

**CBHO Benefit Package Design – Level of Care Criteria
Adult Mental Health**

Integrates Recovery, Outcomes, Systems Finance, Compliance, Intensive Home based/ACT and Advocacy Initiatives

Level of Functioning 1:	Service	Amount	Add-Ons	Average Cost
<p>Indicators of Level: DLA-20 based GAF 66 and Higher and Low to Moderate Levels in at least 1 of the 10 Client/Family/Guardian Expression of Needs/ Preferences Recovery Indicators</p>	<p>1. Diagnosis/Assessment</p> <p>2. Crisis Interventions</p> <p>3. Counseling/Psychotherapy:</p>	<p>1. Maximum of 2 contacts per Episode of need</p> <p>2. As needed, no maximum</p> <p>3. Up to Six Sessions per episode of need</p>	<ul style="list-style-type: none"> • Prevention • Hotline Services • Mental Health Education and Referral 	
<p>Recommended Length of Services:</p> <ul style="list-style-type: none"> • 30 to 120 DAYS 	<p>4. Medication/Somatic Services</p>	<p>4. Psychiatric Evaluation completed at first contact within 4 weeks of admission. Minimum of 1 contact a month with MD, RN and/or other qualified provider if medications are required</p>		
<p>Descriptors:</p> <ul style="list-style-type: none"> ▪ No prior history of hospitalizations within past 5 years ▪ No imminent dangerousness to self or others ▪ Good structure and supports in his/her life ▪ Everyday functioning is not impaired ▪ Potential for compliance good to strong ▪ The person feels stable or than presenting issue(s) ▪ No crisis management typically needed <p>Discharge Criteria:</p> <ul style="list-style-type: none"> ▪ Stable on meds ▪ Self administers meds ▪ Means of obtaining meds when discharged ▪ Community integration ▪ Community support ▪ No substance abuse ▪ Medical needs addressed ▪ Minimal symptoms ▪ Client is goal directed ▪ Employed or otherwise consistently engaged (volunteer, etc.) ▪ Client has a good understanding of illness ▪ Family or significant other understand the illness 				



Level of Functioning 2:	Service	Amount	Add-Ons	Average Cost
<p>Indicators of Level: DLA-20 based GAF 51 – 65 and Low to Moderate Levels in at least 3 of the 10 Client/Family/Guardian Expression of Needs/Preferences Recovery Indicators</p> <p>Recommended Length of Services:</p> <ul style="list-style-type: none"> 3 to 9 Months <p>(Descriptors)</p> <ul style="list-style-type: none"> Prior history of hospitalizations within past five years No imminent dangerousness to self or others Good structure and supports in his/her life Everyday functioning is somewhat impaired Potential for compliance is good However, the person is feels somewhat unstable because of situational loss or an occurrence Crisis management may be needed <p>Discharge Criteria:</p> <ul style="list-style-type: none"> Stable on meds Self administers meds Means of obtaining meds when discharged Community integration Community support No substance abuse Medical needs addressed Minimal symptoms Client is goal directed Employed or otherwise consistently engaged (volunteer, etc.) Client has a good understanding of illness Family or significant other understand the illness 	<p>1. Diagnosis/Assessment</p> <p>2. Crisis Interventions</p> <p>3. Counseling/Psychotherapy:</p> <p>4. Community Support Program (CSP):</p> <ul style="list-style-type: none"> Ongoing assessment of needs Assistance in achieving personal independence in managing basic needs as identified by the individual and/or parent Facilitation of further development of daily living skills, if identified by the individual and/or parent or guardian Coordination of the ISP, Including: a. Services identified in the ISP; b. assistance with accessing natural support systems in the community; and c. Linkages to formal community services/systems Symptom monitoring Coordination and/or assistance in crisis management and stabilization as needed Advocacy and outreach As appropriate to the care provided to individuals, and when, appropriate, to the family, education and training specific to the individual's assessed needs, abilities and readiness to learn Mental health interventions that address symptoms, behaviors, thought processes, etc., that assist in an individual in eliminating barriers to seeking or maintaining education and employment Activities that increase the individual's capacity to positively impact his/her own environment <p>5. Medication/Somatic Services</p>	<p>1. Maximum of 2 contacts per episode of need</p> <p>2. As needed, no maximum</p> <p>3. Up to ten sessions per episode of need</p> <p>4. Up to a maximum of 6 hr/wk for 90 days.</p> <p>5. Psychiatric Evaluation completed at first contact within 4 weeks of admission. Minimum of 1 contact a month with MD, RN and/or other qualified provider if medications are required</p>	<ul style="list-style-type: none"> Supported Employment - at least 1 visit per month Prevention Hotline Services Mental Health Education and Referral Peer support 	



