

POLICY MANUAL

State Board of Behavioral Health and Developmental Services
Department of Behavioral Health and Developmental Services

POLICY 1035 (SYS) 05-2 Community Services Board Single Point of Entry and Case Management Services

Authority

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Approved by Board Chair /s/ B. Hunt Gunter

References

Report of the Commission on Mental Health and Mental Retardation, 1980
§ 37.2-500, § 37.2-505, § 37.2-601, and § 37.2-606 of the Code of Virginia (1950),
as amended
STATE BOARD POLICY 1036 (SYS) 05-3 Vision Statement
Envision the Possibilities: An Integrated Strategic Plan for Virginia's Mental Health, Mental Retardation, and Substance Abuse Services System, 2005
Current Community Services Performance Contract
Current Discharge Protocols for Community Services Boards and State Hospitals
Current Training Center - Community Services Boards Admission and Discharge Protocols for Individuals with Intellectual Disabilities
Current *Community Mental Health Rehabilitative Services Manual*, Department of Medical Assistance Services
Current *MR/ID Community Services Manual*, Department of Medical Assistance Services

Supersedes

STATE BOARD POLICY 1019 (SYS) 87-3 Client Services Management
STATE BOARD POLICY 4029 (CSB) 88-4 Community Services Board
Responsibility for Client Service Management and Coordination

Background

The responsibility of community services boards and behavioral health authorities, hereafter referred to as CSBs, for service management and coordination for individuals receiving mental health, developmental, or substance abuse services has been recognized and supported by CSBs, several legislative study commissions, the Board, and the Department and in the Code of Virginia for many years. The Commission on Mental Health and Mental Retardation Report stated that establishing a case management/service management system was a local government responsibility, implemented by CSBs.

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Background (continued)

Since 1984, the Department, in collaboration with CSBs, developed guidelines for case management and service coordination for individuals receiving mental health, developmental, or substance abuse services. The Department and CSBs also created continuity of care procedures in the community services performance contract and discharge planning protocols for individuals seeking admission to or being discharged from state hospitals or training centers, hereafter referred to as state facilities. Now the Department licenses case management services and has implemented a series of on-line training modules to support improved and more consistent case management practices across the services system. All CSB case managers are required to complete the modules.

Sections 37.2-500 and 37.2-601 of the Code of Virginia state that CSBs shall function as the single points of entry into publicly funded mental health, developmental, and substance abuse services in order to provide comprehensive mental health, developmental, and substance abuse services within a continuum of care. As part of this function, CSBs provide case management services, mandated by § 37.2-500 and § 37.2-601 of the Code of Virginia, and preadmission screening and discharge planning, mandated by § 37.2-505 and § 37.2-606 of the Code of Virginia, for individuals seeking admission to or being discharged from state facilities. CSBs also conduct preadmission screening for local involuntary psychiatric inpatient treatment. Over time, the number of individuals receiving services in local inpatient psychiatric beds has increased significantly, almost equal to the number of individuals receiving services in state hospital acute beds. More than ever, local hospitals are essential partners for CSBs.

The role of CSBs as the single points of entry and the related responsibilities to provide case management services and preadmission screening and discharge planning are reflected in the community services performance contract and the discharge planning protocols. This role and these responsibilities also are reflected in the *Integrated Strategic Plan*. The two referenced Medicaid provider manuals identify CSBs as the only providers of mental health and MR/ID targeted case management services that are eligible for Medicaid reimbursement, an identification or status that has existed since the inception of the community Medicaid initiative in 1991.

Purpose

To recognize and support the role of CSBs as the single points of entry into publicly funded mental health, developmental, and substance abuse services; provide policy guidance on the implementation of this role and related CSB case management responsibilities; recognize and support the status of CSBs in the referenced Medicaid manuals as the only approved providers of Medicaid mental health and MR/ID targeted case management services consistent with § 37.2-500 of the Code of Virginia; and acknowledge the vital role of private providers in the services system and the necessity for CSBs to collaborate with them to achieve the best outcomes for individuals receiving services.

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It is the policy of the Board to support the principle of public management of public resources for effective and responsible stewardship of scarce public funds and the achievement of public policy goals focused on individuals receiving services. This principle is embodied in the single point of entry into publicly funded mental health, developmental, and substance abuse services role of CSBs and their provision of case management services.

Further, it is the policy of the Board that CSBs, as the single points of entry, shall have the primary responsibility, in collaboration with state facilities and other public or private service providers, for delivering, coordinating, ensuring the continuity of, and managing, within available resources, all publicly funded mental health, developmental, and substance abuse services received by individuals. One way CSBs fulfill this responsibility is through the case management services that they provide to these individuals.

