

**Detroit Wayne Integrated Health Network
Pre-Admission Review Procedures Updated March 2023**

Steps	Procedures
Bed Census	COPE contacts each contracted psychiatric inpatient unit for updated bed status every 4 hours and records the information in the preadmission review (PAR) disposition section (PAR-D).
Request for Services (RFS)	<p>The Request for Service (RFS) is initiated when a hospital ED/Crisis Stabilization Unit contacts COPE due to a member experiencing a behavioral health crisis.</p> <p>Prior to contacting COPE, the hospital staff:</p> <ul style="list-style-type: none"> • Checks to determine if the insurance and residential eligibility meet the requirements of an adult (18 years +) served by DWIHN. • Determines whether the individual is medically stable. NOTE: No member can transfer directly from the ICU to a psychiatric unit. The member must go to step down unit for 24 hours prior to contacting COPE. Medical clearance must occur in the step down unit, not the ICU. • contacts COPE at 1-844-296-COPE (2673) to request pre-admission review (PAR).
Screen for Eligibility	<p>During the initial call COPE staff:</p> <ul style="list-style-type: none"> • Verifies eligibility, determine county of financial responsibility (COFR), all inquiries related to COFR that cannot be determined by COPE leadership will be escalated to DWIHN liaison Latraya Cobb (lcobb@dwihn.org) (248)251-3256 or Felicia Wynn (fwynn1@dwihn.org) (313)693-3289 Monday-Friday 9a-5p. After hours COFR consults will resume the next day, on weekends, contact Daniel West (dwest1@dwihn.org) (734)419-3159. • Inquiries about medical clearance • Determines requested level of care • Determines status of petition and certification • Records demographic information on the member • Requests information to determine whether the PAR will be completed telephonically or face-to-face.
Non-Eligible Members Due to Payer/Insurer	<p>COPE may authorize inpatient services for the following payers on a case-by-case approval from DWIHN. Those approvals considered are:</p> <ul style="list-style-type: none"> • Medicare only or Medicare Primary (e.g. Medicaid/Medicare when the member is not enrolled in the MI Health Link program) • COFR based on approval from DWIHN liaison Latraya Cobb (lcobb@dwihn.org) Monday-Sunday 9a-5p. • Veterans Administration (VA – service connected). <ul style="list-style-type: none"> ○ <i>It is the responsibility of the requesting facility to determine whether Medicare days are available, and this information accompanies clinical information submitted when completing a request for service.</i> <p>If the hospital's efforts to place persons with these payers exceeds 24-hours without a pending approval, a pre-admission review can be conducted by COPE after receiving approval from DWIHN. COPE will obtain the approval.</p>
Telephonic Screening and Mobile Crisis Team Dispatch	<p>When the RFS is being taken these 8 questions are asked. Have any of the following occurred in the last 24 hours?</p> <ol style="list-style-type: none"> (1) Suicide Attempt? (2) Suicidal Ideation/means? (3) Homicide Attempt? (4) Homicidal ideation/means? (5) Serious Bodily Injury to Others (6) Damage to Property (7) Is the member actively using or tested positive for substances? (8) Is the member actively psychotic? <p>Based on the responses provided COPE will determine if the RFS will be completed face to face or telephonically. All efforts are made, when appropriate, to have PARs completed face to face. Factors that contribute to PARs being completed telephonically include:</p> <ul style="list-style-type: none"> • volume of request for services is greater than Mobile Crisis Teams can manage with time and distance. • inclement weather. • the case is reconsidered for a telephonic screening.

