Mike Braun, Governor
State of Indiana

Indiana Family and Social Services Administration
Division of Mental Health and Addiction
402 W. WASHINGTON ST., ROOM W353
INDIANAPOLIS, IN 46204-2739

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Gatekeeper Reference Document

I. DMHA Website [Indiana State Psychiatric Hospital Network Webpage]

II. State Psychiatric Facility Map [Map of Indiana State Hospital Locations]

III. Certification and Licensure Rules and Indiana Code

You may access rules and regulations through Access Indiana: Indiana General Assembly Main Page Click on "Law and Administrative Rules," then click on Indiana Code or Indiana Administrative Code for

Related Mental Health and Addiction Indiana Code and Administrative Code Sites. Those highlighted reference gatekeeping and SPH. Excerpts are listed below:

Indiana General Assembly IC Code Title 12

IC 12-23-18: Methadone Diversion Control and Oversight Program IC 12-25: Licensure of Private Mental Health Institutions

IC 12-27: Rights of Individuals Treated for Mental Illness/Developmental Disabilities Indiana General Assembly IC Code Search

440 IAC 1.5: Licensure of Free-Standing Psychiatric Inpatient Treatment Facilities 440 IAC 4-3: CMHC Mandatory Services

440 IAC 4.1: Certification of Community Mental Health Centers 440

IAC 4.3: Certification of Managed Care Providers 440 IAC 4.4: Certification of Addiction Service Providers 440 IAC 5: Community Care

440 IAC 5.5: Commitment Report to the Courts for Community Mental Health Centers 440 IAC 6: Certification of Residential Care Providers

440 IAC 7.5: Residential Living Facilities for Individuals with Psychiatric Disorders or Addictions (includes requirements for Alternative Families for Adults, Semi Independent Living Programs, Transitional Living Facilities, Supervised Group Living Facilities and Sub-Acute Facilities).

440 IAC 8: Populations Served by CMHCs and MCPs

440 IAC 9: Continuum of Care Minimum Standards for CMHCs and MCPs

440 IAC 10: Minimum Standards for the Provision of Services by Opioid Treatment Facilities and Programs

440 IAC 10-3 and 4: Minimum Standards for the Provision of Services by Opioid Treatment Facilities and Programs

440 IAC 11: Certification of Assertive Community Treatment

What is a Gatekeeper?

440 IAC 9-1-8 "Gatekeeper" defined

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2; IC 12-24-12-10; IC 12-24-19-4

Sec. 8. "Gatekeeper" means an entity identified in IC 12-24-12-10 that is actively involved in the evaluation and planning of and treatment for a committed individual beginning after the commitment through the planning of the individual's transition back into the community.

(Division of Mental Health and Addiction; 440 IAC 9-1-8; filed Sep 8, 2000, 10:12 a.m.: 24 IR 373; readopted

filed May 10, 2001, 2:30 p.m.: 24 IR 3235; readopted filed Apr 7, 2008, 3:40 p.m.: 20080507-IR-
440070745RFA; readopted filed Aug 11, 2014, 11:21 a.m.: 20140910-IR-440140240RFA)
Clarification: A gatekeeper is the agency who conducts the defined activities above. CMHCs may have one gatekeeping liaison or a team of liaisons who function in this role.

440 IAC 5-1-2 Definitions

(4) "Gatekeeper" means the following:

(A) The community mental health center which facilitated the consumer's entry into the state institution after July 1, 1994.

(B) For consumers who entered the state institution before July 1, 1994, the community mental health center which would have been designated to facilitate the consumer's entry into the state institution if the consumer had entered the institution after July 1, 1994.

What is a Gatekeeper's role?

440 IAC 4.1-3-2 Obligations of each community mental health center regarding the exclusive geographic primary service area

Authority: IC 12-21-2-3; IC 12-29-2-1

Affected: IC 12-26-6-8; IC 12-26-7-3

(b) Except for consumers who are enrolled by another CMHC or managed care provider, the CMHC is obligated to provide commitment screening to a state institution administered by the division of mental health and addiction for any individual residing in the CMHC's exclusive geographic primary service area who presents for screening services or is referred for screening services.

(c) Commitment screening to a state institution administered by the division of mental health and addiction shall be done by the CMHC that enrolled them, or by the CMHC with which the managed care provider that enrolled the person has a screening contract.

