

PROCEDURE #	13.7a	EFFECTIVE DATE	REVISED DATE
TITLE:	CONTINUED STAY REVIEW PROCESS	12/7/2022	9/11/2023
<u>ATTACHMENT TO</u>		REVIEW DATES	
POLICY #:	13.7	12/7/2022, 9/11/2023	
POLICY TITLE:	INPATIENT PSYCHIATRIC HOSPITAL STANDARDS		
CHAPTER:	SERVICE DELIVERY		

I. PURPOSE

To ensure that Continued Stay Reviews (CSRs) within the Lakeshore Regional Entity (LRE) are conducted in a consistent manner and standards for data collection are met.

II. PROCEDURES

A. Prior Authorization (PA)

1. Admissions to a higher level of care (HLOC) by a Community Mental Health Service Provider (CMHSP) will be authorized for 1-3 days based on the individual circumstances and criteria for admission per Policy 13.7 Inpatient Psychiatric Hospital Standards.

B. Continued Stay Review

1. CMHSPs may schedule telephonic reviews or receive review information from providers via secure communication such as email, fax, EHR/EMR upload, etc.
2. CSRs will occur at the CMHSP reviewer’s discretion
 - a. First uncovered day
 - b. Last covered day
3. Concurrent reviews should contain the following. When sufficient information is included in the initial CSR, the italicized sections may be excluded from subsequent CSRs:
 - a. *Admitting clinical*
 - b. *Psychiatric Diagnosis/es*
 - c. *Medical Diagnosis/es*
 - d. *Suicidal/Homicidal Ideation/Plan*
 - e. *Psychosis*
 - f. *SUD*
 - g. *Baseline functioning*
 - h. *Social Determinants of Health (SDoH)*
 - i. *Mental Health History (previous treatment, dx, admissions, etc.)*

- j. Current Clinical Update (no MD notes over 24 hours old)
 - i. MD Notes
 - ii. SW Notes
 - iii. Nursing (Unit Notes)
 - iv. Group Notes
- k. Current Treatment
 - i. Medications & other somatic treatments (e.g. ECT)
 - ii. Cognitive and Behavioral Therapies
- l. Treatment Plan until next review
 - i. Med change (medication, dose, route)
 - ii. Other somatic therapy change (e.g., ECT)
 - iii. Other non-somatic therapy change (start EMDR, DBT, etc.)
 - iv. Legal (AOT, guardian, etc.)
- m. Discharge Planning (expectation start within 24 hours of admission)
 - i. Estimated Length of Stay (ELOS)
 - ii. Discharge location
 - iii. Care Coordination
 - iv. Other needs (pending test results)

C. Inpatient Stepdown

CMHSPs will adhere to the following guidelines as it relates to all HLOC stepdowns. These stepdowns can occur from inpatient to a) crisis residential unit (CRU) or b) partial hospitalization program (PHP). All stepdowns from inpatient will need prior approval and authorization from the CMHSP Utilization Management (UM) Department. When a request for a stepdown is initiated by the CMHSP and/or the inpatient facility, the following must occur:

1. Medical necessity criteria (MNC) according to the most current Milliman Care Guidelines (MCG) Edition, must be discussed and documented prior to authorization.
2. UM will review all criteria presented and provide clinical determination.
3. If all parties agree that a stepdown should proceed, UM and/or other CMHSP staff will secure the stepdown placement.
4. If stepdown placement to a CRU is not immediately available, UM staff will continue to review MNC for inpatient care each business day to determine ongoing eligibility for a lower level of care.
5. Admission to PHP would be anticipated the next business day, but not more than 72 hours after discharge from inpatient. If placement does not occur within a 72-hour time frame, then a reassessment should occur.
6. Medicare/Medicaid Step-Down Requests will be addressed internally by each CMHSP.

NOTE: Stepping up to inpatient level of care requires prior authorization and occur per CMHSP policy and/or procedure.

