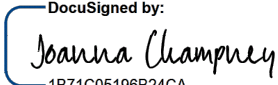


POLICY AND PROCEDURE

<u>POLICY TITLE:</u> DSAMH Targeted Case Management Program and Transitional Bed Program	<u>POLICY #:</u> DSAMH005
<u>PREPARED BY:</u> TCM and Policy Committee	<u>DATE ISSUED:</u> 01/13/2021
<u>RELATING POLICIES:</u> DSAMH026 Grievance Policy DSAMH003 Appeals Process DSAMH012 Cultural Competency DSAMH023 DSAMH Trauma Informed Care	<u>REFERENCE:</u> LEP ADA
<u>DATES REVIEWED:</u> 04/04/2022 03/27/2024	<u>DATES REVISED:</u> 05/17/2020 11/25/2020 01/13/2021 01/26/2022 01/18/2023 02/14/2024
<u>APPROVED BY:</u> DocuSigned by:  1B71C05196B24CA... <u>DATE SIGNED:</u> 4/8/2024 9:34 AM PDT	<u>NOTES:</u> <input checked="" type="checkbox"/> DSAMH Internal Policy <input type="checkbox"/> DSAMH Operated Program <input type="checkbox"/> DSAMH State Providers <input type="checkbox"/> Delaware Psychiatric Center <input type="checkbox"/> Targeted Use Policy (Defined in scope)

I. PURPOSE:

The purpose of this policy is to establish processes and guidelines for the management of participation in the DSAMH Targeted Case Management (TCM) Program and the TCM Transitional Bed Program.

II. POLICY STATEMENT:

TCM provides services to DSAMH participants with a documented history of Severe and Persistent Mental Illness (SPMI) who are currently residing at Delaware Psychiatric Center (DPC) and other Institutions for Mental Disease (IMD) or have resided within the last 30 days. TCM provides traditional case management support services and a limited, temporary, transitional bed program.

III. DEFINITIONS:

“CBHSD” means the Bureau of Community Behavioral Health and Social Determinants.

“Day” means calendar day unless business day is specified.

“Delaware resident” means an individual who is not eligible for an out-of-state Medicaid plan and meets either of the following criteria:

1. An individual is domiciled in a permanent location or maintains a place of abode that they

stay in that is a building, structure, or vehicle within the limits of the State, and spends more than 183 days in the State.

2. A person who possesses a valid Delaware-issued identification card such as driver's license or non-driver identification card.

"DHSS" means Department of Health and Social Services.

"DPC" means Delaware Psychiatric Center.

"DSAMH" means the Division of Substance Abuse and Mental Health.

"Grievance" means any disagreement/dispute a tenant may have with respect to the TCM's action or failure to act, in accordance with the participant's rights or TCM regulations, which adversely affects the individual participant's rights, duties, welfare, or status.

"IMD" means Institutions for Mental Disease.

"SPMI Targeting Criteria" means Serious and Persistent Mental Illness Diagnosis and Functional Criteria.

"TCM" means the Targeted Case Management Program operated by DSAMH that includes wrap-around supports and services, as well as short-term transitional bed units.

IV. **SCOPE:**

The scope of this policy is limited to the Targeted Case Management (TCM) Program, and the TCM Transitional Bed Program.

V. **PROCEDURES/RESPONSIBILITIES:**

A. **Background:** The TCM Program and the TCM Transitional Bed Program are funded by and operated through DSAMH. TCM provides services and supports to individuals 18 years and older who have a serious mental illness and/or co-occurring substance use disorder and who are not well-connected to community-based services, or who are inadequately served by the services they are receiving. It is a program that links individuals to behavioral health services that can assist the individual in their recovery.

1. More specifically, the TCM Programs provide:

- a. Rapid engagement of individuals wherever the individual is located including emergency departments, psychiatric hospitals, homeless shelters, etc.
- b. Assessment of the individual's immediate needs and assistance in meeting them. TCM services are person-centered, trauma-informed, and individualized. Once a participant is referred, a targeted care manager will complete a full assessment of the individual to determine intensity of care needed, status of entitlements and application of entitlements, housing needs, medical needs, employment and educational needs, community support needs, legal status and obligations, and other areas of living that impact a participant's overall success with independence in the community.
- c. TCM acts as a liaison with providers in DSAMH's continuum of care and within the community to provide appropriate linkages to services and follow up for as long as needed. All services are planned and carried out with full participation of the participant, the participant's family, and other supports, when appropriate.

