

# Suicide Risk Assessment Protocol

## Provider Notification & Expectations

### Introduction

Due to rising suicide rates, Magellan Behavioral Health of Pennsylvania, Inc. (Magellan) is implementing a suicide risk assessment strategy. This strategy will entail active assessment of suicide risk for members utilizing evidence-based screening tools.

### Program Overview

Any member reporting a suicide attempt, an act of harm with intent to end their life, leading to or during an acute inpatient program (AIP) hospitalization will be included within this program.

- If the individual is ages 18+, they will be referred to the Magellan Intensive Care Coordination (ICC) program.
- If the individual is under the age of 18, they will be referred to the Magellan Children's Comprehensive Care Management program or the Children's Enhanced Care Coordination program.

Magellan Care Managers will be partnering with AIP providers to connect directly with individuals during their hospital stay. Magellan Care Managers will also be completing a follow-up telephone call to these individuals within 1-3 days post discharge. This contact will include implementation of the Columbia-Suicide Severity Rating Scale (C-SSRS).

### AIP Hospital Provider Role:

- AIP staff should be familiar with this process and assist with coordination of direct member engagement between Magellan staff and members.
- AIP staff should be prepared to provide the following during reviews with Magellan:
  - Name of the suicide screening tool currently being used in the hospital
  - Date of last provision
  - Score/assessment results
  - Safety plan and/or changes to safety plan based on results
  - Coordination with after-care provider based on suicide assessment results and current safety plan

## Community-Based Provider (Assertive Community Treatment, Family-Based Services, etc.) Role:

- Community-based staff should be familiar with this process and available to assist, as needed, during provision of the C-SSRS by Magellan Care Management staff.
- Community-based staff should be prepared to support members if/when they are identified as high risk as a result of the C-SSRS. This will entail in-person crisis support and follow-up with Magellan Care Management staff.
- Community-based staff should be prepared to provide the following during reviews with Magellan:
  - Name of the suicide screening tool currently being used
  - Date of last provision
  - Score/assessment results
  - Safety plan and/or changes to safety plan based on results

## Mobile Crisis Provider Role:

- Mobile crisis provider staff should be familiar with this process and available to provide in-person crisis support and follow-up with Magellan, as needed.

## Provider Resources & Toolkit:

Below please find additional resources on suicide risk assessment:

- CAMS CARE website - Up-to-date best practice information is available: [CAMS-care](#)
- C-SSRS Training - English with Closed Captioning: [C-SSRS Training](#)
- C-SSRS Ideation Demonstration Video: [C-SSRS Ideation Demonstration](#)
- C-SSRS Behavior Demonstration Video: [C-SSRS Behavior Demonstration Video](#)
- C-SSRS Clinical Vignettes with commentary: [Columbia-Suicide Severity Rating Scale \(C-SSRS\) pdf](#)
- Consider PCP Toolkit: [Magellan PCP Toolkit](#)

## Automatic Notification Process for AIP Admissions

As a reminder, Magellan has developed an automatic notification process for members who are admitted to psychiatric inpatient facilities. It is our hope that these notifications will increase communication between mental health outpatient/community-based and inpatient providers regarding shared members, including improving the ease of scheduling and follow up. These notifications are available for AIP, outpatient, case management, ACT/CTT, and family-based providers.

Within 24 hours of authorization for inpatient services, acute inpatient providers will receive a notification email that will include the name of the outpatient, case management, ACT/CTT or family-based provider and the service(s) received at that provider. To receive this notification, Magellan must have received a claim from the OP/BCM/ACT/CTT/FBS provider for at least one service within 60 days prior to the inpatient admission.

Outpatient, case management, ACT/CTT, and family-based providers will receive a notification email when a member is admitted to an acute inpatient facility. To receive a notification, Magellan must have received a claim from the provider for one of the included services with a service date within the 60 days prior to the inpatient admission. If Magellan has not received a claim for the member within that period, no notification will be sent.

Upon receipt of a notification, Magellan expects inpatient and outpatient/community-based providers to connect with each other to share relevant information and collaborate regarding discharge and aftercare planning, including the scheduling of a follow up appointment within 7 days of inpatient discharge.

The hospital discharge notification process for outpatient providers that was previously in place has been discontinued.

In order to begin receiving notifications, Magellan is requesting the following information:

- An email address to send notifications to. This should be a shared email that multiple staff have access to so that it can be checked on a daily basis. Each provider should identify one email address for the organization.
- The MIS number(s) that should be associated with the email address. Please include all OP/BCM/ACT/FBS MIS for your organization in order to ensure you will receive notifications for members in each level of care.

If you are interested in receiving notification emails, please send the required information listed above to Kristen Peak at [peakk@magellanhealth.com](mailto:peakk@magellanhealth.com). Thank you.