

ACUTE PSYCHIATRIC INPATIENT HOSPITAL BED CONTRACT
DEFINITIONS

1. **Acute Psychiatric Inpatient Hospital Services** means those services as described in Service Exhibit A (Acute Psychiatric Inpatient Hospital Services);
2. **Acute Psychiatric Hospital (APH)** (Also known informally as “Freestanding Hospital” in the industry) Acute psychiatric hospital means a hospital having a duly constituted governing body with overall administrative and professional responsibility and an organized medical staff which provides 24-hour inpatient care for mentally disordered, incompetent or other patients referred to in Division 5 (commencing with section 5000) or Division 6 (commencing with section 6000) of the Welfare and Institutions Code, including the following basic services: medical, nursing, rehabilitative, pharmacy and dietary services. An acute psychiatric hospital shall not include separate buildings which are used exclusively to house personnel or provide activities not related to hospital patients.
3. **Administrative Day Services** means those services as described in Service Exhibit A (Program Elements for Administrative Day Services). The rate of reimbursement for administrative day services for acute inpatient psychiatric hospitals is determined by the Department of Health Care Services in accordance with Title 9, Section 1820.110(d) of the California Code of Regulations.
4. **Beneficiary** means any patient/client who is certified as eligible for Medi-Cal pursuant to CCR Title 22, Section 51001, and may include any patient/client who is eligible for Medi-Cal and who is enrolled in a prepaid health plan or other acute psychiatric/inpatient hospital services health system which contracts with State approved local physical health care Medi-Cal Managed Care Plans pursuant to applicable law. Beneficiary shall also include any patient/client whose Medi-Cal eligibility was determined after the rendition of inpatient services. Any patient/client who is eligible for Medi-Cal, who is also eligible for Medicare hospital benefits under Title XVIII of the Social Security Act, 42 United States Code Section 1395 et seq., and who has not exhausted those benefits, shall not be considered a Beneficiary. Any patient/client receiving skilled nursing facility services or long-term care services shall not be considered a Beneficiary for the purpose of this Contract;
5. **CIOB** means Chief Information Office Bureau;
6. **CCR** means the California Code of Regulations;
7. **Contract Allowable Rate (CAR)** means the gross rate of reimbursement for Contractor's delivery of a day of service of Acute Psychiatric Inpatient Hospital Services or Administrative Day Services, as set forth in Paragraph 6. (Financial Provisions) of this Contract, and shall be the amount of reimbursement which is allowed under this Contract for a delivery of a day of said services. The Contract Allowable Rates do not include the cost of physician services and psychologist services rendered to Beneficiaries or the cost of transportation services for providing Acute Psychiatric Inpatient Hospital Services or Administrative Day Services;
8. **Concurrent Review** means an assessment of a client's medical or service need that occurs at the

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same time service are being rendered. The review may involve payment authorization decisions to the extent permitted by regulation, Medi-Cal policies, applicable state waivers and statute.

9. **DHCS** means California Department of Health Care Services;
10. "County's Claims Processing Information System" means the current system employed by the Department of Mental Health to submit and process claims;
11. **Day(s)** means calendar day(s) unless otherwise specified;
12. **Director** means County's Director of Mental Health or Director's authorized designee;
13. **DMH** means County's Department of Mental Health;
14. **DMH Intensive Care Division (ICD)** means the Los Angeles Department of Mental Health division which both authorizes the care for and performs utilization review of clients needing treatment for 24-hour residential care due to severe and persistent mental illness in a variety of different levels of care throughout Los Angeles County.
15. **EPSDT** means the Early and Periodic Screening, Diagnosis, and Treatment program, which is a requirement of the Medicaid program to provide comprehensive health care. Such State funds are specifically designated for this program;
16. **FFP** means Federal Financial Participation for Fee-For-Service Medi-Cal Services as authorized by Title XIX of the Social Security Act, 42 United States Code Section 1396 et. seq;
17. **Fiscal Intermediary** means the person or entity which has contracted with State to perform fiscal intermediary services related to this Contract;
18. **Fiscal Year** means County's Fiscal Year which commences July 1 and ends the following June 30;
19. **Freestanding Hospital** means Acute Psychiatric Hospital.
20. **General Acute Care Hospital (GACH)** means a hospital, licensed by the Department, having a duly constituted governing body with overall administrative and professional responsibility and an organized medical staff which provides 24-hour inpatient care, including the following basic services: medical, nursing, surgical, anesthesia, laboratory, radiology, pharmacy, and dietary services. A general acute care hospital shall not include separate buildings which are used exclusively to house personnel or provide activities not related to hospital patients.
21. **Integrated Behavioral Health Information System (IBHIS)** is the Electronic Health Record System (EHRS) that was implemented by Los Angeles County Department of Mental Health (LACDMH).
22. **InterQual** is a standardized decision-making tool used to assist with level of care determinations and utilization review.
23. **Medically Clear** for admission shall be defined as clients who meet the criteria in Exhibit A1 (Medical Clearance Form). Contractor shall work with referring institutions to efficiently accept and transfer clients to next levels of care. Any disputes regarding "medical clearance" shall be resolved by doctor-to-doctor consultation between the referring institution and the Contractor.
24. **ProviderConnect** is a web interface used to communicate with IBHIS. ProviderConnect is a standard

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browser based application and can be launched from any web browsing application such as Internet Explorer, Chrome, or Firefox, and has real time communication with IBHIS. Any information submitted via ProviderConnect is directly entered and updated into the IBHIS system immediately.

25. **ProviderConnect User Manual** means DMH's ProviderConnect Manual for Acute Inpatient Bed Contract Hospital. The ProviderConnect Manual contain step by step instructions on entering the patient episode information into ProviderConnect.
26. **Provider Manual** means DMH's Provider Manual for Acute Inpatient Mental Health Services. The Provider Manual contains the formal requirements, policies and procedures governing Acute Inpatient Hospital Services for the Local Mental Health Plan and is incorporated into this Contract by reference;
27. **Psychiatric Inpatient Hospital Services** means the following mental health services when rendered to a Beneficiary in accordance with this Contract: (1) Acute Psychiatric Inpatient Hospital Services; and (2) Administrative Day Services. Psychiatric Inpatient Hospital Services shall be provided in either a licensed acute psychiatric hospital or a distinct acute psychiatric part of a licensed general acute care hospital. Psychiatric Inpatient Hospital Services provided in an acute psychiatric hospital which is larger than sixteen beds shall be reimbursed only for Beneficiaries age 20 or younger or 65 and older;
28. **Retrospective Review** means determination of the appropriateness or necessity of services after they have been delivered, generally through the review of the medical or treatment record.
29. **Service Authorization** means the determination of appropriateness of services, based upon medical or service need criteria, prior to the service being rendered which is defined in Title 9, under section 1810.229, Mental Health Payment authorization.
30. **Single Point of Contact (SPOC)** is the person authorized by the provider to discuss or obtain any/all information concerning a specific TAR and/or Medi-Cal beneficiary;
31. **Title 9** means one of the set of regulations covering the delivery of mental health services in the State of California. The regulations are found in the California Code of Regulation: Title 9. Rehabilitation and Developmental Services, Division 1, Department of Mental Health.
32. **Title XIX** means Title XIX of the Social Security Act, 42 United States Code Section 1396 et seq;
33. **WIC** means the California Welfare and Institutions Code.