

**CONTINUING INPATIENT CARE AT DMH FACILITIES/UNITS:
PROCESSES FOR REFERRALS
9/21/12**

Pre-Referral Background:

This document acknowledges that the Department of Mental Health and its acute hospital stakeholders are both focused on supporting individuals living with mental illness so that they can reside in their communities in the least restrictive settings possible. We are all committed to working collaboratively towards outpatient community-based discharges whenever they are clinically supported. As such, active treatment and attempts at discharge to community programs are a critical part of community support services, and will continue after the acceptance of a continuing care referral, right up until the day of transfer.

To aid in achieving this goal, the acute care system will make efforts to notify DMH about individuals who are receiving DMH services who are acutely hospitalized. While it may be difficult or challenging to determine an individual's DMH status, the patient may be able to provide this information or, with proper authorization, the information may be gleaned through checking (based on patient's last address) the corresponding DMH Site Office found on [DMH Site Offices](#) page of the DMH Internet. This page can also be found at: www.mass.gov/dmh (In the middle column click on the "DMH Offices" link). Additionally, having early knowledge of an admission may help facilitate the process for consideration for transfer to DMH inpatient continuing care, should that be requested.

All patients referred for DMH Continuing Inpatient Care must demonstrate the necessity for transfer as outlined in the [2000 DMH Clinical Criteria and Protocols for Requesting Transfer to DMH Continuing Care Inpatient Facilities](#), also found at www.mass.gov/dmh. In the bottom left hand side of the page under "Key Resources" click the link, "Transfer Protocols and Forms." Click on Clinical Criteria and Protocols for Requesting Transfer to DMH Continuing Care Inpatient Facilities & Intensive Residential Treatment Programs (IRTP and CIRT).

The criteria for acceptance to DMH Continuing Care Inpatient Facilities include:

- 1) The patient generally must have a condition that qualifies him/her for DMH services and must be committable pursuant to M.G.L. Chapter 123, §§7 & 8; for example, the individual's clinical condition must demonstrate, as a result of mental illness:
 - i) Evidence of behaviors that place the individual and/or others at risk of harm to self or others without secure 24-hour psychiatric supervision and treatment.
 - ii) Suicidal, self-injurious and/or assaultive behaviors.
 - iii) Severely impaired judgment, poor reality testing or dysfunctional relationships and an inability to function appropriately in a less restrictive setting.
 - iv) These behaviors or episodes require active interventions such as:
 - (a) Medication, physical, and/or mechanical restraints;
 - (b) separation from environmental and interpersonal stimulation;
 - (c) intensive 1:1 staff intervention;

(d) and/or other appropriate therapeutic measures on a continuous or frequent basis.

- 2) A comprehensive, aggressive, goal-oriented, multidisciplinary acute inpatient course of treatment of adequate duration has been completed or is expected to be completed within the next five (5) days at the referring facility. This treatment course must have included:
- i) A comprehensive evaluation with physical, psychiatric and psychosocial assessments;
 - ii) Medical evaluation sufficient to rule out the possibility that psychiatric symptoms are due to medical or neurological illnesses;
 - iii) Intensive observation, necessary consultation, initial trials of multimodal services;
 - iv) A treatment contract specifying discharge criteria and medication trials;
 - v) Current, acute inpatient psychopharmacological regimens which have not been successful in restoring the patient to either baseline or an improved level of functioning; AND IN ADDITION:
 - vi) Consideration has been given to trials of clozapine and/or ECT, and if initiated, these trials have been adequate; AND
 - vii) Ongoing medication adjustments and/or trials remain necessary as part of the clinical efforts to help the patient achieve stability and/or treatment progress; AND
 - viii) Continuing care services can reasonably be expected to improve the patient's condition beyond the improvements achieved through acute hospitalization; AND
 - ix) A consensus of the acute unit multidisciplinary treatment/discharge planning team that a continued stay in an inpatient setting for further stabilization and treatment is required for a substantial period of time before discharge to the community; AND
 - x) Evidence that specific alternative treatment settings have been considered, and determined to be clinically inappropriate at the time the referral is made.
- 3) In addition to 1 and 2 above, the following criteria may also warrant acceptance of a referral:
- i) There is a documented need for a specific community-based treatment service without which the patient is judged to be at significant risk of regression and re-hospitalization, yet such a resource is unavailable within a reasonable period of time; OR
 - ii) Evidence exists that efforts to reintegrate the patient into the community have repeatedly failed (including trials at community residential treatment programs, when available), or to do so is believed to be unsafe.

