

Warm Hand-off Services Concurrent with Psychiatric Residential Treatment Facility and Therapeutic Group Home

Leveraging Warm Hand-off Services for Smoother Discharge Planning

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DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

Let's talk about discharge planning...

Discharge planning begins at admission.

A comprehensive discharge plan directly linked to the behaviors and/or symptoms that resulted in admission and an estimated length of stay must be developed. This plan may change and be updated as the youth progresses through treatment or circumstances change.

Both the provider and parents/legal representatives must make plans for discharge when a medical necessity denial is issued, whether or not additional days for discharge planning are authorized.

Typically with PRTF, 30 days will be given after a denial for the purposes of executing a discharge plan. Therapeutic Group Homes are allowed to submit Continued Stay Reviews up to 30 days in advance of when they are due to allow time for discharge planning if a denial for medical necessity is issued.



Barriers and Complications

- Lack of staff/resources
- Unfamiliarity with services available in Montana
- Coordination with parents/guardians/other agencies
- Others?



Warm Hand-off Services

Targeted Case Management and Home Support Services

- Targeted Case Management (TCM) and Home Support Services (HSS) are “Warm Hand-off” services that support the youth and their family through transition into the community and/or to into a lower level of care from residential treatment.
- These services can be provided by Montana Medicaid enrolled Mental Health Centers (MHC) concurrently with a youth’s stay in a Psychiatric Residential Treatment Facility (PRTF) or Therapeutic Group Home (TGH) for the purposes of transition.
- The goal of these services is to **provide a support structure for families** with the intention of preventing the youth’s re-admission into residential treatment. They are also useful tools for residential and Mental Health Center providers to connect youth with treatment options after their time in a facility.



Targeted Case Management

There are four components that make up TCM:

- Comprehensive assessment to determine the need for medical, educational, social, or other services.
- Development (and periodic revision) of a specific care plan.
- Referral and related activities that link the youth with providers or other programs and services.
- Monitoring and follow-up to ensure that the care plan is effectively addressing the youth's needs.

What is not a covered TCM service:

- Direct delivery of a medical, educational, social, or other service to which an eligible member has been referred.
- Services that are less than eight minutes in duration.
- Duplicate payments that are made by other funding sources.
- Direct crisis service.
- Transportation.
- Time spent documenting in the medical record.
- Representative payee services.



Youth Mental Health Targeted Case Management

Medical Necessity Criteria

- Youth must meet the SED criteria as defined in the CMHB Medicaid Services Provider Manual
- Parent or caregiver must give consent and agree to participate in TCM;
- Within 14 days of admission, the youth and family or caregiver have been assessed and have documented need for case management based on: Complexity of the youth and family's service needs and/or interventions;
- Severity of the youth's behavioral health symptoms; or
- Strengths, preferences, and needs within family or caregiver capacity; and
- Youth and family or caregiver's needs have been assessed and documented that TCM services are necessary to maximize benefit and leverage resources from other systems in which the family or caregiver is involved, with an emphasis on natural supports.



Providing TCM to a Youth in Residential Care

- Mental Health Centers that have a valid Case Management enrollment can provide up to **60 consecutive days** of Targeted Case Management to assist youth and families with smooth community transition.
- The 60 consecutive days of TCM are utilized at the end of the residential stay based on the current discharge plan. If there is a change in the youth's behaviors, and/or discharge plan, the TCM plan should also be updated at that time.



Home Support Services (HSS)

- Home Support Services provide high-quality, in-home behavioral health services for children and youth with serious emotional and behavioral needs. Services are provided in multiple settings and are focused on assisting youth and caregivers to develop skills necessary to safely remain in school, in the home, and in their community while focusing on their social, emotional, behavioral, and basic needs. Youth must meet medical necessity criteria to receive HSS.
- Mental Health Centers that have a valid Therapeutic Foster Care enrollment can provide up to **96 units** of HSS to assist youth and families with discharge handoff from residential treatment. Treatment must be coordinated with the PRTF or TGH.



Home Support Services

Youth Medical Necessity Criteria

For discharge handoff services youth must meet SED criteria and:

- The youth must be transitioning from residential treatment to a community environment;
- The youth shall be assessed clinically, with clinical recommendation that identifies target skills and outcomes that will be achieved with HSS and community services;
 - Youth six and older must have a moderate environmental stress in recovery environments as indicated by CASII Dimension IV.A. 4A – level 3 or higher and/or a moderate functional impairment as indicated by CASII Dimension II level 3 or higher, or youth under the age of six must have an indication of stressors and vulnerabilities within the caregiver environment as indicated by a moderate score within Domain III B of the ECSII;
- Treatment must be coordinated with the TGH or PRTF provider;
- The youth's family must be involved; and
- Weekly contact with the family is required.



Assessment & CASII

Both TCM and HSS require an initial assessment of the youth and their family environment to determine the necessary level of care. This assessment is allowed and billable while the youth is still enrolled in residential treatment.

The standard tool for this assessment is the Child and Adolescent Service Intensity Instrument (CASII).

