In a continuing effort to rebalance the manner in which mental health services are provided within the State of Illinois, The DHS/Division of Mental Health (DMH) has contracted with ten community providers to develop capacity and deliver services for a pilot program. The purpose of this program is to make available additional supports and services to individuals who might otherwise have been referred into the long term care system. The services and their respective requirements are as follows:

CRISIS ASSESSMENT AND LINKAGE SERVICES (Program 440)

Purpose: DHS/DMH Crisis Assessment and Linkage Services is for individuals who present in psychiatric crisis at an identified emergency department per the approved plan in SMHRF Comparable Services.

Intent: The goal of the program is to provide immediate availability of skilled mental health assessment and referral to lower levels of care, reducing unnecessary referrals to inpatient treatment as clinically indicated. Because it is likely that transportation will be necessary for individuals to access follow up services, DMH is including provision of transportation costs in the funding of this program.

Eligibility: To be eligible for this service, the individual must present in psychiatric crisis within the specified geographic service area of the community agency.

Service Requirements: Provider shall have the capacity available with appropriately trained and credentialed staff to immediately answer crisis calls and perform on-site face-to-face assessments. Providers shall have the capacity to perform face-to-face assessments by an MHP or QMHP within 90 minutes of identification of a crisis or potential crisis for individuals presenting in proposed emergency departments. Most individuals will likely receive Crisis Intervention as defined in Rule 132. The individual may also receive any additional Rule 132 services that are medically necessary, including a referral to Assertive Community Treatment or Community Support Team when appropriate.

Registration: The provider shall register all individuals receiving these services in the DMH/Collaborative management information system through ProviderConnect. The Comparable Service Initiative indicator completed during the registration will be used by DMH to track service provision, the number of individuals receiving services under this initiative, and as a basis for evaluating the pilot.

Service Reporting: The provider shall submit all claims for Rule 132 services and other services as identified following DMH established policies and procedures. Registration and claims information is to be submitted on no less than a weekly basis for this service.
Quarterly Reporting: The provider shall submit a quarterly report to the DHS/DMH contract manager on the last day of the month following the end of the quarter. The report shall use the DHS/DMH prescribed format, and shall include:

- number of referrals from the each of the proposed emergency room departments,
- number of crisis face-to-face assessments that resulted in referral to a lower level of care than hospitalizations or nursing home admission, and
- disposition by level of care (e.g. Inpatient, crisis residential, transitional living center, etc.).

Performance Measures: Performance data shall be available for individuals served under this Exhibit based on individuals registered with DHS/DMH and the required quarterly reporting.

1. Timely submission of registration and information using the SMHRF Comparable Services Identifier.
2. Number of referrals from emergency departments, by referring hospital.
3. Number of completed crisis assessments as a result of referral from emergency departments, by referring hospital.
4. Disposition of assessment by level of care (e.g. Inpatient, crisis residential, Transitional Living Center, etc.) by referring hospital.

Performance Standards:

1. 100% of registrations and information including SMHRF Comparable Services Identifier submitted timely.
2. 80% of referrals from Emergency Department result in a face-to-face assessment.
3. 80% of face-to-face assessments result in referral to a level of care lower than psychiatric hospitalization or nursing home admission.

Please refer to appendix for flowchart illustration of this service.

DISCHARGE LINKAGE & COORDINATION OF SERVICES (Program 450)

Purpose: DHS/DMH Discharge Linkage and Coordination of Services is for individuals being discharged from psychiatric inpatient treatment in each of the selected hospitals for the served area, as approved by DMH, in order to avoid a referral to SMHRF or nursing home level of care. The provider will ensure immediate access to all recommended services, and will provide assertive outreach for any individual that fails to appear for an initial discharge linkage appointment.

Intent: The goal of the program is to help the referred individual link with all necessary services and supports upon discharge from inpatient treatment. Because it is likely that transportation will be necessary for individuals to access follow up services, DMH is including provision of transportation costs in the funding of this program.

