POLICY TITLE:	INPATIENT PSYCHIATRIC HOSPITALIZATION STANDARDS	POLICY # 13.7	REVIEW DATES	
Topic Area:	SERVICE DELIVERY		5/5/2023	
Applies to:	Lakeshore Regional Entity, Member CMHSPs and Network Providers	**ISSUED BY:** Chief Executive Officer		
		APPROVED BY: Board of Directors		
Developed and Maintained by:	CEO and Designee			
Supersedes:	5.12, 5.13	**Effective Date:** May 19, 2022	**Revised Date:**	

I. PURPOSE

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

II. POLICY

Lakeshore Regional Entity (LRE), Member Community Mental Health Service Programs (CMHSP) and contracted 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 Michigan Medicaid Provider Manual (MMPM), the Michigan Mental Health Code (MMHC), Chapter 330, Act 258 of 1974, and the Michigan Department of Health and Human Services (MDHHS) Prepaid Inpatient Health Plan (PIHP)/CMHSP Provider Qualifications per Medicaid Services & HCPCS/CPT Codes.

III. PROCEDURE

A. **Pre-Admission**: Pre-admission screening will be conducted to determine medical necessity for admission 24 hours per day, 7 days a week, prior to and as a condition for any consumer's admission to an inpatient, partial hospitalization, or crisis residential placement.

1. The organization may use telephonic crisis intervention counseling, face-to-face crisis assessment, mobile crisis team, or dispatch staff to the emergency room, as appropriate.
2. Emergency Services staff who are screening children shall complete 24 hours of child-specific training annually.
3. Provider shall maintain proper documentation of clinical presentation and disposition.
4. 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.

5. The screening unit shall furnish the Inpatient Psychiatric Hospital/Unit (IPHU) with necessary clinical, social, and demographic documentation to foster the admission and discharge process.
6. The screening unit shall provide an admissions packet to the IPHU that has agreed to provide inpatient care to the consumer being served.
7. Established pre-admission screening tools will be used by pre-admission/crisis intervention staff. LRE and its Member CMHSPs use nationally recognized written criteria based on sound clinical evidence (Milliman Care Guidelines (MCG) Behavioral Health Medical Necessity Guidelines) to verify that admission decisions for acute care services are based on medical necessity.
8. 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 conduct wellness checks, follow-up calls, face-to-face appointments, or any other appropriate safety monitoring activities warranted.
9. Regardless of a consumer's county of residence, LRE Member CMHSPs shall provide emergency services, including:
    - Pre-admission screening (and all follow-up activity);
    - Identification and placement into appropriate psychiatric inpatient (or alternative service settings).

    a. In all cases, communication(s) should occur with the CMHSP or the PIHP in the catchment area in which the consumer resides.
    b. 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.
    c. Milliman Care Guidelines (MCG) Behavioral Health Medical Necessity Guidelines and Service Utilization Criteria are the criteria to be used in making psychiatric admission determinations.
    d. 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.
    e. Arrangement for continuing stay reviews and other follow-up care shall be arranged with the provider system that will be responsible for post-inpatient follow-up care.
10. Screening unit will work with MDHHS to secure consents for children and 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.
11. Assertive Community Treatment (ACT) consumers seeking psychiatric admission should be screened by an ACT team member as that team member would be th most appropriate to approve or divert an admission.

B. **In-Region Pre-Admissions Between LRE Member CMHSP:** In instances when a LRE Member CMHSP (screening CMHSP) is conducting "courtesy" pre-admission screening activities for an individual that resides in the catchment of another LRE Member 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 unwillingness 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 range from one (1) to 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

support to the consumer, are the primary considerations in making transportation arrangements.

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 Milliman Care Guidelines Criteria (MCG) for Continuing Stay for Adults, Adolescents and Children shall be the criteria used in determining authorization for continued stay in inpatient psychiatric hospitals/units. The number of days authorized for continued stay is dependent on several variables, including but not limited to medication effectiveness, clinical progress, and co-morbidities. 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. Medicaid payment cannot be authorized for continued stays that are solely due to placement or the unavailability of aftercare services.
2. Assessment, discharge procedures, and aftercare planning shall be conducted by the Provider's staff and the CMHSP's staff functioning as a multi-disciplinary treatment team. The Payor is responsible for monitoring patient progress. To the extent possible, the 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, provider and/or CMHSP staff.
2. Discharge summary shall be submitted to CMHSP and the primary care physician within 48 hours of discharge.
3. At the time of discharge, the provider will provide a supply of medications sufficient to carry the consumer through from date of discharge to the next business day, but not less than a two (2) day supply. Provider will issue a prescription for not more than fourteen (14) days. When required, initial prescriptions for long acting injectables (LAI) will be provided to the consumer prior to discharge.
4. Provider shall notify the CMHSP of persons discharged to community settings who are subject to judicial orders requiring community-based treatment.

IV. APPLICABILITY AND RESPONSIBILITY

This policy applies to Lakeshore Regional Entity, Member CMHSP's and contracted providers.

V. MONITORING AND REVIEW

This policy will be reviewed annually by the LRE CEO or designee.

VI. DEFINITIONS

HCPCS/CPT: Healthcare Common Procedure Coding System/Current Procedural Terminology.

Provider: Licensed Inpatient Hospital/Unit Screening Unit: CMHSP Emergency Services or other CMHSP-Operated Pre-Admission Screening Unit.

Milliman Care Guidelines (MCG) - Nationally recognized written criteria based on sound clinical evidence used to determine medical necessity for inpatient admission

VII. RELATED POLICIES AND PROCEDURES

A. LRE UM Policies and Procedures

VIII. REFERENCES/LEGAL AUTHORITY

A. Medicaid Provider Manual, Section 8 – Inpatient Psychiatric Hospital Admissions
B. Michigan Mental Health Code, Chapter 330, Act 258 of 1974
C. Michigan Department of Health and Human Services Michigan PIHP/CMHSP Provider Qualifications per Medicaid Services & HCPCS/CPT Codes.
D. Michigan Department of Health and Human Services Memorandum: Assertive Community Treatment (ACT) Service Clarifications

IX. CHANGE LOG

Date of Change	Description of Change	Responsible Party
5/19/22	New	CEO and Designee
5/5/2023	Annual Review	CEO and Designee