Southwest Michigan
BEHAVIORAL HEALTH

Section: **Utilization Management**	Procedure Name: **Access Management, Triage, and Referral Protocol**	Procedure #: **P04.02.01**
Overarching Policy: **04.02 Utilization Management**		
Owner: **Director of Utilization Management**	Reviewed By: **Elizabeth Guisinger, MA, LPC, CAADC**	Total Pages: **11**
Required By: ☒ **BBA** ☒ **MDHHS** ☒ **Other (please specify):** _____	Final Approval By: *[signature]* Beth Guisinger (Jan 9, 2024 10:29 EST)	Date Approved: Jan 9, 2024
Application: ☒ **SWMBH Staff/Ops** ☒ **Participant CMHSPs** ☒ **SUD Providers** ☒ **MH/IDD Providers** ☐ **Other (please specify):** _____	Line of Business: ☒ **Medicaid** ☐ **Other (please specify):** ☒ **Healthy Michigan** _____ ☒ **SUD Block Grant** ☒ **SUD Medicaid**	Effective Date: **4/27/17**

Policy: 4.2 Access Management, Triage and Referral

Purpose: To describe clear protocols for assessing urgent, emergent, and/or routine behavioral health treatment needs, determining the appropriate level of care, and connecting members with medically necessary mental health and substance abuse services in a timely manner.

Scope: This procedure intends to assure that Southwest Michigan Behavioral Health staff performing triage and referral functions are trained in the use of SWMBH's clinically based triage and referral protocols. Triage and Referral protocols guide decisions made by SWMBH clinical staff to ensure that service responses are appropriate to the member's level of clinical acuity and risk, and congruent to the level of urgency of the member's clinical circumstances.

Responsibilities: SWMBH and Community Mental Health Service Provider (CMHSP) Access Staff should comply with all guidelines set forth in this policy regarding providing a timely access to services and requests in a welcoming manner while maintaining federal and state standards and timelines.

Definitions:

A. Level of Care: Refers to the intensity of services (setting, frequency, and mode) an individual will receive during a specific stage of treatment.

B. <u>Medical Necessity:</u> Determination that a specific service is medically (clinically) appropriate, necessary to meet needs, consistent with the person's diagnosis, symptomatology, and functional impairments, is the most cost-effective option in the least restrictive environment and is consistent with clinical standards of care. (Medicaid Provider Manual)

Procedure:
<u>Triage and Referral Process Overview</u>

1. Individuals may contact the SWMBH Call Center 24 hours a day, 7 days a week for inbound collect or toll-free calls, for any behavioral health or substance situation they define as urgent or emergent. All calls will be answered within 30 seconds by a live person; no phone tree shall be used.

2. All triage and referral decisions are made by SWMBH Care Manager/Coordinators who are licensed by the State of Michigan in their respective field (Michigan fully or temporary/limited Licensed Masters Level Social Workers LLMSW/LMSW, Michigan fully or temporary/Limited Licensed Psychologists TLLP/LLP/LP, Michigan fully or temporary/Limited Licensed Professional Counselors LLPC/LPC, Registered Nurse, Physicians MD, DO, Occupational or Physical Therapists, OT, PT). Screening and referral staff are supervised by a Licensed Masters Level clinician with 5 years post graduate experience and the Medical Director oversees screening and referral decisions and are overseen by SWMBH's Medical Director.

3. Service determinations resulting in medical necessity denials are made by appropriately licensed and credentialed staff limited to the SWMBH Chief Medical Officer, contracted board-certified psychiatrist, or contracted fully licensed psychologist.

4. At the time a member accesses the system, it is determined if the member requires emergent, urgent, or routine services.

5. For apparent medical emergencies, depending on the urgency, staff will refer the individual to the medical facility of his/her choice, facilitate arranging for emergency transportation and/or contact 911. The Care Manager/ Coordinator is responsible for assuring prompt entry into necessary treatment or support.

