



MACOMB COUNTY

COMMUNITY MENTAL HEALTH

Subject: Clinical Practice	Procedure: State Hospital Liaison Procedure	
Last Updated: 11/12/2024	Owner: Managed Care Operations	Pages: 5

I. PURPOSE:

To define and describe procedures for case managers working with persons served currently admitted to a State Operated Inpatient Psychiatric Hospital and comparable levels of care.

II. DEFINITIONS:

A. State Operated Inpatient Psychiatric Hospitals:

The State of Michigan operates four inpatient psychiatric hospitals: Caro Center, The Center for Forensic Psychiatry (CFP), Kalamazoo Psychiatric Hospital (KPH), and Walter Reuther Psychiatric Hospital (WRPH). Caro, KPH, and WRPH treat adults with Serious Mental Illness (SMI); WRPH also treats adolescents with Severe Emotional Impairments (SED); and CFP provides diagnostic services to the criminal justice system as well as psychiatric treatment for criminal defendants adjudicated incompetent to stand trial or acquitted not guilty by reason of insanity.

B. Incompetent to Stand Trial (IST):

A defendant to a criminal charge shall be determined to be incompetent to stand trial only if they are not capable of understanding the nature and object of the proceedings against them or are not capable of assisting in their defense in a rational manner due to their mental illness or intellectual/developmental disability. Their trial is delayed while they receive treatment until they are deemed to have regained mental competence to proceed.

C. Intensive Community Transition Services (ICTS):

Time-limited behavioral health services provided in licensed specialized residential settings with a provider agreement with the State of Michigan for eligible persons aged 18 years old and over that need intensive behavioral health services and supports and are at risk of significant functional deterioration without these services. ICTS programs are typically utilized as a step down or a diversion from admission to a State Operated Inpatient Psychiatric Hospital.

D. Not Guilty by Reason of Insanity (NGRI):

An affirmative defense to a prosecution of a criminal charge that the defendant was legally insane when they committed the acts constituting the offense. The person is legally insane if, because of a mental illness or intellectual/developmental disability, they lack substantial capacity to appreciate the nature and quality of the wrongfulness of their conduct or to conform their conduct to the requirements of the law.

E. Medical Necessity:

Determination that a specific service is medically (clinically) appropriate; necessary to meet needs; consistent with the person's diagnosis, symptomatology, and functional impairments; is the most cost-effective option in the least restrictive environment; and is consistent with clinical standards of care. The medical necessity of a service shall be documented in the individual plan of service (IPOS).

F. Psychiatric Residential Treatment Facilities (PRTF):

A non-hospital facility with a provider agreement with the State of Michigan to provide inpatient psychiatric hospital services for eligible persons aged 21 years old and under. PRTF programs provide comprehensive mental health treatment to children and adolescents who, due to mental illness, need treatment that can most effectively be provided in a residential treatment facility. PRTF is designed to offer short-term, intense, focused mental health treatment to promote a successful return of the youth to the community. The PRTF program works actively with the family/guardian and community-based CMH treatment team.

III. PROCEDURE:

- A. When a person served is accepted for admission to a state hospital, Managed Care Operations (MCO) will notify the State Hospital Liaison of where and when the individual will be admitted.
- B. The State Hospital Liaison will contact the assigned social worker at the state hospital and provide their contact information.
- C. Treatment Team Meetings
 1. All state hospitals hold an initial Individual Plan of Service (IPOS) meeting, typically within three (3) days of admission, and the State Hospital Liaison will participate in this meeting (in-person or virtually).
 2. All state hospitals regularly schedule IPOS treatment team meetings. The hospital social worker will inform the State Hospital Liaison of upcoming meetings and coordinate the options for attending the meeting (in-person or virtually).
 3. In the meeting, the treatment team will engage in an open discussion with the person served and their legal guardian about the person's progress in treatment, behavioral concerns, treatment compliance, and discharge readiness. The State Hospital Liaison will provide information related to discharge planning.

4. Discharge planning begins at admission. The State Hospital Liaison is responsible for working with the person served and the hospital treatment team to identify the anticipated treatment needs and address any potential barriers to discharge.
5. MCO staff will work with the State Hospital Liaison to determine the appropriate community level of care for the person served when discharged.
6. The State Hospital Liaison documents a summary of each meeting including an update on the person's progress in treatment and discharge plan in the FOCUS Electronic Medical Record (EMR).

