



Community-Based Services Service Coordination

The Developmental Disabilities Services Act requires that service coordination services be provided, directly or by contracted services coordination, to all Nebraska residents found to be eligible for developmental disability services. Service coordination not only involves the coordination of developmental disability services, but it also includes assisting individuals and their families in accessing other state and federal benefits and community resources in order to help the individuals we support live the most independent life possible.

For decades, service coordination was managed in an agency separate and apart from the agency that developed and administered developmental disability services. Even after the 2007 reorganization that created the Health and Human Services Division of Developmental Disabilities, the budgetary and oversight responsibility for service coordination remained with the Division of Children and Family Services. In 2008, service coordination staff were reassigned to the Division of Developmental Disabilities.

The Division provides service coordination services through staff employed by the Division. The service coordination team is led by Lori Harder, the Deputy Administrator of Services, and four Service Coordination District Administrators. Service coordinators and their supervisors are located in offices throughout the state (as indicated on the map included herein). The service coordination team is comprised of the following staff:

Deputy Administrator of Services	1 FTE
DD Service Coordination Administrators	4 FTE
DD Transition Manager	1 FTE
DD Service Coordinator Supervisors	19 FTE
DD Service Coordinators	194.3 FTE
Support Staff	<u>9 FTE</u>
Total Service Coordination Team	<u>228.3 FTE</u>

These statistics are reflected as FTEs (the equivalent assuming they are all full-time positions), but when geographic areas and numbers of individuals in a given services area require, the Division does split FTEs and create part-time positions. Thus the 228.3 FTE currently are filled with to 234 employees.

In order to better equip service coordinators to support individuals in the community, and to ensure consistency in services being provided across the state, the Division has developed a

training program for service coordination. This training focuses on core skills necessary to be a successful service coordinator, along with specialized modules pertaining to service coordinators that support individuals with particular needs. Some training is done live/in-person, but the Division also uses video-based training to allow for scheduling flexibility and geographic accommodation. Within the next four months, all modules will contain competency-based testing components as well. A list of the current training modules and a sample training module powerpoint are included herein. Service coordination training needs will be reassessed on an annual basis.

As many changes have occurred relating to our DD waivers, and with the Center for Medicare and Medicaid's increasing quality assurance expectations, the Division also realizes that training resources need to be improved for service coordination supervisors. For the first time in over a decade, the Division has held centralized training and meeting sessions for the service coordination supervisors twice in the past year. While basic supervisory classes are provided by the Department of Health and Human Services for all supervisory staff, the service coordination leadership team is in the process of developing training for the service coordination supervisors on substantive issues relating specifically to the oversight of developmental disability services. Core training modules for supervisors should be completed in 2011, with specialized training modules to follow in 2012.

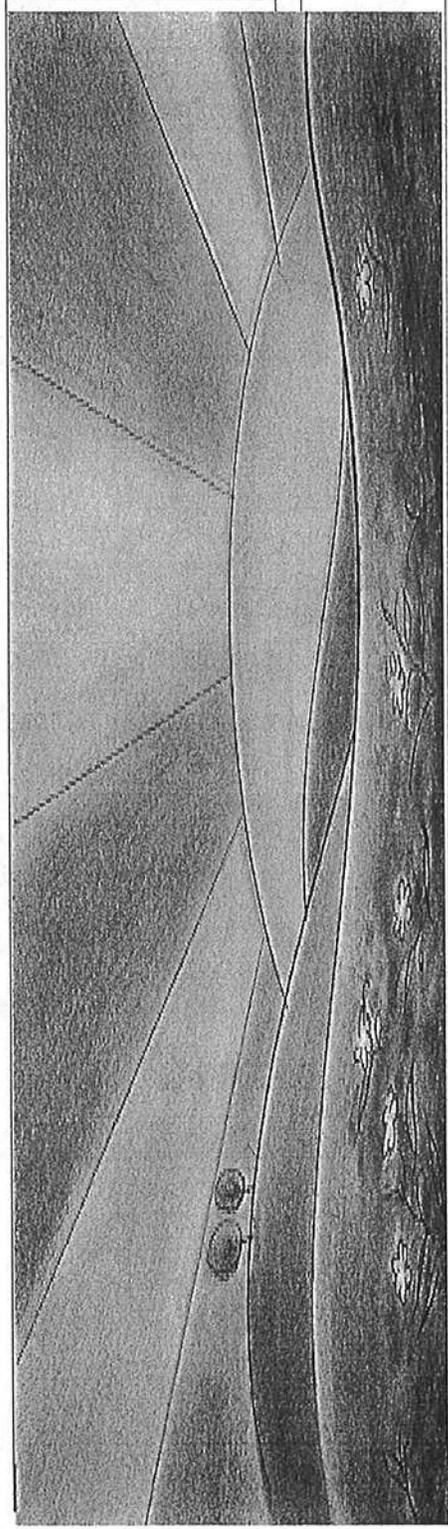
Our service coordination team interacts with people receiving our services on a daily basis, and is comprised of quality employees who sincerely care about the quality of developmental disability services in Nebraska. They are excited to learn new skills and techniques, and constantly strive to ensure they are utilizing recognized best practices that focus on each person as an individual. The developmental disability industry nation-wide is touting the importance of "person-centered practices," but our service coordination team in Nebraska has made this philosophy a reality. Our focus on individuals is simply part of what we do every day.

