

**Osawatomie State Hospital (OSH) Temporary Census Diversion
Conference Call: Friday, May 15, 2015
Q&A**

Q1. How will KHS know what community services are available? What is the best way to share this information with KHS?

A The CMHCs have been asked to provide KDADS Behavioral Health staff with community plans that list all of the resources within their catchment areas. The community plans will be available soon on the KHS website, www.KansasHealthSolutions.org; we also encourage providers to reach out to KHS directly to ensure that your service availability is accurate; please email Patrick Yancey of KHS at pyancey@khs-ks.org

Q2. Can providers have access to the complete list of services available?

A Yes. This information will be posted on the KHS website under the community bed board section. <http://bedcount.kansashealthsolutions.org/>

Q3. Will funds be available for individuals who may need services that are not currently covered by their 3rd party payer source?

A Our intention is that the funds will be used as the “payer of last resort.” For example, if the patient has no coverage for behavioral health services, this funding source would be available or, if the patient is insured, but their insurance does not cover the needed treatment, this funding source would be available.

Q4. How does this impact the LSH catchment area?

A While we are currently concentrating on the OSH catchment area, we will continue to share information with stakeholders from the Larned State Hospital catchment area as well.

Q5. What are the current rates associated with the services that have been approved under this available funding?

A KHS is currently working with providers to determine appropriate reimbursement. Each provider will need to have a contract in place with KHS in order to receive payment.

Q6. What is the expected timeline for the availability of these funds?

A Temporary funds will be available throughout construction at OSH and for a short time afterward beginning Friday, May 22nd through December 2015.

Q7. Does the implementation of this process require special staffing?

A No.

Q8. Would Block Grant funding be considered a 3rd party payer source?

A Block Grant funding will not be utilized for this situation. OTCD funding is only available for individuals who meet the criteria for admission to the state hospital.

Q9. Will KDADS consider using funds to assist with discharges as a way to assist in lowering the length of stay (LOS) for OSH patients?

A KDADS will consider this on a case-by-case basis.

Q10. Will medical clearance still be required prior to admission?

A Yes

Q11. Will the triage process remain in effect indefinitely?

A Our hope is that this new system will ultimately lead to better outcomes for OSH and the Community Mental Health Centers. That being said, it has not been determined how long this process will be in place.

Q12. If a client is refusing treatment and would typically be screened for involuntary placement to the State Hospital, should the screener use the same process to admit to a community hospital if a bed is available?

A Yes, the screener would still follow the triage process with OSH staff as outlined in the *Potential Moratorium Guidelines for Admission to OSH and OTCDF* document.

Q13. Is OSH staffed appropriately to handle the number of triage calls that will come in during this time?

A Osawatomie State Hospital is prepared to accommodate the triage process. Nursing and medical staff will be available at all times. All staff involved in the triage process will be required to attend an in-service training that will cover all aspects of the triage process including how to handle admissions with or without a moratorium in place.

Should there be a disagreement between the OSH Triage team and the CMHC screener, the screen will go to KDADS Central Office for further review. Dr. Jerry Rea, OSH Superintendent is also available for consultation. Jerry's email address is Jerry.Rea@pshtc.ks.gov

Q14. Will a screen be required for Out-patient Treatment Order (OTO) revocations?

A OTO revocations will continue to be brought directly to OSH unless a moratorium has been declared.

If a moratorium is in place, the patient would be placed on the waiting list and options for the use of temporary diversion funds will be explored. If it becomes necessary for OSH to declare a moratorium, all stakeholders will be notified.

Q15. If all local funds are exhausted, can OTCD funds be used for transportation?

- A The use of OTCD funds for travel will be strictly monitored by KHS/KDADS. Approval will be considered on a case-by-case basis. Travel funding will only be considered for individuals whose behavior at the time of the screen would indicate that a secure transport is needed.

Q16. Will KDADS ignore court orders and deny access to OSH?

- A Currently, OSH is accepting involuntary patients but, if it becomes necessary, then pursuant to KSA 59-2968, the Secretary of the Kansas Department for Aging and Disability Services (KDADS) is authorized to declare a moratorium on admissions to a state psychiatric hospital. A moratorium may be declared at the Osawatomie State Hospital (OSH) any time the hospital is expected to exceed a maximum census of 146 patients.

