

DIVISION OF MENTAL HEALTH CONTINUITY OF CARE AGREEMENT

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Section I: Purpose

The Illinois Department of Human Services, Division of Mental Health (DMH) has based the design and implementation of a unified, integrated and coordinated public mental health system on the values and principles of comprehensive community-based systems of care as established in the Community Support Program (CSP) and Child and Adolescent Support Services Program (CASSP) models of the federal Center for Mental Health Services (CMHS). These models represent more than a series of service components. Rather, they represent a philosophy about the way in which services should be delivered to adults with serious mental illness and children and adolescents with serious emotional disturbances.

This agreement defines a systematic approach and operating criteria for the provision of care in conformity with the therapeutic needs of the individual and based on the belief that individuals with mental illness are best served when they have access to basic community supports as well as specialized mental health services. State hospital care and community hospital care are key components of the public mental health system, providing intensive inpatient care for individuals whose needs cannot be addressed by other components of the service system alone. To be an effective part of the individual's continuing recovery process, inpatient care needs to be well connected to community-based care.

This agreement sets forth the roles, responsibilities and relationship between state hospitals, community hospitals, or providers of ongoing community mental health services for adult consumers 18 years of age and older, and the Regional Office of DMH. (Note: Rule 131; Screening, Assessment, and Support Services (SASS) protocols apply to all individuals under 18 years of age and individuals under 21 years of age who are active Medicaid recipients.) The intent of the agreement is to maximize continuity of care across organizational boundaries by articulating in writing the practices for pre-screening prior to entrance into a hospital, as well the practices for discharge planning and entrance/return to community mental health services.

For individuals admitted to state forensic inpatient facilities, it is recognized that Sections V and VI of this Agreement are not applicable, however, all other Sections of this Agreement will apply.

Section II: Definitions

Care Management – A generic term that refers to several case management style services defined in the DMH Program Services Book including case management, intensive case management, linkage case management, and assertive community treatment (ACT). These are Medicaid reimbursable services under Rule 132.

Community Hospital Inpatient Psychiatric Services (CHIPS) – Refers to a contractual arrangement between a DHS/DMH Region Office and a community hospital for the purchase of inpatient psychiatric care for individuals meeting eligibility criteria who are not Medicaid funded.

Emergency Psychiatric Services (EPS) – Refers to a contractual arrangement between DHS/DMH or a DHS/DMH funded provider organization and a community hospital for the purchase of inpatient psychiatric care for individuals meeting eligibility criteria who are not Medicaid funded. *NOTE: Although not addressed in this document, EPS funds are also utilized to purchase other emergency services not otherwise billable under Rule 132, such as transportation, emergency medication, psychiatric evaluation, etc.*

State Funded Inpatient Psychiatric Services (SFIPS) – A generic term to include any inpatient psychiatric care paid for with DHS /DMH funding, including services provided by a state operated hospital(SOH), and care purchased through EPS or CHIPS contracts with community hospitals.

State Operated Hospital (SOH) -- Refers to any of the adult inpatient psychiatric facilities operated by the DHS/DMH.

Section III: Service System Coordination

It is the responsibility of the DHS /DMH Region Director or Manager for the _____ (Region) to ensure that for every geographic area there exists an organized plan for the provision of care management services for individuals triaged or discharged from a SFIPS hospital in the Region. In addition, the Region Director or Manager will implement and maintain a plan to ensure face-to-face pre-admission screening for all non-forensic SFIPS presentations. Recognizing that significant numbers of individuals are homeless and cannot be associated with a geographic area by virtue of a home address when they are admitted to a SFIPS hospital, the Region shall enter into a protocol for assignment of these individuals to a community provider agency. For individuals that present at a hospital, but are not admitted for inpatient care, this assignment shall occur prior to the person leaving the hospital site.

In collaboration with the Deputy Director of DMH Forensic Services, and utilizing the information provided by the Forensic Services Office, the Region Office will keep provider agencies apprised of individuals from their community who are being served in forensic facilities.

