POLICY

To ensure that the goals of the New York State Office of Mental Health (OMH) and New York State Office of Substance Abuse and Alcoholism Services (OASAS) are met, Community Care provides comprehensive care coordination for children, adults, and those with co-occurring mental health and substance use disorders, as well as those who have concurrent medical conditions and are receiving inpatient care. This care coordination focuses on those receiving services in inpatient mental health, inpatient detoxification, and inpatient rehabilitation levels of care. In addition, special focus will be placed on those who have co-occurring physical illnesses or disabilities as well as those individuals who are identified by OMH and OASAS as high need individuals who have become disengaged from care. Each individual will have a care monitor with training and experience consistent with specific needs. It is the responsibility of the care monitor to promote and facilitate the coordination between behavioral health service providers, child-serving systems, primary care physicians, general and specialty physical health providers and health homes, MATS, and other community based services including housing, AA, NA, or peer supports.

The New York State Fee-For-Service population being reviewed by Community Care will include:

1. All Medicaid fee-for-service admissions to OMH-licensed psychiatric units (all ages) in general hospitals (Article 28 hospitals)
2. Medicaid fee-for-service children and youth admitted to OMH-licensed private psychiatric hospitals (Article 31 hospitals)
3. Medicaid fee-for-service and Medicaid Managed Care direct admissions, not transfers, to OMH State-operated children’s psychiatric centers or children’s units of psychiatric centers.
4. Medicaid Fee for service OASAS Certified Part 816 Inpatient Detoxification Services (Article 28/32)
5. Medicaid Fee for service OASAS Certified Hospitals (Article 28/32) or free standing (Article 32 only) Part 818 Chemical Dependence Inpatient Rehabilitation Services

*BHOs are not responsible for reviewing 72 Hour Extended Observation Beds for Comprehensive Psychiatric Emergency Programs (CPEPs)

Care coordination begins with the initial contact with acute level providers during the inpatient stay with particular focus on the goal of comprehensive discharge planning. A thorough assessment of consumer
need is reviewed with the provider, and plans to meet those needs are expected to be developed through the treatment planning process, culminating in a comprehensive discharge plan.

For those consumers who are readmitted to the same level of care, or from one acute level of care to another within 7 or 30 days, a comprehensive review of the previous discharge planning will also be assessed and evaluated with the treatment planning efforts focused on community reengagement.

Clinical templates have been designed for care monitor use in the utilization management process in PsychConsult. All OMH/OASAS required data fields have been embedded in PsychConsult for reporting purposes. In addition, all necessary clinical information required to determine medical necessity has been included. To ease administrative burden on providers and to ensure transparency, clinical templates are available on line at ccbh.com.

PROCEDURE

Concurrent Review

A. Admission Notification – Providers will notify Community Care of an admission to inpatient mental health, inpatient detoxification or inpatient rehabilitation services for any Medicaid FFS or youth in Medicaid Managed Care a within 24 hours of admission or by 5 p.m. the following business day of the admission is on a weekend or holiday. Providers may notify Community Care telephonically 24 hours/day and 7 days/week or through a secure web serve site.

1. Customer Service staff will log the notification into the PsychConsult database.
2. The Care Monitor will retrieve the contact in the database.
3. The Care Monitor will review the service utilization and case history, and identify if the consumer has been designated as high need by OMH or OASAS. .
4. The Care Monitor will complete the initial review with the provider*. The initial reviews will be completed as follows:
   - Inpatient mental health- within 72 hours after notification of admission or by 5 P.M. the next business day following notification of the admission by the provider, whichever is later.

---

All policies, standards, rules, directives, or regulations contained in these materials and however denominated, developed, published or promulgated by Community Care are proprietary and confidential information of Community Care and are subject to change, revision, modification or withdrawals by Community Care at any time without notice and subject only to any required governmental approvals as to such changes or modifications.
Utilization Management: Concurrent and Discharge Review

- Inpatient detoxification - within 72 hours after notification of admission or by 5 P.M. the next business day following notification of the admission by the provider, whichever is later.
- Inpatient rehabilitation - within 72 hours after notification of admission or by 5 P.M. the next business day following notification of the admission by the provider, whichever is later.

