Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Support Contractor

A Community Approach to Follow-Up Care

Questions and Answers

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This summarized questions-and-answers document was prepared for the September 17, 2018 webinar presented by speakers from Behavioral Health Charlotte. This document includes questions that are specific to the content of that presentation. The responses below were provided by and reflect the views and opinions of Behavioral Health Charlotte and are not necessarily those of CMS.

Question 1: **Your observation unit length of stay is three days?**

Yes. That is one of the challenges we have regarding the acuity of need and scarcity of resources. In many ways, our observation unit has operated like a facility-based crisis (FBC) from the public's perspective, in part, because there is no adult FBC in the county. We are looking at ways to streamline our internal processes to shorten the stay. We are also looking at ways of being more proactive about discharging a patient who doesn't meet the criteria for inpatient admission. The challenge is with those patients who don't require inpatient but need a step-down service in the community.

Question 2: **I would be interested in what the peer support training involves. Is there a monetary incentive? If not, how do you recruit peer supporters? Does the patient need to sign a consent/release to be involved in the peer support services?**

Training to become a certified peer support specialist in North Carolina (NC) includes a 40-hour, peer support training program approved by the NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services and an additional 20 hours of training related to peer support job duties like Wellness Recovery Action Planning, Person-Centered Thinking, and Crisis Prevention.

Peer support services can be billed as an outpatient service, but the service definition currently does not support inpatient treatment. The community peer support providers we utilize for the Peer Bridger Program are paid for by Medicaid. The peers we have on our units are part of our strategy to decrease readmissions by improving transitions of care. Patients do need to sign a consent/release to be involved in the Peer Bridger Program as it is a community provider proving the peer services once discharged.

Question 3: **What percentage of patients are admitted to Behavioral Health Charlotte on an involuntary basis?**

Involuntary admissions are not currently tracked here at Behavioral Health Charlotte.

Question 4: **How are you capturing the scheduled appointment attendance post-discharge?**

We talked with the largest community providers in our area and came up with point people at each agency to communicate with, regarding shared consumers. Twice monthly, we send out via secured email a roster of patients who are following up at a particular provider, and that provider returns a secured email with information as to whether patients made their appointments or what efforts the community provider has made to engage the patient who did not attend the follow-up appointment. The data are then entered into a spreadsheet so we can track our progress on post-discharge attendance monthly.

Question 5: **Were the readmission data that you shared just inclusive of patients who were readmitted back within 30 days to your facility?**

The readmission data were inclusive of patients who were readmitted within 30 days to either our facility or Atrium's other behavioral health hospital in Davidson, NC. The Davidson facility was mentioned in the presentation as the facility that treats mood disorder patients.

Question 6: **Were the patients in the Peer Bridger Program included in Medicaid managed care?**

The patients are all either Medicaid recipients or uninsured, which qualifies them for state funds, both of which are managed by Cardinal Innovations, the managed care organization that we partner with regarding transitional care.