

H0006: Case Management Substance Abuse

I. Description of Service

Case management services include those activities provided to assist and support individuals in gaining access to needed medical, social, educational and other services essential to meeting basic human needs. Case management services may include interactions with family members, other individuals or entities. Case management services involve assessment, development of a care plan, referrals, monitoring and follow up. Case management services do not include transportation.

Examples of Case management services include:

Client assessments, treatment planning and crisis intervention services; linkage for use of community resources; monitoring service delivery; assisting individuals in becoming involved with self-help support groups; assisting individuals in performing daily living activities.

II. Admission Criteria

- A. When an individual's need for coordination of care and advocacy assistance have been identified, via a comprehensive assessment of needs.

III. Continued Stay Criteria

Criteria A and B and C must be met to satisfy criteria for continued stay.

- A. The individual's needs have been reassessed at least ninety days from the completion of the initial Case Management Plan and at least once every ninety days following each reassessment period.
- B. The individual is making adequate progress towards goals as evidenced by stabilization of psychosocial functioning over time and would not be able to progress without the services.
- C. There is adequate documentation from the provider that the individual is receiving the scope and intensity of services required to meet the program goals stated in the Description of Services.

IV. Discharge Criteria:

Criterion A must be met to satisfy criteria for discharge.

- A. The member no longer meets continued stay criteria.

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H0007: Crisis Intervention Services

I. Description of Service

A. Activities or services provided to a person who is experiencing a psychiatric crisis that are designed to interrupt a crisis experience, including assessment, brief supportive therapy or counseling and referral, and linkage to appropriate community services to avoid more restrictive levels of treatment. The goal of this service is symptom reduction, stabilization and restoration to a previous level of functioning or admission to an appropriate level of care such as inpatient. This service may be provided prior to a mental health assessment and prior to a diagnosis of mental health. All of the below mentioned activities can occur within the context of a potential psychiatric crisis.

1. Face-to-face or telephone contact with member for purpose of preliminary assessment of need for mental health services.
2. Face-to-face or telephone contact with family members or collateral source (e.g. caregiver, school personnel) with pertinent information for a preliminary assessment.
3. Face-to-face or telephone contact to provide immediate, short-term crisis-specific therapy or counseling with member and, as necessary, with member's caretaker and family members.
4. Referral to other applicable mental health services, including pre-hospitalization screening.
5. Face-to-face or telephone consultation with a physician or hospital staff, regarding need for psychiatric consultation.
6. Face-to-face or telephone contact with another provider to help that provider deal with a specific member's crisis.

B. Crisis intervention mental health service shall consist of the following elements when clinically indicated:

1. A face-to-face crisis assessment shall be conducted by an eligible clinician and shall include:
 - (a) Understanding the presenting crisis;
 - (b) Risk assessment of lethality, propensity of violence, medical/physical conditions including alcohol/drug screen/assessment, and support systems;

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- (c) Mental status;
 - (d) Consumer strengths; and
 - (e) Identification of treatment needs and level of care determination; and
2. A crisis plan will be established that includes referral and linkages to appropriate services and coordination with other systems. The crisis plan should also address safety issues, follow-up instructions, alternative actions/steps to implement should the crisis recur, voluntary/involuntary procedures and the wishes/preferences of the individual and parent/guardian, as appropriate.

Crisis- A situation in which, because of a mental health condition: The member presents an immediate danger to self or others; or the member's mental or physical health is at risk of serious deterioration; or a member believes that he or she presents an immediate danger to self or others or that his or her mental or physical health is at risk of serious deterioration.

II. Admission Criteria

Criteria A must be met to satisfy admission criteria.

A. Member is at risk of harm to self, others and/or property. Risk may range from mild to imminent and one or both of the following:

- 1. Member has insufficient or severely limited resources or skills necessary to cope with the immediate crisis
- 2. Member demonstrates lack of reasonable judgment.

III. Continued Stay Criteria

This service may be utilized at various points in the member's course of treatment and recovery, however, each intervention is intended to be a discrete time-limited service that stabilizes the member and moves him/her to the appropriate level of care.

IV. Discharge Criteria

Criterion A, or B must be met to satisfy criteria for discharge.

- A. The crisis has been addressed and resolved.
- B. The member has been placed in an inpatient setting to address treatment and ensure member safety.

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H0036: Community Psychiatric Supportive Treatment (CPST)

I. Description of Service

Community Psychiatric Support Treatment (CPST) service provides an array of services delivered by community based, mobile individuals or teams of professionals. The purpose of CPST services is to provide specific, measurable, and individualized services to each person served. The services should be focused on the individual's ability to succeed in the community; to identify and access needed services; and to show improvement in work, family and integration and contributions within the community. CPST services can be delivered to the individual being served and/or any other individual who will assist in the person's mental health treatment. Service delivery may be face-to-face, by telephone, and/or by video conferencing.

Examples of CPST services include:

Client assessments; assistance in achieving personal independence in managing basic needs; facilitation of daily living skills; assistance with accessing natural supports in the community; linkage to formal community services; symptom monitoring; coordination in crisis management and stabilization; advocacy and outreach.

II. Admission Criteria

- A. When an individual's need for Community Psychiatric Supportive Treatment have been identified, via a comprehensive assessment of needs.

III. Continued Stay Criteria

Criteria A and B and C must be met to satisfy criteria for continued stay.

- A. The individual's needs have been reassessed at least ninety days from the completion of the initial Case Management Plan and at least once every ninety days following each reassessment period.
- B. The individual is making adequate progress towards goals as evidenced by stabilization of psychosocial functioning over time and would not be able to progress without the services.
- C. There is adequate documentation from the provider that the individual is receiving the scope and intensity of services required to meet the program goals stated in the Description of Services.

IV. Discharge Criteria:

Criterion A must be met to satisfy criteria for discharge.

- A. The member no longer meets continued stay criteria.

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