Developmental Disabilities Service Coordination Training

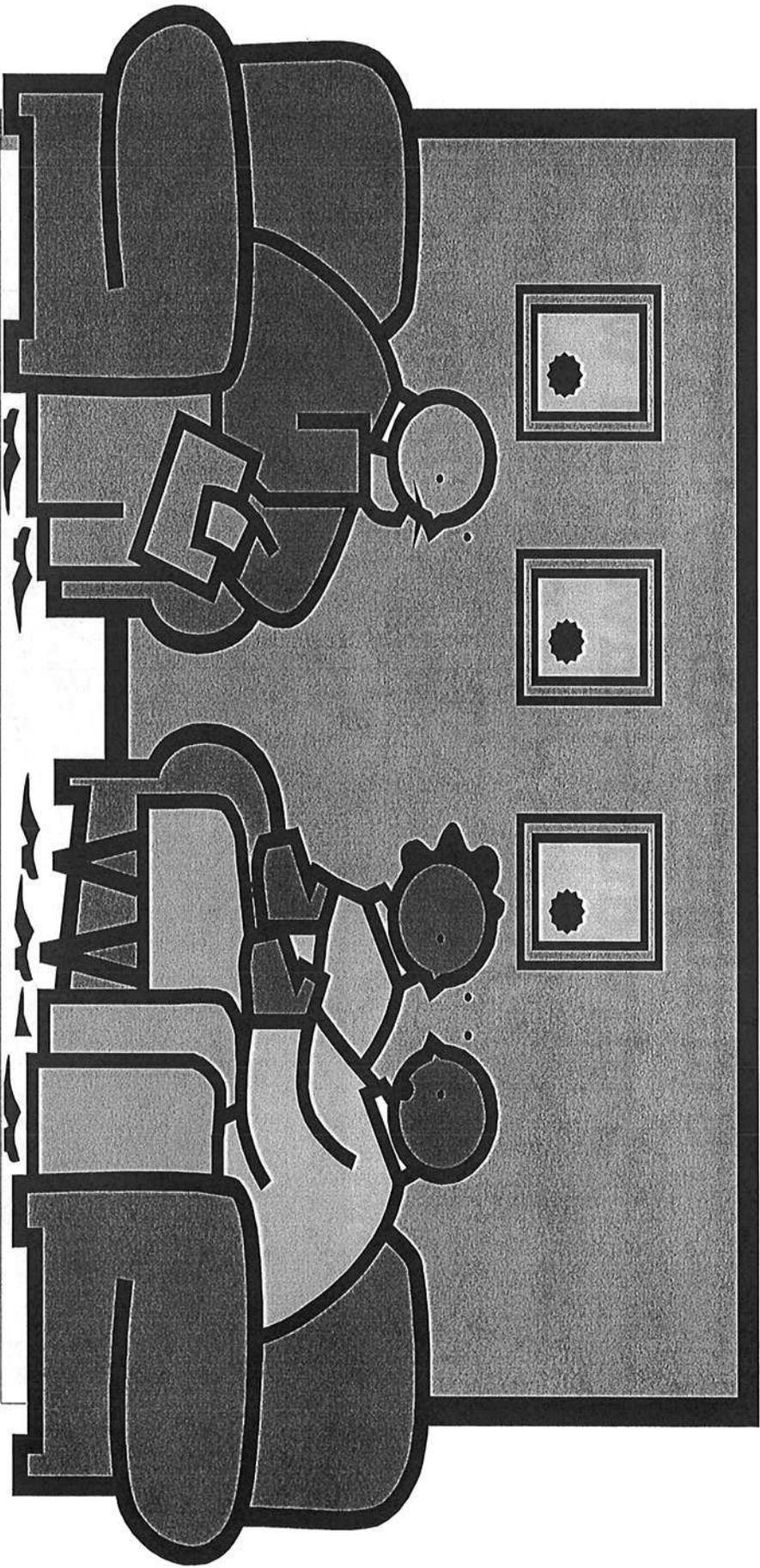
Topic:	Objective:	Criteria:	Resource:
Abuse, Neglect, and Exploitation	Understand what constitutes abuse, neglect, and/or exploitation, the role of the service coordinator in reporting and follow-up	Core	Greg Brockmeier, APS program specialist, Child Advocacy Center
Automated Systems	Train on utilizing the electronic information systems for the Department.	Core	TRAIN system for Microsoft, Kronos, NFOCUS. Therap training modules.
Basic Medical	Gain knowledge on medical conditions such as seizures, diabetes, etc	Core	BSDC medical support unit
DD Custody Act	Review statute and role of service coordination	Specialized	Legal Services
DD Regulations	Understand DD Regulations	Core	Tricia Mason
DD Service Act	Understand DD Statutes	Core	Jodi Fenner
DD Service Coordination Policies	Learn the policies specific to Service Coordination	Core	Lori Harder
Facilitation of individual/family meeting and planning meetings	Utilize tools/strategies that encourage participation and focus on person centered outcomes and strengths in planning meetings, specifically Individual and Family and IPP meetings. To empower the SC with resources and/or the ability to problem solve and develop other supports. SCs will have the skills to assist the individual in determining utilization of their individual budget amount.	Core	Lori Harder
Functional Assessments, BSPs, and Safety Plans	Understand what goes into a functional assessment and the elements of a Behavior Support Plan and formal training program.	Core	Dr. Michael Neise
Funding	Understand funding options	Core	Tricia Mason
Incident Reporting	Understand incident reporting and the role of service coordination/surveyors/certification/licensing.	Core	Jeremy Youngs

