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Residential Utilization Management

Introduction

The Department of Mental Health and Addiction Services (DMHAS) must place an increased emphasis on the utilization management of its community residential programs. Through a centralized utilization management process, shared with our local provider agencies, the Commissioner's Office and Advanced Behavioral Health, it is our intent to formalize goals and plans for individuals in the community, facilitate continued learning and develop increased Community integration for individuals discharged from inpatient settings.

We are aware that there is already a local process where residential agencies and the LMHA review clients, monitor their wellness, and the clients' ability to become more independent and to move to another level of care. We value this local process and want to see it continue as your staff know and understand the clients best. The centralized utilization management process, which will include monitoring admissions, discharges and lengths of stay, will formalize this review process using the DMHAS information system (either DPaS or DDaP) and Advanced Behavioral Health (ABH) to provide the structure to be able to review the system as a whole and to monitor the local process either from an individual agency or a regional perspective. This will enable the Department to know when and where we will have beds available and what the plan will be for the next admission.

In order for the utilization management of community residential programs to be a useful tool in creating movement and flow throughout community; residential programs and service providers must submit timely and accurate data, including continuing to enter service and demographic data. Agencies must also understand that there is also the need for both admission and discharge criteria to be built into this process. This document reflects the thinking done by many providers of these services, their commitment to the wellness of their clients and their focus on recovery and independence.

Key Factors

- I. Some key factors in defining and establishing utilization criteria for the various levels of care:
 1. Staffing availability and location (on-site, off-site, phone)
 2. Amount of direct supervision and structure provided by staff

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3. Hours of services per week provided by the program
 - Clinical
 - Rehabilitation
4. Skill building in areas of self-administering medication, managing ADLs (personal hygiene, meals, maintaining living environment, leisure activities, etc), managing own finances, managing and attending to medical and behavioral health care needs, ability to ask for help, employment or education
5. Severity of illness – an active DSM IV diagnosis of a SPMI, some risk for acute hospitalization, but able to be treated outside of an acute setting (e.g., not imminently at risk to harm self or others). Unable to adequately care for his/her own physical needs and the family and/or other non-residential support systems are unable to adequately fulfill these needs. Medically stable.
6. Goal – learning skills sufficiently to be discharged to a lower level of care; able to adequately care for own physical, self-care, housing and ongoing treatment needs.
7. ***Questions and tasks– which will be monitored through both the program and through the LMHA.***
 - What types of assessment are currently being done to determine an individual’s appropriateness for these levels of care?
 - Can discharge planning begin at or shortly after intake?
 - Can a rental housing application be filed immediately after entry into the programs? (RAP or Section 8)
 - How much time should a program be given to develop a recovery plan after admission?
 - Is preventing homelessness alone a sufficient reason for staying in the program/service?
 - Is participation of family members in treatment expected?
 - What information should be collected for utilization management and centralized reporting functions?

Group Home

I. Definition:

1. Unlocked residential treatment in a community setting
2. 24 hour, 7 day a week, on site staffing
3. Clients need the supervision or monitoring until they are able to maintain behavioral control, learn how to manage their environment and be self-sufficient a large percentage of the time.
4. Focus is on learning and developing skills in the area of self-care and independent living including: self administration of and compliance with medication, life skills, ADLs/self care, community integration, counseling and education, individual budgeting and management of personal financial resources, meal preparation, improving communication skills.
5. Goal is to develop the life skills necessary to live in a less supervised residential site, avoid relapse and/or the utilization of more restrictive services, symptom reduction and improved functioning, improved participation in the following of psychiatric, substance abuse, and medical treatment..

II. Admission Criteria

1. Required:

- a. Active DSM IV Axis I diagnosis that is severe and persistent and not primarily related to substance abuse or developmental disabilities.
- b. Absence of imminent danger to self or others
- c. Skill deficits (after a functional assessment) in key areas of independent living (e.g., bathing, self grooming, meal preparation, maintaining habitable living environment, ability to request help independently) requiring access to staff 24 hours per day/7 days per week

2. Other optional criteria

- a. Inability to be sustained in lower level of care and cannot be left alone for long periods of time
- b. History of medication noncompliance resulting in acute symptomatic decompensation
- c. Step down from more intensive LOC
- d. Acute exacerbation of symptomatology that requires intensive supervision
- e. Requires 7-15 rehab service hours per week

3. Exclusionary criteria (individual does not qualify for this LOC if the following are true)

- a. Individual meets criteria for acute psychiatric hospitalization
- b. Individual's medical complications require on-site medical personnel

III. Continued Stay Criteria

1. Required:

- a. Individual continue to require 24/7 staffing

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- b. Individual requires 7-15 hours of rehab services per week
 - c. Individuals behavior/condition will deteriorate significantly if transitioned to a less intensive level of care
- 2. Other optional criteria**
- a. Clinical conditions have worsened
 - b. Attempts to reduce the intensity and/or structure of the programming has or is likely to result in exacerbation of symptoms requiring use of higher level of care
 - c. Deterioration in community supports and/or individual is experiencing difficulty in developing the skills and supports necessary for lower level of care
- IV. Discharge Criteria**
- 1. Required – either a or b**
- a. The individual no longer needs access to a supervised setting 24/7 because:
 - i. Has made sufficient progress on treatment goals and objectives
 - ii. A less intensive LOC will not compromise the stability of the individual
 - iii. There is a clear and reasonable recovery oriented discharge plan in place that addresses clinical, case management, and community integration needs of the individual
 - iv. Can live in an apartment with staff on site, with multiple alone hours
 - b. Treatment is discontinued because either
 - i. Individual requests discharge
 - ii. Individual requires a more intensive LOC due to lack of progress or unresolving symptomatology

