

## **INPATIENT ACUTE PSYCHIATRIC CARE / INTERMEDIATE DURATION**

- A. The contractor shall provide comprehensive hospital based psychiatric services to individuals age eighteen (18) or older who have serious and persistent mental illness or serious and persistent mental illness and a co-occurring substance use disorder who have been deemed unable to reside safely in a community setting due to the severity of their current condition and who are medically indigent. Medically indigent is defined as having no private or public health care coverage that will pay for the services to be provided by the contractor and no access to, or eligibility for, such coverage. Comprehensive, hospital based psychiatric services means those clinical and medical activities and interventions necessary to the stabilization of the individual's psychiatric or co-occurring psychiatric and substance use disorder, including at a minimum, thorough psychiatric and substance use evaluations, and medication evaluation and management. The contractor shall ensure that the quality of the services provided to individuals admitted under this contract meets or exceeds the quality of such services provided to all hospital individuals. The contractor shall operate in accordance with federal and state laws, and the requirements of the Joint Commission, the Centers for Medicaid and Medicare Services (CMS) and shall comply with applicable laws and regulations of the state of Connecticut.

Intermediate Duration Inpatient Acute Psychiatric Care (IAPC) shall be provided in a locked psychiatric inpatient unit to voluntary and civilly committed persons. Individuals served must not be transferred from a jail; on a court order for restoration to competency; or under the jurisdiction of the Psychiatric Security Review Board unless on "Conditional Release" status. The average length of stay for this service is thirty (30) to forty five (45) days.

- B. Specifically, the contractor shall:
1. Collaborate with the Department's designated agent to ensure the utilization, monitoring and management of the acute inpatient services.
  2. Be able to admit patients Monday through Friday, from 9:00 a.m. to 4:00 p.m. and within 5 business days of being accepted for treatment by the Contractor, subject to bed availability. The contractor shall notify the Department immediately regarding any impediment that materially affects the contractor's ability to provide IAPC services.
  3. Provide the following services:
    - a. Inpatient psychiatric evaluation and treatment services provided within a designated, locked psychiatric unit, including substance use evaluation and treatment for individuals with co-occurring psychiatric and substance use disorders;
    - b. All needed mental health services and any medications necessary for the patient's medical or psychiatric care. Such service shall be provided by appropriately licensed professional personnel including physicians, psychologists, clinical nurse specialists, social workers and other licensed mental health therapists;
    - c. Room and board, meals, laundry and housekeeping;
    - d. Laboratory services limited to routine toxicology screening, complete blood counts, urinalysis, blood alcohol levels, pregnancy tests, and blood serum levels for psychiatric related medications.
    - e. Emergency medical care if needed. The contractor shall promptly notify the Department or its designated agent if such care requires a transfer from the contractor's facility;
    - f. Formulation of a recovery plan with the involvement of the patient. With the patient's permission, and unless it is clinically contraindicated, family members, significant others, and authorized advocates will also be involved in the development and review of recovery plans;
    - g. Development of a discharge plan in collaboration with the Department's designated agent, and with input from the patient and authorized advocate, if any. The contractor shall not discharge or transfer a patient without notifying the Department's or its designated agent;

