

SECTION 2

POLICIES AND PROCEDURES

TABLE OF CONTENTS

PROGRAM OVERVIEW	1
PROGRAM DESCRIPTION.....	1
Referral/Authorization for Services — DHHS Form 254	2
FACILITIES.....	2
Short-Term Psychiatric Hospitals.....	3
Long-Term Psychiatric Hospitals	3
Psychiatric Residential Treatment Facilities	3
PROVIDER REQUIREMENTS	3
Contracts and Enrollment	4
Licensure and Certification	4
Out-of-State Facilities	5
Cost History	5
Outliers	5
CONDITIONS OF PARTICIPATION	5
Attestation Requirements	6
<i>Notification of Facility Policy</i>	7
<i>Notification of Parent(s) or Legal Guardian(s)</i>	8
CERTIFICATION OF NEED (CON) FOR SERVICES.....	8
Certification of Need Teams	9
Independent Review Teams	9
Interdisciplinary Teams.....	10
INDIVIDUAL PLAN OF CARE.....	11
THIRTY-DAY REVIEW.....	12
<i>Active Treatment</i>	12
ORDERS FOR THE USE OF RESTRAINT AND SECLUSION	13
Consultation with Treatment Team Physician.....	16
Monitoring of the Resident In and Immediately After Restraint.....	16
Monitoring of the Resident In and Immediately After Seclusion.....	17
Post-Intervention Debriefings	17
Medical Treatment for Injuries Resulting from an Emergency Safety Intervention.....	18
Facility Reporting of Serious Occurrences.....	19

SECTION 2

POLICIES AND PROCEDURES

TABLE OF CONTENTS

<i>Facility Reporting of Deaths</i>	20
<i>Education and Training</i>	20
PROGRAM CONTENT	21
STAFFING REQUIREMENTS	25
Staff to Client Ratio	25
Staff to Client Ratio (Overnight)	26
LEAVES OF ABSENCE	26
DOCUMENTATION REQUIREMENTS	26
Referral/Authorization	27
Certification of Need	27
<i>Certification of Need – Urgent Admissions</i>	28
Notice of Non-Coverage	28
ADMISSION CRITERIA	29
Severity of Illness	29
<i>Impaired Safety</i>	29
<i>Impaired Thought Process</i>	29
<i>Alcohol and Drug Detoxification</i>	30
<i>Other Factors or Situations</i>	30
Continued Stay Criteria	31
Discharge Criteria	31
Transition to a Community Setting	32
SERVICE GUIDELINES	35
CATEGORIES OF ADMISSION FOR PSYCHIATRIC HOSPITALS	35
Emergency Admission Procedures	35
<i>Urgent Admission Procedures</i>	37
<i>Post-Admission Eligibility</i>	37
ADMISSION PROCEDURES FOR PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES	38
Child and Adolescent Level of Care Utilization System (CALOCUS)	38
PRTF Admission Procedures	38
<i>Urgent Admission</i>	38
<i>Post-Admission Eligibility</i>	39
UTILIZATION REVIEW	39

SECTION 2

POLICIES AND PROCEDURES

TABLE OF CONTENTS

Quality Improvement Organization	39
Psychiatric Quality of Care Criteria	40
APPEALS PROCESS	40

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

PROGRAM DESCRIPTION

The South Carolina Department of Health and Human Services (SCDHHS) is the single state agency in South Carolina responsible for the administration of a program of medical assistance under Title XIX of the Social Security Act known as the Medicaid Program. The United States Department of Health and Human Services allocated funds under Title XIX to SCDHHS for the provision of medical services for eligible persons in accordance with the South Carolina State Plan for Medical Assistance.

The purpose of this manual is to provide pertinent information to Inpatient Psychiatric Service providers for successful participation in the South Carolina Medicaid Program. This manual provides a comprehensive overview of the program standards and policies and procedures for Medicaid compliance. Updates and revisions to this manual will be made by the SCDHHS and will be available online.

Medicaid reimbursement is available for Inpatient Psychiatric Services provided to children before the child reaches age 21. If the child received services immediately before he or she reached age 21, services may continue until the earlier of the date the individual no longer requires the services or the date the individual reaches age 22.

To receive reimbursement for these services, providers must meet the program requirements in this manual. Services must be pre-authorized by a designated referring agency before the child may be referred for treatment.

Inpatient Psychiatric Services for Children Under Age 21 must be provided under the direction of a physician by a psychiatric hospital or an inpatient psychiatric program in a hospital that is accredited by the Joint Commission (JC) or a psychiatric facility that is not a hospital and is accredited by the Joint Commission, the Commission on Accreditation of Rehabilitation Facilities (CARF), or the Council on Accreditation of Services (COA) for Families and Children.

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

PROGRAM DESCRIPTION (CONT'D.)

For the purposes of this manual, Inpatient Psychiatric Services includes services that are provided in an Inpatient Psychiatric Hospital or a Psychiatric Residential Treatment Facility (PRTF).

Referral/Authorization for Services — DHHS Form 254

All Medicaid admissions for Inpatient Psychiatric Services must be referred by an authorized state-agency referral entity. A referral is obtained by receiving a SCDHHS Referral Form/Authorization for Services (DHHS Form 254). An example of DHHS Form 254 can be found in the Forms section of this manual.

When referring a client for services, the designated referring agency will provide the treatment provider with a copy of Form 254 at the time of admission. A faxed copy is acceptable. The form will provide all of the information necessary for service delivery and most of the information required for billing.

Form 254 will include the following:

- The client's Medicaid ID number
- The facility's National Provider Identifier (NPI)
- The Prior Authorization number assigned by the designated referring agency, which is **mandatory** for billing purposes
- The name of the designated referring agency (Only state agencies are authorized to complete the form.)
- The authorization (beginning) date and the expiration (ending) date, which establish the period during which services are authorized to be provided
- The type of service authorized to be provided, *i.e.*, level of care
- The original signed and completed form must be placed with the clinical record within 10 days of placement.

FACILITIES

Inpatient Psychiatric Services are normally provided to Medicaid-eligible clients in one of three settings: Short-Term Psychiatric Hospitals, Long-Term Psychiatric Hospitals, or Psychiatric Residential Treatment Facilities.

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

Short-Term Psychiatric Hospitals

Short-Term Psychiatric Hospitals for children under age 21 are facilities whose South Carolina Medicaid average length of stay is 25 days or less. Medicaid reimbursement is based on the DRG reimbursement system. The date of admission should be reflected in the Authorization Date field on Form 254. Once an admission is authorized, the length of stay will depend on the client's need for continued placement, and will be reviewed on a retrospective basis by our Quality Improvement Organization (QIO) contractor. Claims must be submitted as a final bill at the time of discharge.

Long-Term Psychiatric Hospitals

Long-Term Psychiatric Hospitals for children under age 21 are facilities whose South Carolina Medicaid average length of stay is determined to be greater than 25 days. Medicaid reimbursement is based on the Prospective Payment System. Interim claims may be submitted.

Psychiatric Residential Treatment Facilities

Psychiatric Residential Treatment Facilities are facilities, other than a hospital, that provides psychiatric services as further specified in this manual to children under age 21 in an inpatient setting. PRTFs provide Inpatient Psychiatric Services to children under 21 who do not need acute inpatient psychiatric care, but need a structured environment with intensive treatment services. Medicaid reimbursement is based on the Prospective Payment System. Services provided to a Medicaid-eligible client while residing in PRTFs are considered an all-inclusive daily rate (*e.g.*, all drugs prescribed and administered, EKGs, EEGs, Psychological Assessments, X-rays, etc.). When cost history information is submitted to SCDHHS' Division of Acute Care Reimbursement, all of these items should be included in the PRTF's cost to render services to a Medicaid client.

