



Policy: GG.1312
Title: **Responsibility for a Member in a State Hospital**
Department: Medical Management
Section: Utilization Management

CEO Approval: /s/ Michael Hunn 12/20/2024

Effective Date: 02/01/1996

Revised Date: 12/01/2024

Applicable to: ☒ Medi-Cal
☐ OneCare
☐ PACE
☐ Administrative

I. PURPOSE

This policy defines the division of financial responsibility and coordination of care for a Member who resides in a State Hospital.

II. POLICY

- A. CalOptima Health or a Health Network shall not be responsible for any services provided to a Member, while the Member is a resides in a State Hospital.
- B. If a Member, who resides in a State Hospital, leaves the State Hospital for emergency or elective medical treatment, CalOptima Health or the Member's Health Network shall be responsible for Covered Services provided to the Member outside the State Hospital.
- C. The State Hospital shall be responsible for coordinating a Member's services to a Provider outside the State Hospital.
- D. CalOptima Health or a Member's Health Network shall be responsible for the Member's transportation, in accordance with CalOptima Health Policy GG.1505: Transportation: Emergency, Non-Emergency, and Non-Medical.

III. PROCEDURE

- A. Emergency Medical Services for a Member outside the State Hospital:
 - 1. The State Hospital shall transport the Member to the nearest medical Facility available to treat the Member.
 - 2. If the Member is admitted for acute care services, the treating Facility shall notify CalOptima Health, or the Member's Health Network, of the admission.
 - 3. The CalOptima Health or Health Network Utilization Management (UM) Department shall assign an authorized inpatient admission and Length of Stay (LOS) based on Medical Necessity and nationally recognized, evidence-based criteria, in accordance with CalOptima Health Policy GG.1501: Inpatient Length of Stay Assignment for CalOptima Health Direct and CalOptima Health Community Network Members.

4. The CalOptima Health and Health Network UM Department shall base all authorized inpatient extensions for continuing hospitalization on medical necessity and nationally recognized, evidence-based criteria.

B. Elective Services for Members outside the State Hospital:

1. The State Hospital shall coordinate, and obtain appropriate authorization for, elective services provided outside the State Hospital with the Orange County Mental Health Department and CalOptima Health, or the Member's Health Network.
2. CalOptima Health or the Member's Health Network shall review, authorize, and pay for medically indicated Covered Services that the Member receives outside the State Hospital.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

- A. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
- B. CalOptima Health Network Service Agreement
- C. CalOptima Health Policy GG.1501: Inpatient Length of Stay Assignment
- D. CalOptima Health Policy GG.1505: Transportation: Emergency, Non-Emergency, and Non-Medical
- E. Title 9, California Code of Regulations (CCR), §4105
- F. Welfare and Institutions Code, §14087

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
02/23/2016	Department of Health Care Services (DHCS)	Approved as Submitted

VII. BOARD ACTION(S)

None to Date

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	02/01/1996	GG.1312	Responsibility for a Member in a State Hospital	Medi-Cal
Revised	10/01/1999	GG.1312	Responsibility for a Member in a State Hospital	Medi-Cal
Revised	04/01/2007	GG.1312	Responsibility for a Member in a State Hospital	Medi-Cal
Revised	11/01/2015	GG.1312	Responsibility for a Member in a State Hospital	Medi-Cal
Revised	10/01/2016	GG.1312	Responsibility for a Member in a State Hospital	Medi-Cal
Revised	10/01/2017	GG.1312	Responsibility for a Member in a State Hospital	Medi-Cal
Revised	08/01/2019	GG.1312	Responsibility for a Member in a State Hospital	Medi-Cal
Revised	06/01/2020	GG.1312	Responsibility for a Member in a State Hospital	Medi-Cal
Revised	05/01/2021	GG.1312	Responsibility for a Member in a State Hospital	Medi-Cal
Reviewed	05/01/2022	GG.1312	Responsibility for a Member in a State Hospital	Medi-Cal
Revised	12/31/2023	GG.1312	Responsibility for a Member in a State Hospital	Medi-Cal
Revised	12/01/2024	GG.1312	Responsibility for a Member in a State Hospital	Medi-Cal

IX. GLOSSARY

Term	Definition
Care Coordination	<p>Care coordination involves deliberately organizing member care activities and sharing information among all of those involved with patient care. CalOptima Health's coordination of care delivery and services for Members, either within or across delivery systems including services the Member receives by CalOptima Health, any other managed care health plan; Fee-For-Service (FFS); Out-of-Network Providers; carve-out programs, such as pharmacy, Substance Use Disorder (SUD), mental health, and dental services; and community and social support Providers. Care Coordination services may be included in Basic Case Management, Complex Case Management, Enhanced Care Management (ECM), Person Centered Planning and Transitional Care Services.</p>
Covered Services	<p>Those health care services, set forth in W&I sections 14000 et seq. and 14131 et seq., 22 CCR section 51301 et seq., 17 CCR section 6800 et seq., the Medi-Cal Provider Manual, the California Medicaid State Plan, the California Section 1115 Medicaid Demonstration Project, the contract with DHCS for Medi-Cal, and DHCS APLs that are made the responsibility of CalOptima Health pursuant to the California Section 1915(b) Medicaid Waiver authorizing the Medi-Cal managed care program or other federally approved managed care authorities maintained by DHCS.</p> <p>Covered Services do not include:</p> <ol style="list-style-type: none"> 1. Home and Community-Based Services (HCBS) program as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsections 4.3.15 (Services for Persons with Developmental Disabilities), 4.3.20 (Home and Community-Based Services Programs) regarding waiver programs, 4.3.21 (In-Home Supportive Services), and Department of Developmental Services (DDS) Administered Medicaid Home and Community-Based Services Waiver. HCBS programs do not include services that are available as an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) service, as described in 22 CCR sections 51184, 51340 and 51340.1. EPSDT services are covered under the DHCS contract for Medi-Cal, as specified in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services), Subsection F4 regarding services for Members less than twenty-one (21) years of age. CalOptima Health is financially responsible for the payment of all EPSDT services; 2. California Children's Services (CCS) as specified in Exhibit A, Attachment III, Subsection 4.3.14 (California Children's Services), except for Contractors providing Whole Child Model (WCM) services; 3. Specialty Mental Health Services as specified in Exhibit A, Attachment III, Subsection 4.3.12 (Mental Health Services); 4. Alcohol and SUD treatment services, and outpatient heroin and other opioid detoxification, except for medications for addiction treatment as specified in Exhibit A, Attachment III, Subsection 4.3.13 (Alcohol and Substance Use Disorder Treatment Services); 5. Fabrication of optical lenses except as specified in Exhibit A, Attachment III, Subsection 5.3.7 (Services for All Members);

