CD25-02

DEPARTMENT OF SOCIAL SERVICES

CHILDREN'S DIVISION

P. O. BOX 88

JEFFERSON CITY, MISSOURI

M E M O R A N D U M

TO: CHILDREN'S DIVISION AND CONTRACTED STAFF

FROM: KAYLA UELIGGER, DIRECTOR

SUBJECT: MENTAL HEALTH HOSPITAL PLACEMENTS

DISCUSSION:

The purpose of this memorandum is to inform staff that the Children's Division policy for mental health hospital placements has been modified. Child Welfare Manual Section 4, Chapter 2, Subsection 5 now includes specific procedures developed to monitor and evaluate the placement of children in mental health hospital settings.

Placement and Service Delivery

MO HealthNet provides payment for inpatient days certified as medically necessary by its review authority, Conduent. Children's Division is financially responsible for any days the child remains in the hospital beyond the certified medically necessary length of stay days.

It is necessary to monitor and evaluate the placement of children in a private psychiatric hospital. To do so effectively, the following procedures have been developed:

- The case manager or supervisor if applicable, upon being notified that a child has presented at the emergency department and is awaiting inpatient or has been admitted, shall make contact with the hospital **by the end of the next business day**. This should occur in addition to any emergency contact made for consent to treatment due to entering the hospital via emergency department. This contact should be used to communicate the following information:

    1. Identify one contact person from the hospital who will communicate with the rest of the hospital team on efforts around placement and treatment, preferably the assigned hospital social worker for the child.
    2. The case manager shall provide their contact information and supervisor's contact information to the hospital social worker or the identified hospital contact. The case worker shall be responsible for

communicating directly to the identified hospital contact and document all communication between the case manager and hospital staff.

3. Ask if any emergency medication was administered. Determine if this type of medication requires Informed Consent for Non-Routine Treatment and begin informed consent process if applicable. (Refer to CWM Section 4.3.3) Additionally, if you have questions about this process, please contact the designated Health Information Specialist for your circuit.
4. Ask if any new medications will be prescribed. Determine if this type of medication requires Informed Consent for Non-Routine Treatment and begin informed consent process if applicable. (Refer to CWM Section 4.3.3) Additionally, if you have questions about this process, please contact the designated Health Information Specialist for your circuit. Request the hospital provide, in writing, a treatment plan, diagnosis, and the expected length of stay within three (3) calendar days of admittance.

- The case manager shall then set up an ongoing communication plan and meeting cadence with the hospital social worker or identified contact. The ongoing communication shall consist of the following:
    - Weekly meetings should be held between the hospital and case manager and include supports such as Show Me Healthy Kids (SMHK) care manager and Department of Mental Health service coordinator, if applicable.
    - In addition, a minimum of twice a week communication should occur between the case manager and the hospital social worker or identified hospital contact in between regularly scheduled meetings. Decisions on the type of communication should be made at this initial contact i.e. email, phone contact.

- Notify the Regional Director, in writing, of the placement, including the reasons for hospitalization, expected length of stay, and discharge plan, if known.

Begin working on the child's discharge plan at the onset of hospital admittance, ensuring the child moves within the number of days certified by the MHD review authority, Conduent, unless the Regional Director or RCST approves an extension (refer to section: Length of Stay Exceeds Number of Days Certified as Medically Necessary):

- If the child does not have a secure placement to return to upon discharge from the hospital, the case manager shall schedule a mandatory meeting to be held as soon as possible but no later than 72 hours from the time the case manager has been made aware of the child's admittance into the hospital.
- Should it be determined that a child's expected placement is no longer an option at any time during the hospitalization, the case manager shall schedule a meeting as soon as possible (CWM Section 4.2, Placements).
- Invitations for participation in this meeting shall be sent at a minimum to: FST members (as outlined in CWM Section 4.7.2), Older Youth Transition Specialist, SMHK Care Manager, DMH service coordinator if applicable,

RCST if applicable, community experts, education or school liaison, hospital social worker or identified hospital contact and anyone else that would add support to the child in securing placement.

- Upon discharge from the hospital setting, case manager shall obtain discharge paperwork to include a list of medications that were prescribed as well as any discontinued. An up-to-date list of medications shall be provided to the child's placement provider as well as documented in the medical information screen in FACES. Additionally, the case manager is responsible for ensuring that medication changes are communicated with the child's medical providers so that any discontinued medications are not refilled.

Considerations for Discharge Planning from Hospital Setting

The circuit manager or designee shall be responsible for the oversight of children in hospital settings and ensuring that this communication plan and efforts for finding the right placement and treatment for children being discharged from hospitals is occurring.

The following questions can be asked to develop next steps for identifying the proper placement:

- Can the child be placed with a relative or in a foster home with wraparound services while a more long-term placement is explored?
- What are the barriers for returning to the prior placement? Are there services that can be provided to prevent placement disruption such as IIHS, family therapy, respite?
- Would a family member be willing to become a TFC placement?
- Have emergency residential facilities and shelters been explored?
- Does the child qualify for DMH services? Should a referral be made for services through DMH/Developmental Disability Division or DMH/Behavioral Health Division?
- Has the team engaged with and invited the SMHK care manager?
- Does the team need assistance in collecting medical records? If so, contact the Health Information Specialist (HIS) assigned to your circuit. The HIS team member can also participate in meetings if needed.
- Does an elevated needs staffing need to be scheduled?
- Is there a need to begin the residential referral process?
- What other community supports can be identified? Ask the team for their thoughts and input.
- Has the child been involved with any delinquency acts? Are there any pending charges with the Juvenile Office? Are there any police reports that need to be reviewed? Use this meeting to discuss with the team if any charges are going to be filed or the need to involve the Juvenile Office with additional supports and services, such as Juvenile Court Diversion Programs.
- Is there an up-to-date education file? If not, ensure that one is requested, specifically requesting a copy of the IEP or 504 plan if one exists.

- Is there a need for a DLS referral to be made to have attorney support in communicating placement efforts and barriers?
- Is there a need to request a case consultation with the Center for Excellence?

On-going communication is essential in ensuring that the child's needs are being met. Hospital treatment is an acute care service. It is not intended to meet long term needs.

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<tr><td colspan="2">NECESSARY ACTION

1. Review this memorandum with all Children's Division staff.
2. Review revised Child Welfare Manual chapters as indicated below.
3. All questions should be cleared through normal supervisory channels and directed to:</td></tr>
<tr><td>PDS CONTACT
Jessica Alu
jessica.s.alu@dss.mo.gov</td><td>MANAGER CONTACT
Christina Barnett
christina.barnett@dss.mo.gov</td></tr>
<tr><td colspan="2">CHILD WELFARE MANUAL REVISIONS
Child Welfare Manual Section 4, Chapter 2, Subsection 5</td></tr>
<tr><td colspan="2">FORMS AND INSTRUCTIONS
(List or put N/A if not applicable.)</td></tr>
<tr><td colspan="2">REFERENCE DOCUMENTS AND RESOURCES
(List or put N/A if not applicable.)</td></tr>
<tr><td colspan="2">RELATED STATUTE
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