

POLICY MANUAL

State Mental Health, Mental Retardation and Substance Abuse Services Board Department of Mental Health, Mental Retardation and Substance Abuse Services

POLICY 1035 (SYS) 05-2 Single Point of Entry and Case Management Services

Authority	Board Minutes Dated September 7, 2005 Effective Date: September 7, 2005 Approved by Board Chairman <u>B. Hunt Deuter 9/21/05</u>
References	Report of the Commission on Mental, Indigent, and Geriatric Patients, 1970 and 1972 Report of the Commission on Mental Health and Mental Retardation, 1980 Report of the Commission on Deinstitutionalization, 1986 §§ 37.2-500, 37.2-505, 37.2-601, and 37.2-606 of the <i>Code of Virginia</i> (1950), as amended STATE BOARD POLICY 1036 (SYS) 05-3 Vision Statement STATE BOARD POLICY 1019 (SYS) 87-3 Client Services Management STATE BOARD POLICY 4029 (CSB) 88-4 Community Services Board Responsibility for Client Service Management and Coordination <i>Envision the Possibilities: An Integrated Strategic Plan for Virginia's Mental Health, Mental Retardation, and Substance Abuse Services System</i> , 2005 Current Community Services Performance Contract Current Discharge Planning Protocols <i>Community Mental Health Rehabilitative Services</i> , Department of Medical Assistance Services, November 11, 2004 <i>Mental Retardation Community Services</i> , Department of Medical Assistance Services, October 31, 2002
Supersedes	STATE BOARD POLICY 1019 (SYS) 87-3 Client Services Management STATE BOARD POLICY 4029 (CSB) 88-4 Community Services Board Responsibility for Client Service Management and Coordination
Background	The responsibility of community services boards and behavioral health authorities, hereinafter referred to as CSBs, for service management and coordination for individuals with mental illnesses, mental retardation, or substance use (alcohol or other drug dependence or abuse) disorders has been

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Background (Continued)

recognized and supported by CSBs, several legislative study commissions, the Board, and the Department for many years. The Commission on Mental Health and Mental Retardation Report stated that establishing a case management/service management system was a local government responsibility, implemented by CSBs. The Commission on Deinstitutionalization Report reiterated the core responsibility of CSBs for service management and urged the General Assembly to fund increased CSB case management.

The Commissions on Mental, Indigent, and Geriatric Patients, on Mental Health and Mental Retardation, and on Deinstitutionalization recognized the need for the integration of services between state hospitals or training centers, hereinafter referred to as state facilities, and CSBs. Since 1984, the Department, in collaboration with CSBs, has developed guidelines for case management and service coordination for all consumers receiving mental health, mental retardation, and substance abuse services. The Department and CSBs also have created Procedures for Continuity of Care Between Community Services Boards and State Psychiatric Facilities (1997), continuity of care procedures in the community services performance contract, and discharge planning protocols for individuals seeking admission to or being discharged from state facilities.

Sections 37.2-500 and 37.2-601 of the *Code of Virginia* state that CSBs shall function as the single points of entry into publicly funded mental health, mental retardation, and substance abuse services in order to provide comprehensive mental health, mental retardation, and substance abuse services within a continuum of care. As part of this function, CSBs provide case management services, mandated by §§ 37.2-500 and 37.2-601 of the *Code of Virginia*, and preadmission screening and discharge planning, mandated by §§ 37.2-505 and 37.2-606 of the *Code of Virginia*, for individuals seeking entrance to or being released from state facilities. CSBs also prescreen all admissions for local involuntary hospitalization or treatment.

The role of CSBs as the single points of entry into publicly funded mental health, mental retardation, and substance abuse services and the related responsibilities to provide case management services and preadmission screening and discharge planning are reflected in the community services performance contract and the discharge planning protocols. This role and these responsibilities also are reflected in the *Integrated Strategic Plan*. The two referenced Medicaid provider manuals, *Community Mental Health Rehabilitative Services* and *Mental Retardation Community Services*, identify CSBs as the only providers of mental health and targeted mental retardation case management services that are eligible for Medicaid reimbursement, an identification or status that has existed since the inception of the community Medicaid initiative in 1991.