Term	Definition
	<ol style="list-style-type: none"> 6. Direct Observed Therapy for Treatment of Tuberculosis (TB) as specified in Exhibit A, Attachment III, Subsection 4.3.18 (Direct Observed Therapy for Treatment of Tuberculosis); 7. Dental services as specified in W&I sections 14131.10, 14132(h), 14132.22, 14132.23, and 14132.88, and EPSDT dental services as described in 22 CCR section 51340.1(b). However, CalOptima Health is responsible for all Covered Services as specified in Exhibit A, Attachment III, Subsection 4.3.17 (Dental) regarding dental services; 8. Prayer or spiritual healing as specified in 22 CCR section 51312; 9. Educationally Necessary Behavioral Health Services that are covered by a Local Education Agency (LEA) and provided pursuant to a Member's Individualized Education Plan (IEP) as set forth in Education Code section 56340 et seq., Individualized Family Service Plan (IFSP) as set forth in California Government Code (GC) section 95020, or Individualized Health and Support Plan (IHSP). However, CalOptima Health is responsible for all Medically Necessary Behavioral Health Services as specified in Exhibit A, Attachment III Subsection 4.3.16 (School-Based Services); 10. Laboratory services provided under the State serum alpha-feto-protein-testing program administered by the Genetic Disease Branch of California Department of Public Health (CDPH); 11. Pediatric Day Health Care, except for Contractors providing Whole Child Model (WCM) services; 12. State Supported Services; 13. Targeted Case Management (TCM) services as set forth in 42 USC section 1396n(g), W&I sections 14132.48 and 14021.3, 22 CCR sections 51185 and 51351, and as described in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services). However, if Members less than twenty-one (21) years of age are not eligible for or accepted by a Regional Center (RC) or a local government health program for TCM services, CalOptima Health must ensure access to comparable services under the EPSDT benefit in accordance with DHCS APL 23-005; 14. Childhood lead poisoning case management provided by county health departments; 15. Non-medical services provided by Regional Centers (RC) to individuals with Developmental Disabilities, including but not limited to respite, out-of-home placement, and supportive living; 16. End of life services as stated in Health and Safety Code (H&S) section 443 et seq., and DHCS APL 16-006; and 17. Prescribed and covered outpatient drugs, medical supplies, and enteral nutritional products when appropriately billed by a pharmacy on a pharmacy claim, in accordance with DHCS APL 22-012.
Emergency Services	Covered inpatient and outpatient services that are furnished by Provider qualified to furnish those health services needed to evaluate or stabilize an Emergency Medical Condition.

Term	Definition
Facility	Any premise that is: <ol style="list-style-type: none"> 1. Owned, leased, used or operated directly or indirectly by or for CalOptima Health for purposes related in the DHCS Medi-Cal Contract; or 2. Maintained by a Provider to provide services on behalf of CalOptima Health.
Health Network	A Physician Hospital Consortium (PHC), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima Health to provide Covered Services to Members assigned to that Health Network.
Length of Stay (LOS)	The length of an inpatient episode of care, calculated from the day of admission to the day of discharge, and based on the number of nights spent in hospital.
Medically Necessary or Medical Necessity	<p>Reasonable and necessary Covered Services to protect life, to prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under W&I Code 14059.5(a) and Title 22 CCR Section 51303(a). Medically Necessary services shall include Covered Services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity.</p> <p>For Members under 21 years of age, a service is Medically Necessary if it meets the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standard of medical necessity set forth in Section 1396d(r)(5) of Title 42 of the United States Code, as required by W&I Code 14059.5(b) and W&I Code Section 14132(v). Without limitation, Medically Necessary services for Members under 21 years of age include Covered Services necessary to achieve or maintain age-appropriate growth and development, attain, regain or maintain functional capacity, or improve, support or maintain the Member's current health condition. CalOptima Health shall determine Medical Necessity on a case-by-case basis, taking into account the individual needs of the child.</p>
Member	A Medi-Cal eligible beneficiary as determined by the County of Orange Social Services Agency, the California Department of Health Care Services (DHCS) Medi-Cal Program, or the United States Social Security Administration, who is enrolled in the CalOptima Health program.
State Hospital	A hospital managed by the California Department of State Hospitals.