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TO: All Community Mental Health Centers

Felix J. Vincenz, Ph.D.

FROM: Felix Vincenz, Chief Operating Officer, Comprehensive Psychiatric Services

SUBJECT: Protocol for Coordination of Care By and Between Administrative Agents

Listed herein is the transfer protocol which was recently agreed upon:

Protocol for Coordination of Care By and Between Administrative Agents

General Information:

The purpose of the protocol is to: (a) outline the guiding principles for the role of the Administrative Agent (AA) as the primary agency in coordinating the provision of mental health services in its Service Area for all individuals whose diagnoses are covered by its contract with the Division of Comprehensive Psychiatric Services (CPS); and (b) to describe the processes for the transfer of individuals across Service Areas.

Principles

- 1) The AA is the primary gatekeeper to and from inpatient facilities, with the obligation to manage the consumer's admission, treatment planning, discharge and planning.
- 2) Consumer choice is the primary driver for where consumers are placed, and how transfers are arranged.
- 3) Continuity of care across is of primary importance, both across care settings and geographical boundaries within the State of Missouri.
- 4) When considering transfers across Service Areas, it is important: (a) that options within the Service Region are exhausted, unless contravened by consumer choice; (b) that the

Administrative Agent of Record has primary responsibility for approaching their counterparts in other regions and coordinating the process.

- 5) Any inpatient facility which places a consumer across Service Area boundaries outside the process detailed in this protocol retains primary responsibility for inpatient care unless an alternate disposition is approved by the Regional Executive Officer.

Definition of Consumer – Any individual receiving services from the Division of Comprehensive Psychiatric Services, or the individual’s guardian, or the family if that individual is a minor child or youth.

Catchment Area – For adults, the catchment area is defined by where the adult consumer is/will be living. For children, the catchment area is defined by the county of residence of the legal guardian (parents, CD circuit area which maintains jurisdiction).

Eligibility

Once eligibility is established a consumer is assumed eligible across the state until such a time that an AA who has been supporting the consumer for a minimum of three months determines services are no longer necessary and discharges the consumer from treatment.

Process

When an AA is informed that a consumer is moving out of their catchment area, the AA will initiate the transition process. Each AA should identify staff that will make and accept transfers of consumers. The current or sending AA staff will contact the receiving AA staff to begin this process.

- After confirming with the consumer the intent to move and their desire to continue services the **sending AA** will:
 - Send pertinent records to the receiving AA prior to the meeting set below, with appropriate authorization. Note that ideally a consent for release of records should be obtained out of respect for the consumer, however HIPAA would allow this sharing of information under the coordination of care procedures if there is documentation indicating the consumer has expressed the intent to move and desire to access services through the receiving AA.
 - Convene a meeting (either face to face, conference call or video-conference) with required participation by the consumer and receiving Administrative Agent. For children/youth, other community agencies (schools, court, faith based community, youth organizations) from both the sending and receiving catchment area shall be invited to attend. The purpose of this meeting is to develop a treatment/service plan within the receiving AA based on the treatment plan of the sending AA. As availability of different services varies across AA’s the new plan developed should be able to meet the needs of the consumer that have been identified, with the consumer’s consent. A discharge date from the sending AA will be identified, and a transition plan developed for the interim.

- As the consumers' treatment goals are met, the intensity of the services provided shall change with a focus on the least restrictive or intrusive services.
- Consumers in residential programs will follow the same process and the current AA will manage the residential placement for no longer than 60 days from the date of the consumer's move to the new area. During this time the receiving AA will provide a clinical evaluation of the placement and provide feedback on their recommendations to the consumer.
- This transfer process will likely lead to a consumer having an open chart at two AA's at the same time. This is allowable under DMH, as is both AA's being able to bill. It should be noted however that the delivery of billed services should clearly differentiate the role/purpose of each AA's staff in the service provided.
- Although it is presumed that every effort will be made to accommodate the provisions of this protocol, this document does not establish proposed transfers as a new priority population requiring the **receiving AA** to accept a consumer irrespective of limits to their existing allocation. When such limits are encountered, it is expected that the receiving and sending AA will work with one another and the consumer involved to establish a time-frame when a transfer is financially possible.