PROVIDER REQUIREMENTS

In order to participate in the South Carolina Medicaid program, providers of Inpatient Psychiatric Services must meet the appropriate licensure, certification, and enrollment guidelines as outlined below.

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

Contracts and Enrollment

All facilities that wish to enroll in the South Carolina Medicaid program must meet the following minimum requirements:

Facilities must be accredited by the Joint Commission or a psychiatric facility that is not a hospital and is accredited by the Joint Commission, the Commission on Accreditation of Rehabilitation Facilities, or the Council on Accreditation of Services for facilities providing services to families and children

- Facilities must contract with SCDHHS
- Facilities must submit a written program description, a request for participation, and cost information to:

SCDHHS Division of Family Services
Attention: Psychiatric Hospital Services Program
Manager
Post Office Box 8206
Columbia, SC 29202-8206

Note: The request for participation must include a copy of your JC, CARF, or COA accreditation and licensing.

If the above information is approved, the South Carolina Department of Health and Human Services will send the provider two copies of the contract, a Provider Enrollment Form, the Ownership and Disclosure Statement, a W-9 Form, and a Provider Agreement. The provider will sign the contracts, complete the enrollment forms, and return all other documents to the Contracts Division. The Director of SCDHHS then signs the contract and sends one copy to the provider. Please refer to Section 1 of this manual for detailed instructions regarding provider enrollment.

Licensure and Certification

In-state facilities must be licensed by the Department of Health and Environmental Control (DHEC).

Out-of-state facilities must be licensed and certified by that state's appropriate licensing authority and meet the inpatient psychiatric benefit in-state requirement.

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

Out-of-State Facilities

South Carolina law requires referring agencies seeking admission for Medicaid clients to out-of-state facilities to contact the Office of the Governor, Children's Case Resolution System office (CCRS), at (803) 734-1826. It is recommended that, prior to seeking enrollment with South Carolina Medicaid, the referring agency contact CCRS to ensure that placement is imminent.

Cost History

If a new facility enrolls in Medicaid and does not have a cost history, a statewide rate will be assigned to the new provider.

Outliers

For Inpatient Psychiatric Hospital Facilities, there are two types of outliers, day and cost outliers. A **day outlier** occurs if the client's length of stay exceeds the statewide average by a specified amount. A **cost outlier** occurs if a facility's charges exceed a specified amount above the statewide average price. Claims that qualify for both day and cost outliers receive the greater of the two payments. The Medicaid Management Information System will automatically calculate outliers.

Note: Cost and day outlier thresholds are established using statewide data. Additional information regarding these calculations may be obtained by calling the Division of Acute Care Reimbursement at (803) 898-4505.

CONDITIONS OF PARTICIPATION

Inpatient Psychiatric Services providers must comply with provisions of 42 CFR Subpart G Section 483.350 to 483.374 regarding restraint and seclusion, and must maintain a current attestation of compliance with SCDHHS. The rule 42 CFR 483.350 *et. seq.* establishes a Condition of Participation (COP) for the use of restraint and seclusion that providers must meet in order to provide or continue to provide Medicaid Inpatient Psychiatric Services for Children Under Age 21. The COP outlines requirements designed to protect residents against the improper use of restraint and seclusion that include, but are not limited to:

- 24-hour onsite staffing coverage by a registered nurse or other licensed practitioner
- Definitions of restraint and seclusion

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

CONDITIONS OF PARTICIPATION (CONT'D.)

- Orders for restraint and seclusion
- Consultation with treatment team physicians
- Parental/guardian notification subsequent to the use of restraint or seclusion
- Requirements for monitoring residents in and immediately after restraint or seclusion
- Post-intervention debriefing
- Medical treatment for injuries resulting from an emergency safety intervention
- Staff education and training requirements

Attestation Requirements

Each PRTF that provides Inpatient Psychiatric Services for Children Under Age 21 must attest in writing to SCDHHS that the facility is in compliance with the conditions of participation on an annual basis. Letters of attestation of compliance must be issued by each PRTF prior to July 21st of each year. Attestation letters should be mailed to:

SCDHHS Division of Family Services
Attention: Attestation
Post Office Box 8206
Columbia, SC 29202-8206

Letters of attestations must include the following information:

A. Facility General Characteristics:

1. Name
2. Address
3. Telephone Number
4. Fax Number
5. Medicaid Provider Number and NPI

B. Facility Specific Characteristics:

1. Bed Size
2. Number of children currently served within the PRTF who receive services based on their eligibility for the Medicaid Inpatient Psychiatric Services for Children Under Age 21 benefits
3. Number of children, if any, whose Medicaid Inpatient Psychiatric Services for Children

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

Attestation Requirements (Cont'd.)

Under Age 21 benefits are paid for by any state other than South Carolina

4. A list of all states from which the PRTF has ever received Medicaid payment for providing Inpatient Psychiatric Services for Children Under Age 21

C. Signature of the Facility Director

D. Date the attestation was signed

E. A statement certifying that the facility currently meets all the requirements under 42 CFR Subpart G § 483 governing the use of restraint and seclusion

F. A statement acknowledging the right of DHEC (or its agents) and, if necessary, CMS to conduct an on-site survey at any time to validate the facility's compliance with the requirements of the rule, to investigate complaints lodged against the facility, or to investigate serious occurrences

G. An annual statement and acknowledgement that the facility will submit a new attestation of compliance in the event that the individual who has the legal authority to obligate the facility is no longer in such a position

H. A statement certifying that the facility currently meets the Certification of Need requirements as identified under 42 CFR Subpart D – Inpatient Psychiatric Services for Children Under Age 21 in Psychiatric Facilities Programs

Note: PRTF staff (“Other Licensed Practitioner”, *i.e.*, physician, physician assistant, or an advanced practice registered nurse [APRN] with prescriptive authority, as per 42 CFR Section 483.358) involved with utilization of seclusion and/or restraint must adhere to the applicable scope of practice limits and definitions under state law.

A model attestation letter can be found in the Forms section of this manual.

Notification of Facility Policy

At admission, the PRTF facility must do the following:

- Inform both the incoming resident and, in the case of a minor, the resident's parent(s) or legal guardian(s) of the facility's policy regarding the use

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

Notification of Facility Policy (Cont'd.)

of restraint or seclusion during an emergency safety situation that may occur while the resident is in the program

- Communicate its restraint and seclusion policy in a language that the resident or his or her parent(s) or legal guardian(s) understands (including American Sign Language, if appropriate). The facility must provide interpreters or translators, when necessary.
- Obtain an acknowledgement, in writing, from the resident, or in the case of a minor, from the parent(s) or legal guardian(s) that he or she has been informed of the facility's policy on the use of restraint or seclusion during an emergency safety situation. Staff must file this acknowledgement in the resident's record.
- Provide a copy of the facility's policy to the resident and in the case of a minor, to the resident's parent(s) or legal guardian(s).

Notification of Parent(s) or Legal Guardian(s)

If the resident is a minor as defined by State law, the following actions must be taken:

- The facility must notify the parent(s) or legal guardian(s) of the resident who has been restrained or placed in seclusion as soon as possible after the initiation of each emergency safety intervention.
- The facility must document in the resident's record that the parent(s) or legal guardian(s) has been notified of the emergency safety intervention, including the date and time of notification and the name of the staff person providing the notification.

