

*NORTHCARE UTILIZATION MANAGEMENT LEVELS OF CARE***A. Levels of Care for Adults with Serious Mental Illness and Co-occurring Disorders**Level One: Brief Outpatient /Limited Services

Services Include:

MH 1A Brief Outpatient Services:

- Typically less than 12 sessions; psychiatric consult and/or medication review may be appropriate.

MH 1B Supports Coordination

- Less than 20 outpatient mental health visits per year; may include psychiatric consult/assessment and quarterly psychiatric monitoring.

Severity of Illness:

Psychiatric Signs and Symptoms:

- Presence of cognitive, perceptual, affective and/or somatic disturbances of sufficient intensity to cause subjective distress and/or disordered behavior.
- For supports coordination/therapeutic support, these symptoms are persistent and recurrent and likely to lead to a more intensive level of care if professional support is not maintained.
- Level of distress or disordered behaviors is not severe enough to endanger self or others.

Functional Impairments:

- Disruption of self-care, daily living skills, social/interpersonal functioning and/or education/occupational role performance. (Disruption in functioning has been sustained for those consumers requiring ongoing therapeutic support.)
- The consumer or family is able to identify specific outcomes that supports are likely to impact regarding improved level of functioning and/or remission of presenting symptoms.

Clinical Stability/Risk Potential:

- The consumer is considered to be at minimal immediate risk of self-harm or harm to others.
- Although there may be transient suicidal ideation, there has been no recent serious attempt to harm self or others, nor is there any substantial plan of action regarding harm to self or others.

NORTHCARE UTILIZATION MANAGEMENT LEVELS OF CARE

Intensity of Service:

Environment of Care/Level of Restrictiveness:

- Services may occur in office-based or community settings, and the individual/family/community support system is considered adequate to assist the consumer, when needed, in performing activities of daily living.

Nature/Frequency of Supports Available:

- Services are typically provided by a licensed or certified psychiatrist, psychologist, social worker, professional counselor or other qualified mental health professional, and may include individual, family and group therapy and/or psychiatric medication management.
- For individuals who have previously been seriously functionally impaired but currently demonstrate clinical stability, who require ongoing therapeutic support to maintain emotional/behavioral stability, support may be provided by a clinician to maintain continuity of care according to consumer preference.
- Frequency of necessary services will be determined by the consumer needs and preferences as negotiated in the person-centered plan, and will typically occur not more than once weekly or less than quarterly.

Level Two: Specialized Outpatient Specialty Mental Health Services

Services Include:

MH 2A Supports Coordination / Community Supports

- Typically would include supports coordination contact bi-monthly to quarterly.
- May also include community living supports and/or skill building assistance (weekly), monthly to quarterly psychiatric monitoring, minimal vocational supports (e.g., job coaching < 2 hrs. per week), and other clinic services as determined by the IPOS.
- These individuals will be encouraged to utilize all available options for drop-in and other consumer directed activities.

MH 2B Intensive Case Management

- May require up to 3 times a week of targeted case management, weekly community living support and/or skill building assistance, 10 hours per week of vocational support, monthly psychiatric monitoring, and other clinic services available as determined by the IPOS.

NORTHCARE UTILIZATION MANAGEMENT LEVELS OF CARE

- Regular involvement in drop-in centers or other consumer supported activities shall be available.

MH 2C Assertive Community Treatment

- May require therapeutic/case management support up to twice daily, may need intensive vocational support (up to 20 hours per week), daily community living supports and/or skill building assistance, weekly psychiatric monitoring, and options for consumer-directed activities.

Severity of Illness:

Psychiatric Signs and Symptoms:

- Acute and substantial disturbance of cognition, memory, mood/affect, perception and/or behavior due to severe emotional distress or mental illness.
- Symptom acuity does not pose an immediate risk of danger to self or others, but risk of harm would likely be substantial if intensive services are not available.