- d. TCM provides peer support services to participants.
- e. TCM remains engaged with the participant until a warm handoff to another provider is completed or when TCM has successfully met the needs of the participant. This may include facilitating immediate access to transitional beds that have capacity to provide short-term immediate housing.
- f. TCM provides temporary support services to participants, including but not limited to, exiting DPC or an IMD, particularly when other services are not readily available due to capacity.

B. Objectives and outcomes:

1. TCM and the TCM Transitional Bed Program are designed to help stabilize people with mental health issues and/or co-occurring substance use disorders to become healthy, self-sufficient, and productive members of the community.
2. TCM and the TCM Transitional Bed Program generate significant cost savings to public systems by decreasing the use of homeless shelters, hospitals, emergency rooms, and correctional settings.
3. TCM and the TCM Transitional Bed Program benefit communities by improving the safety of neighborhoods and increasing community satisfaction.
4. TCM and the TCM Transitional Bed Program reduce homelessness and increase housing security and tenure over time.
5. TCM and the TCM Transitional Bed Program reduce emergency room use and hospitalizations.

C. Guiding principles:

1. **Necessary information-** TCM and the TCM Transitional Bed Program evidence-based assessment process only seeks information necessary to determine the severity of need and eligibility for services and shelter.
2. **Participant autonomy-** The protocol for filling out assessment tools provides the opportunity for participants receiving the assessment to freely refuse to answer questions without retribution or limiting their access to assistance.
3. **Person-centered-** TCM provides options and recommendations that guide and inform participant choices, as opposed to rigid decisions about what individuals or families need.
4. **Cultural competence-** Staff use culturally competent practices, and tools contain culturally appropriate questions. (See DSAMH012).
5. **User-friendly-** Tools are brief and easily administered by non-clinical staff (including outreach workers) and are easy for those being assessed to understand.
6. **Privacy protections-** Privacy protections are in place to ensure proper consent and use of participant information.
7. **Meaningful recommendations-** Tools are designed to collect the information necessary to make meaningful recommendations and referrals to available treatment services.
8. **Written standards, policies, and procedures-** TCM shall have written standards describing who is prioritized for assistance and how much assistance they might receive. The policies and procedures governing the coordinated assessment process are approved by DSAMH staff and are easily accessible to stakeholders in the community.
9. **Trauma-informed and sensitive to lived experiences -** TCM staff employ a trauma-informed approach to reduce the potential for harm to individuals or families by reliving difficult experiences. Therefore, TCM utilizes trauma-informed tools that are worded and presented in a manner that is sensitive to the lived experiences of people. (DSAMH023).

D. Target population:

1. An adult, age 18 years of age or older; and,
2. Delaware resident; and,
3. Presence of SPMI (including Co-Occurring Substance Use Disorder in early remission) as evidenced by written documentation from a qualified prescriber.
4. Priority populations:
 - a. Current psychiatric hospitalization or psychiatric hospitalization within last 30 days; or,
 - b. Presence of functional deficits, such as Instrumental Activities of Daily Living (IADL) or Activities of Daily Living (ADL), that require support in the community on a short-term basis (4 to 12 weeks) to assist the individual's transition from hospitalized care, documented by referring agency and participant history pre-hospitalization.
5. DSAMH reserves the right to approve or deny any application whereby the defined criteria are not met.

E. Provision of participation, occupation, and availability:

1. To meet program requirements, DSAMH manages the capacity of staff, programmatic, and unit availability to offer continuous services and support. As a result, programmatic access for all eligible participants may not be immediately available.
 - a. Occupancy: DSAMH adheres to the Department of Housing and Urban Development Guidance on Occupancy Standards as well as all applicable state and local laws, regulations, and ordinances. Due to the guidelines set forth therein, the targeted maximum occupancy within a TCM unit in Delaware shall be one (1) person per bedroom.
 - b. Placement Prioritization: Vacancies are prioritized for current or anticipated needs of DPC and other acute care psychiatric hospital discharges that are appropriate for TCM services and/or the TCM Transitional Bed Program.
 - c. Reasonable Accommodations: DSAMH will provide reasonable accommodations to all applicants, participants, and staff, who need such accommodations to be able to enjoy the benefits of the services provided by DSAMH.