Referral Processes:

1. Referral for DMH inpatient continuing care can be initiated via a phone call to the [DMH Area and Regional Contacts for Continuing Care Admissions to DMH Facilities](#) (the DMH Area and Regional Contacts for Continuing Care Admissions to DMH Facilities form can also be found at www.mass.gov/dmh. In the bottom left hand side of the page under "Key Resources" click the link, "Transfer Protocols and Forms." Then click on the DMH Area and Regional Contacts for Continuing Care Admissions to DMH Facilities link) or by directly filing an application with the *DMH Area Contacts for Continuing Care Admissions to DMH Facilities*.
2. A completed application (see also, DMH Continuing Care Referral Checklist) for Continuing Care includes the following:
 1. A properly executed, valid M.G.L. c. 123, s. 3 Notification of Transfer that indicates transfer to a **"DMH INPATIENT FACILITY"** permitting transfer either immediately, or at the conclusion of a currently running six-day waiting period:
 - i. signed by the patient indicating the patient's consent to the transfer, without the consent having been subsequently withdrawn; OR
 - ii. indicating an involuntary commitment status permitting transfer (i.e., MGL c. 123, ss. 7&8)
 2. One signed [Two Way Authorizations for Release of Medical Records](#) (This form can also be found at www.mass.gov/dmh. In the bottom left hand side of the page under "Key Resources" click the link "DMH Privacy Information and Forms" Once on that page click on "DMH Privacy Forms" Once on that page click on the link for "Authorization Form-Two Way". The form is available in multiple languages on this page).
 3. [The Psychiatrist's Request of Transfer to DMH Facility form with integrated Patient Contact List](#). (This page can also be found at www.mass.gov/dmh. In the bottom left hand side of the page under "Key Resources" click the link "Transfer Protocols and Forms". Click on the DMH Continuing Care Referral Transfer Form for Adults).
 4. Email, telephone, AND pager/cell (if applicable) contact information for the referring attending psychiatrist, social worker and referring facility point of contact.
 5. Psychiatric Evaluation including DSM-IV diagnoses (all five axes)
 6. Physical Examination
 7. Other Clinical Assessments (psychosocial, psychological testing, neuropsychological testing, neurological examinations, etc.)
 8. Hospital Course including Treatment Plan
 9. Progress Notes since admission or up to the last 30 days.

10. Medication Administration Records (MAR's) since admission or up to the last 30 days.
11. Physician/Clinician Orders since admission or up to the last 30 days.
12. All pertinent Medical Testing Information (labs, medical testing results, radiology, consultations, etc.)
13. Copies of all pertinent legal documents including:
 - i. Signed 10 & 11 Conditional Voluntary; OR
 - ii. Current 7 & 8 Commitment Order; AND IF THEY ARE APPLICABLE:
 - iii. Current s. 8B Order and Treatment Plan ; and/or,
 - iv. Guardianship/Conservatorship Decrees; and/or,
 - v. Current Rogers Order and Treatment Plan
14. Documentation that an Application for DMH Adult Service Authorization has been submitted, if the patient is not already authorized for DMH services.

***** Note that a patient must be on the appropriate legal status for transfer for an application to be considered complete (MGL 123, s.10/11 for patient agreeing to transfer (signs a MGL 123, s.3) or MGL c. 123, s. 7/8 for a patient refusing transfer (refuses to sign a MGL c. 123, s.3)).**

3. The Contact for Admissions listed on the [DMH Area and Regional Contacts for Continuing Care Admissions to DMH Facilities](#) (see above, Referral Process (1), p. 3 for further link instructions) is responsible for ensuring that all required paperwork has arrived. Hospitals will be notified within ONE business day whether the application is complete; and if not, what further information is needed. Questions related to administrative concerns should be addressed to these parties.
4. If an individual is not already authorized for DMH services, it is expected that the hospital referring an individual for continuing care inpatient services will file for DMH service authorization. Information and an application for such authorization can be accessed at: <http://www.mass.gov/eohhs/gov/departments/dmh/service-application-forms-and-appeal-guidelines.html>. (This page can also be found at www.mass.gov/dmh. At the bottom left hand side of the page under "Key Resources" click the link "Service Application Forms and Appeal Guidelines".)

