1203.0 Service Coordination Only

1203.1 Policy Approval Clearance Record

__x_ Mental Health Policy ___ Developmental Services Policy ___ Rural Services Policy	This policy supersedes: N/A N/A	Number of pages in Policy: 4
Review by Representative from the Office of the Attorney General:	Date: N/A	Date Policy Effective: 2/25/11 2//24/2011
Rural Services Director Approval Signature: *Barbara Legier*	Date: 2/25/11	Policy Lead: Susan Haut CPM II

1203.2 Statement of Purpose

1203.2.1 **Policy Statement**: It is the policy of Rural Services to follow procedures in accordance with statute and regulatory requirements for services to clients deemed appropriate for Service Coordination Only.

1203.2.2 Purpose: The purpose of the policy is to describe the procedure for Service Coordination Only services for eligible clients.

1203.3 Authority

Social Security Act Section 1901, 1905, 1915

Code of Federal Regulations 42 CFR 483.430

Deficit Reduction Act of 2005 Section 6052

The Supplemental Appropriations Act 2008

Nevada Revised Statutes (NRS), Chapter 422

1203.4 Definitions

1203.4.1 **Rural Services:** Rural Services includes both the Mental Health Services and Developmental Services at the Division of Mental Health and Developmental Services Division (MHDS) in the rural region of the state.

1203.4.2 **Service Coordination Only:** Single service delivery mode for case management service consisting of assessment, planning, referral, linkage, and monitoring.

1203.4.3 **Center Clinical Team:** Direct treatment staff and CPM-I or supervisors which meet weekly to conduct clinical case reviews.

1203.5 Procedures

1203.5.1 **Service Coordination Only** – A service provided to clients when a QMHP has assessed that the client needs Service Coordination and no other services are necessary.

A. New Clients:

1. Prior to assignment of Service Coordination Only services, new clients will have completed all required agency documentation and a Rural Services – Mental Health Brief Intake assessment (Attachment 1203.7.1A).
2. Rural Services – Mental Health Brief Intake assessment will be completed within 24 hours by the designated clinical staff assigned.
3. Center Clinical Team will determine if a referral to Service Coordination Only is appropriate. Review by the Center Clinical Team will occur within one week of the referral.
4. Upon approval, designated clinical staff will complete the Program Movement form (Attachment 1203.7.1B) within 24 hours to admit the client to the Service Coordination Only program.
5. The Administrative Assistant will immediately input Program Movement data into AVATAR.
6. Within one day of receiving the Program Movement Form, The Psychiatric Caseworker will make an appointment with the client for a Services Coordination Needs Assessment. The appointment will be documented in AVATAR.

B. Current Clients:

1 Current clients who are deemed appropriate for Service Coordination Only, they will be referred by the designated to the Center Clinical Team, which will determine if a referral to Service Coordination Only is appropriate. Review by the Center Clinical Team shall occur within one week of referral.
2 Upon approval, designated clinical staff will complete the Program Movement form (Attachment 1203.7.1B) within 24 hours.
3 Designated clinical staff will immediately discharge the client from the current programs utilizing the Program Movement form.
4 The Administrative Assistant will immediately input data into AVATAR.
5 Within one day of receiving the Program Movement form, the Psychiatric Caseworker or designee will make an appointment with the client for a Services Coordination Needs Assessment. The appointment will be documented in AVATAR.

1203.5.2 Timelines:

Table 1: Timelines for Service Coordination Only Policy

Requirement	Deadline	Starting Date	Responsible Party	Actions to be Taken
Brief Intake Assessment 1203.5.1.A.2	Within 24 hours	Client completes and submits required documentation	Designated Clinical Staff	Assess eligibility for Services
Review in staff meeting 1203.5.1. A.3 and 1203.5.1.B.1	Within one week	Brief Intake Completion	Clinical Team	Assess service needs
Refer to SC Only episode 1203.5.1. A.4 and	Within 24 hours	Approval by Clinical Team	Designated Clinical Staff or Treatment Team	Complete Program Movement for services

1203.5.1.B.2				
Enter Program Movement data into AVATAR 1203.5.1. A.5 and 1203.5.1.B.4	Immediately	Receipt of Program Movement Form	Administrative Assistant	Complete AVATAR data entry to open SC Only Episode
Make appointment with client 1203.5.1. A.6 and 1203.5.1.B.5	Within 24 hours	Receipt of Program Movement Form	Psychiatric Caseworker or designee	Contact client to set appointment and ensure appointment is documented in AVATAR

1203.5.3 Documentation:

A. Case File Documentation (paper):

Table 1203.5.3 A: Case File Documentation for Service Coordination Only Policy 1203.0

File Location	Data Required
Brief Intake	Upon request of services
Program Movement	Upon determination of referral

B. Electronic Documentation (AVATAR, DSNOW, etc):

Table 1203.5.3 B: Electronic (specify) Documentation for Service Coordination Only Policy 1203.0

Applicable Screen	Data Required
Service Coordination Only episode opened in Avatar	Upon determination of referral-admission dates to Wait List and services
Scheduling Screen in AVATAR	Appointment date

1203.5.4 Supervisory Responsibility: Supervisors will provide in-service training to ensure all staff understands the requirements of this policy and procedures and understand the definitions and will revisit this policy periodically, but no less than annually for recommendations for improvement or additions.

1203.6 Policy Cross Reference

1203.6.1 MHDS 4.074 Service Coordination in Mental Health

1203.6.2 RS Policy 1200.0 Service Coordination Assessment

1203.7 Attachments

1203.7.1 RS 1203.6.1 A – Rural Services – Mental Health Brief Intake

1203.7.2 RS 1203.6.1 B – Rural Services – Mental Health Program Movement