

## POLICIES AND PROCEDURE MANUAL

<b>Chapter:</b>	<b>Service Delivery System</b>		
<b>Title:</b>	<b>Case Management Services</b>		
<b>Policy:</b> <input type="checkbox"/> <b>Procedure:</b> <input checked="" type="checkbox"/> <b>Version:</b> 2.0 <b>Page:</b> 1 of 3	<b>Review Cycle:</b> Annually  <b>Author:</b> Clinical & UM Staff	<b>Adopted:</b> 05.2017  <b>Reviewed:</b> 02.02018  <b>Revisions Effective:</b>	<b>Related Policies:</b> Service Philosophy

### 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 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. Case management service providers shall be accredited as a substance abuse treatment program with a case management license.
- 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).
- 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 in person to appointments with other agencies to assist them with self-advocacy, etc.);
  - 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. 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).
- I. Indirect activities are not billable. This includes activities like emailing clients, calling a client after a missed appointment, listening to a voice-mail message from a client, completing a monthly report to a social worker, etc.
- J. An Activity Log Sheet should be used to record indirect or peripheral case management activities such as phone calls, email contacts, leaving messages, reporting information to referral sources, etc., rather than using a formal case management progress note. The peripheral case management activities are *not* billable and therefore should not be entered into MSHN's managed care information system (REMI)
- 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 (OPT), 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 recommended utilization rate for case management services is up to 24 units per 6-month period, per the MSHN benefit plan found [here](#). 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. 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. There is no limit on the number of units billed in one day; however, case management services must be documented accurately in the client's record with start/stop times. 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:
- ☒ MHN's Affiliates/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:**

MSHN 2017 SUD Provider Manual

**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