

**ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES
PROVIDER MANUAL
Community Partnership of Southern Arizona (CPSA)**

Section 10.27 Guidelines for Enrolled Members in Emergency Departments

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10.27.1 Introduction

As CPSA enrollment continues to increase, some members may be at greater risk of having to stay in emergency departments (EDs) for longer periods of time than would be desirable while awaiting Level I placements. Although all populations are susceptible, the most vulnerable members, children and adolescents and members with developmental disabilities or coexisting acute health care needs are at greater risk. While CPSA, the Networks and system partners continue to work to improve the overall discharge and placement options and processes, the following describes the roles and expectations of Networks and CPSA in these situations.

10.27.2 Scope

To whom does this apply?

These guidelines apply to all TXIX/XXI members, all members designated as persons with SMI, and members under a court order for treatment who are kept in emergency departments for over 24 hours awaiting disposition.

10.27.3 Objectives

- To ensure that the behavioral health needs of CPSA-enrolled members are provided in a timely manner and coordinated with CPSA, network staff, and the ED staff.
- To outline the expectations CPSA holds for the provision of services to members maintained in Emergency Departments for over 24 hours.

10.26.4 General Guidelines

A. Networks

While coordination, collaboration and communication are required between Networks and EDs for all members, the following are the expectations for Network involvement in the ongoing management and assessment of enrolled members falling under the scope of this protocol until placement has occurred in a clinically-appropriate setting:

- Networks must notify the CPSA Utilization Review Supervisor or on-call UR Coordinator as soon as it is clear disposition is delayed, but no more than 24 hours after a member has spent 24 hours in an ED. The Network will identify all placement options that have been attempted thus far, hospitals that are reportedly full and the names of the individuals reporting such.

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- Once a member has been in the ED for greater than 24 hours, the Network BHMP or Medical Director must initiate contact with the ED attending physician to coordinate care, clarify clinical status, and assist in clinical management and placement decisions. Ongoing BHMP to ED collaboration must be initiated by the Network daily as long as the member remains in the ED.
- Ongoing and timely Network case management services must be initiated upon learning that the member has been in the ED for 24 hours or upon request for assistance in order to facilitate disposition and discharge planning.
- Ongoing Network coordination with system partners (CPS, DDD, etc.) must occur regularly, but not less than every 24 hours until the member has been safely moved to the next treatment or service location.
- Referrals to all reasonable, clinically sound placement options must be considered and documented, including out-of-area and, if necessary, out-of-state facilities. All Networks should be aware of all out-of-area options for potential referrals, including out-of-state options. CPSA Utilization Review Coordinator can provide an up to date list of referral options to the Network upon request.
- Any direct service provision in ED settings must be coordinated in advance with the ED attending physician and offered with respect and sensitivity to ED protocols and work flow.
- While the Network cannot assume the responsibility for guardian or parental care and oversight while in the ED, the guardian or parent must be contacted and, when possible, the Child Family Team or Adult Recovery Team process must be initiated to ensure those needs are attended to in the ED.
- When ED visits and difficult placements can be anticipated in advance, the Crisis Plan should address the Network's, the guardian's, and other involved agencies' responses if and when they occur.
- Coordination with AHCCCS Health Plans should occur at the earliest opportunity when members present with physical health care needs. Involvement of the specific AHCCCS Health Plan Behavioral Health Coordinator should be initiated upon request from the ED or when signs of health care needs are identified and documented in the member's out patient chart.
- If the member has stabilized to the point that Level I care is no longer necessary, Network Case Managers will ensure that follow up services have been defined and reviewed with the member and/or guardian prior to the member leaving the ED.

B. CPSA

- CPSA's UR Supervisor or Coordinator will review all placement options that have been attempted by the Network and assist in ensuring that all appropriate options have been considered and pursued.

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- CPSA's UR Manager or Coordinator will notify CPSA Medical Director on-call physician upon Network notification of a member in an ED greater than 24 hours.
- CPSA Medical Director will review with UR Supervisor or Coordinator the need for additional resources or authorizations that would facilitate an admission or other appropriate disposition.
- CPSA Medical Director will collaborate with Network medical staff to ensure admission of the member to an appropriate level of care ASAP.
- CPSA Member Services, UR and Medical Management will provide technical assistance to the Networks in overcoming any and all barriers to placement options.