CERTIFICATION OF NEED (CON) FOR SERVICES

The Code of Federal Regulations, 42 CFR 441.152, mandates that either an independent review team or the facility-based interdisciplinary team (discussed later in this section), depending on the beneficiary's type of admission, certify **all three** of the following:

- Ambulatory care resources available in the community do not meet the treatment needs of the client.
- The proper treatment of the client's psychiatric condition requires services on an inpatient basis under the direction of a physician.

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

CERTIFICATION OF NEED (CON) FOR SERVICES (CONT'D.)

- Services can reasonably be expected to improve the client's condition or regression so that services will no longer be needed.

Certification of Need Teams

A clinical team must always complete the CON form for Inpatient Psychiatric Services for Children Under Age 21. The client's admission status dictates whether an independent team or a facility-based interdisciplinary team is responsible for certifying the need for Inpatient Psychiatric Hospital Services.

The following guidelines determine which team certifies the client's admission status:

- Certification for an individual who is Medicaid eligible when admitted to a facility must be made by an independent team.
- Certification for an individual who applies for Medicaid while in the facility must be made by the team responsible for the plan of care, the facility-based interdisciplinary team, and must cover any period before application for which Medicaid claims are made.
- For emergency admissions, the facility-based interdisciplinary team must make the certification.
- For urgent admissions, an independent team must make the certification.

Independent Review Teams

An independent review team is a team that is "independent" of the facility. No member may have a financial, employment, or consultant relationship with the admitting facility. All team members must sign the CON form for urgent admissions.

The independent review team must include a physician (may be the referring, attending, or family physician) who has competence in diagnosis and treatment of mental illness, and has knowledge of the individual's situation.

The independent review team must include one or more professionals who are involved in the recommendation for placement of the individual in a psychiatric hospital.

For Inpatient Psychiatric Hospitals (not Psychiatric Residential Treatment Facilities), the Community Mental

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

Independent Review Teams (Cont'd.)

Health Centers (MHC) of the South Carolina Department of Mental Health (DMH) constitute the independent teams.

Interdisciplinary Teams

Facility-based interdisciplinary teams shall be responsible for CON emergency admissions, and for the development and review of the plan of care. The team shall be composed of physicians and other personnel who are employed by the facility, or provide services to clients in the facility.

The facility-based interdisciplinary team must include, at a minimum, one of the following:

- A board-eligible or board-certified psychiatrist
- A clinical psychologist who has a doctoral degree
- A physician licensed to practice medicine or osteopathy with specialized training and experience in the diagnosis and treatment of mental diseases

The team must also include one of the following:

- A psychiatric social worker
- A registered nurse with specialized training or one year's experience in treating mentally ill children
- An occupational therapist who is licensed, if required by the state, and has specialized training or one year of experience in treating mentally ill children
- A psychologist who has a master's degree in clinical psychology or who has been certified (licensed) by the state psychological association

The team must be capable of:

- Assessing the client's immediate and long-range therapeutic needs, developmental priorities, personal strengths, and liabilities
- Assessing the potential resources of the client's family
- Setting treatment objectives
- Prescribing therapeutic modalities to achieve plan of care objectives

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

INDIVIDUAL PLAN OF CARE

“Individual plan of care” is a written plan developed for each client to improve his or her condition to the extent that inpatient care is no longer necessary.

Before admission to an inpatient psychiatric facility or before authorization for payment, the attending physician or staff physician must establish a written plan of care for each client. Each client must have a written individual plan of care, which is goal-oriented and specific, describing the service to be provided.

The plan of care must meet all of the following requirements:

- Be developed, written, and implemented no later than 14 days after admission
- Be signed, dated, and professionally titled by at least two members of the interdisciplinary team, one of which must be a physician
- Be based on a diagnostic evaluation that includes examination of the medical, psychological, social, behavioral, and developmental aspects of the client’s situation and reflects the need for inpatient psychiatric care
- Be developed by the facility-based interdisciplinary team of professionals specified in 42 CFR Section 441.156 in consultation with the client, his or her parents, legal guardians, or others in whose care he or she will be released after discharge
- Be developed for the client to improve his or her condition to the extent that psychiatric services are no longer necessary and designed to achieve the client’s discharge from inpatient status at the earliest possible time
- State treatment objectives and prescribe an integrated program of therapies, activities, and experiences designed to meet the objectives
- Be reformulated at a minimum of every 30 days
- Include, at an appropriate time, post-discharge plans and coordination of inpatient services with partial discharge plans and related community services to ensure continuity of care with the

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

INDIVIDUAL PLAN OF CARE (CONT'D.)

client's family, school, and community upon discharge.

The plan of care must include the following:

- Diagnoses, symptoms, complaints, and complications indicating the need for the client's admission
- A description of the functional level of the client
- Goals and objectives for the client
- Any orders for medications, treatment, restorative and rehabilitative services, activities, therapies, social services, diet, and special procedures recommended for the health and safety of the client
- Plans for continuing care, including review and modification to the client's plan of care
- Plans for the client's discharge. Discharge plans should be made to facilitate discharge from the facility at the earliest time possible. Discharge plans should include recommendations for discharge and aftercare.

THIRTY-DAY REVIEW

The plan of care must be reviewed every 30 days by the team specified to determine that services being provided are or were required on an inpatient basis and to recommend changes in the plan as indicated by the client's overall adjustment during the inpatient stay.

A written report of each review must be entered in the client's records at the time of admission or if the client is already in the facility, immediately upon completion of the evaluation or plan of care. The review must be signed and dated by the team members. Both the plan of care and the thirty-day review must reflect the continued need for Inpatient Psychiatric Services.

Active Treatment

Inpatient Psychiatric Services must involve "active treatment," which means implementation of a professionally developed and supervised individual plan of care. Clinical documentation of active treatment should be consistent with ongoing efforts to involve the family and /or guardian and referring state agency in the planning for and delivery of services. The determination that active

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

Active Treatment (Cont'd.)

treatment is being implemented is based on the following criteria:

- Examination of the plan of care should reflect interdisciplinary involvement.
- Observation of communication with the client should indicate that the components of the plan of care are being delivered.
- Review of progress notes are consistent with the plan of care and indicate reasonable improvement in the client's condition.
- Documentation of participation in programs of services as required in the Program Content section of this manual.

ORDERS FOR THE USE OF RESTRAINT AND SECLUSION

Inpatient Psychiatric Services furnished in a PRTF must satisfy all requirements as set forth in Subpart G of Section 483 of the Code of Federal Regulations governing the use of restraint and seclusion.

For the purposes of this manual, "restraint" is defined as any type of physical intervention (including mechanical, personal, drug used as a restraint, and therapeutic holds) that reduces or restricts an individual's freedom of movement and is administered without the individual's permission. For the purposes of this manual, "seclusion" is defined as the involuntary confinement of a resident alone in a room or an area from which the resident is physically prevented from leaving.

Restraint and seclusion shall be used only to ensure the immediate safety of the individual or others when no less restrictive intervention has been or is likely to be effective in averting danger. Restraint and seclusion shall never be used for coercion, retaliation, humiliation, as a threat or form of punishment, in lieu of adequate staffing, as a replacement for active treatment, for staff convenience, or for property damage not involving imminent danger.

