



Section 7.2 Institutions for Mental Diseases (IMD) Reporting

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I. STATEMENT OF PURPOSE:

This section applies to all facilities designated as an Institution of Mental Diseases (IMD) (provider types 71, B1, B3 and B6).

An IMD is an inpatient treatment facility that includes hospitals, nursing facilities or other institutions having more than 16 beds, primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care and related services. Title XIX of the Social Security Act provides that, except for persons under the age of 21 receiving inpatient psychiatric care, Medicaid (Title XIX) does not cover services to persons in an IMD that are under 65 years of age.

Effective July 5, 2000, Arizona was granted expenditure authority to provide limited services to Title XIX persons age 21 through 64 in IMDs. Based on current Arizona Health Care Cost Containment System (AHCCCS) Bureau of Medical Facility Licensing (BMFL), facilities that meet the definition of an IMD are licensed Level I facilities with more than 16 total treatment beds. General acute care hospitals with psychiatric units are not considered IMDs. The following provider types that participate in the AHCCCS public behavioral health system are considered IMDs:

- Level I psychiatric hospital (provider type 71);
- Level I residential treatment center with more than 16 beds (provider types B1 and B3*); and
- Level I sub-acute facility with more than 16 beds (provider type B6).

Limitations:

* Level I Residential Treatment Centers, Secure and Non-Secure, are certified as IMD's when registered with AHCCCS, but they do not carry the limitations of the other IMDs.



A Title XIX eligible person who is 21 years through 64 years old may receive services in an IMD for up to 30 days per admission and 60 days per contract year (July 1 through June 30). A person whose stay exceeds 30 days per admission/60 days per contract year may lose Title XIX eligibility. There are no length of stay limitations for persons under the age of 21 or over the age of 64.

Reporting and tracking:

Because of the limitations, it is important for IMD facilities to assist in reporting and tracking the number of days a Title XIX eligible person (21 years through 64 years old) receives care in an IMD.

The intent of this section is to describe reporting and tracking requirements for behavioral health providers designated as IMDs (provider types 71 and B6). Thirty- and 60-day limitations do not apply to persons in residential treatment center (RTC) IMDs, (provider types B1 and B3) which are licensed to treat persons less than 21 years old.

Effective January 1, 2006, Medicare eligible behavioral health recipients, including persons who are dually eligible for Medicare (Title XVIII) and Medicaid (Title XIX/XXI), will receive Medicare Part D prescription drug benefits through Medicare Prescription Drug Plans (PDPs) or Medicare Advantage Prescription Drug Plans (MA-PDs).

Medicare Part D coverage includes co-payment requirements of all persons. The co-payments are waived when a dual eligible person enters a medical institution that is Medicaid funded, for at least a full calendar month. IMDs must notify AHCCCS when a dual eligible person is expected to be in the IMD for at least a full calendar month to ensure co-payments for Part D are waived. The waiver of co-payments applies for the remainder of the calendar year, regardless of whether the person continues to reside in a medical institution.

II. REFERENCES:

The following citations and AHCCCS document also serve as resources for this content area:

42 CFR Part 400

42 CFR Part 403

42 CFR Part 411

42 CFR Part 417

42 CFR Part 423

42 CFR 435.1009

9 A.A.C. 20

AHCCCS/TRBHA Intergovernmental Agreement 2021 (IGA)

III. STANDARDS:

A Title XIX eligible person (ages 21-64) who exceeds 30 inpatient days in an IMD is in an ineligible setting and is not entitled to receive any medical or behavioral health Medicaid services, either inside or outside of the facility, while remaining as a resident.

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TRBHAs must monitor Title XIX eligible persons' (ages 21 to 64) cumulative utilization as reimbursement for days exceeding the 30 day per admission/60 days per contract year cannot be made with Title XIX funds.

The reason that RTCs with more than 16 beds are identified as IMDs is that the federal regulations for the KidsCare program (Title XXI) specify that persons cannot apply for KidsCare eligibility or have a re-determination of their eligibility if they are in an IMD. Title XXI does not impose any length of stay limitations for KidsCare eligible persons in an IMD. Therefore, the 30- or 60-day IMD limitations are not applicable to persons already Title XXI eligible upon entering an IMD.

Enrollees with Medicare Part D prescription drug coverage and AHCCCS (health insurance and Medicare Savings Programs), dual eligible persons, have minimal prescription drug co-payments. Part D co-payments will be waived when dual eligible persons enter an institution, including an IMD, with the intent to remain for at least a full calendar month.

IV. PROCEDURES:

A. Reporting requirements:

What must be done when a Title XIX eligible person is admitted to an IMD?

At the time of admission, IMD designated providers (provider type 71 and B6) must give written notification to Title XIX eligible persons (ages 21-64) that their AHCCCS eligibility will end if they remain in an IMD longer than 30 days per admission or 60 days annually (July 1 through June 30).

Notification of admission of Centered Spirit Program (CSP) TRBHA members to an IMD should be faxed to the attention of the CSP TRBHA Business Manager at (520) 879-6099 or mailed to the following address: Centered Spirit Program, 4567 W. Tetakusim Road, Tucson, AZ 85746.

A person's Behavioral Health Clinician (BHC) or Behavioral Health Technician (BHT) needs to ensure that discharge planning starts at the time of admission to an IMD. The discharge plan must address what will happen if the person reaches the 30-day limit, such as the person would be transferred to a psychiatric unit of a general medical hospital or other non-IMD facility to avoid losing Title XIX eligibility. This is especially critical for persons who may also have a medical condition that could be jeopardized by the loss of Title XIX medical benefits.

The Arizona State Hospital (AzSH) must notify AHCCCS Division of Member Services [fax: (602) 253-4807 or telephone: (602) 417-4063] of all admissions of Title XIX and Title XXI eligible persons at the time of admission.



IMDs, other than AzSH, must notify AHCCCS Division of Member Services [fax: (602) 253-4807 or telephone: (602) 417-4063] when a Title XIX eligible person (ages 21-64) has been a resident for 30 consecutive days. IMDs must be prepared to provide the following information:

1. Provider identification number and telephone number;
2. Behavioral health recipient's name, date of birth, AHCCCS identification number and social security number; and
3. Date of admission.

What happens if a Title XIX eligible person (ages 21 through 64) stays longer than 30 days?

Reimbursement for stays exceeding 30 days per admission or 60 days per contract year (July 1 through June 30) cannot be made with Title XIX or Title XXI dollars.

What happens when a Title XIX eligible person (ages 21 through 64) who has exceeded 30 days is discharged?

AHCCCS eligibility for a person whose admission has been reported as exceeding 30 days will be suspended for the remainder of the admission. IMD providers must notify AHCCCS Division of Member Services when the person is discharged so that the person's eligibility can be restored.

Are there tracking requirements for IMD providers?

Because of claims and encounter lags, tracking of utilization at the state level (AHCCCS) is not always up to date. IMD providers are encouraged to review utilization information with the contracted T/RBHA and from a person's history, medical records and any other resources to facilitate the tracking of Title XIX eligible (ages 21 through 64) persons' accumulated days in an IMD setting.