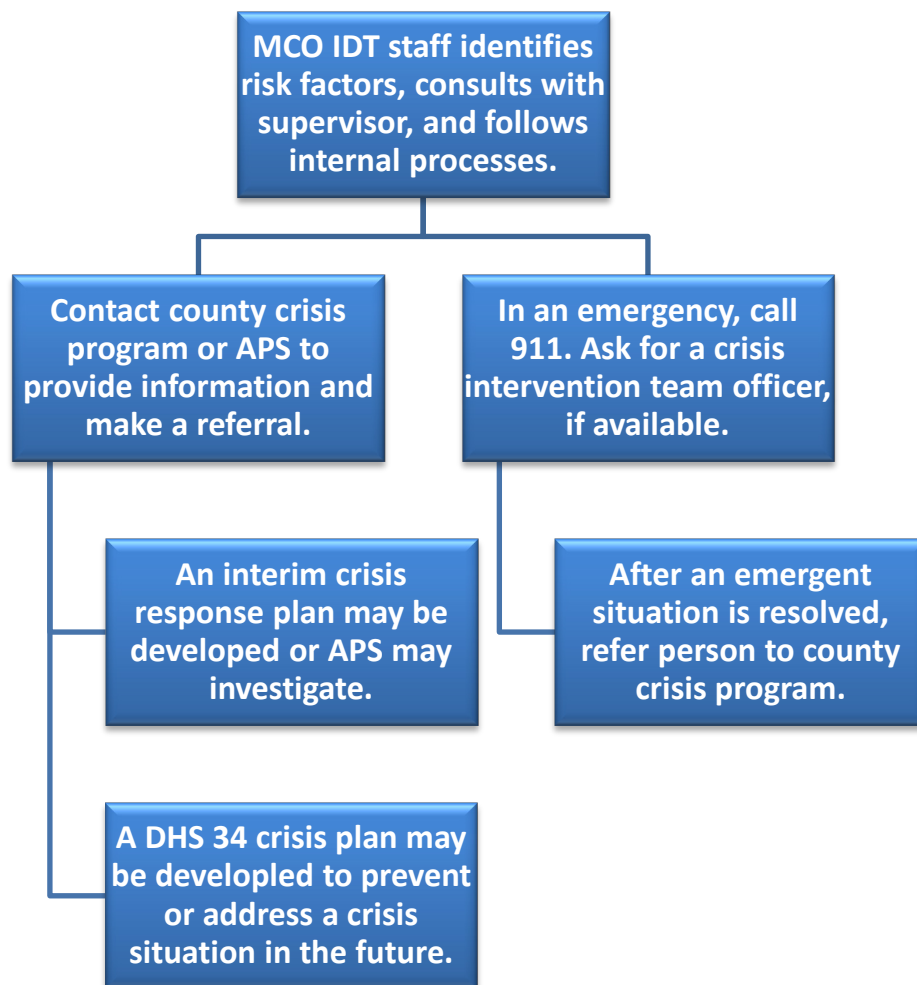


Quick Reference Guide:

County Crisis Program and Adult Protective Services Referrals

In the event an individual with complex behavioral health needs may benefit from a referral to a county crisis program or adult protective services, the managed care organization (MCO) interdisciplinary team (IDT) staff should refer to the following charts. Referring members to county-based services may help prevent a crisis or identify instances of abuse, neglect, or exploitation of a member.



Referral Process for County Crisis Programs

Before contacting a county crisis program, MCO IDT staff should consult with a supervisor and follow the internal MCO process to determine if the situation warrants a referral to the county crisis program. In the event that the member needs a referral, MCO IDT staff should take the following steps to refer the member to the county crisis program.