Orders for restraint or seclusion must be authorized by a physician or other licensed practitioner permitted by the State and the facility to order (restraint or seclusion) and trained in the use of emergency safety interventions. An **emergency safety situation** is defined as unanticipated resident behavior that places the resident or others at

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

ORDERS FOR THE USE OF RESTRAINT AND SECLUSION (CONT'D.)

serious threat of violence or injury if no intervention occurs and calls for an emergency safety intervention (restraint or seclusion) as defined in this section. An emergency safety intervention must be performed in a manner that is safe, proportionate, and appropriate to the severity of the behavior, and the resident's chronological and developmental age, size, gender, physical, medical, and psychiatric condition, and personal history.

The Code of Federal Regulations, 42 CFR Section 441.451, require that Inpatient Psychiatric Services for Children Under Age 21 be provided under the direction of a physician. Other orders for the use of restraint and seclusion are as follows:

1. If the resident's treatment team physician is available, only he or she can order restraint or seclusion.
2. A physician or other licensed practitioner permitted by the state and the facility to order restraint or seclusion must order the least restrictive emergency safety intervention that is most likely to be effective in resolving the emergency safety situation based on consultation with staff.
3. If the order for restraint or seclusion is verbal, the verbal order must be received by a registered nurse or other licensed staff, such as a licensed practical nurse, while the emergency safety intervention is being initiated by staff or immediately after the emergency safety situation ends. The physician or other licensed practitioner permitted by the state and the facility to order restraint or seclusion must verify the verbal order in a signed written form in the resident's record. The physician or other licensed practitioner (*i.e.* physician assistant or APRN with prescriptive authority) permitted by the state and the facility to order restraint or seclusion must be available to staff for consultation, at least by telephone, throughout the period of the emergency safety intervention.
4. Each order for restraint or seclusion must be limited to no longer than the duration of the emergency safety situation and must under no circumstances

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

ORDERS FOR THE USE OF RESTRAINT AND SECLUSION (CONT'D.)

exceed four hours for residents ages 18 to 21, two hours for residents ages 9 to 17, or one hour for residents under age 9.

5. Within one hour of the initiation of the emergency safety intervention, a physician or other licensed practitioner trained in the use of emergency safety interventions and permitted by the state and the facility to assess the physical and psychological well-being of the resident must conduct a face-to-face assessment of the physical and psychological well-being of the resident including, but not limited to:
 - The resident's physical and psychological status
 - The resident's behavior
 - The appropriateness of the intervention measures
 - Any complications resulting from the intervention
6. Each order for restraint must include:
 - The name of the ordering physician or other licensed practitioner permitted by the state and the facility to order restraint or seclusion
 - The date and time the order was obtained
 - The emergency safety intervention ordered, including the length of time for which the physician or other licensed practitioner permitted by the state and the facility to order restraint and seclusion authorized its use
7. Staff must document the intervention in the resident's record. The documentation must be completed by the end of the shift in which the intervention occurs. If the intervention does not end during the shift in which it began, documentation must be completed during the shift in which it ends. The documentation must include all of the following:
 - Each order for restraint and seclusion
 - The time the emergency safety intervention actually began and ended

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

ORDERS FOR THE USE OF RESTRAINT AND SECLUSION (CONT'D.)

- The time and results of the one-hour assessment
- 8. The facility must maintain a record of each emergency safety situation, the interventions used, and their outcomes.
- 9. The physician or other licensed practitioner permitted by the state and the facility to order restraint or seclusion must sign the restraint or seclusion order in the resident's record as soon as possible

Consultation with Treatment Team Physician

If a physician or other licensed practitioner permitted by the state and the facility to order restraint and seclusion orders the use of restraint or seclusion, that person must contact the resident's treatment team physician, unless the ordering physician is in fact the resident's treatment team physician. The person ordering the use of restraint or seclusion must do both of the following:

- Consult with the resident's team physician as soon as possible and inform the team physician of the emergency safety situation that required the resident to be restrained or placed in seclusion
- Document in the resident's record the date and time the team physician was consulted

Monitoring of the Resident In and Immediately After Restraint

All PRTF clinical staff must be trained in the use of emergency safety interventions. In addition, staff must adhere to the following:

1. Staff must be physically present, continually assessing and monitoring the physical and psychological well-being of the resident and the safe use of restraint throughout the duration of the emergency safety intervention.
2. If the emergency safety situation continues beyond the time limit of the order for the use of restraint, a registered nurse or other licensed staff, such as licensed practitioner permitted by the state, must immediately contact the ordering physician to

Monitoring of the Resident

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

In and Immediately After Restraint (Cont'd.)

receive further instructions.

3. A physician or other licensed practitioner permitted by the state and the facility to evaluate the resident's well-being and trained in the use of emergency safety interventions must evaluate the resident's well-being immediately after the restraint is removed.

Monitoring of the Resident In and Immediately After Seclusion

All PRTF clinical staff must be trained in the use of emergency safety interventions. In addition, staff must adhere to the following:

1. Staff must be physically present in or immediately outside the seclusion room continually assessing and monitoring the physical and psychological well-being of the resident and the safe use of seclusion throughout the duration of the emergency safety intervention.

Note: A room for seclusion must allow staff full view of the resident in all areas of the room and be free of potentially hazardous conditions such as unprotected light fixtures and electrical outlets. Video monitoring of the resident in seclusion will not meet this requirement because such monitoring cannot determine if a resident is experiencing a medical emergency such as cardiac arrest or asphyxiation.

2. If the emergency safety situation continues beyond the time limit of the order for the use of seclusion, a registered nurse or other licensed staff, such as a licensed practitioner permitted by the state, must immediately contact the ordering physician to receive further instructions.
3. A physician or other licensed practitioner permitted by the state and the facility to evaluate the resident's well-being and trained in the use of emergency safety interventions must evaluate the resident's well-being immediately after the resident is removed from seclusion.

Post-Intervention Debriefings Post-Intervention

Within 24 hours after the use of restraint and seclusion, staff involved in an emergency safety intervention and the resident must have a face-to-face discussion. This

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

Debriefings (Cont'd.)

discussion must include all staff involved in the intervention except when the presence of a particular staff person may jeopardize the well-being of the resident. Other staff and resident's parent(s) or legal guardian(s) may participate in the discussion when it is deemed appropriate by the facility. The facility must provide both the resident and staff the opportunity to discuss the circumstances resulting in the use of restraint or seclusion and strategies to be used by the staff, the resident, or others that could prevent the future use of restraint or seclusion. The following must also occur:

- Within 24 hours after the use of restraint or seclusion, all staff involved in the emergency safety intervention, and appropriate supervisory and administrative staff, must conduct a debriefing session.
- Staff must document in the resident's record that both debriefing sessions took place and must include in that documentation the names of staff who were present for the debriefing, names of staff that were excused from the debriefing, and any changes to the resident's treatment plan that result from debriefings.

Medical Treatment for Injuries Resulting from an Emergency Safety Intervention

Staff must immediately obtain medical treatment from qualified medical personnel for a resident injured as a result of an emergency safety intervention. In addition, the Psychiatric Residential Treatment Facility must have affiliations or written transfer agreements in effect with one or more hospitals approved for participation under the Medicaid program that reasonably ensure that:

- A resident will be transferred from the facility to a hospital and admitted in a timely manner when a transfer is medically necessary for medical care or acute psychiatric care.
- Medical and other information needed for care of the resident in light of such a transfer will be exchanged between the institutions in accordance with the State medical privacy law, including any information needed to determine whether the appropriate care can be provided in a less restrictive setting.
- Services are available to each resident 24 hours a

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

Medical Treatment for Injuries Resulting from an Emergency Safety Intervention (Cont'd)

day, 7 days a week.