Eligibility: To be eligible for this service, the individual must be receiving services in a psychiatric unit of a community hospital within the selected geographic area, or DMH State Hospital, must live within the
specified geographic service area, and must be in need of ongoing outpatient mental health care for symptoms related to a serious persistent mental illness as defined within the DHS/DMH provider manual.

**Service Requirements:** The provider will engage the hospital discharge planners working on the psychiatric units of the hospitals involved in the Comparable Services Pilot to develop understanding of the pilot program and the services available. The provider will begin serving each individual on site at the hospital upon referral from the hospital discharge planner. This may include engagement and assessment of individual while still on the psychiatric unit, participation in discharge planning meetings, and assistance in identifying and linking to services and supports in the community both pre- and post-discharge.

Most individuals will likely receive:

- Mental Health Assessment
- Individual Treatment Planning
- Case Management – Transition Linkage and Aftercare

The individual may also receive any additional Rule 132 services that are medically necessary.

**Registration:** The provider shall register all individuals receiving these services in the DMH/Collaborative management information system through ProviderConnect. The Comparable Service Initiative indicator completed during the registration will be used by DMH to track service provision, the number of individuals receiving services under this initiative, and as a basis for evaluating the pilot.

**Service Reporting:** The provider shall submit all claims for Rule 132 services and other services as identified following DMH established policies and procedures. Registration and claims information is to be submitted on no less than a weekly basis for this service.

**Quarterly Reporting**
Provider shall submit a quarterly report to their DHS/DMH contract manager on the last day of the month following the end of the quarter. The report shall use the DHS/DMH prescribed format, and shall include:

- number of referrals from the participating inpatient psychiatric providers, by hospital;
- number of referrals that resulted in a face-to-face assessment and engagement on-site, and disposition of each assessment by level of care (e.g. crisis residential, transitional living center, etc.).

**PERFORMANCE MEASURES:**
Performance data shall be available for individuals served under this Exhibit based on individuals registered with DHS/DMH, the claims reported for specific individuals and the required monthly reporting.
1. Number of individuals for whom registration is submitted using the unique SMHRF identifier in accordance with Provider Manual requirements.
2. Number of referrals from the participating inpatient psychiatric providers, by hospital.
3. Number of referrals that resulted in a face-to-face assessment and engagement on-site.
4. The disposition of each assessment by level of care (e.g. crisis residential, transitional living center, etc.).
5. Amount of funds used for consumer travel between levels of care, by consumer.

PERFORMANCE STANDARDS:
1. 100% of individuals are registered in accordance with Provider Manual requirements;
2. 90% of referrals from participating inpatient psychiatric providers result in a face-to-face assessment and engagement on-site, by hospital.
3. 90% of face-to-face assessments result in referral to a level of care other than or lower than nursing home admission.

Please refer to appendix for flowchart illustration of this service.

OUTREACH TO INDIVIDUALS TO ENGAGE IN SERVICES (Program 460)

Purpose: DHS/DMH Outreach to Individuals to Engage in Services is for individuals who have received a crisis assessment through the SMHRF comparable programs or are discharged from an inpatient psychiatric stay, AND who have a history of failed follow-through on recommended services.

Intent: The goal of the program is to help the referred individual engage in all necessary mental health services to decrease the likelihood of further crisis or hospitalization which could result in referral to long term care. Because it is likely that transportation will be necessary for individuals to access follow up services, DMH is including provision of transportation costs in the funding of this program.

Eligibility:
To be eligible for this service, the individual must be have been seen for Comparable Services Crisis Assessment and Linkage or referred through Comparable Services Discharge Linkage and Coordination of Services, must live within the specified geographic service area, must be in need of ongoing outpatient mental health care for symptoms related to a serious persistent mental illness as defined within the DHS/DMH provider manual, and either fail appointments scheduled for comparable services or have a history of failed appointments with a mental health provider.