IPP	Understanding plan development and documentation.	Core	Lori Harder
Medicaid and Behavioral Health Services	Learn how to access mental health and substance abuse treatment services	Specialized	Roxie Cillessen and Sue Adams
Monitoring	Learn what is monitoring, when does it occur, who does it, and how to follow-up	Core	Lori Harder
Nursing Care Plan	Learn the when, what, who, and why of the NCP	Specialized	BSDC Medical Support Unit
Pathway to Policy: How to locate Economic Assistance Policy	Learn the Economic Assistance policy resources; how to find and use each resource; and step by step instructions to locate each resource including N-FOCUS Help, N-FOCUS How do I?, Intranet and Internet Policy, Policy Logs, and E-Manual Bulletins	Specialized	CFS
Physical and Nutritional Supports	Recognizing physical and nutritional support needs of individuals, know how to assess for intervention, and access resources	Specialized	BSDC Physical and Nutritional Clinical Support Unit
Power of Attorney, Conservatorship, Guardianship	To help SCs understand the obligations and responsibilities that oversight entails and the role these individuals play in the lives of the people we support. How to find one.	Specialized	Legal Services
Services	Gain knowledge on the overall service array of the Department	Core	Lori Harder
Transition Planning	Understand the essential components of transitioning individuals	Specialized	Jodi Fenner
Waiver Training	Develop understanding of CMS waivers	Core	Pam Hovis

Accessing Mental Health and Substance Abuse Services for Individuals Involved with the Division of Developmental Disabilities



MEDICAID



What steps should an individual or a DDSC take to identify the specific need and secure the appropriate services if they believe an individual might have a Mental Health Issue?

- 1) Obtain a Pre-Treatment Assessment (PTA) from a licensed mental health practitioner. A PTA will yield a Diagnosis and Treatment recommendation(s). This is the necessary assessment to start all forms of treatment. A PTA is made up of 2 parts. Part 1 is the *Biopsychosocial Assessment commonly known as the psychological evaluation. Part 2 is the Diagnostic Interview commonly known as the Psychiatric Evaluation.*
- 2) If the PTA is recommending community based services then you should make an appointment with a licensed mental health practitioner or licensed mental health organization who is proficient in providing the recommended service identified from the PTA. Secure the proper release of information from the individual/guardian and send the PTA to the treating provider. NMAP will provide reimbursement for one pre-treatment assessment per treatment episode. Addendums may be included if additional information becomes available. If the client remains involved continuously in treatment for more than one year, reimbursement for a pre-treatment assessment will be available annually. If the client leaves treatment prior to a successful discharge and returns for further treatment, the provider must assess the need for an addendum or a new assessment.

How do I change providers?

- 1) Every member has a right to see their provider of choice.
 - 2) If you have a concern, you can request a second opinion.
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What is Medical Necessity?

Medical necessity is defined as the need for treatment services which are necessary to diagnose, treat, cure, or prevent an illness, or which may reasonably be expected to relieve pain, improve health, or be essential to life. Magellan must utilize the criteria provided by the Division of Medicaid and Long-Term Care which is based on state and federal regulations to determine if Medicaid can fund the treatment.

What is the Medical Necessity Criteria?

