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Owner:	<i>Barika Butler: Chief Medical Officer, MD, MHCM</i>
Policy Area:	<i>Clinical Practice Improvement</i>
References:	

Psychiatric Inpatient Hospitalization

POLICY

It is the policy of Detroit Wayne Mental Health Authority (DWMHA) to ensure appropriate admission and discharge procedures are available to all persons seeking inpatient psychiatric admissions.

PURPOSE

The purpose of this policy is to provide guidelines to the DWMHA service network on prescreening, admission and discharge protocols for inpatient psychiatric hospitalization admissions.

APPLICATION

1. The following groups are required to implement and adhere to this policy: DWMHA Staff, Contractual Staff, Access Center, MCPN Staff, Network Providers, Crisis services vendor
2. This policy serves the following populations: Adults, Children, I/DD, SMI/SEI, SED, SUD, Autism
3. This policy impacts the following **contracts/service lines**: MI-HEALTH LINK, Medicaid, SUD, Autism, General Fund

KEYWORDS

1. Admission
2. Concurrent Review
3. Discharge Planning
4. Level of Care
5. Medical Clearance
6. Medical Necessity
7. Prescreening
8. Qualified Mental Health Professionals

STANDARDS

1. Inpatient psychiatric hospitalization delivers 24 hour supervised care in a specialized, secure, and

intensive medical setting for persons who cannot be adequately and safely be managed in a lower level of care. Such settings provide daily assessments by appropriately credentialed physicians (MD/DO), round-the-clock nursing observation and interventions, medical interventions, psychotherapeutic and adjunctive services, diagnostic and laboratory services.

2. Inpatient psychiatric hospitalization must be delivered in an appropriately credentialed psychiatric acute care unit within a psychiatric institution or a psychiatric inpatient unit within a general medical/surgical hospital.
3. All contracted, and subcontracted entities shall develop and implement policies, procedures and practices which reflect the standards set forth, and shall monitor for compliance.

4. **Prescreening:**

- a. Pre-admission screening services shall be available 24 hours a day, 7 days a week.
- b. Screening for all consumers considered for crisis level services will be completed through the contracted crisis services access vendor.
- c. Prior to calling for requests for prescreening/authorization for inpatient or other crisis-level services, Emergency Departments and acute/subacute general medical settings shall first assure that the consumer has met medical clearance criteria, as per the attached procedure.
- d. Face-to-face assessments must be completed by a licensed physician, physician's assistant, or nurse practitioner prior to arriving at a disposition that authorizes inpatient admission.
- e. Pre-screening reviews will be completed by Qualified Mental Health Professionals utilizing sound clinical judgment as well as current care management and medical necessity tools, ensuring that standardized medical necessity criteria are consistently utilized to determine need for level of care authorizations.
- f. The person-centered planning model will be used to the extent possible when developing disposition plans and authorizations.
- g. The crisis services access vendor shall:
 1. Allow for telephonic as well as face-to-face reviews as appropriate.
 2. Assure that no more than three hours lapse from the time of the request for service to the communication of the disposition to the requestor.
 3. Ensure that staff is trained and possesses current knowledge specific to policy standards, and population served.
 4. Ensure that the standardized DWMHA pre-screening tools and documentation are utilized throughout the contracted provider network, and documented in MHWIN in a timely fashion.
 5. Communicate to requestors, consumers and their supports processes to appeal and/or review disposition determinations at the time the disposition is communicated.
 6. Monitor compliance, reviewing no less than a five percent sample of pre-screenings on a quarterly basis.

5. **Admission Criteria:**

- a. **Intensity of service:** The consumer must require intensive, comprehensive, 24-hour medically supervised and coordinated services due to their behavioral health diagnosis(es) in order to qualify for inpatient care.

1. The need for service at this level may be due to: consumer's and other safety needs; to determine diagnosis; side effects of the treatments; or instability due to medical comorbidities.
 2. The services delivered must be active treatment, and not simply observational or residential.
- b. **Severity of illness:** the severity of illness must be sufficient to warrant medical necessity for this level of care, including, but not limited to:
1. Threat to self
 - i. Suicidal ideation, with sufficient reason to believe the consumer will act on this ideation; or actual suicide attempt; or
 - ii. Self-harm, or self-destructive behavior (such as eating behaviors including anorexia, bulimia, pica) that poses significant immediate threat to life or bodily integrity.
 - iii. Disruption of activities of daily living that poses significant and immediate threat to life or bodily integrity (for example, inability to maintain nutrition).
 2. Threat to others requiring 24-hour medical monitoring
 - i. Assault ideation with sufficient reason to believe the consumer will act on this ideation.
 - ii. Assaultive behavior, including physical and verbal behavior.
 3. Hallucinations, disordered behavior, or cognitive impairments due to acute psychiatric disorders that lead to behaviors resulting in threats to self or others.
- c. **Assessment:**
1. The consumer will receive comprehensive psychiatric and physical evaluations performed by licensed physicians, a certified nurse practitioner acting under the supervision of a physician, or a physician's assistant acting under the supervision of a physician as soon as possible but at least within 24 hours following admission. The evaluations will document the medical necessity for the inpatient level of care.
 2. Pertinent laboratory studies and imaging techniques shall be ordered consistent with findings of the initial physical evaluation and any subsequent physical or mental examinations.
 3. A comprehensive psychosocial assessment shall be conducted within 3 days following admission.

