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North Sound Behavioral Health Organization

Section 1500 – Clinical: Mental Health Inpatient Continuity of Care

Authorizing Source: DBHR-North Sound BHO Contract; North Sound BHO-Provider Contracts; WAC 182-550-2600; North Sound BHO

Cancels:

See Also:

Providers must comply with this policy and may develop individualized implementation guidelines as needed

Approved by: Executive Director

Responsible Staff: Deputy Director

Signature:

Date: 8/3/2018

POLICY #1572.00

SUBJECT: MENTAL HEALTH INPATIENT CONTINUITY OF CARE

PURPOSE

To ensure North Sound Behavioral Health Organization's (North Sound BHO) contracted Behavioral Health Agencies (BHAs) provide seamless access and coordination of care between medically necessary inpatient and outpatient behavioral health services for Apple Health members and other individuals eligible for North Sound BHO services. Such collaboration is undertaken to improve outcomes including the level of social support, positive change in psychiatric symptoms, improved quality of life and greater independence in daily functioning. For the purposes of this policy, an inpatient unit refers to both community hospital inpatient mental health units and freestanding Evaluation and Treatment facilities (E&Ts).

POLICY

North Sound BHO's contracted providers will ensure continuity of care by working closely and collaboratively with individual enrollees and inpatient facilities when enrollees need inpatient mental health services and require clinical support to access them on a voluntary basis. Furthermore, BHAs are expected to work with individuals, inpatient units, families, friends and community supports to create and/or bolster the individual's post-discharge network of support. Closely coordinated care between inpatient and outpatient providers shall be undertaken with the goal of effecting positive outcomes for the enrollee in terms of increasing needed post-discharge supports to include timely outpatient appointments, coordination with community resources and the inclusion of supportive family and friends in accordance with the individual's needs and preferences.

PROCEDURE

Inpatient Service Coordination by Outpatient Clinicians

Individuals may enter inpatient mental health units through several avenues. This procedure is meant to describe the steps for an outpatient clinician involved in seeking hospitalization for non-emergent, voluntary services.

1. The individual for whom inpatient psychiatric treatment 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 an MHP.
2. If, following the evaluation, the clinician determines the individual requires inpatient psychiatric treatment, the clinician shall locate an available bed at an inpatient mental health unit.

3. Once a bed has been identified, but prior to admission, the assessing clinician must call Volunteers of America (VOA) Western Washington at 800-707-4656 for prior authorization.
4. The clinician shall provide required demographic and clinical information and be prepared to discuss whether less restrictive (LR) options might meet the individual's needs.
5. VOA will make a determination as expeditiously as the individual's situation requires, but no longer than 72 hours after the receipt of the request per North Sound BHO Policy #1571.
6. If VOA approves the request, the inpatient episode will be certified and arrangements for admission can be made (e.g., transportation).

If the clinician has assessed the individual as needing an inpatient level of care but the individual is refusing psychiatric hospitalization, the clinician shall request evaluation by a Designated Crisis Responder (DCR) for any individual age 13 or older. If the clinician has determined the individual needs inpatient care and the situation is urgent due to an eminent risk of harm to self or others and the individual requires immediate intervention, the clinician should take the appropriate steps to access emergency care based on their clinical judgement.

Outpatient Service Requirements Related to Inpatient Utilization

1. When notified of an enrolled individual's inpatient admission, BHA staff shall contact the inpatient unit within three (3) working days. For eligible individuals who are not enrolled in services, VOA shall be responsible for contact with the inpatient unit.
2. BHA staff shall provide to the inpatient unit information regarding an enrolled individual's treatment history at admission or once notified of admission. Minimally, the most recent psychiatric evaluation or intake assessment, last two (2) prescriber notes, medication sheet, last two (2) months of progress notes, advance directive and/or other information as requested and available 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 those who are eligible but not currently enrolled in services.
3. BHA staff must participate in treatment and discharge planning with the inpatient treatment team for enrolled individuals. The primary care clinician and/or team will be responsible for notifying relevant parties, if any, of the hospitalization and will play an active role in the discharge planning process. VOA, in conjunction with the inpatient unit, shall have the responsibility for treatment and discharge planning for eligible individuals who are not currently enrolled in services.
4. For enrolled individuals who have been hospitalized, there must be documented good faith BHA prescriber-initiated requests with inpatient staff for consultation regarding medication changes while the individual is in the hospital. If the BHA prescriber is unavailable, other qualified clinical staff can facilitate fax or voicemail communication between the inpatient and outpatient prescribers.
5. For enrolled individuals, BHA staff shall, once notified of admission, attempt to have at least one (1) direct contact (either face-to-face or by phone) with the individual or their legal guardian and inpatient unit staff prior to discharge. If unable to make direct contact, the BHA shall document attempts and the reason contact did not occur. VOA shall have this responsibility for eligible individuals who are not currently enrolled in services.

6. If the individual is not already enrolled in services, VOA shall coordinate with the inpatient provider to designate a contracted network BHA prior to discharge for individuals and their families seeking community support services. In the event that the individual is a Tribal Member or receiving mental health services from a Tribal or Urban Indian Health Program and the individual 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. If the individual chooses to be served only by the Tribal Mental Health Service, referral to a contracted network BHA is not required.
7. Outpatient services must be offered to individuals within seven (7) calendar days of discharge from an inpatient unit.
8. BHA 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 ensures safety. A follow-up psychiatric appointment is established within seven (7) working days of discharge, or as needed to ensure continuity of medications and care.
9. For individuals on Less Restrictive Orders (LRO) and Conditional Releases (CR), the BHA shall offer covered mental health services to assist in compliance with North Sound BHO Policy #1562.
10. The BHA shall use best efforts to offer covered mental health services for follow-up and after-care as needed when they are aware an individual has been treated in an emergency room. These services shall be offered to maintain the stability gained by the provision of emergency room services.
11. North Sound BHO and VOA will ensure authorized community mental health inpatient services are continued through an enrolled individual's discharge should a community hospital become insolvent.

ATTACHMENTS

None