

SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

CLINICAL POLICY

NUMBER: BC005

NAME: PSYCHIATRIC MANAGEMENT ONLY

INITIAL APPROVAL DATE:	03/30/1999	BY: SCCMHA Board
STAKEHOLDER REVIEW:	09/07/2022	BY: Consumer Advisory Board
(LAST) REVISION DATE:	06/26/2023	BY: Administrative Committee
(LAST) REVIEW DATE:	07/27/2023	BY: Policy Committee
DISCONTINUED DATE:	N/A	REPLACED BY: N/A

I. **PURPOSE**

To continue to maintain services to adults who are stable and are unable to access appropriate psychotropic medication services in another setting. Psychiatric Management Only services are also appropriate for individuals who refuse other Sanilac CMH services which are medically necessary and due to severity of symptoms are unable to access community resources for ongoing psychiatric care.

II. **APPLICATION**

Populations: ALL
Programs: **Direct - ALL**
Contracted - NA

III. **POLICY**

It is the practice at Sanilac County Community Mental Health that most individuals who need medication as their primary service should be seen by their private physician rather than our Agency psychiatrist. Exceptions to this practice are as follows:

1. Individuals who require ongoing psychiatric management and medication monitoring services from our agency. These General Fund individuals are at risk of entering a psychiatric facility and are receiving psychotropic medication. They are currently receiving an injectable psychotropic medication, are on a current court order, or are on Clozaril.
2. Individuals who qualify for more intensive services but decline receiving any additional mental health services other than Psychiatric Management Services. In these cases, all other services that are considered medically necessary are deferred until such time as the individual accepts receiving said services. These individuals are at high risk of psychiatric hospitalization or morbidity if they were not offered Psychiatric Medication Services. This is indicated by having at least one psychiatric hospitalization during the past year, being on an injectable psychotropic medication, on a current court order, or on Clozaril. All other individuals who are not GF or meet the above listed criteria will be referred for ongoing psychiatric services through their medical insurance.

Staff assigned to the Psychiatric Medication Services will be responsible for completing any assessments and IPOS related documents as needed. They are also responsible for

completing/verifying insurance and Medicaid applications as necessary. Model Payment verification forms will also be completed by this program. Any additional supports identified should be referred back to the Clinical Services Department for assignment.

IV. DEFINITIONS

None

V. STANDARDS

Referrals to the Psychiatric Management Program will be as follows:

1. Primary staff will complete a Professional Referral Form (Form #0226) for approval by the appropriate supervisors. Upon completion of the form, it will be sent to the Medical Director for final approval.
2. The Clinical Consult Team can be utilized to discuss difficult cases which may also lead to a referral to the Psychiatric Management Program.

Referrals from the Psychiatric Management Program will be as follows:

1. The treating psychiatrist or staff associated with the individual's care can refer the individual back to Clinical Services due to a willingness to engage in deferred services or enhanced supports coordination needs being identified.
2. It is the responsibility of the assigned primary staff in Psychiatric Management Program to verify that the individual is willing to engage in services in the Clinical Services program and to complete the amendment to add the additional services into the plan.
3. The primary staff in the Psychiatric Management Program will complete the referral form to Clinical Services in a timely manner (within a week) in order to assist with engaging the individual in treatment. If it is necessary, the crisis worker can be utilized to assist with the transition process.

Staff will be trained in trauma informed care and appropriate trauma related treatment programming for populations served (DD, MI, SED). Each department has identified screenings, assessments, and treatments available for specific populations served. Staff will continue to receive trauma-related training, as required by the agency. Individuals served will be screened at intake and annually for trauma-related programming. If criteria are met, trauma-related treatment will be explored and provided, per medical necessity. The agency will provide services based on the trauma-informed approach.

The prescribing physician/NP shall utilize the Michigan Automated Prescription System (MAPS) that is directly linked to the Agency's EMR as directed and monitored by the State of Michigan.

VI. ATTACHMENTS

VII. REFERENCES

Form #0226 Professional Staffing/ Transfer/ Referral Change Form