

SRS/CSS Policy

Regarding: SMRH Admission

Final Revisions and Approval Date: March 15, 2004

Implementation Date: April 15, 2004

Policy

It is the policy of SRS/HCP to ensure that persons have access to services and supports, which allow opportunities to increase their independence, productivity and integration in the community. The established standards for care must ensure that the least restrictive and most appropriate service setting for the person is achieved.

This policy process applies and must be followed any time admission is requested at a state mental retardation hospital (SMRH.) This process is also utilized any time a person with developmental disabilities is proposed for transfer from a state mental health hospital to a state mental retardation hospital.

Definition for SMRH Admission

SMRH admission is defined as a request that involves the person physically residing at the state hospital. It is not consultation, training, medical or other services provided to persons that will continue to reside in the community. It would not be appropriate for someone to seek or obtain SMRH admission if the criteria outlined in this policy are not met, or if those services are sought in any of these circumstances:

- Solely to provide respite for family caregivers,
- As an alternative to increasing community capacity or a 'cure' for disability-related support needs,
- As a substitute for community crisis service access,
- If inconsistent with ICF-MR regulations, or
- When foster care or mental health resources have not been considered.

Code of Federal Regulations regarding ICFs/MR: CFR 42 483.1009 and 42 483.400 – 483.480

Application Requirements

- 1) Admission to a SMRH is for not more than 180 days without written agreement of CSS.
- 2) Applications for SMRH services can only be submitted by a CDDO in Kansas.
- 3) The SMRH Service Request Application, (Form #) must be utilized.
- 4) A Narrative Summary and Transition Plan to return to community services must be attached to the application.

SMRH ADMISSION PROCESS

- 1) Developing the Application: Any person, CSP or CDDO may originate the application. At the time of application, the CDDO in concert with the person, guardian and support team (including the person's case manager and current community service providers as applicable) should be prepared to provide all information listed in the application. The application should not be submitted to the CDDO chief executive officer or designee unless all elements of the application criteria are met.

NOTE: This application should not proceed until guardian approval is obtained and until the guardian or other interested person obtains or is actively seeking (has filed a petition seeking) court approval. (K.S.A. 59-3077, Authority of guardian to admit ward to treatment facility; petition; contents; notice; hearing; procedure)

- 2) Reviewing the Application: The CDDO chief executive officer or designee will review the application to ensure that all requirements described in this policy have been achieved. If not, the application should be returned to the presenter to address the missing information.

Once a completed application is submitted, the decision as to whether or not to proceed with submitting the application rests with the CDDO chief executive officer or designee. If the CDDO chief executive officer or designee determines that the appropriate criteria for seeking SMRH services have not been met or has ideas that may divert the application, he/she should advise the applicant of that decision and of their option to seek review of that decision through utilization of the local dispute resolution process.

- 3) Submitting the Application: Once in final form and attested to by CDDO chief executive officer or designee:

- A. The application is submitted via facsimile to either the PSH Superintendent or KNI Superintendent. Immediately before faxing such an application, the CDDO should call the offices where the application is being sent to advise that the application is forthcoming. The reason being that there is a two working day response time if the CDDO believes a crisis situation exists. When the last page of the fax is received, the time - period for response commences.

Contact Information

PSH Superintendent: fax 620-421-3623 and voice 620-421-6550 ext. 1720

KNI Superintendent: fax 785-296-7923 and voice 785-296-5301

Community Supports and Services (CSS): fax 785-296-0557 and voice 785-296-3561

- B. HCP/CSS will be sent a copy of the identical information submitted to the SMRH.

Note: Attachments may be submitted with the application or by submitting readily available pieces of the information with the application and being prepared to provide the remainder of the information verbally in a conference call.

- 4) SMRH Processing of Application

- A. The SMRH Superintendent or designee will be responsible to review the application, seek any additional information from the CDDO needed to complete assessment of the application.
- B. If the application identified a crisis situation exists, the SMRH Superintendent or designee will review the application, seek any additional information from the CDDO needed to complete assessment and respond to the CDDO within two working days from the time of the fax.
- C. If the application is not a crisis situation the SMRH Superintendent or designee will respond to the applicant within ten working days from the date of the application.