It also is the policy of the Board that the Department and CSBs shall work with the Department of Medical Assistance Services to recognize and support the status of CSBs in the referenced Medicaid manuals as the only approved providers of Medicaid mental health and MR/ID targeted case management services consistent with § 37.2-500 of the Code of Virginia.

Further, it is the policy of the Board that CSBs, as the single points of entry, shall coordinate the use of and manage admission to and discharge from state facilities and local inpatient psychiatric services they have purchased for persons located in their service areas. Individuals in state facilities shall be considered individuals receiving services from the CSBs that participated in their admission or are designated as their case management CSBs. CSBs shall maintain an active role in the delivery of services to these individuals while they are in state facilities as described in the referenced Admission and Discharge Protocols. In accordance with referenced statutory provisions and documents, CSBs shall conduct preadmission screenings of all individuals before their admission to a state facility. CSBs shall complete all necessary discharge planning activities and the preparation of discharge plans for these individuals in collaboration with state facility staff before they are discharged from state facilities. Discharge plans shall identify the services and supports that individuals will need upon discharge and the public or private providers that have agreed to provide those services.

It also is the policy of the Board that the Department, state facilities, and CSBs shall be guided by the following principles as they fund, provide, monitor, or evaluate case management services and preadmission screening and discharge planning.

1. These services and activities shall support and promote the recovery, self-determination, empowerment, resilience, health, and highest possible level of participation in all aspects of community life, including work, school, family, and

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other meaningful relationships, of individuals receiving services, as expressed in STATE BOARD POLICY 1036 (SYS) 05-3 Vision Statement. Services and activities shall support individuals in defining and reaching their own goals and in making decisions about their lives and the services that they receive. These goals and decisions shall be considered in all preadmission screenings and identified clearly in all individualized services plans and discharge plans for all individuals.

2. CSBs shall provide individuals receiving case management services with the ability to choose or change their case managers to the greatest extent possible consistent with appropriate service provision requirements.
3. CSBs and the state facilities that serve individuals receiving the CSBs' services shall implement preadmission screening and discharge planning practices that are consistent with the community services performance contract, discharge planning protocols, statutory requirements, and best clinical practices.
4. CSBs shall manage, in collaboration with the state and local hospitals that serve individuals receiving the CSBs' services, the admission to and discharge from state or local hospitals of individuals who have been determined to need those services. As resources become available and as the capacities of individual CSBs, communities, and regions develop, CSBs, in collaboration with the state and local hospitals that serve individuals receiving the CSBs' services and with support and technical assistance from the Department, shall manage their utilization of those state and local hospital beds on a regional basis to ensure that inpatient psychiatric beds are used as appropriately and cost-effectively as possible.
5. CSB services and CSB relationships with state facilities and other local service providers shall facilitate seamless and efficient transitions of individuals between state facilities and local community services and among local services, including local inpatient psychiatric service providers. Each CSB shall establish internal mechanisms to ensure efficient and seamless transitions of individuals between and among the programs and services that it provides directly or contractually.
6. The Department shall support the provision of high quality, person-centered case management services through implementation of licensing regulations adopted by the Board, including regular visits and inspections, and on-line case management training modules.
7. CSBs shall provide high quality, person-centered case management services that are delivered by qualified staff who have completed all required Department training modules.

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Further, it is the policy of the Board that CSBs shall implement applicable case management requirements in the U.S. Department of Justice Settlement Agreement for Case 3:12-cv00059-JAG and related provisions in the community services performance contract and applicable provisions of STATE BOARD POLICY 1044 (SYS) 12-1 Employment First and STATE BOARD POLICY 4023 (CSB) 86-24 Housing Supports through their case management services.

It also is the policy of the Board that individual CSBs shall assume the lead responsibility for supporting, facilitating, and achieving the greatest possible interagency collaboration and coordination in the planning, management, and delivery of community-based services. Linkages shall be established with community providers or organizations to develop services and supports that are tailored and flexible to meet specific needs of individuals receiving services from the CSB.

Finally, it is the policy of the Board that the Department shall provide direction, guidance, technical assistance, and consultation to CSBs and state facilities in the development and implementation of case management services and preadmission screening and discharge planning. The Department also shall monitor the delivery of case management services and preadmission screening and discharge planning through individual outcome and provider performance measures and utilization management and review activities.
