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North Sound Mental Health Administration

Section 1500 – Clinical: Inpatient Continuity of Care

Authorizing Source: MHD-NSMHA Contract 2007-2009; NSMHA-Provider Contracts 2007-2009; WAC 388-550-2600; NSMHA

Cancels:

See Also:

Responsible Staff: Quality Manager

Approved by: Executive Director

Signature:

Date: 3/3/2008

POLICY #1572.00

SUBJECT: INPATIENT CONTINUITY OF CARE

PURPOSE

To ensure that North Sound Mental Health Administration's (NSMHA) contracted Community Mental Health Agencies (CMHAs) provide seamless access and coordination of care between medically necessary inpatient and outpatient mental health services for Medicaid and other NSMHA-eligible consumers regardless of setting. For the purpose of this policy, an inpatient unit refers to both community hospital inpatient units and freestanding evaluation and treatment facilities (E&Ts).

POLICY

NSMHA's contracted providers will ensure that continuity of care is provided by working closely and collaboratively with the consumer, inpatient facilities, families, and available natural and community supports. This is particularly necessary when an individual is so acutely mentally ill that they require the intensity of treatment and supervision of an inpatient facility. Closely coordinated care between inpatient and outpatient mental health providers is more effective care, which leads to better outcomes for the consumer, fewer re-hospitalizations, and more cost-effective treatment.

PROCEDURE

Inpatient Service Coordination by Outpatient Clinicians

(*Consumers may enter inpatient psychiatric units through several avenues. This procedure is meant to describe the steps for an outpatient clinician involved in seeking the psychiatric hospitalization).

1. The consumer for whom inpatient psychiatric hospitalization is being sought by the outpatient clinician shall have a face-to-face evaluation by that clinician within 24 hours prior to the request for admission. The clinician shall be a Mental Health Professional (MHP) or supervised by a MHP.
2. If, following the evaluation, the clinician determines the consumer requires inpatient psychiatric hospitalization, the clinician shall contact a psychiatric hospital and secure a bed.
3. Once a bed has been identified, but prior to admission, the assessing clinician must call Volunteers of America Western Washington (VOA) at 800-707-4656 for certification and authorization of the admission.
4. The clinician shall provide required demographic and clinical information and be prepared to discuss whether less restrictive options might meet the consumer's needs.
5. If VOA determines the consumer meets medical necessity criteria, the hospitalization episode will be certified and arrangements for admission can be made (e.g. transportation).
6. If the clinician has assessed the consumer as needing an inpatient level of care, but the consumer is refusing psychiatric hospitalization, the clinician shall request evaluation by a DMHP/DCR for any consumer age 13 or older.

Outpatient Service Requirements Related to Inpatient Utilization

1. When notified of an enrolled consumer's inpatient admission, CMHA staff shall contact the inpatient unit within three working days for all enrolled consumer admissions. For eligible consumers who are not enrolled in services, VOA shall be responsible for contact with the inpatient unit.

2. CMHA staff shall provide to the inpatient unit information regarding an enrolled consumer's treatment history at admission or once notified of admission. Minimally, the most recent psychiatric evaluation or intake assessment, last two prescriber notes, medication sheet, last two months of progress notes, advance directive (if applicable) and/or other information as requested shall be sent to the inpatient unit. All available information related to payment resources and coverage must also be provided. VOA shall have this responsibility for eligible consumers who are not currently enrolled in services.
3. CMHA staff must participate in treatment and discharge planning with the inpatient treatment team for enrolled consumers. The primary care clinician/team will be responsible for notifying team members, if any, (including other formal systems) of hospitalization and will engage team in discharge planning process. VOA shall have the responsibility for treatment and discharge planning for eligible consumers who are not currently enrolled in services.
4. For enrolled consumers who have been hospitalized, there must be documented good faith CMHA prescriber-initiated requests with inpatient staff/psychiatrist for consultation regarding medication changes while the consumer is in the hospital. If the CMHA prescriber is unavailable, other qualified clinical staff can facilitate fax or voicemail communication between the inpatient and outpatient prescribers.
5. For enrolled consumers, CMHA staff shall, once notified of admission, attempt to have at least one direct contact (conference call, face to face or phone contact) with the consumer or legal guardian and hospital staff prior to discharge. If unable to make direct contact, document attempts and reason contact did not occur. VOA shall have this responsibility for eligible consumers who are not currently enrolled in services.
6. If the consumer is not already enrolled in services, VOA shall coordinate with the inpatient provider to designate a contracted network CMHA prior to discharge for consumers and their families seeking community support services. In the event that the consumer is a Tribal Member or receiving mental health services from a Tribal or Urban Indian Health Program and the consumer or their legal representative consents, efforts must be made to notify the Tribal Authority or Recognized American Indian Organization (RAIO) to assist in discharge planning and transition for the consumer. If the consumer chooses to be served only by the Tribal Mental Health Service, referral to a contracted network CMHA is not required.
7. Non-crisis services must be offered to consumers within seven calendar days of discharge from an inpatient unit.
8. CMHA staff shall advocate for an adequate (enough to last until the outpatient prescriber appointment) supply of medication to be supplied and dispensed in a manner that assures safety. A follow-up psychiatric appointment is established within 7 working days of discharge, or as needed to assure continuity of medications and care.
9. For consumers on Less Restrictive Alternatives (LRAs), the CMHA shall offer covered mental health services to assist in compliance with LRA requirements.
10. The CMHA shall respond to requests for participation, implementation, and monitoring of consumers on Conditional Releases (CR) consistent with RCW 71.05.340 and shall provide covered mental health services for consumers on CRs.
11. The CMHA shall use best efforts to offer covered mental health services for follow-up and after-care as needed when they are aware a consumer has been treated in an emergency room. These services shall be offered in order to maintain the stability gained by the provision of emergency room services.
12. The CMHA will ensure that authorized community psychiatric inpatient services are continued through an enrolled consumer's discharge should a community hospital become insolvent. NSMHA shall retain this responsibility for eligible consumers not enrolled in services.

ATTACHMENTS

None