- D. Application outcomes:
1. Grant the application and work with the CDDO designee and/or the applicant to support the transition to SMRH services. The SMRH must send notification of admission to CSS.
 2. Explain, in writing to the CDDO, CSP and CSS that the application cannot be acted upon within the two (or ten) working days because substantive information is missing. SMRH will detail the missing information and outline the efforts undertaken to get the missing information from the CDDO. Once the needed information is received the application review will start over and a decision will be made within two (or ten) working days from receipt of all missing information.
 3. Deny the application and providing specific information to the CDDO designee indicating why the SMRH is not currently the least restrictive and most appropriate setting in which to meet the person's health and safety needs, or otherwise not available. If the application is denied, the SMRH Superintendent or designee should provide suggestions to the CDDO as to any supports the SMRH may have available to assist the person in successfully remaining in his/her community, including any outreach, consultation or other staff resources or supports. The SMRH must send notification of denial to CSS.
5. HCP/CSS Assistance with Application
- A. Confer with the SMRH designee and assist with assessing the application as requested,
 - B. Facilitate information to and from the QEC/CSS staff involved,
 - C. Facilitate conference call(s) as may be needed between SMRH designee, CDDO designee, and any other identified persons who may have information needed to assess the application,
 - D. Verify the SMRH request, offer consultation and follow-up for persons 18 and under, **(CSS reserves the right to make recommendations before approval for admission is given.)**
 - E. Seek written agreement that the SMRH admission can exceed 180 days if, after consultation with the CDDO and SMRH staff, the HCP/CSS designee concludes that exceeding that time limit is required to meet the interests of the person involved, and
 - F. Maintain data as to applications, responses, service timelines, and other related information for ongoing review and recommendations.

Narrative Summary and Transition Plan Instructions

Definition of Narrative Summary

The narrative summary must include the CDDO/CSP efforts in supporting the person's continued stay in the community. Following are three lists that describe a minimum set of service options that need to have been tried prior to seeking SMRH admission. Each component must be included in the Narrative Summary. For a person with Medicaid, the person's case manager will take the lead in developing this summary. For other person's seeking admission to a SMRH, the CDDO will take the lead.

In crisis situations, the contents of the narrative summary will be shared verbally with the Community Integration Manager and the SMRH. The written report must be received within 14 days of the verbal discussion.

- 1) The crisis situation with specific details,
- 2) What efforts have been made to meet the person's needs in the community and an explanation of why these efforts have not been successful, (*see below)
- 3) An explanation why the CDDO believes admission to a SMRH is the least restrictive alternative.
- 4) Assurance that current CSP(s) have met the criteria of K.A.R. 30-63-23, in association with the proposed restrictive intervention of state hospital admission, and have obtained stakeholder comments and recommendations, including behavior/human rights committee, quality enhancement coordinator, and/or mental health professionals.

Community Efforts for All Applicants

The CDDO and CSP efforts must include the following information:

- A. The CSP must have provided individually tailored services to the person as defined in the PCSP.
- B. The CSP must have provided environmental modifications to the person's living arrangement to meet the person's health and safety needs or address the person's challenging behavior?
- C. The CSP must have provided or made arrangements for medical services to address the person's health needs and/or to rule out physical discomfort or health issues as a reason for the person's challenging behavior.
- D. The CDDO or CSP must have sought consultative services from staff at the SMRH or other community service providers prior to requesting admission.
- E. Assurance that current CSP(s) have met the criteria of K.A.R. 30-63-23, in association with the proposed restrictive intervention of state hospital admission, and have obtained stakeholder comments and recommendations, including behavior/human rights committee, quality enhancement coordinator, and/or mental health professionals.

Community Efforts for Applicants with Challenging Behaviors

The CDDO and CSP efforts must include the following information:

- A. The CSP must have provided local consultation with a behavior analyst, behavior support specialist or staff at the SMRH to determine the function of the person's challenging behavior, to develop an appropriate positive behavior support plan that stresses preventive measures, assesses environmental issues that might contribute to the challenging behavior, and that outlines appropriate reactive strategies to utilize when problems occur.

- B. The CSP must have provided sufficient training and supervision to direct support professionals to increase their skills in meeting the person's needs. Ancillary documentation can be submitted to support this statement. Examples might include: training logs and/or supervisor's notes.
- C. The person's behavior support plan must have been carried out in a competent manner by all members of the person's support network. Ancillary documentation can be submitted to support this statement. Examples might include: incident reports, behavior reports and/or staff summaries as to what worked or didn't work.
- D. The CSP must have provided or made adjustments in the behavior support plan as necessary.
- E. The CSP must have sought assistance from community providers of mental health services, including identification of mental health needs, appropriate services, made adjustments in medications if necessary, and (if appropriate) seek screening for admission to a psychiatric treatment unit, and
- F. The CSP and/or the county's court system must determine the person or the community is currently at risk of harm.

Community Efforts for Applicants Under the Age of 18

The CDDO and CSP efforts to meet the child's needs must include the following:

- A. Must have tried a full array of in-home supports to the child and family.
- B. Have advocated for and obtained appropriate school services with school system personnel.
- C. Have utilized positive behavior supports. (A covered Medicaid service for persons under 21)
- D. Have explored or tried supported family living services, or other similar alternative residential services (including seeking approval for adult services) within the community that would be less restrictive than admission to a SMRH.

Definition of a Transition Plan

The transition plan needs to identify support techniques and approaches that are appropriate for the person and be consistent with community-based service settings. The transition plan must include timelines for return to the community. It should be jointly developed by the CDDO, CSP, SMRH and the person's support network and submitted within 30 days of the person's admission. For a person with Medicaid, the person's case manager will take the lead in developing this plan. For other person's seeking admission to a State Hospital, the CDDO will take the lead.

