



PENINSULA RSN

INPATIENT POLICIES AND PROCEDURES

Policy Name: ADMISSION and DISCHARGE
COORDINATION OF INPATIENT CARE

Policy Number: 12.05

Reference: WAC 388-865-0229, -0320, -0425, -0510;
DSHS Contract

Effective Date: 10/2005

Revision Date(s): 12/2011

Approved by: PRSN Executive Board

CROSS REFERENCES

- Policy: Corrective Action Plan

PURPOSE

The Peninsula Regional Support Network (PRSN) shall ensure that effective service coordination takes place between inpatient and community care services. Coordination efforts are designed to ensure that an individual's care is coordinated between the two (2) levels of care, that discharge planning is appropriate, and that appropriate community services are provided upon discharge.

PROCEDURE

Inpatient Services

1. The PRSN maintains formal policies and agreements with inpatient service providers that clearly define processes for providing:
 - a. Culturally competent services
 - b. Voluntary treatment
 - c. Referrals
 - d. Admissions
 - e. Discharges
 - f. Discharge Treatment Plans
 - g. Involuntary evaluation and treatment

2. The PRSN maintains agreements with sufficient numbers of certified involuntary evaluation and treatment facilities to ensure that consumers eligible for regional support network services have access to involuntary inpatient care. The agreements and contracts with our contracted network providers address regional support network responsibility for discharge planning.
3. The PRSN ensures that all service providers that provide evaluation and treatment services are currently certified by the Department and licensed by the Department of Health.
4. The PRSN conducts periodic reviews of the evaluation and treatment service facilities consistent with PRSN procedures and notifies the appropriate authorities if a facility is not in compliance with applicable statutes, rules and regulations.
5. The PRSN, through the Administrative Service Organization (ASO) subcontracted to conduct the authorization functions, authorizes admissions, transfers and discharges into and out of inpatient evaluation and treatment services for eligible consumers including:
 - a. Community hospitals providing inpatient psychiatric services
 - b. Residential inpatient evaluation and treatment facilities licensed by the department of health as adult residential rehabilitation centers
 - c. Discharges from inpatient settings with transfers to State psychiatric hospitals
 - d. Discharges from inpatient settings with transfers to Children's long-term inpatient program
6. The PRSN will receive prior approval from the Department in the form of a single bed certification for services to be provided to consumers on a ninety- or one hundred eighty-day involuntary commitment order in a community inpatient facility consistent with the exception criteria in WAC 388-865-0502; and will identify in the agreement with the Department and any of these duties is has delegated to a subcontractor.

Community Care Services

1. The PRSN maintains formal contracts with Community Mental Health Agencies (CMHA) that clearly define processes for providing:
 - a. Emergency crisis intervention services
 - b. Case management services
 - c. Psychiatric treatment including medication supervision
 - d. Counseling and psychotherapy services
 - e. Day treatment services as defined in RCW 71.24.300(5) and 71.24.035(7)

- f. Consumer employment services as defined in RCW 71.24.035 (5)(e)
 - g. Peer support services
2. The PRSN contracts with a sufficient number and variety of culturally competent and age appropriate licensed and/or certified providers to ensure that eligible consumers have access to services
 3. The PRSN conducts prescreening determinations for providing community support services for persons with mental illness who are being considered for placement in nursing homes (RCW 71.24.025(7) and 71.24.025(9))
 4. The PRSN completes screenings for persons with mental illness who are being considered for admission to residential services funded by the regional support network (RCW 71.24.025 and 71.24.025(9))

Discharge Planning and Coordination of Care

1. All individuals authorized for inpatient care are assigned to a responsible CMHA upon admission.
 - a. The responsible CMHA must contact the inpatient program within three (3) days of admission to coordinate discharge planning.
 - b. Contact shall be maintained throughout the inpatient stay.
 - c. CMHA staff shall participate in treatment planning to facilitate timely discharge.
 - d. For Medicaid individuals an appointment with the assigned CMHA shall be offered to the hospitalized individual within seven (7) days of discharge, with a follow-up appointment scheduled within thirty (30) days.
 - The offered seven (7) day follow-up appointment date (and reason for no appointment offered, if applicable) shall be recorded in the Profiler Hospital Authorization screen located in the End User Assessments.
2. Individuals discharging from inpatient care in community hospitals, Western State Hospital, or a Children Long Term InPatient (CLIP) facility and returning to community based outpatient care, will receive discharge planning from the network provider in the individual's community within contract requirements. The Discharge Treatment Plan is:
 - a. Developed by the consumer, social worker, treatment team, and provider staff.

- b. Indicates all follow-up concerns and plans related to the consumer's post discharge activities.
- c. Provided to the responsible CMHA's crisis team, case managers, prescribers, or other providers as necessary.
- d. Given to the consumer, along with all relevant contact materials.

MONITORING

1. This policy is a mandate by contract. This policy will be monitored through use of PRSN:
 - Annual PRSN Provider and Subcontractor Administrative Review
 - Monthly Provider Chart Reviews
Charts of individuals receiving inpatient care will be examined to determine if care coordination occurred according to this policy.
 - Quarterly Provider Performance Reports
The time between discharge and first offered service will be tracked for all individuals receiving inpatient services
 - Quality Management Plan activities, such as review targeted issues for trends and recommendations
 - Average length of stay, overall bed day utilization and per capita utilization will be tracked to determine over or under utilization of inpatient services and effectiveness of discharge coordination.
2. If a provider performs below expected standards during any of the reviews listed above a Corrective Action will be required for PRSN approval. Reference PRSN Corrective Action Plan Policy.