



SALISH BHO

INPATIENT POLICIES AND PROCEDURES

Policy Name: ADMISSION and DISCHARGE COORDINATION: RESIDENTIAL SUD AND MH INPATIENT CARE **Policy Number:** 12.05

Reference: State Contract, WAC 388-877-0640

Effective Date: 10/2005

Revision Date(s): 6/2016; 7/2017; 6/2018

Reviewed Date: 6/2016; 7/2017; 6/2018

Approved by: SBHO Executive Board

CROSS REFERENCES

- Policy: Corrective Action Plan

PURPOSE

Salish Behavioral Health Organization (SBHO) shall ensure effective service coordination occurs at all phases of treatment between assessment and discharge. Coordination efforts ensure an individual's care is coordinated between Inpatient, Residential, and Outpatient care, and that appropriate community services are included in discharge planning.

PROCEDURE

Inpatient Services

1. Salish BHO maintains agreements with sufficient numbers of certified residential and involuntary evaluation and treatment facilities to ensure that individuals eligible for BHO services have access to inpatient and residential care.
2. Salish BHO's subcontracted Administrative Service Organization (ASO), CommCare, facilitates authorizations for admissions to treatment services for eligible individuals, 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. Residential SUD providers
 - d. Withdrawal management providers

- e. Discharges from inpatient settings with transfers to State psychiatric hospitals
 - f. Discharges from inpatient settings with transfers to Children's long-term inpatient program
3. **Mental Health only:** Salish BHO will receive prior approval from the Department in the form of a single bed certification for services to be provided to individuals on a ninety (90) or one hundred eighty (180) 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 it has delegated to a subcontractor.

Community Care Services

1. Salish BHO maintains formal contracts with behavioral health agencies 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
 - h. SUD treatment services
2. Salish BHO contracts with a sufficient number and variety of culturally competent and age appropriate licensed and/or certified providers to ensure eligible individuals have access to services
3. Salish BHO conducts prescreening determinations for providing community support services for individuals with a mental health diagnosis who are being considered for placement in nursing homes (RCW 71.24.025(7) and 71.24.025(9))
4. The SBHO completes screenings for individuals with a mental health diagnosis who are being considered for admission to residential services funded by the behavioral health organization (RCW 71.24.025 and 71.24.025(9))

Discharge Planning and Coordination of Care

1. All individuals authorized for inpatient mental health residential care are assigned to a responsible outpatient behavioral health provider upon admission. Individuals admitted to residential SUD care are referred back to the referring outpatient provider upon discharge.
 - a. The referring provider must contact the inpatient or residential program within three (3) days of admission to coordinate discharge planning and shall provide to the inpatient unit:

- i. Any available information regarding the individual's treatment history at the time of admission.
 - ii. All available information related to payment resources and coverage
 - iii. A provisional placement plan for the individual to return to the community that can be implemented when the individual is determined to be ready for discharge by the hospital and the Contractor.
 - iv. If the provisional placement plan for an individual cannot be implemented when an individual is determined to be ready for discharge, the provider's liaison must convene a meeting of the inpatient treatment team and other discharge plan participants to review action taken to implement the plan, barriers, and proposed modifications to the plan. Such meetings shall occur every 30 days until the individual has been placed.
 - v. In the event the agency liaison is aware that the individual is a Tribal member or receiving mental health services from a Tribe and the individual consents, efforts must be made to notify the Tribe to assist in discharge and transition planning.
 - b. Contact shall be maintained throughout the inpatient or residential stay.
 - c. Agency staff shall participate in individual service planning to facilitate timely discharge.
 - d. For Medicaid individuals, an appointment with the assigned agency shall be offered to the individual within seven (7) days of discharge, with a follow-up appointment scheduled within thirty (30) days.
 - e. The provider shall use best efforts to secure an appointment, within 30 days of release from the facility, for medication, evaluation and prescription re-fills for individuals discharged from inpatient care, to ensure there is no lapse in prescribed medication.
2. Individuals discharging from psychiatric 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 individual, social worker, treatment team, and provider staff.
 - b. Indicates all follow-up concerns and plans related to the individual'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 individual, along with all relevant contact materials.

MONITORING

1. This policy is a mandate by contract. This policy will be monitored through use of SBHO:
 - Annual SBHO Provider and Sub-contractor Administrative Review
 - Annual Provider Chart Reviews. Charts of individuals receiving inpatient care will be examined to determine if care coordination occurred according to this policy.
 - Monthly analysis of 7 Day Follow-up Reports reviewed at SBHO UM meetings
 - 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 reviewing 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 SBHO approval. Reference SBHO Corrective Action Plan Policy.