Service Requirements:
To increase the likelihood of engagement, the provider who has received a referral through either crisis contact or hospital discharge will actively engage individuals in services. This shall include an attempt at
face to face outreach to the individual within 24 hours of the referral from crisis evaluation or hospital discharge. Attempts will continue until a face to face contact is made, or the provider is informed by the individual that treatment is not desired. Provider will ensure that staff providing these outreach services have been appropriately and adequately trained and assessed for competency in engagement techniques.

Most individuals will likely receive:

- Mental Health Assessment
- Individual Treatment Planning
- Case Management
- Community Support

The individual may also receive any additional Rule 132 services that are medically necessary, including a referral to Assertive Community Treatment or Community Support Team when appropriate.

**Registration:** The provider shall register all individuals receiving these services in the DMH/Collaborative management information system through ProviderConnect. The Comparable Service Initiative indicator completed during the registration will be used by DMH to track service provision, the number of individuals receiving services under this initiative, and as a basis for evaluating the pilot.

**Service Reporting:** The provider shall submit all claims for Rule 132 services and other services as identified following DMH established policies and procedures. Registration and claims information is to be submitted on no less than a weekly basis for this service.

**Quarterly Reporting**

The provider shall submit a quarterly report to their DHS/DMH contract manager on the last day of the month following the end of the quarter. The report shall use the DHS/DMH prescribed format, and shall include number of referrals, number of face-to-face contacts, and number of individuals actively engaged in community services.

**Performance Measures:**

Performance data shall be available for individuals served under this Exhibit based on individuals registered with DHS/DMH, the claims reported for specific individuals and the required monthly reporting.

1. Number of individuals for whom registration is submitted using the unique SMHRF identifier in accordance with Provider Manual requirements.
2. Number of individuals served meeting eligibility requirements who were successfully seen for at least one face to face outreach contact.
3. Number of individuals provided outreach services that were successfully linked to community mental health services.
4. Amount of funds used for consumer travel between levels of care, by consumer.
Performance Standards:
1. 100% of individuals are registered in accordance with Provider Manual requirements.
2. 100% of individuals seen for at least one face to face outreach contact.
3. 80% of individuals provided outreach services were successfully linked to community mental health services.

TRANSITIONAL LIVING CENTERS (Program 811)

Purpose: As a result of the SMHRF Comparable Services legislation and funding, DHS/DMH is developing Transitional Living Centers (TLCs) in two distinct locations in Chicago, southern suburbs, Kankakee and Macon Counties. These centers will provide immediate access to housing for individuals who are either seen for crisis assessment and linkage or discharge linkage and coordination of services, and whose lack of access to housing puts them at risk of referral to long term care. Thus, these centers are to function as independent living settings.

Intent: TLCs will be developed by contracted providers by securing a physical structure where individuals can live until permanent housing is secured. The contracted provider will immediately begin working with the individual to identify a permanent living situation, such as permanent supportive housing. Because it is likely that transportation will be necessary for individuals to access follow up services, DMH is including provision of transportation costs in the funding of this program.

Eligibility: Individuals may be referred to TLC by discharge linkage or by crisis assessment staff. The individual must meet DHS/DMH Target Population criteria as defined in the DHS/DMH provider manual, and must be clinically appropriate for referral to a non-supervised setting, as reflected by a LOCUS level of care recommendation of 3.

Length of Stay: Immediate access to this program is required. Therefore, contracted providers must establish lengths of stay and internal utilization review policies that ensure individuals continue to meet eligibility requirements and are moving through the program at a rate that allows for ongoing vacancies. DHS/DMH anticipates that lengths of stay will in no instance exceed four months. Providers should have a mechanism in place to allow for real time notification to other collaborative partners of vacancies in this level of care.

Provision of Treatment Services: Since the contracted provider is expected to maintain immediate access for referrals, it is imperative that each individual is provided with the appropriate community based mental health services necessary to assist them in finding and moving to a permanent living situation. Because the individuals are to be at a LOCUS level of care recommendation of 3, these services may be provided through the usual Rule 132 service protocols. Most individuals will likely receive:

- Mental Health Assessment: To identify the individual’s strengths, resources and treatment needs.
- Individual Treatment Planning: To identify goals and Rule 132 services to be provided.
- Community Support: To build skills and utilize strengths to identify resources, promote self-advocacy, develop supports and transition to a permanent living situation.
- Case Management-Mental Health: To provide assistance in accessing services, entitlements, housing and/or medical care.

