



DWMHA Utilization Management Updates

March 18, 2016

COPE: Community Outreach for Psychiatric Emergencies

- DWMHA contracting with Hegira Programs, Inc. for the provision of mobile crisis stabilization team services and community based crisis stabilization, which in compliance with Medicaid requirements, will provide intensive/crisis stabilization services by a multidisciplinary team and will provide and/or contribute to an appropriate expanded menu of alternatives to inpatient psychiatric services for Wayne County. Mobile crisis stabilization team personnel will also be responsible for authorizing inpatient psychiatric hospital stays, crisis residential authorizations, and/or transitions to lower levels of care.
- Calls for mobile crisis services may go directly to the COPE dispatch line when a consumer is reported to be in crisis. The team can be expected to respond to the consumer's location, including but not limited to Hospital ERs, Specialized AFC Homes, law enforcement settings, homeless shelters, public locations (like restaurants), private residence, or other appropriate location.
- Members of the team provide mobile outreach crisis services, including screening and assessment, counseling/therapy, and therapeutic support services. The team attempts to defuse the crisis situation, enacting a consumer's crisis plan when available and appropriate; resolve presenting problems; procure needed services and resources; and arrange extended support.
- Extended support may include daily on-site visits, or it could mean that a team member-most likely a trained Peer Support Specialist (PSS) paraprofessional – remains with the client for a number of hours as needed, to provide supervision, monitoring, support and assistance.
- If determined that more intensive services are needed, the team will then perform an inpatient assessment in collaboration with other team members, care givers, or other contributors, and authorize the appropriate, indicated level and type of services. The team will assist with transportation or referral support on an as-needed basis.
- The COPE program will be implemented in 3 phases:
 1. Phase One – Includes service delivery to Hospital Emergency Departments
 2. Phase Two – Involves service delivery to Community Providers (i.e., Emergency services, Outpatient Providers, Specialized AFC Homes, law enforcement settings, homeless shelters and other various locations).
 3. Phase Three – Involves service delivery to Public locations (like restaurants), private residence or other appropriate location and possible expansion of the program.
- Target Population: COPE services are for individuals → Adults only (MI/ I-DD and/or SUD) who have been assessed to meet criteria for psychiatric hospital admission but who, with intense interventions, can be stabilized and served in their usual community environments. These services may also be provided to individuals leaving inpatient psychiatric services if such services will result in a shortened inpatient stay.

COPE SERVICE DELIVERY includes:

- Telephonic Eligibility Screening
- Telephonic Pre-Admission Review (PAR)
- Crisis interventions Services
- Psychiatric diagnostic evaluation (*No medical services*)
- Peer Support Services
- Screening for Inpatient Programs
- Intensive Crisis Stabilization (ICS) *-(Service must be enrolled with MDHHS)*
- Coordinate Transportation by Ambulance or Ambu-Cab or Non-Emergency Transportation

MI-HEALTH LINK PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL

- MI-Health Link Psychological or Neuropsychological Pretesting Request Form
- MI-Health Link Psychological Or Neuropsychological Guidelines

UTILIZATION MANAGEMENT GUIDELINES

- The process of changing the UM guidelines from quarterly to annually then to a claims processing system is going to take additional time with the COPE start-up.
- UM is working with IT and PCE to initiate a PHASE 1. Next week UM staff will be trained by IT to go into MH-WIN to update the services to year.
- There are no major changes in scores for LOCUS, SIS or ASAM only in term of number of allowable services for a year.
- For now, providers and UM reviewers can only authorize quarterly. Once UM has updated all of the guidelines to be by year, PCE will change the code and calculations to allow yearly.
- A revised UM Guidelines will be provide by Monday March - March 28, 2016.
- Contact Information: www.cope24-7.net, 844-296-2673