

MADERA COUNTY MASTER CONTRACT NO. 20  
Attachment G – Inpatient Psychiatrist

**AGREEMENT**

1. **DESCRIPTION OF SERVICES.**

1.01 **Inpatient Psychiatrist.** Inpatient Psychiatrist services will be provided in a hospital setting. A Network Provider as an individual and/or Group Provider will provide these services. A Network Provider is a licensed mental health professional whose scope of practice permits the provision of specialty mental health services and psychotherapy directly to CLIENTS without supervision. This provider type includes Individual and Group Providers. A Group Provider is an independent practice association, or hospital outpatient department.

1.02 **Services.**

1.02.1 CONTRACTOR shall provide inpatient specialty mental health services to Medi-Cal beneficiaries only. The services are part of the statewide Medi-Cal Program and may be further limited by the current COUNTY Behavioral Health Services (BHS) "Network Provider Manual", together with any amendments or changes to the manual and incorporated herein by reference and available on COUNTY's website, [maderacounty.com](http://maderacounty.com) under "Behavioral Health Services". Services must be rendered by a contractor who meets the appropriate requirements to provide covered services. CONTRACTOR will comply with the Department of Health Care Services (DHCS) Mental Health and Substance Use Disorder Services Division (MHSUDS) Bulletins, Information Notices and Letters, which are available at the DHCS website [dhcs.ca.gov](http://dhcs.ca.gov).

1.02.2 **Inpatient Psychiatrist contracts only.** One face-to-face service per approved hospital day may be billed for each CLIENT who is a patient in a specified

contract hospital. CONTACTOR may provide one Inpatient Consultation for a CLIENT who is in a medical bed of a hospital without prior authorization. Prior authorization(s) from COUNTY shall be required for more than one billable service per day for each hospitalized CLIENT who is in a psychiatric inpatient bed and for more than one Inpatient Consultation for each CLIENT who is in a medical bed. COUNTY shall not be obligated to compensate CONTRACTOR for services in excess of number of authorized CLIENT contacts or for services provided to ineligible individuals.

1.02.3 Prior Authorizations. Prior authorization(s) from COUNTY shall be required for all non-routine mental health services.

1.03 Protection of Rights. CONTRACTOR agrees to notify CLIENTS of their right to file a grievance regarding services as provided in BHS policy MHP 07:00 (Beneficiary Rights) which is located on COUNTY's website, [maderacounty.com](http://maderacounty.com), under "Behavioral Health Services."

1.04 Participation in Planning and Discharge Decisions. Designated COUNTY staff shall participate in the planning of the services CONTRACTOR shall provide to CLIENTS. Designated COUNTY staff shall participate with CONTRACTOR's staff in making discharge plans for CLIENTS.

2. LICENSES. CONTRACTOR shall furnish COUNTY, within thirty (30) days of execution of this Agreement and/or the hiring of a new provider, a copy of the Treatment Staff Roster, including license number, National Provider Identifier (NPI) and/or evidence of credentialing. CONTRACTOR shall also abide by the DHCS/MHP contract provisions regarding Specialty Mental Health Services.

3. STORING AND DISPENSING MEDICATION. When applicable, CONTRACTOR

shall store and dispense medications in compliance with applicable state and federal laws and regulations.

4. **PAYMENTS TO CONTRACTOR.**

4.01 **Client Liability.** CONTRACTOR shall look to Medicare or other insurance coverage first, then to COUNTY for compensation for covered services and shall at no time seek compensation, other than beneficiary share of cost, from CLIENTS without prior written approval from COUNTY.

4.02 **Basis for Claims.** Claims for payment shall be based on complete and timely documentation in the CLIENT's chart, an appropriate and medically necessary diagnosis, accurate activity code(s), and all other required documentation. Claimed services shall be provided and documented upon timely assessment and a CLIENT plan for treatment that is completed and updated in accordance with applicable federal and state regulations and with applicable BHS policies.

4.03 **Rate Changes.** It is understood by both parties that the approved rate may change during the term of this Agreement. If the approved rate is changed during the term of this Agreement, the new rate shall be used to determine the amount which COUNTY shall pay to CONTRACTOR for services provided under this Agreement. The provisions of this Section are self-executing upon change in the approved rate.