The individual may also receive any additional Rule 132 services that are medically necessary during the stay in the TLC, and should be offered a plan of care for treatment extending beyond the stay in the TLC, either from the contracted provider or, if the individual chooses another care provider, referral to that care provider should be made and linkage provided prior to the transition. The TLC is an independent living setting and not considered a treatment setting, and therefore Certification as a Rule 132 site is NOT required in order to bill for Rule 132 services provided to individuals staying there. These services should be provided in office and community settings and reported in the same manner as services provided to individuals who live independently.

**Staffing Requirements:** The TLC is an independent living setting not a residential treatment setting, therefore DMH exerts no requirement for staff to be present on site at the TLC.

**Physical Plant Requirements:** The TLC must provide separate bedrooms for each individual during their stay. There must be at least one bathroom for every four occupants of a TLC. The TLC must also provide a fully furnished living area with common spaces, such as living room, dining room, and kitchen that may be shared.

**Registration:** The provider shall register all individuals receiving these services in the DMH/Collaborative management information system through ProviderConnect. The Comparable Service Initiative indicator completed during the registration will be used by DMH to track service provision, the number of individuals receiving services under this initiative, and as a basis for evaluating the pilot.

**Service Reporting:** The provider shall submit all claims for TLU housing services following DMH established policies and procedures for claims submission. Registration and claims information is to be submitted on no less than a weekly basis for this service.

**Performance Measures/Reporting Requirements:** Performance data shall be available for individuals served under this Exhibit based on individuals registered with DHS/DMH, the claims reported for specific individuals and the required monthly reporting.

1. Number of individuals for whom registration is submitted using the unique SMHRF identifier in accordance with Provider Manual requirements;
2. Number of individuals served meeting eligibility requirements.
3. Length of stay in the TLC for each individual.
4. Number of individuals successfully transitioned to independent living within 3 months.
5. Amount of funds used for consumer travel between levels of care, by consumer.
Exhibit F – Performance Standards
1. 100% of individuals are registered in accordance with Provider Manual requirements;
2. 100% of individuals served would otherwise have been referred to nursing home;
3. 100% of individuals will have length of stay of 3 months or less.
4. 100% of individuals will be transitioned to independent living within 3 months.

TRANSITIONAL SUPERVISED RESIDENTIAL PROGRAMS (Program 831)

Purpose: The DHS/DMH Transitional Supervised Residential Programs (TSRP) are for individuals in need of 24 hour services and supports in a supervised living arrangement. Such programs should be designed with a transitional philosophy, with a focus on assisting the individual in developing the skills necessary to transition to independent living or permanent supportive housing, and assisting with that transition as soon as the individual's clinical status allows for this to occur.

Eligibility: To be eligible for this level of treatment, the individual must be diagnosed with a serious persistent mental illness as defined by the DHS/DMH provider manual, and must be in need of 24 hour services and supports as indicated by a LOCUS level of care recommendation of 5 (Medically Monitored Residential Services).

Intent: The goal of the program is to help the referred individual develop the skills necessary for independent living, and to assist the individual in transitioning to permanent supportive housing or similar independent living situations when appropriate. Because it is likely that transportation will be necessary for individuals to access follow up services, DMH is including provision of transportation costs in the funding of this program.

Length of Stay: The provider shall have a written utilization review (UR) plan and ongoing assessment of the medical necessity of residential levels of care including the intensity/level of residential level of care and continued need of a residential level of care for the individual.

Service Requirements: TSRP includes room and board, 24 hour supervision, and the provision of treatment services as medically necessary through the usual Rule 132 protocols. Most individuals will likely receive:
- Mental Health Assessment
- Individual Treatment Planning
- Community Support Residential
- Psychotropic Medication Services

The individual may also receive any additional Rule 132 services that are medically necessary during the stay in the TSRP, consistent with requirements of Rule 132, and should be offered a plan of care for treatment extending beyond the stay in the TSRP, either from the contracted provider or, if the
individual chooses another care provider, referral to that care provider should be made and linkage
provided prior to the transition.

