County of Sacramento Department of Health Services Division of Behavioral Health Services Policy and Procedure	Policy Issuer (Unit/Program)	Mental Health Services
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Title: **Subacute Placement Referrals**	Functional Area: **Programs**

Approved By: *Signed version available upon request*

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Background/Context:

The Intensive Placement Team (IPT) strives to place clients in the least restrictive level of care as determined to be clinically indicated. This policy is consistent with Sacramento County's mission, values, and treatment philosophy. Sacramento County contracts with various treatment facilities for placement through the Mental Health Plan (MHP). This policy only addresses subacute placements.

Definitions:

A. Acute Services: For the purpose of this policy, Acute Services include the Psychiatric Health Facilities.

B. Acute Status: Acute Status is defined as a client who is receiving acute psychiatric care. They are currently not ready for placement in a non-acute setting.

C. Administrative Stay Status: Administrative Stay Status is defined as a client who has been in an acute care setting, has been receiving psychiatric stabilization services, and now is considered to be no longer acute and at baseline. These clients are ready to transfer to the next level of care and are waiting for placement in a subacute or non-acute setting.

D. Institute of Mental Disease (IMD): IMD is a term defined by Federal Government Regulations. IMD is defined as "a hospital, nursing facility or other institution of more than 16 beds primarily engaged in providing diagnosis, treatment or care of persons with mental illness, including medical care, nursing care, psychiatric services, and other allied services."

E. Intensive Placement Team (IPT): Clinical team of staff who evaluate referrals and provide service authorization and consultation for the following adult services: Subacute placements, Electroconvulsive Therapy (ECT) authorizations, and Level of Care Utilization System (LOCUS) requests.

F. Lantermann-Petris-Short (LPS): Legal term used in California which gives one adult (conservator) the responsibility for overseeing the comprehensive medical (mental) treatment for an adult (conservatee) who has a serious mental illness and has been deemed gravely disabled.

G. Mental Health Rehabilitation Center (MHRC): MHRCs are licensed by the Department of State Hospitals (DSH). MHRCs are designed to provide psychosocial rehabilitation and emphasize recovery principles. Clients are expected to transition toward community placement as soon as they are ready or clinical indicated.

H. Murphy's Conservatorship: A category of conservatorship under the LPS Act in which the conservatee is subject to a pending criminal charge(s) with a felony involving death, great bodily harm or threat to the physical well-being of another person.

I. Non-Acute Setting: Includes IMDs, MHRCs, and Licensed Skilled Nursing Facilities.

J. Skilled Nursing Facility (SNF): SNFs are licensed by the State Department of Health and Human Services (DHHS). SNF is a traditional skilled nursing environment that also provides 24 hours/day nursing care in addition to mental health treatment.

K. Special Treatment Program (STP): STP is a program that is certified by Department of Health Care Services (DHCS) to provide a minimum of 27 hours of mental health services per week. STP services include assistance with Activities of Daily Living (ADL) training, mental health rehabilitation activities, behavioral modification, medication education, psychiatric care, etc.

L. Subacute Services: For the purpose of this policy, Subacute Services include the following: MHRCs, SNFs, and State Hospitals. IPT functions as an access team for these services.

Almost all admissions to subacute placements are referred from acute psychiatric treatment providers. Subacute placements are authorized when community placement is not viable due to psychiatric reasons. The function of the subacute placement is to provide stabilization and rehabilitation to assist the client in acquiring or strengthening community living skills, and to develop an aftercare plan that leads to a successful return to the community placement.

Purpose:

To establish procedures for evaluating referrals for subacute placement in order to determine the appropriate level of care in the least restrictive environment.

Details:

A. General Guidelines:

1. Clients referred for subacute placement should generally be on Administrative Stay Status, with the following exceptions:

   A client on acute status may be referred to a state hospital when the client presents as treatment refractory and the acute psychiatric facility is no longer indicated; however, longer-term treatment is indicated. For the purposes of this policy, state hospital is also referred to as “subacute placement.”

2. With the exception of the state hospital, patients referred must have active Medi-Cal.

3. LPS Conservatorship Requirements:

   a. Clients must be on temporary or permanent conservatorship status to be referred to MHRCs or SNFs.

   b. If a client on temporary conservatorship is referred to a state hospital, the client must have a capacity hearing so that the state hospital is able to involuntarily medicate the client.

   c. If a client is on a Murphy's conservatorship, a 10 day notice is required before a change in placement can occur, per Public Guardian’s policy.

      Note: The primary acute care setting treatment team consults with the LPS conservator who in turn notifies the court, the conservatee's attorney, a patient’s rights advocate, the district attorney of Sacramento County, and "any other persons designated by the court to receive notice." The matter is set for hearing if the proposed transfer is objected to by any of the parties authorized to receive notice.

