Performance Specifications

24-Hour Diversionary Services
Adult Community Crisis Stabilization (Adult CCS)

Providers contracted for this service are expected to comply with all requirements of these service-specific performance specifications. Additionally, providers contracted for this service and all contracted services are held accountable to the General performance specifications, located at the beginning of the performance specifications section of the Provider Manual, found at www.masspartnership.com. The requirements outlined within these service-specific performance specifications take precedence over those in the General performance specifications.

The **Adult Community Crisis Stabilization (Adult CCS)** program provides short-term, staff-secure, safe, and structured crisis stabilization and treatment services 24 hours per day, seven days per week, and 365 days per year (24/7/365). Adult CCS is a community-based program that serves as a medically necessary, less-restrictive alternative to inpatient psychiatric hospitalization. Note that the primary differences between Adult CCS and inpatient level of care is the acuity of the Member, the unlocked setting, the level of psychiatry services, and an absence of immediate need for hospital-based diagnostic tests, general medical treatment, or medically managed or monitored withdrawal services. It is preferred the Adult CCS is co-located with the Adult Community-Based Mobile Crisis Intervention (AMCI), a.k.a. Emergency Services Program (ESP) at the CBHC location, but not required. This program serves adults ages 18 and older.

Adult CCS provides a distinct level of care where primary objectives of active multi-disciplinary treatment include: restoration of functioning; strengthening the resources and capacities of the Member, family, and other natural supports; timely return to a natural setting and/or least-restrictive setting in the community; development/strengthening of an individualized crisis prevention plan and/or safety plan; and linkage to ongoing, medically necessary treatment and support services. Adult CCS staff provides continuous observation of, and support to, Members with mental health, substance use disorder (SUD), or co-occurring mental health/substance use disorders who might otherwise require treatment in an inpatient setting and would benefit from short-term and structured crisis stabilization services. Adult CCS level of care is designed to manage mental health, SUD and co-occurring mental health/substance use disorders by providing treatment that includes individual/group behavioral therapy, psychopharmacological intervention, and bridging and induction onto medication used to treat opioid use disorder (MOUD). Additional services at this level of care include: crisis stabilization and treatment; initial and continuing bio-psychosocial assessment; care coordination; psychiatric evaluation and medication management; peer support and/or other recovery-oriented services; and mobilization of family and natural supports and community resources. Adult CCS services are short-term, providing observation and supervision, inclusive of assessment of withdrawal symptoms, continual re-evaluation, and as an alternative placement for Members awaiting disposition for higher levels of care.

Adult CCS provides a home-like, consumer-friendly, and comfortable environment conducive to recovery. Adult CCS services include individual and group therapy providing psychoeducation, information about recovery, wellness, crisis self-management, and how to access wellness and recovery services available in the Member's specific community. Guided by the clinical needs and treatment preferences of the Member, Adult CCS staff actively involves family and other natural

supports. Treatment is carefully coordinated with existing and/or newly established treatment providers including the CBHC, recovery supports, CBHI services, and other community-based services as appropriate. With Member consent, Adult CCS staff provides treatment recommendations and participates in team meetings, as appropriate. Admissions to Adult CCS occur 24/7/365 based on determinations made by AMCI staff, including hospital-based crisis services. Discharges from Adult CCS occur 24/7/365, and readiness for discharge is evaluated daily.