**Staffing Requirements:** Care is provided by a minimum of one Rehabilitative Services Associate (RSA) as
defined in Rule 132 who is awake and available on-site at all times that at least one resident is present in
the setting. Care is supervised by a Qualified Mental Health Professional as defined in Rule 132 who is
immediately available for clinical supervision and consultation with the RSA on duty. There is access to
nursing services and psychiatric services.

**Registration:** The provider shall register all individuals receiving these services in the
DMH/Collaborative management information system through ProviderConnect. The Comparable
Service Initiative indicator completed during the registration will be used by DMH to track service
provision, the number of individuals receiving services under this initiative, and as a basis for evaluating
the pilot.

**Service Reporting:** The provider shall submit all claims for transitional supervised residential services
following DMH established policies and procedures for claims submission. Registration and claims
information is to be submitted on no less than a weekly basis for this service.

**Reporting of Bed Capacity**
TSRP providers shall submit monthly service access capacity reports to their DHS/DMH contract
manager with the number of funded residential beds and the number of vacant residential beds
available. The reports shall be submitted by the 7th calendar day of each calendar month. Providers
should have a mechanism in place to allow for real time notification to other collaborative partners of
vacancies in this level of care.

**Physical Requirements of TSRP:** The TSRP is a treatment site, and as such, must be Certified according
to Rule 132 requirements. In addition, because of the 24 hour supervision required of the individuals,
the TRSP provider must establish policies that ensure the physical safety of the environment. This
includes allowing for visual monitoring of individuals for safety when indicated, all suicide or close
observation precautions, physical plant considerations, and the affording of privacy to individuals, as
clinically appropriate. At no time is a TSRP to contain more than 16 beds, and should be located in a
building with no more than 16 beds total under one roof, or be at a site i.e. any building, under one
continuous roof, including, but not limited to houses, apartment buildings, and duplexes in which a
consumer(s) receiving a residential level of care lives, which in total would exceed 16 beds.
Each individual should be provided an individual bedroom. Each bedroom shall have at least 75 square
feet of open floor space, not including space for closets, wardrobes, bathrooms and clearly definable
entryway areas.
At least one bathroom shall be provided for every four consumers. A bathroom shall include a toilet,
lavatory, and tub or shower
Site is defined as any building under one continuous roof including, but not limited to, houses,
apartment buildings, and duplexes in which individual(s) receiving a residential level of care lives.
Performance Measures: Performance data shall be available for individuals served under this Exhibit based on individuals registered with DHS/DMH, the claims reported for specific individuals and the required monthly reporting. For the purpose of reporting, claims and monthly reporting should reflect individuals in this level of care at 11:59 pm.

1. Number of individuals for whom registration is submitted in accordance with Provider Manual requirements;
2. Number of individuals served who were discharged or deflected from an inpatient psychiatric stay and who would otherwise have been referred to a SMHRF or long term care.
3. Number of individuals for whom claims for nights of care are reported;
4. Available capacity used for this level of care as reported via claims submissions and monthly capacity reports;
5. Number of individuals for whom LOCUS was administered according to the requirements in the DHS/DMH provider manual; and
6. Number of individuals receiving Rule 132 services.

Performance Standards
1. 100% of individuals are registered in accordance with Provider Manual requirements;
2. 100% of individuals served were discharged or deflected from an inpatient psychiatric stay and who would have been referred to a SMHRF or long term care;
3. 100% of claims for nights of care are submitted in accordance with DHS/DMH requirements;
4. At least 85% of the available capacity (average daily census) for this level of care is utilized in each quarter;
5. 100% of individuals have LOCUS scores meeting residential level of care need; and
6. 100% of individuals will be receiving Rule 132 services according to their individually assessed and planned needs.