Section IV: Parties to the Agreement

This is a two-way agreement to be executed by a DMH Regional Office and a DMH Provider Agency or a community hospital providing service under a CHIPS or EPS contract with the Regional Office. It is the intent of this agreement to unite hospital and community service providers into a coordinated network of care for persons with serious mental illness.

This agreement is entered into by the Illinois Department of Human Services, Division of Mental Health as represented by the _____,
(Region Office)

and _____ herein known as the:

_____ (agency or hospital name)
_____ provider agency.

_____ SFIPS hospital.

A. Geographic Service Area for the Provider Agency

The geographical service areas assigned by DMH to the provider agency are specified in Attachment A. Specifics for pre-screening and care management services of the provider agency are as follows:

B. Pre-admission Screening Services for the Provider Agency:

_____ Continuous pre-admission screening services (24 hours per day) for adults.

_____ Continuous pre-admission screening services (24 hours per day) for children and adolescents (SASS).

or

_____ Pre-admission screening services for adults during normal business hours and has an agreement with _____ to provide pre-admission screening after hours.

_____ Pre-admission screening services for children and adolescents during normal business hours and has an agreement with _____ to provide pre-admission screening after hours (SASS) .

or

_____ No pre-admission screening services for adults and, thus, has an agreement with _____ to provide pre-admission screening services.

_____ No pre-admission screening services for children or adolescents and, thus, has an agreement with _____ to provide pre-admission screening services (SASS).

C. Care Management Services for the Provider Agency :

For individuals from the geographical area specified in Attachment A, the provider agency offers the following care management services:

_____ Information and referral linkage for triages and discharges at hospital sites.

_____ Linkage case management.

_____ Case management and/or intensive case management.

_____ Case management activities of Assertive Community Treatment (ACT).

Section V: Pre-admission Screening of Referrals for State Funded Inpatient Psychiatric Services.

When the provider agency has a contractual relationship with DMH to perform pre-admission screening, the provider agency shall be responsible (either directly or through written agreement) to conduct a face-to-face screening consisting of clinical evaluation by staff qualified to determine the appropriateness of inpatient hospitalization.

A. Where the result of the pre-screening is a determination that inpatient hospitalization is necessary, the pre-screener shall do the following:

1. Document that all alternatives to hospitalization have been considered and there is a need for referral to inpatient care using the uniform screening and referral form (USARF).
2. Phone the SFIPS intake department to advise them of the referral.
3. Provide a copy of the USARF to the SFIPS hospital as part of the referral information package. For referral(s) to a SFIPS site or between SFIPS sites usual medical standards and practice for transfer and acceptance, in accordance with all federal, state or other regulatory policies, shall prevail with the sending and receiving hospitals engaging in clear and accurate communications about the individual's condition. This may include direct physician to physician discussion.
4. If a referral originating from a community site other than a hospital emergency room is accepted and cleared for transport to a SFIPS site, coordinate the transportation of the individual to the SFIPS site. *NOTE: For referrals to SOH sites, acceptance of referral typically dependant on receipt of completed USARF, Petition for Involuntary Admission, and Physician's Certificate. Also, the pre-screen provider must also assure that the individual is both medically stable for transport the SOH and free of medical conditions that cannot be treated at a free-standing psychiatric hospital with limited medical treatment capacity and no emergency room.*
5. For all individuals transported to the SFIPS, the pre-screener shall:
 - (a) Provide applicable legal documentation as necessary, including valid and complete petition(s) or certificate(s) or voluntary admission form, and, if applicable, Power of Attorney for Health Care, and/or Mental Health Treatment Preference Declaration.
 - (b) Provide the SFIPS hospital with an assured means of contacting a responsible staff member of the pre-screening agency (such as through a 24-hour pager or crisis line) to answer questions about the individual referred. Mutual efforts will be made to maximize the opportunities for doctor-to-doctor consultation.

