




United Behavioral Health

State Psychiatric Census Management and Care Coordination, Including Discharge Planning			Policy Identifier/Number: CM-17
Annual Review Completed Date: February 2018			
Policy Category: Government – Pierce Regional Support Network	Applicable Lines of Business: Medicaid	Entity/Plan: Optum Pierce Behavioral Health Organization	State: Pierce County, Washington
Approved by: Bea Dixon, Executive Director			Signature: 

Policy Statement and Purpose

Optum Pierce Behavioral Health Organization (BHO) engages in a variety of care coordination and discharge planning efforts to maintain an appropriate census at Western State Hospital (WSH) and to monitor and facilitate necessary care for individuals.

To describe efforts to maintain an appropriate census at WSH and to promote effective care coordination and discharge planning for individuals served by the Optum Pierce BHO.

Policy Audience and Applicability

This policy is applicable to the Optum Pierce BHO and benefits administered through the Washington State Department of Social and Health Services (DSHS) current Prepaid Inpatient Health Plan (PIHP).

Policy Definitions

N/A

Policy Provisions

1. Optum Pierce BHO maintains a written working agreement with Western State Hospital to include:
 - 1.1. Specific roles and responsibilities of all parties related to transitions between the community and the hospital;
 - 1.2. A process for the completion and processing of the *Inter-BHO Transfer Request Form* for individuals requesting placement outside of the BHO of residence;
 - 1.3. A process for resolution of disputes between BHOs and the assignment of individual costs when individuals are transferred between BHOs. Disputes that are not resolved between the BHOs are decided by DSHS;

Optum is responsible for adhering to all applicable state and/or federal laws governing activities within the scope of this policy, including the Mental Health Parity and Addiction Equity Act (MHPAEA) and the Health Insurance Portability and Accountability Act (HIPAA) privacy requirements, as well as the applicable requirements, standards and regulations as set forth by the Employee Retirement Income Security Act (ERISA), the Center for Medicare and Medicaid Services (CMS), the Department of Labor (DoL), and any applicable accrediting organizations.

- 1.4. Collaborative discharge planning and coordination with cross-system partners; and.
- 1.5. Identification and resolution of barriers that prevent discharge and systemic issues that create delays or prevent placements in the Pierce BHO Service Area.
2. Optum Pierce BHO engages in a variety of actions to maintain Pierce County's In-Residence Census (IRC) at WSH within the capacity funded by the Washington State Legislature. These actions are also designed to:
 - 2.1. Prevent unnecessary hospital admissions;
 - 2.2. Assist with coordination of care for the individual; and
 - 2.3. Facilitate discharge planning.
3. Optum Pierce BHO reimburses the DSHS for care provided by WSH that exceeds the Pierce BHO daily allocation.
 - 3.1. In the event that Optum Pierce BHO disagrees with the BHO/individual assignment, it may request a reassignment of the individual within 30 days of hospital admission. If granted, reassignment is retroactive to the admission date.
 - 3.2. In the event that Optum Pierce BHO requests reassignment of an individual greater than 30 days after admission to WSH and it is granted, it is retroactive to the date of the request rather than the date of the admission.
 - 3.3. All reassignment requests are made using a *Hospital Correction Request Form*.
4. Optum Pierce BHO ensures that individuals are medically cleared prior to admission to a State Hospital, whenever possible.
5. Upon admission to a hospital, an Optum Pierce BHO Care Manager or an Optum Pierce BHO contracted behavioral health care provider is to provide the inpatient unit with any available information regarding the individual's treatment history, in addition to any available information related to payment resources and coverage.
6. Under the direction of the Optum Pierce BHO Medical Director and/or Clinical Manager, Discharge Coordinators check the State Hospital inpatient databases (Cerner System) daily to monitor transfers from local facilities to WSH.
7. Optum Pierce BHO Discharge Coordinators also carry out the following duties:
 - 7.1. Respond to state hospital census alert notifications by using best efforts to divert state psychiatric hospital admissions and expediting discharges from the state psychiatric hospital using alternative community resources and mental health services.
 - 7.2. Contact inpatient staff within 3 working days of a voluntary or involuntary admission.
 - 7.2.1. Should the individual already be receiving services with a community provider, the Discharge Coordinator monitors to ensure that the behavioral health care provider makes contact with inpatient staff within the 3 day timeframe.
 - 7.3. Participate actively during the individual's hospital stay to assist with discharge planning and arrange follow-up services for all individuals who meet medical eligibility criteria and Access to Care standards.
 - 7.4. For individuals who are Tribal Members or who receive behavioral health services from a Tribal or Urban Indian Health Program, the Discharge Coordinator is to make efforts to notify the Tribal Authority or Recognized American Indian Organizations (RAIO), if the individual or legal guardian gives consent.