Level of Functioning 3:	Service	Amount	Add-Ons	Average Cost
<p>Indicators of Level: DLA-20 based GAF 41 – 50 and Moderate Levels in at least 5 of the 10 Client/Family/Guardian Expression of Needs/Preferences Recovery Indicators</p> <p>Recommended Length of Services:</p> <ul style="list-style-type: none"> 6 to 18 Months <p>(Descriptors)</p> <ul style="list-style-type: none"> Prior history of hospitalizations within past 2 years No imminent dangerousness to self or others Moderate structure and supports in his/her life Everyday functioning is impaired Potential for compliance fair to good However, the person is tenuous and feels unstable because of situational loss or an occurrence No crisis management needed <p>Discharge Criteria:</p> <ul style="list-style-type: none"> Stable on meds Self administers meds Means of obtaining meds when discharged Community integration Community support No substance abuse Medical needs addressed Minimal symptoms Client is goal directed Employed or otherwise consistently engaged (volunteer, etc.) Client has a good understanding of illness Family or significant other understand the illness 	<ol style="list-style-type: none"> Diagnosis/Assessment Crisis Interventions Partial Hospitalization Counseling/Psychotherapy: Community Support Program (CSP) <ul style="list-style-type: none"> Ongoing assessment of needs Assistance in achieving personal independence in managing basic needs as identified by the individual and/or parent Facilitation of further development of daily living skills, if identified by the individual and/or parent or guardian Coordination of the ISP, Including: a. Services identified in the ISP; b. assistance with accessing natural support systems in the community; and c. Linkages to formal community services/systems Symptom monitoring Coordination and/or assistance in crisis management and stabilization as needed Advocacy and outreach As appropriate to the care provided to individuals, and when, appropriate, to the family, education and training specific to the individual's assessed needs, abilities and readiness to learn Mental health interventions that address symptoms, behaviors, thought processes, etc., that assist in an individual in eliminating barriers to seeking or maintaining education and employment Activities that increase the individual's capacity to positively impact his/her own environment Medication/Somatic Services 	<ol style="list-style-type: none"> Maximum of 2 contacts per episode of need As needed, no maximum Up to 20 days per episode of need Up to 15 sessions per episode of need Up to a maximum of 4 hr/wk per episode of need <p>6. Psychiatric Evaluation completed at first contact within 4 weeks of admission. Minimum of 1 contact a month with MD, RN and/or other qualified provider if medications are required</p>	<ul style="list-style-type: none"> Supported Employment - at least 1 visit per month Consumer operated services Peer support Social and recreational support Hotline Services Mental Health Education and Referral 	



