MSHN
Mid-State Health Network

POLICIES AND PROCEDURE MANUAL

Chapter:	**Service Delivery System**		
Title:	**Inpatient Psychiatric Hospitalization Standards**		
Policy: ☒ **Procedure:** ☒ **Page:** 1 of 3	**Review Cycle:** Biennial **Author:** Director of Provider Network Mgmt Systems	**Adopted Date:** 11.07.2017 **Review Date:** 11.01.2022	**Related Policies:** MSHN Retrospective Sampling for Acute Services Policy

Purpose

To establish a single set of psychiatric inpatient provider performance standards, including pre-admission, admission, continuing care, and discharge.

Policy

MSHN, CMHSPs and providers shall adhere to *Section 8 – Inpatient Psychiatric Hospital Admissions* within the Behavioral Health and Intellectual and Developmental Disabilities Supports and Services chapter of the Medicaid Provider Manual, the Michigan Mental Health Code, Chapter 330, Act 258 of 1974, and the Michigan Department of Health and Human Services *Michigan PIHP/CMHSP Provider Qualifications per Medicaid Services & HCPCS/CPT Codes.*

A. Pre-Admission:

1. Emergency Services staff who are screening children shall complete 24 hours of child-specific training annually.
2. Provider shall maintain proper documentation of clinical presentation and disposition.
3. When known to the screening unit, screening unit personnel shall coordinate care with primary care physicians, substance use disorder treatment providers, alternative service providers and other individuals or organizations having an identified role in services and supports delivery to the consumer being served.
4. The screening unit shall furnish the Inpatient Psychiatric Hospital/Unit (IPHU) with necessary clinical, social, and demographic documentation to foster the admitting and discharge process.
5. The screening unit shall provide an admissions packet to the IPHU that has agreed to provide inpatient care to the consumer being served.
6. Established pre-admission screening tools will be used by pre-admission/crisis intervention staff. MSHN and its CMHSP participants use nationally-recognized written criteria based on sound clinical evidence (MCG Behavioral Health Medical Necessity Guidelines) to verify that admission decisions for acute care services are based on medical necessity.
7. In cases when the consumer is diverted from inpatient level of care to an alternative service, a crisis/safety plan shall be established. Whenever possible, a warm handoff occurs and CMHSPs conducts wellness checks, follow-up calls, face-to-face appointments, or any other appropriate safety monitoring activities warranted.
8. CMHSPs in the MSHN region shall provide emergency services, including pre-admission screening and related follow-up activities, including identification of and placement in appropriate psychiatric inpatient or alternative service settings regardless of where the consumer resides. MSHN shall pursue payment from other PIHPs for services. In all cases, communication(s) should occur with the CMHSP or PIHP in the catchment area of the residence of the consumer served. In no case should pre-admission screening activities be delayed while waiting for a response from the CMHSP/PIHP in the catchment area where the consumer resides. Established medical necessity and service utilization criteria are the only criteria to be used in making psychiatric admission determinations. Place of residence, willingness of another CMHSP or PIHP to authorize services, or other non-clinical factors are not pertinent to the determination of inpatient psychiatric or alternative service levels of care and related placement decisions. Arrangement for continuing stay reviews and other follow-up care should be worked out with the provider system that will be responsible for post-inpatient follow-up care.

9. Screening unit will work with MDHHS to secure consents for children/adolescents in foster care and may proceed with a verbal consent; preadmission disposition cannot be finalized until parent or guardian is present or in the case of State Wards, MDHHS has provided written authorization for psychiatric inpatient admission.
10. ACT consumers seeking psychiatric admission should be screened by an ACT team member as that team member would be in the best position to not only approve an admission but also divert it.

B. In-Region Pre-Admissions Between MSHN CMHSP Participants

In instances when a MSHN CMHSP participant (screening CMHSP) is conducting "courtesy" pre-admission screening activities for an individual that resides in the catchment of another MSHN CMHSP participant (authorizing CMHSP):

1. The screening CMHSP will initiate communication to the authorizing CMHSP as soon as possible. In no case should pre-admission screening activities be delayed while waiting for a response or authorization from the authorizing CMHSP.
2. Once a disposition recommendation has been reached the screening CMHSP is responsible for communicating the disposition recommendation and sharing all pre-admission screening documentation, lab work, additional hospital clinical records, etc. to the authorizing CMHSP.
3. The authorizing CMHSP has primary responsibility in facilitating all related follow-up activities including but not limited to: identification and placement in appropriate psychiatric inpatient unit, identification and placement in alternative service settings, development of crisis/safety plans, and discharge/transfer planning with the hospital emergency department. Exceptions may occur if the authorizing CMHSP is not responding in a timely manner or the authorizing CMHSP requests assistance from the screening CMHSP to facilitate placement. If the authorizing CMHSP requests assistance the screening CMHSP will provide support and coordination.
4. If there is disagreement regarding the disposition recommendation, consultation should be sought between the crisis services supervisors for the screening CMHSP and the authorizing CMHSP. If this is not possible or agreement is not reached, the screening CMHSP will act in the best interest of the consumer based on the clinical assessment and established medical necessity criteria. In no case should medically necessary services be delayed due to willingness of another CMHSP to authorize services.

