

PerformCARE®		Policy and Procedure
Name of Policy:	Family Based Mental Health Services (FBMHS) in the Emergency Department	
Policy Number:	CM-CAS-036	
Contracts:	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton	
Primary Stakeholder:	Clinical Care Management	
Related Stakeholder(s):	None	
Applies to:	Providers	
Original Effective Date:	01/01/06	
Last Revision Date:	05/28/25	
Last Review Date:	06/04/25	
OMHSAS Approval Date:	N/A	
Next Review Date:	06/01/26	

Policy: To ensure that families receiving FBMHS have access to the FBMHS team while in an Emergency Department.

Purpose: To ensure that FBMHS occur in the Emergency Department to assist in assessment of the Member, provide support to the Member or Family and provide information to the Emergency Department staff.

Definitions: None

Acronyms: **FBMHS:** Family Based Mental Health Services
ED: Emergency Department

Procedure:

1. PerformCare expects that the FBMHS provider see the identified child in treatment if the Member/Family is in the ED requesting psychiatric services. One goal of the face-to-face contact in the ED is to provide information to the ED staff to assist them in making a level of care recommendation and to explore options to divert inpatient care such as increasing FBMHS contact during the crisis period. Another goal is to provide support to the Member/Family during the assessment period.
 - 1.1. If providing a face-to-face contact prior to requesting inpatient hospitalization is contra-indicated, it must be addressed in the Member's treatment plan.
 - 1.2. If an obstacle to face-to-face assessment occurs, such as dangerous road conditions, emergency situations, or

situations where the Member is being served in an emergency room that is both in a County other than the County of residence and is more than one hour travel time distant, the FBMHS team is expected to establish telephone contact to assist with the assessment and provide written documentation.

- 1.3. If the FBMHS Team is unable to complete face to face or telephonic contact within 1 hours of notification, then PerformCare will move forward with medical necessity determination process.
2. The FBMHS provider is responsible for ensuring the appropriate releases of information when sharing information with crisis intervention providers about Member in service. A letter of agreement between the FBMHS provider and the crisis intervention services provider must be developed to carve out how to screen for FBMHS's clients and coordination of services between the two agencies. This letter needs to include the FBMHS's role in helping to assess the need for additional service for all the children in the family, and if the agency is to be involved to support the children if the parent is hospitalized.
3. If inpatient is the level of care determined necessary to meet the Member's needs and PerformCare has approved the request, it is not expected that the FBMHS provider stay at the ED until the bed search is completed. If the FBMHS provider believes there is a reason to do so, they must contact PerformCare to discuss the needs of the Member/Family.
4. The FBMHS provider is not to duplicate services of the inpatient unit when a child has been admitted to an inpatient level of care. Services delivered to the child during the time of inpatient should center on coordination of care and discharge planning.
5. Medically necessary services that fall within the scope of FBMHS may continue to be delivered by the FBMHS provider to the other family members outside of the hospital.
6. If the ED in collaboration with FBMHS and other team members including the Member/Parent/Guardian determine that diversion from ED is indicated, then the FBMHS will assure after care services are scheduled prior to the Member being discharged for the ED. FBMHS will notify PerformCare of after care plans.
7. FBMHS should coordinate and establish after care appointments prior to the Member being discharged from the ED when FBMHS is given prior notification of discharge. If no prior notification, then FBMHS should outreach to the

family with in one (1) business day of notification. The following appointments should be established:

- 7.1. FBMHS should set up a follow up appointment with FBMHS team with Member and family when discharged from ED.
- 7.2. Coordinate and assist with setting up all other needed behavioral health treatment appointments (i.e., Medication Management).
- 7.3. Coordination with the PerformCare assigned Clinical Care Manager should occur as needed (i.e. set up team meetings).

Related Policies: *CM-CAS-035 Family Based Mental Health Services (FBMHS) Provider Transition Process for Families Moving Between County Funding and PerformCare*
CM-CAS-037 Family Based Mental Health Services (FBMHS) Prior to Discharge in a Residential Treatment Facility (RTF) or CRR-Host Home
CM-CAS-038 Family Based Mental Health Services (FBMHS) in Conjunction with Targeted Case Management (TCM)
CM-CAS-040 Discharge Planning from FBMHS
CM-CAS-041 Family Based Mental Health Services (FBMHS) and use of Family Support Services (FSS)
CM-CAS-044 Procedure to Request Additional Service Units During an Authorization Period and Extension Requests for Family Based Mental Health Services (FBMHS)
CM-CAS-051 Procedure for Prior Authorization for Family Based Mental Health Services (FBMHS)
CM-CAS-057 Children's Service Provider Transfer Process

Related Reports: None

**Source Documents
and References:** None

**Superseded Policies
and/or Procedures:** None

Attachments: None

Approved by:

A handwritten signature in cursive script, appearing to read "Jack P. J.", written in black ink.

Primary Stakeholder