

Continuum of Care Model in
TIER[®] Workflow



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Introduction

A major component of the TIER® Workflow System is the Service Delivery Component. This component is derived from a continuum of care model that integrates design and delivery of treatment services and care along with a service delivery continuum supported by a flexible workflow documentation process. The continuum of care model was developed from Sequest's extensive experience in quality planning and program consultation to several hundred organizations across the U.S. The model is also based on the following philosophical principles:

- Treatment services should address priorities and needs of individuals served
- Services should be provided within the least restrictive treatment setting
- Services should be completed within appropriate time frames
- Clinical record documentation should closely reflect program design and service delivery processes

However, the model can be easily modified to fit your organization's philosophy and approach as well as related workflow documentation process.

Overview

The TIER® service delivery component is developed according to a continuum of care model consisting of four distinct levels of service defined by the expected intensity and duration of treatment services. Individuals with the most intensive treatment needs are assigned to **Level 1** services, if the precipitating situation is expected to be resolved with only short-term treatment. If the need for intensive services is expected to continue for a longer duration, then **Level 2** services are more appropriate. **Level 3** services are designed to meet the needs of individuals who require prolonged, moderate, intensive treatment, and **Level 4** services are designed for individuals whose conditions are generally stable and require low intensity services such as continuing care.

The continuum of care service delivery model is designed to be a flexible process that can address a broad range of patient clinical needs within the most appropriate level of service.

Although utilization criteria are established for selecting a level of service, case managers may provide any appropriate level of service as required by the patient’s treatment plan. The required level of service should be initially designated via preadmission screening and the initial evaluation and treatment plan; and, when applicable, updated in the comprehensive treatment plan or continuing care plan. The scope of goals and objectives, type and frequency of therapeutic interventions, and overall complexity of the treatment plan varies with each level of service. The time frames for the required assessments and treatment plans also vary according to each level and service setting. Also, as patients’ clinical needs change, in response to treatment, the assigned level of service may be modified accordingly.

TIER® Service Delivery Workflow Process

The workflow process for the service delivery component is described on the following pages. The primary workflow screen (Client facesheet) is described below:

Level 1: Brief intensive services (crisis, short-term)

Level 1 services are designed for short-term (time-limited) treatment that is expected to last up to ten visits (or three months), less for outpatients services, or less than two weeks for services in other settings. Treatment services in this level are usually problem and solution focused for outpatient clients or symptom and stabilization focused for individuals in other settings.

Examples of disorders which require **Level 1** outpatient services include: adjustment disorders, acute management of a condition that was previously stable and can be reestablished within 8-10 visits, individuals who are in crisis, and those with psychosocial problems such as marital discord, unstable employment, relationship problems, or school problems.

Individuals in **Level 1** outpatient services should not pose a serious risk to self or others and should be able to function with little supervision. Psychiatric and medical comorbidity should be minimal. Individuals should also demonstrate some motivation toward treatment with mutual understanding of problems to be addressed during treatment.

Examples of disorders which require **Level 1** services in more intensive settings such as inpatient, residential, partial hospitalization, day treatment, or intensive outpatient include: severe depression or other affective disorders, bipolar disorders, schizophrenia, severe personality disorders, and other conditions which require a more structured protective treatment setting.

Since only short-term problem-focused treatment is required under **Level 1**, a full psychosocial assessment and comprehensive interdisciplinary treatment plan generally is not necessary. The initial treatment plan outlining the problem(s), outcomes, and planned interventions will generally suffice. The initial treatment plan should be reviewed and updated at key decision points and at least at the mid-point of the projected length of stay (PLOS) for the **Level 1** service setting.

Guidelines For Level 1 Service Delivery Process

The following assessments, treatment planning, and treatment services are typically utilized for **Level 1** Services. However, the full array of service delivery activities can also be utilized, as needed.

