

Crisis Response Process

Goals:

1. Assist individuals who have transitioned from a nursing facility to the community by 6/30/2008
2. Assist Individuals currently in the community who might otherwise require institutional services but for the availability of this service by 1/1/2010

As part of the quality management system, ND will implement a crisis response process by July of 2008 to support individuals who have transitioned from an institution to the community and offer the same service state wide by 2010 to support those currently in the community who might otherwise require institutional services but for the availability of this process.

Currently county HCBS case management staff do not have a formalized team process in place to address crisis situations for persons receiving HCBS or Medicaid State Plan services. Questions or concerns are now directed to a HCBS Program Administrator of the Medical Services Division of the Department of Human Service. These consultations are currently managed by phone. Calls are received from the HCBS case managers on a daily basis to address routine questions or needs. Calls that could be characterized as a crisis call are occurring at the rate of two to three times per month at this time.

The Crisis Planning Team process will be a collaborative effort requested by the HCBS Case Manager or the MFP Transition Coordinator for the purpose of addressing the changing needs of the transitioned consumer. The process will involve the development of Individual Crisis Planning teams at those times when reinstitution is likely if alternative supports or services are not made available to the consumer. The crisis planning team will be established at the request of the Transition Coordinator or the HCBS Case Manager and will be coordinated by the requesting team member. The team will be responsible for identifying the specific support needs that are not adequately being met, evaluating alternative services or funding sources, assessing and arranging for additional training to community personnel to address the specific needs of the consumer to promote success in their community setting.

Membership of these planning teams will include the consumer/legal representative as they are willing to participate, the HCBS Case Manager, the Transition Coordinator, Medical Services-HCBS Program Manager, MFP Grant Program Manager, Qualified Service Providers as appropriate, and other agencies or services as the consumer's support needs dictate. Timely interventions by the Crisis Planning Team will result in supporting continued community living.

The Crisis Response Teams will be individually managed and directed by the consumer's case manager or Transition Coordinator requesting assistance. These teams will involve a HCBS Program Administrator from the Department of Human Services Medical Services Division and/or the MFP Program Administrator. The consumer will be requested to actively participate in the team meeting to communicate

their specific goals and needs related to continued community living and in support service plan development.

The teams will meet in person, by telephone, or through an interactive video network system (polycom) as distance and timeliness requires.

The polycom system is available state wide with sites at all eight regional Human Service Centers.