

CONTINUING INPATIENT CARE AT DMH FACILITIES/UNITS: PROCESSES FOR REFERRALS

I. Pre-Referral Background:

Acute and continuing inpatient care may be needed to support an individual's recovery. The need for this intensive care is a dynamic process that focuses on supporting individuals living with mental illness so that they can reside in their communities in the least restrictive settings possible. DMH is committed to working collaboratively with Acute Inpatient Facilities towards outpatient community-based discharges whenever they are clinically supported and that attempts at discharge to community programs will continue during the continuing care referral process and after the acceptance to continuing care, right up until the day of transfer.

To aid in achieving this goal, Acute Inpatient Facilities will notify DMH about individuals who are receiving DMH services who are acutely hospitalized. Acute Inpatient Facilities should access the DMH liaison assigned to their facility for questions related to an individual's status with DMH or accessing DMH services. The DMH liaison contact list is at <https://www.mass.gov/media/1923726/download>. Additionally, having early knowledge of an admission may help facilitate the process for consideration for transfer to DMH inpatient continuing care, should that be requested.

The criteria for acceptance to DMH Continuing Care Inpatient Facilities include:

The patient must have a condition that qualifies him/her for DMH services (<https://www.mass.gov/doc/104-cmr-29-application-for-dmh-services-referral-service-planning-and-appeals/download>) and must meet commitment standards pursuant to M.G.L. Chapter 123, §§7 & 8. Additionally, the following clinical actions have occurred:

- 1) A comprehensive, aggressive, goal-oriented, multidisciplinary acute inpatient course of treatment of adequate duration has been completed or is expected to be completed within the next five (5) days at the referring facility. This treatment course must have included:
 - i) A comprehensive evaluation with physical, psychiatric and psychosocial assessments;
 - ii) Medical evaluation sufficient to rule out the possibility that psychiatric symptoms are due to medical or neurological illnesses;
 - iii) Intensive observation, necessary consultation, initial trials of multimodal services;
 - iv) Active engagement with the patient's natural support network/family;
 - v) A treatment contract specifying discharge criteria and medication trials;
 - vi) Current, acute inpatient psychopharmacological regimens which have not been successful in restoring the patient to either baseline or an improved level of functioning; AND IN ADDITION:
 - (1) Consideration has been given to trials of clozapine and/or ECT, and if initiated, these trials have been adequate; AND

- (2) Ongoing medication adjustments and/or trials remain necessary as part of the clinical efforts to help the patient achieve stability and/or treatment progress;
 - vii) Continuing care services can reasonably be expected to improve the patient's condition beyond the improvements achieved through acute hospitalization;
 - viii) Active engagement with outpatient clinical service providers and ACCS/PACT/DMH CM as applicable
 - ix) A consensus of the acute unit multidisciplinary treatment/discharge planning team that a continued stay in an inpatient setting for further stabilization and treatment is required for a substantial period of time before discharge to the community;
 - x) Evidence that specific alternative treatment settings have been considered (including rest homes, nursing homes, and other non-traditional housing options) and determined to be clinically inappropriate at the time the referral is made.
- 2) In addition to the above, the following criteria may also warrant acceptance of a referral:
- i) There is a documented need for a specific community-based treatment service without which the patient is judged to be at significant risk of regression and re-hospitalization, yet such a resource is unavailable within a reasonable period of time; OR
 - ii) Evidence exists that efforts to reintegrate the patient into the community have repeatedly failed (including trials at community residential treatment programs, when available), or to do so is believed to be unsafe.

II. Referral Processes:

1. A referral for DMH inpatient continuing care can be initiated via a phone call to the [DMH Area Contacts for Continuing Care Admissions to DMH Facilities](https://www.mass.gov/media/1891081/download) (<https://www.mass.gov/media/1891081/download>)
2. A completed application (see also, DMH Continuing Care Referral Checklist) for Continuing Care includes the following:
 1. A properly executed, valid M.G.L. c. 123, s. 3 Notification of Transfer that indicates transfer to a “**DMH INPATIENT FACILITY**” permitting transfer either immediately, or at the conclusion of a currently running six-day waiting period:
 - i. signed by the patient indicating the patient's consent to the transfer, without the consent having been subsequently withdrawn; OR
 - ii. indicating an involuntary commitment status permitting transfer (i.e., M.G.L. c. 123, ss. 7&8)
 2. One signed [Two Way Authorizations for Release of Medical Records](https://www.mass.gov/media/2025611/download) (<https://www.mass.gov/media/2025611/download>)