- 7.4.1. In such cases, the Discharge Coordinator is to coordinate with the Tribal Authority or RAIO on discharge planning and transition of the individual back to the community.
- 7.4.2. If the individual chooses to be served only by Tribal Mental Health Services, the Discharge Coordinator is not required to refer the individual to a Behavioral Health Agency (BHA).
- 7.5. Coordinate an Acute Care meeting with state hospital staff, providers and crisis team members on an as-needed basis.
- 7.6. Maintain daily contact with WSH Social Workers.
- 7.7. Designate a specific network BHA as primarily responsible for providing outpatient and residential services post-discharge. In the event an individual does have a specialized need and does not specify an individual choice, a BHA rotation schedule is used to determine the BBHA provider.
 - 7.7.1. The BHA may utilize Rehabilitation Case Management, as a covered service. This service is provided by or under the supervision of a Mental Health Professional and may include:
 - 7.7.1.1. Assessment for discharge or admission to community behavioral health care;
 - 7.7.1.2. Integrated behavioral health treatment planning;
 - 7.7.1.3. Resource identification and linkage to mental health rehabilitative services; and
 - 7.7.1.4. Collaborative development of individualized services that promote continuity of behavioral health care.
- 7.8. Work with each individual to reconnect with the individual's prior BHA provider when appropriate.
- 7.9. If no BHA has previously served the individual, the Discharge Coordinator is to help arrange services with the BHA selected by the individual and appropriate to the individual's need. In the event an individual does have a specialized need and does not specify an individual choice a BHA rotation schedule is used to determine the BHA provider.
- 7.10. Ensure the BHA's compliance with providing follow-up services, which are to be available within 5 calendar days.
- 7.11. Ensure the BHA's compliance with requirements that an additional follow-up service be made available within 30 days of discharge.
- 7.12. Work with community facilities and acute mental health care providers to maintain individuals in their facilities, and with community providers to increase available support services to expedite pending discharges.
- 7.13. Meet weekly with the Optum Pierce BHO Medical Director and/or Clinical Manager to discuss individuals who are experiencing barriers to discharge.
8. Procedures for individuals on Conditional Release and under Less Restrictive Alternatives are discussed in the Optum Pierce BHO policy titled, *CM-14: Less Restrictive Alternative*.

Related Policies, Procedures & Materials

- Pierce Behavioral Health Organization policy: CM-01 - *Development of Service Plans*
- Pierce Behavioral Health Organization policy: CM-02 - *Crisis Plans*

- Pierce Behavioral Health Organization policy: CM-04 - *Access to Care Standards for Adults, Older Adults, Children and Youth*
- Pierce Behavioral Health Organization policy: CM-05 - *UM/Resource Management Plan*
- Pierce Behavioral Health Organization policy: CM-07 - *Accessibility, Engagement and Utilization of Services for Individuals with High Risk*
- Pierce Behavioral Health Organization policy: CM-08 - *Coordination of Care Among Primary Care Physicians, Emergency Rooms and Other Healthcare Providers*
- Pierce Behavioral Health Organization policy: CM-09 - *Engagement of Community Resources*
- Pierce Behavioral Health Organization policy: CM-10 - *UM/Authorization and Concurrent Reviews*
- Pierce Behavioral Health Organization policy: CM-11 - *Involuntary Evaluation and Treatment*
- Pierce Behavioral Health Organization policy: CM-14 - *Less Restrictive Alternative*

Attachments

N/A

Approval History

- Policy created and effective: July 2009
- Policy and Procedure Committee review and approval: 09/28/2009
- Policy and Procedure Committee review and approval: 08/23/2010
- Policy and Procedure Committee review and approval: 09/26/2011
- Policy and Procedure Committee review and approval: 08/27/2012
- Policy and Procedure Committee review and approval: 12/02/2013
- Policy and Procedure Committee review and approval: 09/22/2014
- Policy and Procedure Committee review and approval: 09/28/2015
- Optum Pierce BHO reviewed and accepted: February 2018