



**GENESEE COUNTY COMMUNITY  
MENTAL HEALTH PIHP  
PROCEDURE MANUAL**

Date Issued: 10-01-2009  
Date Revised:

<b>SUBJECT:</b> ACT and MCST Coordinated Response to Consumers Presenting in the Hospital Emergency Department		<b>PAGE:</b> 1 of 3
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<b>Relates to Policy:</b>	06-207-03	

**I. AFFECTED DEPARTMENTS:**

ACT Providers (all):   
Mobile Crisis Provider:

**II. PURPOSE:**

This procedure outlines a protocol for timely and effective intervention in accordance with the essential elements of ACT whenever ACT consumers present in the local hospital emergency departments (EDs). Given that GCCMH holds a contract with a provider of Mobile Crisis Services (referred to throughout as MCST) for the purpose of authorizing admission to high-end services, it is necessary to define roles and responsibilities when the person served is enrolled in ACT services in the GCCMH network.

**III. PROCEDURE:**

- A. It is the established protocol in the local EDs to contact GCCMH MCST when a person presents in the ED with psychiatric distress in order that the person may be screened and authorized for medically necessary high-end services. A screening may alternately result in a referral to Access or IARC for authorization of routine services, and/or a suggestion for follow-up with the person's current provider(s).
- B. MCST is required to determine the individual's status as a CMH consumer, and is further required to contact the consumer's ACT team if enrolled in one of the network's ACT programs. That contact should occur upon identifying the person as an ACT consumer, but no later than the start of the screen.
- C. ACT is expected to have developed for each consumer a fully articulated relapse prevention/crisis plan that addresses impulses to present at the ED. It is expected that all ACT consumers will be instructed and reminded to call their ACT team at any hour before heading to the hospital. It is further expected that the ACT team will actively engage and assess the consumer at every contact in order to prevent or reduce the likelihood of the consumer presenting in the ED. These efforts shall be evident in ongoing clinical documentation in the records of persons served.

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- D. ACT is required to travel to the local ED upon notification by MCST that their consumer has presented in the ED, whether or not the consumer is requesting hospitalization or other-high end service. The purposes of this contact are:
1. To attempt to redirect the consumer per his or her relapse prevention/crisis plan;
  2. To prevent unnecessary inpatient hospitalization;
  3. To collaborate and consult with MCST staff with the goal of diversion from the hospital (if appropriate);
  4. To prevent unnecessary use of other high-end services such as CRU;
  5. To coordinate with the MCST, ED, and ACT physician if a hospitalization is to occur, including the commencement of discharge planning from that hospitalization.
- E. Because the MCST has three hours in which to reach a determination of disposition, the ACT intervention may occur, and result in a successful diversion, before the MCST staff arrives or begins the screen.
1. If the ACT consumer has not requested inpatient hospitalization, CRU, Crisis Stabilization, or Sub-Acute Detox during ED triage, the ACT staff may divert without a MCST screen being completed. No Denial Notice is required. In this case, the ACT staff should immediately notify the MCST staff of the successful diversion. There is no need for a screen to be completed.
  2. If the ACT consumer has specifically requested inpatient hospitalization, CRU, Crisis Stabilization, or Sub-Acute Detox, either during the ED triage process or during the screen (whether or not the ACT staff has arrived and whether or not the consumer has agreed to a diversion as a result of any ACT intervention), the MCST staff must complete a screen and issue a Denial Notice in the event the person is not admitted to the high-end service originally requested. Again, regardless of the sequence of events, and regardless of whether an inpatient admission can be diverted through the intervention of ACT, a screen by MCST is required if the ACT consumer originally requested hospitalization, CRU, Crisis Stabilization, or Sub-Acute Detox.
- F. The interaction between MCST and the ACT team is expected to be collaborative and focused on what is best and safest for the consumer.
- G. The MCST staff is not required to wait for ACT staff arrival to conduct a screen, but is expected to be in communication with ACT as decisions and plans are made.

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H. The ACT staff is not required to wait for the MCST staff to begin their interventions with the consumer, but is expected to be in communication with MCST as decisions and plans are made. Again, if the consumer started out requesting hospitalization, CRU, Crisis Stabilization, or Sub-Acute Detox, a screen must be completed before the consumer departs the ED, and only MCST can issue a Denial Notice.

I. In the case of a disagreement between ACT and MCST over whether or not hospitalization is medically necessary, the MCST staff, in consultation with the MCST physician, has ultimate authority on behalf of the PIHP.

J. In the case that MCST determines that inpatient hospitalization is not medically necessary but the ED physician disagrees, the ED physician may choose to hospitalize the consumer without authorization. MCST shall notify Utilization Management the next business day of a hospitalization without authorization.

**IV. DEFINITIONS:**

Local Hospital Emergency Department: All hospitals within a 60-mile radius of Flint.  
High-End Service: Inpatient, Crisis Residential Unit (CRU), Crisis Stabilization, Sub-Acute Detox.

**V. TRAINING AND DISSEMINATION:**

Provider Relations will disseminate this Procedure to all affected providers. Questions may be addressed to managers in Quality Management or Utilization Management.