D. Discharge Plan

Discharge summaries to be provided to the CMHSPs within 48 hours of discharge and should include all required information

1. Patient name
2. Patient date of birth (DOB)
3. Patient phone number
4. Patient address
5. Patient emergency contact information
6. Date of Admit
 - a. Reason for admission
7. Date of Discharge
8. Attending psychiatrist's name and associated advance practice provider's (APP's) name, if an APP was involved in the person's care (as well as the collaborating physician when an APP was involved).
9. Discharge Diagnoses
 - a. All psychiatric
 - b. All medical
10. Hospital course/progress (this should be brief)
11. Results
 - a. Labs
 - b. Radiology
 - c. Psych testing
 - d. Any pending results
12. DC Treatment and other Recommendations
 - a. Medications
 - i. all instructions, (e.g., drug, dosage, directions (sig))
 - ii. If LAI -- last dose/date of injection as well as date of next injection/recommended dose
 - iii. Medications called into or e-prescribed and name/location of pharmacy
 - iv. Any prescription or other medication (number/amount) given to the patient at discharge
13. Psychotherapy (as indicated)
14. SUD treatment (as indicated)
15. Follow up labs and/or other studies
16. Other DC needs
17. Follow up behavioral health appointment(s) to include: (i) date; (ii) clinician; and (iii) CMHSP/ provider name, address, and contact information for each of the following, as applicable:
 - a. Psychiatry

- b. Psychotherapy
 - c. Case Manager
 - d. CMHSP Intake
18. Follow up physical health appointment(s)
 - a. Primary care
 - b. Other (e.g., endocrinology)
 19. Legal
 - a. AOT (e.g., 60/180 days)
 - b. Deferral dates of expiration
 - c. Court documents
 - d. Guardianship status/involvement during hospitalization
 - i. Specify type of Guardianship (plenary, partial, medical only, etc.)
 20. Copy of admission psychiatric evaluation
 21. Copy of admission history and physical
 22. Copy of DC Instructions to patient
 23. Anything else judged to be important by inpatient unit

E. Reauthorization

1. Provider must contact CMHSP before 3 pm for reauthorization.
2. CMHSP UM must communicate a disposition to the provider within 24 hours from the time the review is received.
3. If the provider does not provide CSR information within 24 hours (one business day) of the expected time frame, then the inpatient (IP) stay may be subject to a retrospective review. It will be left to the CMHSPs discretion to review or not.

F. Out-of-Region Providers

CMHSPs and out-of-region providers will follow the same process as in-region providers.

G. ECT Authorization

No prior authorization for ECT is required while a member is in an IP psychiatric facility. Prior authorization is required for outpatient ECT. CMHSPs will follow an ECT authorization process based on the American Psychiatric Association guidelines.

III. DEFINITIONS

Advance Practice Provider (APP) – licensed medical professionals (Physician’s Assistants, Nurse Practitioners) practicing under the rules and regulations of their licensed scope of practice.

Alternative Outpatient Treatment (AOT) – laws allow courts to order certain individuals with brain disorders to comply with treatment while living in the community. It also allows the courts to commit the mental health system to providing the treatment.

Continued Stay Review (CSR) – a review completed daily to determine that each day of the hospital stay is medically necessary, and that care is being rendered at the appropriate level.

Crisis Residential Unit (CRU) – short-term community-based, homelike setting with multi-day lengths of stay, **often serving as a stepdown** from, or alternative to, psychiatric inpatient hospitalization.

Electronic Medical Record (EMR) – an electronic version of a patient’s medical history that is maintained by the provider over time, and may include all of the key administrative clinical data relevant to that person’s care under a particular provider

Electroconvulsive Therapy (ECT) – a procedure, done under general anesthesia, in which small electric currents are passed through the brain, intentionally triggering a brief seizure. **Electroconvulsive therapy (ECT)** can provide rapid, significant improvements in severe symptoms of several mental health conditions.

Higher Level of Care (HLOC) – levels of care within the behavioral health care system that provide mental and physical stabilization during an acute episode.

Long-acting Injectable (LAI) – medication delivered via intramuscular injection that can provide medication coverage from a period of weeks to months.

Medical Necessity Criteria (MNC) – criteria applied that are reasonable and necessary for diagnosis or treatment of an illness or injury, or to improve the functioning of an individual.

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

Partial Hospitalization Program (PHP) – a structured mental health program and type of addiction treatment where clients participate in activities during the day and return home at night. These programs are available at inpatient or residential treatment facilities.

Prior Authorization (PA) – a request for approval of a service prior to onset of the service

IV. SUPPORTING DOCUMENTS

- A. 13.7 Inpatient Psychiatric Hospital Standards
- B. Milliman Care Guidelines
- C. Medicaid Provider Manual