

LAKESHORE REGIONAL ENTITY SERVICE DESCRIPTION

Targeted Case Management – Adults and Children

This service must be provided consistent with requirements outlined in the MDHHS Medicaid Provider Manual as updated. The manual is available at:

<http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>

1. Definition or Description of Service

- a. Targeted case management is a covered service that assists Individuals to design and implement strategies for obtaining services and supports that are goal-oriented and individualized. 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. For children and youth, a family driven, youth guided planning process should be utilized. Targeted case management is provided in a responsive, coordinated, effective and efficient manner focusing on process and outcomes.
- b. Targeted case management services must be available for all children with serious emotional disturbance, adults with serious mental illness, persons with a developmental disability, and those with co-occurring substance use disorders who have multiple service needs, have a high level of vulnerability, require access to a continuum of mental health services from the PIHP, and/or are unable to independently access and sustain involvement with needed services.
- c. Individuals must be provided choice of available, qualified case management staff upon initial assignment and on an ongoing basis.
- d. Targeted case management services are provided in a variety of settings convenient to the Individual or family.

2. Practice Principles

- a. Providers are encouraged to offer evidence-based and promising practices as part of the Medicaid covered specialty services where applicable. Providers shall assure that these practices are provided by staff who have been appropriately trained in the model(s) and are provided to the population for which the model was intended.
- b. Provider will comply with the principles of person-centered planning as outlined in the MDHHS BHDDA Person-Centered Planning Policy.
- c. MDHHS encourages the use of natural supports to assist in meeting an Individual's needs to the extent that the family or friends who provide the natural supports are willing and able to provide this assistance. The use of natural supports must be documented in the Individual's individual plan of service (IPOS).
- d. Targeted case management services for children is expected to promote healthy family functioning, support families remaining intact in a community setting, and reduce the usage of, or shorten the length of stay in psychiatric facilities. Services are individualized and based on the child(s) needs with a focus on the family unit.
- e. Caseload size and composition must be realistic for the case manager to complete the core requirements as identified in the individual plan of service developed through the person-centered planning process.
- f. Provision of peer supports is highly encouraged as part of the case management team.

3. Credentialing Requirements

- d. Provider will assure that licensed professional staff are licensed and/or registered in the State of Michigan to provide services at the level authorized by the Payor. Licensed professionals shall act within the scope of practice defined by their license.

- e. Provider shall assure that all staff providing services are qualified and trained to provide services at the level authorized by the Payor.
- f. Providers of targeted case management services must meet the staff qualifications as defined by the MDHHS Michigan PIHP/CMHSP Provider Qualifications per Medicaid Services & HCPCS/CPT Codes.
- g. A primary case manager must be a qualified mental health or intellectual disability professional (QMHP or QIDP) or, if the case manager has only a bachelor's degree but without the specialized training or experience, they must be supervised by a QMHP or QIDP who does possess the training or experience. Services to a child with serious emotional disturbance must be provided by a QMHP who is also a child mental health professional. Services to children with developmental disabilities must be provided by a QIDP.
- h. Targeted case management for children must be provided by a Child Mental Health Professional (CMHP) for children diagnosed with Serious Emotional Disturbances (SED).
 - i. Services to children ages 7-17 with SED must be provided by a CMHP trained in CAFAS.
 - ii. Services to children ages 4-6 with SED must be provided by a CMHP trained in PECFAS.
- i. Provider shall ensure that all vehicles used for transporting the Individual(s) under this agreement are maintained in a safe operating condition and contain first aid equipment.
- j. Provider shall permit only responsible staff with an appropriate valid driver's license and insurance, as required by State law, to operate motor vehicles while transporting Individual(s) as evidenced by annual driving record and insurance checks.
- k. Provider shall maintain a copy of training records for each staff person for review if requested by the Payor, the LRE, or an external review team.
- l. Providers of services must:
 - i. Be at least 18 years of age.
 - ii. Be able to prevent transmission of any communicable disease from self to others in the environment where they are providing supports.
 - iii. Be able to communicate expressively and receptively in order to follow individual plan requirements and Individual-specific emergency procedures, and report on activities performed. Understanding and skill must be documented.
 - iv. Be in good standing with the as outlined in the MDHHS/PIHP contract.
 - v. ~~Be able to perform basic first aid and emergency procedures.~~

4. Service Requirements

- a. Providers must demonstrate the capacity to provide all core requirements below and have sufficient number of staff to meet the needs of the target population.
- b. Provider must document initial and ongoing training for case managers related to the core requirements and applicable to the target population served.
- c. Caseload size and composition must be realistic for the case manager to complete the core requirements as identified in the individual plan of service developed through the person-centered planning process, and applicable to the target populations served.
- d. Core Requirements include:
 - i. Assuring that the person-centered planning process takes place and that it results in the individual plan of service.
 - ii. Assuring that the plan of service identifies what services and supports will be provided, who will provide them, and how the case manager will monitor (i.e., interval of face-to-face contacts) the services and supports identified under each goal and objective.

