Foothills Behavioral Health Partners

Mental Health Inpatient Care Requirements

These Mental Health Inpatient Care Requirements are for coordinating with our partner Mental Health Centers (MHC's) for the clinical care provided by your facility to our Medicaid members. These requirements are not intended to cover the Utilization Management (UM) process between your facility and Beacon Health Options' Care Managers. Please review the Provider Handbook for the Beacon UM procedures and rules related to UM for Foothills Behavioral Health Partners and Colorado Health Partnerships.

Inpatient mental health treatment represents the most intensive level of psychiatric care. Multidisciplinary assessments and multimodal interventions are provided in a 24-hour secure and protected, medically staffed and psychiatrically supervised treatment environment. Twenty-four-hour skilled psychiatric nursing care, daily psychiatric/medical evaluation and management and a structured treatment milieu are required. These services must be documented daily and appropriately in the treatment records and are subject to audit.

Inpatient treatment settings must provide all of these services at the appropriate intensity, frequency, and with a focus on initiating and sustaining active treatment from admission through discharge, with timely assessment and adjustment of medications, ensuring treatment participation, and collaborative and prompt communication with the associated MHC's or other behavioral health organization (BHO) representative as well as outpatient treatment providers.

CLINICAL REQUIREMENTS: ASSESSMENT

- An initial visit with a psychiatrist, or other psychiatric practitioner with prescriptive authority (e.g., Physician Assistant, Nurse Practitioner, Resident Physician) and psychiatrist consultation, for evaluation and treatment planning within 24 hours of admission.
    - A comprehensive bio-psychosocial history including at a minimum:
        - History of Presenting Illness
        - Psychiatric History, Substance Use History
        - Medical History
        - Family History
        - Social History
        - Current Medications
        - Allergies
    - Comprehensive Review of Systems
    - Full Mental Status Examination
    - Initial Psychiatric Assessment/Formulation including current Diagnostic and Statistical Manual based diagnoses

- Risk Assessment
- Individualized overall assessment / formulation of key issues and recommended interventions.
- Comprehensive, individualized, treatment plan including psychopharmacologic treatment plan when appropriate

CLINICAL REQUIREMENTS: SUBSEQUENT TREATMENT

- A documented daily visit with an attending, licensed, prescribing psychiatric provider.
  - Collection and review of interim history
  - Evaluation and documentation of the member's current mental status
  - Assessment of the member's progress in relation to their presenting problems
  - Justification of continued need for inpatient care
  - Update of the treatment plan, including medication strategy
  - Progress note documentation as required in Section 17 of this Handbook

- Other daily interventions.
  - Individual psychotherapeutic intervention focused on presenting problems (may be part of the prescriber visit)
  - Group/milieu activity
  - Safety planning as indicated
  - Discharge planning and coordination with MHC or community provider receiving post discharge care of client. (evidenced from first days of admission).

CLINICAL REQUIREMENTS: DISCHARGE

- Documentation of the discharge plan including follow-up appointments per Handbook guidelines, discharge medications, and emergency contacts delivered to the patient in writing with a face–to-face review.
- Provision of a 30-day prescription for discharge medications with confirmation the member has the resources to obtain medications or documentation that a new prescription is not required.
  - Any prescribed medications requiring pre-authorization in order to be filled must have the pre-authorization obtained by the hospital staff prior to the member being discharged.
- **Transfer of certification to outpatient level of care with or without court ordered medications requires advance notification and discussion with receiving MHC. The liaison can coordinate**

direct communication with MHC treatment team, and a treatment plan that bridges a Certified patient from inpatient to outpatient receiving team must be developed before discharge