Mental Health Supervised Housing

I. Definition

1. Individual requires a non-hospital, community based residence
2. Housing is intensively managed in private or shared apartments, with staff co-located in the building or available 24/7
3. Services include a range of supervised and/or supported activities that enhance an individual's ability to live independently in the community. These services should include: supervision of the self-administration of medication; support and/or supervision of selected daily life activities; life skills development to live in a less supervised setting (e.g., ADL/self care, community integration, counseling and education, individual budgeting and management of personal financial resources, meal preparation, improving communication skills, use of leisure time)
4. Goals (after a functional assessment) are to avoid relapse and utilization of more restrictive services; maintain community tenure, reduce symptomatology, improve level of functioning as determined by enhancement or development of daily life skills, prevent homelessness, prepare individual for a more independent level of functioning in community and/or for independent living.

II. Admission Criteria

1. Required

- a. Active DSM IV Axis I diagnosis that is severe and persistent and not primarily related to substance abuse or mental retardation.
- b. Absence of imminent danger to self or others
- c. Skill deficits in key areas of independent living (e.g., bathing, self grooming, meal preparation, maintaining habitable living environment, ability to request help independently) requiring access to staff 24 hours per day/7 days per week

2. Other optional criteria

- a. Inability to be sustained in lower level of care
- b. Step down from more intensive level of care such as group home or psychiatric hospital.
- c. History of medication noncompliance resulting in acute symptomatic decompensation
- d. Requires 7-10 rehab service hours per week
- e. Can function by himself in an apartment for periods on time, without injurious behavior or increasing anxiety.

III. Continued Stay Criteria

1. Required:

- a. Individual continues to require access to a staff member 24/7
- b. Goals and objectives of treatment plan have not been fully reached although there is demonstrated progress.
- c. Individual requires 7-15 hours of rehab services per week

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- d. Individuals behavior/condition will deteriorate significantly if transitioned to a less intensive level of care
- 2. **Other optional criteria**
 - a. Clinical conditions have worsened
 - b. Attempts to reduce the intensity and/or structure of the programming has or is likely to result in exacerbation of symptoms requiring use of higher level of care
 - c. Deterioration in community supports and/or individual is experiencing difficulty in developing the skills and supports necessary for lower level of care

IV. Discharge Criteria

1. Required – either a or b

- a. The individual no longer needs access to a supervised apartment setting 24/7 because:
 - i. Has made sufficient progress on treatment goals and objectives
 - ii. A less intensive LOC will not compromise the stability of the individual
 - iii. There is a clear and reasonable recovery oriented discharge plan in place that addresses clinical, case management, and community integration needs of the individual
- b. Treatment is discontinued because either
 - i. Individual requests discharge and is deemed safe
 - ii. Individual requires a more intensive LOC due to lack of progress or unresolving symptomatology

Mental Health Supported Housing

I. Definition

1. The least structured mental health residential rehabilitation program for individuals who have achieved a level of independence and do not require 24/7 on-site supervision.
2. Individuals live in private or shared apartments with regular visits and supportive services, and may hold their own lease. Services are adjusted according to need; clients with their own leases are receiving services in their *homes*, and not a treatment site.
3. 24/7 on-call access is available from staffs that are not necessarily located on-site
4. Treatment needs may require intensive management by a multi-disciplinary treatment team through an LMHA and they may receive medication delivery and monitoring services through the VNA.
5. Rehab services, based on a functional assessment, are provided to teach independent living skills, provide opportunities for employment, and to facilitate recreational, social and educational activities.
6. Case management services may include access to:
 - a. clinical case management including medication monitoring
 - b. Supervision of the self-administration of medications, life skills training, transportation skills building, financial management, etc.
 - c. Therapeutic outreach services to stabilize or reduce symptoms in order to prevent hospitalization or provide discharge support.
7. Goals (after a functional assessment) include avoiding relapse or utilization of more restrictive services; maintain and strengthen community tenure, reduce symptomatology, improve level of functioning as determined by the development or enhancement of daily life skills, prevent homelessness.

II. Admission Criteria

1. Required

- a. Active DSM IV Axis I diagnosis that is severe and persistent and not primarily related to substance abuse or mental retardation.
- b. Absence of imminent danger to self or others
- c. Individual requires minimum of 2 -4 direct fact-to-face contacts per week

2. Other optional

- a. Significant impairment of self-maintenance, occupational, education or social functioning
- b. Individual could not be sustained at a lower level of care
- c. Stepping down from a more intensive level of care such as group home or supervised housing.

III. Continued stay criteria

1. Required:

- a. Individual continues to require access residential supports that provide 2-4 rehab service hours per week in order to address skill deficits in independent living

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- b. Goals and objectives of treatment plan have not been fully reached although there is demonstrated progress.
- 2. Other optional criteria**
- a. Clinical conditions have worsened
 - b. Attempts to reduce the intensity and/or structure of the programming has or is likely to result in exacerbation of symptoms requiring use of higher level of care
 - c. Deterioration in community supports and/or individual is experiencing difficulty in developing the skills and supports necessary for lower level of care