6. When an urgent or emergent call is received, a specific Care Manager/Coordinator may be selected to handle the call based on availability, expertise, and assignments. The Care Manager/Coordinator shall:
   a. Triage and screen for risk and safety including assessing for lethality.
   b. Verify if an Advanced Directive or WRAP/Crisis Plan is in place and honor accordingly.
   c. Make or arrange for an intervention which may include either telephone or on-site face-to-face crisis services, provides crisis intervention if necessary and determine the type of referral needed based upon symptom intensity or the presenting circumstances.

   d. Document all decisions or arranges other appropriate care (i.e., emergency mental health, psychiatric, medical, substance abuse, etc.).

7. The Care Manager/Coordinator verifies all eligibility and benefit data and available provider resources to facilitate any treatment services/referrals.

8. Based upon the screening, including verification of insurance and residency status, the Care Manager shall:

   a. Make a medical necessity or benefits determination for the requested service including inpatient care, partial hospitalization, crisis residential or outpatient care consistent with NICE, Michigan Quality Improvement Consortium (MQIC), and MCG Medical Necessity Criteria, Triage and Referral Protocol for Substance Use Disorders, Triage and Referral Protocol for Behavioral Health & Co-Occurring Disorders", the Michigan Department of Health and Human Services (MDHHS) Provider Manual/Medicaid Criteria, Level of Care Grid, service utilization expectations, changes (if any) in MDHHS Medicaid criteria or professional qualifications requirements, MDHHS Substance Use Disorder Policy Manual, and SWMBH Clinical Pathways

   b. Provide an Authorization or Denial for Services confirmation and any subsequent Adverse Benefit Determinations to the customer and/or service provider as indicated.

   c. Verbal Authorization shall be provided within 30 minutes of making the determination for inpatient requests.

   d. Make arrangements for transportation, if necessary.

   e. When additional diagnostic information is required, the Care Manager/Coordinator facilitates an immediate evaluation at an appropriate SWMBH Services location or through a network provider.

   f. Coordinate referrals to resources such as other SWMBH funded treatment services, community resources, medical care, or natural supports.

   g. Coordinate with the County of Residency or County of Financial Responsibility (COFR) for persons residing in another county or who have Medicaid from another region.

   h. Coordinate treatment data when applicable

   i. Coordinate with other applicable treatment providers.

Levels of Care for Mental Health Specialty Services

1. Crisis Services:

    Crisis services are considered a benefit for any SWMBH member who needs urgent intervention. Crisis services do not consider a Level of Care and do not require prior authorization.

2. Adults (18 years or older) with Mental Illness and Co-occurring MI and Substance Use Disorders

Level of Care Utilization System (LOCUS) The LOCUS is utilized to identify level of care needs for the purpose of assessment and treatment referral and service provision. (refer to the actual AACP Level of Care Determination Grid for scores and placement guide):

a.   Level 6 - Medically Managed Residential Services
Customers receiving services at this level of care are adults with a LOCUS score typically of 28 or higher including a score of 4 on dimension I and who present as a persistent danger to self or others. Treatment is typically provided in an inpatient setting and is aimed at ensuring safety and minimizing danger to self and others and alleviating the acute psychiatric crisis.

b.   Level 5 - Medically Monitored Residential Setting
Members receiving services at this level of care are adults with LOCUS Score of Customers receiving services at this level of care are adults with a LOCUS score typically of 23-27 including a score of 4 on dimension II or III and who present as danger to self or others. Treatment is typically provided in a community based free standing residential setting such as Crisis Residential and is aimed at providing reasonable protection of personal safety and property and minimizing danger to self and others.

c.   Level 4 - Medically Monitored Non- Residential Services
Customers receiving services at this level of care are adults with a LOCUS score typically of 20-22 including a score of 4 on dimension IV or V and who present with a significant impairment of functioning in most areas, moderate to significant risk of harm to self or others, with significant supported needed to function independently in the community. May be engaging in high-risk behaviors and be involved in the criminal justice system. Treatment typically is provided in the community and include services such as Assertive Community Treatment and Partial Hospitalization

d.   Level 3- High Intensity Community Based Services
Customers receiving services at this level of care are adults with a LOCUS score typically of 17-19 including a sum score of 5 or less on dimension IV A & B and who present with intensive support and treatment needs however demonstrate low to moderate risk of harm to self or others, require minimal support to reside independently in the community. Occasional risk activities. Needs regular assistance with linking/coordinating and developing skills and self-advocacy. Treatment is typically provided in the community and include such services as targeted case management and supports coordination

e.   Level 2- Low Intensity Community Based Services
Customers receiving services at this level of care are adults with a LOCUS score typically of 14-16 who present with ongoing treatment needs however have a low impairment of functioning in most areas, low to minimal risk of harm to self or others, able to reside independently in the community. Minimal assistance with linking/coordinating actively utilizing self-improvement and treatment skills acquired. Treatment is provided in the community and is typically clinic based.

