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Mental Health Hospital Placements



The purpose of this practice point is to stress that when a child is hospitalized it is best practice to begin working on discharge planning **immediately, upon admission** to the hospital. See manual reference [CWM Sn4Ch2SubSn5 Mental Health Placements](#). A psychiatric hospitalization addresses an acute mental health episode where safety of the youth cannot be maintained in a community setting. This is short term emergency care. Timely discharge planning enables the team to determine appropriate placement, whether that be in a foster home or residential setting. It also prevents the youth from staying over the allotted days MO HealthNet has agreed to pay.

Per the CWM reference cited above, "MO HealthNet provides payment for these placements based on a [Professional Activity Study] PAS determination. The number of days for which MO HealthNet will pay depends on the specific diagnosis. Each hospital should have a listing of the PAS for each distinct diagnosis or combination of diagnoses. The actual number of days paid by MO HealthNet will be determined by the discharge diagnosis. The hospital should be able to complete a preliminary diagnosis and estimate the number of days of stay within the first week."

The case manager and supervisor should continually assess what least restrictive setting is appropriate for the child, while maintaining frequent communication with the hospital. If that least restrictive setting requires a referral, such as for Youth with Elevated Needs or residential treatment, then the referral should be completed and sent to the appropriate contact as soon as that decision is made.

The Regional Director must be notified as soon as it appears a stay beyond the approved PAS will be necessary. The discharge plan determines whether it is the responsibility of the Regional Director or RCST Coordinator to approve extra days. Payment will be issued to the hospital for any days that are not covered by Mo HealthNet:

- If the discharge plan is to a setting the case manager arranges, such as a foster home or emergency residential, then the Children's Division circuit or FCCM agency is responsible for paying for days not covered by Mo HealthNet. *Please note: for Children's Division, this payment will come out of the circuit's CTS funds.*
- If the discharge plan is to a setting arranged by the RCST Coordinator, such as residential treatment, then the RCST Coordinator or FCCM agency will request/arrange payment for the days not covered. This is contingent on the referral being approved by the RCST as the least restrictive setting that is appropriate for that child.

Please direct questions through the normal channels of supervision.