

CHELAN-DOUGLAS RSN/PIHP POLICY AND PROCEDURE MANUAL		Chapter:	2.4
Title:	MANAGED CARE SERVICES	Page:	1 of 4
		Date Effective:	July 1, 2002
Subject:	COMMUNITY SUPPORT SERVICES	Date Revised:	July 25, 2007
		Authorizing Signature:	

AUTHORITY: Guiding Principle(s): Consumer Focused, Holistic/Humanitarian, Accessible, Normalizing/Non-Stigmatizing, Responsive, Effectively Managed
WAC 388-865-0230, Community Support Services
WAC 388-865, Inpatient Evaluation and Treatment Facilities
DSHS Standard Work Order, RSN/PIHP Services
DSHS Title XIX Contract and Federal Waiver

SCOPE: This policy applies to Chelan-Douglas Regional Support Network/Prepaid Inpatient Health Plan (CDRSN/PIHP) and its contractors (agencies/providers), and subcontractors (referred to as contractors or agencies or providers throughout this policy).

PURPOSE: To provide the range of services and supports to meet the consumer's needs through a wide array of service configurations.

DEFINITIONS: A. Community Support Services. An array of mental health services which include:

1. Assessment,
2. Ongoing case management services,
3. Emergency Services/ Crisis intervention,
4. Individualized plans,
5. Assistance with obtaining basic needs (housing, food, income, health and dental care, transportation),
6. Medication management,
7. Individual psychotherapy, family, or group counseling,
8. Day and group treatment services,
9. Protective payee services,
10. Educational/vocational/employment services,
11. Peer support services,
12. Referral and brokering services,
13. Consumer advocacy,
14. Child and family teams,
15. Individualized and tailored care processes for adults and older adults,

16. Assistance to family members and other social supports of the consumer, while observing applicable confidentiality laws and regulations,
17. Consumer/family information and education on consumer's illness and symptom management,
18. The purchase of goods and services to meet basic needs (i.e., food, clothing, medications, automobile repair, utilities, recreational equipment),
19. The use of "natural" supports, e.g., consumer's own self-help efforts/support groups, family, friends, and other community member's roles in supporting the consumer,
20. Payment to other care givers (i.e., parents, relatives, friends and neighbors) for services rendered (i.e., accompaniment to social or recreational activities/events, home chores, child care, and transportation), and
21. The creation of a unique service for a particular consumer.
22. Completion of pre- and post federally mandated nursing home screenings for persons being placed in nursing care facilities that may possess and live with mental illness.

B. Plan of Care (Treatment Plan). A plan developed by the provider in collaboration with the consumer and others providing supports to the consumer.

POLICY:

- A. Community Support services as defined above are Medically necessary services provided are in accordance with the consumer's Plan of Care, which includes terms of a less restrictive commitment order and accompanying WAC 388-865 requirements, where applicable (see Chapter 5.4). The CDRSN is responsible to provide all community support services through their provider network or contractual agreements with a sufficient number and variety of licensed and/or certified service providers. Services may be provided directly, accessed from others, and/or purchased to meet the unique needs of the consumer.
- B. Services work toward stabilizing behaviors within life domains.
- C. Emphasis is on skill development (child, parents, community supports) and symptom management.
- D. Services are respectful of and consistent with family beliefs/culture/values.
- E. Strategies are realistic (e.g., likely to succeed).
- F. The intensity and frequency of services fits the situation.

- G. Contacts occur during disruptions to the consumer's normal living arrangements (e.g., hospitalization, homelessness, incarceration/detention, CLIP placement, etc.).
- H. Services to multiple family members are coordinated and work toward family intervention strategies.
- I. Specialist and/or expert consultation is utilized as indicated (ethnic minority, disability, medical/psychiatric, sexual minority, age, deaf, drug/alcohol, sexual offender, etc.).
- J. Services are available where and when they need to occur.
- K. Services work toward and promote successful community transition and tenure.
- L. There is an ongoing review of goals and strategies, including the crisis plan; changes are made as indicated (both on the plan and in practice).
- M. Level I and Level II PASSAR screenings are completed (in accordance with the agreement with Mental Health Division) assessing issues of mental illness and the need for ongoing mental health treatment.

PROCEDURE:

Referrals for PASSAR screenings are received from Home and Community Services (HACS), Nursing Home facilities, Psychiatric Hospitals, and Community Hospitals.

- a. When referrals are received from any of the allied service providers, the referrals are forwarded to the coordinator at Mental Health Division.
- b. The Mental Health Division Coordinator in turn contacts the CDRSN/PIHP Provider to complete necessary PASSAR screens.
- c. The Provider will complete a Level II PASSAR screen on all referrals to determine if the individual meets the criteria of exemption. If the referral meets the criteria for exemption, the Level II PASSAR screen is returned to the Mental Health Division Coordinator and no further action is required.
- d. In instances where the Level II PASSAR screening does not meet the criteria for exemption, the Provider will complete the Initial psychiatric screening PASSAR (complete assessment) and forward the results and recommendations to the Mental Health Division Coordinator, and ensure that appropriate

measures are taken to provide necessary mental health services are provided.

- e. Screening requests received prior to nursing home placement are completed within 72 hours of receipt. Screening requests received post nursing home placement are completed within 14 days of receipt.

SEE ALSO: Chapter 2.1, Medical Necessity--Level One and Level Two Criteria
Chapter 2.2, Mental Health Intake and Evaluation
Chapter 2.3, Special Populations Assessment and Ongoing Consultation
Chapter 5.4, Involuntary Commitment Services
Glossary of Terms and Acronyms