Section 1820.205. Contractor shall submit reimbursement claims for uninsured clients through the LAC Department of Mental Health (DMH).

Behavioral health services will be provided in a licensed GACH or APH to eligible Los Angeles County residents.

1. PROGRAM CRITERIA

- (a) Patient meets criteria for a Lanterman Petris Short (LPS) involuntary hold per an LPS designated clinician or meets criteria for medical necessity.
- (b) The receiving hospital has bed availability and the means to address the behavioral health condition. Receiving hospital may be a GACH or APH designated as an LPS facility for this SE. According to Title 22, Section 100243, receiving hospital means a licensed GACH or APH with a unit that is specifically designated for child and/or adolescent psychiatric services that is separate and distinct from a general adult psychiatric unit. This unit shall include services, treatment modalities and staff that are specifically targeted to treat children and adolescents.
- (c) Referring hospital shall be responsible for cost of transportation. Referring hospital is the hospital that sends the client with a behavioral health condition.

2. TARGET POPULATION

Services will be provided to eligible Medi-Cal beneficiaries including through the Managed Care Plans (or other pre-approved funding sources such as full scope Medi-Cal), or those that are Uninsured.

Invoice and Payment

GACH or APH shall claim by submitting a Treatment Authorization Request and requisite supporting documentation to LACDMH for the medically necessary behavioral health services.

Reimbursement Agency:

Medi-Cal Clients: State DHCS Fiscal Intermediary shall reimburse Contractor during the term of this Contract for Acute Psychiatric Inpatient Hospital Services provided to Medi-Cal clients.

Uninsured Clients: Clients that do not have or are legally unable to access health insurance. LACDMH shall reimburse Contractor during the term of this Contract for Acute Psychiatric Inpatient Hospital Services provided to Uninsured Clients.

Contractor shall, no later than the 15th day of each month following the service month, submit an invoice to the County for approved services provided to eligible clients as described in SOW Section 2.0 Program Elements For Acute Psychiatric Inpatient Hospital Services. Said invoice shall be in a form as specified by the County and will include an itemized accounting of all charges for each patient day. Invoices shall be submitted to the address identified below.

The following is the Contractor's reimbursement process:

- a) Within 15 days of the end of the month in which eligible services are delivered, Contractor submits a monthly invoice to LACDMH for actual services provided for the previous month.
- b) The invoice should include the relevant information and documentation to support the payments.
- c) DMH reviews the invoice for approval to reimburse Contractor within 30 calendar days after receipt of a complete and accurate invoice via the appropriate reimbursement method to be agreed upon by both parties.
- d) In the event of correction of a prior period invoice or reimbursement such as "retro-delete" (overpayment) or "retro-add" (underpayment), the adjustment will be shown and included in Contractor's current invoice.

Invoices shall be reimbursed at the base rate determined by LACDMH plus the rate for specialized programming and/or provision of more intensive mental health services provided to clients at County's request, if applicable, and as approved by LACDMH.

LACDMH will inform Contractor annually of the reimbursement rate and, as needed, rate changes.

The Contractor shall comply with all requirements necessary for reimbursement as established by federal, State, and local statutes, laws, ordinances, rules, regulations, manuals, policies, guidelines, contractor bulletins/alerts and directives.

The Contract shall be subject to any restrictions, limitation, or conditions imposed by County, State, and/or federal government entities, which may in any way affect the provisions or funding of the Contract, including, but not limited to, those contained in the County Budget as adopted by County's Board and/or State's Budget Act.

Contractor shall submit all Invoices, including any supporting documentation, to the following:

Los Angeles County Department of Mental Health
Financial Services Bureau — Accounting Division
510 S. Vermont Avenue, 15th Floor
Los Angeles, CA 90020
Attn: Provider Reimbursement Section