CRISIS RESIDENTIAL PROGRAMS (Program 861)

Purpose: DHS/DMH Crisis Residential Program (CRP) is for individuals evaluated as having a primary need for intense, residential mental health treatment. These services focus on the unique mental health crisis stabilization needs presented by the individual through the provision of 24 hour, seven days a week crisis beds and residential supports designed to provide short-term continuous supervision and active treatment in a provider controlled facility.

Intent: The goal of the program is to help the referred individual stabilize symptoms without need for referral to inpatient treatment, and to refer the individual to necessary follow-up services upon discharge. Because it is likely that transportation will be necessary for individuals to access follow up services, DMH is including provision of transportation costs in the funding of this program.
Eligibility:
Individual has symptoms consistent with or a diagnosis of one of the following mental illnesses:
- Schizophrenia (295.xx)
- Schizophreniform Disorder (295.4)
- Schizo-affective Disorder (295.7)
- Delusional Disorder (297.1)
- Shared Psychotic Disorder (297.3)
- Brief Psychotic Disorder (298.8)
- Psychotic Disorder NOS (298.9)
- Bipolar Disorders (296.0x, 296.4x, 296.5x, 296.6x, 296.7, 296.80, 296.89, 296.90)
- Cyclothymic Disorder (301.13)
- Major Depression (296.2x, 296.3x)
- Obsessive-Compulsive Disorder (300.30)
- Anorexia Nervosa (307.1)
- Bulimia Nervosa (307.51)
- Post Traumatic Stress Disorder (309.81);

The individual has been assessed with a LOCUS level of care recommendation of 5;
The individual's condition affirms the need for continuous monitoring and supervision due to the onset of a psychiatric crisis;
The individual's usually sufficient skills to maintain an adequate level of functioning in daily living and social skills or community/family integration is disrupted by the psychiatric crisis;
The individual's response to current treatment reflects that a less intensive or less restrictive psychiatric treatment program would not be adequate to provide safety for the individual or others or to improve the individual's functioning; and

It is expected that the resources and techniques associated with this level of care will lead to successful discharge into the community.

Length of Stay: The average length of stay is expected to be approximately 7 days. The provider must establish utilization review policies to address any stay in Crisis Residential Level of Care that exceeds 14 days to ensure medical necessity for the level of care continues to be met, and no length of stay exceeding three weeks is expected for this level of care

Service Requirements: The CRP provider will begin serving the individual upon arrival. In addition to the provision of 24 hour supervision, treatment services should be provided as medically necessary through the usual Rule 132 protocols.
Most individuals will likely receive:
- Crisis Intervention Services
- Mental Health Assessment
- Individual Treatment Planning
- Psychotropic Medication Services
The individual may also receive any additional Rule 132 services that are medically necessary during the stay in the CRP, and should be offered a plan of care for treatment extending beyond the stay in the CRP, either from the contracted provider or, if the individual chooses another care provider, referral to that care provider should be made and linkage provided prior to the transition.

**Staffing Requirements:** Care is provided by a minimum of one MHP as defined by Rule 132, who must be awake and available onsite at all times. The MHP on duty must have immediate access to a QMHP as defined by Rule 132, and clinical supervision of the program must be provided by a QMHP as well. All CRP staff must be trained in crisis response and resolution. Clinical services must be provided at the Crisis Residential location. There is 24 hour access to nursing services on site and on-call psychiatric services 24 hours/day, 7 days/week.

**Service Access Reporting:** The Provider shall submit monthly service access capacity reports to the DHS/DMH contract manager with the number of funded crisis residential beds available. The report shall be submitted by the 7th calendar day of each month.

**Registration:** The provider shall register all individuals receiving these services in the DMH/Collaborative management information system through ProviderConnect. The Comparable Service Initiative indicator completed during the registration will be used by DMH to track service provision, the number of individuals receiving services under this initiative, and as a basis for evaluating the pilot.