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	These exceptions are sometimes necessary in order to provide prompt services to the member waiting in the ED.
Pre-Admission Review	<p>PAR assessment determines level of care based on medical necessity criteria.</p> <p>Telephonic Screen: COPE clinician contacts ED social worker to conduct the PAR assessment via telephone. Every effort will be made to complete the PAR within 2 hours of the request. The COPE clinician will use the information collected from the telephonic screening and the ED clinical packet to determine disposition and level of care for patient.</p> <p>Mobile Crisis Face to Face Screen: Mobile team is expected to arrive within 2 hours of the request for service (maximum of 3 hours). Dispatched team will arrive at ED and check in with the ED social worker or charge nurse. Team will meet face to face with DHWIN member to perform PAR assessment. The ED will provide the COPE mobile staff with facilities to meet with the member that ensures members privacy and provide adequate space to interview the member comfortably. The Mobile Team will use the ED clinical packet, any crisis alert notes in MH-WIN to completed the PAR, determine disposition/ level of care for member. A disposition sheet will be given to ED clinical staff with disposition decision. In the event that an ED clinical staff is not available, COPE team will give disposition sheet to charge nurse and document accordingly in MHWIN.</p> <p>COPE staff will delay screening if a member is unable to participate fully in the assessment (chemical restraints, medical concerns, aggression, etc). However, staff will attempt to gather necessary information from the requesting facility treatment team. If a patient is unable to participate fully in the assessment, the RFS will be canceled and called in once the patient is alert.</p> <p>Note: In the event that the member and/or the ED staff needed to conduct the PAR is not available to conduct the review process, the case will be closed until a time when the ED or the member (as described above) becomes available. In the event a notification is made to the contracted screening agency or DWIHN requesting a screening, made by a legal guardian/authorized representative, the screening agency will research the case (COFR, current DWIHN member, diagnosis, etc) and initiate a request for service for the hospital where the member currently is or where the member will be going at the time notification is made. A team will be dispatched to conduct screening, and if efforts to complete the screening are refused by the hospital upon team arrival, documentation is to be completed in MHWIN (attending physician, contact at hospital, reason for refusal, etc).</p>
Disposition Decision	<p>COPE staff conducting face-to-face reviews will provide the ED with a disposition sheet indicating the level of care that has been determined. COPE staff conducting telephonic reviews will verbally provide the level of care that has been determined and document who the level of care was provided to in the ED.</p> <p>When COPE determines a disposition that differs from the requested level of care, COPE staff will consult with a doctor (COPE or ED doctor) to finalize the level of care (see next section).</p> <p>Voluntary levels of care will need to be introduced to the member as a potential option to determine appropriateness. The individuals providing the information will explain to the member the disposition determination requires treatment team communication that includes ED staff prior to finalization.</p> <p>When the Hospital/ED clinician does not agree with the disposition provided by the COPE clinician a request for a doctor to doctor consult can be requested by the hospital. The consult is to be completed within 2 hours of the request. The doctor to doctor consult is completed between the ED Doctor and the COPE psychiatrist.</p>
Physician to Physician Review	A COPE psychiatrist is available 24-hours a day and can be reached at 844-296-COPE. The Hospital needs to call COPE to request a doctor to doctor consult. The name of the COPE psychiatrist on duty will be provided at this time. The member's information will be provided to the COPE psychiatrist as well.

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	<p><i>If the doctor to doctor consult has not been requested within 3-hours of the disposition, the COPE disposition will stand. Lack of contact from the ED physician implies the EDs acceptance of the disposition.</i></p> <p>The possible outcomes of a doctor to doctor are:</p> <ul style="list-style-type: none"> • the doctors agree on an appropriate disposition, COPE and ED doctor advise the appropriate staff of the outcome. • the doctors disagree on the level of service, the disposition by the COPE psychiatrist is final. <p>If the doctors disagree a denial will be issued to the hospitals with options to appeal within 24 hours of the denial.</p>
Authorization of Inpatient Admission	<p>When a member meets medical necessity criteria for inpatient placement, COPE begins to search for bed placement. Members’ packets are sent to all contracted inpatient hospitals based on bed availability. Hospitals with vacancies must complete review of the member’s packet and confirm within 2 hours whether the facility has accepted the member. An out of network bed search will depend on circumstances, but will be considered after a 24 hour bed search within the contracted provider network.</p> <p>Reasons for denials must be provided to COPE as it must be recorded in MHWIN. COPE will record:</p> <ul style="list-style-type: none"> • Date/Time • Staff entering information into MHWIN • Provider denying the member • Staff at the Provider advising of denial of placement • Reason <p>Once the bed is secured the following information is obtained from the accepting hospital:</p> <ul style="list-style-type: none"> • Date/Time • Staff entering information into MHWIN • Provider accepting patient • Admitting Physician • Room Number • Unit Number <p><i>It is the responsibility of the requesting ED/Hospital to facilitate/arrange the transfer of the member to the accepting/admitting hospital. Unless the patient is being serviced under General Fund, COPE will then arrange transportation.</i></p> <p>Once the patient arrives, the admitting hospital must call COPE to advise the patient has arrived to obtain authorization. Authorization are not entered into MHWIN until member arrives at the inpatient facilities. NOTE: Authorizations in MHWIN are transferred in real time to DWIHN for continued stay reviews.</p> <p>** If the accepting/admitting hospital does not contact COPE for the inpatient authorization within 24-hours of the admission, an administrative denial may be given. The decision to issue a denial is on a case-by-case basis and is at the discretion of the DWIHN.</p> <p>If there is a need to appeal or dispute an authorization, an email should be sent to the DWIHN UM department at: appeals@dwihn.org</p> <p>For all County of Financial Responsibility (COFR), Single Case Agreement (SCA) and/or state hospitalization questions, please contact the assigned DWIHN Hospital Liaison.</p>
Diversion	<p><i>Please utilize DWIHN levels of care grid as a reference to this section (reach out to a DWIHN liaison for the grid)</i></p> <p>COPE is responsible for securing placement of members. COPE diversion options are as follows: Crisis Residential Unit (CRU), Partial Hospitalization Program (PHP), Pre-placement Housing, Outpatient Services, Withdrawal Management and SUD Residential.</p>