Functional Impairments:

- Evidence of acutely diminished ability to perform activities of daily living independently or appropriately, and/or to function adequately in familial/social or educational/occupational roles.
- Ability to benefit from supports offered such that the individual/family is able to perform/maintain essential activities of daily living and function adequately with sustained support and assistance.

Clinical Stability/Risk Potential:

- There are some elements of risk regarding self-harm or harm to others, but the individual does not pose a serious or immediate threat as ideation is intermittent and fleeting, and judgment/impulse control is considered sufficient to minimize risk.
- There is no recent history of significant suicidal activity that would be considered intentional or lethal and has no well-defined plan for such activity.
- The individual has engaged in non-serious, mildly self-injurious actions as a gesture of discontent or as a parasuicidal coping mechanism.

NORTHCARE UTILIZATION MANAGEMENT LEVELS OF CARE

Intensity of Service:

Environment of Care/Level of Restrictiveness:

- Intensive outpatient services are generally applicable for those individuals who require sustained and intensive professional supports to reside in their home or other community setting.
- No restriction of access to community activities and supports, and treatment is generally provided in home and community based settings.

Nature/Frequency of Supports Available:

- Treatment generally requires a multi-disciplinary system of supports, and should always include availability of psychiatric and nursing monitoring and consultation. Intensive case management and coordination of necessary services is essential.
- In addition to availability of psychiatric, nursing and other professional support, paraprofessional staff are often involved in providing community living support and training activities under the direction of the professional treatment team.
- Contact can occur as often as needed, as frequent as once or twice daily to once or twice monthly as determined by clinical need, consumer preference and as driven by the IPOS.

Level Three: Residential Treatment Services

Services Include:

MH 3A Foster Care Homes with Specialized Care Contract with CMHSP

MH 3B Treatment Group Home

- Residential Services may be considered to treat a seriously mentally ill adult who requires 24 hour monitoring and care and/or daily supervision to adequately perform essential tasks of daily living. Severity of Illness and Intensity of Service Criteria are parallel to those that require inpatient care, however, level of symptom acuity, extent of functional impairments and/or the assessment of clinical instability/risk potential do not justify or necessitate treatment at a more restrictive level of care. Room and board are not a covered benefit. However, the treatment components (i.e. personal care and community living supports) within a residential or foster care arrangement are

NORTHCARE UTILIZATION MANAGEMENT LEVELS OF CARE

covered expenses. Individualized residential arrangements are often developed as a step-down from an inpatient care environment or to prevent a move to a more intensive level of care.

Severity of Illness:

Psychiatric Signs and Symptoms:

- Some prominent disturbance in cognition, perception, or affect and/or severely disordered/bizarre behavior sufficient to interfere with an individual's ability to carry out activities of daily living or impair ability to meet social/educational/vocational role performance expectations.
- Impairment in reality testing or thought process serious enough to cause disordered behaviors, impulse control difficulties, poor judgment, or psychomotor disturbances

Functional Impairments:

- Serious neglect of self-care tasks and/or insufficient attention to essential aspects of daily living.
- Ability to maintain adequate nutrition, shelter and other essentials of daily living only with structure and/or prompts available in the residential environment.
- Interpersonal functioning is significantly impaired.

Clinical Stability/Risk Potential:

- Moderate danger to self may be reflected in intermittent suicidal ideation or passive death wishes but without intention/means to act on these thoughts. Mild and infrequent self-harm gestures may occur, but there has not been any recent significant (by intent or lethality) attempt.
- Self-mutilation, if present, is mild and does not constitute a serious threat to the consumer's well-being.
- If assaultive behaviors have been evident, there is a reasonable expectation based on history and recent behavior, that there is sufficient impulse control to suppress further aggressive activity or the behavioral structure of the residential environment is considered sufficient to minimize risk toward others. Aggressive acts of property destruction have not, nor are expected to, result in endangerment of others.

