



## DISCHARGE PLANNING FOR PATIENTS PRESENTING WITH BEHAVIORAL HEALTH CRISIS OR HOSPITALIZED FOR MENTAL HEALTH TREATMENT FACT SHEET

### **Oregon Administrative Rules:**

[333-500-0010; 333-505-0030, 0050, and 0055; 333-520-0070 and 333-535-0000](#)

In August 2018, the Oregon Health Authority, Public Health Division amended hospital administrative rules in response to requests seeking clarification on inpatient discharge planning requirements as well as implementing requirements given passage of HB 3090 (2017), codified under [ORS 441.053](#). These rule changes address general discharge planning requirements including specific requirements for discharging a patient hospitalized for mental health treatment or releasing a patient from the emergency department who presented with a behavioral health crisis.

### **What has changed?**

Pursuant to [ORS 441.053](#), a hospital must adopt and implement policies for the release of a patient from the emergency department who presented with a behavioral health crisis. The legislation requires the policy, at a minimum, to meet the same policy requirements for a patient being discharged who was hospitalized for mental health treatment. Additionally, discharge policies for patients hospitalized for mental health treatment have been revised to include definitions and clarify the responsibilities of a member of the patient's care team. These changes do not affect discharge planning requirements necessary for all patients.

### **Inpatient Discharge Policy Requirements**

- Encourage patient to sign authorization form and identify lay caregiver to participate in discharge planning;
- Provide information on benefits of involving lay caregiver and disclosing health information and limits to disclosure;
- Patient risk assessment;
- Patient long-term needs assessment;
- Care coordination including transitioning to outpatient treatment that includes one or more of the following: community-based providers, peer support, lay caregivers or others who can implement the patient's plan of care;
- Schedule follow-up appointment that occurs within 7 days of discharge. If a follow-up appointment cannot be scheduled within 7 days, document why;
- Policy must be publicly available by posting on the hospitals website and providing a copy to the patient upon admission and discharge. The policy may be in the form of a brochure or written summary of the policy that is easily understood.

## **Release from Emergency Department Policy Requirements**

- Same requirements as above;
- Behavioral health assessment conducted by a behavioral health clinician;
- Patient risk assessment and if indicated development of a safety plan and lethal means counseling;
- Process for case management;
- Process to arrange for caring contacts to transition a patient to outpatient services. Caring contacts must be attempted within 48 hours of release.

### **What is the deadline for compliance?**

A hospital shall have until December 1, 2018 to comply with the new requirements.

### **What are caring contacts?**

Caring contacts are brief communications between the patient and a provider to successfully transition the patient to outpatient services. The provider can be a behavioral health clinician, peer support specialist, peer wellness specialist, family support specialist or youth support specialist. A provider may also be a hotline crisis counselor supervised by or working under the direction of a clinician. Peer support, peer wellness, family support and youth support specialists are persons certified by the Oregon Health Authority, Health Systems Division who provide supportive services to persons receiving mental health or addiction treatment.

- Caring contacts can be facilitated through a contract with a qualified community based behavioral health provider or through a suicide prevention hotline;
- A caring contact may be conducted in person, telemedicine or by phone; and
- A caring contact must be attempted within 48 hours of release from the emergency department if a patient has attempted suicide or experienced suicidal ideation.

### **Is every behavioral health crisis patient released from the emergency department required to have a caring contact?**

Not all patients that present to the emergency department with a behavioral crisis are required to have a caring contact after release. Caring contacts is one evidenced-based practice supported by many mental health organizations. OAR 333-520-0070(4)(g) allows a hospital to arrange for caring contacts or other process to arrange for follow-up services to transition the patient to outpatient services. The goal of the legislation is to ensure that hospitals develop a process to ensure that patients seen in the emergency department for a behavioral health crisis are connected to appropriate follow-up services after release. Connection to follow-up services may take a few days or even weeks so hospitals must ensure that the processes developed include appropriate follow-up with the patient until the transition to outpatient services occurs.

**A caring contact process is REQUIRED for patients who attempted suicide or experienced suicidal ideation and must occur within 48 hours of release.**

### **Can a registered nurse conduct caring contacts?**

In order for a registered nurse to be eligible to conduct caring contacts, the registered nurse must fall into one of the following categories:

- Certified by DHS as a:
  - Peer support specialist;
  - Peer wellness specialist;
  - Family support specialist;
  - Youth support specialist; or
- Hotline counselor supervised or working under the direction of a clinician; or
- Clinician whose authorized scope of practice includes mental health diagnosis AND treatment.

### **Are there limitations on who can conduct other processes to connect a patient to follow-up services?**

No. Hospitals may use other staff, including registered nurses, to conduct a process to arrange for follow-up services to provide necessary connections and supports to patients until the patient is transitioned to and receives follow-up outpatient services.

### **What if a follow-up appointment cannot be made in the time frame required?**

Hospitals must attempt to schedule a follow-up appointment that occurs within 7 days from inpatient discharge or release from the emergency department. If the hospital is unable to meet this time frame, it must identify why. It is the hospital's responsibility to determine the best means of recording this information.

### **What are the expectations for coordination of care and case management?**

The Department of Consumer and Business Services recently revised administrative rules to address deficiencies in services provided to patients experiencing behavioral health crises and who are transitioning from hospital care to community-based care. The scope of services that must be provided can be found in [OAR 836-053-1403](#). Please contact Gayle Woods with questions about this rule provision at [gayle.woods@state.or.us](mailto:gayle.woods@state.or.us). Both commercial carriers and coordinated care organizations will be required to provide the services identified. Hospitals should contact insurers directly to learn what billing requirements have been established to ensure there is a mechanism for reimbursement for these services.

### **Oregon Health Authority – Contact Information:**

#### **Public Health Division, Health Care Regulation & Quality Improvement**

Please contact the Oregon Health Authority, Public Health Division for information about hospital compliance requirements at [mailbox.hclc@state.or.us](mailto:mailbox.hclc@state.or.us) or 971-673-0540

**Health Systems Division** Please contact the Oregon Health Authority, Health Systems Division for information about local behavioral health resources at (503) 945-5772 or visit the following website: <https://www.oregon.gov/oha/HSD/AMH/Pages/CMH-Programs.aspx>

**Health Policy and Analytics Division**

HB 3090 ([2017 Oregon Laws, Chapter 272 - Section 3](#)) requires hospitals to provide to the Oregon Health Authority information about the adoption and implementation of policies in order to prepare a report to the Oregon Legislative Assembly. The Oregon Health Authority, Health Policy and Analytics Division conducted an online survey of hospitals at the beginning of 2019 and is in the process of analyzing responses as part of a report for the Oregon Legislature. Please contact Jon Collins at [jon.c.collins@state.or.us](mailto:jon.c.collins@state.or.us) for additional information.