Healthcare and Rehabilitation Services

CRT Workflow

A client is considered “Referred” to CRT:

1. Upon date of initial call from the individual seeking services specifically requesting CRT **OR**

2. Post clinical assessment with a treatment recommendation to consider CRT eligibility by assessing clinician.

**ACCESS:**

**\***Client is never initially open to CRT episode of care (they will always be opened to another Adult program – most often AOP or SUP)

**All Referrals**:

1. **Access Navigator**: Follow Credible Intake Workflow.
   1. Gather Income Information (this is required by DMH for eligibility)
   2. Obtain Releases of Information (ROIs) for relevant information specific to eligibility at screening
      1. Examples: Current providers, previous inpatient hospitalizations, family members).
      2. If not all relevant ROIs are obtained at Intake, Clinician/Area Manager will follow up on more ROIs if needed.

**External CRT Referral to Access Navigator or Area Manager CRT referral to Access Navigator:**

1. **Direct Individual Referral** – potential CRT client contacts Access Navigator directly and requests CRT Program
   1. **Access Navigator:**
      1. Follow Credible Intake Workflow & collect relevant income information/ROIs (see above)
      2. Inform Area Manager promptly of CRT Referral by phone or email.
      3. Schedule Clinical Assessment for client per Open Access Workflow (Is there a formalized Open Access workflow?)
   2. **Area Manager:** If potential **client is in the hospital** and not ready for as assessment, call inpatient Social Worker to make a plan for a future assessment based on client directed needs
      1. Document this conversation and plan in Credible (Use OA slots or gray space for scheduling service?)
2. **Indirect Individual Referral—**An outside agency OR a person who is not the potential CRT client contacts Access Navigator or Area Manager.
   1. **If referral is made to Access Navigator:** Access Navigator arranges direct contact with the individual to clarity that they are seeking services/CRT referral. If the client DOES want services:
      1. Follow Intake Workflow (screenings, intake, income, ROIs) & opens client to the agency in Urgent Care.
      2. Access Navigator informs Area Manager promptly of CRT Referral.
      3. Schedule **Clinical Assessment** per Open Access Workflow
   2. **If referral is made to Area Manager:** An outside agency OR a person who is not the potential CRT client contacts the Area Manager. Area Manager will:
      1. Gather information re: referral needs
      2. Determine a timeline for needs
      3. Explain need for contact with individual and OA/Intake process
      4. Connect with Access Navigator to begin Intake Workflow with the person being referred. (Access Navigator will then follow **2a**)
         1. If potential **client is in the hospital:** Area Manager can call inpatient Social Worker to develop a timely plan for assessment based on client directed needs.
            1. Document this conversation and plan in Credible (Use OA slots or gray space for scheduling service)

**CLINICAL ASSESSMENT:**

1. **Clinician**: completes Clinical Assessment and other required forms for admission (follow Clinical Assessment Workflow & Guidelines)
   1. Clinical Assessment Treatment Recommendations—High level of service needs is identified based on information gathered.
      1. If a consult with Area Manager has NOT already occurred prior to the full clinical assessment:
         1. Clinical recommendation states “**CRT Eligibility determination criteria will be reviewed**”
         2. Click “Consultation required” Button
         3. Set a manual To Do to Area Manager for CRT Eligibility Consult.
2. **Area Manager**:
   1. Provide consultation based on Clinician’s tx recommendations
      1. Review Intake material, records available, etc.
      2. Review CRT Eligibility Checklist with staff.
      3. Final approval and signature needed on CRT Eligibility Checklist.

\*\***Discussion and determination of CRT eligibility completed within 30 days of clinical assessment. Assessment to determination is NO MORE than 30 days**.

**ELIGIBILITY DETERMINATION**

Post consultation and completing the “**CRT Eligibility Service**”

**Eligible for CRT:** Person meets all criteria as set by DMH checklist

1. **Clinician Role**: Area Manager instructs Clinician (post consultation) to **Complete CRT Eligibility** Service in Credible
   1. Choose “CRT Program Enrollment” radio button
   2. Click “CRT Enroll”
   3. Fill in 1) Agency Info, 2) Eligibility Criteria, 3) Action

\*\*ALL information on this form needs to be accurate and filled in to be accepted by DMH