F. Participant selection and admission:

1. DPC, IMD, or other external agency staff initiates referral by calling DSAMH TCM.
 - a. Applicant information is sent to TCM supervisor or designee for eligibility determination. Once the referral is received, TCM designee will make contact with the referring agency within 24 business hours.
 - i. If referral meets TCM eligibility requirements, the prospective participant consents to being referred for services by signing the referral application which will be submitted and signed by referring agency. The referral application shall include a recent psychiatric evaluation, a Medication Administration Record, and a Urine Drug Screen (UDS).
 - ii. If additional information is needed as part of the eligibility review, TCM staff may speak with the referring agency, other providers, and the participant regarding the participant's treatment needs, and functional limitations related to Instrumental Activities of Daily Living (IADL) and/or Activities of Daily Living (ADL), and individualized necessary supports for managing the recovery process in the community, if any.
 - d. TCM designee will interview the client within 72 business hours of receiving the referral.
 - e. Such referrals may include TCM services for a period of ninety (90) days, or TCM services

and TCM Transitional Bed placement for a period of up to ninety (90) days, with extensions granted as needed.

- f. Referral Application Disposition:
- i. *Referral Application Denial.* The TCM Behavioral Health Administrator, or designee, must review all referral denials within five (5) days of receipt. If the TCM Behavioral Health Administrator confirms the denial, the referring agency may appeal the denial to the Chief of Social Determinants (SD) by submitting a written email including the prospective participant's name, diagnosis, and basic facts supporting eligibility and reasons for participation. The Chief of SD will review the referral documents and the denial by the TCM Behavioral Health Administrator or DSAMH designee, make and communicate a decision within three (3) days of receipt of the appeal to the referring agency. If the Chief of SD does not overturn the denial, and there is no resolution of the appeal, upon written request and further appeal of the referring agency, the Chief of SD will immediately notify and request a review by the DSAMH Office of the Medical Director (OMD). The DSAMH OMD shall review the referral and the appeal within five (5) business days and notify the referring agency of the final decision once the decision has been reached.
 - ii. *Referral Application Acceptance:* Participants who are deemed eligible for TCM services will receive an individualized TCM assessment within five (5) business days and a care plan within seven (7) business days from date of program acceptance.
 - 1) Participants who are accepted to participate in TCM services must sign and acknowledge the TCM Consent to Participate, and thereby agree to the rules and regulations of participation.
 - iii. Only participants who are approved for and agree to accept the requirements to participate in TCM and the TCM Transitional Bed Program, including signing all necessary consents, are allowed to occupy and otherwise temporarily reside in the designated TCM Transitional Bed Program unit. TCM staff must authorize in advance any guests into the unit or onto the premises. All approved guests must leave the premises by 10 p.m. EST and are not permitted to enter the premises before 8 a.m. EST.
 - iv. TCM Supervisor prioritizes referrals from DPC and/or IMD treatment staff. Other referral sources may be accepted with approval from Social Determinant's Behavioral Health Administrator.
 - v. Referrals will be evaluated on an individual basis for presence of current or historical behavioral risk factors that may exceed capacity of TCM to provide services. Behavioral risk factors might include any behaviors that may indicate a potential risk to the property, staff, residents, and/or the community.
- f. Due to unknown needs of inpatient psychiatric facility participants, no waiting list for community-based participants is maintained. If TCM Transitional Bed units are unavailable, TCM will offer appropriate referrals to other resources. Referrals will be saved in "pending drawer" if units are unavailable and participants or their treating provider can call back routinely to determine availability. TCM may contact "pending" referrals at a later date when availability exists to determine ongoing need. At the discretion of the DSAMH Executive Management, Chief of CBHSD or Social Determinant's Behavioral Health Administrator, exceptions to the above criteria may be made to meet the needs of a DSAMH participant for short-term case management services, with or without access to a TCM transitional bed.