B. LOCUS Assessment:

1. To request a subacute placement, a LOCUS request must be submitted to IPT.

2. The client's level of care may change throughout the course of their hospitalization based on response to treatment interventions. LOCUS requests are only appropriate when a client's symptoms are at baseline, stabilized and on Administrative Stay Status.

3. If the treatment team still recommends subacute placement, a LOCUS assessment must take into account client strengths and needs, outpatient and natural supports, consultation from key medical and mental health care providers, and the client's history and legal status as provided by the LPS conservator.

4. The acute care provider, IPT, and MHP Provider each participate in the LOCUS assessment, taking into consideration available sources, including client and natural support systems, current functioning, community functioning, strengths, supports, and challenges.

5. A clinical planning meeting may be held to determine the appropriate and least restrictive level of care.

6. Multi-Agency Collaboration:

   a. If no consensus is reached about level of care among key participants, a multi-agency case staffing will be arranged to discuss all factors related to the case.

C. Subacute Referral Process:

1. The IPT referral packet should include the following documents:

REQUIRED DOCUMENTATION	IMD	STATE HOSPITAL
Subacute Referral Form	X	X
Demographic & **Legal:**		
Face Sheet	X	X
Insurance Sheet (Active Coverage)	X	X
Transfer Form (at time of transfer)	X	X
Legal Status Documents	X	X
Form 1570 (Napa only)		X
Medical:		
Physicians' Orders [Last seven (7) Days]	X	X
Recent Lab Work Results - Clozaril Requires 3 Weeks of Lab Draws	X	X
Medication Sheets (Last 14 Days)	X	X

Purified Protein Derivative (PPD) Results (within the past 30 days)/Chest X-Ray Results (within past 90 days) Should placement be delayed beyond the 30/90days IPT will not request an additional test until a placement date has been confirmed.	X	X
General Medical Summary, History and Physical (H&P)	X	X
Clinical Status:		
LOCUS Assessment	X	X
Physician's Crisis Stabilization Assessment	X	X
Progress Notes (Last 14 Days): Physicians and Clinicians	X	X
Treatment Summary (Clinician)	X	X
Initial Psychiatric Evaluation (Physician)	X	X
Psychological or Neurocognitive Testing	If indicated	If indicated

2. MHTC (or acute facility) Responsibilities:

   a. Creates an IPT Referral Packet with the designated documents as noted above.

   b. Sends the completed Referral Packet to IPT either by fax or encrypted email.

   c. Provides appropriate and safe transportation of the client(s) and their related property, medication, and discharge documents to the accepting facility.

3. IPT Responsibilities:

   a. Receives the completed referral packets and reviews the content of the packet.

   b. Contacts the designated referring entity regarding the referral packet.

   c. Faxes or emails the referral packet to the identified subacute facility.

   d. Notifies the referring entity and Conservator's office of the disposition of the referral.

   e. If accepted, IPT notifies the referring entity once a bed is available. IPT coordinates a transfer date with the referring entity.

   f. If denied, IPT updates the client's referral in Avatar and the IPT weekly update form.

g. IPT Program Coordinator or designee provides weekly status summaries of the referral packets via encrypted email to the MHTC, Quality Management Program Manager, and IPT Supervising Program Manager.

D. Admission Criteria

1. MHRC or SNF Admission Criteria:

MHRC OR SNF ADMISSION CRITERIA	
Inclusion Criteria:	**Exclusion Criteria:**
Individual remains gravely disabled and/or a danger to self or others.	Registered sex offenders, Murphy's Conservatees, Alta Regional Center clients, or repeated aggressive behavior. (Placements are limited and determined on a case by case basis.)
Co-morbid medical issues are exacerbated by complex mental health symptoms.	Unresolved medical issues.
Client is on LPS Conservatorship.	Intensive staffing required (1:1 or close observation) due to dangerous behavior.
	No Medi-Cal coverage.

2. State Hospital Criteria:

a.	As a result of mental illness, client presents an imminent danger to self or others.
b.	Mental health symptoms have not been adequately stabilized during the current acute care episode and lower levels of care are deemed clinically inappropriate.
c.	Lower level of care has been tried and determined to not meet the individual's needs.

Related Policies:

PP-BHS-MHTC-08-14-Subacute Referrals to IMD or State Hospital

Distribution:

Enter X	DL Name	Enter X	DL Name
X	County Mental Health Staff	**X**	Publish to Intranet
X	Mental Health Treatment Center Staff	**X**	Publish to Internet
X	Contracted Providers		

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