Components of Service

1. The provider complies with all provisions of the corresponding section in the General performance specifications.
2. The AMCI operates an Adult CCS 24/7/365 for adults ages 18 and older. Admissions and discharges occur 24/7/365.
3. Adult CCS and AMCI administration share responsibility for Adult CCS admission decisions. Adult CCS and AMCI must have written policies that include:
    a. Admission criteria
    b. Exclusion criteria
        i. Exclusion criteria must be based on clinical presentation and not include automatic exclusions based on stable medical conditions, homelessness, medications prescribed including initiation of and/or ongoing MOUD, compliance with medications, or previous unsuccessful treatment attempts.
    c. Discharge criteria
4. Management of medical and psychiatric emergencies including overdose.
5. Every admission declination must be documented and include reason for declination and referrals provided. All declinations must be reviewed in real time by an Adult CCS and AMCI administrator.
6. Adult CCS provides staff-secure, safe, and structured crisis stabilization and treatment services in a community-based program that serves as a medically necessary, less-restrictive alternative to inpatient psychiatric hospitalization.
7. Adult CCS is primarily used as a diversion from an inpatient level of care, support for SUD MOUD as clinically appropriate, and/or as transition from inpatient services if there is sufficient service capacity and the admission criteria are met. Additionally, Adult CCS provides a pathway for members requiring initiation or bridging prescriptions for MOUD, as clinically appropriate. Adult CCS provides a distinct level of care where primary objectives of active, multi-disciplinary treatment include: stabilization; treatment; restoration of functioning; strengthening the resources and capacities of the Member, family, and other natural supports; timely return to a natural setting and/or least-restrictive setting in the community; development/strengthening of an individualized crisis prevention plan and/or safety plan; and linkage to ongoing medically necessary treatment and support services.
8. Adult CCS services are short-term, providing observation, supervision, and daily re-evaluation and assessment of readiness for discharge or reassessing and updating disposition recommendations for Members awaiting placement for other levels of care. Through this process, the Adult CCS strives to meet benchmarks for length of stay against which the program is measured.
9. Adult CCS provides observation of, and support to, Members with mental health or co-occurring mental health/substance use disorder conditions who might otherwise require treatment in an inpatient psychiatric setting and would benefit from short-term and structured crisis stabilization services.
10. Adult CCS services include: crisis stabilization/treatment; initial and continuing bio-psychosocial

assessment; care coordination; psychiatric evaluation and medication management; peer support and/or other recovery-oriented services; mobilization of and coordination with family and other natural supports, community treaters, and other resources; and psychoeducation, including information about recovery, wellness, crisis self-management, and how to access wellness and recovery services available in the Member's specific community.

11. Adult CCS services include induction and bridging services for:
    a. Buprenorphine, including for same-day induction, bridging, and maintenance for clients 18 and older, including treatment referral services for follow-up counseling or Medication for Opioid Use Disorder (MOUD)
    b. Oral Naltrexone
    Note: Storage and administration of medications should be limited to the scope of the provider's DPH clinic licensure; prior to prescribing MOUD, MassPat must be checked.
    c. Providing access to Naloxone
    Note: The provider must have a Massachusetts Controlled Substance Registration to store Naloxone on site.
12. Adult CCS will have a documented protocol for induction with buprenorphine inclusive of response to precipitated withdrawal.
13. Adult CCS will have formal, documented linkages to Opioid Treatment Programs and Office-Based Opioid and Addiction Treatment (OTP/OBOT/OBAT) programs that include:
    a. Language that provides protection of SUD treatment information per 42 CFR Part 2
    b. Contact information for verifying the last dose of dispensed MOUD
    c. Language describing the process of direct admission and/or rapid admission to OTP/OBOT/OBAT
14. Adult CCS is responsible for ensuring that each Member has access to medications prescribed for physical and behavioral health conditions and documents so in the Member's health record.
    a. Adult CCS will ensure access to clinically appropriate medications that have been prescribed but not filled.
15. Adult CCS engages in a medication reconciliation process to avoid errors in medication prescribing that may occur in transition of a Member from one care setting to another.
    a. This involves:
        i. Developing a list of current medications, i.e., those the Member was prescribed prior to admission to the Adult CCS;
        ii. Developing a list of medications to be prescribed in the Adult CCS;
        iii. Utilizing MassPAT to confirm current and past prescribed medications and ensuring access to necessary medical/behavioral health medications for the Member;
        iv. Making clinical decisions based on the comparison and, when indicated, in coordination with the Member's primary care clinician (PCC);
        v. Communicating the new list to the Member and, with consent, to appropriate caregivers, the Member's PCC, and other treatment providers; and
        vi. Documenting all communication in the Member's health record.
16. The Adult CCS is preferred to be co-located (not required) with the Community Behavioral Health Center (CBHC) in order to enhance service continuity and increase administrative efficiency to benefit those served. The overall AMCI program operates in a fashion that ensures fluidity among AMCI mobile services, site-based crisis services at the CBHC, and the Adult CCS and minimizes inconvenience to Members in crisis.
17. The Adult CCS is required to update its available capacity, three times each day at a minimum, once per shift, seven days per week, 365 days per year, on the Massachusetts Behavioral Health Access website (www.MABHAccess.com). The Adult CCS must keep all administrative and contact information up to date on the website. The Adult CCS is also responsible for training staff

on the use of the website to locate other services for Members, particularly in planning aftercare services.

18. The Adult CCS prioritizes Members residing in the AMCI catchment area but is encouraged to admit Members residing outside the catchment area when beds are available, and the Member meets all admission criteria.

