



COUNTY OF YOLO

HEALTH AND HUMAN SERVICES AGENCY

POLICIES AND PROCEDURES

SECTION 5, CHAPTER 1, POLICY 003

PSYCHIATRIC INPATIENT UTILIZATION TRACKING

- A. PURPOSE:** To outline the procedure for tracking all acute psychiatric inpatient hospitalizations for Yolo County beneficiaries who are the financial responsibility of the County, and ensuring that those who have been hospitalized are brought in to outpatient care/services for follow-up and continued stabilization.
- B. FORMS REQUIRED/ATTACHMENTS:**
- a. Attachment A – Episode Structure Workflow Schematic
- C. DEFINITIONS:** N/A
- D. POLICY:** Transitions from outpatient to inpatient care, and discharge from inpatient back to outpatient are high-risk situations for disruption of care and potential readmission or adverse client outcomes. For these reasons, every attempt will be made to capture and track all Yolo County beneficiaries experiencing inpatient psychiatric hospitalization in Avatar by entering hospital episodes. Tracking is important for maintaining quality of care, care coordination, improving communication and follow-up, and strengthening the provider's ability to provide timely, accessible treatment.
- E. PROCEDURE**
1. Yolo County Health and Human Services Agency (HHS) is typically notified of admission in at least one of the following ways:
 - a. The hospital faxes admission paperwork to the Discharge Planner, Discharge Planning Administrative Support, and/or Crisis Clinician at 530-666-6095 (Crisis Fax), including a face sheet, 5150 or Voluntary form, Medi-Cal swipe, and any available admission notes.
 - b. If a client requires a Treatment Authorization Request (TAR), the hospital faxes admission notification and/or a TAR sheet to the TARs Point of Contact (POC) in Quality Management (QM) at 530-666-8637 (QIFax).
 - c. The hospital calls the Crisis Clinician, Discharge Planning Administrative Support, and/or TARs POC to give verbal notification.


The Discharge Planner, Discharge Planning Administrative Support, and TARs POC will routinely review the Current Hospital Census in Avatar at least daily, on all operating business days, for maintaining accuracy of clients presently hospitalized. If the TARs POC receives notification/TAR, he/she will verify if the client is on the census. If the client is not on the census, the TARs POC will

- notify the Discharge Planning team of the admission and forward any hospitalization information so the client may be entered into a hospital episode, and discharge planning efforts can ensue.
2. Upon receiving admission notifications, the Discharge Planning Administrative Support will open a hospital episode in Avatar for clients meeting the following criteria:
 - a. Yolo County Medi-Cal beneficiary, or Yolo County Medi-Cal eligible; Medicare; or Medicare/Yolo County Medi-Cal (Medi-Medi); or Yolo County uninsured.
 - b. In cases with private insurance as primary, and client is served by a private provider, the hospital episode will not be opened unless Medi-Cal becomes the payer or primary gets dropped, in which case the episode will be entered retroactively for tracking purposes.
 - c. If a client is residing in Yolo County but has out-of-county Medi-Cal, and is unknown to HHSA, the client will be tracked separately by Discharge Planning Administrative Support on an Excel spreadsheet. If the client becomes a Yolo County Medi-Cal beneficiary, he/she will then be entered into Avatar.
 - d. If a client is a known prior Yolo County Medi-Cal Beneficiary, with out-of-county Medi-Cal, who either lives in Yolo County or expresses a plan to live in Yolo County, the client will be tracked on the spreadsheet mentioned above, and direct service staff will work with the client to switch the Medi-Cal to Yolo County. If the client becomes a Yolo County Medi-Cal beneficiary, he/she will then be entered into Avatar.
 - e. All ages meeting the above insurance requirements.
 - f. Episodes will be determined as First Admission vs. Re-Admission as follows:
 - i. **First Admission:** first known psychiatric hospitalization for a client.
 - ii. **Re-admission:** any known re-hospitalization for a client at any inpatient psychiatric facility and regardless of time between admissions.
 - g. The management of Avatar episodes will be completed according to the "Episode Structure Workflow Schematic" (Attachment A).
 3. Throughout each client's hospitalization, the Discharge Planner will communicate and coordinate discharge planning with clinical staff on the psychiatric unit by making phone calls and/or visiting area hospitals, as needed, for clients who are new to HHSA, without a case manager or services, or in need of assessment/re-assessment for services. The Discharge Planner will enlist the help of case managers assigned to any clients, and/or a current client's team for discharge planning.
 4. HHSA is typically notified of discharges by the hospital faxing the discharge paperwork to the Discharge Planner at 530-666-6095 (Crisis Fax) and/or by phone call. For situations in which the Discharge Planner is not notified of discharge or does not receive a response from the hospital, the TARs POC will notify him/her of any discharges upon receiving a final TAR post-hospitalization, if a TAR is applicable.
 5. Upon receiving discharge notifications, the Discharge Planning Administrative Support will close the opened hospital episode in Avatar. The Discharge Planner will enter a discharge summary note, when indicated, as determined by the Clinical Manager.

