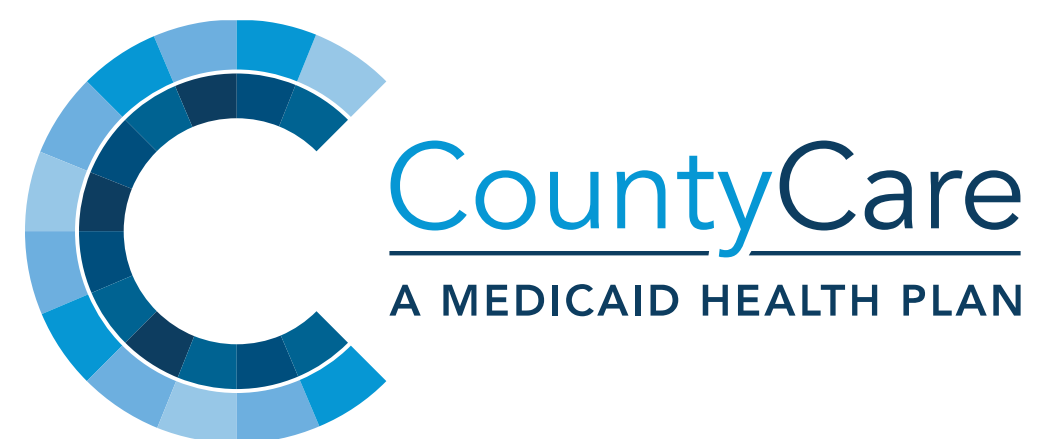


August Care Management Webinar

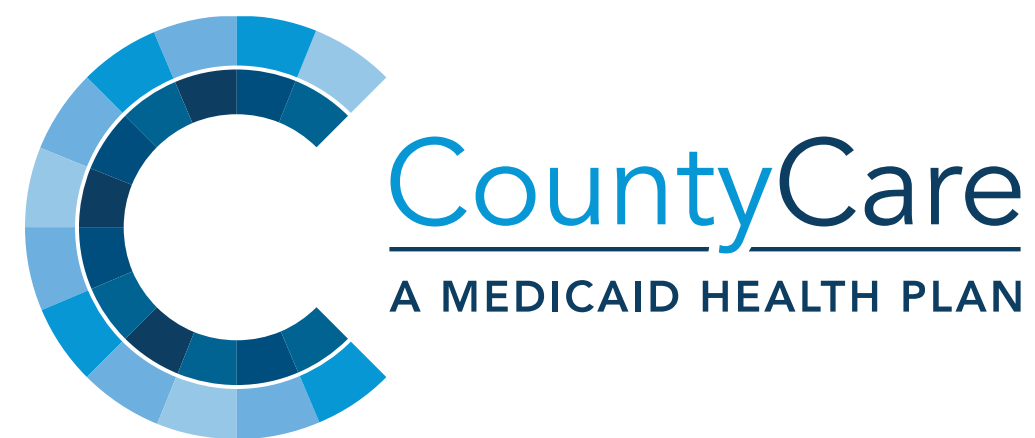
Wednesday, August 20th , 2025



Meeting Schedule

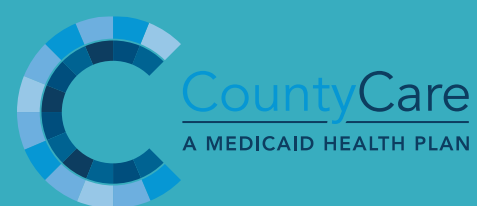
August 20th, 2025

1. Clinical Triage and Stabilization Center (**CTSC**) at Provident Hospital Danille Fultz-20 minutes
2. Centauri- Gail Bruno- 20 minutes
3. CM Program Manual Updates- 15 Minutes



Clinical Triage and Stabilization Center (CTSC)

Transforming Behavioral Health Crisis Care



COOK COUNTY
HEALTH

What is the CTSC?

Clinical Triage & Stabilization Center (CTSC)

A 23-hour psychiatric crisis stabilization unit is a short-term treatment facility designed to provide immediate care for individuals experiencing acute behavioral health crises.

