

Region V Systems

Program / Service Specifications

PSS # 208: Intensive Care Management - Adult - Region V - MH & SA

Released December 3, 2001

Funding Available	Capacity to be Purchased	Geographic Location
\$82,676	120 units	Region V
Systems Measures	<ul style="list-style-type: none"> • Decrease the number of EPCs. • Decrease the number of post-commitment days. • Decrease the number of days consumers are in inappropriate levels of care. • Decrease the number of commitments to Regional Centers for substance abuse. 	
Performance Measures	<ul style="list-style-type: none"> • Percent of consumers whose overall quality of life is improved. • Percent of consumers who are EPC'd. • Length of stay for consumers who enter EPC or other residential placement. • Time between acute episodes requiring facility-secure or staff-secure placements. • Percent of consumers with increased medication compliance. • Number of drug-free activities. • Number of educational opportunities. • Percent of consumers whose quality of life improved as per consumer report. • Percent of consumers whose level of functioning improved. • Percent of consumers whose medication compliance increased. 	
¹ Region V Payment Method		² Admission Protocol
FFS		Authorized

Reimbursement Rate	Unit	Avg. Length of Stay	Staff:Client Ratio
\$699.00 / Unit	One month	6 - 24 months	1:10

General Summary:

This is a pilot project, the purpose of which is to provide services to "high utilizers" of behavioral health services, as identified by the Nebraska Behavioral Health System (NBHS), and steer them into more effective and efficient use of resources. The goal is to utilize the wraparound philosophy to avoid the high costs of continuing to provide care, reduce the total amount of resources spent, and decrease the morbidity and mortality experienced by this population. It ensures the availability of an accountable individual to facilitate the development of a wraparound team, made up of at least 50 percent informal supports, and coordinates the services identified in the team's plan of care. It is a strength-based approach which embraces a client-centered philosophy, acknowledging clients as equal partners. It promotes utilization of the least restrictive, least intrusive, developmentally appropriate interventions in accordance with the strengths and needs of the client within his/her current environment. The service design and delivery must be continually and unconditionally readjusted to help the client experience a better quality of well-being. Specific methods for moving toward an interagency system of care are utilized by developing referral sources, collaborative working relationships, and integrating and coordinating with families and public and private child-serving systems. The mix, intensity, duration, and location of services and supports are individually tailored to meet the unique developmental, social, behavioral, religious, cultural, spiritual, and

economic needs of each client. The care manager must be maintained within an organization which: does not provide any other mental health services to enable an independent choice of service provider; or can document how this position will be separate from “direct service provision,” i.e. referrals are not made solely, or the majority of the time, to the agency in which the care manager is employed.

Special Considerations:

The care manager shall have the authority to seek authorized services and facilitate immediate admission into necessary services. A case rate of \$532 will be utilized by the agency for the employment of a care manager. A case rate of \$167 will be utilized for flex funds and flex fund management. Flex funds management will be provided in collaboration with Region V Systems and the contracting agency.

As this is a very high-need, high-risk population, expectations are that the client will reduce the number of hospitalizations, maintain contact with the care manager, and decrease the need for crisis utilization, including EPCs, CPCs, law enforcement involvement, etc. It is also expected that the average length of stay for these clients, should crisis intervention and/or residential placement be required, will decrease. Overall quality of life shall be improved as evidenced by increased GAF scores.

Base-line information regarding the number and frequency of service utilization shall be gathered in order to determine if a decrease occurs following involvement of the care manager.

An individual enrolled in this program may also be enrolled in Community Support at the same time for 30 days in order to provide smooth transition from one program to another.

Success, as determined by the Regional Governing Board, shall determine future funding for this service.

Target Population:

Individuals residing within Region V who have been identified by the NBHS as “high utilizers” of behavioral health services. The individual must have a severe and persistent mental illness with a high risk of danger to self or others and high risk of hospitalization as well as high need for professional supervision and/or contact and may have a chemical dependency. Their ongoing difficulty in daily functioning is of such a nature that typical interventions have been unable to meet their mental health and substance abuse needs, bringing them in contact with multiple systems, i.e., emergency, law enforcement, and court. The individual’s functioning level interferes significantly with the ability to successfully integrate multiple system involvement.

Services and/or Frequency of Service / Therapeutic Contact:

The care manager is expected to meet with the client as much as is necessary to establish a relationship with the client, which facilitates trust, confidence, and two-way communication as the basis for all other care processes. The care manager will obtain documentation of significant life events relative to the client’s involvement in community service systems, including emergency care, medical and behavioral health service, police and court services, vocational and educational services, housing, social services, recreational services, and family involvement. The care manager will collect all relevant assessments from previous services, including client outcomes from the service, determine if further assessment is needed, arrange for the additional assessments to be done, and share information with the consent of the client to assist those doing the assessment and treatment planning. The care manager will facilitate creating a wraparound team which will develop and implement a treatment plan, crisis plan, safety plan, goals of care, expected outcomes, and measures to monitor their attainment. The care manager will communicate the plans to all parties likely to have a stake in implementing the plans, serve as a central repository for plan updates, and inform provider staff who may not have worked with the client previously. The care manager will arrange for the plans to be implemented, will facilitate the provision of further assessments as needed, and will monitor progress as well as advocate for the client to achieve the outcomes expected.

Staffing Requirements:

Minimum staff qualifications are: master’s degree in psychology, social work, sociology, and/or other related fields; demonstrable knowledge, familiarity, and/or two years’ experience in provision of community-based rehabilitation services; demonstrated skills and competencies to work with people with mental illness as determined by the program; familiarity with psychotropic medications and their side effects; and experience in problem-solving and crisis mediation.

Note:

Program Narrative section of proposals must include reference to all material contained in this Program/Service Specification. Special emphasis shall be placed on applicant's plan to address the noted *System Measures* (indicates data to be provided to Region V to ensure State standards and priorities are met), *Performance Measures* (indicates data which specifically relates to consumer outcomes and which will identify whether the service is performing to the level expected), and *Special Considerations* (indicates the additional requirements for this service).

¹ Region V Payment Method:

NFFS and FFS refers to payment made on an expense reimbursement/unit of service basis as outlined in Section VIII of the RFP.

² Admission Protocol:

In order for an individual's treatment to be reimbursed by the Region, the applicant must register the consumer with the System Management Agent (as outlined in Section 4.I. of Region V's Network Provider Contract).

Services which require authorization by the System Management Agent in order to obtain reimbursement must obtain the authorization prior to admission. Services which do not require authorization must register consumers with the System Management Agent weekly.

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