POLICY AND PROCEDURES
EAC and SMH Referral
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DAUPHIN COUNTY MH/MR PROGRAM
POLICY AND PROCEDURE

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**Title:** Extended Acute Care Unit and State Mental Hospital Referral Policy

**Policy:** The Dauphin County Mental Health/Mental Retardation Program will be responsible to coordinate referrals to Extended Acute Care Units in collaboration with CBHNP, and to coordinate referrals to State Mental Hospitals for Dauphin County MH consumers. Dauphin County MH/MR consumers in need of extended inpatient care will be referred to the EAC level of care when clinically appropriate, and when an EAC unit has available beds. Dauphin County MH/MR consumers in need of State Mental Hospital care will be referred to the SMH level of care when clinically appropriate. The Dauphin County MH Program will continuously attempt to serve consumers in the least restrictive setting by attempting to divert all consumers from EAC or SMH admission when clinically appropriate during the EAC/SMH referral and admission process.

**Definitions:**

**Acute Inpatient Psychiatric Treatment** – Evaluation and treatment services provided in a licensed psychiatric unit of a community hospital or a community psychiatric hospital that is not part of a medical hospital. Services are provided by psychiatrists, nurses and social services staff. Persons may be voluntarily admitted or involuntarily committed for evaluation and treatment. Length of stay is short term and designed to provide stabilization.

**Case Management Agency** – An agency under contract with Dauphin County MH/MR, and CBHNP responsible for delivery of case management services to a targeted consumer population.

**Clinical Information Packet** – Clinical documentation including demographic information, psychiatric assessment, current medications, information regarding any legal issues, and one weeks of progress notes, that is compiled by the facility requesting EAC or SMH referral.

**Community Psychiatric Inpatient Unit** – a private or community based psychiatric facility that provides acute inpatient mental health treatment with the purpose of clinical assessment, psychiatric stabilization, and appropriate discharge planning.

**Community Behavioral Healthcare Network Of Pennsylvania (CBHNP)** – The HealthChoices
Behavioral Health MCO serving Dauphin County HealthChoices Members.

CMU- Private non-profit agency providing Base Service Unit functions for Dauphin County under contract with the Dauphin County MH/MR Program, and who also provides a variety of case management services.

Dauphin County MH Adult Residential Coordinator – The County designee responsible for coordination of inpatient and residential services available to the County.

Extended Acute Care unit (EAC) – A psychiatric inpatient treatment service designed to provide an intensive level of inpatient treatment similar to an acute care hospital but where the length of stay is expected to be greater than 30 days but not more than 180 days.

EAC or SMH Referral Packet – A comprehensive referral packet containing clinical and medical information that is prescribed and required by the EAC Unit or SMH.

State Mental Hospital (SMH) – A psychiatric hospital operated by the PA Department of Public Welfare, which serves persons with serious mental illness, and provides special intensive treatment services for patients needing extended or long-term psychiatric inpatient services.

Procedure:

1. All Dauphin County MH consumers who are referred for long-term inpatient treatment will be assessed for admission to the Extended Acute Care level of inpatient treatment prior to a referral being made to a State Mental Hospital.

2. An assessment for EAC includes determining eligibility for an EAC admission based upon the consumer’s MA and HealthChoices Membership status.

3. All consumers referred for long-term inpatient care at either an EAC or SMH must be registered with the County BSU. The Community Inpatient Unit or referring facility shall make a referral to the CMU Intake Department for any Dauphin County resident who does not have an active or open case at the BSU prior to making a referral for the EAC or SMH level of care.

4. When a Community Inpatient Unit or other facility assesses a consumer as needing inpatient treatment for a period of time that exceeds the level of acute care, the Community Inpatient Unit or referring facility should contact the Dauphin County Adult Residential Services Coordinator to request that a referral be made for EAC or SMH admission.

5. The Community Inpatient Unit or other referring facility will provide all the information necessary for the EAC or SMH referral by completing the Dauphin County EAC/SMH Referral Request Form (Attachment 1) and compiling a clinical information packet and forwarding that information to the Dauphin County Adult Residential Services Coordinator.

6. The Dauphin County MH Program will first rule out a decision to divert a consumer from the EAC or SMH level of inpatient treatment in consultation with the assigned Case Management Agency before approving the referral to either the EAC or SMH.
7. The Residential Coordinator will contact the assigned Case Management Agency for a disposition regarding the appropriateness of the referral and to request that the Case Management Agency develops a diversion plan.