Purpose:

- Stabilize individuals in distress and prevent unnecessary hospitalization or ED visits.
- Offer continuous observation, assessment, and treatment within a structured therapeutic environment.

Core Features:

- Services delivered by an interdisciplinary team, including psychiatric providers (APRN), nurses, medical assistants, social workers, and behavioral health associates.
- Designed to treat individuals in a calming, supportive setting for up to 23 hours.
- Focus on rapid crisis resolution, safety planning, and linkage to ongoing care.

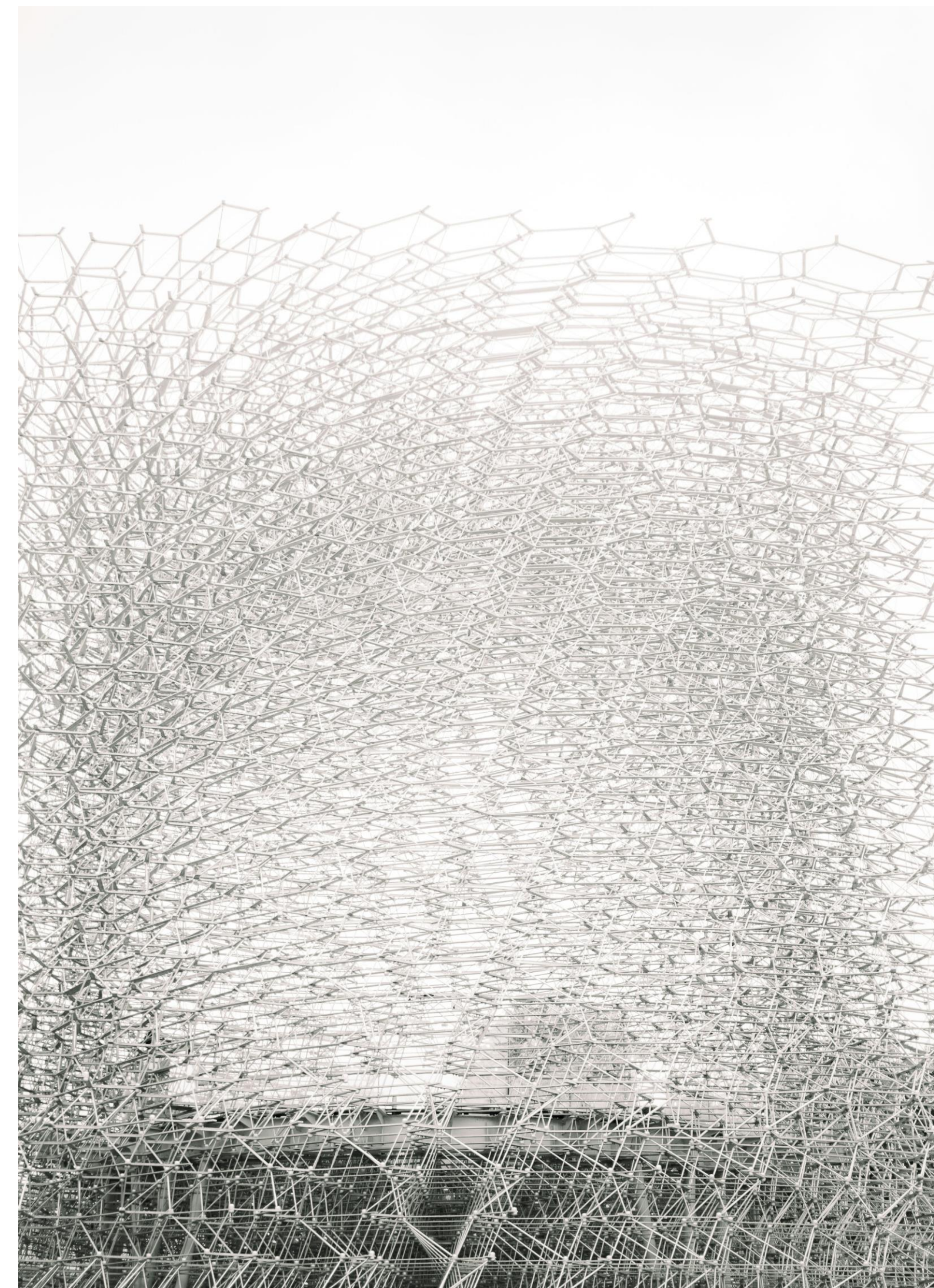
CTSC at Provident

Census: 12 Recliners (not beds)

