

**PROGRAM OPERATIONS DIRECTIVE**

**45.0**

**SUBJECT:** Rapid Readmission Process

**ISSUED:** 11/15/2022

**PURPOSE:**

To clarify the staff roles and process to follow in the event of a rapid readmission.

**READMITTED CASE DEFINITION:**

A former case that was discharged from services at SCCCMHA less than 90 days prior to screening with ACCESS and has a Biopsychosocial Assessment that is less than 9 months old.

**PROCESS:**

*CIU Program Clerical:*

1. CIU Program Clerical will receive a request for an intake via ACCESS
2. CIU Program Clerical will check the Admission List and Biopsychosocial and determine if individual meets the definition of a RAPID READMIT.
3. If the individual meets RAPID READMIT criteria, the Program Clerical will schedule an appointment (within 14 days if standard referral) or (within 7 days if a hospital discharge) with the appropriate department supervisor/coordinator/or designee for last admission (i.e., Outpatient Program – John Doe) OR current address location (i.e., Marine City Outpatient-John Doe) (Capac Outpatient Program – John Doe) and provides appointment details to ACCESS.
4. CIU Program Clerical will document in OASIS calendar that appointment is for Rapid Re-admit.

*ACCESS Staff:*

1. ACCESS will indicate in ACCESS Queue – Intake – 5/5/2022 11:00 AM SCCCMH OUTPATIENT with John Doe
2. ACCESS staff will inform individual to arrive 30 minutes early for their appointment and to see the Designated/assigned Staff. To bring MOST CURRENT insurance information.

*Data Management:*

1. Opens case to appropriate (Location) and staff indicated by ACCESS

*FIPA Tech:*

1. FIPA Tech will complete the FIPA and update insurance information
2. FIPA Tech will verify insurance and notify Program Supervisor if
3. FIPA Tech will review the Funding Source in OASIS to determine if the case has been opened to CCBHC Demonstration.
4. If not open to CCBHC Demonstration and eligible based on diagnosis, FIPA Tech will complete the Consent to Exchange Information to Region 10 PIHP and open case in WSA Database and add CCBHC Demonstration Funding Source.

*Department Coordinator/Case Worker:*

1. Adds Initial Authorization for appointment
2. Meets with individual at schedule time.
3. will complete the Consent for Mental Health Services and necessary MDHHS Consent to Share Information (ROI)
4. Updated Demographic Information as needed
5. If there is a current IPOS, completes an Amendment to reinstate services and documents in Purpose of Amendment Section that individual has closed for services on (date) and was referred back on (date) and Amendment is being completed to re-establish services.
6. If there is no current IPOS, completes a Pre-Plan and schedules IPOS to begin services.
7. If NEW IPOS is being created, it should expire at the time of the current BPS to ensure new BPS and IPOS will later correlate being completed in relation to each other.
8. Creates a Stand-Alone TEDS File for re-admit back into services.
9. If Individuals does not show for scheduled appointment, assigned worker provides appropriate level of outreach and closes case if no engagement in 30 days of ACCESS call.