**Service Reporting:** The provider shall submit all claims for these crisis residential services following DMH established policies and procedures for claims submission. Please note that because this funding is directed toward pilot services, DMH will need registration and claims information submitted as quickly as possible so that performance measures can be generated from this data. It would be helpful to have both registrations and claims submitted on a weekly basis. We greatly appreciate your assistance in providing data to help evaluate the impact of these important services.

**Physical Plant Requirements:** The RCP is a treatment site, and as such, must be Certified according to Rule 132 requirements. In addition, because of the 24 hour supervision required of the individuals, the RCP provider must establish policies that ensure the physical safety of the environment. This includes allowing for visual monitoring of individuals for safety when indicated, all suicide precautions, physical plant considerations, and the affording of privacy to individuals, as clinically appropriate. At no time is an RCP to contain more than 16 beds or be at a site i.e. any building, under one continuous roof including, but not limited to, houses, apartment buildings, and duplexes in which a consumer(s) receiving a residential level of care lives, which in total would exceed 16 beds. The site should afford all participating consumers individual living quarters with communal facilities for food, recreation and care, all within the same distinct section or unit in which all admitted consumers at the same time can receive supervision through the physical presence of, at the minimum one, staff member.

**Performance Measures:**
Performance data shall be available for individuals served under this Exhibit based on individuals registered with DHS/DMH the claims reported for specific individuals and the required monthly reporting. For the purpose of reporting, claims and monthly reporting should reflect individuals in this level of care at 11:59 pm.

1. Number of individuals for whom registration is submitted using the unique SMHRF identifier in accordance with Provider Manual requirements;
2. Number of individuals served who were assessed through SMHRF Comparable Services programs, and who would otherwise have been referred for psychiatric inpatient or long term care;
3. Number of individuals for whom claims for nights of care are reported;
4. Available capacity used for this level of care as reported via claims submissions and monthly capacity reports;
5. LOCUS is administered to individuals according to the requirements in the DHS/DMH provider manual; and
6. Number of individuals receiving Rule 132 services.
7. Amount of funds used for consumer travel between levels of care, by consumer.

Performance Standards:
1. 100% of individuals are registered in accordance with Provider Manual requirements;
2. 100% of individuals served who would otherwise have been referred for psychiatric inpatient or nursing home level of care;
3. 100% of claims for nights of care are submitted in accordance with DHS/DMH requirements;
4. At least 85% of the available capacity for this level of care is utilized in each quarter;
5. 100% of individuals have a LOCUS level of care recommendation of 5 or have a transition plan in place; and
6. 100% of individuals will be receiving Rule 132 services according to their individually assessed and planned needs.
APPENDIX

FLOWCHARTS FOR COMPARABLE SERVICES

The following flowcharts will serve to illustrate the various entry points into the comparable services.

**Crisis Assessment and Linkage Service**

- Individual presents to Emergency Room in Crisis
  - Inpatient Care Needed?
    - Yes: Individual is hospitalized in psychiatric unit
    - No: 24 hr supervision required?
      - Yes: Is need for supervision related to crisis or to skill deficit?
        - Crisis: Individual is offered Crisis Residential Placement (861)
        - Skill Deficit: Individual is offered Transitional Residential Placement (831)
      - No: Does individual lack housing?
        - Yes: Individual is offered Transitional Living Center Placement (811)
        - No: Individual is scheduled for Rule 132 services by community agency
Discharge Linkage and Coordination of Services

Individual is hospitalized in psychiatric unit

Referral from discharge planner

24 hr supervision required?

Yes

Is need for supervision related to crisis or to skill deficit?

Crisis

Individual is offered Crisis Residential Placement (861)

Individual is offered Transitional Residential Placement (831)

No

Does individual lack housing?

Yes

Individual is offered Transitional Living Center Placement (811)

No

Individual is scheduled for Rule 132 services by community agency
Outreach to Engage in Services

Individual is scheduled for Rule 132 services by community agency following referral from Crisis Assessment and Linkage or Discharge Linkage service

Does individual fail to engage in community treatment?

- **NO**
  - Agency provides Rule 132 services as medically necessary

- **YES**
  - Outreach to Engage Individual (460) is initiated