Staffed: 24/7 with Psychiatric APRN, BH Nurses and medical assistants; supplemented with social workers, recovery coaches, BH associates (techs)

Goals:

- Improve clinical outcomes for behavioral health patients.
- Provide immediate psychiatric evaluation and treatment.
- Prevent unnecessary inpatient admissions.
- Reduce ED overcrowding and psychiatric boarding.
- Reduce arrests
- Improve patient experience



Admission Criteria:

- Acute psychological distress requiring urgent care.
- Elevated anxiety or panic attacks.
- Increasing depressive symptoms (low/moderate suicide risk).
- Recent trauma or discharge from psychiatric/correctional settings.
- Non-aggressive psychotic symptoms or hypomania.
- Opioid withdrawal (low medical risk).
- Prescription for psychotropic medication –
Need to connect to community services

Key Exclusions:

1. Civil Commitment Criteria:

1. High suicide risk or gross disorganization.

2. Violence Risk:

1. Acute violence risk.

3. Medical Contraindications:

1. Unstable vitals, urgent surgery needs, or medical complications.
2. High alcohol/drug intoxication (BAL > 100 mg/dL).

4. Functional Limitations:

1. Patients unable to self-care or at high fall risk.

If admission to inpatient psychiatric unit is needed, follow routine

Medical/Functional Contraindications to CTSC Admission

- **Unstable vital signs or vital signs significantly outside of normal range**
- **Patient requires urgent surgery**
- **Patient at risk of significant medical complications following major medical trauma**
- **Altered level of consciousness, high seizure risk, or delirium**
- **Medical diagnosis requiring expeditious workup**
- **Patient requires IV or central venous access (other than indwelling hemodialysis catheter)**
- **Patient requires oxygen therapy or scheduled nebulizer treatments**
- **Patient requires isolation**
- **Patients at high risk of medical complications of withdrawal (particularly seizures or DTs)/Those with CIWA scores >15**
- **Acute alcohol or drug intoxication. For admission to CTSC, BAL should be less than 100 assuming rate of metabolism of 25mg/dL/hr. If BAL higher, discuss with Psych APRN or Psychiatry attending.**
- **Toxic levels of medication or at risk to become toxic**
- **Other medication contraindications as determined by the ED and CTSC clinical teams**
- **Patients requiring a medical bed**
- **Patients unable to feed self or toilet independently**
- **Patients with markedly elevated fall risk**
- **Patients with moderate to severe dementia**

Most of the listed contraindications are not absolute. Exceptions should be discussed by the ED attending and CTSC Medical Director, covering psychiatric provider (APRN), or psychiatrist on call.

Admission and Transfer Process



- Provider-to-provider and nurse-to-nurse consultation.
- ED provider initiates transfer order.
- Patient belongings inventoried and secured.
- Transportation arranged via CAT-MAT or Behavioral Health Associate.

Arrival at CTSC:

- Escort to Intake Office or alternate clinical space.
- Orientation, belongings check, and initial nursing assessment conducted.

Within 1 Hour of Admission:

- APRN conducts evaluation and documents findings.
- Medication orders, safety plans, and care plans initiated.

Patient Placement and Observation:

- Assigned to recliner with unobstructed, continuous sightlines.
- Access to showers, food, restrooms, and group/individual therapy.

CTSC Offerings and Release



Routine Care:

- Vitals every 8 hours or as needed.
- Behavioral observations recorded hourly.
- Lab tests and EKGs conducted chairside.
- Psychotropics as prescribed.

Other Interventions based on staff on site:

- Social Worker: Assessments, safety planning, discharge resources.
- Behavioral Health Associate: Crisis techniques, group facilitation.
- Recovery Coach: Substance use education, motivational interviewing, recovery planning.

Inpatient Transfer Coordinated with Thresholds:

- Petition and Certificate prepared.
- Continuous monitoring if inpatient bed unavailable.