NORTHCARE UTILIZATION MANAGEMENT LEVELS OF CARE

Intensity of Service:

Environment of Care/Level of Restrictiveness:

- A variety of physical environments may be applicable to this level of care.
- Although some residential facilities may discourage unrestricted access to the community, egress is not physically prohibited.
- The level of symptom acuity and behavioral impairment are such that seclusion and or restraint procedures are not used. Generally meals and daily structure are provided by program or professional staff, but the individual accepts the structure and/or cooperates in the completion of essential functions of daily living.

Nature/Frequency of Supports Available:

- Professional support may be available on a daily basis, and crisis response is available 24 hours.
- Medical/Psychiatric monitoring and oversight as needed should be routinely available.
- Active treatment and service delivery are expected to occur on a daily basis, and support staff are available around the clock.

Level Four: Inpatient Care

Services include:

MH 4A Acute Inpatient Care (Community)

MH 4B State Hospital Inpatient Care

Severity of Illness:

Psychiatric Signs and Symptoms:

- Features of intense cognitive/perceptual/affective disturbances, seriously disordered and/or bizarre behavior and/or prominent psychomotor retardation resulting in significant interference with the individual's capacity to perform normal activities of daily living.
- Seriously impaired reality testing, disorientation, memory impairment, defective judgment and/or impulse control difficulties such that the welfare of self/others is endangered.

NORTHCARE UTILIZATION MANAGEMENT LEVELS OF CARE

Functional Impairments:

- Inability to attend to basic self-care tasks or to perform essential tasks of daily living and/or inability to meet basic needs for adequate food, clothing and shelter.
- Evidence of serious impairment in interpersonal functioning and/or extreme deterioration in ability to meet current role performance expectations.

Clinical Stability/Risk Potential:

- Potential for danger to self is real and immediate: Suicidal attempt or ideation is considered serious by the intentionality, degree of lethality, extent of hopelessness, degree of impulsivity, current level of impairment, history of previous attempts and/or existence of a workable plan.
- Current evidence or recent history of self-mutilation and/or reckless endangerment exists such that the intent, impulsivity, plan and judgment would suggest an inability to maintain control over these actions.
- Danger to others is likely based on recent evidence of serious assaultive behavior and potential for escalation/repetition of assaultive behavior in the near future, expressed intention to harm others and a plan/means to carry it out, and/or significant destructive behavior toward property that endangers others, and level of impulse control is impaired or non-existent to counter these thoughts/impulses

Intensity of Service:

Environment of Care/Level of Restrictiveness:

- Continuous observation and control of behavior is needed to protect the consumer, others, and/or property or to contain the individual so treatment may occur.
- The environment required at this level of care will typically include ability to institute suicidal/homicidal precautions, and to utilize a closed/locked unit with isolation and/or restraint procedures when necessary to protect the consumer.
- Close and continuous medical observation and supervision is necessary to develop or implement an effective psychotropic medication regimen.

Nature/Frequency of Supports Available:

- A comprehensive multi-modal therapy plan is needed due to the complexity and/or severity of the consumer's signs and symptoms or co-existing conditions.
- Daily psychiatric monitoring and 24 hour nursing supervision is required.

NORTHCARE UTILIZATION MANAGEMENT LEVELS OF CARE

- Availability of necessary consultation or services from additional disciplines/specialists is expected, and implementation of the treatment plan occurs on a daily basis.

B. Levels of Care for Children with Serious Emotional Disorders and Co-occurring DisordersLevel One: Brief Outpatient /Limited Services

Services Include:

MH 1A Brief Outpatient Services:

- Typically less than 12 sessions; psychiatric consult and/or medication review may be appropriate.

MH 1B Supports Coordination

- Less than 20 outpatient mental health visits per year; may include psychiatric consult/assessment and quarterly psychiatric monitoring.

Severity of Illness:

Psychiatric Signs and Symptoms:

- Presence of cognitive, perceptual, affective and/or somatic disturbances or impaired developmental progression of sufficient intensity to cause subjective distress and/or disordered behavior.
- For supports coordination/therapeutic support, these symptoms are persistent and recurrent and likely to lead to a more intensive level of care if professional support is not maintained.
- Level of distress or disordered behaviors is not severe enough to endanger self or others.

