SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: STATE HOSPITAL AND LONG TERM COMMUNITY CARE COORDINATION

Policy Number: CL206

Effective Date: 1/1/2020

Revision Dates: 5/14/2020; 10/25/21; 3/24/23

Reviewed Date: 7/30/2019

Executive Board Approval Dates: 11/1/2019; 1/15/2021; 3/18/2022; 5/19/2023

PURPOSE

To establish standards to ensure the provision of Care Coordination to non-Medicaid Individuals who are discharging from a State Hospital and Long-Term Community Care Facilities.

POLICY

The Salish Behavioral Health Administrative Services Organization (SBH-ASO) shall work with the State Hospital's discharge team(s) and community partners to identify potential placement options and resolve barriers to placement, and to assure that Individuals will be discharged back to the community after the physician/treatment team determines the Individual is ready for discharge.

PROCEDURE

The SBH-ASO is responsible for coordination for assigned Individuals from admission through discharge. An SBH-ASO Care Manager will act in the role of liaison for all non-Medicaid Individuals.

1. SBH-ASO is responsible for coordinating discharge for assigned Individuals, which may include American Indian/Alaskan Native fee for service individuals, and works to complete the work in alignment with requirements of the State Hospital MOU.
   A. SBH-ASO Liaison participates in meetings and staffings as scheduled to coordinate discharge.
   B. SBH-ASO Liaison works to identify existing agency relationships and facilitates care coordination with treatment providers and supports during discharge planning.

   C. SBH-ASO Liaison coordinates care with the Peer Bridger program to facilitated continuity in transitions of care.

2. The SBH-ASO liaison works to ensure individuals are medically cleared, if possible, prior to admission to a State Psychiatric Hospital or 90/180 Community Civil Commitment Facility.
3. The SBH-ASO liaison uses best efforts to divert admissions and expedite discharges by using alternative community resources and mental health services, within available resources.
4. The SBH-ASO Care Managers coordinate care for any inpatient admission to identify additional resources and discharge supports to divert from state hospital and/or long-term inpatient placement.
   A. Diversion activities include:
      i. An SBH-ASO Care Manager is assigned upon admission to develop a discharge plan and explore alternative options of care.
      ii. The SBH-ASO generates a weekly report of individuals whose inpatient care episode exceeds 20 days. This report is reviewed by the Liaison in consultation with Clinical Director and/or Medical Director to explore alternative options for care.
      iii. The SBH-ASO Liaison is assigned to provide additional coordination to explore alternative options to long-term inpatient care.

5. The SBH-ASO liaison works with the State Hospital discharge team to identify potential placement options and resolve barriers to placement, to assure that individuals will be discharged back to the community after the physician/treatment team determines the individual is ready for discharge.
   A. SBH-ASO makes a good faith effort to schedule prescriber and other provider appointments within seven calendar days of an Individual’s discharge. Appointment times are communicated back to the Facility, including for Individuals discharging from the State Hospital’s Forensic Units.

6. Coordination with LTCC Facilities

   A. SBH-ASO coordinates with the LTCC facilities to receive admission and discharge notifications, and changes in Individual Medicaid eligibility and Managed Care Organization (MCO) enrollment.
   B. SBH-ASO participates in team meetings or case reviews according to LTCC facility policy and procedures in order to engage Individuals early and ongoing in discharge planning support. The Contractor shall coordinate with LTCC facilities to receive the information on how the Contractor should participate in team meetings or case reviews.
   C. The SBH-ASO Liaison participates in a quarterly learning collaborative meeting with peer MCOs/ASOs and LTCC facilities to discuss barriers and/or challenges with admissions or discharge planning processes, to share care coordination best practices and participate in educational

opportunities.

i. The SBH-ASO Liaison works with other BH-ASOs and MCOs to identify representative(s) to co-lead with representative LTCC staff, to organize and conduct these meetings.

ii. The SBH-ASO Liaison works with other MCOs, BH-ASOs and LTCC facility staff to:

a. Assess LTCC utilization data to support quality improvement and reduce recidivism.

b. Develop initial LTCC Discharge Coordination Guidelines that will delineate discharge planning responsibilities for LTCC facilities, BH-ASOs, and MCOs by October 31, 2023, and annually review and revise as required.

D. The SBH-ASO Liaison coordinates with the LTCC facilities and assists with the elements of the discharge planning process as agreed upon in the Learning Collaborative and outlined in LTCC Discharge Coordination Guidelines.

E. The SBH-ASO Liaison tracks those Individuals in each facility who were ready to discharge and were not discharged within fourteen (14) calendar days, will track for patient recidivism, and will analyze for trends, gaps in services and potential solutions. The Contractor shall provide this information upon request by HCA.

2. The SBH-ASO and its Providers monitor and track Individuals discharged from inpatient hospitalizations on Less Restrictive Alternatives (LRA) under RCW 71.05.320 to ensure compliance with LRA requirements (see SBH-ASO Monitoring of Conditional Release, Less Restrictive, Assisted Outpatient Treatment Order Policy).
3. The SBH-ASO coordinates with Providers to offer behavioral health services to Individuals who are ineligible for Medicaid to ensure compliance with LRA requirements.
   A. SBH-ASO Liaison provides review of court reporting of LR/CR and coordinates care with the appropriate entities to provide continuity of care.
4. The SBH-ASO responds to requests for participation, implementation, and monitoring of Individuals receiving services on conditional release consistent with RCW 71.05.340. The SBH-ASO coordinates with Providers to facilitate access to mental health services to Individuals who are ineligible for Medicaid to ensure compliance with conditional release requirements (RCW 10.77.150 and 71.05.340).
5. Non-Medicaid Conditional Release Individuals in transitional status in Pierce or Spokane County will transfer back to the region they resided in prior to entering the State Hospital upon completion of transitional care. Individuals residing in the Salish RSA prior to admission and discharging to another RSA will do so according to the agreement established between the receiving RSA and the SBH-ASO. The Agreements shall include:

A. Specific roles and responsibilities of the parties related to transitions between the community and the State Hospital.
B. Collaborative discharge planning and coordination with cross-system partners such as residential facilities, community MH or SUD providers, etc.
C. Identification and resolution of barriers which prevent discharge and systemic issues that create delays or prevent placements in the Salish RSA.
D. SBH-ASO/Providers shall screen individuals and assist in Medicaid enrollment in partnership with State Hospital financial services.
E. When Individuals being discharged or diverted from state hospitals are placed in a long-term care setting, the SBH-ASO partners with Providers to:
   a) Coordinate with DSHS Aging and Long-Term Services Administration (ALTSA) Home and Community Services (HCS) and any residential provider to develop a crisis plan to support the placement. The model crisis plan format is available on the HCA website.
   b) Coordinate with HCS and any residential provider in the development of a treatment plan that supports the viability of the HCS placement when the Individual meets access to care criteria.

6. SBH-ASO ensures provision of behavioral health agencies as part of Transition Teams, when appointed by the courts, for Individuals that meet criteria for civil commitment in accordance with RCW 71.05.280(3)(b) and Individuals that meet criteria for Not Guilty by Reason of Insanity (NGRI) under RCW 10.77.010(6), and RCW 10.77.030.

7. The SBH-ASO implements a program that follows program and reporting standards found in the Peer Bridger Exhibit of the HCA BH-ASO contract.