

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE PROCEDURE

Date Issued **09/23**

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I. APPLICATION:

- ☐ SCCCMHA Board
- ☐ SCCCMHA Providers & Subcontractors
- ☒ Direct-Operated Programs
- ☒ Community Agency Contractors
- ☒ Residential Programs
- ☒ Specialized Foster Care

II. PURPOSE STATEMENT:

St. Clair County Community Mental Health Authority (SCCCMHA) shall ensure that options are provided to individuals who receive services for provision of Case Management. Such options shall include:

- A. Individuals who are eligible for case management services must be provided choice of available, qualified case management staff upon initial assignment and on an ongoing basis.
- B. Choice for use of a family member or other person not affiliated with the CMHSP or one of its agencies to act as a facilitator for the Person-Centered-Planning Process.

III. DEFINITIONS:

- A. Case Management: Also known as “targeted case management services.” Targeted case management is a covered State Plan Medicaid service that assists individuals to design and implement strategies for obtaining services and supports that are goal-oriented and individualized. Targeted case management services include assessment, planning, linkage, advocacy, coordination, and monitoring to assist individuals 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. The service requires that all elements must be delivered and documented in the IPOS and at the time of service delivery. Targeted case management is provided in a responsive, coordinated, effective and efficient manner focusing on process and outcomes.
- B. Person-Centered Planning Facilitator: Person centered planning may be facilitated by someone outside the CMHSP. For purposes of this administrative procedure guideline, a PCP Facilitator shall be selected by the individual receiving services or the guardian to facilitate planning meetings on behalf of the individual, in conjunction with the assigned case manager, as applicable.

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IV. STANDARDS:

- A. Each CMHSP must ensure it meets all the guidelines specified in the MDHHS Medicaid Provider Manual (Mental Health/Substance Abuse chapter) for both case management services.
- B. SCCCMHA shall ensure, through its Contract Monitoring process and Customer Satisfaction surveys, that CMHSPs are providing case management services that meet the standards of this administrative procedure, especially as it pertains to case management choice and alternative models of service delivery.
- C. Case management services must be available for individuals following the Clinical Protocol Guidelines and the MDHHS Medicaid Provider Manual.
- D. Individuals who are eligible for case management services must be provided a choice of available, qualified case management staff upon initial assignment and on an on-going basis. Such choice must also be available for persons receiving supports coordination services. Choice of available qualified case management staff will be based on the program in which the individual receives services.
- E. CMHSPs must have an internal process that ensures persons receiving services are informed of the availability of case management services, as medically necessary, and must document that individuals are given choice of available, qualified case management staff upon initial assignment, and on an on-going basis.
- F. The case management functions must be under the general, overall supervision of a physician.
- G. The determination of the need for case management must occur at the completion of the intake process, and through on-going person-centered planning process for persons receiving specialty benefit plan services and supports. Justification of whether case management is needed or not must be documented in each individual's medical record.
- H. CMHSPs will demonstrate via its credentialing process that case management providers have the capacity to provide all core requirements specified in the MDHHS Medicaid Provider Manual.
- I. The level of involvement of a case manager will be determined by the individual and/or court adjudicated guardian, or family of a minor, and the individual's safety needs.
- J. A case manager shall be the CMHSP's designated staff person to document the Individual Plan of Service, and to ensure the provision of the necessary identified specialty services/supports in the Plan, as developed through the person-centered-planning process, regardless of who facilitated the PCP process. The assigned case manager is responsible for coordinating the necessary assessments and development of the written plan of service.
- K. The CMHSP shall ensure the individual is notified, in writing, of the right to have a choice in selecting a case manager, the ability to choose a PCP Facilitator external to the CMHSP, and the

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right to change to another available professional case manager/supports coordinator at any time during specialty mental health services or program supports. Such notification and documentation shall be available in the clinical case record.

- L. Not all individuals who are assessed at system access will need case management.
- M. For all assessed individuals in need of case management, the CMHSP shall make available all core elements as established in the MDHHS Medicaid Provider Manual. For all assessed needs, a qualified case manager shall be designated in the clinical case record.
- N. Case record reviews conducted shall review documentation with regard to presentation of options, documentation of informed choice of their case manager options, and documentation of choosing an external PCP facilitator.
- O. CMHSPs shall seek input from persons receiving services, families, and advocates in order to assess the case management options in place and to provide opportunity for additional options, or methods of improving current options.
- P. CMHSPs shall promote the use of PCP Facilitators to coordinate/facilitate the Individual's Person Centered Planning (PCP) process by someone outside the St. Clair County Community Mental Health Authority supports/services provider panel.

V. **PROCEDURES: (this section applies to SCCCMHA and its provider network only)**

Case Manager /Primary Case Holder/ Intake Worker

1. Upon application for service, annually and as appropriate throughout service provision, explains and/or distributes the following to the individual and/or guardian:
 - a. Consent for Mental Health Services
 - b. Explanation of Treatment and Person Centered Planning Process
 - c. Right of choice of professional
 - d. Appropriate MDHHS/Region 10/St. Clair County CMH handouts
2. Obtains from the individual and/or guardian who they desire to facilitate and participate in the PCP meeting as part of the Person Centered Planning process, for both the initial and annual review,
 - a. For HSW individuals this information is documented on the IPOS Pre-meeting Form
3. Discusses alternative therapists and case managers, will be reviewed during the PCP meeting. This information is documented in the IPOS.
4. Inform the supervisor if a request is made by the individual and/or the guardian to change case manager.

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Supervisor

5. Reviews the request and reassigns a new case manager as needed within the identified program.
6. Informs the newly assigned and previously assigned case managers of reassignment.
7. Ensures individual and/or guardian are informed of reassignment.

VI. REFERENCES:

- A. MDHHS Provider Manual, Mental Health / Substance Abuse
- B. Clinical Protocols

VII. EXHIBITS:

None Available

VIII. REVISION HISTORY:

Dates issued 06/02, 06/04, 4/06, 04/08, 04/10, 01/12, 05/13, 05/14, 09/15, 09/16, 09/17, 01/18, 01/19, 03/21, 08/22.