B. If the result of the pre-screening is a determination that referral for inpatient hospitalization is not necessary, the pre-screener shall:

1. Assess if the individual is in need of care management services and if so, ensure that the individual receives an appointment for services at a DMH provider agency (Care Management services must be provided in accordance with the

- descriptive requirements in the Mental Health Program Book, Chapter 330, Care Management Core Services or in core service description 220.10, SASS);
2. Ensure that the individual is directed to the care management services; and,
 3. Notify the DMH provider agency of the care management appointment following the provider's protocol for such notice.
- C. To facilitate Continuity of Care for people seen by pre-screeners and assessed as needing care management services as an alternative to SFIPS, the provider agency shall:
1. Provide a telephone number for pre-screener staff to use to make appointments for care management services, and/or;
 2. Provide appointment alternatives pre-screeners can use when the provider agency is not open for business or cannot be reached via the above specified telephone number;
 3. Provide the agency's preferred protocol for the communication of appointments made by any pre-screener; and,
- D. A provider agency receiving a referral for care management for those persons discharged or not admitted to a SFIPS shall establish a protocol to document failed care management appointments and the engagement efforts made to follow-up and link individuals who missed the original appointment. Protocols and documentation of engagement should be available to DMH upon request.

Section VI: Evaluation of Individuals Presented for State Funded Inpatient Psychiatric Services

For all individuals referred for inpatient care at an SFIPS, the determination of admission shall follow the SFIPS site's standard protocol for determining the clinical need for admission. The following shall apply:

- A. After the decision regarding clinical need for admission has been reached, the SFIPS site will immediately notify the pre-admission screening agency of the decision.
- B. When an individual is evaluated by a physician and is determined **not to meet the criteria for admission**, then:
1. For SOHs only, SOH staff shall provide the individual with a Notice of Denial of Admission and Right to Request Review (DMHDD-19) which includes a written statement of the reason for its decision not to admit, including recommendations for appropriate alternative community treatment or services. A copy of this statement shall be provided to;
 - (a) the individual;
 - (b) if present and as requested by the individual, the individual's family or significant other;

- (c) the pre-admission screening agency; and,
- (d) the individual's DMH funded primary mental health provider agency (if any).

NOTE: The pre-admission screening agency may request an administrative review of the decision not to admit an individual. The SOH will conduct the administrative review within 72 hours of this request by convening a meeting that includes the provider agency's designee(es). This review will follow the problem resolution procedures specified in Section X. It does not replace or supplant the individual's rights to request a review of the denial of admission. For persons where this determination is made at a community hospital site, the pre-screener shall ensure that the individual is assessed as to their need for referral for care management services.

- 2. For persons where this determination is made at a SOH, the intake department staff shall ensure that the individual is assessed as to their need for referral for care management services .
- 3. Where **care management services are not indicated**, the pre-screener or SOH shall make referrals to other social services and/or mental health services as needed by establishing a firm appointment; otherwise, such as when the recommended service provider is closed, by providing the individual with a written copy of the referral provider's address, telephone number and contact staff, as well as any referral assistance phone number the provider may have in place.
- 4. For cases where **care management services are indicated**, the pre-screener or SOH shall ensure that the individual is offered a referral to the appropriate care management provider and, if the individual agrees to this referral, is given the address, telephone number, name of the contact person, as well as any referral assistance information that pertains to that site. Where the level of care management is deemed to be linkage case management (LCM) and the individual consents to a referral, it is expected that LCM staff shall make an immediate effort to establish contact with the individual, document all engagement efforts, as well as efforts to provide for the individual's basic needs.

- C. If an individual who has **not been pre-screened** and presents at the SOH (e.g., self-referral or "walk-in"), the following shall apply:
 - 1. The SOH will assess if immediate admission is indicated and, if so, initiate the coordinated treatment process outlined in Section V.A.
 - 2. If immediate admission is not indicated, the procedures will be the same as those outlined in Section V.B.

Section VII: State Funded Inpatient Psychiatric Services

Continuity of Care implies the involvement of the provider agency staff in the inpatient treatment planning, discharge planning, and post-hospital care. This involvement will extend the benefits of the inpatient care and enhance the individual's affiliation with the community mental

health service system. As such, it is essential that the provider agency assign staff to this function.