f.   Level 1- Recovery Maintenance and Health Management
Customers receiving services at this level of care are adults with a LOCUS score typically of 10-13 with minimal impairment of functioning, minimal to no risk of harm to self or others, reside

independently in the community. Minimal encouragement with linking/coordinating actively utilizing self-improvement and treatment skills acquired. May use PSR assistance with maintaining recovery. Treatment is provided in the community and is typically clinic based.

g. Level 0- Basic services are those services that should be available to all members of a community. They are services designed to prevent illness or to limit morbidity. They often have a special focus on children and are provided primarily in community settings but also in primary care settings. There is clinical capability for emergency care, evaluations, brief interventions, and outreach to various portions of the population. This would include outreach to special populations, victim debriefing, high-risk screening, educational programs, mutual support networks, and day care programs. There are a variety of services available to provide support, address crisis situations and offer prevention services.

3. Children (ages 4-18) with Serious Emotional Disturbance (SED) or Co-occurring SED and Substance Use Disorders.

The Child and Adolescent Functional Assessment Scale (CAFAS) is utilized for ages 7-18, and the Pre-school and Early Childhood Functional Assessment Scale (CAFAS) is utilized for ages 4-6, to identify level of care needs for the purpose of assessment and treatment referral and service provision.

a. Level 4 - Intense Need

Customers in this level of care are children with a CAFAS or PECFAS score of 160 or higher who require total assistance and present with inability to function in most areas, persistent danger to self and others, at significant risk of institutionalization or placement out of the home, involved in numerous provider systems (criminal justice, mental health, department of human services, school). High risk difficulties in school/day care setting or substance use dominates life or is out of control.

b. Level 3– High Need

Customers in this level of care are children with a CAFAS or PECFAS score of 120-150 with inability to function in most areas, persistent danger to self and others, at moderate to significant risk of institutionalization or placement out of the home, likely involved in numerous provider systems (criminal justice, mental health, department of human services, school). Significant difficulties in school/day care setting. Treatment needs likely beyond home based services.

c. Level II – Moderate Need

Customers in this level of care are children with a CAFAS or PECFAS score of 80-110 with moderate to significant inability to function in many areas, instability in living environment, multiple service needs, family requires regular support, crisis intervention services needed. Likely at risk for out of home placement, displays disruptive behavior.

d. Level I – Low Need

Customers in this level of care are children with a CAFAS or PECFAS score of 50-70 with minimal inability to function in some areas, overall stable living environment, service needs focus on

building resiliency and other protective factors in child/family, crisis intervention not needed or infrequently need.

e. Level 0 – Minimal Need

Customers in this level of care are children with a CAFAS or PECFAS score of 40 and below with minimal inability to function in some areas, overall stable living environment, service needs focus on building resiliency and other protective factors in child/family, crisis intervention services not needed or needed infrequently. Children ages Infant-7 are typically placed in the Level I category for utilization management purposes with needed services authorized based upon medical necessity.

4. Levels of Care for Adults (ages 18 and older) Intellectual/Developmental Disabilities:

MDHHS chose not to renew the contract for use of the SIS (Supports Intensity Scale) and has not determined another standardized Level of Care tool to date. Biopsychosocial and other applicable needs assessments will be utilized, and medical necessity criteria will document the individual's needs based on the person-centered planning process. At the time MDHHS selects a standardized assessment tool, policies and plans will be updated to reflect the new contractual standards.

a. Level 6- Acute (Any functional support needs, extraordinary medical and/or behavioral support needs). ABE - Any Score. Medical 10+ OR Behavior 10+