G. Participation:

1. Participation Requirements: By signing and acknowledging the TCM Consent to Participate and the Transitional Bed Agreement the participant agrees to abide by the Program Rules and Regulations:
 - a. Acknowledging that access to a TCM Transitional Bed is initially authorized for up to but no more than ninety (90) days.
 - b. Social Determinant's Behavioral Health Administrator or designee may grant up to three (3) extensions based upon TCM Transitional Bed Program availability and capacity, and the individual needs of the participant. The forty-five (45) day extension may not be renewed more than three (3) times without written approval from the Chief of Social Determinants or designee.
 - c. Participant must agree to work with DSAMH to secure long-term community supports.
 - d. Participants who are eligible for DHSS services and the TCM Transitional Bed Program must adhere to the requirements for any program enrolled in and follow treating physician and/or appropriate medical professional recommendations.
 - e. All participants are required to actively participate in case management services offered by TCM.
 - f. All participants are required to be actively engaged with a clinical treatment provider.

H. Violations:

1. Violations to the TCM Program and/or TCM Transitional Bed Program Occupancy Rules can be of two (2) types: Program and Criminal as referred to and defined in the TCM Program and TCM Transitional Bed Program Consents.
 - a. Notice of violation to participant shall state reason(s) for the violation, proposed corrective action(s) needed, and further assessment of participant service needs as warranted.
 - b. TCM reserves the right to discharge the participant at or before the third violation incurred by the participant, regardless of the type of violation, the length of time between violation incurred, and without regard to the success or failure of corrective actions undertaken by participant.
 - c. Participant retains the right to appeal the decision and make such reply as they may wish pursuant to the grievance process defined herein (Section J). Grievances or appeals concerning the obligations of the participant or TCM shall be processed and resolved following the grievance process defined herein. TCM and DSAMH are not required to provide a grievance appeal when the participant has committed a criminal violation as described herein or in the TCM Program Agreement and/or the TCM Transitional Bed Program Agreement.

I. Discharges:

1. If TCM proposes to discharge a participant from the TCM Transitional Bed Program, notice of the proposed discharge will be given pursuant to TCM policy in a reasonable time based on the individual circumstances and urgency of the situation in the case of a threat to health or safety of other participants or TCM Staff.
2. Before a participant is discharged involuntarily, multiple attempts will be made by TCM Staff to help participant adopt corrective behavior.
3. TCM will offer alternative referrals and resources.

J. Grievance procedure:

1. This procedure is limited to disputes between individual participants of the TCM Program and/or the TCM Transitional Bed Program (collectively TCM) where TCM's actions, or failure to act in accordance with the individual participant's program participation or the TCM rules and regulations, may have affected the individual participant's rights, duties, welfare, or status. Those things not included would be:
 - a. Disputes between participants in which TCM is not involved (i.e., personal disputes between participants and/or participant's family members).
 - b. Any changes in policies and/or procedures.
 - c. Discharges of participation as a result of a health or safety hazard created by a participant which is also a threat to the health and safety of other participants or TCM and/or DSAMH Staff.
2. All grievance procedures shall follow the guidelines set forth in DSAMH026 Client Complaint and Grievance Policy including timelines, documentation, and elevation of grievance through TCM and DSAMH.

K. Procedure governing appeal process (See DSAMH003):

1. A participant may appeal an involuntary discharge, referral denial, or denial of acceptance to TCM services.
2. The participant shall be afforded a fair appeal providing the basic safeguards of due process which shall include:
 - a. The right to present written evidence and arguments in support of their complaint.
 - b. A decision based solely upon the facts presented by the participant and TCM Staff and/or designee. If an agreement cannot be reached regarding the appeal, the decision shall be elevated to the Chief of Social Determinants or designee within five (5) business days.
 - c. The Chief of Social Determinants will meet with the Appeals Committee as needed.
 - d. A written decision on the appeal to be provided to participant within ten (10) business days following the submission of the appeal including reasons, therefore. TCM will file one copy in the participant file.
 - e. If a participant has requested an appeal involving TCM's notice of termination and the action to terminate the participation is upheld, TCM will provide participant a notice of termination in writing along with information including suggested resources and/or community supports to facilitate a smooth transition for participant, when possible.

VI. **POLICY LIFESPAN:** This policy will be reviewed annually from date of issuance. This policy does not replace any requirements in Delaware State Code. Policy may require revision periodically beyond annual review if state and/or federal regulations are updated.

VII. **REFERENCES/ RESOURCES:** N/A