A. For all individuals admitted to a SFIPS site, the hospital shall do the following:

1. notify the appropriate DMH provider agency of the date, time and place of the first treatment plan development meeting ASAP or within 48 hours of admission, and provide notice for subsequent treatment team meetings, including the discharge planning meeting/staffing.
2. Notify the parent or guardian for children and adolescents and the legal guardians assigned to adult individual of all treatment team meetings.
3. With the consent of the individual, notify family members or significant others of all treatment team meetings.
4. Keep the provider agency informed of significant events such as; home visits, significant change in clinical status, elopement, transfer to another unit or facility, major medical problems, request for release, court orders, etc. Notice of elopement shall be made at the same time as the police and other authorities are notified.
5. Apply for financial benefits and entitlements (per contract requirement) for an eligible individual prior to being discharged.
6. With the consent of the individual, provide critical inpatient paperwork to the provider agency, including; face sheet, biopsychosocial assessment, history and physical, lab work, nursing discharge medication sheet, and the discharge summary pages available at discharge.

B. For any individuals admitted to an SFIPS, the **provider agency** shall do the following:

1. Participate (in person or via telephone conference) in the development of the treatment plan and/or in the discharge planning meeting/staffing. For individual's requiring Linkage Case Management services, it is expected that the provider involvement will be more intense throughout the hospitalization.
2. Ensure appropriate transition and continuity of service for any individual that will be discharged to another provider agency's area through conjoint participation in treatment/discharge planning.
3. Participate in other treatment team meetings, or special treatment team meetings, as deemed necessary. (For children and adolescents and adults Medicaid recipients under the age of 21 years of age , SASS protocol shall prevail.)
4. Keep the hospital informed of any significant change in the family or community situation which might affect the treatment or discharge plan for the individual.
5. For all individual s assessed as needing care management services, provide face-to-face or telephone contact between the individual and the provider care management staff/team before discharge and document this contact in the clinical record maintained by the hospital.
6. In collaboration with the SFIPS, take responsibility for working with the individual to secure appropriate housing at discharge.
7. If the individual is unable to manage funds, the provider agency will plan to act as representative payee, or arrange for a representative payee.

Section VIII: Discharge and Community Mental Health Services.

Optimal discharge planning is a collaboration between the individual served, the SFIPS treatment team, and the representatives of the aftercare service provider(s). Thus, the SFIPS staff shall actively engage provider agency staff to participate in the discharge planning process throughout the hospital stay. A discharge planning meeting/telephone conference shall be held and include the individual, legal guardian or representative (or parent/guardian for a child or adolescent), and with the consent of the individual or parent/guardian, the individual's family and/or significant others, and representatives of the aftercare provider program(s).

Confidential consumer/chart information may be exchanged without written consent between DMH funded agency and the SFIPS for the purposes of evaluation, admission, treatment planning, treatment delivery, and discharge. (Section 9.2 of the Mental Health and Developmental Disabilities Confidentiality Act; 740 ILCS 110/9.2).

A. Discharge Staffing:

The discharge staffing will finalize agreement on the discharge plan for the individual , which will include at least the following elements:

1. The date for discharge.
2. Confirmation of the individual 's need or lack of need for care management services, including the degree of assistance the individual may require for ensuring linkage to services and community reintegration/resettlement and specification of who will provide care management services. Individuals leaving hospital with a primary substance abuse diagnosis and a referral only to community services provided by programs or provider agencies funded by the Division of Alcoholism and Substance Abuse (DASA), should be referred to the appropriate LCM service for the purpose of facilitating the first appointment at the DASA provider site.
3. Specification of the post-discharge community mental health and other social services to be provided, the provider of these services, and the scheduled date and time of face-to-face contact for the initial services (i.e., continuing mental health services). The SFIPS hospital will ensure that this plan of services is documented in the individual 's clinical record.
4. Documentation of the assessment of the individual's relationship with family or significant others and, if appropriate, efforts to involve the individual's family or significant others with the individual's treatment and transition to community services, including instructions as to the continuing needs of the individual and the assistance they can provide in the individual 's continuing recovery.
5. The post-discharge housing or residential plans for the individual as developed, formalized and verified by the provider agency. It is to be noted that it is a best practice to not discharge into homelessness. The SFIPS site and the provider agency will work together in an attempt to not discharge into homelessness if appropriate housing is available to the individual and the individual is willing to go to it. Under circumstances where the individual is not housed at discharge, the reasons for this shall be documented in the clinical record and the hospital will track these trends over time.
6. The status of public benefits for the individual, including pending applications for benefits or a representative payee, and any post-discharge follow-up action that will be required. If the individual is unable to manage funds, the responsible provider agency will act as representative payee, or arrange for a representative payee.

