

LTSS ED Processes and Protocols

Webinar Q and A – 10/10/18

1. **Question:** How do the Agencies know when a patient is admitted to the Emergency Department (ED)?

Answer: This depends on each specific circumstance. If an individual is being served by a provider agency, it is the provider agency's responsibility to notify the Area Agency or Independent Case Management Agency of the hospitalization.

In cases where the individual is not served by a provider agency, the individual's guardian may need to notify the Area Agency or Case Management Agency.

If there is no guardian, or the guardian is not aware, the Managed Care Organizations may have this information, and they share this information with DHHS on a weekly basis.

There have been cases where the Agency did not find out about the hospitalization for a period of time, which is what we are trying to avoid by offering the strategies and contact lists to the hospital personnel through this webinar.

2. **Question:** Will all ED's talk to the outpatient providers and accept their recommendations?

Answer: The answer to this question will be based on the individual circumstances of each situation. The goal of the webinar is to provide the appropriate contact information to hospital personnel. This will make it easier for the hospital staff to contact the appropriate team members to begin transition planning for people that are ready to be discharged from the ED. The discussion between hospital personnel and outpatient providers should pave the way for a thoughtful and appropriate transition out of the ED and into a setting that meets the individual's needs.

3. **Question:** Are additional resources being developed?

Answer: The Bureau of Elderly and Adult Services (BEAS) is working on adopting the ED Protocol which was established by Bureau of Developmental Services (BDS) in December, 2017 and using it for the Elderly / Disabled population of people that typically receive services through the Choices for Independence (CFI) waiver.

Additionally, the Integrated Delivery Networks (IDNs) which are responsible for the execution of services through the NH 115 Demonstration Waiver, Delivery System Reform Incentive Payment (DSRIP) <https://www.dhhs.nh.gov/section-1115-waiver/> are working on the implementation of a shared care plan which is portable between providers, ensuring that people are receiving the support that they need as they transition between support settings.

4. **Comment:** Where a person lives doesn't necessarily mean they are connected to that area agency. Folks sometimes are place out of region.

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Answer: Thanks for this clarification. It is important for hospital personnel to know that an individual may be affiliated with an Area Agency in one region, but they geographically live in a different region (or in some cases out of state).

5. **Question:** What can be provided for aggressive individuals who cannot return to current living but do not belong in an ED that causes further regression?

Answer: We recommend that agencies to their best to be proactive in their planning. Most individuals that present in the ED have a history of escalating incidents prior to being treated at the ED. The agency should:

- 1) Identify a treatment plan to ensure that the person's needs are being met or
- 2) If the agency is unable to serve the individual long term, develop a thoughtful transition plan to identify a difference agency that can meet the individual's needs.

Once the person is at the ED, the team is now in reactive mode, and must start transition planning to identify the best steps. The ED protocol recommends a conversation between hospital and external doctors to determine how best to support the individual. If the person goes from being at crisis and back to baseline in the ED, it is expected that the person will return to his/her previous residence. Therefore, it is essential to be proactive to ensure that the individual is in the appropriate setting and that the support personnel in that setting have the resources they need to appropriately support the individual.

6. **Comment:** Not sure how this will help our Emergency Dept. with DD patients as the only contact we may have is the guardian who is refusing to take the patient home when ready for D/C as there is no medical issue just behavioral

Answer: In some cases, the individual may not have been determined eligible for services through their area agency. This issue is a challenging one, because if the guardian is refusing to take the individual back, that individual would then be considered homeless. The next steps are contingent on if the individual is an adult or a child, among other factors such as Medicaid eligibility. We recommend that you contact the local area agency (local to where the individual lives) to request an intake.

7. **Question:** Will there be any training protocols put in place to help educate the ER staff about how to utilize START crisis plans and/or mental health center crisis plans as a guide or support in the ER/hospital, especially for those who do not have this as an expectation of care?

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Answer: This should be part of the discussion with the team when the transition planning process occurs. If the individual has a START crisis plan, or a mental health center crisis plan, it should be made known to the hospital personnel so that they can incorporate the plan into their treatment.

8. **Question:** What if the Medicaid member is Medicare or other Primary insurance? The MCO may not know about the ED as they are not primary payer source.

Answer: This is an accurate statement. In these cases, the MCO would not know. They should however be notified by the service coordinator or case manager as a secondary source.

9. **Question:** Who is included on the weekly MCO calls?

Answer: Weekly call includes, MCO, DHHS representative, DCYF if a child is in the ED and BDS if someone connected to an Area Agency is in the ED.

10. **Question:** Has BDS met with the hospitals to review the ED protocol?

Answer: Not specifically. The ED Protocol has been shared with area agencies, as BDS contracts with area agencies for service delivery. The webinar today is the extent to which BDS has shared the ED protocol with hospitals.

11. **Comment:** Additional resources would be beyond one psychiatrist and six crisis START beds for the state.

Answer: The START Center includes 6 beds that are available for crisis and/or respite.