Assessments:

Pre-admission Screening
Intake Assessment
Behavioral Health Screening
Brief Mental Status
Comprehensive Mental Status
Treatment Contract
UR-Admission Review
Behavioral Advance Directives

Trauma Screening
Program/Level Assignment
Follow Up Action
Suicide Risk Assessment
Homicide Risk Assessment
DSM IV Diagnosis
Medical Questionnaire

Treatment Planning:

Initial Treatment Plan

Typical Treatment Services:

Special Assessments	Brief Time Limited
Family Counseling	Therapy
Medication	Intensive Case
Educational Services	Management
Crisis Intervention	Medical/Psychiatric
Counseling	Consultation

Progress Notes:

Dap Note
General Progress Note
Group Note
Education Note
Contact Note
Medical Management
UR Continued Stay Review

Monitoring:

Special Procedures
AIMS Assessment
Behavioral Incident
Report
Consultation
Requests

Discharge Summary:

Discharge Summary
Patient Questionnaire
Continuing Care Plan
UR Discharge Review

Level 2: Intermediate Intensive services

This level of intermediate intensive treatment is designed for individuals with more complex conditions, which require 10 – 20 outpatient visits (or six months) of fairly intensive outpatient treatment to achieve desired treatment outcomes. In addition, prolonged intensive treatment in other settings may be needed due to: more severe medical or psychiatric co morbidities, severe and persistent stressors, lack of support systems, or a history of poor outcome in outpatient treatment.

Conditions which frequently require this level of outpatient treatment include moderate PTSD with significant residual symptoms despite treatment, substance dependence; moderate personality or mental disorders requiring intensive structural support (e.g. day treatment program or partial hospitalization), couples with moderate marital problems or dysfunctioning.

Conditions, which require treatment in other settings, are similar to those for outpatient services but are of much greater intensity with significant impact on individual functioning including greater risk factors (for treatment in inpatient and residential settings).

Since treatment is both intensive and extended, a comprehensive psychosocial assessment along with other assessments may be required along with an integrated summary and a comprehensive interdisciplinary treatment plan. Treatment plans under Level 2 should be reviewed and updated on a regular basis during the first 3 months of service and then every 90 days thereafter.

Guidelines for Level 2 Service Delivery Process

The following assessments, treatment planning, and treatment services are typically utilized for **Level 2 Services**.

Assessments:

Psychiatric Evaluation
Social Assessment
Activity Assessment
OT Assessment
Psychological Evaluation
Suicide Risk
Life Skills Assessment

Nursing Assessment
Nutritional Assessment
History and Physical
Examination
Substance Abuse Assessment
Homicide Risk

Treatment Planning:

Integrated clinical
Summary
Comprehensive
Treatment plan
Treatment plan Reviews

Typical Treatment Services:

Case Management
(Intensive)
Individual and Group Therapies
Marital Therapy
Special Therapies
Special Consultations
Educational Services
Medication
Family Therapy

Progress Notes:

Dap Note
General Progress Note

Group Note
Education Note
Contact Note
Medical Management
UR Continued Stay Review

Monitoring:

Affiliate Services	Diabetes Monitoring
AIMS Assessment	Height/Weight
Behavioral Incident Report	Personal Care Log
Consultation	Rehabilitation Services
Requests	Special Procedures
	Vital Signs

Discharge Summary:

Discharge Summary
Patient Questionnaire
Continuing Care Plan
UR Discharge Review

Level 3: Extended Treatment Services (moderate, long-term)

Level 3 services are appropriate for individuals who require extended treatment to achieve maximal benefit. Conditions suitable for this level of service in outpatient settings include: moderate to severe substance abuse, chronic mental illness, severe personality disorders, poor treatment history, and lack of effective response to medication. Individuals needing this level of outpatient treatment include: those who are unable to maintain adequate functioning, those with personality disorders who need continued support and have not benefited from intensive treatment, and children/adolescents who have moderate or severe emotional/behavioral problems that cannot be effectively treated in short stay or intermediate level services, and couples with severe marital dysfunctioning. The need for supportive case-management may also be present.