(d) Notwithstanding subsection (b), the designation of an exclusive geographic primary service area may not limit an eligible consumer's right to choose or access the treatment services of any provider who is certified by the division of mental health and addiction to provide publicly supported mental health services.

440 IAC 5-1-3.5 Gatekeeper's role during the time the individual is in the state-operated facility.

Authority: IC 12-8-8-4

Affected: IC 12-24-12; IC 12-24-19

Sec. 3.5. After an adult or child is admitted to a state-operated facility, the gatekeeper liaison shall do the following:

(1) Have a face-to-face meeting with the individual within thirty (30) days of admission and at least every ninety (90) days thereafter, to evaluate treatment progress, and discuss discharge planning.

(2) Communicate with the family or guardian of a child within thirty (30) days of admission and at least every ninety (90) days thereafter, to discuss the treatment plan, evaluate treatment progress, and discuss discharge planning.

(3) Communicate with the treatment team at the state-operated facility within thirty (30) days of admission and at least every ninety (90) days thereafter, to discuss the treatment plan, evaluate treatment progress, and discuss discharge planning.

(4) Provide notice of the date for the planned community placement to the treatment team and the individual at least two (2) weeks prior to the anticipated community placement.

(5) Document face-to-face visits with the individual and contact with the treatment team at the state- operated facility and in the gatekeeper's record.

(Division of Mental Health and Addiction; 440 IAC 5-1-3.5; filed Nov 4, 2002, 12:09 p.m.: 26 IR 747;

readopted filed Apr 7, 2008,3:40 p.m.: 20080507-IR-440070745RFA; readopted filed

Aug 11, 2014,
11:21 a.m.: 20140910-IR-440140240RFA)

440 IAC 9-2-6 Services to prevent unnecessary and inappropriate treatment and hospitalization and the deprivation of a person's liberty.

Authority: IC 12-21-2-8; IC 12-21-5-1.5
Affected: IC 12-7-2; IC 12-24-12-10; IC 12-24-19-4; IC 12-26

Sec. 6. (a) Services to prevent unnecessary and inappropriate deprivation of a person's liberty include the following:

(1) Review of commitments and gatekeeping into and out of state-operated institutions.

(2) The range of community support program services and crisis service alternatives.

(3) Those administrative and supervisory functions that manage the care provided to make certain that each consumer receives appropriate care.

(b) A utilization management plan, which provides objective guidance that helps direct treatment, external to the clinician/consumer relationship, must be in place and include the following:

(i) The plan shall be an existing system that defines criteria for initiating a course of treatment, transition, and discharge.

(ii) The plan shall be objective, documented, and external to individual clinicians.

(iii) The plan shall cite published literature and research on which the system is based.

(iv) Utilization management may consist of any of the following:

(A) Prior authorization manuals or systems.

(B) Evidence-based treatment systems.

(C) Clinical pathways.

(D) American Society of Addiction Medicine criteria.

(E) Another system of linking needs to care.

(4) A provider may contract for utilization management services.

(c) In addition to regular peer review, supervisor review, and treatment plan reviews, the provider shall have an ongoing process to evaluate the utilization

of services.

(d) The utilization of services review shall include the following:

(i) The percentage of cases evaluated for each modality of treatment.

(ii) The ongoing system of treatment evaluation.

(iii) Samples of reports from the previous year's treatment review.

(e) The provider shall train staff in the use of the utilization management system and keep records regarding the training.

(Division of Mental Health and Addiction; 440 IAC 9-2-6; filed Nov 30, 2001, 10:58 a.m.: 25 IR 1139; readopted filed Apr 7,2008, 3:40 p.m.: 20080507-IR-440070745RFA; readopted filed Aug 11, 2014, 11:21 a.m.: 20140910-IR-440140240RFA)

IV. CMHC Contract Exhibit

Gatekeeping

A. General Requirements

1) Pursuant to IC 12-26-6-8(c)(1) and IC 12-26-7-3(b)(1), a CMHC shall conduct a face-to-face evaluation of the individuals who are proposed to be committed to a state institution administered by the DMHA and report the findings of the evaluation to the court in which the matter is pending.