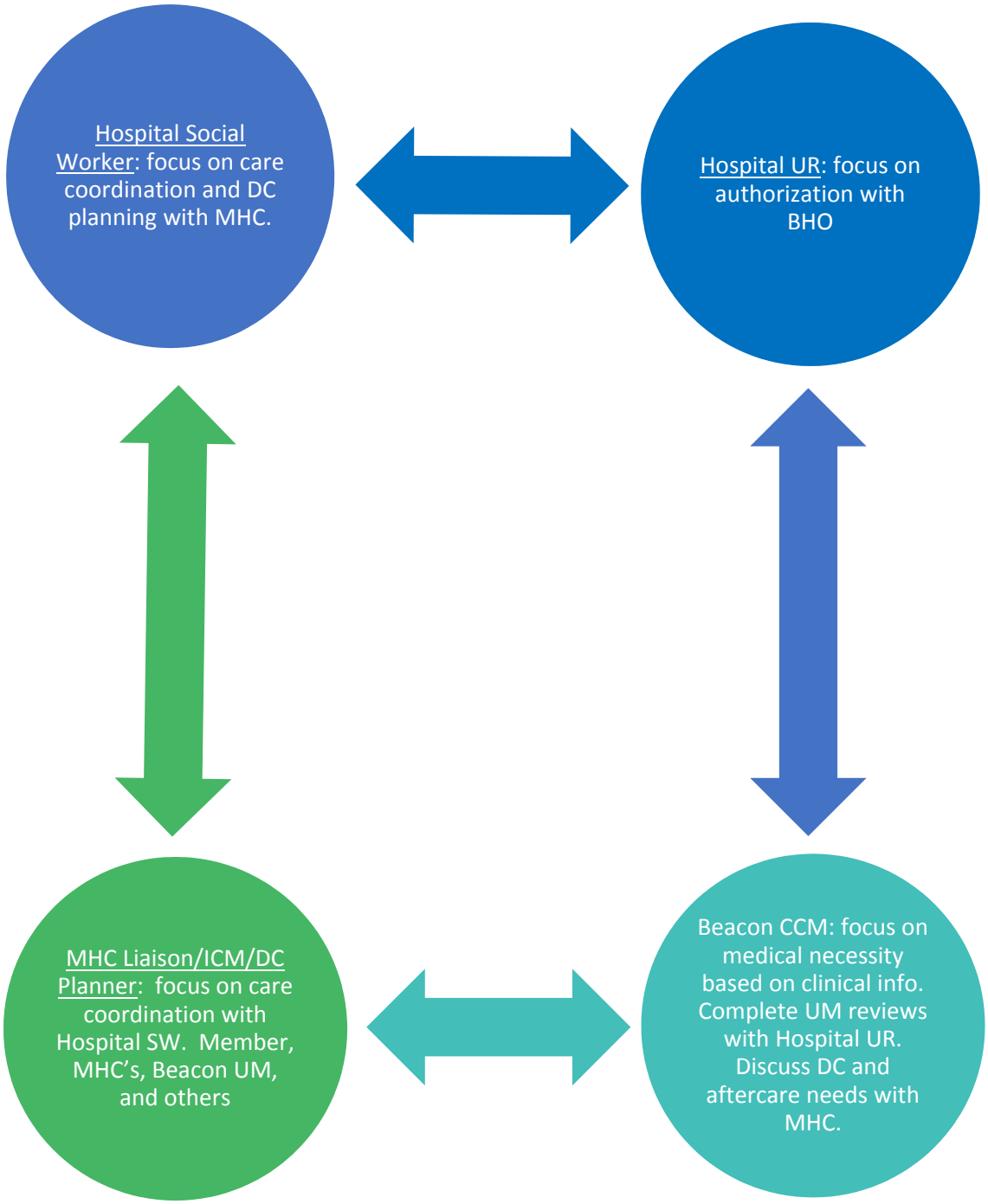
- The prescriber's dictated discharge summary must be faxed to the outpatient provider within 72 hours of discharge.

COORDINATION OF CARE REQUIREMENTS

The cycle of communication between the MHC liaison and a member of the clinical team familiar with the care of the member must be maintained from the date of admission through the date of discharge.

The communication needed between the hospital, the MHC, and the BHO has defined purposes. Please see the chart on the following page which illustrates the purpose and method for coordination of care.

Coordination of care discussions include aftercare planning. If the hospital plans to recommend a step down to any level of care other than outpatient, it must involve a referral to the Beacon CCM managing the inpatient admission and discussion with the MHC liaison/DC planner. The referral must occur prior to discharge to ensure a decision can be made prior to the member discharge from inpatient. Referrals for Partial Hospitalization, Intensive Outpatient, ATU, or other services should be made to Beacon at least two days prior to discharge to ensure a decision can be reached timely.


