

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201637 JUNE 30, 2016

IHCP allows managed care coverage for short-term stays in institutions for mental disease

Effective for dates of services on or after July 5, 2016, managed care entities (MCEs) may authorize coverage for short-term stays for members aged 21-64 in institutions for mental disease (IMD) in lieu of services or settings covered under Indiana's Medicaid State Plan.

For Indiana Health Coverage Programs (IHCP) members enrolled in Healthy Indiana Plan (HIP), Hoosier Care Connect, or Hoosier Healthwise managed care programs, MCEs can authorize stays in an IMD for inpatient services related to mental health, behavioral health, and substance use disorder in lieu of other settings under Indiana's Medicaid State Plan. The IHCP will establish eligible IMD providers following the definition in the *Code of Federal Regulations* 42 CFR 435.1010:



“Institution for mental diseases means a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services. Whether an institution is an institution for mental diseases is determined by its overall character as that of a facility established and maintained primarily for the care and treatment of individuals with mental diseases, whether or not it is licensed as such. An institution for Individuals with Intellectual Disabilities is not an institution for mental diseases.”

This definition may include hospitals providing inpatient care for psychiatric or substance use disorder, or subacute facilities providing crisis residential services for psychiatric or substance use disorder.

If the member's IMD stay exceeds 15 days in a calendar month *and the member is awaiting placement in a state hospital*, the member will be disenrolled from the MCE and enrolled in Traditional Medicaid. The [590 Program](#) provider reference module provides additional information regarding this process. The MCE will ensure the member is properly transitioned and there is no gap in coverage. For all other stays greater than 15 days in a calendar month, the member will remain enrolled with the MCE and continue to receive care coordination services.

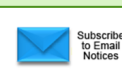
Providers should contact the member's MCE for questions related to the authorization process.

QUESTIONS?

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