Care Management Organization/- Moderate

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Program Description

Care Management Organizations (CMO) are independent, community-based organizations that combine advocacy, individualized service planning and care management into a single, integrated, cross-system process. Care Management services provide a single point of accountability to ensure services are accessed, coordinated, and delivered in a strength based, individualized, youth focused, family driven, ethnically, culturally, and linguistically relevant manner.

The CMO assesses, designs, implements and manages youth guided and family driven, Individual Service Plans (ISP) for children and adolescents whose needs are complex and require intensive care management techniques that may cross multiple service systems. CMO responsibilities also include the following:

- Convening Child and Family Team meetings to develop and manage the ISP
- Developing and implementing a crisis management plan
- Community resource development
- Information management
- Quality assessment and improvement
- Coordination and communication with the child/youth's physical health provider
- Coordination of care with all providers and agencies with whom the family is involved
- Ensure effective referrals and linkages with appropriate services and resources

Through the Child and Family Team process, the CMO coordinates the development of the ISP to assure that the child and family receive individualized services that are delivered in the community in which the child lives. The plan is holistic in nature and addresses areas of everyday living beyond the treatment of mental health symptoms.

Criteria

Inclusionary Criteria	The youth must meet **A, B, C, D, E and F,** plus at least one from **G** through **I.** A. The youth is between the ages of 5 and until their 21st birthday. Special consideration will be given to children under 5. Eligibility is in place up to and including the day prior to the young adult's 21st birthday; B. The youth manifests **moderate to severe emotional or mental health challenges** consistent with a DSM-IV or DSM-5 diagnosis and resulting in **a moderate level of functional impairment** which adversely affects his or her capacity to adequately function in significant life domains: family, school, community, social or recreational/vocational activities;

C. The CSOC Assessment and other relevant information indicate that the child/youth needs care management provided by a CMO requiring service coordination and linkages such as with specialized behavioral health services or medication management services, and coordination with Child Study Teams, other school personnel, Division of Child Protection & Permanency (DCP&P) or Division of Adult Protective Services, Juvenile Detention, and or medical health services;

D. The CSOC Assessment and other relevant information indicates a decline from the youth's baseline functioning or demonstrates that the youth's functioning can be improved with the provision of CMO services;

E. The youth and his or her family or caregiver requires face to face assistance in obtaining or coordinating treatment, rehabilitation, medical, financial and/or social services, without which the child/ youth could reasonably be expected to require more intensive services to improve or maintain functioning in the community;

F. The person(s) with authority to consent to treatment for the youth voluntarily agrees to participate. The assent of a youth who is not authorized under applicable law to consent to treatment is desirable but not required.

The youth must meet any one of the following:

G. Youth has had an episode of inpatient psychiatric hospitalization, or other institutional or residential community based treatment facility within the past 12 months;

H. Youth demonstrates at risk behaviors or other psychosocial factors which place him/her at moderate risk for out of home (OOH) treatment or psychiatric hospitalization;

I. Youth is currently involved with two or more child serving systems where one includes either the Division of Child Protection & Permanency, or Detention/Juvenile Justice.

	Youth with an Intellectual and/or Developmental Disability (I/DD) in the absence of a co-occurring mental health disorder, may be exempted from the Inclusionary Criteria B above, but must additionally meet the following criteria: J. Youth has been determined eligible for CSOC Functional or Division of Developmental Disabilities (DDD) services. Youth who were currently determined eligible for DDD need not re-apply for a determination of eligibility for CSOC Functional Services. The CSOC will accept the DDD eligibility determination regarding whether the youth has a developmental disability; and K. The youth manifests **moderate to severe behavioral challenges and skill building needs** resulting in **a moderate level of functional impairment** which adversely affects his or her capacity to adequately function in significant life domains: family, school, community, social or recreational/vocational activities.
Psychosocial, Occupational, Cultural and Linguistic Factors	*These factors may change the risk assessment and should be considered when making level of care decisions*
Exclusionary Criteria	**Any** of the following criteria is sufficient for exclusion from this level of care. A. The youth's parent/guardian/custodian does not voluntarily consent to admission or treatment; B. The NJ CSOC Assessment and other relevant information indicate that the youth can be safely maintained and effectively supported with current community supports and does not require CSOC care management; C. The Behavioral symptoms are the sole or primary result of a medical condition that warrants a medical setting for treatment as determined; D. The youth has a sole presenting diagnosis of substance use disorder; E. The youth is **not** a resident of New Jersey. For minors who are under 18 years of age, the residency of the parent or legal guardian shall determine the residence of the minor; F. **For youth presenting with I/DD only**, the youth has not been determined eligible for CSOC Functional Services or DDD Services or Presumptive Eligibility.

Continued Stay Criteria	**All** of the following criteria are necessary for continuing services at the Care Management Organization. A. The NJ CSOC Assessment and other relevant information indicate that the child/youth continues to exhibit needs consistent with current intensity of service; B. The Individual Service Plan (ISP) is individualized and appropriate to the child/youth's changing condition with realistic and specific goals and objectives clearly stated; C. Progress is clearly evident and can be described in objective terms, but goals of treatment have not been achieved and adjustments in the ISP to address the lack of progress are evident; D. Care is focused on the child/youth's behavioral and functional outcomes as described in the ISP; E. Care Management services continue to be required to support integration or reintegration of the child, youth, or young adult into the community and/or to improve his or her functioning in order to reduce unnecessary utilization of more intensive treatment alternatives; F. The ISP indicates that the child/youth/young adult and parent/guardian/custodian are actively involved in the child's/youth's services; G. Collaboration between all Child Family Team (CFT) members, which may include, but not limited to: DCP&P, IIC providers, IIH treatment providers, OOH treatment providers, school staff, medical providers, parent/legal guardian, and child/youth/young adult, is clearly documented in the treatment plan; H. There is documentation of active discharge planning.
Discharge Criteria	**Any** of the following criteria is sufficient for discharge from this level of care management. A. The youth's documented ISP goals and objectives for this Intensity of Service have been substantially met;

	B. The CSOC Assessment and other relevant information indicate that the youth requires a different clinical treatment focus or lower intensity of service; C. Consent for treatment is withdrawn by the parent/custodian/guardian or young adult if age 18 and older; D. Youth and/or the parent/legal guardian/custodian are competent, but non-participatory in treatment or in following the program requirements. The non-participation is of such a degree that intervention, at this intensity of service, is rendered ineffective or unsafe, despite multiple, documented attempts to address non-participation issues; E. Youth has not demonstrated documented measurable improvement toward ISP/treatment goals that has generalized outside of the treatment session for a period of at least 12 months; and there is no reasonable expectation of progress at this intensity of service, despite treatment planning changes; F. Youth is lost to contact for at least 2 months duration despite numerous documented attempts, or has moved out of state; In addition to the above criteria, the following shall be achieved: A transition plan with specific follow-up recommendations (including follow up appointments, intake appointments etc.) has been arranged and documented in the youth's transition ISP.