Facility Reporting of Serious Occurrences

Serious occurrences that must be reported include a resident's death, a serious injury to a resident, and a resident's suicide attempt. A **serious injury** is defined as any significant impairment of the physical condition of the resident as determined by qualified medical personnel. This includes but is not limited to burns, lacerations, bone fractures, substantial hematoma, and injuries to internal organs, whether self-inflicted or inflicted by someone else.

The facility must report each serious occurrence to both SCDHHS and the State-designated Protection and Advocacy system and should also report such occurrences to the referring state agency.

Staff must report any serious occurrence involving a resident to both SCDHHS and the State-designated Protection and Advocacy system no later than close of business the next business day after a serious occurrence. The report must include the name of the resident involved in the serious occurrence, a description of the occurrence, and the name, street address, and telephone number of the facility.

1. In the case of a minor, the facility must notify the resident's parent(s) or legal guardian(s) as soon as possible, and in no case later than 24 hours after the serious occurrence.
2. Staff must document in the resident's record that the serious occurrence was reported to both SCDHHS and the State-designated Protection and Advocacy system, including the name of the person to whom the incident was reported. A copy of the report must be maintained in the resident's record, as well as in the incident and accident logs maintained by the facility.

For reporting purposes, the South Carolina designated Protection and Advocacy system contact information is:

Protection and Advocacy of People for Disabilities Inc.
3710 Landmark Drive, Suite 208
Columbia, SC 29204

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

Facility Reporting of Serious Occurrences (Cont'd.)

Toll Phone: 1-866-275-7273
TTY: 1-866-232-4525
Fax: 1-803-790-1946

Facility Reporting of Deaths

In addition to the reporting requirements contained in the above section, facilities must report deaths to SCDHHS' Division of Family Services, and the CMS Regional Office no later than close of business the next business day after a serious occurrence. Facilities should also report deaths to referring state agencies and parent/guardian within the same time frames. Staff must document in the resident's record that the death was reported to the CMS Regional Office.

Education and Training

The facility must require staff to have ongoing education, training, and demonstrated knowledge of the following:

- Techniques to identify staff and resident behaviors, events, and environmental factors that may trigger emergency safety situations
- The use of nonphysical intervention skills, such as de-escalation, mediation conflict resolution, active listening, and verbal and observational methods to prevent emergency safety situations; and
- The safe use of restraint and the safe use of seclusion, including the ability to recognize and respond to signs of physical distress in residents who are restrained or in seclusion

In addition to the above, facilities must ensure that staff meet the following requirements:

- Certification in the use of cardiopulmonary resuscitation, including periodic recertification, is required.
- Individuals who are qualified by education, training, and experience must provide staff training.
- Staff training must include training exercises in which staff members successfully demonstrate in practice the techniques they have learned for managing emergency safety situations.
- Staff must be trained and demonstrate competency

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

Education and Training (Cont'd.)

before participating in an emergency safety intervention.

- Staff must demonstrate their competencies in identification techniques, nonphysical intervention skills, and the safe use of restraint and seclusion on a semiannual basis and their competencies in cardiopulmonary resuscitation on an annual basis.

The facility must document in the staff personnel records that the training and demonstration of competencies were successfully completed. Documentation must include the date training was completed and the names of persons certifying the completion of training. All training programs and materials used by the facility must be available for review by CMS, SCDHHS, and the State survey agency.

PROGRAM CONTENT

Inpatient Psychiatric Services providers are expected to aggressively treat individual with a full range of therapies and education and rehabilitative activities in the least restrictive environment required. For residential treatment, all of the services must be provided at the facility as part of the therapeutic milieu. This includes medication management, psychotherapy, and an age-appropriate school program.

Each provider must ensure that a structure exists that clearly supports the development of desired behaviors, skills, and emotional growth. Programming is individualized to the needs of each child and his or her family to maximize individual functioning in activities of daily living. Services must be therapeutic and identifiable as structured programming and consistent with the treatment needs of the child. The daily program schedule must be current and it must be posted for both staff and client access.

The provider is expected to appropriately treat a child, document the delivery of services and responses to treatment, and provide or obtain all services the child needs while in the facility. It is expected that therapeutic services be provided at a time that is conducive for the involvement of the child and his or her family.

During all waking hours, children of service shall be engaged in active treatment. Active treatment includes services and activities directed towards engagement of the

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

PROGRAM CONTENT (CONT'D.)

child, strengths, needs assessment, goal planning, and advocacy.

Medicaid reimbursement for Inpatient Psychiatric Services will not be available for inpatient stays during which active treatment related to the child's diagnostic needs is not provided or the child no longer requires inpatient treatment due to his or her psychiatric condition.

Programs of services provided to each child must include, but are not limited to the following:

- Psychiatric Evaluations – Each child must have at least one face-to-face contact weekly with a physician. A psychiatric evaluation must be completed within 60 hours of admission for each child.
- Psychological Evaluations – An intake evaluation must be completed within 30 days of admission, re-evaluations conducted periodically for continued treatment.
- Therapy Services – Therapeutic interventions that address both the child's presenting behaviors and underlying behavioral health issues.
 - Individual Therapy – Face-to-face goal-oriented interventions with the child. Individual Therapy should be provided as often as needed, but at least 90 minutes per week.
 - Group Therapy – Face-to-face, planned interventions with a group of children, not to exceed 1 staff to 8 children. Group Therapy must be individually documented for each child. A child should receive at least three Group Therapy sessions per week.
 - Family Therapy – Face-to-face interventions between clinical staff and the child's family unit or significant others, which must be conducted at least once a month.
- Medical Services – Services include medication management and dispensing of medication, as appropriate. Each child must have at least one face-to-face contact per week with the physician.
- Crisis Management – Services provided

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

PROGRAM CONTENT (CONT'D.)

immediately following abrupt or substantial changes in the child's functioning and/or marked increase in personal distress.

- Engagement Services and Activities – Services and activities include:
 - Engaging the child in a purposeful, supportive, and helping relationship, addressing basic needs, that include determining the supports the child's needs, the productive and leisure activities the child desires to participate
 - Understanding the child's personal history and the child's satisfaction or dissatisfaction with services and treatments, including medications that have been provided to or prescribed in the past
- Strengths Assessment Services and Activities – Services and activities include identifying and assessing the child's wants and needs, the child's aspirations for the future, resources that are or might be available to that child and their family, sources of motivation available to the child, and strengths and capabilities the child possesses, identifying and researching what educational and vocational, and social resources are or might be available to the child and might facilitate that child's treatment, and identifying, researching, and understanding the cultural factors that might have affected or that might affect the child's experience with receiving treatment and other services, the effects that these factors might have on the treatment process, and the ways in which these factors might be best used to support the child's treatment.
- Goal-planning Services and Activities – Services and activities include
 - Helping the child to identify, organize, and prioritize their personal goals and objectives with regard to treatment, education and training, and community involvement
 - Assisting and supporting the child in choosing and pursuing activities consistent with

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

PROGRAM CONTENT (CONT'D.)

achieving their goals and objectives at a pace consistent with their capabilities and motivation

- Instructing the child on goal-setting and problem-solving skills, independent living skills, social skills, and self management skills
- Identifying critical stressors that negatively effect the child's mental status and the interventions, coping strategies, and supportive resources that have been successful or helpful in addressing or relieving those stressors in the past
- Developing relapse prevention strategies, including wrap-around plans, that the child may utilize
- Rehabilitative Psychosocial Services – Services designed to improve or preserve the child's level of physical cognitive, social, emotional, and behavioral functions; promotion of social skills and age-appropriate training; and developing supports and skills for the child that promote healthy functioning
- Advocacy Services and Activities – Services and activities that involve coordinating the treatment and support efforts and advocating for the child, as appropriate, in developing goals and objectives within the child's individualized treatment plan during the course of treatment, and assisting in acquiring the resources necessary for achieving those goals and objectives.
- Discharge Services – Services include the development of a comprehensive discharge plan

Delivery of these services and activities must be properly documented, signed, titled, and dated in each child's record.