1. **Area Manager Role**:
   1. Review Clinical Assessment (all required documents are completed and approved)
   2. Review and audit CRT Eligibility Checklist (completed by clinician post-consultation) for accuracy & eligibility criteria.
      1. Fill in Submission Date: needs to match **date of Area Manager** **signature**
      2. Fill in Enrollment Date: needs to match the **1st day of the month** the person is being enrolled (DMH rolls for the 1st of the month that the form is dated/signed by Area Manager)
      3. Sign & Approve Service (date signing needs to match **submission date**)
         1. This service will then go through Multi-stage approval by Designated Administration staff
   3. Ensure Completion of Referral & Request for Service (Ref&Req for SVC) in Credible.
      1. AOP to CRT
      2. Add Psychiatry as a service.
         1. Psychiatrist referral using ref & req for service should be done ASAP to ensure a timely MD appointment.
         2. NO appointment for MD services will be provided until a ref&req for service/psychiatry referral has been made. MD Services are NOT available to any client until the client has been seen in app’t by MD. (?)
   4. When notified by Admin staff of addition of CRT episode of care:
      1. Ensure a discharge summary is completed for alternate Adult program (AOP/SUP)
         1. There is no need to change episodes, Admin will do this after discharge summary is completed.
      2. Assign Team & Update assigned Staff in Credible.
2. **Lisa Northup:**
   1. Receives and audits **DMH Enrollment** Service and sends to DMH via Globalscape
   2. Person is considered duly enrolled and Lisa sends email to Admin Team Lead and Area Manager (possibly MD on site) that says:

**Subject**: Confirmation of enroll to CRT

**Body:** DMH/CRT Enroll Service has been received, audited, and sent to the state.

Team Lead: Please proceed to open CRT Episode of care for XXXX date

Area Manager: Please discharge/close all other unused Adult Episodes of care for the last day of the previous month (exact date).

**Provisional CRT Eligibility:**

If eligibility criteria for CRT are not met, but the CRT Manager/Area Manager believes that

1. The person cannot be safely support in the community by any other available program or services **and**
2. It is determined that there is a need for further assessment over time

The person may be provisionally enrolled in the CRT program for a period not to **exceed 6 months** before final eligibility determination is made.

1. **Clinician Role**: Area Manager instructs Clinician (post consultation) to **Complete CRT Eligibility** Service in Credible for Provisional Enrollment.
   1. Completed and submitted as “CRT criteria are not met”
   2. Check “Provisional” box
   3. Within 6 months, complete re-assessment to determine full CRT eligibility or ineligibility.
2. **Area Manager Role**:
   1. Review Clinical Assessment (all required documents are completed and approved)
   2. Review and audit CRT Eligibility Checklist (completed by clinician post-consultation) for accuracy & eligibility criteria.
      1. Fill in Submission Date: needs to match **date of Area Manager** **signature**
      2. Fill in Enrollment Date: needs to match the **1st day of the month** the person is being enrolled (DMH rolls for the 1st of the month that the form is dated/signed by Area Manager)
      3. Sign & Approve Service (date signing needs to match **submission date**)
         1. This service will then go through Multi-stage approval by Designated Administration staff
   3. Ensure Completion of Referral & Request for Service (Ref&Req for SVC) in Credible.
      1. AOP to CRT
      2. Add Psychiatry as a service.
         1. Psychiatrist referral using ref & req for service should be done ASAP to ensure a timely MD appointment.
         2. NO appointment for MD services will be provided until a ref&req for service/psychiatry referral has been made. MD Services (such as medication refills) are NOT available to any client until the client has been seen in app’t by MD.
   4. When notified by Admin staff of addition of CRT episode of care:
      1. Ensure a discharge summary is completed for alternate Adult program (AOP/SUP)
         1. There is no need to change episodes, Admin will do this after discharge summary is completed.
      2. Assign Team & Update assigned Staff in Credible.
3. **Lisa Northup:**
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**Subject**: Confirmation of enroll to CRT

**Body:** DMH/CRT Enroll Service has been received, audited, and sent to the state.

Team Lead: Please proceed to open CRT Episode of care for XXXX date

Area Manager: Please discharge/close all other unused Adult Episodes of care for the last day of the previous month (exact date).

1. **HCRS Team:**
   1. Ensure that proactive services within 6 months to allow for further gathering of records and assessment of the individual’s clinical eligibility and need for CRT program services.
   2. Create a 6 month IPC (develop and use this active IPC that includes CRT provisional status and includes planned evaluations for the provisional period)
   3. Keep gathering information (ensure attainment of contributing evaluations or assessments from external sources)
   4. When sufficient information is gathered to make a determination within the provisional period (6 months or sooner) the HCRS team will then:
      1. Complete a re-assessment that justifies either ongoing **eligibility** OR **ineligibility** for CRT program.
         1. **Found Ineligible:** Area Manager directs assigned staff (CM/Clinician) submit the CRT Program Dis-Enrollment Form and ensures that staff send the individual formal notification of the final eligibility determination and decision to dis-enroll him/her from the CRT Program and their right to appeal the decision.
         2. **Found Eligible:** Notify DMH of full enrollment by completing and submitting an updated Enrollment Form/Eligibility Checklist stating that the person meets eligibility. (Follow Eligibility Section for more details)

**Found Ineligible:**

If a formal referral to CRT has been made and person is found ineligible for CRT services.

