

CHELAN-DOUGLAS RSN/PIHP POLICY AND PROCEDURE MANUAL		Chapter:	5.9
Title:	INPATIENT PSYCHIATRIC SERVICES	Page:	1 of 4
		Date Effective:	July 1, 2002
Subject:	MANAGEMENT OF INPATIENT PSYCHIATRIC HOSPITALIZATIONS	Date Revised:	May 31, 2006
		Authorizing Signature:	

AUTHORITY: Guiding Principle(s): Consumer Focused, Accessible
WAC 388-865-0150, Definitions
WAC 388-865-0415, Access to Services

SCOPE: This policy applies to Chelan-Douglas Regional Support Network/Prepaid Inpatient Health Plan (CDRSN/PIHP) and its contractors (agencies/providers), and subcontractors (referred to as contractors or agencies or providers throughout this policy).

PURPOSE: This policy directs CDRSN/PIHP and its contractors to monitor and coordinate services to service recipients who are currently hospitalized for psychiatric reasons at either a state psychiatric hospital (Eastern or Western) or a community hospital.

DEFINITIONS: A. Child. A service recipient under the age of 18.
B. Geriatric Specialist : A person meeting the qualifications as defined in WAC 388-865-0150

POLICY: A. The contractor is responsible for maintaining a liaison with all psychiatric hospitals providing service to persons in Acute and State hospitals including persons detained by a CDMHP who reside in either Chelan or Douglas County.
B. The Chelan Douglas Behavior Health Clinic (CDBHC) will maintain an identified Liaison with a Geriatric Specialist Certification to perform the following responsibilities:
1. Contact all acute care or state hospitals within three (3) working days of consumer admission and participate with inpatient treatment team in the planning of treatment and discharge planning as described herein. The community or state hospital shall be advised of payment resources and coverage at this time.
2. Maintain daily log of adult persons in Acute and State hospitals as well as detained persons under 18 years of age and provide copy to CDRSN/PIHP daily. Information

to be included: Name, Date of Birth, Date of Admission, Voluntary or Involuntary, Hospital, Diagnosis, Primary Case Manager.

3. Provide copy of ITA evaluations to CDRSN/PIHP within 24 hours of the detainment or the first working day after the detention if detained occurred after 5:00 PM on Friday.
4. Maintain twice weekly communication with hospital and treatment team of all adult persons 18 and over in community hospitals authorized by the CDRSN/PIHP for the purpose of clinical updates and treatment progress. Continue to maintain twice weekly communication with hospital and treatment team of all persons 18 and over for voluntary and involuntary hospitalizations.
5. Maintain once a week communication with hospital and treatment team of each adult person 18 and over in state hospitals for the purpose of clinical updates and treatment progress. Continue to maintain weekly communication with hospital and treatment team of all detained adults.
6. Participate in identification of discharge criteria and provide leadership and coordination in discharge planning with hospitals and network provider staff persons to ensuring all consumers on court ordered less restrictive alternatives, conditional releases, or general discharge status who meet the eligibility requirements for publicly funded mental health services and medical necessity have at discharge a) a plan developed that includes, appropriate community placement and treatment service plans and b) as appropriate, community plans considering conditions of court ordered less restrictive alternatives or conditional releases to psychiatric inpatient treatment, enabling consumers to leave hospitals (acute and state) as it is determined they are ready for discharge.
7. Participates in collaboration with the CDRSN/PIHP Care Manager in assessing the appropriateness of each persons need for continued hospitalization.
8. Function as a communication link between the CDRSN/PIHP and hospitals, keeping the Care Manager informed of any difficulties that need CDRSN/PIHP response.
9. Coordinate placement for adult persons being discharged from the hospital that do not have an assigned BHC Case Manager. Collaborate with CDRSN/PIHP Care Manger in placement issues related to funding.

10. Ensure that an appointment is offered to each service recipient for a face-to-face contact within three (3) days of discharge from a community inpatient or state hospitals, and that all appropriate and required document are obtained from the treating facility and delivered to the appropriate out patient and / or residential treatment provider within fourteen (14) days.

C. The Clinical Supervisors at Catholic Family and Child Service and Children's Home Society will function as the psychiatric hospital Liaison for children under age 18 voluntarily hospitalized and will perform the following responsibilities:

1. Maintain a log of persons voluntarily hospitalized in Acute hospitals under 18 years of age and provide a copy to CDRSN/PIHP daily. Information included: Name, Date of Birth, Date of Admission, Hospital, Diagnosis, Primary Case Manager.
2. Maintain daily communication with hospital and treatment team of all persons authorized by the CDRSN/PIHP.
3. Participate in the identification of discharge criteria and provide leadership and coordination in discharge planning with hospitals and primary case managers.
4. Participates in collaboration with CDRSN/PIHP Care Manager in assessing appropriateness of each persons need for continued hospitalization.
5. Function as a communication link between the CDRSN/PIHP and hospitals, keeping the CDRSN/PIHP Care Manager informed of any difficulties that need CDRSN/PIHP response.
6. Coordinate placement for children being discharged from hospital that do not have an assigned Case Manager. Collaborate with CDRSN/PIHP Care Manager in placement issues related to funding.
7. Ensure that an appointment is offered to each service recipient for a face-to-face contact within three (3) days of discharge from a community inpatient or state hospitals, and that all appropriate and required document are obtained from the treating facility and delivered to the appropriate out patient and / or residential treatment provider within fourteen(14) days.

D. Contractor Case Managers will perform the following responsibilities related to inpatient hospitalization:

1. Maintain ongoing therapeutic contact at a minimum of **twice** a week with service recipients during hospitalizations.
 2. provide ongoing input to the Liaison as to their impressions of the service recipients current condition and readiness for discharge.
 3. Participate in collaboration with Liaison and hospital treatment team regarding discharge criteria and planning.
 4. When appropriate coordinate placements for adult persons being discharged in close collaboration with Liaison.
- E. The services shall be provided by, under the supervision of, or with consultation from a mental health specialist appropriate to the needs of the service recipient.
- F. Special Populations consultations shall be documented on applicable forms.

SEE ALSO: Chapter 1.5.1, Mental Health Provider - Roles and Responsibilities
Chapter 1.7, Staff Qualifications and Mental Health Professional Waiver Request
Chapter 1.8, Individually Tailored, Culturally Competent Services
Chapter 1.9, Continuity of and Coordination of Care
Chapter 2.2.1, Mental Health Assessment and Intake Evaluation
Chapter 2.2.5, Special Populations Assessment and Ongoing Consultation
Glossary of Terms and Acronyms