3. A fully completed: [Psychiatrist's Request of Transfer to DMH Facility form with integrated Patient Contact List](https://www.mass.gov/media/1569041/download)
(<https://www.mass.gov/media/1569041/download>)
4. Psychiatric Evaluation including DSM-5 diagnoses
5. Physical Examination including but not limited to COVID-19 testing within 72 hours of transfer, PPD/equivalent testing and commenting on multidrug resistant organisms
6. Other Clinical Assessments (psychosocial, psychological testing, neuropsychological testing, neurological examinations, etc.)
7. Hospital Course including Treatment Plan
8. Progress Notes since admission or up to the last 30 days.
9. Medication Administration Records (MAR's) since admission OR up to the last 30 days.
10. Physician/Clinician Orders since admission OR up to the last 30 days.
11. All pertinent Medical Testing Information (labs, medical testing results, radiology, consultations, etc.)
12. Copies of all pertinent legal documents including:
 - i. Current 7 & 8 Commitment Order; AND IF THEY ARE APPLICABLE:
 1. Current s.8B Order and Treatment Plan; and/or
 2. Guardianship/Conservatorship Decrees; and/or
 3. Current Rogers Order and Treatment Plan

or
 - ii. Signed 10 & 11 Conditional Voluntary;
13. Documentation that an Application for DMH Adult Service Authorization has been submitted, if the patient is not already authorized for DMH services (see #4 below).

***** Note that a patient must be on the appropriate legal status for transfer for an application to be considered complete (M.G.L. 123, s.10/11 for patient agreeing to transfer (signs a M.G.L. 123, s.3) or M.G.L. c. 123, s. 7/8 for a patient refusing transfer (refuses to sign a M.G.L. c. 123, s.3)).**

3. The Contact for Admissions listed on the [DMH Area and Regional Contacts for Continuing Care Admissions to DMH Facilities](https://www.mass.gov/media/1891081/download)
(<https://www.mass.gov/media/1891081/download>) is responsible for ensuring that all required paperwork has arrived. Hospitals will be notified via email within ONE business day whether the application is complete; and if not, what further information is needed. Questions related to administrative concerns should be addressed to these parties.
4. If an individual is not already authorized for DMH services, it is expected that the hospital referring an individual for continuing care inpatient services will file for DMH service authorization (A final determination that a referred patient is

authorized to receive DMH services is not required for initial consideration for transfer for continuing care inpatient services. Individuals determined NOT to meet criteria for DMH services generally are not considered for transfer to continuing care inpatient services) Information and an application for such authorization can be accessed at: <https://www.mass.gov/lists/applications-for-dmh-services>. **Note:** Questions related the clinical review processes connected with acceptance for continuing care inpatient services should be addressed to the AMD or AMD Back-up listed on the [DMH Area and Regional Contacts for Continuing Care Admissions to DMH Facilities](https://www.mass.gov/media/1891081/download) (<https://www.mass.gov/media/1891081/download>)

5. The clinical review of the information submitted by an acute care institution in a referral for transfer to continuing care is an ongoing process and starts as soon as DMH is made aware of the referral. The completeness of a Request for Transfer and attached documentation is vital to a careful review and open communication between DMH and the referring institution. The decision to accept a referral for continuing care **DOES** require a completed referral packet.
6. Contact between DMH and/or its vendors, the referring institution/clinical team, and the patient is encouraged. Such contact may be initiated to facilitate the referral process for continuing care and/or and to help identify potential community resources that may be available to the patient. If contact does not occur within a reasonable time frame, the referring institution should immediately contact the appropriate DMH Area Medical Director (AMD) or AMD back-up listed in the [DMH Area and Regional Contacts for Continuing Care Admissions to DMH Facilities](https://www.mass.gov/media/1891081/download) (<https://www.mass.gov/media/1891081/download>)
7. When a patient is accepted by the respective DMH AMD for transfer for continuing care, s/he is placed on the Area and Statewide priority list. This list is reviewed at least weekly by both the responsible DMH Site and Area, as well as by the statewide clinical leadership group chaired by the Deputy Commissioner for Clinical and Professional Services and includes Area Medical Directors and facility based administrative and clinical staff. Transfers are scheduled based both on clinical considerations and on time of completed application, subject to bed availability.
8. The AMD or AMD back-up will make a decision to accept or not accept a patient for continuing care within 15 days of receipt of a completed application packet. All questions related to acceptance or not should be addressed to these parties.
9. Disagreements between the referring acute care hospital and DMH related to an Area Medical Director's decision to accept or not accept an individual for DMH continuing care will be referred to the DMH Deputy Commissioner for Clinical and Professional services or designee for resolution.

10. One business day prior to transfer to a DMH Continuing Care facility, the referring acute care facility will provide the accepting hospital with an updated Psychiatrist's Request for Transfer to a DMH facility **AND** a draft discharge summary that at minimum includes an updated summary of course of treatment, accurate list of current medications, significant Mental Status Exam findings and physical exam findings, testing/labs completed since referral, and any other clinical information relevant to ensure a safe transition of care.

11. **If there are any unresolved difficulties or delays with this process or with reaching the local contact person at DMH, hospitals should contact AMD or AMD back-up.**