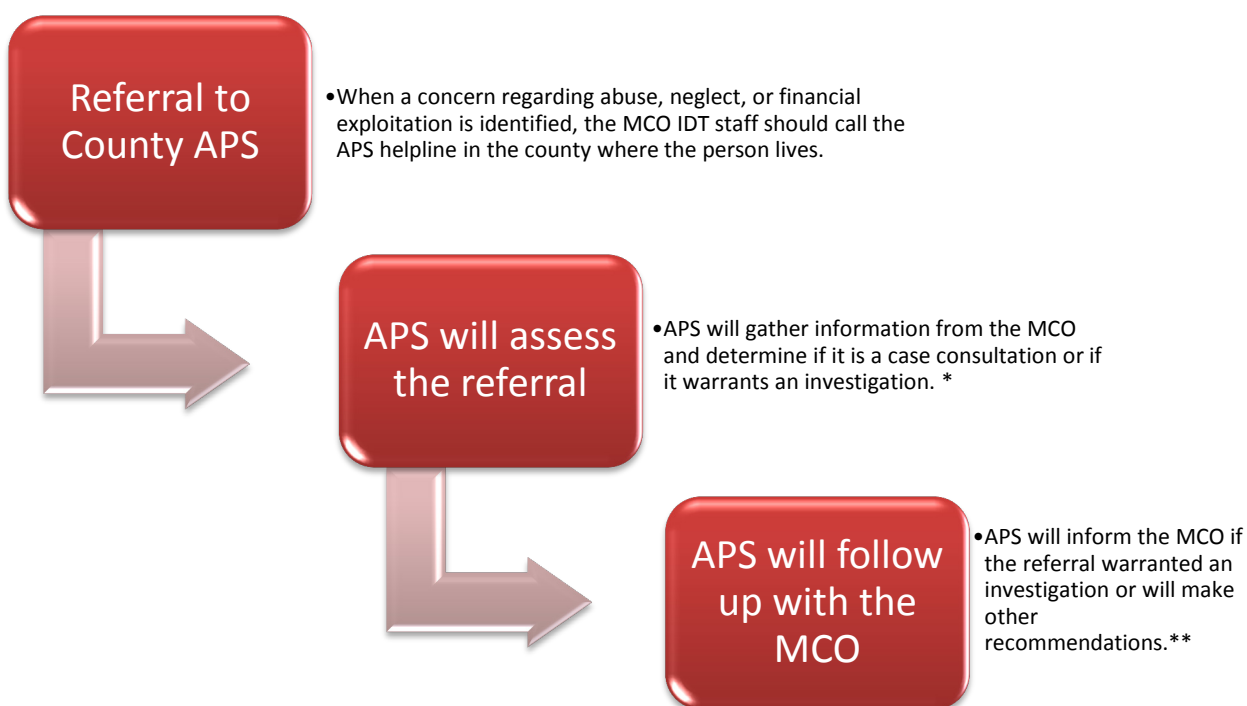


*If there is an immediate need to have a plan and a [DHS 34 crisis plan](#) will not be completed in time or if the individual does not agree to a crisis plan, MCOs and the county crisis program may develop a crisis response plan. This is a shorter plan designed to guide the system's response to a crisis for the individual.

Referral Process for Adult Protective Services (APS)

MCOs and APS may need to collaborate to ensure the safety and well-being of a member. The Elder-Adults-at-Risk agency (ages 60 and older), Adults-at-Risk agency (ages 18-59), and the APS agency are often collectively referred to as the county APS unit. Refer to the county-specific guidelines or the DHS APS directory for county contact information: <https://www.dhs.wisconsin.gov/aps/aar-agencies.htm>.

The chart below provides general guidance about how the MCOs and APS should work together. Before contacting APS, MCO IDT staff should consult with a supervisor and follow the internal MCO process to determine if the situation warrants a referral to APS. In the event that the individual needs a referral, MCO IDT staff should take the following steps to contact APS.



* If the referral warrants an APS investigation, APS may conclude the allegation is substantiated, unsubstantiated, or unable to be substantiated.

If APS determines that an investigation is not necessary, APS will file it for informational purposes only, which APS may use for case building in the future. APS may also refer the MCO to law enforcement, the ADRC, the county crisis program, or other county service providers.

**If APS investigates the referral, then APS and the MCO may collaborate on the plan for the member. APS may not be able to share the status of an investigation with the MCO, but they will likely make recommendations to the MCO for a person's safety.

Hierarchy of Plans

The plans and protocols used to support a member with complex behavioral health needs must be individualized and person-centered. The hierarchy of plans below generally describes the sequence of plans or protocols MCO IDT staff should consider.

Member-centric plan or individualized support and services plan

Behavior support plan (BSP)*

Crisis or diversion protocols and safety plans

Referral to county for DHS 34 crisis plan

Police safety plan

*A BSP should include positive behavior support strategies and personal experience outcomes for the individual. It is a plan intended to guide the caregivers' responses to support an individual and requires the consent of the individual or their guardian.

A BSP may include protocols or addendums to direct providers in how they should respond to specific need areas or situations.