6. If a client remains on the census beyond 30 days and no discharge notification is received, or if there is no response from the hospital, or if the hospital indicates the client is not inpatient but does not provide a discharge date, then the hospital episode shall be closed using the same date as admission. If a discharge date becomes known, the hospital episode will be amended.

F. REFERENCES: N/A

Approved by:



Karen Larsen, Director
Yolo County Health and Human Services Agency



Date



COUNTY OF YOLO

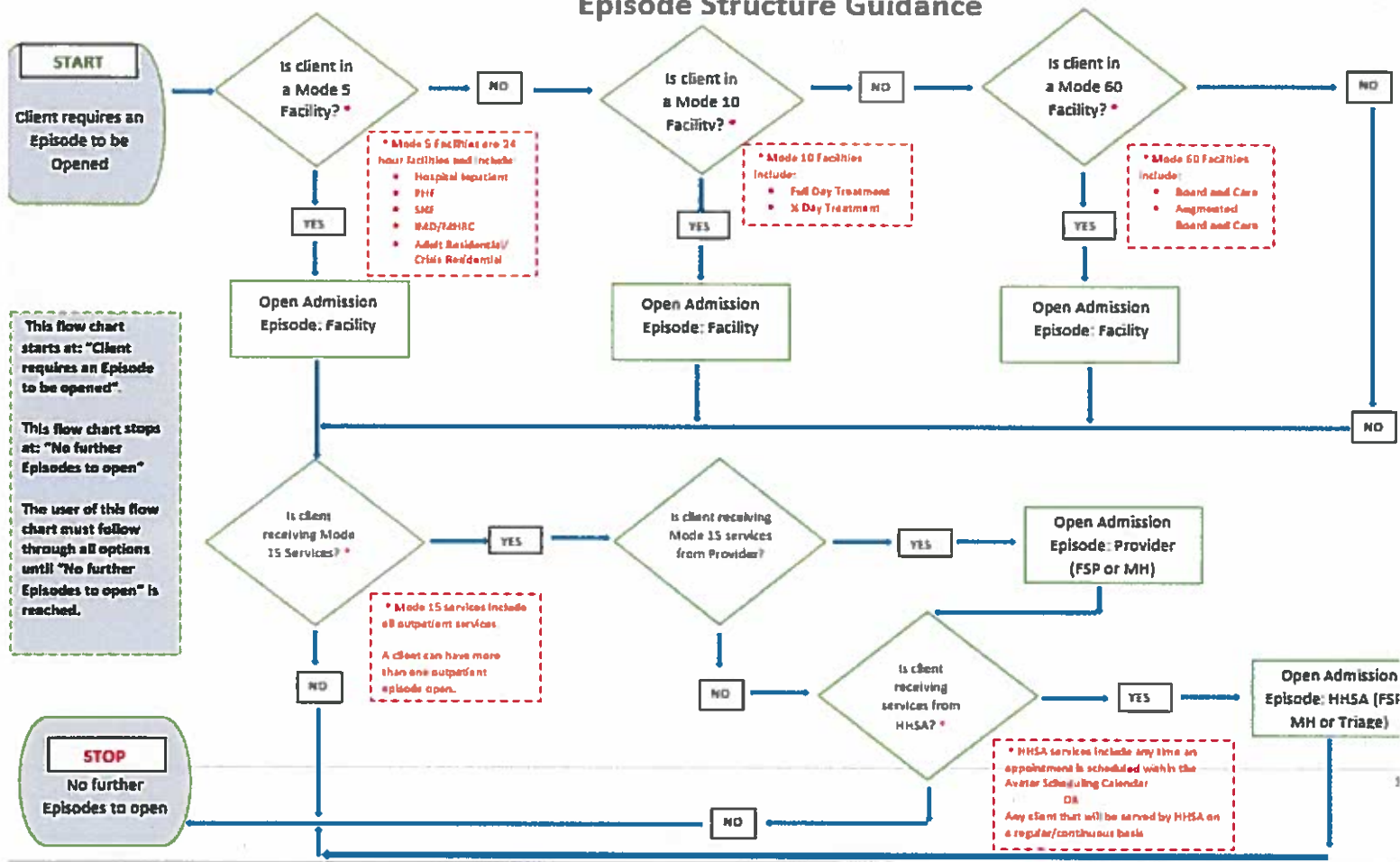
HEALTH AND HUMAN SERVICES AGENCY

POLICIES AND PROCEDURES

SECTION 5, CHAPTER 1, POLICY 003-A

ATTACHMENT A – EPISODE STRUCTURE WORKFLOW SCHEMATIC

Episode Structure Guidance



Scenarios:

1. Client is in a Mode 60 facility (B&C) and is receiving Mode 15 services (Outpatient) by Provider – open the appropriate **FACILITY PROVIDER EPISODE** and outpatient **PROVIDER Episode (FSP or MH)**. **NO HHSA Episode is needed.**
2. Client is in a Mode 60 facility (B&C) and is receiving (**continuous and/or regular and/or appointments are being scheduled within AVATAR scheduling Calendar**) Mode 15 services (Outpatient Services) by HHSA – open the appropriate **FACILITY PROVIDER EPISODE** and a **HHSA EPISODE**.
3. Client is in a Mode 60 facility (B&C) and is receiving irregular (where the client plan is NOT held by HHSA and services are based upon status checks) Mode 15 services (Outpatient Services) by HHSA– open the appropriate **FACILITY PROVIDER EPISODE**. **NO HHSA Episode is needed.**
4. Client is in a Mode 60 facility (B&C) and is receiving irregular Mode 15 (Outpatient) services, but is being scheduled within AVATAR Scheduling Calendar, by HHSA– open the appropriate **FACILITY PROVIDER EPISODE** and a **HHSA EPISODE**.
5. Client is receiving Mode 15 (outpatient services) from HHSA (where the client treatment plan responsibility is held by HHSA), and receiving Mode 15 (outpatient services) by a provider (client treatment plan responsibility is held by HHSA) - Open an **HHSA episode** and the **Provider Outpatient Episode**.
6. Client is receiving Mode 15 (outpatient services) from HHSA (where the client treatment plan responsibility is held by HHSA), and receiving Mode 15 (outpatient services) by a provider (where the client treatment plan responsibility is held by Provider) - Open an **HHSA episode** and the **Provider Outpatient Episode**.
7. Client is receiving Mode 15 (outpatient services) from TP ACT/AOT (adult or child, in system as TP FSP) and receiving Mode 15 (Outpatient Services) from a different TP program – Open a **Provider FSP episode**.
8. Client is receiving Mode 15 (outpatient services) from TP ACT/AOT (adult or child, in system as TP FSP) and receiving Mode 15 (Outpatient Services) from another provider – Open a **Provider FSP episode (for TP ACT/AOT)** and **Provider FSP episode (For other Provider)**.
9. Client is receiving Mode 15 (outpatient services) from Provider A (where the client treatment plan responsibility is held by the PROVIDER) and receiving Mode 15 (Outpatient Services) from a Provider B, (where the client treatment plan responsibility is held by the PROVIDER) – Open a **Provider A episode (FSP or MH)** and a **Provider B episode (FSP or MH)**.
10. Client is in a Mode 5 facility (24 hours) and is receiving Mode 15 services (Outpatient) by HHSA (HHSA is responsible for the client treatment plan)– open the appropriate **FACILITY PROVIDER EPISODE** and **HHSA Episode**.

11. Client is in a Mode 5 facility (24 hours) and is receiving Mode 15 services (Outpatient) by Provider (Provider is responsible for the client treatment plan)– open the appropriate **FACILITY PROVIDER EPISODE** and **Provider Outpatient Episode**.
12. Client is in Mode 60 (Psynergy Program) and is receiving services in a Mode 15 (outpatient) setting, with HHSA staff providing services on an irregular basis - **Open Psynergy Facility Episode** and a **Psynergy MH Episode**. HHSA will document notes under the **Psynergy Facility Episode**.
13. Client is in Mode 5 (Safe Harbor Program) and appointments for Mode 15 (Outpatient) are being scheduled within the Avatar Scheduling Calendar – **Open Safe Harbor Facility Episode** and a **HHSA MH Episode**. HHSA will document notes under the **HHSA Episode**.
14. Client is receiving Mode 15 (outpatient) services by Turning Point ACT/AOT and Turning Point COPDHR – **Open Turning Point – FSP Episode**.
15. Client is receiving Mode 15 (outpatient) services by HHSA (MH) and Mode 15 (Outpatient) services for Turning Point Housing and Support – **Open Turning Point MH Episode** and a **HHSA MH Episode**. HHSA will document notes under the **HHSA Episode**.
16. Client is receiving Mode 15 (outpatient) services by HHSA (FSP) and Mode 15 (Outpatient) services for Turning Point Housing and Support – **Open Turning Point FSP Episode** and a **HHSA FSP Episode**. HHSA will document notes under the **HHSA Episode**.
17. Client is receiving Mode 15 (outpatient) services by Turning Point (MH) and Mode 15 (Outpatient) services for YFSA – **Open Turning Point MH Episode** and a **YFSA MH Episode**.
18. Client is receiving Mode 10 (1/2 Day TX) services by Summit View and Mode 15 (Outpatient) services by Summit View – **Open Summit View Facility Episode** and **Summit View MH Episode**.

