

	County of Sacramento Mental Health Division Adult Mental Health Services	Policy No.	05-04
		Issued Date	06/29/07
		Revision Date	07/14/08
AREA: Outpatient Services	TITLE: APSS Clinic Criteria		
Approved by:	Approved By:		
Don Alexander, MFT APSS Clinic Program Coordinator	Sandy Damiano, PhD Chief		

I. POLICY

The Adult Psychiatric Support Services (APSS) Clinic is a county operated psychiatric outpatient clinic serving adults who meet the Sacramento County Mental Health Plan (MHP) target and expanded target population criteria for mental illness and the criteria for Level I-Recovery service need.

II. PROCEDURES

A. Service Authorization:

1. Adult Access Team – All outpatient services for the APSS Clinic are evaluated and authorized by the Adult Access Team with the following priority emphasis: 1) Managed Care Medi-Cal, 2) CalWORKs, 3) Medically indigent who meet eligibility requirements for Medi-Cal.
2. Process – The Adult Access Team follows specific guidelines established by the MHP to determine eligibility and schedule appointments.

B. Admission Criteria:

1. Residency Status – Sacramento county resident
2. Age – 18 or older
3. Beneficiary Status – Medi-Cal, CalWORKS Medi-Cal, or Medi-Cal eligible
4. Population –
 - a. Expanded Target Population (Service Level I)
 - b. Target Population (Service Level I)
 - c. Target or Expanded Target including those with co-occurring substance use disorders. The primary diagnosis must be covered by the MHP.
 - d. Medically Indigent Adults who may meet Medi-Cal eligibility will be seen for evaluation and medication services.

5. Level I Service Criteria:

Transition to the APSS Clinic from Level II or III services is considered for clients who have achieved a level of independence from mental health services such that they no longer require formal coordination of care such as securing safe affordable housing, or public benefits. They have a supportive environment, and have demonstrated responsiveness to treatment and recovery management skills. Service coordination needs, if present, must be short term or episodic in nature.

- a. Completed service goals *or* have goals that can be accomplished with the client receiving primary medication support services (i.e., decrease hallucinations, take medications to stabilize my moods, etc.).
- b. No psychiatric hospitalizations, crisis unit visits, or incarcerations in the past 12 months as verified in the Client Activity Tracking System (CATS), progress note, collateral information, or client report (e.g., private psychiatric hospitalizations are not noted in the electronic data system).
- c. No recent history of suicide attempts (past 2 years) or suicidal ideation with intent (past year).
- d. Been stable on a medication regimen for six months or more with only minor medication changes (i.e. dosage, schedule).
- e. Demonstrated the ability to keep scheduled appointments (e.g., has missed fewer than two appointments in six months, calls to cancel/ reschedule appointments).
- f. Stable, sustained housing (either independent or supported housing).
- g. Interested in strengthening or purposefully maintaining their active support system outside of the public mental health system (family, friends, peer supports, self-help activities, and groups, etc.).

Adult Access Team may refer clients directly after screening for appropriateness of service fit and client's preference.

C. Documentation:

1. Clients must meet criteria as defined in Section B.
2. Service Authorization is contingent on the completion of the Annual Medication Service Plan (AMSP). Authorization duration is for a one-year period.
3. Complete documentation per identified standards established by Quality Management.

D. Discharge Criteria:

APSS clinical staff routinely assesses discharge readiness and recommends appropriate referral. To accomplish this, service eligibility will be reviewed at 3 and 6 months for new clients and every 6 months thereafter. Those who no longer meet the medical necessity criteria or meet Service Level I criteria may be transferred to a primary care provider. The following criteria will be considered.

1. Response to treatment has progressed such that the client and staff provider mutually agree to terminate services.
2. Has stabilized and care is transferred to the client's Primary Care Physician (PCP).

3. Has transferred to a Regional Support Team (RST) or other provider due to more intensive service needs. Staff must complete a Level of Care Utilization System (LOCUS) for referrals to Levels III and IV.
4. Has relocated outside of the service area.
5. Has transferred to a private provider due to beneficiary status, e.g., private insurance.
6. Has not participated in any service (e.g., office visit, group, class, etc.) for four consecutive months.
7. No longer meets medical necessity for target or expanded target population.

E. Service Transition:

1. When referral to another agency is indicated, staff make appropriate referrals and/or provides care when indicated until linkage occurs.
2. In addition to mental health service referrals, other appropriate referrals may include alcohol or drug services, primary care, or other supportive services.

Form References:

N/A

III. REFERENCES	Related Policies & Procedures	State/Federal Codes/Other References
	Adult MH 03-02 Co-Occurring Disorders Practices	
	Adult MH 03-04 Level of Care Determination	
	Adult MH 05-01 RST Service Levels and Criteria	
	QM 01-07 Determination for Medical Necessity and Target Population	Title 9
IV. CONTACTS	Name	E-mail
	Don Alexander, MFT, Clinic Director	alexanderd@saccounty.net
V. SCOPE	<input checked="" type="checkbox"/> Mental Health Staff	<input checked="" type="checkbox"/> Adult Contract Providers
	<input checked="" type="checkbox"/> Mental Health Treatment Center	<input type="checkbox"/> Children's Contract Providers
	<input type="checkbox"/> Specific grant/specialty resource	