Usually, individuals in this level are expected to need 24 – 52 outpatient visits (or 6-12 Months) or several months of treatment in other settings. A smaller number of individuals may require **Level 3** services in 24 hour care settings due to both severe and chronic conditions, high risk behaviors, poor response to treatment, high potential for readmission, severe problems in functioning, and/or need for extensive psychosocial rehabilitation.

Guidelines for Level 3 Service Delivery Process

The following assessments, treatment planning, and treatment services are utilized for **Level 3** Services.

Assessments:

Psychiatric Evaluation	Social Assessment
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Activity Assessment
OT Assessment
Psychological Evaluation
Leisure Activity Assessment
Nursing Assessment
Life Skills Assessment

Nutritional Assessment
History and Physical
Examination
Medical Assessment
Substance Abuse Assessment

Treatment Planning:

Integrated summary (within 30 days)
Comprehensive Interdisciplinary
Treatment Plan
Reviews and updates

Typical Treatment Services:

Case Management (Supportive)
Individual Group
Therapies
Supportive Counseling

Psychosocial
Rehabilitation
Services
Medication

Progress Notes:

Dap Note
General Progress Note
Group Note
Education Note

Contact Note
Medical Management
UR Continued Stay
Review

Monitoring:

Affiliate Services
AIMS Assessment
Behavioral Incident
Report
Consultation
Requests

Diabetes Monitoring
Height/Weight
Personal Care Log
Rehabilitation Services
Special Procedures
Vital Signs

Discharge Summary:

Discharge Summary
Patient Questionnaire
Continuing Care Plan
UR Discharge Review

Level 4: Continuing Care Services (long-term, ongoing)

This level of service is provided to individuals who, most often, have been treated at the other levels and have reached an optimal response to treatment. Individuals in this level require less frequent visits but cannot be discharged from service since they require ongoing case management, medication monitoring, and interventions to prevent decompensation or relapse. Examples of conditions for this level include chronic mental

illness that has been stabilized with medication, affective disorders in remission, substance abuse in recovery, or individuals who are stable in residential care, skilled nursing, or board and care facilities. This level is also appropriate for children who may require foster care, transitional living, or support groups for a period of six months to one year after transfer from level 1 – 3 services

Since the goal of this level is maintenance of stability and functioning, additional assessments are not generally required. In addition, continuing care plans are utilized rather than comprehensive treatment plans.

Guidelines for Level 4 Service Delivery Process

The following assessments, treatment planning, and treatment services are utilized for **Level 4 Services**.

Assessments (As needed),

Updates of assessments completed
During Level 1-3 services
Annual reassessments

Treatment Planning:

Master Treatment Plan
Continuing Care Plan

Typical Treatment Services:

Case Management (Maintenance)
Counseling and Brief
Visits
Support Groups
Psycho educational
Groups
Rehabilitation Services

Progress Notes:

Dap Note
General Progress Note
Group Note
Education Note

Contact Note
Medical Management
UR Continued Stay
Review

Monitoring:

Affiliate Services
AIMS Assessment
Behavioral Incident
Report
Consultation
Requests

Diabetes Monitoring
Height/Weight
Personal Care Log
Rehabilitation Services
Special Procedures
Vital Signs

Discharge Summary:


Discharge Summary
Patient Questionnaire
Continuing Care Plan
UR Discharge Review

Reports

Reports in TIER® Workflow can be used to summarize basic information such as types of admissions, or program and level of care assignments. In addition, Drill Down reports can also be used to set up data queries related to the continuum of care process. For example, drill downs may be useful to track types of admissions to a particular program or level of care or frequencies of treatment modalities by program and level of care.

Conclusion

TIER® Workflow is designed according to a continuum of care model that can be customized and modified to fit an organization's service system design and related service delivery process. The continuum of care model in TIER also provides organizations with a useful framework to facilitate both "clinical case management" and "caseload management." In addition, the continuum of care model provides a foundation for utilization review in that UR criteria have been formalized for each level of care and the organization can insert their UR criteria for treatment settings.



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