It is a user-friendly and clinically relevant tool. The CASII is culturally informed and supports active participation by child and family during assessment and thereafter. The CASII can be used at all stages of intervention and is designed for use in all child-serving systems (behavioral health, physical health, education, child welfare, juvenile justice, etc.) to facilitate integrated attention to the child's needs. It promotes effective communication between providers and systems and informs clinicians' engagement with the child, family, and community.

For more information on the CASII please visit CALOCUS-CASII.org



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Mental Health Center Assessment Concurrent with PRTF

- [Administrative Rules of Montana 37.106.1915](#) instructs Mental Health Centers that a clinical intake assessment must be completed by a licensed mental health professional within 14 days from the first contact, as also stated in the Targeted Case Management Section of the [CMHB Medicaid Services Provider Manual](#).
- The assessment is allowable and billable via telehealth while a youth is in care in a PRTF. Accommodations for the assessment must be arranged between the PRTF and Mental Health Center.
- [Provider Notice \(mt.gov\)](#)



Connecting Youth to Warm Hand-off Services

Mental Health Centers Youth Medicaid Services Guide

- A comprehensive guide to all Montana Medicaid-enrolled licensed Mental Health Centers and the services they offer.
- Located on the [Children's Mental Health Bureau website](#).

Information

- [CMHB Services Continuum of Care](#)
- [Staff Directory](#)
- [Children's Mental Health Services](#)
- [Children's System of Care \(SOC\) Planning Committee](#)
- [Comprehensive School and Community Treatment \(CSCT\)](#)
- [Mental Health Centers Youth Medicaid Services Guide](#)
- [Montana Medicaid enrolled Out of State Psychiatric Residential Treatment Facility Providers](#)
- [Montana Medicaid enrolled Out of State Therapeutic Group Home Providers](#)
- [Trauma Resource List for Teachers](#)



Regional Resource Specialists

- Children's Mental Health Bureau staff dedicated to connecting youth and families with available mental health services.
- Assigned based on the youth's home county.

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Serves counties: Blaine, Big Horn, Broadwater, Carbon, Cascade, Choteau, Fergus, Gallatin, Glacier, Golden Valley, Hill, Jefferson, Judith Basin, Lewis & Clark, Liberty, Madison, Meagher, Musselshell, Park, Petroleum, Phillips, Pondera, Roosevelt, Rosebud, Silver Bow, Stillwater, Sweet Grass, Teton, Toole, and Wheatland

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Serves Counties: Beaverhead, Carter, Custer, Daniels, Dawson, Deer Lodge, Fallon, Flathead, Garfield, Granite, Lake, Lincoln, McCone, Mineral, Missoula, Powder River, Powell, Prairie, Ravalli, Richland, Sanders, Sheridan, Treasure, Valley, Yellowstone, and Wibaux



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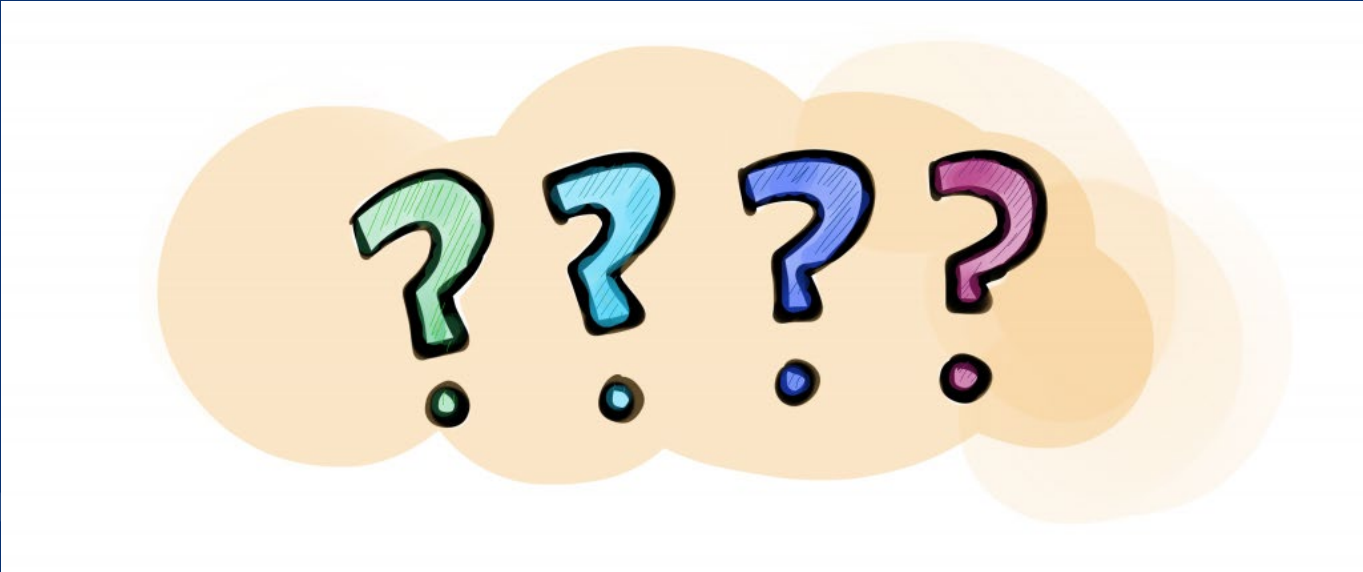
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