2) Pursuant to IC 12-24-12-9 and IC 12-24-12-10(a)(1), a CMHC shall administer within the limits of its service capacity, a continuum of care as required by IC 12-24-19-4 for each individual who meets the following requirements:

a) Has been involuntarily committed under IC 12-26;

b) Is not developmentally disabled; and

c) Has been discharged from a state-operated facility or is placed on outpatient status by a state operated facility under IC 12-26.

B. State-Operated Facility Bed Allocation for the SMI Population

1) IC 12-21-2-3 allows the director of the DMHA to establish, maintain and reallocate long-term care settings and state operated long term care inpatient beds to provide services for patients with long term psychiatric

disorders.

V. Referral, MRB, and Wait List Process

Referral: All referrals must be submitted through Viewpoint by a CMHC gatekeeper.

1) Request Viewpoint access by contacting Aseisah.Barton@fssa.in.gov
2) Instructions for setting up Viewpoint access will be provided through email.
    a. Training for navigating Viewpoint will be provided by the Community Operations Manager for new and existing CMHC gatekeeper liaisons, upon request.
3) Set up your Viewpoint account username and password.
4) Complete the referral form and upload all required documentation.
    a. Upon completion, the referral will be sent to DMHA Central Office for preliminary review.
    b. Once completion has been determined, it will be forwarded to a Medical Review Board (MRB) which meets at minimum weekly.

MRB: Medical Review Board process.

1) Upon completion of the preliminary review by DMHA Central Office, referrals will be forwarded electronically to the appropriate State Psychiatric Hospital Medical Review Board (MRB) for review.
2) The Medical Review Board, consisting of medical directors and/or clinical directors for said State Psychiatric Hospital will review the referral along with the required documentation.
    a. Once a referral is approved, the individual will be assigned to and placed on the admission waitlist of the assigned State Psychiatric Hospital.
    b. If the referral is denied, the referral will be sent back through Viewpoint to the gatekeeper liaison with an explanation of why the referral has been denied.
    c. Sometimes a referral will be sent back to the gatekeeper liaison for more information. This may happen by the DMHA Central Office or by the State

Psychiatric Hospital Medical Review Board. The information requested should be provided promptly through Viewpoint to not further delay the referral process.

Wait List Process:

1) Once the referral has been reviewed, and approved, the individual will be assigned to the appropriate State Psychiatric Hospital through Viewpoint and kept electronically on the admission waitlist at DMHA Central Office.
2) The appropriate staff at each State Psychiatric Hospital will contact the CMHC gatekeeper liaison and DMHA Central Office with a bed offer date.
3) Once an admission date has been agreed upon, the State Psychiatric Hospital and CMHC gatekeeper liaison will coordinate the admission of the patient.
4) State Psychiatric Hospital staff will make the necessary changes in Viewpoint to move the individual through the system during each step of treatment until discharged.

VI. Discharges

Purpose/Importance: It is imperative that consumers in the Mental Health Delivery system receive the least restrictive and most appropriate care based on their individual needs. Therefore, timely discharge is critical for the continuing recovery of each individual ready for community placement. Factors of discharge readiness include:

1) The discharge is appropriate to the individual's unique and individualized needs.
2) The discharge is in accordance with standards of professional practice and applicable state and federal law.
3) The State Psychiatric Hospital clinical treatment team has determined stabilization of psychiatric and behavioral symptoms have occurred.
4) The individual demonstrates minimal risk towards self or others.
5) The clinical treatment team has determined maximum clinical benefit from hospitalization has been achieved.

Measure Specific Source of Data: Individual consumer data will be provided directly by the State Psychiatric Hospital's to DMHA through the use of an electronic Pending Discharge List and Viewpoint. The Pending Discharge List will continue to run consecutively with Viewpoint. When discharge readiness has been determined the client will be added to the Pending Discharge List with a pre-discharge packet uploaded simultaneously in Viewpoint.

After forensic pre-discharge packets are uploaded by the State Psychiatric Hospital's into Viewpoint, with a notice from Viewpoint sent to the Office of General Counsel, forensic gatekeeper. The forensic gatekeeper then pushes the entire file via Viewpoint to the designated future gatekeeper, including the original referral information and pre-discharge packet. The pre- discharge will appear in the gatekeeper dashboard "submitted pre-discharge tile". The gatekeeper can then view the original referral and pre-discharge packet. The gatekeeper can generate a report in Viewpoint by navigating to the reporting feature and selecting "future gatekeeper report".