Hospital Social Worker: focus on care coordination and DC planning with MHC.
Hospital UR: focus on authorization with BHO
MHC Liaison/ICM/DC Planner: focus on care coordination with Hospital SW. Member, MHC's, Beacon UM, and others
Beacon CCM: focus on medical necessity based on clinical info. Complete UM reviews with Hospital UR. Discuss DC and aftercare needs with MHC.

HOSPITAL COMMUNICATES TO:

BHO: The BHO Care Manager is the primary contact for the hospital's admission and UR staff. The CCM completes UM tasks for initial and ongoing review and authorization of services. The BHO MD is the only person involved in care who may deny inpatient services for clinical reasons.

MHC: The mental health centers' liaisons, intensive case managers, or discharge planners (titles vary) are the primary contact for the hospital's social worker, therapist, or other clinical staff. The hospital contact with the MHC must be a staff member who is involved in the member's care and/or treatment planning. The purpose of this communication is to relay vital information that the MHC may know that will help treatment. Typically, this includes medication information and history, baseline symptoms and functioning, treatment history, and planning for discharge to gather appointments and ensure needed resources and referrals are in place.

MENTAL HEALTH CENTER:

The MHC must be contacted prior to admission for assessment of the member or to arrange a courtesy evaluation. Failure to contact the capitated MHC prior to admission may result in administrative denials for dates of service.

Following admission and throughout the stay, communication between the MHC and the hospital social worker/therapist must be timely and relevant. Focus is on providing information about member history of medications, treatment, symptoms/baseline, and discharge planning. The communication can be initiated by the hospital or the MHC.

This is not to be a reiteration of UM discussions such as with the BHO CCM. The purpose is preparation for discharge and related aftercare needs, with the MHC providing often vital historical information to the treating provider.

BHO - FBHP OR CHP:

The CCM (Care Manager) at Beacon will complete UM reviews at admission and during concurrent reviews for continued stay, based on Medical Necessity criteria.

The initial admission review will usually be with the MHC assessor, but may occasionally be with hospital or courtesy evaluators depending on the capitated MHC's workflow. Even if the initial review is with a courtesy evaluator or hospital assessor, the MHC will be involved in the admission discussion. Hospitals who admit a FBHP or CHP member to an inpatient unit prior to pre-certifying care with Beacon may be administratively denied dates of service.

Continued stay reviews with be with the hospital UR staff. The UR staff hold the responsibility to call Beacon during their scheduled review time to complete timely reviews.

COORDINATION OF CARE REQUIREMENTS, continued:

- Frequent coordination of care and unrestricted communication with the CMHC inpatient liaison, including:
    - Contact by a practitioner involved with the member's care (i.e. an active representative of the treatment team such as the member's assigned social worker, therapist or prescriber)
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- Communication with the inpatient liaison or other appropriate representative of the member's capitated Community Mental Health Center (CMHC) within 24 hours of admit
    - Exchange of Pertinent History including
    - Establishing connection
    - Discharge planning
- Updates by the attending MD or other treatment staff on progress, medications, family sessions/needs, aftercare referrals
        - Examples of coordination of care:
            - Progress updates with a focus toward DC readiness,
            - Medication feedback or discussion of previous meds,
            - Development of Transition Plan to outpatient receiving team, especially for any patient on Certification +/- Court Ordered Medications.
            - Barriers to discharge (resource needs, family, placement),
            - Aftercare referrals to services other than Outpatient need to be given to Beacon CCM staff and discussed with the MHC liaison/DC planner.
        - Contact at least 24 hours prior to DC to ensure aftercare plans are in place.
        - The Hospital must be responsive to the MHC calls and return calls within 24 hours.
    - Face to face meetings with the member when requested by the MHC liaison/DC Planner, to be facilitated by the hospital staff in a timely manner
    - Calls/emails from the MHC liaison/DC planner returned within 24 hours or by the next business day

UTILIZATION MANAGEMENT REQUIREMENTS:

In addition to the clinical care requirements and coordination of care with the mental health center liaisons, the hospital must participate in a Utilization Management process with Beacon Health Options: These guidelines do not explain the Utilization Management process between your facility and Beacon Health Options' Care Managers. Please review the Provider Handbook for the Beacon

UM procedures and rules related to Utilization Management for Foothills Behavioral Health Partners and Colorado Health Partnerships.