



Provider Bulletin

for the Adult Mental Health Division

**November
2008**

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Aloha!

The purpose of this communication tool is to provide you with up-to-date new or revised information, and to assist us when implementing new AMHD business activities and initiatives. We welcome your ongoing feedback and suggestions for improvement as we work to develop this valuable communication tool.

AMHD Billing & Claims

Reminders of Changes to Claim File Specifications:

As detailed in our last Provider Bulletin, additional specifications for claims files will be rolled out in 2008 and 2009.

- 1. Consumer Names in the 837 Claims File. Effective November 1, 2008,** AMHD will require that all claim files include the Consumer name spelled exactly the way it is printed on the Authorization Letter.
- 2. Rendering Provider in the 837Claims File - DELAY.** Based on provider input regarding the **Rendering Provider claim edit**, AMHD has decided to **delay** the implementation of this requirement until **February 1, 2009**. We are seeking a solution that will both provide the information on Rendering Provider and simplify the process of rolling up claim lines where more than one rendering provider used the same procedure code/modifier combination on the same day. We will provide updates as information becomes available. Should you have any questions regarding this matter, please feel free to contact the AMHD Chief Information Officer, Mr. John Jansen at (808) 306-8091 or by email at john.jansen@doh.hawaii.gov.
- 3. Remittance Advice. Effective January 1, 2009,** AMHD will distribute remittance advice to all Providers who submit electronic claims by posting the HIPAA compliant 835 file on the Provider's SharePoint website.

AMHD Medical Director Corner (Dr. William Sheehan)

Suicide Prevention: Performance Improvement data has indicated the AMHD system experienced an approximately 40% increase in completed suicides in Fiscal Year 2008 compared to Fiscal Year 2007 (13 versus 9). In reviewing these events, I learned that there had almost always been contact with someone in the health care system before the act. As every consumer in our system has been assessed as having a severe and persistent mental illness, all are at risk.

My recommendation is that your agencies develop a protocol or procedure for managing a situation in which one of your staff members (case manager, psychiatrist, and other staff) is with an individual who expresses suicidal ideation and/or intent. If you have a protocol, please re-emphasize the importance of it. The keys are detecting the presence of suicide risk, accurately assessing that risk, and taking definitive action to address and mitigate that risk.

Ex Parte Orders for Examination: I have seen several cases in which an individual in the community likely met criteria for obtaining an MH 2, ex parte Order for Mental Health Examination.

If you have a question about information in this Provider Update, please contact AMHD Provider Relations at (808) 586-4689.

'Ex parte' is a [Latin legal](#) term meaning "from (by or for) one party", which allows a judge to make a determination without all parties being present in a courtroom. As provided for in Hawaii Revised Statutes HRS 334-59, any of the following groups of individuals may petition a Family Court judge to issue an order which would result in the police transporting an individual to a psychiatric facility for evaluation: licensed physician, psychologist, attorney, member of the clergy, health or social services professional, or any state or county employee in the course of employment).

When an agency staff member is working with someone who appears imminently dangerous to themselves or others, and that person is not able or willing to obtain needed help and evaluation, an MH 2 ex parte is an appropriate action to consider. Please discuss the use of MH 2 ex parte in your agency. If you have a policy or procedure, please follow it. If your agency does not have a policy, please consider initiating one.

Oral Ex Parte (MH-2) on Oahu:

1. What is an oral ex parte (MH-2)?

- Court order from a Family Court Judge authorizing emergency psychiatric examination. The police will transport the subject to a hospital emergency room for this evaluation.

2. Who can request an ex parte?

- Licensed physician, psychologist, attorney, member of the clergy, health or social services professional, or any state or county employee in the course of employment (HRS 334-59).
- An ex parte can be based on first hand or a credible witness report.

3. What constitutes the basis for requesting an oral ex parte?

- *Imminent* danger to self and/or others.
 - **“Dangerous to self” (HRS 334-1)** – means the person *recently* has threatened or attempted suicide or serious bodily harm; or the person recently has behaved in such a manner as to indicate that the person is unable, without supervision and the assistance of others, to satisfy the need for nourishment, essential medical care, shelter or self-protection, so that it is probable that death, substantial bodily injury, or serious physical debilitation or disease will result unless adequate treatment is afforded.”
 - **“Dangerous to others” (HRS 334-1)** – means likely to do substantial physical or emotional injury on another, as evidenced by a recent act, attempt or threat.”
- According to Hawaii’s forensic standard, the terms *“imminent”* and *“recent(ly),”* while not legislated, have been understood to mean within 24-48 hours.