Mode and Service Function DEFINITIONS:

Mental Health Medi-Cal Mode of Service and Service Function (MS/SF) codes are mapped to HCPCS Procedure Codes, Procedure Modifiers, and Revenue codes for the 837 transaction. MHPs vary in the ways their staff code mental health services. Local coding may be in the form of HCPCS or CPT codes, DHCS MS/SF codes, are a unique set of codes, which is linked to HCPCS, CPT, or MS/SF codes through crosswalk tables. In all cases, MHPs must conform or translate their local codes to those 837 transaction coding requirements found in the Companion Guide.

Mode 05 24-Hour Mode of Service

Services designed to provide a therapeutic environment of care and treatment within a residential setting. Depending upon the severity of the mental disorder, and the need for related medical care, treatment would be provided in one of a variety of settings.

<i>S/D Mode of Service</i>	<i>Service Function</i>	<i>SD/MC Mode of Service</i>
05	10-18 Hospital Inpatient	07 08 09
05	19 Hosp. IP Admin Day	07 08 09
05	20-29 PHF	05
05	30-34 SNF Intensive	Not Medi-Cal Eligible
05	35 IMD Basic - No Patch	Not Medi-Cal Eligible
05	36-39 IMD with Patch	Not Medi-Cal Eligible
05	40-49 Adult Crisis Residential	05
05	50-59 Jail Inpatient	Not Medi-Cal Eligible
05	60-64 Residential Other	Not Medi-Cal Eligible
05	65-79 Adult Residential	05
05	80-84 Semi Supervised Living	Not Medi-Cal Eligible
05	85-89 Independent Living	Not Medi-Cal Eligible
05	90-94 MH Rehab Centers	Not Medi-Cal Eligible

Mode 10 Day Mode of Service

Services that provide therapeutic and rehabilitative programs as an alternate to inpatient care.

<i>S/D Mode of Service</i>	<i>Service Function</i>	<i>SD/MC Mode of Service</i>
10	20-24 Crisis Stabilization ER	12 18
10	25-29 Crisis Stab. Urgent Care	12 18
10	30-39 Vocational	Not Medi-Cal Eligible
10	40-49 Socialization	Not Medi-Cal Eligible
	60-69 SNF Augmentation	Not Medi-Cal Eligible
10	81-84 Day TX Intensive ½ Day	12 18
10	85-89 Day TX Intensive Full Day	12 18
10	91-94 Day Rehabilitation ½ Day	12 18
10	95-99 Day Rehabilitation Full Day	12 18

Mode 15 Day Mode of Service

Services designed to provide short term or sustained therapeutic interventions for clients experiencing acute and/or on going psychiatric distress.

<i>S/D Mode of Service</i>	<i>Service Function</i>	<i>SD/MC Mode of Service</i>
15	01-09 Case Management/Brokerage	12 18
15	10-19 Mental Health Services (MHS)	12 18
15	30-57, 59 MHS	12 18
15	58 TBS	12 18
15	60-69 Medication Support	12 18
15	70-79 Crisis Intervention	12 18

Mode 60 Support Services

Supplemental services which assist clients with supportive programs and activities that facilitate the provision of direct treatment services.

<i>S/D Mode of Service</i>	<i>Service Function</i>	<i>SD/MC Mode of Service</i>
60	20-29 Conservatorship Investigation	Not Medi-Cal Eligible
60	30-39 Conservatorship Administration	Not Medi-Cal Eligible
60	40-49 Life Support/Board & Care	Not Medi-Cal Eligible
60	60-69 Case Management Support	Not Medi-Cal Eligible
60	70 Client Housing Support Expenditures	Not Medi-Cal Eligible
60	71 Client Housing Operating Expenditures	Not Medi-Cal Eligible
60	72 Client flexible Support Expenditures	Not Medi-Cal Eligible
60	75 Non-Medi-Cal Capital Assets	Not Medi-Cal Eligible
60	78 Other Non-Medi-Cal Client support Expenditures	Not Medi-Cal Eligible

The report called "Service Programs with Assigned Service Codes" can be utilized to determine what Mode a facility is. The below table provides further information:

Service Program Type / Format	Inpatient / Outpatient	Mode Type
XXX-15-XXX	Outpatient	Mode 15
XXX-RE-XXX	Outpatient	SUD
XXX-NR-XXX	Outpatient	SUD
XXX-45-XXX	Outpatient	Mode 45
XXX-10-XXX	Inpatient	Mode 10
XXX-MH-XXX	Inpatient / Residential	Mode 5
XXX-05-XXX	Inpatient / Residential	Mode 5