Level of Functioning 4:	Service	Amount	Add-Ons	Average Cost
<p>Indicators of Level: DLA-20 based GAF 31 – 40 and High Priority Levels in at least 5 of the 10 Client/Family/Guardian Expression of Needs/Preferences Recovery Indicators</p> <p>Recommended Length of Services:</p> <ul style="list-style-type: none"> • 1 to 3 years <p>(Descriptors)</p> <ul style="list-style-type: none"> ▪ History of hospitalizations in past 2 years ▪ Co-occurring medical or substance abuse ▪ No imminent dangerousness to self or others ▪ Limited structure and limited supports ▪ Compliance is fair to poor ▪ Occasional crisis management needed <p>Transition Criteria: Reduced LON when criteria are met.</p> <p>** Dual Diagnosis - Axis I and an Axis II Personality Disorder would be served under LOF 4</p>	<p>1. Diagnosis/Assessment</p> <p>2. Crisis Interventions</p> <p>3. Partial Hospitalization</p> <p>4. Counseling/Psychotherapy:</p> <p>5. Community Support Program (Intensive CSP)</p> <ul style="list-style-type: none"> ▪ Ongoing assessment of needs ▪ Assistance in achieving personal independence in managing basic needs as identified by the individual and/or parent ▪ Facilitation of further development of daily living skills, if identified by the individual and/or parent or guardian ▪ Coordination of the ISP, Including: a. Services identified in the ISP; b. assistance with accessing natural support systems in the community; and c. Linkages to formal community services/systems ▪ Symptom monitoring ▪ Coordination and/or assistance in crisis management and stabilization as needed ▪ Advocacy and outreach ▪ As appropriate to the care provided to individuals, and when, appropriate, to the family, education and training specific to the individual's assessed needs, abilities and readiness to learn ▪ Mental health interventions that address symptoms, behaviors, thought processes, etc., that assist in an individual in eliminating barriers to seeking or maintaining education and employment ▪ Activities that increase the individual's capacity to positively impact his/her own environment <p>6. Medication/Somatic Services</p>	<p>1. Maximum of 4 contacts per episode of need</p> <p>2. As needed, no maximum</p> <p>3. Up to 40 days per episode of need</p> <p>4. Up to 20 sessions per episode of need</p> <p>5. Minimum of 6 hrs/wk and up to 24 hrs/wk. Up to 30 hrs/wk for Dually Diagnosed or medically unstable</p> <p>6. Psychiatric Evaluation completed at first contact within 4 weeks of admission. Minimum of 1 contact a month with MD, RN and/or other qualified provider if medications are required</p>	<ul style="list-style-type: none"> ▪ Supported Employment - at least 2 visits per month ▪ Supported Housing – At least 2 visits per month • Consumer operated services • Peer support • Social and recreational support • Hotline Services • Mental Health Education and Referral 	



Level of Functioning 5:	Service	Amount	Add-Ons	Average Cost
<p>Indicators of Level: DLA-20 based GAF 21 – 30 and High Priority Levels in at least 5 of the 10 Client/Family/Guardian Expression of Needs/Preferences Recovery Indicators</p> <p>Recommended Length of Services:</p> <ul style="list-style-type: none"> • 2 to 5 years <p>(Descriptors)</p> <ul style="list-style-type: none"> ▪ Potential for harm to self or others if not managed well ▪ Recent hospitalizations, or ▪ Co-occurring medical or substance abuse which could be life threatening ▪ Compliance is poor ▪ Frequent crisis management needed ▪ If not with ACT or intensive programming on a weekly basis, the client is at risk ▪ Intractable symptoms ▪ No supports or very limited ▪ Structureless without BGC ▪ High use of psychiatric emergency services during the past 18 months ▪ Primary DSM-IV on Axis I of: Schizophrenia; Major Depressive Disorders; Bipolar Disorders; Other Psychotic Disorders; or Schizoaffective Disorder <p>Transition Criteria:</p> <ul style="list-style-type: none"> • Reduced LON when criteria are met. • Admission for Psychiatric Inpatient Treatment for six months with no imminent discharge date • Placed in a nursing home with no imminent discharge date • Incarceration with no imminent release date 	<p>Assertive Community Treatment (ACT)</p> <ul style="list-style-type: none"> • Diagnosis/Assessment • Crisis Intervention • Medication/Somatic Services • Counseling/Psychotherapy • CSP Services 	<p>Staff must offer an average of three face to face contacts per week per consumer and average of one contact per week to persons providing support for the consumer. The frequency of contacts with an individual consumer at any one time will depend on the needs and preferences of the individual consumer. The team must have the capacity to increase intensity rapidly to meet the needs of a consumer, as well as the capacity to decrease intensity.</p>	<ul style="list-style-type: none"> ▪ Supported Housing - at least 4 visits per month ▪ Supported Employment ▪ Respite or close family supervision ▪ Substance abuse services ▪ Services for families and other members of the consumer's social network. 	