Functional Impairments:

- Disruption of self-care, daily living skills, social/interpersonal functioning and/or education role performance. (Disruption in functioning has been sustained for those consumers requiring ongoing therapeutic support.)
- The consumer or family is able to identify specific outcomes that supports are likely to impact regarding improved level of functioning and/or remission of presenting symptoms.

NORTHCARE UTILIZATION MANAGEMENT LEVELS OF CARE

Clinical Stability/Risk Potential:

- The consumer is considered to be at minimal immediate risk of self-harm or harm to others.
- Although there may be transient suicidal ideation, there has been no recent serious attempt to harm self or others, nor is there any substantial plan of action regarding harm to self or others.

Intensity of Service:

Environment of Care/Level of Restrictiveness:

- Services may occur in office-based or community settings, and the individual/family/community support system is considered adequate to assist the consumer, when needed, in performing activities of daily living.

Nature/Frequency of Supports Available:

- Services are typically provided by a licensed or certified psychiatrist, psychologist, social worker, professional counselor or other qualified mental health professional, and may include individual, family and group therapy and/or psychiatric medication management.
- For individuals who have previously been seriously functionally impaired but currently demonstrate clinical stability, who require ongoing therapeutic support to maintain emotional/behavioral stability, support may be provided by a clinician to maintain continuity of care according to consumer preference.
- Frequency of necessary services will be determined by the consumer needs and preferences as negotiated in the person-centered plan, and will typically occur not more than once weekly or less than quarterly.
-

Level Two: Specialized Outpatient Specialty Mental Health Services

Services Include:

MH 2A Supports Coordination / Community Supports

- Typically would include supports coordination contact bi-monthly to quarterly.
- May also include community living supports and/or skill building assistance (weekly), monthly to quarterly psychiatric monitoring, and other clinic services as determined by the IPOS.

MH 2B Intensive Case Management

- May require up to 3 times a week of targeted case management, weekly community living support and/or skill building assistance, monthly psychiatric monitoring, and other clinic services available as determined by the IPOS.

NORTHCARE UTILIZATION MANAGEMENT LEVELS OF CARE

MH 2C Home-Based Services

- Services may range from linking and coordinating resources for food and housing and medical care as well as providing therapeutic interventions such as family therapy, PMTO, individual therapy family skills training and behavioral programming.

Severity of Illness:

Psychiatric Signs and Symptoms:

- Acute and substantial disturbance of cognition, memory, mood/affect, perception and/or behavior due to severe emotional distress or mental illness.
- Symptom acuity does not pose an immediate risk of danger to self or others, but risk of harm would likely be substantial if intensive services are not available.

Functional Impairments:

- Evidence of acutely diminished ability to perform activities of daily living independently or appropriately, and/or to function adequately in familial/social or educational role.
- Ability to benefit from supports offered such that the individual/family is able to perform/maintain essential activities of daily living and function adequately with sustained support and assistance.

Clinical Stability/Risk Potential:

- There are some elements of risk regarding self-harm or harm to others, but the individual does not pose a serious or immediate threat as ideation is intermittent and fleeting, and judgment/impulse control is considered sufficient to minimize risk.
- There is no recent history of significant suicidal activity that would be considered intentional or lethal and has no well-defined plan for such activity.
- The individual has engaged in non-serious, mildly self-injurious actions as a gesture of discontent or as a parasuicidal coping mechanism.

Intensity of Service:

Environment of Care/Level of Restrictiveness:

- Intensive outpatient services are generally applicable for those individuals who require sustained and intensive professional supports to reside in their home.

NORTHCARE UTILIZATION MANAGEMENT LEVELS OF CARE

- There is no restriction of access to community activities and supports, and treatment is generally provided in home and community based settings.

