



## TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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To: Executive Directors, Local Mental Health Authorities  
Chief Executive Officer, North Texas Behavioral Health Authority  
Executive Director, Texas Council for Community Centers

From: Trina Ita, Director *TI*  
Mary Sowder, Director *MS*  
Mental Health and Substance Abuse Division  
Program Services Section(s)  
Peggy Perry, Director *PP*  
State Hospital Section

Re: Continuity of Care Roles and Responsibilities: Clarifying the Functions of the State  
Mental Health Facilities (SMHFs) and Local Mental Health Authorities (LMHAs)

### Background/Summary

This broadcast message seeks to clarify the roles and responsibilities of SMHF and LMHA treatment teams regarding continuity of care for individuals in an inpatient psychiatric hospital. SMHFs provide psychiatric inpatient services for individuals meeting criteria for medical necessity that would require extended acute care.

Texas Administrative Code, Chapter 412, Subchapter D, relating to Admission, Continuity, and Discharge requires the patient and/or the patient's Legally Authorized Representative (LAR), as well as, the designated LMHA to participate in the discharge planning process for patients admitted to a SMHF. The LMHA must maintain documentation of participation in the discharge planning process beginning with treatment team review. SMHF and LMHA staff are responsible for evaluating treatment team reviews, as well as, the medical record for continued justification for admission and treatment at an inpatient level of care. Discharge planning shall include, at a minimum, the following activities:

- identifying and recommending clinical services and supports needed by the patient after discharge or while on absence for trial placement (ATP);
- identifying and recommending non-clinical services and supports needed by the patient after discharge or while on ATP, including appropriate housing, food, and clothing;
- identifying potential providers and community resources for the services and supports recommended, including nursing facilities;

- counseling the patient and the patient's LAR, if any, to prepare them for care after discharge or while on ATP; and
- preparing a continuing care plan by the patient's treating physician, unless the physician believes the patient does not require continuing care.

The SMHF will provide all of the appropriate clinical information to the LMHA necessary to make continued stay and post-discharge placement decisions. SMHF Utilization Management (UM) staff will verify with the treatment team that the social worker, as the discharge planner, is aware of the patient's psychiatric condition, recovery plan, and discharge plan related to the identification of community resources that will be leveraged post discharge (i.e., this information must be communicated to the LMHA Continuity of Care (COC), or, UM staff).

LMHA COC/UM staff will participate in the treatment team activities face-to-face, via teleconference, or videoconference with documented action steps. Based upon the clinical information provided by the treatment team, the LMHA will decide to request discharge, or, approve continued stay. For new admissions, this initial decision must be made within the first 3-days after admission. Should continued stay be approved, a review schedule will be established by LMHA UM staff, and communicated to SMHF UM staff.

Should discharge be requested, the SMHF will promptly discharge the patient if the following conditions have been met:

- An appropriate plan for continuation of services and transportation is in place;
- A referral to the LMHA has been made;
- Release of the patient to an appropriate community placement, which may include release to a "specific" LMHA physician.

Persons who are approved for extended acute care will be reviewed by the LMHA as clinically indicated.

The LMHA can request discharge at any time, and the SMHF will promptly comply. For the purposes of this broadcast message, promptly means the SMHF will make a good faith and reasonable effort to discharge the patient the same day, as requested by the LMHA.

The LMHA UM and COC staff will provide the SMHF UM staff written notification of all requests for action. Such notifications must include the following information: approval of initial/admission bed-days, continuing bed-days, sub-acute bed days, third-party payer follow-up, requests for transfer to another hospital, and request for discharge from a SMHF.

Disagreements about discharge are subject to an appeals process where the SMHF Clinical Director or the LMHA Medical Director will promptly notify either party for the need of a case review. If resolution is not reached, it is the final responsibility of the DSHS Behavioral Health Medical Director to make a decision with regards to the disposition of the case.

Please direct any questions regarding UM and COC practices to Kenneth Placke, LCSW at 512-838-4340 or [kenneth.placke2@dshs.state.tx.us](mailto:kenneth.placke2@dshs.state.tx.us), or, Vicky Hall, at 512-838-4349 or [Vicky.hall@dshs.state.tx.us](mailto:Vicky.hall@dshs.state.tx.us). A COC webinar will be forthcoming.