Medically necessary services are those health care services and supplies which are medically appropriate and:

- Necessary to meet the basic health needs of the client.
- Rendered in the most cost-effective manner and type of setting appropriate for the delivery of the covered service.
- Consistent in type, frequency, duration of treatment with scientifically based guidelines of national medical, research, or health care coverage organizations or governmental agencies.
- Consistent with the diagnosis of the condition.
- Required for means other than convenience of the client or his or her physician.
- No more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness, and efficiency.
- Of demonstrated value.
- No more intense level of service than can be safely provided

BEHAVIORAL HEALTH



Crisis Stabilization

Crisis Stabilization is intended to provide immediate, short-term, individualized, crisis-oriented treatment and recovery needed to stabilize acute symptoms of mental illness, alcohol and/or other drug abuse, and/or emotional distress. Individuals in need exhibit a psychiatric and/or substance abuse crisis with a moderate to high risk for harm to self/others and need short-term, protected, supervised, residential placement. The intent of the service is to treat and support the individual throughout the crisis; provide crisis assessment and interventions; medication management; linkages to needed behavioral health services; and assist in transition back to the individual's typical living situation.



Crisis Assessment

Crisis Assessment is a thorough mental health assessment for a consumer experiencing a behavioral health crisis. The Crisis Assessment must be completed by the appropriate professional. The Crisis Assessment takes place in a setting such as a Mental Health Center, Hospital, or Substance Abuse Treatment Center. The Crisis Assessment will determine behavioral health diagnosis, risk of dangerousness to self and/or others, recommended behavioral health service level and include the consumer's stated assessment of the situation. Based on the Crisis Assessment, appropriate behavioral health referrals will be provided.

Emergency Protective Custody - Crisis Stabilization

Crisis Stabilization [Region 5] is designed to provide custody, screening, emergency mental health evaluation, and crisis intervention to individuals placed in emergency protective custody under the auspices of Nebraska Mental Health Commitment Act by law enforcement.

Crisis Stabilization services include immediate, short-term, individualized, crisis-oriented treatment and recovery needed to stabilize acute symptoms of mental illness, alcohol and/or other drug abuse, and/or emotional distress. Individuals in need exhibit a psychiatric and/or substance abuse crisis as defined under the Commitment Act at risk for harm to self/others and need short-term, protected, supervised services. The intent of the service is to treat and support the individual throughout the crisis; provide crisis assessment and interventions; medication management; linkages to needed behavioral health services; and assist in transition back to the individual's typical living situation.

24-Hour Crisis Line

The 24-Hour Crisis Line must be answered by a live voice 24 hours a day and 7 days a week and have the ability to link to a licensed behavioral health professional, law enforcement, and other emergency services. The 24-Hour Crisis Line is designed to assist consumers in pre-crisis or crisis situations related to a behavioral health problem. The desired outcome is ensuring the safety of the consumer in a time of distress that has the potential to lead to a life-threatening situation.



Mental Health Respite

Mental Health Respite is designed to provide shelter and case management on a 24/7 basis to consumers experiencing a need for transition to another home or residential setting or a break from the current home or residential setting. Mental Health Respite provides a safe, protected, supervised residential environment on a short-term basis. The intent of the service is to support a consumer throughout the transition or break, provide linkages to needed behavioral health services, and assist in transition back into the community.



Emergency Community Support

Emergency Community Support is designed to assist consumers who can benefit from support due to a behavioral health need and who are either currently residing in a community setting or transitioning from a psychiatric hospital into a community setting. Emergency Community Support services include case management, behavioral health referrals, assistance with daily living skills, and coordination between consumer and/or consumer's support system and behavioral health providers.

Crisis Response

Crisis Response is designed to use natural supports and resources to build upon a consumer's strengths to help resolve an immediate behavioral health crisis in the least restrictive environment by assisting the consumer to develop a plan to resolve the crisis. The service is provided by licensed behavioral health professionals who complete brief mental health status exams and substance abuse screenings, assess risk, and provide crisis intervention, crisis stabilization, referral linkages, and consultation to hospital emergency room personnel, if necessary. The goal of the service is to avoid an Emergency Protective Custody hold or inpatient psychiatric hospitalization.

Urgent Medication Management

Urgent Medication Management is the level of outpatient treatment where the sole service rendered by a qualified provider is the evaluation of the consumer's need for psychotropic medications and provision of a prescription. Urgent Medication Management is provided within 72 hours of contact and referrals for this service must come from a provider within a Region's behavioral health network.

Urgent Outpatient Psychotherapy

Urgent Outpatient Therapy is an intense intervention for consumers presenting in the psychiatric emergency system with an urgent/emergent behavioral health crisis. The purpose of the service is to support the consumer in achieving crisis resolution and determining next steps for further treatment if needed. Urgent Outpatient Psychotherapy services are intended to assure that consumers receive immediate treatment intervention when and where it is needed.



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