Nature/Frequency of Supports Available:

- Treatment generally requires a multi-disciplinary system of supports, and should always include availability of psychiatric and nursing monitoring and consultation. Intensive case management and coordination of necessary services is essential.
- In addition to availability of psychiatric, nursing and other professional support, paraprofessional staff are often involved in providing community living support and training activities under the direction of the professional treatment team.
- Contact can occur as often as needed, with a minimum of two contact hours a week and as frequently as daily as determined by clinical need, consumer preference and as driven by the IPOS.

Level Three: Residential Treatment Services

Services Include:

MH 3A Therapeutic Foster Care (Children with Serious Emotional Disturbances)

MH 3B Treatment Group Home

- Residential Services may be considered to treat a seriously emotionally disturbed child who requires 24 hour monitoring and care and/or daily supervision to adequately perform essential tasks of daily living. Severity of Illness and Intensity of Service Criteria are parallel to those that require inpatient care, however, level of symptom acuity, extent of functional impairments and/or the assessment of clinical instability/risk potential do not justify or necessitate treatment at a more restrictive level of care. Room and board are not a covered benefit. However, the treatment components (i.e. personal care and community living supports) within a residential or foster care arrangement are covered expenses.

Severity of Illness:

Psychiatric Signs and Symptoms:

- Some prominent disturbance in cognition, perception, or affect and/or severely disordered/bizarre behavior sufficient to interfere with a child's ability

NORTHCARE UTILIZATION MANAGEMENT LEVELS OF CARE

to carry out activities of daily living or impair ability to meet social/educational role performance expectations.

- Impairment in reality testing or thought process serious enough to cause disordered behaviors, impulse control difficulties, poor judgment, or psychomotor disturbances

Functional Impairments:

- Serious neglect of self-care tasks and/or insufficient attention to essential aspects of daily living.
- Ability to maintain adequate nutrition, shelter and other essentials of daily living only with structure and/or prompts available in the residential environment.
- Interpersonal functioning is significantly impaired.

Clinical Stability/Risk Potential:

- Moderate danger to self may be reflected in intermittent suicidal ideation or passive death wishes but without intention/means to act on these thoughts. Mild and infrequent self-harm gestures may occur, but there has not been any recent significant (by intent or lethality) attempt.
- Self-mutilation, if present, is mild and does not constitute a serious threat to the consumer's well-being.
- If assaultive behaviors have been evident, there is a reasonable expectation based on history and recent behavior, that there is sufficient impulse control to suppress further aggressive activity or the behavioral structure of the residential environment is considered sufficient to minimize risk toward others. Aggressive acts of property destruction have not, nor are expected to, result in endangerment of others.

Intensity of Service:

Environment of Care/Level of Restrictiveness:

- A variety of physical environments may be applicable to this level of care.
- Although some residential facilities may discourage unrestricted access to the community, egress is not physically prohibited.
- The level of symptom acuity and behavioral impairment is such that seclusion and or restraint procedures are not used. Generally meals and daily structure are provided by program or professional staff, but the individual accepts the structure and/or cooperates in the completion of essential functions of daily living.

NORTHCARE UTILIZATION MANAGEMENT LEVELS OF CARE

Nature/Frequency of Supports Available:

- Professional support may be available on a daily basis, and crisis response is available 24 hours.
- Medical/Psychiatric monitoring and oversight as needed should be routinely available.
- Active treatment and service delivery are expected to occur on a daily basis, and support staff are available around the clock.

Level Four: Inpatient Care

Services include:

MH 4A Acute Inpatient Care (Community)

MH 4B State Hospital Inpatient Care

Severity of Illness:

Psychiatric Signs and Symptoms:

- Features of intense cognitive/perceptual/affective disturbances, seriously disordered and/or bizarre behavior and/or prominent psychomotor retardation resulting in significant interference with the individual's capacity to perform normal activities of daily living.
- Seriously impaired reality testing, disorientation, memory impairment, defective judgment and/or impulse control difficulties such that the welfare of self/others is endangered.

