

CHELAN-DOUGLAS RSN/PHP POLICY AND PROCEDURE MANUAL	Chapter:	2.19
Title: MANAGED CARE SERVICES	Page:	1 of 3
	Date Effective:	October 15, 2005
Subject: FREQUENT SERVICE USERS OR HIGH UTILIZERS WITH COMPLEX CARE NEEDS	Date Revised:	
	Authorizing Signature: Formally Adopted	

PURPOSE: To ensure maximum provider network coordination for consumer who are high utilizers and have complex care needs and to maximize quality of care and minimize treatment costs.

DEFINITIONS: Frequent Service Users or High Utilizers with Complex Care Needs: An individual whose care needs requires two or more of the following:

- a. The services of three or more different mental health providers (whether at one or several agencies); or
- b. Involvement of three or more service agencies in the community; or
- c. Frequent use of the highest intensity services (including but not limited to) readmission to an inpatient facility within 30 days of discharge; or
- d. Three or more acute encounters with Crisis Services within a 45 day period; or
- e. A level of intensive support due to the consumer's community profile (such as legal issues or media attention)>

Intensive Care Coordination: Increased oversight of coordinated clinical intervention strategies.

POLICY: The CDRSN/PIHP will assist in oversight of services to Frequent Service Users or High Utilizers with Complex Care Needs focusing on the delivery of outpatient services, and addressing unmet needs in a timely and efficient manner. Care-Management services will promote successful episodes of care which allow the consumer to attain or regain their highest level of function and allow for successful, less intensive and more cost-effective interventions.

The CDRSN/PIHP utilization system (Care Manager) and the CDRSN Provider Network shall collaborate with allied providers and consumers in efforts to develop plans and coordinate services for these high need consumers.

PROCEDURE:

1. CDRSN will contract with a variety of service providers to ensure multiple modalities of care are available to consumers. Care providers for this population include:
 - a. Intensive Case Managers
 - b. Psychiatrists
 - c. Physicians
 - d. Outpatient Mental Health Care Providers
 - e. Crisis Providers
 - f. Inpatient Mental Health Care Providers
2. Frequent utilizers will be identified by reports generated by providers and the CDRSN based on the definition of High Utilizers with Complex Care Needs or Frequent Service Utilizers.
3. Referrals for care-management services may originate from the CDRSN utilization review system, the CDRSN/PIHP contracted provider at Behavioral Health care Options, or from a CDRSN/PIHP network provider. Identified consumers will be referred to CDRSN for intensive case management.
4. CDRSN will provide intensive over site for consumers who are frequent system utilizers.
5. CDRSN will oversee an intensive care plan that includes the following at minimum:
 - a. A multidisciplinary treatment plan that includes input from the consumer and the consumers:
 - i. Physician
 - ii. Psychiatrist
 - iii. Care Manager
 - iv. Family
 - v. Significant other
 - b. A prevention plan that identifies individuals that the consumer can contact in order to prevent a crisis episode that includes:
 - i. Therapeutic strategies the consumer can use to help prevent a situation from escalating.
 - ii. Identifies individuals the consumer can contact when needed.
 - c. A crisis plan that identifies:
 - i. 24/7 service lines the consumer can contact in the event of a crisis.
 - ii. Who the family can contact in the event of a crisis.
6. Utilization Management Consultations: CDRSN has Utilization Management Consultants that are available to assist Case Managers choose the most appropriate services in the least restrictive setting available within the community

provider network. The primary focus of this consultation will be centered on crisis, inpatient and emergency room services with the goal of minimizing these types of admissions.

7. Multidisciplinary Utilization Review: A CDRSN Care-Manager will meet with the multidisciplinary treatment team to review the consumer's service utilization and to collaboratively make recommendations for treatment plan modifications when indicated.

Care-management activities are a coordinated effort to ensure a seamless progression of services stemming from care planning that consider (but are not limited to) the following:

- a. historical interventions; both successes and failures;
- b. need for emergent interventions, and planning to ensure consumer safety;
- c. multi-disciplinary approaches related to Pharmacology and medication management;
- d. brief solution focused therapies and community support issues to potentially include rehabilitation issues such as daily living skills, social skills, financial or assistance navigating the social services system, vocational concerns, education related to psychological disorders;
- e. development of individualized creative approaches that are customized to the unique needs of a specific consumer.

Care-management activities may be received by consumers with complex care needs for an indeterminate period of time based on clinical presentation and need.

OUTCOMES: Consumers with complex care needs will be provided relevant and coordinated mental healthcare.

CDRSN and their Provider Network will secure and act on information related to inconsistencies in the care delivery system.