8. The Dauphin County MH Program will make a decision to approve or deny the EAC or SMH referral within three (3) business days following the request from the referring facility.

9. The Dauphin County MH Program will prioritize referrals to an EAC before considering a referral to a SMH when a Community Inpatient Unit or other facility requests a referral for long-term inpatient admission.

A. When The Dauphin County MH Program approves a referral for EAC or SMH:

1. The Residential Coordinator, in concurrence with the approval for EAC or SMH admission from the assigned Case Management Agency, will provide written confirmation of the approval of the referral on the Dauphin County EAC/SMH Referral Request Form, and fax it to the EAC Unit or SMH, to the referring Community Inpatient Unit, or other facility, to the assigned Case Management Agency, and to CBHNP for an EAC approval.

2. The Community Inpatient Unit or referring facility will be required to submit the EAC or SMH referral packet to the designated EAC or SMH Admission Department.

3. The Residential Coordinator will confirm to the referring hospital or facility and the assigned Case Management Agency that the EAC-SMH referral packet was received by the EAC or SMH.

4. The EAC or SMH will confirm clinical acceptance and approximate admission date, and inform the Residential Coordinator and the Inpatient Care Unit or other referring facility accordingly.

5. The EAC or SMH will provide the proposed date of admission to the Community Inpatient Unit or referring facility and the Residential Coordinator.

6. The assigned Case Management Agency will continue to develop diversion plans in collaboration with the consumer, involved family members, and the Community Inpatient Unit or referring facility, and will provide the Residential Coordinator and the Community Inpatient Unit or other referring facility with any applicable updates in the event that an EAC or SMH admission can be prevented.

7. The assigned Case Management Agency will inform the Residential Coordinator and the Community Inpatient Unit or other referring facility of the resource availability, and timeframe necessary for the diversion arrangements to take place.

8. When an EAC admission is approved, the Community Inpatient Unit or referring facility will be responsible for providing notification to CBHNP Utilization Review or care manager regarding the approved admission to the EAC. The EAC Associate Director of Operations will coordinate a phone conference, which will include all parties involved in the referral process, wherein any issues in need of clarification will be addressed.
9. The EAC will be responsible to request authorization for EAC services from CBHNP prior to the consumer’s transfer from a community facility to the EAC. The EAC/SMH Referral Request Form, confirming approval by the County Residential Coordinator, will be used by CBHNP for generating CBHNP authorization for EAC services.

10. Consumers referred to EAC or SMH who remain clinically appropriate for the EAC or SMH admission will be admitted to the EAC or SMH when a bed is available.

11. The Dauphin County Residential Coordinator will update the MH/MR inpatient tracking system upon the consumer’s arrival at the EAC or SMH.

B. **When The Dauphin County MH Program denies a referral for EAC or SMH**

   **AND the community inpatient unit or referring facility concurs with diversion plan:**

   1. When the Community Inpatient Unit or referring facility agrees with the diversion or alternate plan of treatment, the Community Inpatient Unit or referring facility and the assigned Case Management Agency shall complete the discharge plan and target date for discharge.

   2. The Residential Coordinator will provide written confirmation of the denial of the EAC or SMH admission on the EAC/SMH Referral Request Form, and fax it to the EAC Unit or SMH, to the referring Community Inpatient Unit or other referring facility, to the assigned Case Management Agency and to CBHNP (for EAC referrals).

   3. The Case Management Agency will inform the Residential Coordinator of the proposed discharge date.

   4. The assigned Case Management Agency will inform the Residential Coordinator when the discharge from the Community Inpatient Unit or other referring facility has been completed by the end of the next business day following the discharge.

C. **When The Dauphin County MH Program denies a referral for EAC or SMH**

   **AND the community inpatient unit disagrees with the diversion plan:**

   1. When the Community Inpatient Unit or referring facility disagrees with the proposed diversion or alternate treatment plan, the Community Inpatient Unit or referring facility should inform both the assigned Case Management Agency and the Residential Coordinator of their objection to the denial and proposed diversion plan.

