

GREATER COLUMBIA BEHAVIORAL HEALTH

Policies and Procedures

Category: Clinical
Approved On: 11/7/05
Approved By: The Board of Directors
Revised: 00/00/00
Effective Date: 15 days from approval/ last revision

No.: CL332.00

Title: Ensuring Care Coordination to Enhance Service Continuity for Consumers with Complex Care

I. Scope:

This policy applies to GCBH and its Provider Network.

II. Definition:

A. A consumer with complex care needs is an individual who requires:

1. the services of three or more different mental health providers (whether at one agency or several); or,
2. the involvement of three or more community agencies; or,
3. the frequent use of high intensity services (including, but not limited to)
4. readmission to an inpatient facility within 30 days
5. three or more encounters with Crisis services within a 45 day period; or,
6. the delivery of services to the extent that they are above the 90% percentile in terms of their cost of services.

III. Purpose:

A. To ensure that consumers with complex care needs receive individualized Care Management oriented to assuring coordination of timely and effective services.

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- B. To diminish the potential risk or a poor outcome secondary to overlapping services, poor communications or conflicting treatment approaches.

IV. Process/Procedures:

- A. GCBH and GCBH Member Governments/Provider Agencies will cooperate with the GCBH Utilization System (and its Care Managers) in their efforts to coordinate the services for an individual identified as being a complex care needs consumers.
- B. A Care Management referral may be initiated by the GCBH Medical Director or UM Manager; the GCBH Ombuds; or, the GCBH Utilization Management System itself.
- C. Individuals referred to Care Management may receive support for an indeterminate period of time based on the clinical presentation and Care manager's input.
- D. Care managers will track the number of individuals under their auspices and report the number of enrollees followed, the length of time in care management, the reason for the referral and the outcome of their intervention. This information should be reported quarterly to the GCBH UM Committee for their review.

V. Expected Outcome (s):

- A. That consumers with complex care needs are provided clinically relevant and coordinated care.
- B. That GCBH and GCBH Member Governments/Provider Agencies remedy issues concerning service inconsistency, if such issues surface.
- C. That the UM Committee will incorporate this information into their assessment of Under or Over Utilization of resources.

VI. Scheduled Review of this Policy:

The review of the GCBH policies and procedures manual is on a two year cycle. The GCBH policy review and revision approval process is a three month process. This policy is scheduled to be reviewed every second year:

- A. by GCBH staff by September of even years,
- B. by the Regional Advisory Board (RAB) by October of even years,
- C. by the GCBH Board of Directors by November of even years, and
- D. outside of the schedule if required.