12-1-1992

Copy to Joe Becerra
for P.H. Office
Return original

OVERVIEW OF OBJECTIVES AND RESPONSIBILITIES

DEPARTMENT OF MENTAL HEALTH

AND

REFERRING COUNTIES

REFERENCE	OBJECTIVES	ACTION NEEDED	RESPONSIBILITY
Part 1, Exhibit "A" Section 6	Utilization Review/Quality Assurance DMH shall establish and use systems to review quality and appropriateness of services.		review.
Part II Exhibit "A"	Lanterman-Petris-Short (LPS) services for persons referred by the County. Penal Code converted to LPS shall become County financial responsibility.		Facility provides services.
Part II Page 2 of 16	Long Range Planning		State shall develop process.
Part II Exhibit A 3a	Psychiatric and Ancillary Services		State shall not refuse to admit patients from county when county has a bed.
Part II, Exhibit A 3b.	Provide Psychiatric treatment and other services to meet Title 22 and Title 9 CA Code of Regulations		Medical
Part II, Exhibit A, P. 2 of 16 3c	Medical Procedures performed prior to admission shall not be duplicated.		Medical Director
Part II, Exhibit B.L	Provide expert testimony in legal proceedings regarding institutionalization, admission, or treatment of county patients.		Medical Director
Part II, Exhibit B.2	Review of current processes re expert testimony is provided		X

REFERENCE	OBJECTIVES	ACTION NEEDED	RESPONSIBILITY
Part II, Exhibit A, C.	Provide any health care services (physician or other professional staff) needed by county patients, Confer with county before providing non-emergent elective medical/surgical exceeding $2000.		Medical Director
Part II,Exhibit "A: 3., D	Provide ECT per established regulations and state policy.		Medical Director
Part II, Exhibit 3, E.	Provide transportation to and from hospital. Transportation between hospitals, to and from medical appointments or services.		Medical Director PD
Part II,Exhibit 4A.1.	Provide staffing according to accepted clinical practices with administrative and clerical support.		Medical Director PD ASD
	Provide staffing information upon request for program evaluation purposes.		
	Provide for the bi-lingual/multi-cultural needs of county patients		ASD AAC
Part II, Exhibit A, 4B	Planned Scheduled Treatment (PST) - Make available Any standard report indicating the number of PST hours scheduled compared to the number of hours actually delivered to county.		Medical Director PST Coor.
Part II, Exhibit A, 4C	Licensure - meet licensing standards and remain accredited by JCAHO.		
Part II, Exhibit A, 4D	Patient Rights - Meet requirements Title 22 and 9. Meet ECT reporting requirements. Follow established procedures to meet patient complaints within facility. Report quarterly denial of rights statistics as		Patients' Rights Rights

REFERENCE	OBJECTIVES	ACTION NEEDED	RESPONSIBILITY
	required.		
	Promote and protect the rights of patients.		
Part II, Exhibit A 5.	Planning - Include county in all planning and changes, i.e., bed capacity, program changes, treatment, staffing.		Medical Director designee
Part II Exhibit A. 6, A.	Admission Procedures		
	Include county in admission, discharge planning, and discharge process.		Medical Director Adm.Suite PDs PSW
	Provide immediate access for eligible patients to available beds.		MD CLR PD
	Emphasize flexibility in accommodating referred patients.		MD CLR PD
	Prepare, provide a report monthly to DMH identifying 1. Number of referrals from each county. 2. Number and percentages of patients denied by each county. 3. Reason for denial 4. Final resolution of each case when a referral for admission was denied.		ED MD CLR Adm 5C,5A,6
Part II,Exhibit A 6.A.4.	If above capacity, county may arrange bed exchange with another county.		
Part II, Exhibit A. 6A.5.	If bed inappropriate, attending physician shall develop in consultation with treatment team and county a plan for transfer.		MD Unit Physician