Note: A final determination that a referred patient is authorized to receive DMH services is not required for initial consideration for transfer for continuing care inpatient services. Individuals determined NOT to meet criteria for DMH services generally are not considered for transfer to continuing care inpatient services. Questions related to service authorization and consideration for acceptance for continuing care inpatient services should be addressed to the Psychiatrist or Psychiatrist Back-up listed on the [DMH Area and Regional Contacts for Continuing Care Admissions to DMH Facilities](#) (see above, Referral Process (1), p. 3 for further link instructions)

5. The clinical review of the information submitted by an acute care institution in a referral for transfer to continuing care is an ongoing process and starts as soon as DMH is made aware of the referral. The completeness of a Request for Transfer and attached documentation is vital to a careful review and open communication between DMH and the referring institution. The decision to accept a referral for transfer **DOES** require a completed referral packet and clear evidence that a thorough course of acute inpatient mental health treatment has been completed (which, if applicable, would include the referring facility obtaining and implementing a MGL c. 123, s.8B order).
6. Additionally, especially in cases where the patient is not known to DMH, the referring facility should work with DMH and any Community Based Flexible Support Services (CBFS) in advance of the referral for continuing care. A “face to face” contact between DMH and/or its contracted agencies and the patient and/or referring institution may be initiated to facilitate the referral process for continuing care and/or and to help identify potential community resources that may be available to the patient. If a face to face contact with a person authorized to receive DMH services is requested, and if it does not occur within a reasonable time frame, the referring institution should immediately contact the appropriate DMH Area’s Psychiatrist/Psychiatrist Back-up listed in the [DMH Area and Regional Contacts for Continuing Care Admissions to DMH Facilities](#) (see above, Referral Process (1), p. 3 for further link instructions).
7. When a patient is accepted for transfer for continuing care, s/he is placed on the Area and Statewide waitlist. This list is reviewed at least weekly by both the responsible Site and Area, as well as by the statewide clinical leadership group consisting of the Deputy Commissioner for Clinical and Professional Services and the Area Medical Directors and Senior Psychiatrists. Transfers are scheduled based both on clinical considerations and on time of completed application, subject to bed availability. Acceptance to the waitlist signifies that at the point of acceptance there is no less restrictive alternative available for the patient although active treatment and ongoing attempts at diversion by the acute inpatient facility, with the support and cooperation of DMH, will be expected to continue throughout the patient’s hospital course. A patient accepted to the waitlist may thus be taken off the waitlist through a transfer to a community program instead of continuing care hospital admission if the individual is determined to be clinically appropriate for discharge to an available community disposition.
8. When there is disagreement between the referring acute care hospital and DMH related to a decision to accept or not accept an individual for DMH continuing care the Appeal Procedures outlined in the [2000 DMH Clinical Criteria and Protocols for Requesting Transfer to DMH Continuing Care Inpatient Facilities](#) will apply. (This page can also be found at www.mass.gov/dmh. In the bottom left hand side of the page under “Key Resources” click the link “Transfer Protocols and Forms”. Click on Clinical Criteria and Protocols for Requesting Transfer to DMH Continuing Care Inpatient Facilities & Intensive Residential Treatment Programs (IRTP and CIRT).

9. The Psychiatrist or Psychiatrist Back-up listed on the [DMH Area and Regional Contacts for Continuing Care Admissions to DMH Facilities](#) (see above, Referral Process (1), p. 3 for further link instructions) is the individual responsible for the decision to accept a patient for transfer for continuing care. If DMH has a completed application, a decision shall be made within a period not to exceed **10** business days. All clinical questions should be addressed to these parties.

- 10. If there are any unresolved difficulties or delays with this process or with reaching the local contact person at DMH, hospitals should contact the Office of Clinical and Professional Services during business hours at 617-626-8113.**

This process document will be effective as of 10/1/2012 and will be re-evaluated within three months of its effective date or sooner at the request of DMH, Massachusetts Association of Behavioral Health Systems or MassHealth.