7. A plan for the supply of post-discharge medication, if any, that the individual needs will be established.
8. Plans to incorporate extended home visits or commitment to alternative treatment as part of the discharge process.
9. Transportation back to the community will be addressed and coordinated by the treatment team.
10. For individuals needing care management services, the SFIPS treatment team, including the provider agency, will make arrangements to ensure that face-to-face contact occurs within 24 hours of discharge and that needed continuing mental health services commence no later than five(5) work days after the individual's discharge.

B. Pre-discharge evaluation

1. Within twenty-four hours prior to discharge or departure from the SFIPS site, the attending psychiatrist or designee physician will examine the individual and insure that all essential aspects of the discharge plan are still appropriate and that the individual's mental state warrants discharge.
2. The SFIPS site will immediately notify the provider agency about any plans to discharge an individual earlier than the mutually agreed upon date specified in the discharge plan (e.g., a court ordered release of the individual). In such instances, the provider agency will be assisted by the SFIPS site in contacting the individual to confirm the initial post-discharge service contact prior to the individual's departure from the facility.

C. Notification requirements.

The SFIPS hospital will, at a minimum, forward or FAX the discharge information to the provider agency within 24 hours of discharge. The discharge information will include documentation of the contact between the patient and the care management staff of the provider agency prior to discharge. If a FAX is utilized, the SFIPS site and the provider agency will assure that documents are handled as confidential documents as per all applicable federal and state privacy regulations. (NOTE: For CHIPS hospitals, the discharge information will also be faxed to the Region Office.)

D. Discharge Requirements: Care

1. For individual needing care management services, provider agency staff will make arrangements to ensure that face-to-face contact occurs within 24 hours of discharge and that continuing mental health services commence no later than five(5) work days after the individual's discharge.
2. If the individual misses their initial contact for post-discharge mental health services, the provider agency will actively attempt to immediately engage the individual in treatment or services in accord with the principles of Linkage Case Management Services. Efforts to engage the individual in services shall be documented by the care management staff of the provider agency.

Section IX: Assurances

The parties to this Agreement shall assure that staff performing responsibilities pursuant to this Agreement are qualified and authorized to perform these duties, and that all necessary administrative and organizational arrangements are made so that staff may effectively carry out these duties.

Section X: Problem Resolution

- In order to establish a mechanism for formal problem resolution, the parties to this agreement shall each appoint an individual to serve as their representative designee with authority to negotiate problem resolution on the behalf of their organization. These designees shall share their contact information (i.e., telephone, fax number. etc.) with each other.

<i>Region Office designee</i>	<i>Telephone</i>	<i>FAX</i>	<i>E-mail</i>
<i>SFIPS or Provider Agency designee</i>	<i>Telephone</i>	<i>FAX</i>	<i>E-mail</i>

- Problems related to this Agreement are to be brought to the attention of the person delegated the problem resolution responsibility at the organization in question. The notification should be documented in writing as necessary.
- All problems requiring formal intervention shall be documented and shall specify the following information:
 1. Nature of the problem.
 2. Date identified for formal resolution.
 3. Nature of the resolution.
 4. Date resolved.
 5. Person(s) responsible for implementing the actions required for resolution.
- In the event the designees are unable to resolve the problem at their level, the DMH Executive Director/Network Manager shall have the final administrative authority and responsibility for resolving problems arising in the course of implementing this Agreement.

Section XI: Key Indicators

The provider agency, SFIPS site and the Region office agree to cooperate in the production of key indicators for assessing performance of this Agreement. The Network/Region may provide quarterly data to participating organizations each on all relevant admission and discharge activity at SFIPS sites. Parties to this Agreement shall strive to provide information on the flow of

individuals entering and exiting their treatment/service programs. The purpose of this information sharing shall be to document the effort to assure continuity of care across organizational boundaries.