- iii. Overseeing implementation of the IPOS, including supporting the Individual's dreams, goals, and desires for optimizing independence; promoting recovery; and assisting in the development and maintenance of natural supports.
- iv. Assuring the participation of the Individual on an ongoing basis in discussions of his plans, goals, and status.
 - v. Identifying and addressing gaps in service provision.
 - vi. Coordinating the Individual's services and supports with all providers, making referrals, and advocating for the Individual.
- vii. Assisting the Individual to access programs that provide financial, medical, and other assistance such as support groups, parenting classes, Home Help and Transportation services.
- viii. Assuring coordination with the Individual's primary and other health care providers to assure continuity of care.
 - ix. Coordinating and assisting the Individual in crisis intervention and discharge planning, including community supports after hospitalization.
 - x. Facilitating the transition (e.g., from inpatient to community services, school to work, dependent to independent living) process, including arrangements for follow-up services.
 - xi. Assisting Individuals with crisis planning.
 - xii. Identifying the process for after-hours contact.
- e. Assessment:
 - i. Provider must have the capacity to perform an initial written comprehensive assessment addressing the Individual's needs/wants, supports to address barriers, and health and welfare issues.
 - ii. Assessments must be updated when there is a significant change in condition or circumstances of the Individual. The IPOS must also reflect such changes.
- f. Documentation:
 - i. The Individual's record must contain sufficient information to document the provision of case management, including the nature of the service, the date, and the location of contacts between the case manager and the Individual, including whether the contacts were face-to-face.
 - ii. The frequency of face-to-face contacts must be dependent on the intensity of the Individual's needs.
 - iii. The case manager must review services at intervals defined in the IPOS. The plan shall be kept current and modified when indicated (reflecting the intensity of the Individual's health and welfare needs).
 - iv. An Individual or his/her guardian or authorized representative may request and review the plan at any time. A formal review of the plan shall not occur less often than annually to review progress toward goals and objectives and to assess Individual's satisfaction.
- g. Monitoring:
 - i. The case manager must determine, on an ongoing basis, if the services and supports have been delivered, and if they are adequate to meet the needs/wants of the Individual.
 - ii. Frequency and scope (face-to-face and telephone) of case management monitoring activities must reflect the intensity of the Individual's health and welfare needs identified in the IPOS.
- h. Targeted case management shall not include direct delivery of ongoing day-to-day supports and/or training, or provision of other Medicaid services. Targeted case managers are prohibited from exercising the agency's authority to authorize or deny the provision of services. Targeted case management shall not duplicate services that are the responsibility of another program.

- i. Provider's supports and services will be based upon the Individual's IPOS, and in coordination with any additional plans of the Individual (e.g. nursing, occupational therapy, physical therapy, behavior support plans). Case manager will ensure said documents are present (hard copy or electronically) at the service site, and accessible to Provider's staff responsible for delivering the supports and services.
- j. Provider shall provide services in the least restrictive and most integrated settings, unless the less restrictive levels of treatment, service or support have been unsuccessful or cannot be safely provided for that Individual.
- k. Provider shall ensure coordination of care occurs between the Individual(s) primary health care physician and Medicaid Health Plan (as appropriate). Coordination of care shall include the full array of primary and acute physical health services, behavioral health care, natural or community supports to provide effective treatment, and as specified in an Individual's IPOS.
- l. Provider shall ensure language interpretation, translation services, and hearing interpreter services are provided as needed, and at no cost to the Individual. Provider shall be responsive to the particular needs of Individuals with sensory or mobility impairments, and provide necessary accommodations.
- m. Provider will provide on-call support to Individuals 24 hours/day, including weekends and holidays. It is expected that the Individual will contact Provider directly when in need of on-call support.
- n. Provider shall complete service documentation and records that meet the PIHP/CMHSP's requirements for reimbursement. Provider's services and documentation/records shall comply with the standards of the PIHP, CMHSP, accreditation bodies, MDHHS, any applicable licensing Department or Agency of the State of Michigan, Medicaid and Medicare regulations and/or any third-party payers.
- o. The case manager must review services at intervals defined in the IPOS. The plan shall be kept current and modified when indicated (reflecting the intensity of the Individual's health and welfare).

5. Training Requirements

- d. See Attachment I: Training Requirements for specific training requirements and frequency of trainings.
- e. Provider will ensure and document that each staff is trained on the Individual's IPOS and ancillary plans, prior to delivery of service.

6. Eligibility Criteria/Access Requirements/Authorization Procedures

- d. ~~The determination of the need for case management must occur at the completion of the intake process and through the person-centered planning process for individuals receiving services and supports. Justification as to whether case management is needed or not must be documented in the individual's record. Individuals presenting for mental health services will be engaged in a person-centered planning process through which diagnostic information and service eligibility will be determined.~~ Eligibility tools may be used in conjunction with the person-centered planning process to determine and document medical/clinical necessity for the requested service.
- e. The ~~Lakeshore Region Guide to Services~~ PIHP Guide to Services provides a summary of service eligibility, access to services, and service authorization. ~~This document is located on the Lakeshore Regional Entity website at www.lkre.org.~~ Additional information related to policies, procedures and Provider Manuals may be found by accessing the specific CMHSP websites.