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

STAFFING REQUIREMENTS

Facilities must be appropriately staffed to meet the needs of all children in their care. The facility must ensure there is an adequate number of multidisciplinary staff to carry out the goals and objectives of the facility and to ensure the delivery of individualized treatment to each child.

Inpatient Psychiatric Services are provided under the direction of a licensed physician. Licensed mental health professionals shall be available to ensure that the program can meet the stated active treatment requirements. Direct care staff include professionals who possess a current South Carolina license to practice, such as a licensed physician assistant, licensed advanced practice registered nurse, licensed psychologist, licensed clinical marriage and family therapist, licensed professional counselor, licensed masters social worker, advanced practice, or clinical practice, registered nurse or other appropriately trained professional. Supervision or direction must be provided by licensed professionals.

Staff to Client Ratio

All Inpatient Psychiatric Hospital Facilities must be staffed appropriately to meet the needs of all children in their care. The facility must also ensure there is an adequate number of staff to carry out the goals and objectives of the facility, and to ensure the delivery of individualized treatment to each child as detailed in their plan of care.

The ratio of direct care staff to children shall be a minimum of one staff member to five clients during program hours in each residence or unit. Program hours are defined as those times when the child is expected to be awake and receiving services.

The minimum ratio of direct care staff shall be immediately available. Additional staff shall be available in the facility on all shifts to supplement the staff-to-client ratio, to provide immediate assistance in case of an emergency and to periodically check on the status of the residents.

Electronic supervision shall not replace the direct care staffing requirements.

Children shall remain in sight and sound observation range of staff at all times. Staff shall conduct periodic visual welfare checks of all children at intervals not to exceed every 15 minutes.

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

Staff to Client Ratio (Cont'd.)

The level of supervision necessary while a child is on suicide watch is based on the level of assessed suicidal risk. Continuous one-to-one visual, line-of-sight monitoring is required.

Staff to Client Ratio (Overnight)

During sleeping hours, the ratio of staff to client shall be a minimum of one staff member to seven clients.

At least one direct care staff member of the same sex as the client shall be present, awake, and available to the client at all times. If both male and female residents are present in the facility, at least one male and one female direct care staff member shall be present, awake, and available.

Clients shall remain in sight sound observation range of staff at all times. The minimum ratio of direct care staff shall be immediately available in a connecting area to the sleeping rooms.

Electronic supervision shall not replace the direct care staffing requirements.

An interdisciplinary team member must be available in case of an emergency.

LEAVES OF ABSENCE

A facility may place a child on Leave of Absence (LOA) when readmission is expected and the child does not require Inpatient Psychiatric Services during the interim period. Charges for the LOA days, if any, must be shown as non-covered.

DOCUMENTATION REQUIREMENTS

Medicaid reimbursement is directly related to the delivery of services. Each child shall have a medical record that includes sufficient documentation to support the services rendered and billed. Clinical documentation of the treatment services provided to the child, his or her responsiveness to treatment, and the interaction and involvement of the staff should justify the services billed to Medicaid and the child's continued stay.

The medical record must be arranged in a logical order to facilitate the review and audit of the clinical information and the course of treatment.

Records must be individual to the child, stand on its own, and support the level of care. Records shall contain at a minimum, the client history, evaluation reports, clinical

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

DOCUMENTATION REQUIREMENTS (CONT'D.)

documentation, to include treatment plans and reviews, service documentation, progress notes, discharge plan, medications, documentation of all incidents of restraint and seclusion, Certification of Need (CON) form, Form 254, and all other required and/or relevant forms. When developing the clinical record, documentation must be appropriately signed and dated.

Referral/Authorization

Providers must obtain a properly completed Form 254 from an authorized referral entity for all children under age 21 prior to the delivery of services. Please refer to the **Certification of Needs** section of this manual. In all cases, the provider is responsible for receiving and retaining proper prior authorization forms.

Certification of Need

An SCDHHS Certification of Need Form for Psychiatric Hospital Services for Children Under 21 must be completed for all clients under age 21 admitted for psychiatric services in order for the provider to receive Medicaid reimbursement. Please refer to the Forms section of this manual for an example of the CON form. This blank form can be duplicated for regular use.

Providers must utilize the following guidelines to complete the CON form:

- The CON form must be completed, signed, and dated by a minimum of two team members.
- The CON form must be completed only once per client per admission. If a client is discharged and readmitted, a new CON form must be completed.
- The CON form is valid for 45 days when completed prior to the admission of a client. Although the form is valid for 45 days, it must accurately reflect the client's state of health on the date of admission.
- The CON form must be placed in the client's clinical case record.
- A new CON form is required when a client is discharged from one facility and admitted to another residential treatment facility.

Note: Any Inpatient Psychiatric Hospital service days paid

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

Certification of Need (Cont'd.)

by Medicaid that are not covered by a properly completed CON form are subject to recoupment in a post-payment or retrospective review.

Certification of Need – Urgent Admissions

The Community Mental Health Center staff of the South Carolina Department of Mental Health acts as the independent team and will perform all CONs for Medicaid clients seeking urgent admission to psychiatric hospitals. If the MHC can certify that the client meets federal eligibility requirements, the MHC team will complete the CON form.

Notice of Non-Coverage

The South Carolina Medicaid Notice of Non-Coverage for Inpatient Psychiatric Hospital Care Form should be used to notify Medicaid beneficiaries that a facility has determined that inpatient psychiatric care is no longer medically necessary. Refer to the Forms section of this manual for a sample of this form.

This determination may occur at the time of admission or after the beneficiary is admitted for Psychiatric Hospital Services.

If the beneficiary or legally responsible party disagrees with the facility's decision to discharge, he or she may request a review by SCDHHS' contracted Quality Improvement Organization (QIO). If the beneficiary or legally responsible party decides to remain in the facility and the QIO determines that psychiatric hospital care is no longer medically necessary, the beneficiary will be responsible for payment.

The completed copy of the Non-Coverage Form should be forwarded to the Medicaid beneficiary, attending physician, legal guardian, the authorized referral entity (the agency that authorized the referral), SCDHHS' Division of Family Services, and QIO. The applicable authorized referral entity and the agency representative who made the referral may be obtained from Form 254.

The Non-Coverage Form should be used when the Admission Criteria, Continued Stay Criteria, and Discharge Criteria do not apply to a beneficiary.

When a beneficiary is transferred from one facility to another, this is considered a regular discharge and would not constitute issuance of a Non-Coverage Form.