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	<p>COPE calls the ED/Hospital once during an 8 hour shift to obtain the mental health and medical status on members awaiting bed placement. COPE clinicians enter a note in MHWIN regarding the member and includes the name and credentials of the individual with whom he/she spoke. Members bed placements that take over 23 hours COPE provides the list of members to the DWIHN Hospital Liaisons for further assistance. These calls also assist in determining appropriateness of reevaluations and diversions for patients</p> <ul style="list-style-type: none"> • Crisis Residential (CRU)- referral is made upon completion of disposition to the Crisis Residential program for review. There is a 2 hour window for acceptance of the member for CRU. If there are no beds available at the CRU and discharges pending, the patient can wait at COPE's CSU for the pending discharge. If there are no pending discharges, the disposition is changed to inpatient. • Crisis Stabilization Unit(s) (CSU)- Crisis Stabilization units are secured units designed to stabilize and evaluate members in crisis, and therefore transportation from EDs require petition/certification. There are 2 CSUs: COPE in Livonia (734)721-0200, Team Wellness in Detroit (313)969-5387. • Partial Hospitalization Program (PHP)- referral is made to New Oakland by COPE staff. Member is discharged from the ED and will participate in the PHP program upon acceptance. COPE staff will secure crisis stabilization services to follow up with the member. • Outpatient- member is discharged from the ED. COPE secures mobile crisis stabilization services for follow up with the member. • Withdrawal Management- member meets criteria to receive Withdrawal Management services prior to SUD residential services. COPE secures placement at a Withdrawal Management facility. Once a member completes a Withdrawal Management Program, they can potentially be stepped down to a lower level of care. • SUD Residential- member meets criteria to receive SUD services and is not at risk for withdrawal management can be placed into a SUD residential program. COPE secures placement for SUD Residential facility. • Pre-placement housing is based on acceptance by the home providers. If all pre-placement housing providers have denied the member, the member is discharged to a local shelter (call CAM (313)963-6601). Programs have 2 to 6 hours to review members packet for denial or acceptance. COPE secures follow up services with mobile crisis stabilization. • If a specialized placement is being sought, the RFS from COPE will need to be closed out (a bed search for acute inpatient placement is no longer warranted) and a residential referral will need to be submitted to residentialreferral@dwihn.org, and a residential care specialist will be assigned and take over as the point of contact throughout the placement search. <p>The following are Medicaid covered services: Crisis Residential (CRU), Mobile Crisis Stabilization Services, parital hospital program (PHP), and Pre-placement Housing (formerly Transitional). If a member only has Medicare (no Medicaid) and needs these services, a general fund request will need to be made. PHP is a Medicare covered service and will not require a COPE authorization.</p>

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Contact Information	<ul style="list-style-type: none"> • <u>Annette McCain, DWIHN Hospital Liaison</u> 313-952-1963 amccain@dwihn.org • <u>Kimberly Rice, DWIHN Hospital Liaison</u> (<i>All children's cases</i>) 248-251-3772 (cell) krice@dwihn.org • <u>Latraya Cobb, DWIHN Hospital Liaison</u> 248-251-3256 (COFR) lcobb@dwihn.org • <u>Kevin Giles, Mobile Outreach Clinician</u> (313)580-3402 kgiles@dwihn.org • <u>Felicia Wynn, DWIHN Hospital Liaison</u> (313)693-3289 (COFR) fwynn1@dwihn.org • <u>Daniel West, Director of Crisis Services</u> (734)419-3159 dwest1@dwihn.org • <u>Sojourner Jones, Community Law Enforcement Liaison</u> (313)585-4775 sjones1@dwihn.org