Customers receiving services at this level of care are adults (18 years or older) and demonstrate extraordinary behavioral and/or medical needs typically provided in an acute care setting or a nursing home. May have potentially harmful, injurious or dangerous behaviors requiring frequent and consistent proactive interventions, and a formal behavior treatment plan. May have extensive medical/health needs, requiring monitoring and/or oversight multiple times during the day. Nursing services typically required to develop and train on health care protocols, if applicable.

b. Level 5- Intense Need (Any functional support needs, high medical and/or behavioral support needs). ABE - Any Score. Medical 7-9 OR Behavior 7-9

Any functional support needs, high medical and/or behavioral support needs. Customers receiving services at this level of care are adults (18 years or older) and typically demonstrate significant medical needs and/or extensive behavioral needs and require total assistance on a daily basis with 1:1 or higher level of staffing. May have potentially harmful, injurious or dangerous behaviors requiring frequent and consistent proactive interventions, and a formal behavior treatment plan. May have extensive medical/health needs, requiring daily (or more) monitoring and/or oversight and hands-on assistance. Nursing services may be required to develop and train on health care protocols, if applicable.

c. Level 4- High Need (Any functional support needs, moderate medical and/or behavioral support needs). ABE - Any Score. Medical 4-6 OR Behavior 4-6

Customers receiving services at this level of care are adults (18 years or older) and typically demonstrate substantial behavioral needs and/moderate physical healthcare needs due to medical conditions. Safety risks exist to self or others, potentially with need for environmental accommodations. May have harmful, injurious or dangerous behaviors requiring frequent and consistent proactive interventions, and a formal behavior treatment plan. May have medical/health needs requiring weekly (or more) monitoring and/or oversight and assistance.

d.   Level 3- Moderate Need (High functional support needs, low medical and behavioral support needs). ABE Score 28+, and Medical Score 0-3, and Behavior 0-3
Customers receiving services at this level of care are adults (18 years or older) and typically require frequent prompts/reminders, coaching, and/or training to engage or complete activities (less than daily/more than weekly) or physical support, or some hands-on physical support/guidance. Moderate behavioral issues may be present with or without the need for a Behavior Plan. May experience physical health issues that require increased supports.

Safety risks may be present that need to be addressed or monitored; includes safety to self and safety in the community.

e.   Level 2 - Low Need (Moderate functional support needs, low medical and behavioral support needs. ABE Score 22-27, and Medical Score 0-3, and Behavior 0-3

Customers receiving services at this level of care are adults (18 years or older) and typically require occasional verbal prompts/reminders, coaching, and/or training to engage or complete activities (weekly or less) and monitoring of support needs with changes as situation dictates. May require a behavior support plan to ensure consistency and proactive approaches.

f.   Level 1- Minimal Need (Low functional support needs, low medical and behavioral support needs). ABE Score 0-23, and Medical Score 0-3, and Behavior Score 0-3

Customers receiving services at this level of care are adults (18 years or older) and typically require minimal prompts to engage or complete activities, monitoring of support needs with changes as situation dictates. Support may be needed for community inclusion. May require a behavior support plan to ensure consistency and proactive approaches.

5. Levels of Care for Children Developmental Disabilities (infants through age 17) (Functional Assessment Tool TBD)

a.   Level V – Intense Need

Customers receiving services at this level of care are children and typically require total assistance on a daily basis including enriched staffing (24 hours per day, 2:1, or 1:1 staffing during awake hours).

b.   Level IV – High Need

Customers receiving services at this level of care are children who typically require daily reminders to engage or complete activities and personal support which may include enhanced

staffing (24 hours per day, 1:2 or 1:1 staffing while awake) has an active Behavior Management Plan and or specialty professional staff (OT, PT, etc.).

c.   Level III – Moderate Need

Customers receiving services at this level of care are children who typically require frequent prompts/reminders to engage or complete activities (less than daily/more than weekly) or physical support. Moderate behavioral issues may be present with or without the need for a Behavior Plan.

d.   Level II – Low Need

Customers receiving services at this level of care are children who typically require occasional prompts/reminders to engage or complete activities (weekly or less) to insure maintenance of skills or physical support. Mild/moderate behavioral issues without the need for a Behavior Management Plan.

e.   Level I – Minimal Need

Customers receiving services at this level of care are children who typically require minimal prompts to engage or complete activities, monitoring of support needs with changes as situation dictates. Support may be needed for community inclusion.