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

ADMISSION CRITERIA

Severity of Illness

An admission occurs when the Severity of Illness/Intensity of Service (SIIS) criteria is met, and the physician expects the client will remain in the hospital longer than 24 hours. Only Medicaid-eligible clients who are admitted for psychiatric hospital care can receive Medicaid-reimbursable services. The facility must demonstrate that clients are appropriate for this level of care by documenting that the following admission criteria have been met:

- A CON form has been completed.
- Services and dates of service have been pre-authorized by an authorized referral entity through the completion of a Form 254.
- At the time of admission, the client exhibits at least one of the following signs and/or symptoms defined in the Psychiatric Criteria for Children Under Age 21 utilized by SCDHHS (or its designated utilization review contractor):
 - Impaired Safety
 - Impaired Thought Process
 - Alcohol and Drug Detoxification
 - Other factors that may require inpatient treatment

Impaired Safety

Impaired Safety can be characterized by one or more of the following signs and symptoms:

- Depressed mood
- Recent suicide attempt
- Substance abuse
- Seizures (withdrawal or toxic)
- Assaultive behavior
- Self-mutilative behavior
- Severe maladaptive or disruptive behavior

Impaired Thought Process

Impaired Thought Process can be characterized by one or

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

Impaired Thought Process

more of the following signs and symptoms:

- Verbal and behavioral disorganization
- Thought disorganization (hallucinations, paranoid ideation, phobias, etc.)
- Impaired reality testing
- Bizarre or delusional behavior
- Disorientation or memory impairment to the degree that it endangers the client's welfare
- Severe withdrawal or catatonia

Alcohol and Drug Detoxification

The need for Alcohol and Drug Detoxification can be characterized by evidence of withdrawal syndrome or effects of alcohol and/or drugs with one or more of the following signs and symptoms:

- Marked tremor
- Uncontrolled agitation or anxiety
- Hallucinations accompanied by fright
- Changing mental state (marked confusion and disorientation as to time/place)
- High risk for seizures
- High risk for delirium tremens
- History of alcohol/drug intake sufficient to produce withdrawal manifestations when the alcohol/drug is discontinued, and there is a history of client withdrawal problems
- Drinking/drug ingestion within past 48 hours with impairment of judgment or reality testing which presents significant risk to the safety of self and others
- Inability to stop drinking/drug abuse with potential for medical complications
- Dual diagnosis
- Diagnosis of codependency

Other Factors or Situations

Other factors or situations requiring inpatient treatment can include one or more of the following:

- Failure of outpatient therapy

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

Other Factors or Situations (Cont'd.)

- Failure of social or family functioning which places the client at increased risk
- Treatment in a less restricted environment not feasible due to the client's behavior
- Need for intensive inpatient evaluation
- Need for 24-hour skilled and intensive observation
- Need for evaluation of drug tolerance
- Recurrence of psychosis not responding to outpatient treatment
- Toxic effects from therapeutic psychotropic drugs
- Blood/urine positive for barbiturates, narcotics, alcohol, or other toxic agents in a client displaying physical symptoms

Continued Stay Criteria

Facilities must demonstrate that clients meet at least two of the following criteria to assure the continued need for hospitalization:

- Need for continued active psychiatric treatment by a multidisciplinary team
- Need for parenteral psychotropics
- Adverse reactions to medications requiring stabilization
- Change in initial diagnosis
- Regression of the client's level of functioning
- Client continues to exhibit acute behavior, mood, or thinking disturbance
- Client is a danger to self or others
- Suicide/elopement precautions are necessary
- Physical restraint/seclusion is necessary
- Inability to maintain Psychiatric Hospital Service level of functioning on trial visit outside of the psychiatric hospital

Discharge Criteria

A client is considered discharged if the client:

- Is formally released from a psychiatric hospital
- Is transferred to another psychiatric facility

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

Discharge Criteria (Cont'd.)

- Is discharged to a long-term care or step down facility
- Dies
- Leaves against medical advice

Facilities must meet the following criteria before discharge:

- Client has ability to function appropriately in a non-hospital setting
- Treatment goals have been met
- Client exhibits appropriate behavior, emotions, and thinking
- Type and dosage of prescribed medication unchanged
- Objectives of inpatient treatment have been met substantially
- Absence of comprehensive psychiatric evaluation, formulation, diagnosis, treatment goals, and treatment plan in the previous 14 days

Transition to a Community Setting

Psychiatric facilities are responsible for updating child placing agencies on the progress of children in placement. Facilities must document regular contacts with referring state agencies and parent/guardians to formulate plans for treatment after discharge. Authorizing agencies may provide case management services to facilitate the transitioning of children from institutions to the community. Individuals (except individuals ages 22 to 64 who reside in an institution for mental diseases or individuals who are inmates of public institutions) are considered to be transitioning to the community during the last 60 consecutive days of a covered, long-term, institutional stay that is 180 consecutive days or longer in duration. For a covered, short-term, institutional stay of less than 180 consecutive days, individuals may be considered to be transitioning to the community during the last 14 days before discharge. Services rendered during these time frames are considered to be required for the purpose of transitioning individuals with complex, chronic medical needs to the community.

Child placing agencies will not receive Medicaid

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

Transition to a Community Setting (Cont'd.)

reimbursement for these activities until the date that an individual leaves the institution, is enrolled with the community case management provider, and receiving medically necessary services in a community setting. Case management includes only services to individuals who are residing in a community setting or transitioning to a community setting following an institutional stay.

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

This page was intentionally left blank.

SECTION 2 POLICIES AND PROCEDURES

SERVICE GUIDELINES

CATEGORIES OF ADMISSION FOR PSYCHIATRIC HOSPITALS

Admission procedures for Psychiatric Hospitals for Children Under Age 21 and for Psychiatric Residential Treatment Facilities are not the same.

There are three categories of Medicaid admissions to Psychiatric Hospitals:

1. Emergency admission
2. Urgent admission
3. Clients who become Medicaid eligible after admission

Emergency Admission Procedures

An emergency admission is one in which the client meets the CON criteria **and** immediate admission is necessary to prevent death, serious impairment of the client's health, or harm to another person by the client.

An emergency admission must relate to the nature of the client's condition. Neither the need for placement (regardless of hour) nor the presence of a court order alone justifies an emergency admission in the absence of other qualifying factors.

Additional emergency admission procedures are:

- The facility-based interdisciplinary team must complete the CON form within 14 days of the emergency admission.
- The facility must request a review of the status of the emergency admission from a DMH Community Mental Health Center by completing the top portion of the Request for Emergency Admission Concurrence Form (REAC) and faxing it to the MHC. The facility should also contact the MHC at this time by phone to inform them of the admission and the incoming fax. Refer to the Forms section of this manual for an example of the REAC form.

At this point in the emergency admissions process, there are three possible outcomes based on an MHC's review of the REAC. They are as follows:

SECTION 2 POLICIES AND PROCEDURES

SERVICE GUIDELINES

Emergency Admission Procedures (Cont'd.)

- **MHC Concurrence**

If the MHC concurs with the status of the emergency admission, the MHC staff completes the appropriate portion of the REAC form and returns it to the facility, along with a Form 254, which authorizes services during a specific time period. An MHC physician and another clinical staff member must sign the REAC form. The form must also reflect their titles and the name of the MHC. The facility may then bill Medicaid for services rendered on authorized days.

- **MHC Non-Concurrence**

If the MHC does not concur with the emergency status of the admission, but does believe Psychiatric Hospital Services are medically necessary, this changes the category of admission from emergency to urgent. The MHC staff notifies the facility in writing of this non-concurrence by completing the appropriate portion of the REAC form and returning it to the hospital for inclusion in the client's record (generally within two working days). From this point forward, the procedures for an urgent admission must be followed. As the acting independent team for all psychiatric hospital admissions, the MHC will then complete and forward to the facility the new CON form with an effective date for admission.

Note: Any days prior to the effective date on the new CON form for urgent admission status cannot be billed to Medicaid.