4. If a consumer meets at least one criterion for an oral ex parte, contact one the of the following in the order given: 1) treating physician, 2) medical director, or 3) your supervisor to review the events that form the basis of your request.

5. What needs to be included in the written report?

- All demographic information (name, DOB, violence rating, etc.)
- Current involvement with the mental health system. Diagnosis? Substance abuse? Treatment? Level of compliance?
- Description of the current acute event, including client’s apparent mental status. (What was the client doing or what did the client do?). This should include the time of each critical incident within the event (e.g. “At 8:00 A.M. today, the client threatened another consumer with a 10” carving knife.”).
- Statements from the client that establish dangerousness. (e.g. “The devil is telling me to carve up all non-believers.”)
- Closing statement (e.g., “Client is suffering from a mental illness/substance abuse and poses imminent harm to self/others...”).

6. Where is an ex part called into?

- Family Court (between the hours of 8:00 AM – 4:30 PM) at 539-4141 on Oahu. A court clerk will take your statement and present it to the judge.
- After hours, the ex parte request is called into the Access Line at 832-3100 (A Family Court judge will be paged).

7. What happens next?

- A Family Court judge will review the information presented and either grant or deny the ex parte.
- **If granted**, the court clerk will contact the Police Department and request that officers be sent to the scene to transport the client to the hospital designated in the ex parte request.
- **If denied**, document the decision (and rationale, if provided), make arrangements for clinical support and monitor the client closely.

8. After the Family Court Judge's decision is made:

- Contact the treating physician or clinic medical director to advise him/her of the status of the ex parte. **If it was granted**, he/she will contact the emergency room of the hospital chosen to relay relevant information and forward our most recent psychiatric evaluation to the ER.
- Whenever possible, meet the client at the designated ER to relate pertinent information to the attending ER (triage nurse and/or physician about client's danger to self and/or others to try to increase the likelihood that the client will be admitted).

9. Upon return to the clinic:

- Document events leading up to the ex parte in a progress note, demonstrating the rationale for requesting the ex parte versus other interventions.
- Complete a Family Court Application for Emergency Examination and Treatment. This form is located on the Shared Drive in a separate folder, **MH-2 Application** (form No. 073927, "[Application for Emergency Examinations and Treatment](#)" is available in the Provider section of the www.amhd.org website). Type a narrative of events leading up to and a rationale for ex parte request then print front and back sides on a single sheet of paper.

10. The following day:

- Report events regarding the ex parte at the morning rounds.
- Ensure that the Application for Emergency Examination and Treatment is delivered to the Family Court at 777 Punchbowl Street by noon the following day.

Mental Health Law Forms:

- MH-1 Filled out by police if they see a person who needs help and bring him/her to a hospital for emergency examination.
- MH-2 A licensed physician, psychologist, attorney, member of the clergy, health or social service professional or any state or county employee in the course of his employment may apply to the court for an ex parte' (one-sided) order directing that a police officer or other suitable individual take a person into custody and deliver him to the nearest facility designated by the director for emergency examination and treatment.
- MH-2a Court order authorizing examination (done after the petition is completed).
- MH-4 Filled out by physician after a patient is brought to the hospital (commonly brought to the hospital on an MH-1 or MH-2); usually to the ER. 48 hour emergency commitment.
- MH-4a Patient rights after MH-4 is completed.
- MH-5 Voluntary admission form signed by adult patients on admission. When an individual commits themselves on their own free will. A private doctor will evaluate the patient and then determine if the individual needs inpatient treatment. If the individual cannot sign the commitment forms for treatment, they will be treated as an involuntary patient for the protection of the individual and the hospital.
- MH-5a Voluntary admission form for minors done at the hospital. Family Court sends an officer to sign the patient in once the patient is in the hospital.
- MH-5b Patient rights after the patient is admitted voluntarily.

MH-6c Petition for involuntary commitment. Doctor completes this form on H.S.U. (Human Services Unit) commonly after the 48 hour time period expires on the MH-4 and the patient continues to show signs of dangerousness to self or others and is in need of treatment for mental disorder. A hearing must be held no later than 10 days from the date that the petition is filed. Lawyers for the defendants are commonly from the Public Defender's office. Hospital staff or doctors may also be represented by legal counsel. Witnesses and evidence is presented at the court hearing on the hospital grounds. Maximum confinement is 90 days, and extension can be granted following another court hearing. The patient may be involuntarily treated during this period prior to the hearing.

