

VO- PMHP 107: Specialized Case Management

I. Definition of Service: Specialized Case Management emphasizes flexibility and is provided intermittently or for a limited time and for a specific aspect of case management. It is intended to be adaptable to a wide variety of circumstances. A frequent use of this type of case management is to transition members from one level of care to another (e.g. Emergency to Outpatient, Inpatient to Outpatient, State Hospital to community services, jail settings to community services). Specialized Case Management may be used to transition older SED adolescents and their families into the adult treatment system, or to monitor youth in DCF/JJ Residential Treatment Facilities, as required by Medicaid. This type of case management may be used for members with non-severe disorders, and their families, who need temporary assistance obtaining additional services. Specialized Case Management may be provided by dedicated case managers or other clinical staff on a part-time basis.

Criteria

II. Admission Criteria	<p><i>All of the following criteria are necessary for admission to this level of care:</i></p> <ol style="list-style-type: none"> 1. Member has a covered DSM-IV Axis I or Axis II diagnosis ; and 2. Member requires assistance in obtaining and coordinating treatment, rehabilitation and social services to achieve treatment objectives.
III. Psychosocial, Occupational, and Cultural and Linguistic Factors	<p><i>These factors, as detailed in the Introduction should be considered when making case management assignments.</i></p>
IV. Exclusion Criteria	<p><i>The following criterion is sufficient for exclusion from this level of care:</i></p> <ol style="list-style-type: none"> 1. Member repeatedly chooses not to utilize the service. 2. Person is no longer in the PMHP plan.
V. Continued Stay Criteria	<p><i>The following criteria is sufficient for continued treatment at this level of care:</i></p> <ol style="list-style-type: none"> 1. Continued need of specialized case management assistance to obtain and coordinate services to achieve service plan objectives.
VI. Discharge Criteria	<p><i>The following criteria is sufficient for discharge from this level of care:</i></p> <ol style="list-style-type: none"> 1. Linkage has been accomplished and the member no longer needs this service.