

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2021

H.B. 382
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HOUSE PRINCIPAL CLERK

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HOUSE BILL DRH30189-MRa-18A

Short Title: Hospital ED Care/Medicaid Behav. Health Ser. (Public)

Sponsors: Representative Lambeth.

Referred to:

1 A BILL TO BE ENTITLED
2 AN ACT TO REIMBURSE HOSPITALS FOR BEHAVIORAL HEALTH SERVICES
3 PROVIDED TO MEDICAID BENEFICIARIES AWAITING DISCHARGE OR
4 TRANSFER FROM A HOSPITAL SETTING TO A MORE APPROPRIATE SETTING.

5 The General Assembly of North Carolina enacts:

6 **SECTION 1.** Intent. – It is the intent of the General Assembly to provide funding to
7 hospitals for behavioral health services provided to Medicaid beneficiaries while those
8 beneficiaries await discharge to a more appropriate setting.

9 **SECTION 2.** Criteria for Coverage. – The Department of Health and Human
10 Services, Division of Health Benefits, is directed to develop a clinical coverage policy, or amend
11 an existing clinical coverage policy as applicable, assign a CPT code, and develop billing
12 instructions for Medicaid coverage of the services described in Section 3 of this act provided to
13 a beneficiary who meets all of the following criteria:

- 14 (1) The beneficiary no longer meets criteria for observation under Section
15 3.2.1(b) of Medicaid Clinical Coverage Policy 2A-1: Acute Inpatient Hospital
16 Services.
17 (2) The beneficiary is not currently receiving inpatient behavioral health services
18 covered under Medicaid Clinical Coverage Policy 8B: Inpatient Behavioral
19 Health Services.
20 (3) A physician, physician assistant, or nurse practitioner has determined that one
21 of the following is action appropriate for the beneficiary:
22 a. Admission to an inpatient psychiatric or behavioral health facility.
23 b. Admission to a facility, other than an inpatient facility, for care for
24 psychiatric or behavioral health needs, such as a group home.
25 c. Arrangement for community-based services or supports without which
26 the beneficiary cannot be safely discharged to the beneficiary's home
27 due to the beneficiary's psychiatric or behavioral health needs.

28 **SECTION 3.** Services Covered. – The clinical coverage policy developed in
29 accordance with this act shall provide Medicaid coverage of the following services in an acute
30 care hospital setting when medically necessary and ordered by a physician or other appropriate
31 provider:

- 32 (1) Treatment, including assessment and medication management, of both
33 psychiatric and behavioral health conditions and physical health conditions.
34 (2) Crisis stabilization and support.
35 (3) Ongoing monitoring of a beneficiary's medical status and medical clearance.
36 (4) Nursing services and support.



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- 1 (5) Reasonable and appropriate efforts to maintain patient safety.
- 2 (6) Provision of community resource information and psychoeducation, including
- 3 connections to the relevant local management entity/managed care
- 4 organization (LME/MCO).
- 5 (7) Development of a safety plan, including any revisions to that plan.
- 6 (8) Coordination with the beneficiary or the beneficiary's legal representative and
- 7 the LME/MCO to establish a safe discharge plan or transfer plan.

8 Other ancillary services shall continue to be eligible to be billed as separate and
9 additional services not included as part of this new Medicaid coverage.

10 **SECTION 4.** CMS Approval. – The Department of Health and Human Services,
11 Division of Health Benefits, shall submit to the Centers for Medicaid and Medicare Services
12 (CMS) any State Plan amendments necessary to establish Medicaid reimbursement or rates for
13 services outlined in Section 3 of this act. The new Medicaid covered services and rates shall be
14 implemented as soon as practicable but not prior to the receipt of approval from CMS for these
15 new services. The new Medicaid covered services and rates shall only be implemented to the
16 extent allowable by CMS.

17 **SECTION 5.** This act is effective when it becomes law.