

RÉSUMÉ DIGEST

ACT 390 (HB 307)

2015 Regular Session

Jackson

Existing law provides that a person who is mentally ill or a person who is suffering from substance abuse may be admitted and detained at a treatment facility for observation, diagnosis, and treatment for a period not to exceed 15 days under an emergency certificate. Further provides that a person suffering from substance abuse may be detained at a treatment facility for one additional period, not to exceed 15 days, if a second emergency certificate is executed.

New law prohibits an insurer, including an entity contracted with the state for the provision of Medicaid services and the Office of Group Benefits programs, from denying payment for inpatient behavioral health services provided to a person while admitted and detained in a facility that provides mental health services under an emergency certificate on the basis of medical necessity, if all of the following conditions are met:

- (1) Claims for payment of services are limited to behavioral health expenditures and exclude payment for nonbehavioral health services or other medical expenses not directly related to the provision of behavioral health care, treatment, or services with the exception of usual and customary laboratory services necessary to monitor patient progress.
- (2) The admitting physician and the evaluating psychiatrist or medical psychologist offer the subject of the emergency certificate the opportunity for voluntary admission.
- (3) Any patient committed under an emergency certificate to inpatient treatment by a facility that provides mental health services is evaluated by a psychiatrist or medical psychologist in the admitting facility within 24 hours of arrival at the admitting facility.

New law provides that after the psychiatric evaluation, payment of claims shall be determined by medical necessity.

New law defines "admitting facility" as a crisis receiving center, acute treatment hospital or facility, distinct part psychiatric unit, or free-standing psychiatric hospital or facility.

Nothing in new law shall be construed or interpreted to require payment of claims in a manner other than in accordance with the terms and conditions of the health insurance contract.

New law requires, if funding is necessary pursuant to new law, the approval of the Centers for Medicare and Medicaid Services (CMS) prior to the use of available Community Development Block Grant (CDBG) funds.

Effective August 1, 2015.

(Adds R.S. 28:53(P))