Staffing Requirements

1. *Medical director*: This board-certified or board-eligible psychiatrist shall be responsible for clinical and medical oversight and quality of care across all AMCI service components including adult mobile response and the Adult CCS. The medical director must also possess a DEA waiver to prescribe buprenorphine and experience treating individuals with SUD. It is expected that the CBHC shall appoint one of the psychiatrists, who is in the staffing pattern for the AMCI and/or Adult CCS and works directly in one or both of those service components on at least a part-time basis, as the AMCI medical director. They may also be the medical director of the CBHC, and/or have other similar roles in that organization. If the CBHC subcontracts with another agency to provide AMCI/Adult CCS services, the subcontracted agency must provide its own AMCI medical director. The medical director is accountable for the psychiatric care delivered by them and/or other psychiatric clinicians during business hours, and the after-hours psychiatric consultation function fulfilled by them and/or other psychiatric clinicians. The medical director is responsible for supervising all psychiatrists and psychiatric advanced practice registered nurse (APRNs) in any of the AMCI service components. The medical director shall be available for clinical consultation to AMCI staff members and community organizations involved in a Member's care. Psychiatric consultation shall be provided in a variety of clinical and administrative areas, including consultation specific to the assessment, treatment, and disposition of individuals in the process of receiving AMCI services as well as negotiating issues related to medical screening and inpatient admissions.
2. *Clinical program director*: The clinical program director is an independently licensed, master's-level clinician who shall be responsible for the clinical oversight and quality of care within the Adult CCS program, in collaboration with the medical director, and ensures the provision of all Adult CCS service components. They are available for consultations regarding emergency or urgent situations.
3. *Psychiatrist or advanced practice registered nurse (APRN)*: The psychiatrist or APRN shall provide psychiatric assessment, medication evaluations, and medication management induction onto MOUD; and contribute to the comprehensive assessment and discharge planning.
4. *Nurse manager*: The nurse manager is a management position within the AMCI, available to provide supervision and oversight across AMCI service components as needed, with primary responsibility within the Adult CCS. They shall fill physician orders; administer medication; take vital signs; coordinate medical care; contribute to comprehensive assessment, inclusive of assessment of signs of substance withdrawal and completion of standardized assessment tools such as the Clinical Opioid Withdrawal Scale (COWS), Clinical Institute Withdrawal Assessment for Alcohol (CIWA), and Clinical Institute Withdrawal Assessment for Benzodiazepines (CIWA B); conduct brief crisis counseling and individualized risk management/safety planning; provide psycho-education; and assist with discharge planning and care coordination.
5. *Registered nurse (RN)*: The RN performs the following core functions: fills physician orders; administers medication and engages in a medication reconciliation process, as outlined within the Components of Service section; takes vital signs; coordinates medical care; contributes to comprehensive assessment, brief crisis counseling, individualized crisis prevention planning, and

provider psychoeducation; and assists with discharge planning and care coordination.

6. *Licensed practical nurse (LPN):* Appropriate to licensure level, the LPN shall assist the nurse manager with filling physician orders, administering medications, and monitoring vital signs inclusive of withdrawal symptoms. They shall also work with the bachelor's-level staff in ensuring an environment that promotes safety, recovery, and treatment. They shall contribute to assessment, individualized risk management/safety planning, discharge planning, and care coordination.
7. *Master's-level clinicians*: Clinicians shall be primarily responsible for conducting comprehensive assessments inclusive of the use of standardized assessment tools for suicide risk, brief crisis counseling, individualized risk management/safety planning, psychoeducation, discharge planning, and care coordination.
8. *Peer specialist or recovery coach:*
    a. *Certified peer specialists (CPSs):* shall help to make community-based Adult CCS services welcoming, supportive, and responsive to individuals who utilize them and their families. CPS staff convey hope and provide psycho-education, including information about recovery, rehabilitation, and crisis self-management. CPS staff may assist in arranging the services to which the individual is being referred after the Adult CCS, and they shall work with the client and family to support them during the transition to those follow-up services. CPS staff may also provide similar services in the AMCI's mobile crisis service and Adult CCS as staffing and time permit. There will be a 12-month grace period to allow providers to reach full CPS staffing levels.
    b. *Recovery coaches*: shall assist in interventions with individuals/families presenting in crisis due to substance use disorders. Recovery coaches can explain the processes for accessing services, availability of self-help resources, and provide follow-up for those who may or may not be ready to accept help at the time of initial contact.
9. *Mental health counselors*: Staff with bachelor's degrees or high school diplomas who provide milieu support to clients; peer certified and/or recovery coach staff preferred
10. *Clerical staff*: Clerical staff shall be responsible for maintaining records, release of information forms, ensuring documentation is completed, and other administrative support.
11. In addition to the above staffing requirements, there must be at least one staff member per shift trained in CPR and one staff member per shift trained in the use of Naloxone in the event of overdose.
12. *Maintenance staff*: shall be responsible for upkeep of Adult CCS location.