7. Levels of Care for Substance Use Treatment Services for Adults and Adolescents.

The American Society of Addiction Medicine - Patient Placement Criteria (ASAM) are utilized to identify level of care needs for the purpose of assessment and treatment referral and service provision.

a.   Level 0.5 – Early Intervention

Services include assessment and education for those who are at risk, but do not currently meet the diagnostic criteria for a substance-related disorder. Customers who are determined to have this level of need are typically referred to available community resources including support groups and prevention activities. Customer is screened for co-occurring mental health issues and referred to appropriate levels of care to meet identified needs. Per definition, early intervention as a specifically focused treatment program, including stage-based intervention for individuals with substance use disorders as identified through a screening or assessment process, and individuals who may not meet the threshold of abuse or dependence.

b.   Level 1.0 – Outpatient Services

Community-based substance use outpatient treatment of less than 9 hours per week for adults and less than 6 hours per week for youth. Treatment is directed at recovery, motivational enhancement therapy and strategies to reduce or eliminate substance use and improve ability to cope with situations without substance use.

c.   Level OTP – Opioid Treatment Program

Opioid medication and counseling available daily or several times per week to maintain multidimensional stability for those with opioid dependence. Opioid maintenance therapy is an

appropriate and effective treatment for opiate addiction for some customers, particularly customers who have completed other treatment modalities without success and are motivated to actively engage in the treatment necessary in OTP.

d.   Level 2.1 – Intensive Outpatient

Community-based substance use outpatient treatment of greater than 9 hours per week for adults and greater than 6 hours per week for youth. Treatment is directed to treat multidimensional instability. This level of care may be authorized as a step-down from a higher level of care or in situations in which a higher level of care would otherwise be warranted, but is not an appropriate option (either due to inability to participate in a residential treatment program or motivational issues).

e.   Level 2.5 – Partial Hospitalization

Partial Hospitalization treatment is a structured treatment similar to the treatment available in a residential setting, however, is directed toward customers who require greater than 20 hours per week of treatment for multidimensional stability, but not requiring 24-hour care.

f.   Level 3.1 – Clinically-Managed Low-Intensity Residential

Clinically managed low-intensity residential treatment includes a 24-hour setting with available trained staff and at minimum 5 hours of clinical treatment services per week.

g.   Level 3.3 – Clinically-Managed Medium-Intensity Residential

Clinically managed medium-intensity residential treatment includes a 24-hour setting with staff who are trained to treat multidimensional needs and address risk/imminent danger.

h.   Level 3.5 – Clinically Managed High Intensity Residential

Clinically managed high-intensity residential treatment includes a 24-hour setting with staff who are trained to treat multidimensional needs and address risk/imminent danger and prepare for outpatient step-down. Member must be able to tolerate and use full active milieu available.

i.   Level 3.7 – Medically-Monitored Intensive Inpatient

Medically-Monitored Intensive Inpatient – Nursing care with physician availability 24-hours per day for significant problems that arise in Dimensions 1, 2, or 3. Counselor is available 16 hours per day.

j.   Level 4 – Medically-Managed Intensive Inpatient

Medically-Managed Intensive Inpatient – Nursing care and daily physician care 24-hours per day for severe, unstable problems that arise in Dimensions 1, 2, or 3. Counselor is available to engage the member in treatment.

k.   Level I-WM – Ambulatory Withdrawal Management without Extended On-Site Monitoring

The patient is experiencing at least mild signs and symptoms of withdrawal, or there is evidence (based on history of substance intake; age; gender; previous withdrawal history; present symptoms; physical condition; and/or emotional, behavioral, or cognitive condition) that withdrawal is imminent.

l.   Level 2-WM – Ambulatory Withdrawal Management with Extended On-Site Monitoring

The patient is experiencing signs and symptoms of withdrawal, or there is evidence (based on history of substance intake; age; gender; previous withdrawal history; present symptoms; physical condition; and/or emotional, behavioral, or cognitive condition) that withdrawal is imminent.

