potential re-assessment timelines

All beneficiaries will be reassessed any time there is a significant change in his/her status, diagnosis, a revision to the client's individualized treatment plan, and as requested by the client.

Providers will reassess for medical necessity and appropriate level of care within the maximum timeframes noted below.

TABLE 3	
Level of Care	**Reassessment Timeframe Maximum**
Residential Detoxification, Level 3.2	5 days
Residential Treatment, Levels 3.1, 3.3, 3.5	30 days
Intensive Outpatient, Level 2.1	60 days
Outpatient Treatment, Level 1	90 days
Narcotic Treatment Programs	1 year
Medication Assisted Treatment	1 year
Recovery Services	6 month
Case Management	Evaluate as part of above service modality

Recovery Services

All SUD providers are expected to individualize treatment and use the full continuum of services available to beneficiaries to ensure clients receive the most appropriate care. Case management services will help assure clients move through the system and access other needed health and ancillary services to support their recovery. As beneficiaries complete their course of treatment, they are connected to recovery services to build connections with the recovery community and to continue to develop self- management strategies such as WRAP (Wellness Recovery Action Plan) to prevent relapse. If an individual does relapse, peer coaches can quickly reconnect the beneficiary to treatment for further care. Access Call Center staff, the BHRS CCCT, or a SUD network provider can all redirect individuals to more intensive care in the event of a crisis or relapse.

Role of County Care Coordination Team and Quality Management

Timely and seamless client transitions to SUD providers and other health, social service, and community based providers are supported through the CCCT emphasis on partnering, training, and technical assistance. The CCCT has developed referral protocols and tracking tools, completes daily shift reports, obtains a daily census report from SUD providers to track bed availability and to monitor placements and utilization. The CCCT coordinates, and at times intervenes on behalf of patients and providers to ensure smooth transitions between levels of care. Referral, engagement and treatment data is tracked to monitor the success of care coordination activities. Through the DMC ODS, BHRS will expand the CCCT capacity to serve beneficiaries who risk not connecting to needed services without care coordination.

The CCCT case manager staff functions as the "lead" when multiple providers are working