Additional Staffing Requirements

1. The Adult CCS is staffed with sufficient appropriate personnel to accept admissions to, and facilitate discharges, 24/7/365.
2. With the use of fluidly trained staff and cross-scheduling, programs respond to varying levels of demand in the AMCI's four primary service components: adult and youth mobile services, the AMCI community-based location, and the Adult CCS program. All staff members share expertise in terms of clinical knowledge, service delivery (as appropriate for each discipline), and discharge planning.
3. The psychiatrist or advanced practice registered nurse (APRN) may serve as the AMCI medical director or another psychiatrist or APRN. The psychiatrist or APRN, as much as possible, designates a consistent substitute to ensure that the Member receives continuity of care. The Adult CCS has at least one provider who has licensure to initiate and prescribe MOUD to Members for whom it is clinically indicated.
4. The Adult CCS ensures 24/7/365 availability of a psychiatric clinician, either a psychiatrist or an

APRN, that meets MBHP's credentialing criteria, including nights and weekends. The psychiatric clinician is available for a psychiatric phone consultation within 15 minutes of request and for a face-to-face evaluation within 60 minutes of request when clinically indicated.

5. The Adult CCS's psychiatric clinicians provide psychiatric assessment, medication evaluations, and medication management, and contribute to the comprehensive assessment and discharge planning processes.
6. For programs that utilize an APRN to perform psychiatry functions, all of the following apply:
    a. There is documented maintenance of: a collaborative agreement between the APRN and the medical director or another attending psychiatrist; and a consultation log including dates of consultation meetings and list of all Members reviewed. The APRN, the medical director, or another attending psychiatrist will be responsible for this documentation;
    b. The supervision/consultation between the APRN and the medical director, or another attending psychiatrist, is documented and occurs at least one hour per week for the APRN, or at a frequency proportionate to the hours worked for those APRN staff who work less than full-time. The format may be individual, group, and/or team meetings;
    c. A documented agreement exists between the medical director, or another attending psychiatrist, and the APRN outlining how the APRN can access the medical director, or another attending psychiatrist, when needed for additional consultation;
    d. The medical director, or another psychiatrist, is the attending psychiatrist for the Member, when an APRN is utilized to provide direct psychiatry services to a given Member. The APRN is not the attending for any Member;
    e. If an APRN conducts the initial face-to-face psychiatric evaluation of the Member, they present the Member to the attending psychiatrist, or other psychiatrist on duty, within 24 hours, and documents all such activity; and
    f. There is documented active collaboration between the medical director, or another attending psychiatrist, and the APRN relative to Members' medication regimens, especially those Members for whom a change in their regimen is being considered.
7. The nurse manager, a registered nurse, has overall responsibility for the Adult CCS and accountability to the AMCI director. They perform the following functions: fills physician orders; administers medication; takes vital signs; coordinates medical care; contributes to comprehensive assessment inclusive of assessment of signs of substance withdrawal and completion of standardized assessment tools such as the Clinical Opioid Withdrawal Scale (COWS), Clinical Institute Withdrawal Assessment for Alcohol (CIWA), and Clinical Institute Withdrawal Assessment for Benzodiazepines (CIWA B); brief crisis counseling, individualized crisis prevention planning, and provider psychoeducation; and assists with discharge planning and care coordination. The nurse manager leads treatment team meetings or assigns a consistent staff member to do so. The nurse manager supervises licensed practical nurses (LPNs) and other staff working in the Adult CCS. The nurse manager is a full-time position and works first shift or business hours unless otherwise approved by MBHP.
8. LPN staff, appropriate to licensure level, assist the nurse manager with filling physician orders, administering medications, and monitoring vital signs inclusive of withdrawal symptoms. They work with the bachelor's-level staff to ensure an environment that promotes safety, recovery, and treatment. They contribute to the assessment, individualized crisis prevention planning, discharge planning, and care coordination processes. The AMCI provides adequate LPN staffing to ensure that all Adult CCS performance specifications are met. This staffing is generally expected to include an LPN on second and third shift on weekdays and all three shifts on weekends for average-size Adult CCS programs, unless otherwise approved by MBHP.
9. Master's-level clinicians are primarily responsible for conducting comprehensive assessments, brief crisis counseling, psychoeducation, and treatment team functions as noted below. The AMCI

provides adequate master's-level clinician staffing to ensure that all Adult CCS performance specifications are met. This staffing is generally expected to include a master's-level clinician working at least one shift per day, unless otherwise approved by MBHP.