- h. Notification of the patient's family, next of kin, and advocates regarding a planned transfer as soon as a decision is reached to seek such a transfer. Notification regarding an emergency transfer shall be made not more than two hours after it occurs;
4. Not transfer individuals to alternative inpatient settings prior to completion of IAPC without consultation with the Department or its designated agent. A transfer is intended to address only the most serious incidents and shall not be utilized unless it is considered essential for the safety and well-being of staff and individuals. Prior to contacting the Department or its designated agent, the medical director of the contractor's psychiatric inpatient unit shall review the case to ensure that no other reasonable alternative exists. This evaluation shall include a comprehensive review of all clinical interventions which have been attempted by the contractor's staff to manage the patient's behavior;
5. Convene an inter-disciplinary treatment team meeting as soon as possible and no more than seventy two (72) hours after admission to establish treatment and discharge plans;
6. Ensure completion of the following within seventy-two (72) hours of an individual's admission to this service:
  - a. Assess the patient's immediate needs and strengths, diagnose the patient's illnesses, and identify the symptoms and behavior impeding the patient's ability to function outside of an inpatient setting;
  - b. Formulate a written, comprehensive recovery plan based on such findings;
  - c. Provide continuous review and refinement of the recovery plan based on-going assessment of the patient's progress and condition;
  - d. Ensure the recovery plan specifies the inpatient treatment necessary to rapidly stabilize the patient's acute symptoms and clinical management and resolution of the specific behaviors or conditions that precipitated hospitalization. Resolution of these conditions or behaviors shall be the criteria used for discharge readiness, barring serious medical complications;
  - e. For Intermediate Duration IAPC, complete a functional assessment using any DMHAS approved functional assessment tool that includes the following domains: 1) Money & Finances; 2) Work; 3) Education & Personal Development; 4) Leisure Activities; 5) Spirituality; 6) Drugs and Alcohol; 7) Family & Relationships; 8) Safety; 9) Legal Issues; 10) Health & Well Being; 11) Self Care and Living Independently; and 12) Rights & Advocacy ;
7. Obtain authorization from the Department designated agent's designee for admissions and continued stays in accordance with the following procedures:
  - a. Confirm the individual is medically indigent as defined in Section A.
  - b. Complete an assessment process to confirm the level of care required by the individual.
  - c. For individuals who meet the eligibility requirements for AIPS, determine the availability of a bed and identify an anticipated admission date.
  - d. Immediately contact the Department or its designated agent for authorization for admission; work collaboratively with the Department's designated agent to implement a discharge to the community.
  - e. Notify the Department's designee at least twenty-four (24) hours prior to the expiration of an existing authorization if additional hospitalization is required to achieve psychiatric stabilization.
  - f. If acute inpatient services and interventions cannot achieve psychiatric stabilization, collaborate with the Department's designated agent to make timely arrangements for the transfer of the patient to an inpatient facility operated by the Department or to some other appropriate patient care facility.
  - g. Collaborate with the Department or its designated agent to make level of care and discharge planning decisions in accordance with the policies and procedures of the Department or its designated agent.
  - h. Cooperate with and participate in procedures used by the Department or its designated agent for monitoring the authorization process and use of services, and for

- determining whether services are provided in accordance with this agreement, including, but not limited to, utilization management, quality assurance reviews, incident and risk management reporting and grievance resolution.
- i. The contractor will not be reimbursed for any services provided without authorization from the Department or its designated agent, and the contractor shall not bill the patient for services provided without authorization.
8. Ensure that utilization review of and reimbursement for services is in accordance with the following procedures:
    - a. Cooperate with and assist staff of the Department's designated agent in case management, quality assurance and utilization management functions.
    - b. Provide requested information to the Department or its designated agent on all admission and continued stays for the purpose of substantiating treatment for which the contractor is seeking payment.
    - c. Permit staff of the Department or its designated agent on-site access to individuals, their medical records, and contractor staff providing care to individuals served under this contract.
    - d. Determine that the services provided under this contract have not been paid for through third party reimbursement. If there is no third party coverage for services provided, but the patient appears to meet eligibility for third party coverage, the contractor shall promptly make application for third party benefits and reimbursement.
    - e. The Department or its designated agent shall, with a signed Release of Information from the patient consistent with state and federal laws, assist and support the contractor's eligibility determination and application efforts by providing relevant information known to the Department or its designated agent.
    - f. Comply with generally accepted practices and procedures for coordination of benefits and third party liability recovery and assist the Department or its designated agent and any other state agencies with such efforts. The contractor shall collect information regarding duplicate coverage and shall provide such information to the Department or its designated agent immediately.
    - g. In the event it is subsequently established by the contractor, the Department or its designated agent, or other state agencies that a patient receiving services pursuant to this contract had a third party payer source(s), authorization for services shall be rescinded retroactive to the admission date for the inpatient episode, and the contractor shall bill the other payer(s) directly.
    - h. Cooperate with the Department or its designated agent in all reconciliation efforts to determine utilization outcomes under this contract, including reduction to the amount of this contract if under utilization of the contracted beds occurs.
  9. Implement policies and procedures that protect the rights of individuals. The contractor's patient rights program shall be in compliance with all Federal and State laws and regulations, with the Department's policies, and with CMS and Joint Commission requirements;
  10. Inform individuals of the availability of advocacy services;
  11. Cooperate with the Department or its designated agent in the resolution of grievances, including timely response to a request for information regarding such matters and making its employees available to representatives of the Department or its designated agent to provide information;
  12. Implement policies and procedures regarding seclusion and restraint that are consistent with state and federal laws and regulations, the Department's policies, and standards of the Joint Commission. The contractor shall provide its staff with training regarding the appropriate use of seclusion and restraint, and less restrictive alternatives. In addition, the contractor shall document and monitor each episode of seclusion and restraint;
  13. Not discharge individuals served under this agreement between 5:00 p.m. and 8:00 a.m. except in a medical emergency, or when a patient leaves the contractor's facilities against medical advice;