m.   Level 3.2-WM – Clinically Managed Residential Withdrawal Management

The patient is experiencing signs and symptoms of withdrawal, or there is evidence (based on history of substance intake; age; gender; previous withdrawal history; present symptoms; physical condition; and/or emotional, behavioral, or cognitive condition) that withdrawal is imminent.

n.   Level 3.7-WM – Medically Monitored Inpatient Withdrawal Management

The patient is experiencing signs and symptoms of severe withdrawal, or there is evidence (based on history of substance intake; age; gender; previous withdrawal history; present symptoms; physical condition; and/or emotional, behavioral, or cognitive condition) that severe withdrawal syndrome is imminent.

o.   Level 4.0-WM – Medically Managed Intensive Inpatient Withdrawal Management

The patient is experiencing signs and symptoms of severe withdrawal, or there is evidence (based on history of substance intake; age; gender; previous withdrawal history; present symptoms; physical condition; and/or emotional, behavioral, or cognitive condition) that severe withdrawal syndrome is imminent.

References:
   A.   04.02 Utilization Management
   B.   04.04 Medical Necessity Criteria and Clinical Practice Guidelines
   C.   04.10 Levels of Care
   D.   04.11 SMI & SED Specialty Services Eligibility
   E.   12.07 Pre-Admission Screening
   F.   SWMBH Utilization Management Plan

Attachments:
   A.   P04.02.01A Triage and Referral Protocol for Substance Use Disorders
   B.   P04.02.01B Triage and Referral Protocol for Behavioral Health and Co-Occurring Disorders

Revision History

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
Initial	9/26/22	Transferred to updated template	Updated LOC information	A. Lacey
1	1/3/2024	Procedure & Levels of Care	Removal of MHL references, Removal of SIS, Corrected ASAM levels of care	E. Guisinger

P04.02.01 Access Management, Triage, and Referral Protocol

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Population	Admission Requirement	Interim Service Requirement	Care Setting(s)
Pregnant Injecting Drug User	1) Screened and referred within **24 hours**. 2) Detoxification, Methadone, or Residential – Offer admission within **24 business hours.** Other Levels or Care – Offer admission within **48 business hours.**	Begin within **48 hours:** 1) Counseling and education on: a. HIV and TB. b. Risks of needle sharing. c. Risks of transmission to sexual partners and infants. d. Effects of alcohol and drug use on the fetus. 2) Referral for prenatal care. 3) Early intervention clinical services.	Withdrawal Management Short-Term Residential Long-Term Residential Methadone
Pregnant Substance User	1) Screened and referred within **24 hours**. **2)** Detoxification, Methadone, or Residential – Offer admission within **24 business hours.** Other Levels or Care – Offer admission within **48 business hours.**	Begin within **48 hours:** 1) Counseling and education on: a. HIV and TB. b. Risks of transmission to sexual partners and infants. c. Effects of alcohol and drug use on the fetus. 2) Referral for prenatal care. 3) Early intervention clinical services.	Withdrawal Management Short-Term Residential Long-Term Residential Methadone
Injecting Drug User	1) Screened and referred within **24 hours**. 2) Offer admission within **14 days.**	Begin within **48 hours –** maximum waiting time **120 days:** 1) Counseling and education on: a. HIV and TB. b. Risks of needle sharing. c. Risks of transmission to sexual partners and infants. 2) Early intervention clinical services.	Outpatient Counseling Intensive Outpatient Program Withdrawal Management Short-Term Residential Long-Term Residential Methadone

Population	Admission Requirement	Interim Service Requirement	Care Setting(s)
Parent at Risk of Losing Children	Screened and referred within **24 hours.** Offer admission within **14 days.**	<u>Begin within **48 business hours:**</u> Early intervention clinical services.	Outpatient Counseling Intensive Outpatient Program Withdrawal Management Short-Term Residential Long-Term Residential Methadone
Individual Under Supervision of MDOC and Referred by MDOC or Individual Being Released Directly from MDOC Without Super-vision and Referred by MDOC	Screened and referred within **24 hours.** Offer admission within **14 days.**	<u>Begin within **48 business hours:**</u> Recovery Coach Services Early intervention clinical services.	Outpatient Counseling Intensive Outpatient Program Withdrawal Management Short-Term Residential Long-Term Residential Methadone
All Others	Screened and referred within **7 calendar days.** Capacity to offer admission within **14 days.**	Not required.	Outpatient Counseling Intensive Outpatient Program Withdrawal Management Short-Term Residential Long-Term Residential Methadone