   2. The assigned Case Management Agency should consult the Community Inpatient Unit or other referring facility to determine the nature of the Community Inpatient Unit’s objection to the diversion plan and attempt to develop a clinically appropriate diversion plan in collaboration with the consumer, involved family members, and the Community Inpatient Unit or other referring facility.
3. Following the second attempt to reach consensus on a diversion plan, if the Community Inpatient Unit or other referring facility continues to disagree with the development of the diversion plan, the Community Inpatient Unit or other referring facility will inform the Residential Coordinator and submit a second EAC/SMH Referral Request Form, along with any documentation justifying the appeal of the decision made by the Case Management Agency and the Residential Coordinator.

4. After receiving the appeal from the Community Inpatient Unit or other referring facility the Residential Coordinator will review the material with the Dauphin County MH/MR Administrator. With the written approval of the MH/MR Administrator, the referral process, will proceed as described under **Section A: When The Dauphin County MH Program approves a referral for EAC or SMH.**
DAUPHIN COUNTY MH/MR PROGRAM
EXTENDED ACUTE CARE UNIT and STATE MENTAL HOSPITAL
REFERRAL REQUEST FORM

--- REFERRING FACILITY COMPLETE INFORMATION BELOW ---

Client Name __________________________ BSU# __________________ SS# __________________

DOB __________________ Date Of Request __________________ Assigned Case Manager __________________

Admission Date __________________ Living Arrangement Prior to Inpatient Treatment __________________

Axis I Diagnosis: __________________ Attending Physician __________________

Referring Facility __________________ Assigned Social Worker __________________

Current Commitment Status ________ Date Of Hearing __________________

Next Scheduled Hearing (Type and Date) __________________

For EAC Admission Requests Only: Is Client CBHNP Member? □ Yes  □ No  □ MA Applied

--- DAUPHIN COUNTY COMPLETE INFORMATION BELOW ---

___ Referral Request Approved  ___ Referral Request Denied

Notified __________________________ at Referring Facility  ________ Date __________

Notified __________________________ at EAC/SMH  ________ Date __________

Referral Packet Sent To EAC/SMH? □ Yes  □ No - Will Be Sent On __________________

*If request is denied, diversion plan recommended:

Residential Coordinator Signature ___________________________________________ Date __________

LIVING ARRANGEMENTS
□ Own Home  □ Personal Care Home  □ MH CRR - Adult Mod - Min Care  □ Skilled Nursing Facility
□ Parent's Home  □ Rooming House  □ LTSR  □ Intermediate Care Facility
□ Other Relative's Home  □ MR CLA Adult Residential  □ State Mental Hospital  □ County Correctional Facility
□ Foster Care  □ MH CRR - Adult Full Care  □ State Restoration Center  □ Other Correctional Facility
□ Other

CASE MANAGEMENT LEVEL
□ Administrative  □ Resource Coordination  □ Intensive Case Management  □ CTT
□ MR Supports Coordinator  □ ICM/Drug and Alcohol  □ New to BSU  □ Other

DIVERSION SERVICES
□ Outpatient Therapy  □ Employment  □ Family Support  □ IOC
□ Outpatient Meds  □ Voc Rehab  □ Housing  □ Case Management
□ Partial Hospitalization  □ Social Rehabilitation  □ Crisis & Diversion  □ Residential
□ CTT  □ Supported Living  □ IMHR  □ Other

Copies to: Residential Coordinator  Assigned Case Management Agency  SMH/EAC Admission Dept  CBHNP for EAC

Dauphin County MH/MR SMH/EAC Referral Form  Revised 4/13/06
EAC-SMH Diversion Planning Form

Consumer Name: ___________________________ BSU Number: __________

Currently at: _____________________________ Admission date: __/__/____

Previous living arrangement: ______________ Current Commitment Type (circle one): 201 302 304 305 Other: ______

BSU Case Manager: ______________________ Supervisor: ______________________

What psycho-social factors contributed to this inpatient admission?

Proposed diversion plan:

a) Residential living arrangement: __________________________

b) Outpatient treatment provider: __________________________

c) Case Management Level: __________________________

Other recommendations:

______________________________
Diversion Plan Proposal Date: __/__/____

______________________________
CM Signature: ______________________

______________________________
Supervisor Signature: _______________ Date: __/__/____

Faxed to Serge Grigoryan at (717) 780-7061 on ______________________

______________________________
Date: __/__/____