*If discharge is imminent as determined on notification, every effort will be made to coordinate discharge planning during off hours, week-ends, and holidays through an on call care monitor.

B. Initial Review – Community Care will call the inpatient provider within specified timeframes to conduct a concurrent review, and to provide information and assistance to the provider. The care monitor will:

1. Review the individual’s recent utilization of behavioral health services from the service utilization history.
2. Review the individual’s recent general health care services utilization history including summary of pharmacy claims and assessment of medication adherence.
3. Review the consumer’s participation in a Health Home, ACT, BCM, or presence of an AOT order.
4. Identify previous community based provider.
5. Identify if a community care coordinator is involved with the consumer.
6. Ascertain the presence of family or other supports.
7. Assist the provider with the development of an appropriate treatment plan informed by service utilization history and all information obtained by Community Care through the course of assessment and monitoring the individual’s treatment.
8. Assist the provider in the development of an appropriate discharge and disposition plan based on service utilization trends and all information obtained by Community Care through the course of monitoring the individual’s treatment.
9. Assess the housing status and ensure that housing status is determined upon the initial review.
10. Assess provider’s plan to contact the care coordinator, outpatient provider, or health home during the inpatient stay. Prompt the provider to ensure completion of contact.

11. Assess dangerousness, mental status review, functional status, presence of a co-occurring disorder, substance use/abuse, and diagnoses on 5 axes.

12. Determination of medical necessity. For inpatient mental health for children and adults, The Mihalek Acute Inpatient MNC\(^1\) will be used. For detoxification and rehabilitation, ASAM criteria IV and IV D\(^2\) will be used. These criteria are embedded in the clinical review template.

13. A shadow authorization will be added to the template and will be invisible to the provider. This is for internal use and use by OMH/OASAS only. This will assist in determining length of stay and valid admission and discharge dates. The day of admission will be counted; the day of discharge will not be counted in the number of days that are authorized.

C. Subsequent reviews are those that will occur after the Care Monitor review of service utilization history and preliminary discharge plan formulation. Subsequent reviews will occur at the following intervals:

1. No more than five days for inpatient mental health reviews
2. Not more than two days for inpatient detoxification reviews
3. No more than seven days for inpatient rehabilitation

In the event that a consumer is in a facility and it is clinically determined that this may be a long stay due to clinical presentation, this consumer will be identified in PsychConsult through a specific dropdown field where a report may be developed to identify these specific consumers. The provider and care monitor will determine the appropriate time intervals for reviews. In all cases, the care monitor will continue to prompt for adequate discharge planning and will continue to review at reasonable intervals.

---

1 The Mihalek Group (TMG) Amended Inpatient Mental Health Criteria for Children and Adults

All policies, standards, rules, directives, or regulations contained in these materials and however denominated, developed, published or promulgated by Community Care are proprietary and confidential information of Community Care and are subject to change, revision, modification or withdrawals by Community Care at any time without notice and subject only to any required governmental approvals as to such changes or modifications.
Subsequent reviews will be used to update clinical information, ensure adequate treatment planning, identify contact of community behavioral health and other health providers, including SUD and housing, determine referral needs, ensure collaboration of child serving systems, identify service planning meeting opportunities, determine family/other support for the consumer, identify realistic and involved discharge planning follow up opportunities, and determine current medical necessity. If medical necessity criteria are not met, see Policy #CM002. Although medical necessity will continue to be determined on long stay reviews, no notice of preliminary findings will be issued, and reviews will be continued throughout the discharge planning process.

D. During all reviews, the Care Monitor will prompt the inpatient service providers to identify individuals in inpatient treatment with a chronic and/or serious physical health diagnoses and monitor whether the person’s behavioral health and non-behavioral health medical services are considered and coordinated.