D. Documentation

1. The State Hospital Liaison ensures that the documentation in the FOCUS EMR remains current. This includes, but is not limited to, the following:
 - a. Annual Assessment
 - b. Individualized Plan of Service (IPOS)
 - c. Uploading the state hospital documentation such as the treatment plan, assessments, medication lists, and other medical documentation.

E. Discharge Planning

1. Once the treatment team has identified that the person served is ready for discharge, the social worker provides the State Hospital Liaison with a hospital discharge packet that must be uploaded into the FOCUS EMR.
2. The State Hospital Liaison works with the individual, their legal guardian, and the hospital treatment team to coordinate the discharge plan including facilitating referrals to all necessary community providers.
3. The State Hospital Liaison provides the hospital social worker with all necessary information for the discharge including aftercare providers and appointments.
4. The State Hospital Liaison ensures that the appropriate admission layers and authorizations are in the medical record for the treating community providers.

F. Center for Forensic Psychiatry (CFP):

1. A person served that is adjudicated as Not Guilty by Reason of Insanity (NGRI) or Incompetent to Stand Trial (IST) is admitted to CFP through the criminal justice system.
2. When the CFP treatment team identifies that the person served is ready for discharge through the Direct Community Placement Program (DCPP):

- a. CFP notifies MCO of the pending discharge and provides a clinical packet that is uploaded into the FOCUS EMR.
- b. MCO notifies the State Hospital Liaison and opens an admission for them in the FOCUS EMR. They will be listed as the primary provider.
- c. The State Hospital Liaison works with the individual, their legal guardian, and the CFP treatment team to coordinate the discharge plan including facilitating referrals to all necessary community providers.
- d. The State Hospital Liaison provides the hospital social worker with all necessary information for the discharge including aftercare providers and appointments.
- e. The State Hospital Liaison ensures that the appropriate admission layers and authorizations are in the medical record for the treating community providers.

G. Intensive Community Transition Services (ICTS) and Psychiatric Residential Treatment Facilities (PRTF):

1. When the hospital treatment team identifies that the person served will be discharged into an ICTS or PRTF setting, the state hospital liaison works with the individual, their legal guardian, and the hospital treatment team to coordinate the discharge plan to the identified State of Michigan contracted provider. The State Hospital Liaison will notify MCO of the placement location and timeline.
2. When a person served is admitted to an ICTS or PRTF setting directly from the community, then MCO will notify the State Hospital Liaison and open an admission for them in the FOCUS EMR. They will be listed as the primary provider.
3. The State Hospital Liaison participates in the ICTS/PRTF treatment team meetings and documents a summary of each meeting in the FOCUS EMR.
4. MCO works with the State Hospital Liaison to determine the appropriate community level of care for the person served upon completion of the time-limited admission to ICTS/PRTF.
5. The State Hospital Liaison works with the individual, their legal guardian, the State of Michigan, the ICTS/PRTF treatment team, and the community-based CMH treatment team, if applicable, to coordinate the discharge plan including facilitating referrals to all necessary community providers.
 - a. At times it may be determined to be medically necessary for the person served to remain with the ICTS providers upon expiration of the State of Michigan authorization of these services.

b. The State Hospital Liaison must contact the MCCMH Network Operations department to determine if MCCMH has a contract with this provider and to initiate the process for HCBS approval.

6. The State Hospital Liaison provides the treatment team with all necessary information for the discharge including aftercare providers and appointments.

7. The State Hospital Liaison ensures that the appropriate admission layers and authorizations are in the medical record for the treating community providers.

IV. REFERENCES:

None.

V. RELATED POLICIES

A. MCCMH MCO Policy 4-020, “Medicaid and Non-Medicaid Notice of Adverse Benefit Determination

B. MCCMH MCO Policy 12-003, “Emergency and Post-Stabilization Services”

VI. EXHIBITS:

None.

Annual Review Attestation / Revision History:

Revision #:	Revision/Review Date:	Revision Summary:	Reviewer/Reviser:
1	11/12/2024	Creation of Procedure	MCCMH Managed Care Operations
2	3/12/2025	Implementation of Procedure	MCCMH Managed Care Operations