

OK To Use

 AUDIT NAME
 2024 Standard II Emergency and Post-Stabilization Services

 PASSING %
 100

 Consumer linked to this audit

 Staff Audit

SECTIONS

Section

NUMBER TITLE

1 II. Emergency and Post Stabilization Services

SECTION QUESTIONS

Questions

Questions	Met/Partially Met/Not Met	N/A
1 2.1 CMHSP service authorization policies and procedures include: Initial approval or denial of requested service.	Met/Partially Met/Not Met	N/A
2 2.1a Initial assessment for and authorization of psychiatric inpatient services.	Met/Partially Met/Not Met	N/A
3 2.1b Initial assessment for and authorization of psychiatric partial hospitalization services.	Met/Partially Met/Not Met	N/A
4 2.1c Initial and ongoing authorization of services to individuals receiving community-based services.	Met/Partially Met/Not Met	N/A
5 2.1d Grievance and Appeals, Second Opinion management, coordination, and notification.	Met/Partially Met/Not Met	N/A
6 2.2 Communication with consumers regarding UM decisions, including adequate and advance notice, right to second opinion and grievance and appeal.	Met/Partially Met/Not Met	N/A
7 2.3 Mechanisms to ensure consistent application of review criteria for authorization decisions.	Met/Partially Met/Not Met	N/A
8 2.4 Local-level Concurrent and Retrospective Reviews of Authorization and Utilization Management decisions/activities to internally monitor authorization decisions and congruencies regarding level of need with level of service are consistent with PIHP policy, standards and protocols.	Met/Partially Met/Not Met	N/A
9 2.5 Consult with the requesting provider for medical services when appropriate.	Met/Partially Met/Not Met	N/A
10 2.6 The CMHSP has policies and procedure for authorization of emergency services (covered inpatient and outpatient services).	Met/Partially Met/Not Met	N/A

11	2.6a Procedures include pre-authorization of post-stabilization specialty services.	Met/Partially Met/Not Met	N/A
12	2.6b Procedures for pre-authorization of post-stabilization care services when they are administered to maintain, improve, or resolve the beneficiary's stabilized condition.	Met/Partially Met/Not Met	N/A
13	<p>2.7 The CMHSP provides information and procedures to the beneficiary for obtaining benefits, including any requirements for service authorizations and/or referrals for specialty care and for other benefits not furnished by the enrollee's primary care provider. This includes the extent to which and how, after-hours and emergency coverage are provided, including:</p> <p>A) what constitutes an emergency medical condition and emergency services. B) The fact that prior authorization is not required for emergency services.</p>	Met/Partially Met/Not Met	N/A

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