REFERENCE	OBJECTIVES	ACTION NEEDED	RESPONSIBILITY
Part II, Exhibit A. 6A.6.	Denials of admission shall be in writing. No denial if patient meets admission criteria and county has dedicated capacity available. Appeal may be made.		
Part II, Exhibit A B. 1.	Discharge Planning 1. Discharge planning shall begin at admission. 2. Development of a discharge plan and setting of estimated discharge date.		MD PD PSW
	Hospital shall discharge patient at the county's request except if determination is made that the patient's condition and circumstances would pose danger to the safety of the patient and others.		MD Unit Phys.
Part II, Exhibit A 6.C.	Appeal Procedures re Admission When agreement cannot be reached, appeal process.		MD
	Next level appeal - Deputy Director, Division of State Hospitals. Final decision within two (2) working days after receiving documents.		
Part II, Exhibit A 6C2.	Discharges When block to discharge occurs, Medical Director will contact County Mental Health Director. If this fails, appeal will be made to Deputy Director of State Hospitals		MD
Part II, Exhibit A 6.D	Penalties County to be allowed additional bed days equal to number of beds lost due to failure to respond according to time lines.		

REFERENCE	OBJECTIVES	ACTION NEEDED	RESPONSIBILITY
	If CSH loses appeal, county shall be allowed additional bed days equal to the number lost due to failure to admit or discharge.		
Part II, Exhibit A 7.	Prior Authorization - The County shall, prior to admission, provide the Hospital with completed Short-Doyle Authorization Form (MH 1570). Projected length of stay identified, and addressed in the patient's treatment plan and discharge plan.		Adm.
Part II, Exhibit A 8.B	Coordination of Treatment/Case Management Encourage and facilitate the involvement of the county case manager. For example: initial conference, by telephone or in person. notification of case manager of conference giving a 2-week notice; identify a primary contact from team to case manager.		ID Team
Part II, Exhibit A 8.C.	Develop a treatment plan for each county patient with agreement or disagreement with case manager. Treatment plan requirements: 1. Reason for admission 2. Treatment and activities directed toward discharge. 3. Identify any special treatment needs. 4. Provide program which assists towards client living in the community. 5. Identify responsibility for each item in the treatment plan. 6. The treatment plan cannot be changed solely based on staffing changes in CSH. 8. Include case manager in all meetings, reviews, UR meetings, and clinical rounds involving county patient.		

REFERENCE	OBJECTIVES	ACTION NEEDED	RESPONSIBILITY
Part II, Exhibit A 8.E.	Primary criteria for hospitalization must be documented in patient's chart, including LPS criteria.		
	When county determines need for patient transfer to another facility, CSH must discharge within 2 days of the date of location of placement.		MD
	In case of impasse over treatment issues, CSH Medical Director's decision is final. Other issues may be referred to Deputy Director, Division of State Hospitals within 5 days. to be reviewed with county MH director and decision reached within 2 working days after receiving documentation.		MD
Part II, Exhibit A 9A1	Bed Usage		State
	During Fiscal Year 1992/93, the state shall provide within the hospital specific number of beds dedicated to the care of only those patients referred by the county.		
Part II, Exhibit A 9A2.	CSH will ensure contracted beds available at all times for patients who are appropriate for care in accordance with agreed upon criteria.		MD CLR
	CSH ensures no increase or decrease in number of beds provided within the state within hospital/ cost center unless by mutual agreement.		
Part II, Exhibit A 9A4	CSH may provide special programs for patients with unique needs, e.g., hearing impairment, neuro behavior problems, etc. The county has access on a first come, first serve basis.		MD CLR

