



## POLICY AND PROCEDURE MANUAL

SUBJECT Emergency and Post-Stabilization Services	ACCOUNTABILITY	Effective Date: October 29, 2025	Pages: 2
REQUIRED BY	42 CFR §422.113(c)(3) 42 CFR §438.114(e) 42 CFR §457.1228	Last Review Date:	Past Review Date:
Policy: <input checked="" type="checkbox"/>	Review Cycle: Annual	Responsible Department: Access/Clinical	Reviewers:
Procedure: <input type="checkbox"/>	Author: Chief Clinical Officer		

### Definitions

**Beneficiary:** A person served by the publicly funded behavioral health and substance use disorder system or their representative (also “consumer” or “member”).

**Community Mental Health Services Program (CMHSP):** For the purposes of this document, a CMHSP member is one or more of the following: Centra Wellness Network, North Country Community Mental Health, Northeast Michigan Community Mental Health Authority, Northern Lakes Community Mental Health Authority, and Wellvance.

**Emergency Medical Condition:** A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following: a) placing the health of the individual (or, for a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, b) serious impairment to bodily functions, c) serious dysfunction of any bodily organ or part. For the purpose of this policy an emergency situation means a situation in which an individual is experiencing a serious mental illness or a developmental disability, or a minor is experiencing a serious emotional disturbance and one of the following applies:

1. The individual can reasonably be expected within the near future to physically injure himself, herself, or another individual, either intentionally or unintentionally.
2. The individual is unable to provide himself or herself food, clothing, or shelter or to attend to basic physical activities such as eating, toileting, bathing, grooming, dressing, or ambulating, and this inability may lead in the near future to harm to the individual or to another individual.
3. The individual's judgment is so impaired that he or she is unable to understand the need for treatment and, in the opinion of the mental health professional, his or her continued behavior as a

result of the mental illness, developmental disability, or emotional disturbance can reasonably be expected in the near future to result in physical harm to the individual or to another individual.

**Emergency Services:** Emergency services are covered inpatient and outpatient services, a) furnished by a provider program that is qualified to provide these services, and b) needed to evaluate or stabilize an emergency medical condition/emergency situation.

**Michigan Department of Health and Human Services (MDHHS):** The principal department of the state of Michigan, headquartered in Lansing, which provides public assistance, child and family welfare services, and oversees health policy and management.

**Northern Michigan Regional Entity (NMRE):** Region 2 PIHP covering Alcona, Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Iosco, Kalkaska, Leelanau, Manistee, Missaukee, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle Roscommon, and Wexford counties in northern Lower Michigan.

**Post stabilization Services:** Covered services, related to an emergency medical condition that are provided after a beneficiary is stabilized to maintain the stabilized condition, or, under the circumstances described in 42 CFR §438.114(e), to improve or resolve the individual's condition.

**Prepaid Inpatient Health Plan (PIHP):** A managed care entity that contracts with the state of Michigan's Department of Health and Human Services (MDHHS) to provide specialty mental health, substance use disorder, and intellectual/developmental disability services to Medicaid beneficiaries

**Prior Authorization:** A process where a healthcare provider must get advance approval from the plan before delivering a service or medication to ensure it meets the plan's requirements for medical necessity and coverage.

#### Purpose

The purpose of this policy is to ensure coverage and payment for behavioral health emergency and post-stabilization services to Northern Michigan Regional Entity (NMRE) beneficiaries, furnished through its Community Mental Health Service Programs (CMHSPs).

#### Policy

This NMRE is responsible for covering and paying for emergency services and subsequent post-stabilization care for behavioral health needs for beneficiaries enrolled into Medicaid, regardless of provider contract status. This policy ensures 24/7 crisis services are available without prior authorization and provides the necessary follow-up care to stabilize and improve the individual's condition, including services like crisis residential, outpatient therapy, and case management.

