

**GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2021**

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HOUSE BILL 382

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

Sponsors: Representatives Lambeth, White, Potts, and Sasser (Primary Sponsors).
For a complete list of sponsors, refer to the North Carolina General Assembly web site.

Referred to: Health, if favorable, Rules, Calendar, and Operations of the House

March 25, 2021

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

The General Assembly of North Carolina enacts:

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

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

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

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

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



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

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

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

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