1. Diagnoses
2. Physical health complications and impact on mental status
3. History of non adherence to treatment
4. Medication changes, regime and compliance history
5. Follow up appointments
6. Pregnancy
7. Identification of high need or the presence of a serious mental illness

E. Community Care will prompt and facilitate the inpatient provider’s direct communication with other treating providers or community supports during a consumer’s inpatient stay. These include, but are not limited to:

1. Primary Care Physician
2. Physical Health Plan
3. Special Needs Plan
4. Health Home
5. Community based mental health or drug and alcohol services
6. Education
7. Juvenile justice
8. Protective services
9. MATS
10. AOT monitoring
11. ACT/ICM/BCM
12. SPOA

Readmission Review

A. For those consumers identified as a readmission (when the information is available) within 7 or 30 days to an acute level of care, inpatient mental health or inpatient detoxification, a specific review will be completed of the previous discharge planning effectiveness. A step-down to a rehabilitation level of care will not be considered as a readmission. This assessment is completed on all known readmissions. Contributory factors will be identified including:

1. Consumer involvement in the d/c planning process
2. Involvement of the family/support system
3. Consumer preferences
4. Consumer treatment expectations
5. Consumer education
6. Provider knowledge of discharge options and feasibility of those options
7. Active referrals
8. Notification of community based providers during previous inpatient stay
9. Notification of community based providers upon discharge from previous inpatient stay
10. Previous inpatient provider written communication with the community based provider
11. Attention to the multi-system needs of youth from previous admission
12. Appropriate referrals from previous inpatient provider

B. During concurrent review with a provider on those who have been readmitted, alternative community based treatment options will be considered. The care monitor will offer potential interventions to enhance engagement opportunities. A professional advisor will be consulted on 2 readmissions to a detoxification or inpatient mental health level of care within 3 months.

Discharge Review
A. The Care Monitor will work with the inpatient providers to identify barriers that could potentially interrupt or prevent a high need individual from either arriving at their scheduled behavioral or physical health follow up appointments or following through with the prescribed treatment or recommendations. Potential barriers will be determined by reviewing the following elements of a successful transition and solutions will be developed to ensure engagement success.

1. Was the individual involved and invested in the aftercare plan for their behavioral health and physical health needs?
2. Is the individual’s family or support system available to be involved in planning and execution?
3. Is the person able to determine a method and financial means for transportation to behavioral and physical health follow up appointments?
4. Does the individual have special needs in terms of housing, language, hearing, sight, cognition or mobility that would keep them from keeping appointments or following through on recommendations?
5. Does the individual have and know the name and phone number of their behavioral health and primary care physician, Health Home or local clinic?

B. All referrals will be documented in PsychConsult including the type of provider, the name of the provider and the appointment date. The care monitor will:

1. Determine if a physical health referral, a mental health referral, a drug and alcohol referral or a housing referral was indicated.
2. Assess housing status upon discharge.
3. Determine if an AOT petition was filed.
4. Determine a child’s needs in terms of education, family involvement, juvenile justice involvement, or dependency.
5. Determine if a SPOA application is pending for services or housing.
6. Identify the presence of a crisis plan.
7. Ensure that the inpatient provider agrees to send the discharge plan and summary of treatment to the receiving community provider.
8. Address barriers that may interfere with the consumer’s recovery.
**Utilization Management: Concurrent and Discharge Review**

<table>
<thead>
<tr>
<th>Date Issued:</th>
<th>Policy #</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/1/11</td>
<td>CM001</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Revised:</th>
<th>Page 8 of 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/29/2011</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Reviewed:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date OMH/OASAS Approved:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1/2/2012</td>
</tr>
</tbody>
</table>

All reasonable efforts will be expected by inpatient facilities to ensure adequate discharge planning, including those efforts with individuals who may be discharged AMA or in the event of an elopement. Every effort will be made with both the inpatient provider and the community based provider to engage those individuals.