#### Approval Signature



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NMRE Chief Executive Officer

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October 29, 2025  
Date

SUBJECT Emergency and Post-Stabilization Services	ACCOUNTABILITY	Effective Date: October 29, 2025	Pages: 3
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Procedure <input checked="" type="checkbox"/>	Author: Chief Clinical Officer		

### Procedure

- A) The NMRE does not:
  - 1) Limit what constitutes an emergency medical condition based on lists of diagnoses or symptoms.
  - 2) Refuse to cover emergency services based on the emergency room provider, hospital, or fiscal agent not notifying the member's primary care provider, the PIHP, or MDHHS of the member's screening and treatment within 10 calendar days of presentation for emergency services.
  - 3) Delay services based on a payment responsibility dispute.
- B) The NMRE/CMHSP must cover and pay for emergency services for Medicaid beneficiaries regardless of whether the provider that furnishes the services has a contract with the PIHP or CMHSP.
- C) The NMRE/CMHSP may not deny payment for treatment obtained under either of the following circumstances:
  - 1) A Medicaid Beneficiary /member had an emergency medical condition, including cases in which the absence of immediate medical attention would not have had the outcomes specified under (a), (b), and (c) of the definition of emergency medical condition.
  - 2) NMRE/CMHSP instructs the member to seek emergency services.
- D) A Medicaid beneficiary / member who has an emergency medical condition may not be held liable for payment of subsequent screening and treatment needed to diagnose the specific condition or stabilize the patient. The NMRE/CMHSPs must provide 24/7 crisis emergency service and stabilization for individuals experiencing acute emotional, social, or behavioral dysfunctions. These services are funded through the per member per month (PMPM) sub capitation payment the CMHSP receives from NMRE PIHP. There is never a cost to the member for emergency services provided by the NMRE and its CMHSPs.
- E) No prior authorization is needed for emergency services.
- F) The attending emergency physician, or the provider treating the beneficiary, is responsible for determining when the beneficiary is sufficiently stabilized for transfer or discharge, and that determination is binding on the NMRE/CMHSP responsible for coverage and payment.
- G) Post-stabilization services are covered and paid for in accordance with provisions set forth by 42 CFR §422.113(c).

The NMRE:

- 1) Is financially responsible (consistent with 42 CFR §422.214) for post-stabilization care services obtained within or outside the region's provider network;
- 2) Is financially responsible for post-stabilization care services obtained within or outside the region's provider network, but administered to maintain, improve, or resolve the member's stabilized condition if:
  - a) The PIHP/CMHSP representative does not respond to a request for pre-approval within one (1) hour;
  - b) The PIHP/CMHSP representative cannot be contacted; or
  - c) The PIHP/CMHSP representative and the treating physician cannot reach an agreement concerning the member's care and a Medicaid/HMP plan physician is not available for consultation. In this situation, the organization must give the treating physician the opportunity to consult with a Medicaid/HMP plan physician and the treating physician may continue with care of the patient until a Medicaid/HMP plan physician is reached or one of the criteria in 42 CFR §422.113(c)(3) is met; and
- 3) Must limit charges to members for post-stabilization care services to an amount no greater than what the NMREs provider network would charge the member if they had obtained the services through the NMRE provider network. For purposes of cost sharing, post-stabilization care services begin upon inpatient admission.
- 4) Ends its financial responsibility for post-stabilization care services it has not pre-approved when:
  - a) A plan physician with privileges at the treating hospital assumes responsibility for the beneficiary's care;
  - b) A plan physician assumes responsibility for the beneficiary's care through transfer;
  - c) NMRE/CMHSP representative and the treating physician reach an agreement concerning the beneficiary's care; or
  - d) The beneficiary is discharged.

H) Accessing Emergency/Stabilization Care Services:

When necessary, a beneficiary may seek services through the hospital emergency room or the CMHSP. Disposition of the psychiatric emergency will be the responsibility of the NMRE/CMHSP. The NMRE/CMHSP is involved in resolving the psychiatric aspect of the emergency situation. Any medical treatment including medical clearance screening, stabilization and emergency physician services needed by the beneficiary while in the emergency room is beyond the contractual requirements of the NMRE PIHP.

I) Emergency/Stabilization Care Services:

The NMRE, through its contractual obligation to its CMHSP, ensures the provision of the following types of emergency services: Preadmission Screening, Crisis Intervention and stabilization services, Inpatient Psychiatric Hospital Admission, Crisis Residential, Outpatient, Partial Hospitalization, and mobile crisis response teams.

J) Post-stabilization Services:

The NMRE/CMHSP Coverage and Payment:

Prior authorization is required for post-stabilization psychiatric services from the NMRE/CMHSP for all Medicaid beneficiaries who reside within the service area covered by the NMRE.

Approval Signature



NMRE Chief Executive Officer

October 29, 2025

Date