Additionally, the DMHA acknowledges barriers to discharge may occur. The gatekeeper liaison must submit a written discharge plan to the Division of Mental Health and Addiction for each consumer who remains in the state institution longer than forty-five (45) calendar days after meeting discharge readiness criteria. The written plan must be submitted within five (5) calendar days after the individual has waited forty-five (45) days; then every fifteen (15) calendar days thereafter until the client is discharged. The plan shall include the client's clinical status, community barriers to transition, how each barrier is being addressed, and specific transitional action steps taken by the gatekeeper liaison towards the consumer's discharge. The consumer waived due to transitional barriers may only be waived once and cannot be waived in consecutive quarters. The target performance for each provider is 80% of all individuals determined to be ready for discharge will be discharged to the community within 45 calendar days.

Data Limitations: It has been reported that occasionally a gap in communication between State Psychiatric Hospitals and gatekeeper liaisons occurs when determining the readiness of an individual for discharge. It will be critical that gatekeeper liaisons maintain ongoing monthly contact and consistent communication with State Psychiatric Hospital treatment teams to actively participate in the discharge readiness process. If there are differing opinions regarding readiness for discharge between the State Psychiatric Hospital and gatekeeper liaison, it is important all involved work together to exam the concerns and resolve differences in the best interest of the consumer. If efforts fail, the Community Care Rule (440 IAC 5-1-4) may be invoked in Viewpoint by the State Psychiatric Hospital or Gatekeeper.

When an appeal is made, the practice implemented by the DMHA to review the concern consists of the following steps to facilitate discussion between Gatekeeper and State Psychiatric Hospital prior to DMHA review:

- Documented discussion between gatekeeping liaison and State Psychiatric Hospital treatment team
- Documented discussion between gatekeeping medical director and State Psychiatric Hospital medical director
- Documented discussion between gatekeeping CEO and State Psychiatric Hospital Superintendent

It will be the responsibility of the State Psychiatric Hospital to coordinate and schedule the discussions, with the expectation that the Gatekeeper will attend. If a resolution cannot be reached, written documentation of discussions from each level and the remaining discrepancies may be submitted to the Division of Mental Health and Addiction for review and a final decision on readiness for discharge will be determined.

VII. Olmstead

The Olmstead Act? What is it?

Olmstead, or *Olmstead v. LC,* is the name of the most important civil rights decision for people with disabilities in our country's history. This 1999 United States Supreme Court decision was based on the Americans with Disabilities Act. The Supreme Court held that people with disabilities have a qualified right to receive state funded supports and services in the community rather than institutions when the following is met:

1. The person's treatment professionals determine that community supports are appropriate;
2. The person does not object to living in the community; and
3. The provision of services in the community would be a reasonable accommodation when balanced with other similarly situated individuals with disabilities.

The Olmstead lawsuit started with two women from Georgia named Lois Curtis and Elaine Wilson, who both had diagnoses of mental health conditions and intellectual disabilities. Lois and Elaine found themselves going in and out of the state's mental health hospitals dozens of times. After each stay in the hospital, they would go back home; but then, because they did not have help at home, they would start to struggle again and would have to go back to the hospital to get help again. Lois and Elaine asked the state of Georgia to help them get treatment in the community so that they would not have to go live at the state mental hospital off and on. The doctors who treated Lois and Elaine agreed that they were capable of living in the community with appropriate supports. However, Lois and Elaine ended up waiting for years for their community-based supports to be set up.

Sue Jamieson, who was an attorney at the Atlanta Legal Aid Society, filed a lawsuit on behalf of Lois (and then later added Elaine) for supports to be provided in the community. The lawsuit, which is known as "*Olmstead v. L.C.*" or "the Olmstead decision," ended up going to the highest court in the country, the United States Supreme Court. The name Olmstead comes from the name of the Defendant in the case, Tommy

Olmstead, who was the Commissioner of the Georgia Department of Human Resources.

The Supreme Court agreed with Lois and Elaine. The Court found that under the Americans with Disabilities Act, or "the ADA," it is against the law for the state to discriminate against a person based on his or her disability. The Court said that the state discriminated against Lois and Elaine by requiring them to live in a mental health hospital. It should have instead provided services for them in the community. By confining them in the hospital, the state was segregating them by requiring them to live with others with disabilities. The Court said that people with disabilities like Lois and Elaine have the right to receive the treatment they needed in an integrated setting if that is what they want, if their doctors agree, and if it doesn't fundamentally change how the state provides services to people with disabilities.