6. Continued Stay Criteria:

- a. The consumer continues to require active treatment delivered in a medically supervised psychiatric inpatient facility.
- b. The services being provided are medically necessary, and are expected to:
 1. Lead to diagnostic clarity and treatment planning; or
 2. Improve the consumer's mental health.
- c. Consumer's medical and psychiatric needs can not be met at a lower level of intensity.
- d. The above is all supported by the documentation available in the record.
- e. Compliance with reviews following each certification.

7. Discharge Criteria

- a. Intensity and severity criteria are no longer met.

- b. The consumer no longer requires 24 hour medical supervision, and may be served at a lower intensity setting.
- c. Payment will be denied if active treatment ends. For example, intensive treatment is not being delivered; or treatment delivered cannot be expected to improve the consumer's condition.
- d. Payment will be denied if there is lack of compliance with certification reviews.

8. Coordination of Care and Discharge Planning

- a. Coordination of care and discharge planning begins upon admission.
- b. It is expected that MCPNs and/or clinically responsible service provider provide the inpatient treatment team with relevant assessments, medical information (such as prescribed medications, allergies, comorbid conditions) and crisis plans to facilitate inpatient treatment planning.
- c. MCPNs and/or the clinically responsible service provider shall be an active part of the plan development, coordinating with the inpatient team as soon as possible, no later than 72 hours from the admission.
- d. The discharge planning will be integrated and holistic, including coordination with appropriate systems of care (such as primary care and medical specialists, residential services, schools, etc.)
- e. Follow-up appointments should be provided at the time of discharge, including scheduling an appointment with the outpatient behavioral health provider within seven days of discharge from an inpatient hospital.
- f. MCPNs and/or the clinically responsible service provider shall ensure that the consumer has transportation from the inpatient setting to their next level of care.
- g. Inpatient hospital settings shall ensure that the consumer leaves the hospital with:
 - 1. Summary of their stay, including presenting symptoms, significant physical and laboratory findings, and a summary of the condition at discharge.
 - 2. An aftercare plan which includes follow-up instructions, appointments, and a list of discharge medications.
 - 3. Psychotropic medications:
 - i. 7 days in hand, and
 - ii. 14 day prescription.

QUALITY ASSURANCE/IMPROVEMENT

DWMHA shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

The quality improvement programs of MCPNs, their subcontractors, and direct contractors must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

COMPLIANCE WITH ALL APPLICABLE LAWS

DWMHA staff, MCPNs, contractors, and subcontractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

LEGAL AUTHORITY

1. Michigan Mental Health Code, P.A. 258 of 1974, as amended
2. CMS Benefit Policy Manual, Chapter 2
3. Michigan Medicaid Provider Manual, version dated April 1, 2017
4. MDHHS and DWMHA Contract, October 1, 2016.

RELATED POLICIES

1. Behavioral Health Service Medical Necessity
2. Benefit Policy
3. Comprehensive Examinations
4. Crisis Plans
5. Denial of Service
6. Eligibility and Screening
7. [Emergency Department Medical Clearance](#)
8. Use of MCG Indicia for Case Management Software and Behavioral Health Guidelines Supporting Medical Necessity

RELATED DEPARTMENTS

1. Administration
2. Claims Management
3. Clinical Practice Improvement
4. Compliance
5. Customer Service
6. Integrated Health Care
7. Managed Care Operations
8. Quality Improvement
9. Recipient Rights
10. Substance Use Disorders

CLINICAL POLICY

YES

INTERNAL/EXTERNAL POLICY

EXTERNAL

Attachments:

[Emergency Department Medical Clearance Procedure.pdf](#)

Approval Signatures

Approver

Date

Dana Lasenby: Acting Chief Executive Officer

06/2018

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Emergency Department Medical Clearance

PROCEDURE PURPOSE

This procedure outlines the standardized, evidence-based protocol used to determine Medical Clearance (MC), to be followed for behavioral health consumers awaiting inpatient or other crisis level behavioral health services in an Emergency Department (ED) or other acute/subacute general medical setting.

EXPECTED OUTCOME

This procedure is to ensure that behavioral health consumers are not subjected to inappropriate, invasive, and medically unnecessary procedures, which contribute to delays in placement to inpatient or other appropriate crisis services, and add unwarranted costs to care.