**Clinician/Area Manager:**

1. Complete Eligibility Criteria Determination Form following workflow above as ineligible.
2. Area Manager signs Eligibility Criteria form.
3. Determination Letter to Inform (in Credible) is written and sent to individual outlining the reason(s) for ineligibility aligned with the checklist and including information about the right to appeal the decision.

**CRT DISENROLLMENT:**

Per CRT Regulations, coverage termination will occur whenever:

1. The individual chooses to be disenrolled
2. Moves out of state
3. Transfers to another program (e.g. Adult Outpatient)
4. Deceased **(Do not need a Disenroll service if client has died)**
5. Individual hasn’t received services for a six-month period in the context of:
   1. Documentation of the CRT program’s efforts to engage the person in services during that period of time.
   2. Notice to the individual information them of the disenrollment due to no contact, including notice of eligibility for re-enrollment upon their request
6. The person will be place on inactive status (at DMH – no payment) if the person is expected to be incarcerated for 90 days or less, and/or be **disenrolled** from CRT if incarceration is longer. \*Medicaid will not may for medical care while an individual is incarcerated.

**Should any of the above events/disenrollment occur (EXCEPT DEATH):**

1. **Clinician/Case Manager/Area Manager:** 
   1. Complete CRT Dis-Enrollment Service within **48 hours** of event/decision to disenroll/change status (see above for reasons)
      1. This will go to Admin staff
   2. Disenroll service should be accompanied as a form group with a Discharge Summary service. <https://hcrs-ticket.hcrs.org/helpdesk/KB/View/5092-discharge-procedure>
      1. Complete Program Discharge if client is transitioning to a different program
      2. Complete Agency Discharge if client is being closed to the agency as a whole
   3. IF changing from **CRT** to **AOP**:
      1. Ensure Episode of care reflects changes (follow workflow – program dates should abut).

**CRT Client Death:** \*In the event of a death, a disenrollment is automatic and does NOT require a disenroll form. CRT termination due to death is effective the actual date of death (even if retroactive)

1. **Area Manager:** 
   1. As soon as you are notified if client death, **call DMH to report it by phone**
   2. Complete DMH Critical Incident Report for within **48 hours** of informed client death and submit to designated DMH Staff (FAX # on top of CIR form)

\*If DMH determines that a DA/SSA failed to provide notice of disenrollment to DMH, the DA/SSA may be subject to any associated financial penalties. DMH may require a corrective action plan from the DA/SSA and will review subsequent case rate allocation payments during the course of the fiscal year to reflect corrected capitation payments received from the DVHA for all those ineligible.

**Transfer TO/FROM different DA:**

1. **Area Manager (from referring agency):** Contacts DA Area Manager to make a referral or inform of/develop transfer plans
2. Receiving DA/Area Manager:
   1. Collects ROIs
   2. Collects documentation from referring DA
   3. Sets a timeline and communication is maintained around coordination and transfer date.

**HCRS Receiving Transfer:**

1. Complete **ACCESS** workflow (above) - Intake/Screenings/Clinical Assessment (in AOP program) to evaluate eligibility to CRT and/or level of services they need.
   1. **ELIGIBLE**
      1. **Area Manager**: Complete CRT Enroll/Transfer Service (See Area Manager roll under Eligibility Determination: Eligible for CRT: Step 2)
      2. **Designated Admin Staff**: submit completed form to DMH (follow Eligibility Determination: Eligible for CRT: Step 3)
   2. INELIGIBLE: Follow Ineligible Workflow above.
      1. Area Manager will provide client with written notification of any change in status/reduction of services including notification of Right to Appeal the decision.

**HCRS Sending Transfer:**

1. **Area Manager**: Complete CRT Disenroll/Tranfer service workflow and follow Agency Discharge workflow based on coordinated dates with the receiving DA (before the end of the month enrolled)
2. **Designated Admin Staff**: send Disenroll/Transfer Service to DMH on dates established.

**Inactive CRT Status:**

DAs/SSAs are responsible for tracking service utilization of enrolled individuals and are expected to actively try to re-engage people in services, including taking appropriate steps to ensure that the failure to access services has not placed an individual at risk of experiencing an increase in symptoms.

All outreach and engagement attempts should be documented in the individual’s clinical record. DAs/SSAs should consider timely transfer or discharge of those not engaged in services when there are clear indications that an individual no longer has a need, or interest in CRT services.

**Redetermination of CRT Enrollment:**

A person requesting CRT services who has not been served by any CRT program in the past 2 year period must go through the entire eligibility determination process.