****

 **Rosie D. Feature Article October 2012**

**Transitions from Care: Continuing Medically Necessary Services, Conducting Appropriate Discharge Planning and Avoiding Premature Termination**

**from Intensive Care Coordination (ICC)**

The Court Monitor’s second [**statewide Community Service Review (CSR)**](http://rosied.org/Resources/Documents/2011%20report.Statewide.pdf), released in August 2012 and discussed in the August 2012 feature, detailed persistent challenges with implementation of the Judgment in *Rosie D.*, as well as declines in the acceptability of system practice statewide. One criterion for assessing overall system practice is providers’ ability to engage in effective transitional planning for youth and families. In 2012, this remained an area of significant concern with scores declining across every region of the state. As a result, between 47 and 59 percent of youth were found to be receiving unacceptable system practice in this area.

While the CSR looks at a variety of life transitions (change in school placement, custodial changes, changes in level of care, etc), another important aspect of transitional planning is preparation for discharge from home-based services. For many *Rosie D.* class members, “graduation” from Intensive Care Coordination (ICC) and the support of the wraparound treatment planning process represents a significant transition. In these instances, providers have an ongoing responsibility to deliver services for as long as is medically necessary, and care planning teams must identify the criteria to remain in service as well as the tasks necessary to facilitate an appropriate discharge from ICC.

Like all remedial services, ICC is not time limited. But it is available for as long as is medically necessary for the youth and family. Generally, this means youth can remain in ICC as long as they continue to need or receive multiple services, including services from behavioral health providers, state agencies or special education, and require the wraparound process to coordinate their care. Although approval rates for remedial services remain very high, managed care companies can communicate, either directly or indirectly, expectations regarding a future end date for services. In these instances, if the youth and family continue to need ICC and to meet criteria for continuing care, their provider should request the necessary amount and duration of services and assist the family in contesting any subsequent denial using the managed care company’s appeal process.

When a youth’s clinical condition continues to warrant coordination between multiple providers/agencies, and they have unmet treatment goals within their individual care plan, they will typically satisfy the continuing stay criteria for ICC. In this instance, the team should evaluate the adequacy of the care plan and implement any changes required to better meet the needs of the youth and family. Even youth who are making progress towards their individual care plan goals can remain in ICC, provided these goals have not been substantially met.

During the course of ICC involvement, there are often new goals that emerge as a youth and family progress. These new goals, and any adjusted treatment interventions, should be discussed by the team and added to the existing care plan. For instance, progress towards reducing aggressive behavior may allow the team to focus on community integration goals, set new objectives, and seek improved outcomes. As a result, it is important for youth and families to identify any new goals or emergent treatment needs, and for the team to regularly evaluate youth progress so that the treatment plan can be modified accordingly.

When discharge from ICC is appropriate, the team must take several steps to support the youth’s transition. These include developing an aftercare/transition plan for the family. This plan includes an updated CANS assessment, documentation of strategies, supports and resources to sustain the youth’s gains, a list of services that must be in place post-discharge, and treatment recommendations consistent with the service plan of any state agency involved in the youth’s care. ICC also will develop an updated risk management/safety plan with the youth and family. The care coordinator should ensure that both the safety plan and the aftercare/transition plan are provided to the youth and family and, with their consent, to all other relevant team members and providers.

Families worried about premature termination of ICC services can address these concerns within their care planning team and may use the CSA’s dispute resolution process. Families also can file an administrative appeal with their managed care company if their provider’s request to continue delivery of ICC is denied. *Rosie D*. Legal Network attorneys are available to respond to cases of service denial or premature termination. Contact information for participating legal service attorneys can be found on the *Rosie D*. homepage under [“Where to Get Help.”](http://rosied.org/Default.aspx?pageId=497848)