KEPRO
INTELLIGENT VALUE

Department of Health
and Human Services
Maine People Living
Safe, Healthy and Productive Lives

Community Integration
Submission Guidelines for Continued Stay Requests

Eligibility:
Multiaxial Assessment: Please make sure date of diagnosis is updated at each CSR and that qualifying DX for CIS services is listed as Primary Diagnosis. Please include all relevant diagnosis.

Assessment Tool: Please make sure date of LOCUS is updated each CSR.

List Medications: Please list relevant psychiatric medications.

Clinical Indicators Justifying Service Request: Please make sure clinical indicators are updated each CSR.

Treatment and Service History: Please make sure to update inpatient admissions, crisis episodes, homelessness and corrections involvement.

Criteria for Discharge:
- What are the specific and measureable criteria for discharge?
- What does the member hope to accomplish from CIS services? What behaviors would member need to be able to do independently or with other supports/resources to be able to step down from CIS service? How would progress be measured so provider/member would recognize when discharge criteria have been achieved?
- Is there a projected date of transition/discharge?
- Please describe what the following words mean if provider uses them: reduce, maintain, decrease, and manage.
    - Example:
        - Client will be discharge when client is able to manage anxiety by client reporting less than 2 panic attacks a week.
        - Takes medication as prescribed daily for 3 months.
        - When she can rate her anxiety less than a 5 (1-10) a minimum of 6 times in a 3 month period.

Treatment Plan Goals:
As member reaches targets: updates are noted, barriers are noted, and plan to address barriers are added.
- Are the treatment goals/objectives corresponding to discharge criteria?
    - Example:
        - If housing, coping skills, financial are identified as part of member's discharge criteria, does treatment plan have housing, coping skills, financial goals or objectives?
- Treatment plan contains the link between MH symptoms and MH DX and identified treatment goals.
- How is CIS assisting member in managing MH symptoms to improve member functioning?

Problem statement: Brief identification about problem to be targeted. Often may be in member words.

> Example:
>> • Member struggles with anxiety. "I can't function in my day."

Long Term Goal: Brief description of target. Discharge criteria targets to be supported in service plan Long Term Goal step area.

> Example:
>> • Member will be able to keep appointments

Short Term Goal: Identify the steps involved with meeting the Long Term Goals.

> Example:
>> • Member will practice coping skills with provider at each appointment once a week.
>> • Member will practice taking the bus with provider.

Progress Since Last Review: Brief description of the member's progress working on each of the Short Term Goals.

> Example:
>> • Member has set up transportation this period with provider support and reminders.
>> • Member has practiced distress tolerance skills twice this period and has reported minimal improvement with symptoms.
>> • Member has attended 3 out of 5 appointments on average.

Noting progress from Discharge Criteria: Progress can be noted in Additional Information section or in treatment plan Progress Since Last Review section.

> Example:
>> • Member reports taking medication as directed 4 days a week average in the last period.
>> • Member reports overall anxiety remains 7 (1-10).

Target Date: Date goal is expected to be accomplished

Services to be Provided: Used to list specific services.

> Example: Therapy; CIS; Psychosocial assessment

Frequency of Services: Estimate of how regularly provider meets with member, for how long.

> Example: weekly; monthly (should correspond with service frequency in the Requested Services area)

Duration of Services: What length are contacts with member?

> Example: 1 hour, 2 hours

Provider of Service: Used to identify who the provider is for a particular service.

> Example: DLSS, CIS, PCP, psychiatrist

Transition Discharge Plan: Discharge criteria can be included here. Please include Projected Date of Transition/Discharge even if member is not expected to be discharged within this authorization period. This date may change depending on member status or progress in treatment.

Additional Info:

- This is a free text field to capture any information that you have not provided within the identified fields to support your unit request. This information should be limited to current information since the last authorization request.
- Please identify the frequency/duration of CI contacts with member as well as collateral contacts if relevant to support unit request.
- If member is participating in other MH services, please describe CIS efforts to collaborate and coordinate with these providers (including DLSS) to manage member's needs, service utilization and avoid duplication of services.

Treatment Progress:

Since the previous authorization how was the consumer progressed: This reflects progress from the last authorization period (90 day).

General Guidelines:

- Update all areas of CSR at each review.
- Please make sure units reflect anticipated time spent with member.
- Please include only current progress towards specific goals information in the Additional Information area to expedite review process.
- Please limit historical information to only include information that is directly related to current needs and activities.
- Please be aware KEPRO communicates to providers through the download process. Please check downloads often for important information regarding your CSRs.
- If your CSR is shortened, please read the notes from the KEPRO download. We are looking for specific information in the next review.
- A vital part of all medical necessity evaluations and recovery oriented practice is a plan to continuously prepare a person to function with the lowest intensity and least restrictive services. Constructing such a plan and testing it out does not commit a program to a specific date of discharge, but having target dates allows the provider and member to understand if progress towards greater autonomy is being made.
- If requested units are high due to issues of mobility, need for interpreter or geography please indicate these issues within the CSR.