Triage and Referral Protocol for Behavioral Health and Co-Occurring Disorders

Description	Response Type	Typical Presentations	Action/Care Settings
Current actions endangering self or others/ Very High risk of imminent harm to self or others	Emergent-Immediate	• Medical emergency (potential overdose, potential for life threatening withdrawal symptoms, medical situation neglected due to mental health or substance abuse issues that present possible serious harm to physical health) • Suicide attempt/serious self-harm in progress • Violence/threats of violence and possession of a weapon • Active suicidal ideation or risk of harm to others with clear plan and means and/or history of self-harm or aggression	• Care Manager to notify local emergency authority and/or securing transport to ER for evaluation *Additional actions to consider:* • Keep caller on the line/provide support until emergency services arrive • Notify other relevant individuals/services as appropriate under "duty to warn" *Upon Face-to Face-Evaluation:* • Assess Level of care need based on SWMBH Medical Necessity Criteria for Inpatient Psychiatric Hospitalization, Partial Hospitalization, Crisis Stabilization and/or SUD services: Withdrawal Management, Short and Long Term Residential • Refer to less intensive services as applicable and appropriate
High risk of imminent harm to self or others and/or high distress	Emergent-within 3 hours	• High risk behavior associated with perceptual/ though disturbance, delirium, dementia, or impaired impulse control • Rapidly increasing symptoms of psychosis and/or severe mood disorder • Unable to care for self or dependents or perform activities of daily living • Known member requiring urgent intervention to prevent or contain relapse	• Care Manager to notify local emergency authority and/or securing transport to ER, or local CMHSP, for evaluation *Additional actions to consider:* • Keep caller on the line/provide support until emergency services arrive, if appropriate • Consultation with current behavioral health/SUD service provider, if applicable • Notify other relevant individuals/services as appropriate under "duty to warn" *Upon Face-to Face-Evaluation:* • Assess Level of Care need based on SWMBH Medical Necessity Criteria for Inpatient Psychiatric Hospitalization, Partial Hospitalization, Crisis Stabilization and/or SUD services: Withdrawal Management, Short and Long Term Residential, IOP • Refer to less intensive services as applicable and appropriate (Outpatient, Intensive Outpatient Program, Medication Management)
Moderate risk of harm and/or significant distress	Urgent- within 48 hours	• Significant distress associated with serious mental illness (including mood/anxiety disorder) but not suicidal • Early symptoms of psychosis • Requires face to face assessment in order to clarify diagnostic status • Known customer requiring treatment or review	• Assess Level of Care need based on SWMBH Medical Necessity Criteria, LOCUS and/or ASAM, for Inpatient Psychiatric Hospitalization, Partial Hospitalization, Crisis Stabilization and/or SUD services: Withdrawal Management, Short and Long Term Residential • Refer to less intensive services as applicable and appropriate (Outpatient, Intensive Outpatient Program, Medication Management)
Low risk of harm in short term or moderate risk with high supports/ stabilizing factors	Routine- within 14 calendar days	• Requires specialist mental health assessment but is stable and at low risk of harm during waiting period • Known customer requiring non-urgent review, treatment or follow up	• Assess Level of Care need based on SWMBH Medical Necessity Criteria, LOCUS and/or ASAM, for Outpatient Counseling (i.e. assessment, outpatient individual therapy, outpatient group therapy, medication management). • Refer to SWMBH contracted outpatient SUD and/or mental health provider. Member must be offered appointment within 14 calendar days.
Referral not requiring face to face	Referral	• Consumer/caregiver requiring advice, opportunity to talk, or seeking community resources but not treatment • Service provider requiring telephone consultation/advice • Issue not requiring mental health or other services	• Provide consultation to customer or provider, and/or information on community resources