When a youth, age 17 or younger or a Medicaid recipient under 21 years of age, is triaged, admitted or discharged from a SFIPS site, the SASS agency with responsibility for the geographical area shall ensure linkage case management services are provided to the youth.

Section XII: Terms of Renewal

This Agreement shall be reviewed and renewed annually. This document will reflect by amendments those changes as mandated by statute, administrative rule or code, as those become effective.

Other changes can be re-initiated at DMH's discretion in order to reflect changes in DHS or DMH, clinical practice policies and procedures, or any other changes which may have occurred. All such changes in this Agreement will be reduced to writing with copies for execution to each party and the Division of Mental Health.

Section XIII: Signatures

_____ Name of SFIPS site or Provider Agency	_____ FEIN
_____ CEO Signature	_____ Date Signed
_____ DMH Region Office	
_____ Region Executive Director Signature	_____ Date Signed

**ATTACHMENT A: Table of Geographic Service Areas for the Provider Agency
(ADULTS)**

PROVIDER NAME: _____ FEIN: _____

SERVICES*	Geo Areas**
Preadmission Screening Services:	
<input type="checkbox"/> on a 24 hour basis, 7 days per week	
<input type="checkbox"/> during business hours only, 5 days per week	
<input type="checkbox"/> provided by _____ (agency) at times other than those checked above	
Care Management Services:	
<input type="checkbox"/> Information and Referral Linkage	
<input type="checkbox"/> Linkage Case Management (LCM)	
<input type="checkbox"/> LCM provided by _____ (agency) at _____ (times)	
<input type="checkbox"/> Case Management (CM)	
<input type="checkbox"/> CM provided by _____ (agency) at _____ (times)	
<input type="checkbox"/> Assertive Community Treatment (ACT)	
<input type="checkbox"/> Continuing Mental Health Services (as specified in grant agreement)	

* Check the service type as specified in Section IV of the Agreement.

** Geo Area is to be identified using the DHS/DMH geocodes reflecting county and township or community area.

ATTACHMENT A: Table of Geographic Service Areas for the Provider Agency (CHILD & ADOLESCENT)

PROVIDER NAME: _____ FEIN: _____

SERVICES*	Geo Areas**
Preadmission Screening Services:	
<input type="checkbox"/> on a 24 hour basis, 7 days per week	
<input type="checkbox"/> during business hours only, 5 days per week	
<input type="checkbox"/> provided by _____ (agency) at times other than those checked above	
Care Management Services:	
<input type="checkbox"/> Information and Referral Linkage	
<input type="checkbox"/> Screening, Assessment and Support Services (SASS)	
<input type="checkbox"/> SASS provided by _____ (agency) at _____ (times)	
<input type="checkbox"/> Linkage Case Management (LCM)	
<input type="checkbox"/> LCM provided by _____ (agency) at _____ (times)	
<input type="checkbox"/> Case Management (CM)	
<input type="checkbox"/> CM provided by _____ (agency) at _____ (times)	
<input type="checkbox"/> Continuing Mental Health Services (as specified in grant agreement)	

* Check the service type as specified in Section IV of the Agreement.

** Geo Area is to be identified using the DHS/DMH geocodes reflecting county and township or community area.

ATTACHMENT B: Table of Formal Agreements Between the Provider Agency and Other Service Providers

Type	State funded?	Name of agency, hospital, office, or provider
Mental Health Authorities (e.g., 708):		
Mental Health Agencies:		
Community and Psychiatric Hospitals:		
IMD/Nursing facilities:		
Division of Alcohol and Substance Abuse Agencies/Centers:		
Division of Rehabilitation Services Agencies/Offices:		
Developmental Disabilities Agencies:		
Entitlement/Benefits Offices/agencies:		
Department of Children and Family Services Offices:		
Department of Aging Offices:		
Law enforcement entities and jails:		
University Extension Offices:		
Other (specify type):		