C. Admission

1. The contractually required inpatient admission, severity of illness, and service selection criteria for both adults and children shall be the only criteria for admission to psychiatric inpatient admission and inpatient alternative service.
2. The screening unit making the determination that a consumer served meets psychiatric admission criteria shall provide an initial authorization to the psychiatric inpatient unit consistent with severity of illness, presenting problems and other clinical factors associated with the preadmission screening determination. Initial authorizations may vary between one (1) and three (3) days. Many of these elements are procedural and in the case of involuntary admissions, vary from court jurisdiction to court jurisdiction.
3. Screening unit shall ensure that emergency transportation of a consumer from the location of screening to the receiving psychiatric inpatient unit is coordinated. Safety of the consumer served, and the safety of those providing supports to the consumer, are the primary considerations in making transportation arrangement.
4. The screening unit is responsible for ensuring that families, guardians, service providers and others involved in the care, custody and service delivery of the consumer served are updated regularly on screening status, disposition, and placement efforts. Family members and others in the consumer's circle of support should receive communication as often as possible, and supportive assistance provided as needed.
5. Clinical determinations and formulations, eligibility determinations, service disposition and related information is documented per established CMHSP policies.

D. Continuing Stay

1. The Continuing Stay Criteria for Adults, Adolescents and Children shall be the only criteria used in determining authorization for continued stay in inpatient psychiatric hospitals/units. The number of

days authorized for continued stay is dependent on a number of variables, including medication effectiveness, clinical progress, co-morbidities and many other factors. Continued stay authorizations range from one (1) to three (3) days. The rationale considered in making a continued stay authorization shall be documented in the clinical record of the consumer served.

2. Assessment, discharge procedures, and aftercare planning shall be conducted by the Provider's staff and the Payor's staff functioning as a multi-disciplinary treatment team. The Payor is responsible for monitoring patient progress. To the extent possible, provider will coordinate care with other entities and individuals involved with the care of the consumer that is being served.

E. Discharge

1. All discharge planning will begin immediately at admission and continue as part of the ongoing treatment planning and review process. Discharge planning will involve the consumer, the consumer's family or significant others, as desired by the consumer, and the provider's staff and the payor's staff.
2. Provider shall submit a notification of discharge at least 48 hours preceding the discharge, if possible. Special consideration shall be given to weekend discharge with regard to additional supports needed to ensure safe transition of care to include transportation from hospital to next point of care or the consumer's home. Discharge summary shall be submitted to payor within 48 hours of discharge.
3. At the time of discharge, the provider may provide a supply of medications sufficient to carry through from date of discharge to the next business day, but not less than a two (2) day supply but shall issue a prescription for not less than fourteen (14) days.
4. Provider shall notify the Payor of persons discharged to community settings who are subject to judicial orders requiring community-based treatment.

Applies to:

☐All Mid-State Health Network Staff

☐ ☐Selected MSHN Staff, as follows:

☒MSHN CMHSP Participants: ☒Policy Only Policy and Procedure

☒Other: Sub-contract Providers

Definitions

ACT: Assertive Community Treatment
CMHSP: Community Mental Health Services Program Participant
HCPCS/CPT: Healthcare Common Procedure Coding System/Current Procedural Terminology
IPHU: Inpatient Psychiatric Hospital/Unit
MSHN: Mid-State Health Network
Payor: A person, organization, or entity that pays for the services administered by a healthcare provider
PIHP: Pre-paid Inpatient Health Plan
Provider: Licensed Inpatient Hospital/Unit
Screening Unit: CMHSP Emergency Services or other CMHSP-Operated Pre-Admission Screening Unit

References/Legal Authority

- Medicaid Provider Manual, Section 8 – Inpatient Psychiatric Hospital Admissions within the Behavioral Health and Intellectual and Developmental Disabilities Supports and Services Chapter
- Michigan Mental Health Code, Chapter 330, Act 258 of 1974
- Michigan Department of Health and Human Services Michigan PIHP/CMHSP Provider Qualifications per Medicaid Services & HCPCS/CPT Codes.
- Michigan Department of Health and Human Services Memorandum: Assertive Community Treatment (ACT) Service Clarifications

Change Log

Date of Change	Description of Change	Responsible Party
07.2017	New Policy	Director of Provider Network Management Systems

02. 2019	Annual Review	Director of Provider Network Management Systems
06.2020	Added Clarifying Language regarding pre-admission screenings	Director of Utilization and Care Management
09.2022	Biennial Review	Chief Behavioral Health Officer