- **Complete MHC Non-Concurrence**

If the MHC cannot concur with and certify an emergency or an urgent admission, the MHC will notify the facility and SCDHHS in writing by completing the appropriate portion of the REAC form as soon as possible (generally within two working days).

Note: In these cases, Medicaid cannot be billed for **any** hospital days.

In all cases, it is the facility's responsibility to receive and

SECTION 2 POLICIES AND PROCEDURES

SERVICE GUIDELINES

Emergency Admission Procedures (Cont'd.)

retain the proper CON form and Form 254, as well as initiating, receiving, and retaining MHC concurrence for emergency admissions, when applicable. Any days paid by Medicaid not covered by an appropriate CON form and Form 254 will be recouped in a retrospective or post-payment review.

Emergency admissions must be well documented in the clinical record. The CON and Concurrence Review forms must be present in the client's records, but they are not solely sufficient to substantiate the need for emergency admission. The psychiatric hospital's clinical records for each Medicaid client admitted under emergency procedures must support the claim that the admission was actually an emergency.

Urgent Admission Procedures

An urgent admission is one which the client meets the CON criteria, but is not presenting immediate danger that would cause death or serious impairment to the health of the client or bodily harm to another person by the client.

The community MHC staff providing service to the client will act as the independent team and must complete the CON form for all children seeking urgent admission to private psychiatric hospitals.

If the MHC can certify that the individual meets the Code of Federal Regulations' CON requirements, the MHC team will complete the CON form (generally within two working days) and forward it to the facility. The effective date on the CON form reflects the first date the hospital may bill Medicaid for the inpatient services. The CON form must be signed by a physician and another clinical staff member and must reflect their titles.

Post-Admission Eligibility

The hospital completes the CON form for clients who apply for Medicaid while in the facility. The facility-based interdisciplinary team must approve the certification. The CON form should cover any period before the Medicaid application was submitted.

SECTION 2 POLICIES AND PROCEDURES

SERVICE GUIDELINES

ADMISSION PROCEDURES FOR PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES

Child and Adolescent Level of Care Utilization System (CALOCUS)

The South Carolina Department of Health and Human Services has received approval to implement a Home- and Community-Based (1915c) waiver to develop community-based alternatives for seriously emotionally disturbed children in need of placement in a Psychiatric Residential Treatment Facility or seriously emotionally disturbed children who are transitioning back to the community from a PRTF. In the first year of the waiver, the program will be piloted in Fairfield, Lexington, and Richland counties. For each additional waiver year, new counties will be added, until the program is available statewide.

In an effort to move towards standardized preadmission criteria for placement in a PRTF, South Carolina is piloting use of the Child and Adolescent Level of Care Utilization System (CALOCUS) as the instrument and/or tool to determine the level of care (LOC) in the three waiver counties. For the counties of Fairfield, Lexington, and Richland, beginning October 1, 2008, physicians and clinicians must administer the CALOCUS to determine if waiver services or placement in a PRTF is appropriate. As the program expands to additional counties, the CALOCUS will be required as the standardized LOC instrument prior to placement in a PRTF.

Providers may contact the Department of Mental Health Division of Evaluation, Training, and Research for additional information regarding the CALOCUS.

PRTF Admission Procedures

There are two types of Medicaid admissions to PRTFs: urgent admissions, and children who become Medicaid eligible after their admission.

Urgent Admission

An urgent admission is one in which the client meets the CON criteria but is not presenting immediate danger that would cause death, serious impairment to the health of the client, or bodily harm to another person by the client. An independent team meeting the requirements for CON teams will complete the CON form for urgent admissions

SECTION 2 POLICIES AND PROCEDURES

SERVICE GUIDELINES

Urgent Admission (Cont'd.)

to PRTFs. The form must be signed and dated by at least one physician and one other team member.

Post-Admission Eligibility

The facility's interdisciplinary team will complete the CON form for clients who become Medicaid eligible after their admission to a PRTF. The completed CON form must cover any period before the Medicaid application and relevant claims.

UTILIZATION REVIEW

SCDHHS contracts hospital utilization review services to a Quality Improvement Organization. Qualis Health is the current QIO authorized by SCDHHS to conduct these reviews.

There are two types of reviews conducted by the Quality Improvement Organization.

- Predischarge Reviews
- Retrospective Reviews

These reviews are accomplished through a medical record evaluation of selected cases. The medical record review focuses on compliance with federal and state procedural requirements, provides assurance that Inpatient Psychiatric Hospital Services are medically necessary, and verifies that active treatment is being provided. The review staff completes the initial screening. Cases that do not meet criteria are referred to a physician consultant.

Retrospective reviews determine whether the care rendered meets acceptable standards of Inpatient Psychiatric Hospital Services.

Quality Improvement Organization

SCDHHS utilizes the Centers for Medicare and Medicaid Services (CMS) Psychiatric Quality of Care Guidelines for Psychiatric Hospital Services. Psychiatric Hospital Services must meet the Quality of Care guidelines, which include, but are not limited to the following:

- The client's psychiatric evaluation must be completed within 60 hours of admission and must contain the pertinent clinical information.
- A complete multidisciplinary intake evaluation shall be completed.
- Each client's treatment plan must be based on an inventory of the client's strengths and disabilities,

SECTION 2 POLICIES AND PROCEDURES

SERVICE GUIDELINES

Quality Improvement Organization (Cont'd.)

including the pertinent clinical information, and should be discussed with the client.

- The facility must provide ongoing monitoring and evaluation of the client's status to identify conditions or changes in conditions that could lead to harm and/or deterioration.
- The facility must ensure adequate and appropriate use of medications, and provide medication monitoring at all times.
- The facility must provide adequate monitoring, supervision, and intervention by staff to prevent harm and/or trauma to clients while in the psychiatric hospital.
- The facility must ensure proper use of restraints and/or seclusion during crisis management.
- The facility must ensure that appropriate discharge planning occurs.

Psychiatric Quality of Care Criteria

As previously stated, SCDHHS contracts with Qualis Health to function as QIO. In this capacity, Qualis Health may review the medical records of South Carolina Medicaid beneficiaries who receive services in psychiatric hospitals and residential treatment facilities.

This contract gives Qualis Health the authority to act on behalf of SCDHHS to deny Medicaid claims if they determine that a facility has not complied with applicable program requirements.

APPEALS PROCESS

The South Carolina Medicaid appeals process is not a reconsideration or claims review process. It is a formal process that should be considered as an avenue of last resort to be used in attempting to resolve or settle a dispute(s). Providers should work with their program representative in an effort to resolve or settle a dispute(s) before requesting an administrative hearing.

As an alternative to requesting a binding reconsideration by the QIO, an appeal may be filed directly with the SCDHHS Division of Appeals and Hearings. The appeal request must be in writing and include specific information regarding the basis for the appeal. The written appeal request must be submitted to the following address within

SECTION 2 POLICIES AND PROCEDURES

SERVICE GUIDELINES

APPEALS PROCESS (CONT'D.)

30 days of receipt of the recoupment letter:

Division of Appeals and Hearings
SCDHHS
Post Office Box 8206
Columbia, SC 29202-8206

If this request is made, an SCDHHS Hearing Officer will conduct a fair hearing in accordance with the agency's appeal regulations (Reg. 126-150, *et seq.*) and the South Carolina Administrative Procedures Act.

SECTION 2 POLICIES AND PROCEDURES

SERVICE GUIDELINES

This page was intentionally left blank.