14. Maintain in good standing all licenses, permits, certifications and accreditations required by law and regulation at all times during the term of this contract, including, but not limited to, all such requirements necessary to treat Medicaid beneficiaries; require all agents, employees and all subcontractors have and maintain in good standing all licenses, permits, certifications and accreditations required by law and regulation and upon request, provide the Department or its designated agent with written evidence of the existence and good standing of all aforementioned licenses, permits, certifications and accreditation; notify the Department or its designated agent within one (1) business day whenever action of any kind is initiated against the contractor or any of its subcontractor's staff, agents or employees such as: (a) the suspension, restriction or loss of the contractor's or subcontractor's license, permit, certification or accreditation, or (b) the imposition of any sanctions against any of the foregoing under Medicaid or any other government program; and the contractor shall immediately notify the Department or its designated agent if any such action is initiated against any subcontractor;
15. Not report or claim individuals served under the terms of this contract as uncompensated care individuals. The contractor shall not report services rendered under the terms of this contract as uncompensated or as reimbursed through any payer source other than with state or third party payer funds, as appropriate. The contractor shall provide the Department or its designated agent with any information required for the Department to prepare Medicare cost reports and disproportionate share claims, if applicable.
16. Track all admissions and inpatient stays that utilize the IAPC contract and cooperate with the Department's designee on all reconciliation and recoupment efforts for individuals whose inpatient stay was covered by a third party payer other than the IAPC.

C. The services shall be provided at the following locations, with the capacities and hours of service as described below:

Location	Capacity	Unduplicated	Hours of Operation

D. The contractor's service shall meet the required utilization rate for acute inpatient services. The contractor's utilization rate shall be measured by the number of client days utilized as reported to the Department's information system and in the required monthly service reports. The minimum acceptable utilization rate for the acute inpatient services funded by the Department is 90% of the maximum attainable number of client days as determined by multiplying the client capacity as stated in section C. above by 365. Utilization for all funded treatment services shall be computed based on total program capacity.

E. Performance Standards. The contractor shall meet all applicable Joint Commission program performance standards. In addition, the contractor shall meet the following performance objectives:

PERFORMANCE OUTCOME MEASURES

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Outcome	Measure
1. Contractor will meet reporting requirements in a timely manner.	Department required data will be submitted to the Departments' data collection system no later than the 15 <sup>th</sup> day of each month.
2. Contractor will meet the expected utilization rate or annual projection of individuals to be served.	A utilization rate of at least 90% will be achieved.
3. Individuals will improve or maintain their overall functioning.	At least 95% of individuals served annually will maintain or increase their level of

	functioning as measured by the Global Assessment of Functioning Scale (GAF), Modified Global Assessment of Functioning Scale (MGAF).
4. Individuals will successfully complete treatment.	At least 95% of individuals discharged will have substantially completed the objectives identified on their recovery plans.
5. Individuals will receive follow-up care promptly.	At least 90% of individuals who have successfully completed treatment will have at least one (1) residential admission or two (2) outpatient services within thirty (30) days of discharge.
6. Individuals will avoid readmission to the same or higher level of care.	No more than 15% of individuals who have been discharged will be readmitted to the same or higher level of care within thirty (30) days.