In *Olmstead v. L.C.*, 527 U.S. 581, 119 S. Ct. 2176 (1999) ("the Olmstead decision"), the Supreme Court construed Title II of the Americans with Disabilities Act (ADA) to require states to place qualified individuals with mental disabilities in community settings, rather than in institutions, whenever treatment professionals determine that such placement is appropriate, the affected persons do not oppose such placement, and the state can reasonable accommodate the placement, taking into account the resources available to the state and the needs of others with disabilities. The Department of Justice regulations implementing Title II of the ADA require public entities to administer their services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities.

The Olmstead Supreme Court decision is cited today, to keep the flow of individuals in institutional placements (people with mental illness and disabilities) transitioning to live in, and benefit from, community settings and participating in community life. The Supreme Court state that "recognition and unjustified institutional isolation of person with disabilities is a form of discrimination reflect[ed] two evident judgements": 1) "Institutional placements of people with disabilities who can live in, and benefit from, community settings perpetuates the unwarranted assumptions that persons so isolated are

incapable or unworthy of participating in community life"; and 2) "confinement in an institution severely diminishes everyday life activities of individuals, including family relations, social contacts, work options, economic independence, educational advancement, and cultural enrichment." Olmstead, 119 S. Ct. 2176, 2179, 2187 [emphasis added]. This decision affects not only all persons in institutions and segregated settings, but also people with disabilities who are at risk of institutionalization, including people with disabilities on waiting lists to receive community-based services and supports.

VIII. Fast-Track Admission Options and Hospital-to-Hospital Transfers

If fewer than 30 calendar days have passed since the consumer's discharge from a state psychiatric hospital, the CMHC may request a "Fast-Track" back into the State Psychiatric Hospital if they feel the consumer meets admission criteria. Fast-Tracks are not guaranteed to be accepted for admission and follow a Medical Review Board review process. The Gatekeeper should send an email request to the admissions coordinator at the State Psychiatric Hospital from which the consumer was discharged and cc: Aseisah.Barton@fssa.in.gov. The email should include a summary of everything that has happened since discharge, including services currently provided to the consumer. The Gatekeeper must attach all intakes, assessments, physician notes, progress notes and medication list that have been produced since discharge from the State Psychiatric Hospital.

The State Psychiatric Hospital's Medical Review Board staff will review the material submitted and request any additional information needed to decide on accepting the consumer as a Fast-Track admission. The State Psychiatric Hospital will provide feedback and/or acceptance to Gatekeeper within five working days of the request. If the consumer is accepted as a Fast-Track, they will be placed on the admission waitlist at that time. Fast-Tracks should be given priority for admission into the next available appropriate bed.

When a consumer needs to be transferred from one State Psychiatric Hospital to another State Psychiatric Hospital, the initiating State Psychiatric Hospital sends a referral packet

by email with the required documentation to the receiving State Psychiatric Hospital or State Psychiatric Hospital's for review. The email should include: a referral form, commitment, medication list, psych evaluation, progress notes and a short summary regarding the reason that a transfer is being requested. For Forensic patients, the initiating hospital sends the referral packet with required documentation to the DMHA Community Operations Manager. The DMHA Community Operations Manager will then forward the referral packet to the appropriate State Psychiatric Hospital for review. Once reviewed, the receiving State Psychiatric Hospital communicates with the initiating State Psychiatric Hospital or DMHA Community Operations Manager (for Forensic) regarding acceptance or denial. The initiating and receiving State Psychiatric Hospital will coordinate the transfer of the patient. The initiating State Psychiatric Hospital will notify DMHA Community Operations Manager of the transfer. Upon receipt of the transfer, the DMHA Community Operations Manager shall make the status change in Viewpoint and other internal data collection areas for monitoring throughout the patient's course of care. Transfers should be given priority for admission after Forensic consumers, at a 2:1 admit ratio, before CMHC consumers when an appropriate bed is offered.

IX. Gatekeeping Liaison Directory

Subject to updates and changes CMHC Contact List

Contact Aseisah.Barton@fssa.in.gov for the most up-to-date information.