By the 120th day of the person's admission to the SMRH, the case manager or CDDO, as appropriate, will provide an update to the transition plan.

SMRH Service Application Request

Consumer Information			
Consumer Name:		Birth Date:	
Street:		City:	
County:		Zip:	
Medicaid number:		SSN:	
Phone number:		Fax Number:	
E-Mail:			
Does the person have a mental retardation or developmental disability diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No			
MR/DD Diagnosis:			
Does the person have a current mental health diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Mental Health Diagnosis:			
Does the person have an HCBS Plan of Care? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Parent/Guardian Information			
Parent/ Guardian Name:			
Street:		City:	
County:		Zip:	
Phone number:		Fax Number:	
E-Mail:			
If a guardian, does the guardian approve of this request? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has court approval of this request been obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No (review K.S.A. 59-3077) Authority of guardian to admit ward to treatment facility; petition; contents; notice; hearing; procedure			
**NOTE: If no to either question, this application should not proceed until guardian approval is obtained and until the guardian or other interested person obtains or is actively seeking (has filed a petition seeking) court approval, on short timeline.			
Community Service Provider(s) and Services			
Case Manager's Name:			
Phone Number:		Email:	

CMHC: _____
 CMHC Case Manager & Phone Number: _____
 Other mental health services: _____

Application Contact Name:		Phone Number:	
CDDO submitting application		Phone Number:	

CDDO Designee available for consultation: _____

Community Service Providers: Name, Contact, Contact Phone and Service(s)

Name:	Contact:	Phone Number:	Service(s):
Name:	Contact:	Phone Number:	Service(s):
Name:	Contact:	Phone Number:	Service(s):
Name:	Contact:	Phone Number:	Service(s):

Requested services:

SMRH requested: _____ KNI _____ PSH&TC

Notes on service(s) requested: What is the primary reason(s) prompting this request? (Check all that apply)

1. Intensive behavioral support need
2. Criminal justice involvement
3. Acute mental health need
4. MR/DD related support need (_____)
5. Chronic mental health need
6. Sexuality-based challenging behavior support need
7. Chronic medical/health care need
8. Medication adjustment/stabilization
9. Other: _____

Attestation: As the CDDO chief executive officer or designee, I attest as part of this application my informed belief that this person's needs cannot adequately be met within the community services system, that admission to the SMRH is believed to be the least restrictive alternative available to meet the person's needs at the present time, and that I will actively work to support the person's return to community services within the agreed time period.

Signature

Title

Date

SMRH and CSS Use Only (Answer Yes / No to the Following questions)	
1. Is the application signed by the Community Developmental Disabilities Organization (CDDO)? CDDO: _____	___ Yes ___ No
2. Is there a current Developmental Disability Profile (DDP) or BASIS?	___ Yes ___ No
3. Did the CDDO demonstrates that services in an SMRH setting would be the least restrictive most appropriate service setting for the person at this time?	___ Yes ___ No
4. Is there verification that the person has a diagnosis of mental retardation with an IQ below 70, and is in need of active treatment defined by the Code of Federal Regulations (CFR) for ICF-MRs. 42 CFR 435.1009 refers to treatment that meets the requirements specified in the Condition of Participation for active treatment at 42 CFR 483.440(a)?	___ Yes ___ No
5. Is there documentation that the SMRH service setting is essential to the person's health and safety?	___ Yes ___ No
6. Is there evidence that the request is made after exhaustion of? <ul style="list-style-type: none"> • CSP resources • CDDO resources • Collaboration with peer providers (including other service areas) who may provide consultation or assistance to support the person • Natural and family resources • Other community based resources (e.g. mental health, foster care, behavioral supports and generic services) 	___ Yes ___ No
7. Has the CDDO and either the QEC or CSS provided expressed opinions that the person's needs cannot adequately be met within the community services system and admission to the SMRH is believed to be the least restrictive alternative available to meet the person's needs at the present time?	___ Yes ___ No
8. Has the person's support team/network including the person's guardian (with court approval) expressed that the person's needs cannot adequately be met within the community services system, and admission to the SMRH is believed to be the least restrictive alternative available to meet the person's needs at the present time?	___ Yes ___ No
9. Does the narrative summary include the required information?	___ Yes ___ No
10. Attachments: <ul style="list-style-type: none"> • Current Person Centered Support Plan (up-dated at time of application?) • Listing of current and previous (last year) medications including name, dosage, reason prescribed and routes of administration and how dispensed. • Current behavior support plan if a challenging behavior is a reason for the request. • Outline of behavioral data if challenging behavior is a reason for the request. • Current health information: include - a history and health issues which are currently being treated and pertinent mental health information. 	<ul style="list-style-type: none"> ___ Yes ___ No ___ Yes ___ No ___ Yes ___ No ___ Yes ___ No ___ Yes ___ No

Application Disposition	
Date and Time the application received by SMRH:	
Application Granted? Yes or No	Date of Decision by the SMRH:
If application denied, provide a brief explanation.	