PROCEDURE

1. Persons who are in acute or subacute general medical settings, including Emergency Departments (ED) or inpatient settings, may be determined to require behavioral health specific services following an adequate and appropriate medical evaluation.
2. Referrals to behavioral health crisis services (as opposed to Behavioral Health Consultation and Liaison services on the medical unit) occur when the evaluation indicates that there are no acute medical and/or surgical issues present, yet acute, urgent/emergent behavioral health signs and symptoms are present.
3. The DWMHA Medical Clearance Checklist (MCC), and any supporting documentation, should be completed, or the information on the checklist completed and in the written documentation, before contacting the DWMHA crisis assessment and authorization vendor.
4. If the first six (6) questions on the MCC are negative, then the person should be considered medically cleared for behavioral health crisis services, and no further testing, examinations, nor procedures are to be required for crisis service authorization.
5. If any of the first six (6) questions are positive, the medical provider will order and document appropriate testing; deliver and document appropriate interventions; and/or render recommendations for additional treatment to be delivered at the next level of service.
6. The last four (4) questions of the MCC are triggers for documentation of additional laboratory or other testing, medical and medication treatments delivered.
7. This procedure was developed in concert with ED and inpatient physicians, whose expertise, along with the evidence-based practices documented in the literature, helped to define the limits of what is medically

necessary treatment in an emergency department or inpatient medical/surgical unit. While behavioral health crisis providers may be unequipped to manage certain chronic medical needs, it is inappropriate for these providers to request or require EDs and med/surg units to provide inappropriate and medically unnecessary testing and treatment prior to accepting authorized behavioral health consumers into their services.

8. Once a person has been Medically Cleared, the DWMHA contracted crisis assessment and authorization vendor may be reached via (800) 241-4949, or other direct numbers as appropriate. This access vendor will determine if the person meets DWMHA criteria for services, and conduct the appropriate screenings and assessments to determine medical necessity and level of care authorization.

PROCEDURE MONITORING & STEPS

Who monitors this procedure:	Quality Clinical Specialist
Department:	Quality Management
Frequency of monitoring:	Annual
Reporting provided to:	IPLT
Comments:	

Attachments:

[MedClearChecklistRevision2-23-16.pdf](#)

Approval Signatures

Approver	Date
Dana Lasenby: Chief Clinical Officer	01/2019
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Approver	Date
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Sarah Sharp: Consultant	06/2018
Diana Hallifield: Consultant	06/2018
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Detroit Wayne County: Adult Medical Clearance Checklist

- Please CHECK YES or NO to each question
- If questions 1-6 are all NO: county authorization may be pursued.
- If any question is yes, further MD documentation is indicated, follow to questions 7-11.

Yes No

1. Is this a new psychiatric condition?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will any medical follow-up or treatment required at the next level of care (ie, antibiotics, wound care, mobility assistance, ostomy care, O2, medication levels)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are any vital signs abnormal? <input type="checkbox"/> Temperature >101F <input type="checkbox"/> BP: Systolic <90 or >200; Diastolic >120 <input type="checkbox"/> Pulse <50 or >120 <input type="checkbox"/> Respiratory rate >24 breaths/minute <input type="checkbox"/> If patient with known/suspected diabetes: Glucose < 50 or >300	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there an abnormal physical or mental status exam? <input type="checkbox"/> Acute trauma <input type="checkbox"/> Abnormal Breath sounds <input type="checkbox"/> Cardiac dysrhythmia, murmurs <input type="checkbox"/> Skin/vascular: diaphoresis, pallor, cyanosis, edema <input type="checkbox"/> Abdominal distention, abnormal bowel sounds <input type="checkbox"/> Evidence of ETOH (smell, slur) <input type="checkbox"/> Lethargic, stuporous, comatose, spontaneously fluctuating mental status or abnormal neurological exam: ataxia, pupil symmetry/size, nystagmus, paralysis, meningeal signs, reflexes	<input type="checkbox"/>	<input type="checkbox"/>
5. Did the patient present with a co-occurring medical complaint, such as chest pain, overdose, abdominal pain, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the patient pregnant?	<input type="checkbox"/>	<input type="checkbox"/>

- For any abnormal results, please document in HPI or Progress Note

7. Were any labs drawn? <input type="checkbox"/> CBC <input type="checkbox"/> Electrolytes <input type="checkbox"/> Urinalysis <input type="checkbox"/> Urine Toxicology <input type="checkbox"/> BAL <input type="checkbox"/> LFTs <input type="checkbox"/> TSH <input type="checkbox"/> Acetaminophen <input type="checkbox"/> Salicylate <input type="checkbox"/> Depakote <input type="checkbox"/> Lithium <input type="checkbox"/> Dilantin <input type="checkbox"/> Troponin <input type="checkbox"/> Upreg <input type="checkbox"/> Beta Hcg <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>
8. Was further imaging/testing performed? <input type="checkbox"/> X-ray <input type="checkbox"/> CT <input type="checkbox"/> ECG <input type="checkbox"/> Ultrasound <input type="checkbox"/> Other: Body part imaged:	<input type="checkbox"/>	<input type="checkbox"/>
9. Was any medical treatment provided to the patient? (such as sutures, wound care, IV fluids, etc, excluding medications)?	<input type="checkbox"/>	<input type="checkbox"/>
10. Were medications administered to stabilize patient's medical condition? If yes, please provide what medications were administered and when.	<input type="checkbox"/>	<input type="checkbox"/>

ED Medical Clearance Provider: _____