

POLICIES AND PROCEDURE MANUAL

Chapter:	Service Delivery System		
Title:	Substance Use Disorder (SUD) Case Management Services		
Policy: <input type="checkbox"/>	Review Cycle: Biennial	Adopted: 05.2017	Related Policies: Service Philosophy
Procedure: <input checked="" type="checkbox"/>	Author: Director of Utilization and Care Management	Reviewed: 11.1.2022	
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Purpose:

- A. Case Management is an intervention that addresses a client’s primary needs which, if unattended to, may be distracting from the recovery process. Once these needs are being addressed, the client’s ability to focus on his or her recovery with successful outcomes can be greatly enhanced.
- B. Case management services are those services which will assist clients in gaining access to needed medical, social, educational/vocational, and other services, and can be an effective enhancement to intervention in the treatment of substance use disorders. This is especially true for clients with multiple disorders, who may not benefit from traditional substance use disorder treatment, who require multiple services over extended periods of time, and/or who face difficulty gaining access to those services. Case management services may establish a stronger foundation for a client’s recovery, reduce costs and enhance long term recovery for those who have addictive disorders, by assuring they have access to all needed services.
- C. The purpose of this procedure is to provide guidance to substance use disorder (SUD) providers to provide and report case management services and to ensure:
 - a. Compliance with the requirements for case management as described in the MDHHS Office of Recovery Oriented Systems of Care (OROSC) *Treatment Policy #08: Substance Abuse Case Management Program Requirements*.
 - b. Ensure clients receive case management services based on medical necessity and individualized need(s).

Procedure:

- A. Core elements of case management include a needs assessment, evaluation, planning, linking, coordinating, and monitoring to assist clients in gaining access to needed health and dental services, financial assistance, housing, employment, education, social services, and other services and supports initiated through the individualized treatment planning process. Services are provided in a responsive, coordinated, and efficient manner focusing on process and outcomes.
- B. In order to provide case management services, a program must hold a valid substance use disorder treatment license issued by the Michigan Department of Licensing & Regulatory Affairs (LARA).
- C. SUD treatment providers may determine that case management services are medically necessary during the initial assessment process or at any time during the treatment planning or treatment review process.
- D. The case management needs assessment should be documented in the client record and incorporated into the client’s treatment plan and treatment plan review(s). A case management needs assessment can be a stand-alone document or incorporated into a full biopsychosocial assessment
- E. The general frequency of case management encounters should be determined by the individualized needs of the client based on the needs assessment.
- F. Examples of billable case management activities include (but are not limited to):
 - a. Assessing for functional and social needs;

- b. Administering screenings for communicable diseases, providing brief education about risk & protective factors, and linking the client to any necessary follow-up services;
 - c. Assisting with basic needs (such as food, clothing, housing, hygiene items, etc.);
 - d. Advocating for the client and/or representing the client in getting their needs met with other agencies or service providers (i.e. assist the client with making calls together; accompany the client to appointments with other agencies to assist them with self-advocacy, etc.); and
 - e. Coordinating employment training or assisting in securing employment through activities such as helping clients with acquiring, filling out, and submitting job applications.
- G. SUD case management services shall be available only to MSHN clients who are *not* eligible or served by case management through mental health, public health, or other community human service agencies (i.e., MSHN will not fund SUD case management services if case management is being provided through another provider/entity).
- H. For individuals receiving services from more than one treatment/recovery provider, SUD case management services will only be authorized at one provider agency. The individual receiving the service has the right to choose the provider; providers may not require a person to participate in case management as a condition of receiving services at the provider's program.
- I. Case management services shall be guided by each client's individualized treatment plan. Treatment plan review(s) will incorporate case management goals and outcomes with targeted completion dates that are consistent with the treatment plan and are reflected and/or modified in treatment plan review(s).
- J. Care coordination activities are not billable and should not be entered into MSHN's managed care information system (REMI). This includes activities like emailing clients or referral sources, calling a client after a missed appointment, completing a monthly report to a social worker or court, and sending/receiving information with other providers involved in the person's care, etc.
- K. Case managers may follow clients as they progress through the continuum of care. Case management services may continue after discharge from treatment for up to six (6) months as stated in OROSC Treatment Policy #8 and as authorized by MSHN.
- L. Case management service providers shall establish linkages with other agencies in the human services and community resources network for referral to ensure continued case management services beyond six (6) months after discharge, as required by the client's individualized plan.
- M. Case management services can, under limited circumstances, be a stand-alone service (i.e. when case management is not tied to other treatment services like Outpatient Therapy (OP), Intensive Outpatient services (IOP), etc.). Stand-alone case management is only billable after discharge as a step-down transitional service from a higher, more intensive level of care to a lower level of care (see Treatment Policy #8, p. 2, "Eligibility" [here](#)). MSHN will allow this exception for post-discharge stand-alone case management for up to six (6) months or, for Women's Specialty Services clients, for up to twelve (12) months in accordance with *Treatment Policy #12* [here](#)).
- N. The treatment record of clients receiving case management services must contain documentation for the determination of medical necessity for case management services, and case management activity notes indicating the following information:
 - a. Date of contact and/or service;
 - b. Duration of case management contact/services;
 - c. Name of agency and/or person being contacted;
 - d. Nature of case management services requested, and extent of services requested; and/or
 - e. Nature of case management services provided, and extent of services provided;
 - f. Place of service and/or referral.
- O. The MSHN utilization management department authorizes all services- including case management- according to medical necessity and the individualized needs of the person being served as identified in his/her treatment plan. The MSHN SUD Benefit Plan (available [here](#)) provides the recommended authorization guidelines for case management services for each ASAM

Level of Care. Authorization requests for case management services that exceed the recommended guidelines will require documentation of medical necessity and concurrent review by the MSHN utilization management staff. Case management services must be documented accurately in the client’s record with start/stop times of the case management encounter. Case Management services are not billable to Medicaid/HMP but are billable to Block Grant only.

Applies to:

- All Mid-State Health Network Staff
- Selected MSHN Staff, as follows:
 - MSHN’s CMHSP Participants: Policy Only Policy and Procedure
 - Other: Sub-contract Providers

Definitions:

- HMP: Healthy Michigan Plan
- IOP: Intensive Outpatient Services
- MDHHS: Michigan Department of Health and Human Services
- MSHN: Mid-State Health Network
- OPT: Outpatient Therapy
- OROSC: MDHHS Office of Recovery Oriented Systems of Care
- REMI: MSHN’s Managed Care Information System
- SUD: Substance Use Disorder
- TX: Treatment
- UM: Utilization Management
- WSS: Women’s Specialty Services

Other Related Materials:

- Current Fiscal Year Version of MSHN SUD Provider Manual
- Current Fiscal Year MSHN SUD Benefit Plan Grid

References/Legal Authority:

- Treatment Policy #8 [here](#) Treatment Policy #12 [here](#)
- MDHHS Mental Health & Substance Abuse Reporting Requirements

Change Log:

Date of Change	Description of Change	Responsible Party
05.2017	New procedure	TX & UM Teams
02.2018	Annual Review	UM Team
02.2019	Annual Review	UM Team
07.2020	Annual Review	Director of Utilization and Care Management, UM Team
10.01.2022	Biennial Review	Director of Utilization and Care Management, Director of SUD Treatment & Operations