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Purposes To recognize and support the role of CSBs as the single points of entry into publicly funded mental health, mental retardation, and substance abuse services; provide policy guidance on the implementation of this role and related CSB case management responsibilities; and preserve the status of CSBs as the only approved providers of Medicaid mental health and mental retardation case management services.

Policy It is the policy of the Board to support the principle of public management of public resources for effective and responsible stewardship of scarce public funds and the achievement consumer-focused public policy goals. This principle is embodied in the single point of entry role of CSBs and their provision of case management services.

Further, it is the policy of the Board that CSBs, as the single points of entry into publicly funded mental health, mental retardation, and substance abuse services, shall be responsible for managing the treatment, habilitation, or support services of individuals with mental illnesses, mental retardation, or substance use disorders. One way CSBs fulfill this responsibility is through the case management services that they provide to these individuals.

It is also the policy of the Board that the Department and CSBs shall work with the Department of Medical Assistance Services to preserve the status of CSBs as the only approved providers of Medicaid mental health and mental retardation targeted case management services.

Further, it is the policy of the Board that CSBs, as the single points of entry into publicly funded mental health, mental retardation, and substance abuse services, shall have the primary responsibility, in collaboration with state facilities and other public or private service providers, for delivering, coordinating, ensuring the continuity of, and managing, within available resources, all public mental health, mental retardation, and substance abuse services received by consumers.

It is also the policy of the Board that CSBs, as the single points of entry into publicly funded mental health, mental retardation, and substance abuse services, shall coordinate the use of and manage admission to and discharge from state facilities for persons located in their service areas. Individuals in state facilities shall be considered consumers of the CSBs that participated in their admission or are designated as their case management CSBs. CSBs shall maintain an active role in the delivery of services to their consumers in state facilities. In accordance with referenced statutory provisions and documents, CSBs shall conduct preadmission screenings of all individuals before their admission to a state

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facility. CSBs shall complete all necessary discharge planning activities and the preparation of discharge plans for their consumers, in collaboration with state facility staff, before their consumers are discharged from state facilities.

Discharge plans shall identify the services and supports that consumers will need upon discharge and the public or private providers that have agreed to provide those services.

Further, it is the policy of the Board that the Department, state facilities, and CSBs shall be guided by the following principles as they fund, provide, monitor, or evaluate case management services and preadmission screening and discharge planning activities.

1. These services and activities shall support and promote the recovery, self-determination, empowerment, resilience, health, and highest possible level of participation in all aspects of community life, including work, school, family, and other meaningful relationships, of consumers. Services and activities shall support consumers in defining and reaching their own goals and in making decisions about their lives and the services that they receive. These goals and decisions shall be considered in all preadmission screenings and identified clearly in all individualized services plans and discharge plans for all consumers.
2. CSBs and the state facilities that serve their consumers shall implement preadmission screening and discharge planning practices that are consistent with the community services performance contract, discharge planning protocols, statutory requirements, and best clinical practices.
3. CSBs shall manage, in collaboration with the state hospitals that serve their consumers, the admission into and discharge from state hospitals or local hospitals of individuals who have been determined to need those services. As resources become available and as the capacities of individual CSBs and communities and of regions develop, CSBs, in collaboration with the state hospitals and local hospitals that serve their consumers and with support and technical assistance from the Department, shall manage their utilization of those facilities on a regional basis to ensure that inpatient psychiatric beds are used as appropriately and cost-effectively as possible.
4. CSB services and relationships with state facilities and other local service providers shall facilitate seamless and efficient transitions of consumers between state facilities and local community services. Each CSB shall establish internal mechanisms to ensure efficient and seamless transitions of consumers between and among the programs and services that it provides.

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It also is the policy of the Board that individual CSBs shall assume the lead responsibility for supporting, facilitating, and achieving the greatest possible interagency collaboration and coordination in the planning, management, and delivery of community-based services. Linkages shall be established with community providers or organizations to develop services and supports that are tailored and flexible to meet specific needs of consumers served by the CSB.

Finally, it is the policy of the Board that the Department shall provide direction, guidance, technical assistance, and consultation to CSBs and state facilities in the development and implementation of case management services and preadmission screening and discharge planning. The Department also shall monitor the delivery of case management services and preadmission screening and discharge planning through outcome and performance measures and utilization management and review activities.