10. Bachelor's-level milieu staff, preferably who are also credentialed as certified peer specialists (CPSs) and/or recovery coaches (RCs), function within the Adult CCS and are primarily responsible for ensuring an environment that promotes safety, recovery, and treatment. They contribute to the assessment, individualized crisis prevention planning, discharge planning, and care coordination processes. Staff who are qualified as a CPS or RC also provide peer-to-peer support and psychoeducation about wellness and recovery. As resources permit, the Adult CCS also has access to the CPSs and RCs who primarily staff the AMCI's community-based location. The AMCI provides adequate bachelor's-level milieu staffing, with CPS or RC preferred, to ensure that all Adult CCS performance specifications are met. This staffing is generally expected to include a bachelor's-level staff 24/7/365 for average-size Adult CCS programs, unless otherwise approved by MBHP.
11. Mental health counselors, staff with bachelor's degrees or high school diplomas who provide milieu support to clients; peer-certified and/or recovery coach staff preferred. The AMCI has a written staffing plan that clearly delineates (by shift) the number and credentials of its professional staff, including psychiatrists, nurses, bachelor's-level and master's-level clinicians, milieu workers, and other mental health professionals in compliance with its capacity and the Adult CCS staffing model daily. Adult CCS provides awake staffing 24/7/365.
12. The AMCI and Adult CCS ensure that all staff receive ongoing supervision appropriate to their discipline and level of training and licensure and in compliance with MBHP's credentialing criteria (https://www.masspartnership.com/provider/CredentialingCriteria.aspx). For CPSs, RCs, and family partners, this supervision includes peer supervision.
13. The AMCI and Adult CCS ensure that AMCI and Adult CCS staff receive the appropriate AMCI and Adult CCS staff training, including training required in the AMCI performance specifications.
14. In addition to the above staffing requirements, there must be at least one staff member per shift trained in CPR and one staff member per shift trained in the use of Naloxone in the event of overdose.

Assessment, Treatment Planning, and Documentation

1. The provider complies with all provisions of the corresponding section in the General performance specifications.
2. The provider triages Adult CCS referrals.
3. The decision to accept or decline a referral must be made within 60 minutes. The AMCI may request a subsequent review for any declined referrals. Subsequent review must be conducted within 60 minutes of the request; 90 percent of referrals should be accepted without subsequent review within 60 minutes.
4. The Adult CCS is required to maintain a log of all referrals including date/time of referral and decision with explanation for all referrals declined and alternative referrals offered.
5. The Adult CCS assigns a multi-disciplinary treatment team to each Member upon admission. The treatment team ensures that a comprehensive assessment, initial treatment, and tentative discharge plan are completed and that they are reviewed within 24 hours of admission. A psychiatric clinician conducts an in person psychiatric assessment, including a medication evaluation, of each Member within 24 hours of admission.
6. All consultations indicated in the Adult CCS treatment plan should be ordered within 24 hours of admission and provided in a timely manner.

Stabilization, Treatment, and Documentation

1. Adult CCS staff provides observation, crisis treatment/stabilization supervision, support, and daily re-evaluation and assessment of readiness for discharge.
2. Adult CCS staff engages Members in structured, therapeutic programming seven days per week, including treatment activities designed to: stabilize the Member; restore functioning; strengthen the resources and capacities of the Member, family, and other natural supports; prepare for timely return to a natural setting and/or least-restrictive setting in the community; develop and/or strengthen an individualized crisis prevention plan and/or safety plan; and link to ongoing, medically necessary treatment and support services.
3. Adult CCS staff provides psychoeducation, including information about wellness, recovery, crisis self-management, and how to access wellness and recovery services available in the Member's specific community.
4. Guided by the treatment preferences of the Member, Adult CCS staff actively involves family and other natural supports at a frequency based on Member needs.
5. Adult CCS staff carefully coordinates treatment with existing and/or newly established treatment providers and other collaterals including the CBHC, BHCPs, care managers, and CBHI.

