

Appendix H

Policy for Management of Acute Behavioral Health Situations (NFS with No BH Units)

Terms and Definitions:

Danger to self:

1. Behavior which, as a result of a mental disorder, constitutes a danger of inflicting serious physical harm upon oneself, including attempted suicide or the serious threat thereof, if the threat is such that, when considered in the light of its context and in light of the individual's previous acts, it is substantially supportive of an expectation that the threat will be carried out.
2. Behavior which, as a result of a mental disorder, will, without hospitalization, result in serious physical harm or serious illness to the person, except that this definition shall not include behavior which establishes only the condition of gravely disabled.

Danger to others:

The judgment of a person who has a mental disorder is so impaired that he is unable to understand his need for treatment and as a result of his mental disorder his continued behavior can reasonably be expected, on the basis of competent medical opinion, to result in serious physical harm.

Purpose:

The purpose of this guideline is to provide direction for both Long Term Care Contractors (Contractor) and Nursing Facilities (NF) in the event that they have a member residing on a non-behavioral health unit who presents with behaviors that may be a danger to self or others. The goal of this process is promptly providing additional supports and services that may allow the member to remain in his/her current environment and avoid moving to an alternative setting, while ensuring the safety of the member, staff and other residents.

In an effort to ensure the safety of those the member may encounter, as well as the safety of the member, the member may need additional supports or interventions. The Contractor is responsible for having a process in place to ensure the member is safe and is able to remain in the NF while behaviors are occurring. This may include use of outside resources, a behavior plan, Primary Care Provider involvement, a change in roommates, moving temporarily to a private room, the services of a specialist and/or the services of a one-to-one monitor.

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The guideline is not intended to be used for members presenting with mild to moderate behaviors that would benefit from routine psychiatric care and alternative approaches/interventions by the facility staff. This guideline is also not intended to be used in lieu of a higher level of care when it is medically indicated.

Process:

The NF should notify the Contractor and PCP upon the first sign of a change in behaviors or non-response to treatment and not wait until it becomes a crisis or emergency situation.

1. Within one hour of determining that the member's aggression is believed to be behavioral health related, the NF should notify the member's behavioral health provider and the Contractor about the member's behaviors. If the member does not have a behavioral health provider, the member's PCP and the Contractor should be contacted by the NF.
2. The NF, in collaboration with the Contractor and the behavioral health provider, will determine if contacting the mobile crisis unit may be appropriate.
3. The Contractor shall consider this type of situation to be an emergent situation and secure an appointment with a behavioral health provider within 24 hours of notification about the behaviors. The BH provider should consult with the PCP to ensure continuity of care.
4. Within 24 hours of having been notified that the member is presenting with behaviors that may be considered a danger to self or others, the Contractor's case manager/behavioral health coordinator shall confirm that action has been taken by the NF to promote the safety of all parties. If indicated, the Contractor shall visit the NF to confirm that action has been taken.
5. Once the member has been seen by a behavioral health provider, the Contractor and NF are expected to coordinate recommendations made by the provider. It is incumbent upon the Contractor to ensure that the behavioral health provider trains/educates the NF staff regarding the member's needs and treatment plan.
6. The Contractor's Case Manager/Behavioral Health Coordinator shall maintain daily contact with the facility for updates on the member's status until such time that the member is no longer a danger to self or others, or has been transitioned to an alternative setting when/if that step becomes necessary. If indicated, the Contractor should visit the member to verify status.

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7. The member's behavioral health provider should re-evaluate the member within seven days of the incident (unless the need for an earlier evaluation is determined). Again, it is incumbent upon the Contractor to ensure that the behavioral health provider educates staff at the facility about any updates/changes in treatment. The Contractor shall work with NF staff involved in member's care to actively implement and document actions taken in response to the member's behavioral health plan. The Contractor should ensure the PCP reviews the member's behavioral plan.
8. If the treatment implemented was 1:1 supervision, the Contractor will complete an initial review of the service within 72 hours of implementation and at a minimum of every 72 hours thereafter, until the member's condition stabilizes. The behavioral health provider will recommend when 1:1 supervision is no longer required. A multi-disciplinary team staffing, which includes (at a minimum) the treating behavioral health provider, NF unit nurse, Contractor, and the member's authorized decision maker, may convene at least 24 hours prior to discontinuing the 1:1 supervision to discuss the member's progress. In the event that all parties are not physically available to participate in the multi disciplinary staffing, a verbal report or conference call with those unable to participate in person is acceptable. The Contractor maintains the authority to approve or deny the services based on medical necessity.
9. In the event that alternative treatments were provided, other than 1:1 supervision a multi-disciplinary team staffing which includes (at a minimum) the treating behavioral health provider, nursing home staff, Contractor, and the member's authorized decision maker, shall convene at least 24 hours prior to recommending the discontinuance of the alternative treatment or resources to discuss the member's progress, and any additional services/interventions needed to maintain the member's stability. The team, in conjunction with the behavioral health provider, will recommend when alternative treatment or resources are no longer required. In the event that all parties are not physically available to participate in the multi disciplinary staffing, a verbal report or conference call with those unable to participate in person is acceptable. The Contractor maintains the authority to approve or deny the services based on medical necessity.
10. Once the emergent situation is resolved the Contractor is expected to secure the medically necessary services indicated in the member's treatment plan to sustain stability. The Contractor maintains the authority to approve or deny the services based on medical necessity.
11. Should the Contractor modify the approach to these guidelines for an individual member, the rationale must be documented in the case management chart. In all cases the intent of the guideline must still be met.

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NOTE:

Once it is determined that the member cannot be managed in the NF (requires a higher level of care) and the member has no guardian with mental health powers, a petition may be required to transition the member into a psychiatric hospital. It is expected that the Contractor will coordinate this process in collaboration with the NF. The Contractor shall ensure that NF staff participate and provide direct witness information as well as documentation of behaviors leading up to the incident/situation.

Should the Contractor experience difficulty in securing an alternative setting for the member, it is expected that the Contractor collaborate with the NF to facilitate this process to ensure the safety of other residents until such time that an alternative setting has been secured.