Throughout the period that a moratorium is in effect, a district court or Community Mental Health Center (CMHC) serving the OSH catchment area may request that an individual be placed on a waiting list for involuntary admission. Whenever the census at OSH drops below 146, an admission will be arranged with a court or CMHC according to the chronological order in which individuals were entered on the waiting list maintained by the hospital. If there is no one on the waiting list, OSH may admit the next individual who meets the criteria as set forth in the triage process outlined in the *Potential Moratorium Guidelines for Admissions to Osawatomie State Hospital (OSH) and OSH Temporary Census Diversion Funds (OTCDF)*.

KDADS and OSH will continue to work towards avoiding a moratorium so that none of these measures become necessary.

Q17. Are OSH Social Detox beds impacted?

- A Yes, Social Detox beds are considered part of the total census of 146.

If a moratorium is in place, the patient would be placed on the waiting list and options for the use of temporary diversion funds will be explored. All stakeholders will be notified if it becomes necessary for OSH to declare a moratorium.

Q18. Will local community inpatient psychiatric units and private units be approached to take involuntary admissions by KDADS or KHS?

- A Yes, but by statute they do not have to accept.

Q19. As you know the screening process is, in fact, a process. We start always looking towards diversion planning but as we assess, and if we find the client is a danger to self and others, then we proceed looking for inpatient options. At this point, clients might be able to go voluntarily to an inpatient unit, however if they don't have payment etc. then other barriers arise. They may start refusing treatment based on their financial limitations etc. and we don't feel comfortable with their mental health status having them leave the screen. At that time, we may need to start the involuntary process with them. My question is: If early in the process, understanding they are meeting criteria for involuntary admission, could we refer them to a hospital with payment secured, and then this admission would not turn into an involuntary process?

- A If voluntary and no payer source, or uninsured, they could go to Prairie View or Via Christi where we have CMI contracts. Through the triage process, these facilities would be considered for treatment as an alternative to OSH. If there is an available bed, the individual may go to one of those facilities and CMI grant funds would reimburse them for care and treatment. If there is no bed

available, then the diversion funding could be used to reimburse the individuals' treatment and care at any community hospital that has a contract with KHS.

- A The CMHCs would be required to go through the triage process with OSH to confirm that the individual would otherwise meet the criteria for admission, and once that is determined use the process for accessing the temporary census diversion funding. The triage process with OSH would have to determine that the individual is a mentally ill person under the statute who would otherwise meet criteria for state hospitalization before diversion funding will be authorized for a voluntary community hospital admission. The funding will be available for patients who are willing to be admitted voluntarily to a hospital, but their presenting issues would have to be at a high enough level to warrant an involuntary commitment.

Q20. Oftentimes we have clients with a dual diagnosis. If they have a substance abuse diagnosis they are often not accepted for involuntary admission by OSH; an example would be a client who is psychotic but has a history of substance abuse (not psychosis due to substance use). Will this diversion funding cover paying for treatment for these individuals? If substance abuse treatment is appropriate will a KCPC be required for placement?

- A Yes. The diversion funding will cover treatment for these individuals, and yes, if substance abuse treatment is appropriate, a KCPC is required for all individuals seeking SUD treatment.

Q21. Will the diversionary funds pay for community crisis beds to be available for non-Medicaid clients?

- A Yes, if they are uninsured. That is the intent of the temporary census diversion funding as long as the individual meets the criteria for admission to OSH (and assuming that the operator of those beds has contracted with KHS).

Q22. Will RSI be available for crisis beds and will the cost of transportation and coordination of care be covered under this plan?

- A Transportation costs would not be approved for travel to RSI because these would be voluntary placements, so secured transportation should not be needed. If an individual is sent to RSI from another county, the person's case manager from their home CMHC is expected to follow up with them daily and work rigorously with the individual to ensure progress.

Q23. How will this policy affect courtesy screens? What will the role of the responsible CMHC be in completing the screen?

- A The courtesy screen policies and process remains unchanged.

Q24. Are there any circumstances that the diversion funding could come to a CMHC for providing services not otherwise paid by another sources such around-the-clock crisis services?

- A No. CMHCs should use the dollars they are receiving under their consolidated grant for the uninsured to pay for those types of service.

****Please email all additional questions to Angela de Rocha at angela.derocha@kdads.ks.gov****