Disposition Planning, Crisis Prevention/Safety Planning, and Documentation

1. The provider complies with all provisions of the corresponding section in the General performance specifications.
2. The Adult CCS maintains the capacity to discharge Members 24/7/365.
3. Upon admission, the Adult CCS:
    a. Assigns a clinician or other appropriate staff responsible for crisis prevention/safety planning, discharge planning, and ensuring a smooth transition to medically necessary services, if indicated; and
    b. Documents in the Member's health record all efforts related to these activities, including their participation in the discharge planning process.
4. Adult CCS staff confirms and documents that, upon presentation to the AMCI, the AMCI clinician asked the Member and/or significant others accompanying them, and/or community providers about the existence of an established crisis prevention plan and/or safety plan, and/or accessed any existing crisis prevention plan and/or safety plan on file at the AMCI for the given Member. Adult CCS staff obtains the crisis prevention plan and/or safety plan from the AMCI clinician.
5. During the AMCI intervention, the AMCI clinician updates any existing crisis prevention plan and/or safety plan or creates one with the Member. The plan includes the presenting problem, the specific problem to be addressed along with a treatment plan, preferred disposition plan, and the involvement of others who may be available to support the Member before or during crises (e.g., providers, agencies, significant others, and/or family members). The purpose of this plan is to expedite a client-focused disposition based on the experience gained from past treatment interventions. Adult CCS staff obtains the updated or newly created crisis prevention plan and/or safety plan from the AMCI clinician and updates it further during the course of treatment at the Adult CCS.
6. Upon discharge, the Adult CCS staff provides a copy of the updated crisis prevention plan and/or safety plan to the Member, and with consent, to family members, the AMCI, existing or new community treaters, and/or other identified collaterals.
7. Prior to discharge, the provider assists Members in obtaining post-discharge appointments, as follows: within seven calendar days of discharge for outpatient therapy services (which may be an intake appointment for therapy services), if necessary; and within 14 calendar days of discharge for medication monitoring, if necessary. This function may not be designated to aftercare providers or to the Member to be completed before or after the Member's discharge. These

discharge planning activities, including the specific aftercare appointment date/time/location(s), are documented in the Member's health record. If there are barriers to accessing covered services, the provider notifies the respective payer to obtain assistance. All such activities are documented in the Member's health record.

8. Discharge planning for individuals receiving MOUD must ensure continuous access with no break in access to medication.

Service, Community, and Collateral Linkages

1. The provider complies with all provisions of the corresponding section in the General performance specifications.
2. With Member consent, treatment providers, family members, and other collaterals including BHCPs, care managers, and CBHI are contacted within 24 hours of admission.
3. The Adult CCS adheres to established program procedures for referral to a more-restrictive, medically necessary behavioral health level of care when the Member is unable to be treated safely in the Adult CCS.
4. The Adult CCS adheres to established program procedures for determining the necessity of a referral to a hospital when a Member requires treatment beyond the scope of the Adult CCS.
5. The AMCI and Adult CCS maintain knowledge of, and relationships with, behavioral health levels of care and other community-based resources to which referrals are made for aftercare.
6. The Adult CCS provides education to Members of AMCI services and supports at the local AMCI community-based location.
7. The Adult CCS provides MOUD induction and bridging, to Members admitted to Adult CCS for whom treatment is clinically appropriate.
8. Adult CCS leadership, AMCI management, and direct care staff develop and document organizational and clinical linkages with each of the high-volume referral source AMCIs and hold regular meetings or have other contacts, and communicate with the AMCIs on clinical and administrative issues, as needed, to enhance continuity of care for Members. On a Member-specific basis, the Adult CCS collaborates with the AMCI upon admission to ensure the AMCI's evaluation and treatment recommendations are received and in preparation for discharge to develop or update any of the crisis prevention plans and/or safety plans.

Quality Management

1. The Adult CCS is responsible for submission of monthly utilization data, including capacity, noted changes in capacity, average daily census:
    a. The Adult CCS adheres to performance specifications and Quality Performance Measures (examples include achieve 90 percent ADC, 90 percent of admissions to be accepted within 60 minutes).
    b. The Adult CCS administers and provides data from Patient Reported Satisfaction Surveys.
    c. The Adult CCS utilizes monthly performance/quality data provided by MBHP to develop Adult CCS-specific goals including strategies to improve patient satisfaction.
    d. The Adult CCS participates in the creation of and utilizes Provider Quality Management plans, as needed.
    e. The Adult CCS communicates with the assigned provider quality manager (PQM) in a timely manner regarding:
        i. Access issues
        ii. Changes in leadership

iii. New initiatives affecting CCS service delivery
iv. Any time-sensitive/relevant issue