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- I. **POLICY:** It is the policy of Arab Community Center for Economic and Social Services (ACCESS) that all persons who meet the criteria for adults with severe mental illness (SMI), children with serious emotional disturbance (SED), and persons with intellectual and/or developmental disorders (I/DD) who are eligible for ACCESS 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 funding sources.

- III. **APPLICATION:** This policy applies to all ACCESS employees, interns and volunteers who provide support and treatment on behalf of the ACCESS Community Health and Research Center.

- 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. **PROCEDURES:**
 - A. **Case Management (T1017):** 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 bio-psychosocial assessment, person-centered planning, linkage/referrals, advocacy, coordination of care and monitoring to assist beneficiaries in gaining access to health and dental, financial assistance, housing, employment, education, social services and other services and natural supports developed through person-centered planning process.

 - B. **Supports coordination (T1016):** 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

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to entitlements, or coordination with health care providers; but does not meet the criteria for Targeted Case Management. Services include a bio-psychosocial assessment, person-centered planning, linkage/referrals, and periodic re-assessments, 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 Community Health (MDHHS) Provider Manual, use SC when one or more of functions will be provided by a support's 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.
- D.** Understanding that caseload sizes may directly impact the quality of both CM and SC services delivered, as well as staffing retention, the following represents DWMHA recommendation for determining individual primary CM/SC caseload size capacity. Caseloads of mixed intensities could result in variations of the ranges. Intensity of services needed is defined by the persons served and the collaborative person-centered plan, which is updated at least every 6 months or more frequently depending on the needs of the person served.
1. Moderate need = 50-70:1
 2. 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), which has been created in collaboration with the persons served.
- F.** The amount, scope and duration will be matched to medical necessity, as per the assessments conducted and in collaboration with the persons served.
1. The frequency of the contacts specific to the planning of services will be as clinically appropriate, but no less than annual.
 2. The frequency of the CM or SC contacts will be as clinically appropriate, but no less than every ninety days.
- G.** 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 and HCPCS/CPT codes.

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H. Based on the needs of the persons served, case management/services coordination includes

- a) Activities carried out in collaboration with the persons served.
- b) Outreach to encourage the participation of the persons served.
- c) Coordination of, or assistance with, crisis intervention and stabilization services, as appropriate.
- d) Assistance with achieving goals as defined by the persons served.
- e) Optimizing resources and opportunities through:
 - 1) Community linkages.
 - 2) Enhanced social support networks.
- f) Assistance with:
 - 1) Accessing transportation.
 - 2) Securing safe housing that is reflective of the:
 - a) Needs of the persons served.
 - b) Abilities of the persons served.
 - c) Preferences of the persons served.
 - 3) Exploring employment or other meaningful activities.
- g) Provision of, or linkage to, skill development services needed to enable the person served to perform daily living activities, including, but not limited to:
 - 1) Budgeting.
 - 2) Meal Planning
 - 3) Personal care
 - 4) Housekeeping and home maintenance
 - 5) Other identified needs
- h) Evidence of linkage with necessary and appropriate:
 - 1) Financial services
 - 2) Medical or other healthcare
 - 3) Other community services.

I. ACCESS provides case management activities in locations that meet the needs of the persons served which provides the best access to the persons served.

J. In order to avoid conflicts of interest:

1. Case managers and supports coordinators may not restrict a beneficiary's free choice of case manager, supports coordinator, nor service provider.
2. Case managers and supports coordinators may not duplicate the services that are the responsibility of another program.

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3. 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.
5. Case Managers shall have a working knowledge of the services that are appropriate for the needs of the persons served and that the support systems are relevant to the lives of the persons served.

VI. QUALITY ASSURANCE/IMPROVEMENT

ACCESS Quality Assurance Manager shall review and monitor adherence to this policy as one element in its contract management program, and as one element of the QAPIP Goals and Objectives.

ACCESS' quality improvement program must include measures for both the monitoring of and the continuous improvement of the program or process described in this policy.

VII. COMPLIANCE WITH ALL APPLICABLE LAWS

ACCESS' staff is 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

MCL 330.1206(1)(c); MCL 330.1206(1)(c)

MDCH PIHP/CMHSP Encounter Reporting HCPCS and Revenue Codes January 7, 2015

MDCH Medicaid Provider Manual January 1, 2015

IX. EXHIBIT(S): None