Discharge Planning:

- Options: Home, outpatient services, or higher-level care.
- Discharge instructions and belongings reviewed with patient.

Follow-Up Care:

- Post-release contact within 48 hours, 5-7 days, and 10-14 days.

Crisis Management

Potentially unsafe situation:

- Security alerted; de-escalation initiated.
- Least restrictive interventions applied (e.g., placement in the Comfort Room with patient consent-decreased external stimulation).
- Transfer to ED if restraints are required or risk of harm to self or others remains high.



Let's Make an Impact Together

Know someone who could benefit?

If you know someone who could benefit from our services, we would appreciate your referral.

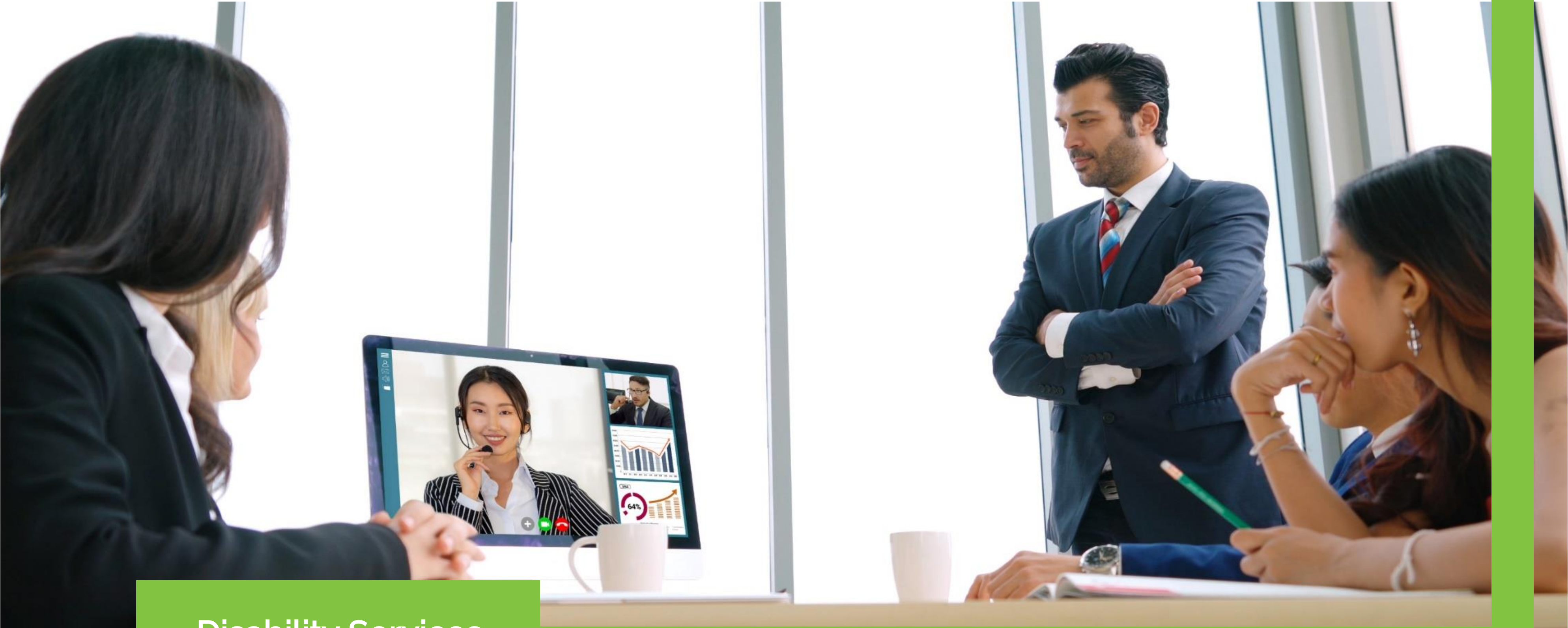
- Contact the Clinical Triage and Stabilization Center (CTSC) Intake:
 - Telephone: 312)572-1470
 - Visit our website: [Clinical Triage and Stabilization Center | Cook County Health](#)
 - ED arrivals: Ask for CTSC Directly

Questions??



Danielle Fultz
Manager of Justice
Involved Services
Danielle.fultz@cookcountyhhs.org
312-859-4099

BEST BENEFITS



Disability Services
Overview

Services provided on behalf of CountyCare Health Plan

Presentation Objective

- Company Overview
- Social Security Disability
- Centauri's Service and Process
- An Integrated Partnership
- Q & A



Company Overview

Centauri Health Solutions provides services to payors and providers across all healthcare programs, including Medicare, Medicaid, Commercial, and the Exchange.

In partnership with our clients, we improve the lives and health outcomes of their members and patients through compassionate outreach, sophisticated analytics, clinical data exchange capabilities, and data-driven services and solutions.

Centauri has partnered with CountyCare since 2020 to provide Disability Services to its members

Company Snapshot

Experience:	35+ years of government program experience, expertise & leadership
Headquarters:	Phoenix, AZ
Headcount:	~1,500 employees
Customer Base:	70+ Payors 500+ Providers 50 HIEs (serving 2.7 million providers)

Accolades:



What Drives Our Company

Purpose

We are charting a new path in healthcare with power to solve and passion to serve.

Vision

We improve access to care by simplifying the healthcare system for insurers, providers, members and patients.

We innovate and solve for the complex problems in the healthcare ecosystem.

We are thoughtful, compassionate and collaborative.

We are proud of the work we do and who we are.

Values

INTEGRITY

We do the right thing. We keep our commitments by doing what we say we will do or being transparent when we are unable to deliver.

INNOVATION

We consistently introduce new solutions for the benefit of our associates, clients and other stakeholders.

COLLABORATION

We work in the spirit of partnership internally and externally supporting one another's mutual success.

COMPASSION

We are thoughtful and empathetic as we work to improve the lives of one another and the people we serve.

QUALITY

We strive for excellence and are committed to continuous improvement of our products and services through investing in our people, processes, technology and our relationships.

Social Security Disability

The Social Security Administration (SSA) does not grant partial or short-term disability benefits.

ADULTS

The inability to do any substantial gainful activity (SGA) by reason of a medically determinable physical or mental impairment that is expected to last for a continuous period of 12 months or longer or expected to result in death.

CHILDREN

The child must have a physical or mental condition, or a combination of conditions, that results in "marked and severe functional limitations". This means that the condition(s) must very seriously limit a child's activities. The child's condition(s) must have lasted or be expected to last at least 12 consecutive months or must be expected to result in death.

BENEFITS

Supplemental Security Income (SSI) is for children and adults without a work history

Social Security Disability Insurance (SSD or SSDI) is for adults with a work history

- SSI is a United States government “means-tested” program providing cash assistance to people with lower income and limited resources who are either 65 or older, blind or disabled (ABD)
- SSI Eligibility Criteria for 2025
 - Income
 - Individual \$967/month
 - Couple \$1,450/month
 - Resource
 - Individual \$2,000
 - Couple \$3,000
- In 2025, an SSI recipient will receive \$967/month (\$1,450/month for a couple).
- In most states, a recipient's Medicaid redetermination is linked to his or her SSI redetermination. The timing of this required determination varies from 3 – 7 years; however, children are typically only reevaluated around their 18th birthday.

Social Security Disability Insurance (SSD)

- SSD is a payroll tax-funded, federal program administered by the SSA. SSD provides income supplements to people who are unable to work due to a physical and/or mental disability.
- SSD Qualifications
 - No income and resource limits
 - Worked a job covered by Social Security
 - Earned a minimum of 40 work credits (1 work credit = 3 months)
- SSD monthly cash benefits are based on work history and contributions.
- If an individual has limited income and resources and their SSD benefit is less than the federal benefit rate (\$967 in 2025), he/she can be eligible for concurrent SSI and SSD benefits of up to \$967/month.
- Determining disability can take a while. On average it takes the SSA approximately 200 days to adjudicate a disability claim. The member receives retro compensation back to the date SSA deemed them disabled
 - Approved cases are forwarded to local field offices (FO) for final processing. The FO takes another 7+ months to complete the application.
- SSD recipients are eligible for Medicare Part A and Part B 24-months after being determined disabled.

How does the Social Security Administration determine disability?

- They follow a 5-step sequential evaluation process
 - Substantial gainful activity
 - Severity of impairment
 - Meets or equals listing
 - The ability to do past work
 - The ability to do other work
- SSA's evaluation uses 14 adult and 15 child body systems. Their corresponding listings act as a roadmap for an individual's condition. Some examples include:
 - Respiratory
 - Cardiovascular
 - Neurological
 - Immune system
 - Growth impairment

Service and Process

How Does Our Process Work?

IDENTIFICATION OF PROSPECT POOL

- Physician-driven disability modeling, enhanced with machine learning
- Claims, member, and pharmacy claims data
- Referrals from Plan
 - Warm Transfer
 - Referral Portal
- Monthly refreshes

OUTREACH & SCREENING

- State approved outreach letters sent through strategic mail campaigns
- Outbound call campaigns
- Text Messaging
- Once contact is made:
 - Education
 - Eligibility screen: financial, clinical
- Authorization forms sent upon acceptance:
 - SSA- 1696
 - SSA 827
 - Internal ATR

REPRESENTATION IN SSA PROCESS

- Application submission
- Schedule SSA appointment
- Adjudication of claim
 - Collection of supporting evidence
 - Consultative Exam
- Claim decision
- Appeal (as appropriate)
- Reconsideration submission
- Representation at Administrative Law Judge level

An Integrated Partnership

Supporting Our Outreach

- Help motivate members who are not interested in applying by confirming Centauri is conducting outreach on behalf of CountyCare. Assure them that our services are not only legitimate but a free service and are completely voluntary. The member may change their mind at any point in the process.
- Encourage members to find out if they are potentially eligible for disability while educating them about our partnership. If the member is approved, they can receive up to \$967 a month in extra income.
- Refer members you feel may qualify for disability to Centauri.
- We understand turnover can cause knowledge gaps about our partnership, so be sure to spread the word on what Centauri can do for your members.

You can refer members to Centauri directly in two ways

- Warm transferring to dedicated Centauri intake coordinators M-F 8:30 AM – 7:30 PM
 - 1-855-617-2577
- Web Referral Portal
 - Secure web-based portal
 - Authorized users input member information and submit a referral online
 - Centauri makes outreach within 5 business days to screen the referred member
- Members in the statuses below would not qualify for Centauri's services
 - Working members
 - Member 63+ years old
 - Members in the following aid categories - ABD, SSI/SSD, Long-Term Care
 - Members receiving SSI/SSD monthly payments
 - Members working with an attorney or other representation



Questions ???

Thank You!

Care Management Program Manual

Version 21

Member Death: pg. 51

Kasey reid-parker, Lcsw
Manager, care management

Death Notifications

Effective immediately, only death notifications with acceptable forms of documentation should be emailed to our County Care Referrals Inbox moving forward.

Per HFS direction:

- MCOs must notify Bureau of Managed Care when a Member's death is reported to them, **but the notification should only be made if the MCO has the appropriate supportive documentation.**
- **Verbal notification by family members, LTC or SLF without documentation cannot be accepted.**
- Family members should be directed to notify the Department of Human Services local office or caseworker to report the death of a Medicaid client.
- Acceptable documentation of death notification are as follows:
 - **Death Certificate**
 - **Obituary**
 - **Notification received directly from a LTC or SLF provider (copy of email or documentation from facility)**
 - **ADT Reports with Date of Death Provided**
 - **Illinois Department on Aging (IDOA) Database**
 - **Illinois Department of Rehabilitation Services (DORS) Database**
 - All Death Notifications w/attached documentation should be emailed to: countycarereferrals@cookcountyhhs.org.
 - ****Please do not send any death notifications to HFS email directly.****

Announcements

- Next webinar is Wednesday September 17th, 2025!
- Slides posted on CountyCare Care Coordination Webpage:
 - <http://www.countycare.com/carecoordination>
- Have feedback? Ideas for future topics? Please share!
 - <https://redcap.link/23k1fzzb>
- Please email questions/concerns: stephanie.nickles@cookcountyhealth.org

