

# Monterey County Behavioral Health Quality Improvement

Re:	Referrals to Adult Transitional Residential Services
Form Reference	Screening Tool for Adult Transitional Residential Services
Release Date	7/12/2024
Effective	8/1/2024

## TOPIC

As part of ongoing quality improvement efforts and in response to the Department of Health Care Services specialty mental health prior authorization requirements, Monterey County Behavioral Health Quality Improvement department has developed the **Screening Tool for Adult Transitional Residential Services** to support that members meet access criteria for Adult Transitional Residential Services. This screening tool shall be submitted along with the referral packet to providers and is not intended to replace the current referral process.

Adult Transitional Residential Services are for members with co-occurring Mental Health and Substance Use Disorders, who would benefit from services in a non-institutional setting which provides a structured program as an alternative to other higher level of care settings (such as hospitalization for members experiencing an acute psychiatric episode or crisis). Members' goals are focused on mental health wellness and substance use recovery principles. Residents work to improve symptom management, personal, social and family functioning, and gain substance use recovery skills. This service provides residents with 24-hour care, 7 days a week. Services are provided on an individual, group, and milieu basis.

Starting 8/1/2024 referrals and/or admissions to Adult Transitional Residential services will now require the addition of **Screening Tool for Adult Transitional Residential Services**. This tool is the result of a collaborative effort between Monterey County Behavioral Health and partner Adult Transitional Residential Service providers to screen in/out persons in care who may be eligible for Adult Transitional Residential Services, to ensure that individuals are appropriately placed in a safe and least restrictive level of care.

This screening tool will also help coordinate the person's care by informing Adult Transitional Residential Service providers of the member's symptoms, impairments, and level of functioning that should be addressed as part of the Adult Transitional Residential treatment plan. This screening tool should be completed by the member's case coordinator prior to the

authorization/referral of Adult Transitional Residential Services to establish that members meet access criteria for these services.

## PROCEDURE

1. Start Date: 8/1/2024
2. Member's case coordinator selects individual from AVATAR.
3. Search for "Screening Tool for Adult Transitional Residential Services".
4. It is recommended that the screening tool be completed within 30 days prior to the member's referral to Adult Transitional Residential Services.
5. Complete Section 1: To be eligible for Adult Transitional Residential Services, a member:
  - a. Should have an included primary mental health diagnosis (schizophrenia, bipolar disorders, schizoaffective disorders, or major depression with psychotic features)
  - b. Should have a Substance Use Disorder diagnosis.
  - c. Have severe symptoms and functional impairments as a result of their mental health and substance use disorder diagnosis.
  - d. Without Adult Transitional Residential Services, the member is likely to decompensate.

1. Eligibility - Must answer "Yes" to criteria a, b, c, and d

a. Individual has an included (schizophrenia, bipolar disorders, schizoaffective disorders, and major depression with psychotic features) primary mental health diagnosis	<input type="radio"/> Yes	<input type="radio"/> No
b. Individual has a Substance Use Disorder diagnosis	<input type="radio"/> Yes	<input type="radio"/> No
c. Individual has severe symptoms and severe functional impairments.	<input type="radio"/> Yes	<input type="radio"/> No
d. Without Adult Transitional Residential Services, behaviors will lead to further deterioration in functioning	<input type="radio"/> Yes	<input type="radio"/> No

6. Complete Section 2: This section asks the clinician to consider:
  - a. What services, if any, has the member received in the past 90 days? This is intended to help determine if other levels of intervention have been attempted already.

2. Please check all the following that apply:

a. Services provided in the past 90 days

<input type="checkbox"/> Case Management
<input type="checkbox"/> Crisis Intervention
<input type="checkbox"/> Crisis Residential
<input type="checkbox"/> Day Rehabilitation
<input type="checkbox"/> Day Treatment Intensive
<input type="checkbox"/> Group Therapy
<input type="checkbox"/> Individual Therapy
<input type="checkbox"/> Inpatient Psychiatric Treatment
<input type="checkbox"/> Med Support Services

- b. What services have not been provided to the member, but have been considered options? This is intended to help the clinician consider if any other forms of treatment would be a better fit for the individual.

b. Services not being provided, but considered as options to address concerns of the individual's treatment team

- Case Management
- Crisis Intervention
- Crisis Residential
- Day Rehabilitation
- Day Treatment Intensive
- Group Therapy
- Individual Therapy
- Inpatient Psychiatric Treatment
- Med Support Services

7. Complete Section 3:

- a. To be eligible for Adult Transitional Residential Services, the treatment team must conclude that additional services outlined in 2b would not be as effective as Adult Transitional Residential Services (select "yes"). If there are other services more effective than Adult Transitional Residential Services, those interventions should be utilized.

3. Lower Levels of Care - must answer "Yes" to the following

a. Team has concluded additional services outlined in item 2 would not be effective as Adult Transitional Residential  Yes  No

8. Complete Section 4:

- a. To coordinate treatment amongst the member, case coordinator, and program, please indicate the current symptoms/behaviors the member is experiencing that Adult Transitional Residential Services would target.

4. Please select current symptoms/behaviors that apply (must select at least one)

- A dramatic change in appetite
- Agitation
- Auditory Hallucinations
- Breathing rapidly (Hyperventilation)
- Depersonalization
- Derealization
- Difficulty sleeping
- Dissociative amnesia
- Erotomantic Delusions

9. Complete sections 5 & 6:

- a. Referencing the symptoms selected in section 4, indicate whether the symptoms cause significant impairments.
- b. Select the areas of the impairment in the member's life.

5. These above symptoms cause clinically significant distress

Yes  No

6. These above symptoms cause clinically significant impairment in the following areas

Activities of Daily Living  
 Occupational  
 Other  
 Social

10. Complete Section 7: Eligibility:

7. Individual is/is not eligible for Adult Transitional Residential Services

Is Eligible  Is Not Eligible

11. Staff Signature and date: this form should be completed by a licensed/license-eligible clinician since this form is establishing medical necessity for Adult Transitional Residential Services.

8. Staff Signature and date

Staff Signature

Get Signature

Staff Name

Signature Date

12. Select Final and submit when complete.

Draft/Final

Draft  Final

*Special Considerations: All Adult Transitional Residential Services are voluntary. Screening a member for Adult Transitional Residential Services may not always result in a referral to a provider and may be subject to authorization from the mental health plan. Results indicated on this form are intended as a clinical guide to standardize screening practices for this specific level of care.*

**The following report is available:**

- **189 Adult Transitional Residential Screening Tool by Client**—This will allow user to print the report of a finalized screening tool to submit as part of a referral packet.