

**Policy Name: Consumer Contact Guidelines**

**Policy Number: RI - 0004**

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Date

***Cross Reference(s)***

*None*

***Policy Statement***

Partners in Recovery Clinical Team contacts shall always occur as described in *Provider Manual Section 3.2, Appointment Standards and Timeliness of Service*. Additional contacts may occur if the consumer's Clinical Team determines that additional contacts are needed in order to assist the consumer in their recovery.

***Purpose***

To document the number and types of contact that each consumer should receive after being assigned to a service level at a Partners in Recovery Direct Services site. These guidelines are meant to describe the baseline, or expected minimum, of services that a consumer can expect.

***Scope***

Partners in Recovery Direct Care Clinics.

***Key Terms***

Should the reader need to inquire as to the definition of a term used in this policy, the Partners in Recovery Key Term Glossary can be found in the back of the Policy and Procedure Manual.

***Standards***

- I. Contact Guidelines for New Consumers/Referrals
  - A. Consumers are contacted by the DCC Clinical Coordinator or designee within 24 hours of notification of assignment to a Direct Care clinic. The Clinical Coordinator or Clinical Director assigns each consumer to the appropriate clinical team.
    - Forensic referrals from the Department of Corrections (DOC) follow contact guidelines specific to the DOC.
  - B. The consumer shall be seen by the Clinical Liaison, the Case Manager or other members of the clinical team (Nurse, Rehabilitation Specialist, Behavioral Health Medical Practitioner (BHMP), etc.) within 7 days in accordance with R9-21-303A.
    1. The Clinical Coordinator, or designee, shall provide the consumer with an admission packet including:
      - a) The address and telephone number of the clinic; and
      - b) The name of the assigned Clinical Liaison, Case Manager, and BHMP, if possible.
    2. The Clinical Coordinator, or designee, shall assist the consumer in obtaining an initial appointment with the assigned BHMP within 30 days or earlier if needed (the need will be determined by the Clinical Coordinator, or designee, and the individual). If

the consumer is taking prescribed psychotropic medication, an appointment with the BHMP shall be scheduled before the consumer runs out of medication.

3. If the consumer is receiving inpatient services at the time of the assignment to Direct Care, the Clinical Coordinator or designee shall contact the inpatient provider to assist the inpatient team in the development of the discharge plan.

## II. Contact Guidelines for Assigned Consumers

A. Assertive Community Treatment Teams (ACT) – All consumers assigned to ACT services shall minimally receive the following case management services:

1. Weekly face to face contact with the consumer in the community;
2. One (1) home visit bi-weekly:
  - a) Consumers in the hospital are to be seen every 72 hours (to include weekends); and
  - b) Incarcerated consumers shall be seen per the Continuity of Care: Consumer is Incarcerated policy, unless they are hospitalized on an inpatient unit. If the consumer is hospitalized, they shall be seen every 72 hours (as outlined later in this protocol). If the consumer is nearing release, the clinical team should increase contact to weekly, to prepare for release back into the community.
3. Visit with the BHMP as clinically indicated but not less than every 30 days;
4. At least one Psychiatric Assessment annually; and
5. At least one Nursing Assessment annually, with other nursing visits as needed.

B. Supportive Teams - All consumers assigned to a Supportive Team or caseload shall minimally receive the following case management services:

1. Monthly face-to-face contact by a Case Manager or designee;
2. One home visit every quarter by a Case Manager or designee;
3. A visit with the BHMP as clinically indicated but not less than every 90 days;
4. At least one psychiatric assessment annually; and
5. At least one Nursing Assessment annually, with other nursing visits as needed.

C. Connective Teams - All consumers assigned to a Connective Team shall minimally receive the following case management services:

1. A minimum of one face-to-face contact per quarter with the Connective Clinical Liaison or designee;
2. A minimum of one visit per quarter with the BHMP;
3. At least one Psychiatric Assessment annually; and
4. At least one Nursing Assessment annually.

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- D. Residential Programs - All consumers living in a Residential Program shall minimally receive the following case management services:
1. Monthly face-to-face contact by a designated Case Manager or Clinical Liaison;
  2. One home visit every month by a designated Case Manager or Clinical Liaison;
  3. A visit with the BHMP as clinically indicated but not less than every 90 days;
  4. At least one psychiatric assessment annually; and
  5. At least one Nursing Assessment annually, with other nursing visits as needed.
- E. Community Living Support Services - All consumers receiving Community Living Support Services shall minimally receive the following case management services:
1. Monthly face-to-face contact (or as specified in the consumer's Individual Service Plan (ISP)) by a designated Case Manager or Clinical Liaison;
  2. One home visit every month by a designated Case Manager or Clinical Liaison;
  3. A visit with the BHMP as clinically indicated but not less than every 90 days;
  4. At least one psychiatric assessment annually; and
  5. At least one Nursing Assessment annually, with other nursing visits as needed.
- F. Supervisory Care Home (SCH) - All consumers living in a SCH shall minimally receive the following case management services:
1. Two face-to-face case management contacts per month by a designated Case Manager/Clinical Liaison or Clinical Coordinator;
  2. One visit to the consumer's home environment per month;
  3. A visit with the BHMP as clinically indicated, but not less than every 90 days;
  4. At least one psychiatric assessment annually; and
  5. One Nursing Assessment annually, with other nursing visits as needed.
- G. Shelter + Care Subsidized Housing Programs - All consumers living in Shelter + Care Subsidized Housing shall minimally receive the following case management services:
1. Monthly face-to-face contact by a Case Manager or designee;
  2. One home visit every month by a Case Manager or designee;
  3. A visit with the BHMP as clinically indicated but not less than every 90 days;
  4. At least one psychiatric assessment annually; and
  5. One Nursing Assessment annually, with other nursing visits as needed.
- H. Incarcerated Consumers - All incarcerated consumers shall minimally receive the following case management services:

1. A face-to-face contact (in the jail) within 72 working hours; and
  2. If incarcerated for over a 24-hour period, one contact per month or as frequently as determined necessary by the clinical team during the consumer's period of incarceration.
- I. Court Ordered Treatment - All consumers receiving Court Ordered Treatment shall minimally receive the following case management services:
1. A minimum of one face-to-face contact per month with the Case Manager or designee;
  2. A minimum of one visit per month with the BHMP;
  3. At least one psychiatric assessment annually; and
  4. At least one Nursing Assessment annually, with other nursing visits as needed.
- J. Hospitalized Consumers - All Hospitalized Consumers shall minimally receive the following case management services:
1. A face-to-face contact within 72 hours of admission;
  2. For consumers hospitalized longer than 72 hours, the consumer will be seen weekly after the first visit in the hospital;
  3. For consumers hospitalized for medical (not psychiatric) reasons, the consumer will be seen by the prescriber within seven days of discharge; or
  4. For consumers hospitalized for psychiatric care, the consumer will be seen within 72 hours of discharge from the inpatient facility.
- K. Arizona State Hospital - All consumers residing in the Arizona State Hospital shall minimally receive the following case management services:
- Weekly face-to-face contact by a Case Manager/ Clinical Liaison or Clinical Coordinator.

***Associated Partners in Recovery Direct Care Clinic Forms & Attachments***

*None*

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