REFERENCE	OBJECTIVES	ACTION NEEDED	RESPONSIBILITY
Part II, Exhibit A 9C	CSH will not unilaterally reduce beds during term of contract. If other counties reduce their level of state hospital beds, these beds shall be made available.		
Part II, Exhibit A 10A.	Utilization Review		
	Hospital shall have ongoing utilization review (UR) program designed to assure appropriate allocation		MD UR
	of Hospital resources by striving to provide quality patient care in the most cost-effective manner.		Director MH
Part II, Exhibit A 10B	County representatives shall take part in UR activities.		UR
Part II, Exhibit A 10C	UR shall address: Appropriateness of hospital admissions and discharges Clinical treatment Length of stay and allocation of hospital resources		
Part II, Exhibit A 11.A	Quality Assurance CSH shall have an ongoing Quality Assurance program and update annually and approved by the Director of Department of Mental Health		MD QA
Part II, Exhibit A 11.B	QA plan shall address all elements of QA: CA Code of Regulations, (Title 22), Federal Medicare Certification Regulations, and Standards of JCAHO.		
	Also describe linkages between risk management related to clinical aspects.		

REFERENCE	OBJECTIVES	ACTION NEEDED	RESPONSIBILITY
	Facility shall provide to the County summary data relating aggregate review of incident reports, reports of untoward events, and related trend analysis.		MD CLR Risk Mgmt Comm. SCC
Part II, Exhibit A	County Reps shall take part in QA activities.		MD
11.C.			CLR Risk Mgmt Comm SCC
Part II Exhibit A 12A	Exchange of Information		
	Parties agree to make a good faith effort to exchange as much information as is possible.		MD CLR PSW
Part II Exhibit A 12B	Exchange of information will apply only to patients referred by county who are to be hospitalized, are currently hospitalized, or have been discharged from facility. The custodian of the information will document the attempt to obtain the patient's consent before exchanging the information.		MD Clinical Records Dir.
Part II, Exhibit A 13 A	Patient Records Hospital shall maintain adequate medical records on each individual patient. Records shall include legal status, diagnosis, psychiatry evaluation, medical history, individual treatment plan. patient interviews, progress notes, recommended continuing care plan, discharge summary and records of services provided by various professional and paraprofessional personnel.		MD ID Team Clinical Records Director

REFERENCE	OBJECTIVES	ACTION NEEDED	RESPONSIBILITY
Part II, Exhibit A 13B.	Financial Records Prepare and maintain accurate financial records. including cost of service for patient on accrual basis.		ASD Trust Officer
Part II Exhibit A 13.C.1	Retention of Records After discharge, record retention requirement in paragraph 2,3, and 4 shall apply.		Clinical
Part II Exhibit A 13.C2	Most financial records shall be kept at least 2 years. After 2 years kept until audited or 4 years.		ASD Clinical
Part II Exhibit A 13.C3	Records for adults (age 18 and over) shall be retained for a minimum of 7 years from date of discharge.		
Part II Exhibit A 13.C4	Patient records for persons under age of 18 shall be retained after discharge one year past the person's 18th birthday, or for 7 years from date of discharge.		
Part II Exhibit A 13.C5	Records which relate to litigation or settlement of claims arising out of the performance of con tract, shall be retained until disposition.		ASD Clinical Rec. Dir.
Part II Exhibit A 13C.6	Except for records which relate to litigation of settlement of claims, the parties may substitute photographs, micro-photographs, mutually acceptable.		
Part II Exhibit A 14.	Revenue County and State agree to comply with Sections 7275 through 7278 of CA W&I code.		

REFERENCE	OBJECTIVES	ACTION NEEDED	RESPONSIBILITY
Part II Exhibit A 15.A	Authorized representative of county shall have reasonable access to books, documents and records.		ASD Trust Clinical Records
Part II Exhibit A 16.	Notices to the county of the following: (US mail) Occurrence of serious nature (in writing within 24 hours) notify immediately by phone or FAX		SCC EA
	Penal Code legal classification patient to LPS classification - 3 days by telephone, in writing within 10 working days.		SCC EA
Part II Exhibit A 17.	Notification of death CSH will notify the client of the death of patient in-patient or on leave immediately, business hrs. only and within 24 hours, send FAX. CSH will inform the county of all information and pertinent circumstances of the death, including name, date, time, nature and circumstances and hospital representative for additional questions.		Attending physician
Part II. Exhibit A 19.	Small county bed pool. CSH to accept patients in writing from the small county pool coordinator and written authorization from the county.		MD CLR