Functional Impairments:

- Inability to attend to basic self-care tasks or to perform essential tasks of daily living and/or inability to meet basic needs for adequate food, clothing and shelter.
- Evidence of serious impairment in interpersonal functioning and/or extreme deterioration in ability to meet current role performance expectations.

Clinical Stability/Risk Potential:

- Potential for danger to self is real and immediate: Suicidal attempt or ideation is considered serious by the intentionality, degree of lethality, extent of hopelessness, degree of impulsivity, current level of impairment, history of previous attempts and/or existence of a workable plan.

NORTHCARE UTILIZATION MANAGEMENT LEVELS OF CARE

- Current evidence or recent history of self-mutilation and/or reckless endangerment exists such that the intent, impulsivity, plan and judgment would suggest an inability to maintain control over these actions.
- Danger to others is likely based on recent evidence of serious assaultive behavior and potential for escalation/repetition of assaultive behavior in the near future, expressed intention to harm others and a plan/means to carry it out, and/or significant destructive behavior toward property that endangers others, and level of impulse control is impaired or non-existent to counter these thoughts/impulses

Intensity of Service:

Environment of Care/Level of Restrictiveness:

- Continuous observation and control of behavior is needed to protect the consumer, others, and/or property or to contain the individual so treatment may occur.
- The environment required at this level of care will typically include ability to institute suicidal/homicidal precautions, and to utilize a closed/locked unit with isolation and/or restraint procedures when necessary to protect the consumer.
- Close and continuous medical observation and supervision is necessary to develop or implement an effective psychotropic medication regimen.

Nature/Frequency of Supports Available:

- A comprehensive multi-modal therapy plan is needed due to the complexity and/or severity of the consumer's signs and symptoms or co-existing conditions.
- Daily psychiatric monitoring and 24 hour nursing supervision is required.
- Availability of necessary consultation or services from additional disciplines/specialists is expected, and implementation of the treatment plan occurs on a daily basis.

*NORTHCARE UTILIZATION MANAGEMENT LEVELS OF CARE***C. Levels of Care for Individuals with Developmental Disabilities**Level 1: Basic Support services

Residential - Family Home, Respite, Standard AFC

Vocational/Educational/Community - Community Employment (may be w/ minimal supports), minimal support required in classroom setting.

Professional Support Services - Supports Coordination, Medical and other clinic services (1-10 hrs. of supports per month)

Level 2: Enhanced Support Services

Residential - Family Home w/ supports, Respite, AFC Special Contract, SILP with weekly support

Vocational/Educational/Community - Organizational Employment, Prevocational Training, Volunteer Activities, Community Living Supports, Skill Building, support services in classroom setting as required by the child's educational plan.

Professional Support Services - Supports Coordination or Targeted Case Management, Behavior Management, Medical and other clinic services (11-20 hrs. of supports per month)

Level 3: Specialized Support Services and Habilitation Waiver Services

Residential - Specialized Residential, contract group home (may include overnight sleep staff), Family Home w/ supports, Respite, Supervised Apartments, Special Contract, SILP with multiple weekly supports

Vocational/Educational/Community - Organizational Employment, Prevocational Training, Volunteer Activities, Community Living Supports, Skill Building, extensive supports needed in educational setting as defined in the child's educational plan (IEP).

Professional Support Services - Supports Coordination or Targeted Case Management, Behavior Management, Medical and other clinic services (21-30 hrs. of supports per month)

Habilitation Waiver Services are offered at this level for adult consumers who are determined eligible for the waiver by MDCH.

*NORTHCARE UTILIZATION MANAGEMENT LEVELS OF CARE*Level 4: Intensive Residential and Support Services

Residential - Regional Centers, Specialized Contract Residential Settings, and CMH operated or contract group homes w/ 24 hr. awake supervision

Vocational/Educational/Community - Controlled prevocational training, Community Supports Environment, Skill Building, intensive and continuous supports necessary in specialized educational setting as per the child's educational plan (IEP). Professional Support Services - Supports Coordination or Targeted Case Management, Behavior Management, Medical and other clinic services (31 + hrs. of supports per month)