

## Clinical Service Description

Behavioral HealthCare, Inc. (BHI) desires to provide the highest quality of professional services which are easily accessible, clinically appropriate, and cost effective. Emphasis is placed in the provision of treatment in the least restrictive environment and maintaining continuity of care for BHI members. Services are designed to promote independence and recovery from the symptoms and stigma of mental illness.

Pre-determined clinical criteria are used to evaluate each case in order to determine which treatment setting will best meet the clinical needs of the member. The application of these criteria during the review of each case provides a consistent protocol to judge medical necessity. Refer to Section XIV for clinical criteria.

**Assessment/Evaluation Services:** Assessment of the member to determine the appropriate level of care and develop with the member the most appropriate treatment plan for their needs.

**Emergency Services:** “Covered inpatient and outpatient services that are:

1. Furnished by a provider qualified to furnish emergency services, and
2. Needed to evaluate or stabilize an emergency medical condition” (10 CCR 2505-10 § 8.212.5.D; 42 CFR 422.113 (b) (ii); 42 CFR 438.114 (a); BHO FY 2010 Contract, I.A.11).

**Outpatient Treatment:** The least restrictive level of care where members and or family members meet in an office setting, receive face to face assessment and counseling services. Services may include the following:

**Individual Therapy:** A therapist meets the client in face-to-face session(s) in frequency ranging from once a week to once a month.

**Group Therapy:** The client meets for psychotherapy with other members and therapist(s). Groups are designed to meet specific needs or deal with similar problem areas. Some are open ended (a member may enter the group at any time) and some are time-limited with specific start and end dates. Behavioral HealthCare, Inc. offers groups to all populations.

**Family Therapy:** All or some members of the client's family meet with a therapist to resolve a mental health issue that interferes with productive family life.

**Marital Therapy:** The therapist meets with a couple to work on a specific mental health issue that interferes with their relationship.

**Education/Consultation:** Educational presentations are developed and presented to the local community with an emphasis on prevention and early

intervention. Mental health consultation is provided to other human service agencies. In addition, BHI provides services to educate clients and family members about their mental illness and treatment.

**Psychological Evaluation:** In-depth evaluations are performed for clients who need them and agencies or providers may request an evaluation for their clients.

**Referral and Triage:** During the initial assessment and throughout treatment, clients are assessed for need and appropriate utilization of services. When appropriate, clients are referred to other behavioral health providers, both within Behavioral HealthCare Inc. and outside Behavioral Healthcare, Inc. For example, a member in crisis is referred to the crisis team, while a member with an alcohol problem is referred to an alcohol program.

**Medication Management:** The administration of medication, as prescribed and monitored by BHI psychiatrists, is an essential component of our managed mental health program. The physician is available to clients and his/her family for consultation regarding medications prescribed, side effects, and potential benefits and risks. Appropriate prescription and administration of psychoactive medication may be used either as a primary treatment intervention or an adjunct to other therapies.

**Inpatient:** The treatment of a mental health condition requiring 24-hour supervision in a setting that has staff medical supervision and services around the clock.

**Residential Care:** Comprehensive supportive housing options that provide 24 hour services to individual clients in a setting that has staff supervision and services around the clock.

**Day Programs:** Day programs are an outpatient setting where individual, group, and family counseling is provided for part of the day.

**In-Home Family Services:** Therapists work in the home with children and adolescents at risk for hospitalization or loss of placement.

**School-Based Outpatient Services:** Counselors work with the child, family members, and school staff around mental health issues related to the school setting.

**Wrap-Around Services:** Services provided are unique, special services designed to prevent a hospitalization, out of home placement, or more intensive services.

**Clubhouse and Drop-In Center Services:** A clubhouse is a vocational training program that features a unique partnership between the members and professionals that participate in the program. A clubhouse works to empower people with mental illness to achieve success in the community through work, recreation and relationships. The BHI network includes one clubhouse and two drop in centers.

**Respite Care:** Services providing relief to caretakers of clients with severe behavioral problems by providing a necessary break for the care-takers. These services are usually provided in the home and can be accessed through the case manager or therapist.

### **Case Management Service Code Definitions**

“Targeted Case Management services are defined as those services which will assist mentally ill individuals in gaining access to needed medical, social, educational, and other services.” (Colorado Department of Health Care Policy and Financing, Staff Manual Volume 8, section 8.762)

“Case Management means case review, setting of treatment goals, design of treatment plan, coordination of the necessary components of the plan, monitoring of the treatment, and retention of the responsibility for the client’s treatment, performed by a professional staff of the community mental health center with the objective of assuming an integrated system of care for the client”. (Colorado Department of Health Care Policy and Finance, Staff Manual Volume 8, section 8.750.)

“Case Management - Case management activities are community-based, and are delivered either in the client's environment or in the organization by a designated person or team. Case management assists a client to function at his/her highest level and includes but is not limited to service planning, linkage, referral, monitoring/follow-up, advocacy, and crisis management.” (Code of Colorado Regulations, 2 CCR 502-2, Colorado Mental Health System.)

Case Management DOES NOT INCLUDE social or recreational activities of a general nature, treatment services (individual, group, family), required documentation activities, or administrative/supervisory activities. Case management activities can include member advocacy, crisis management, coordination of care/services with external providers, facilitation of referral to external providers/agencies, and monitoring/follow-up with external providers/agencies. Case management is not direct service and should be no less than 5-15 minutes in duration. “Case Management is NOT something your neighbor could do for you”. “Community Support is NOT case management”. Medication Management is NOT Case Management.

## Tips for Understanding Case Management

- ❑ Case management **MUST NOT** be a duplication of effort across the system of care for the client (e.g. child welfare and MH, DD and MH)
- ❑ Case management is part of the treatment plan and necessary to maintain the client in the community.
- ❑ Case management must be documented according to the client's needs and goals, as written in the assessment, treatment plan, etc.
- ❑ Case management **CANNOT** be used for basic life needs of the client. (CM can be used to refer members to resources to assist in basic life needs, but not provide them. Skills building, which is not CM, can be used to teach clients some basic life skills, such as laundry, cooking, etc. CM does not include transportation.)

Case Management for Assessment means: assessing on-going treatment needs, assessing the impact or feasibility of 'activities' that focus on needs; or assessing the need for any medical, educational, social, or other service.

Case Management for Treatment means: development of a specific treatment plan based on the information collected through an assessment specifying the goals and actions related to recovery; must include evidence of active participation of the client in the development of the goals; must identify a course of action to respond to the assessed needs of the eligible individual.

Case Management for Referral means: referral and related activities to help an individual obtain needed services including activities that help link the client with medical, social, educational providers; referral and related activities to other programs and services that are capable of providing needed services to the client.

Case Management for Monitoring means: monitoring and follow-up activities and contacts that are necessary to ensure the treatment plan is addressing client need; monitoring activities may be with the family members, providers, or other entities. It is not direct service with the client. May be conducted as frequently as necessary to help determine if services are being provided in accordance with the client's treatment plan, whether the services in the plan are adequate, or whether there are changes in the needs or status of the individual that necessitate adjustment of the treatment plan.