AMHD Utilization Management (UM) Reminders

Housing Programs and Community Based Case Managers:

In order to hold a bed for a consumer in a Specialized Residential for Special Population setting or in a group home setting, AMHD must receive a phone call and documentation from the housing provider as well as a phone call from the case manager within 24 hours of the consumer's absence. Failure to contact AMHD or submit documents to AMHD will result in a denial. It is very important for our housing providers to communicate with our case managers to ensure the best quality of care for our consumers.

Community Based Case Management

AMHD is continually working with the Community Mental Health Centers and Purchase of Service providers to address questions and concerns regarding CBCM services. Meetings are held within each county (with video conference to Oahu) to discuss issues specific to that county. Here is a list of future meetings:

- West Hawaii CBCM Implementation, November 14th, at 1:00 pm. Kona Health Center, Public Health Nurse Office, 79-1015 Haukapila Street.
- Kaua'i CBCM Implementation, November 21st, at 1:00 pm. Video Conferencing will be available on Kaua'i at the District Health Office-Reading Room, 3040 Umi Street
- East Hawaii CBCM Implementation, December 12th, at 1:00 pm. Video Conference site to be announced.

Homeless Outreach

Homeless Outreach Quarterly Provider meeting will be held on Monday, November 10, 2008, from 9:00 am – 11:00 am, at AMHD – 2385 Waimano Home Road, in Room 10. A Statewide Request For Proposal was posted on October 6, 2008.

Representative Payee

Representative Payee Quarterly Provider meeting will be held on Monday, November 10, 2008, from 1:00 pm – 3:00 pm, at AMHD – 2385 Waimano Home Road, in Room 10. Video Conferencing will be available on Kaua'i at the District Health Office-Reading Room, 3040 Umi Street.

Transportation

AMHD is continually working with East and West Hawaii Transportation Improvement Project (TIP) groups to improve transportation services on the Big Island. Meetings are held to discuss issues specific to each area. Here is a list of future meetings:

- East Hawaii TIP, November 7th 10:00 am, HCEOC, 47 Rainbow Drive
- West Hawaii TIP, November 14th, at 10:00 am, Kona Public Health Nurse office, 79-1015 Haukapila Street.

AMHD Demographic Form and CAGEAID

All Providers should be completing the Demographic Form and the CAGEAID Form for every consumer admitted to their program. These forms should be completed on admission and need to be completed only once. Data from the forms should be entered into the ACCESS data entry program developed by Mental Health Services Research Evaluation and Training (MHSRET). This is the same program in which the QOLI data are entered.

It is important that the AMHD has demographic information and substance use data (as measured by the CAGEAID) on all consumers receiving services, so please ensure that these forms were completed and that the data were submitted for those consumers previously admitted into services. If these forms were not completed for previously admitted consumers who are still receiving services, then complete the forms as soon as possible and enter them into the ACCESS data entry program.

The ACCESS data entry program also includes the function to save the data to a desktop, which will then allow Providers to upload the data to the AMHD server through SharePoint. The advantage of this function is that Providers no longer need to fax or mail in the completed forms. Providers who have not yet received the data entry program or who are having difficulty with installing the program should call Annette Crisanti, Ph.D., MHSRET immediately at (808) 895-0440 or email Annette.crisanti@doh.hawaii.gov.

AMHD Website

We continue to update our AMHD Website and revisions are underway. If you have any questions regarding the AMHD website information, please contact the Provider Relations Director at (808) 586-4689 or email at dawn.mendiola@doh.hawaii.gov.

Learning Opportunities & Opportunities for Growth

1. Ethical Standards for Certified Substance Abuse Counselors will be held on November 13 in **Honolulu** at Kapolei. \$15. For more information call Lilia Calivo at 692-7522.
2. Tools for Suicide Prevention & Intervention will be held on November 21 in **Honolulu** at the Pacific Beach Hotel. For more information call 733-9238 or email arthur.tani@doh.hawaii.gov.
3. 2009 - SAVE THE DATE. 6th Annual Hawaii Conference on Preventing, Assessing & Treating Childhood, Adolescent & Adult Trauma will be held from March 30 - April 2, 2009 in **Honolulu** at the Ala Moana Hotel. Up to 18 hours of CEU's available. For more information please visit IVATconf@alliant.edu or www.IVATcenters.org.
4. 2009 - SAVE THE DATE. AMHD's 6th Annual Best Practices Conference, "Responsibility and Recovery in the Legal System" will be held from April 14-16, 2009 in **Honolulu** at the Hawaii Convention Center. For more information please visit: www.amhd.org/conferences/2009 or email conference@mhsret.org