Policy/Procedure Statement

- **POLICY NO.:**
- **POLICY: NEW OR REVISED**
- **EFFECTIVE DATE: 10/01/2015**

Carmen McIntyre, M.D.	**Clinical Practice Improvement**
REVIEWED BY	**DEPARTMENT**
APPROVED BY: Jeff DeLay, COO	**APPROVAL DATE**

SUBJECT: Case Management and Supports Coordination Services

I. POLICY: It is the policy of DWMHA that all persons who meet the criteria for adults with severe mental illness (AMI), children with serious emotional disturbance (SED), and persons with intellectual and/or developmental disorders (I/DD) who are eligible for DWMHA services for moderate-to-severe mental illness (SMI) are provided with case management (CM) or supports coordination (SC) services.

II. PURPOSE: This policy will set forth the expectations for the delivery of CM and SC services, ensuring that these services are standardized across the system.

III. **APPLICATION:** This policy shall apply across any directly contracted services, as well as those subcontracted via Managers of Comprehensive Provider Networks (MCPNs).

IV. DEFINITIONS:

A. **Case Management:** A Medicaid covered service that works collaboratively with the person served, as well as their supports, to assess needs and goals, build plans of service, link to resources, monitor outcomes, and advocate for persons served.

B. Supports coordination: A Medicaid covered service available for persons with SMI, SED, I/DD to facilitate community inclusion and participation, maximize independence, and/or enable productivity in home- and community-based settings.

V. STANDARDS:

A. Case Management: CM services will be available for eligible persons with SMI, SED, I/DD who have multiple service needs, have a high level of vulnerability, require access to a continuum of mental health services, and/or are unable to independently access and sustain involvement with needed services. Services include assessment, planning, linkage, advocacy, coordination and monitoring to assist beneficiaries in gaining access to needed health and dental services, financial assistance, housing, employment, education, social services, and other services and natural supports developed through the person-centered planning process.

B. Supports Coordination: SC services will be available for eligible persons with SMI, SED, I/DD who have goals of community inclusion and participation, independence, and/or productivity; and who need assistance with planning, linking, coordinating, brokering, access to entitlements, or coordination with health care providers; but who do not meet the criteria for Targeted Case Management. Services include assessments and periodic re-assessments, development of plans of service, follow-up and monitoring, support and advocacy.

   1. While there is some overlap between the functions of a case manager and a supports coordinator, as per the Michigan Department of Health and Human Services (MDHHS) Provider Manual, use SC when one or more of functions will be provided by a supports coordinator assistant or service broker.

   2. Use SC for all beneficiaries of Habilitation Supports Waivers (HSW).

C. All eligible consumers shall be informed of CM and SC services available, and offered a choice of CM/SC contractors or subcontractors, as well as, an informed choice of CM/SC providers.

D. Understanding that caseload size may directly impacts the quality of both case management and supports coordination services delivered, as well as impacting staffing retention, the following represent DWMHA recommendations for determining individual primary case manager/supports coordinator caseload size capacity, from most intensive to less intensive service need. Caseloads of mixed intensities could result in variations of the ranges.

   1. ACT – caseload limit of 10:1, as per certification requirements
   2. Intensive Need – caseload limit range of 15-25:1
   3. Moderate Need – 50-70:1
   4. Mild Need/Meds-only – 80-100:1

E. All CM and SC activities will be specified in the beneficiary's individual plan of service (IPOS).

1. The amount, scope and duration will be matched to medical necessity, as per the assessments conducted.
    a. The frequency of the contacts specific to the planning of services will be as clinically appropriate, but no less than annual.
    b. The frequency of the CM or SC contacts will be as clinically appropriate, but no less than every ninety days.
2. Case managers and supports coordinators must be appropriately credentialed and privileged, and are not to deliver services outside their scope of practice, as defined in applicable policies and statutes, such as the MDHHS Medicaid Provider Manual, and the most recent version of the accompanying *Michigan PIHP/CMHSP Provider Qualifications Per Medicaid Services & HCPCS/CPT Codes*.
3. In order to avoid conflicts of interest:
    a. Case managers and supports coordinators may not restrict a beneficiary's free choice of case manager, supports coordinator, or service provider.
    b. Case managers and supports coordinators may not duplicate the services that are the responsibility of another program.
    c. When the CM/SC is responsible for the authorization or denial of CM/SC services in the IPOS, quality management and auditing of the CM/SC activities should occur in a different reporting division.
4. IPOS should reflect a coordination of care with the consumer's primary care providers, and if no primary care provider is identified, will document timely efforts to link the consumer and their supports to appropriate primary care services.

VI. QUALITY ASSURANCE/IMPROVEMENT

A. The Authority shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

B. The quality improvement programs of MCPNs, their subcontractors and direct contractors must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

VII. COMPLIANCE WITH ALL APPLICABLE LAWS

A. Authority staff, MCPN's, Contractors and Sub-contractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

VIII. LEGAL AUTHORITY AND REFERENCES

A. MCL 330.1206(1)(c); MCL 330.1206(1)(c)

B. MDHHS PIHP/CMHSP Encounter Reporting HCPCS and Revenue Codes January 7, 2015

C. MDHHS Medicaid Provider Manual January 1, 2015

IX. EXHIBIT(S)

None.

Please Check:

Policy: New ☐ Revised ☐ Annual Review ☐

Effective Date:	Reviewed By:	Reviewed Date:	Fiscal Year: