



HURON BEHAVIORAL HEALTH  
**PROCEDURE**

Procedure #: **CSM.2.01**  
Issue Date: **05/26/04**  
Rev. Date: **03/08/16**  
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**Title: Case Management and Supports Coordination Procedure**

Prepared By: **Clinical Director**

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**Purpose:**

To define guidelines for providing Case Management, Intensive Case Management, and Supports Coordination services.

**Scope:**

This procedure applies to all employees (including full-time employees, part-time employees, contractual providers, volunteers, students, and/or interns) of Huron Behavioral Health (HBH) and consumers served in these programs.

**Information:**

1. Huron Behavioral Health's Case Management/Supports Coordination Program is guided by the philosophy the needs of the individuals served are paramount and strives to achieve program goals and utilize evidence based practices. Family members, informal caregivers, and others that the consumer requests are to be involved in the development of the PCP, based on the individual's request and their availability/willingness to participate.
2. Case Management/Supports Coordination (CSM/SC) services assist consumers in achieving and maintaining optimum social, psychological, and physical functioning with the assistance of planning, securing, coordinating, and monitoring services from HBH and external resources.
3. Case Management/Supports Coordination strives to assure that consumers are linked with medically necessary services and are working toward enhancement of life skills through their own capability and competencies. Advocacy activities are conducted by the assigned worker to assist the individual in obtaining the necessary services.
4. Core service components include assessment of need, referrals, participation in the development of a person-centered plan (PCP) (see [PCP Policy QI.1.05](#) and [PCP Procedure QI.2.18](#)), coordination and monitoring of services, aftercare planning, and termination of services (when no longer needed or appropriate). The most appropriate and least restrictive services and placements will be provided. Medicaid-eligible consumers must qualify (i.e. meet the medical necessity requirements) for these services per the most recent Medicaid Provider manual. As appropriate, inter-agency referrals to Outpatient Services, Assertive Community Treatment (ACT), etc., are conducted. Planning, linking, coordinating, monitoring, and follow-up services are an integral part of the program. It is the philosophy of the case management program to meet the guidelines established in the Person Centered Plan (PCP). (See also [PCP Policy \(QI.1.05\)](#) and [PCP Procedure \(QI.2.18\)](#)).
5. Individuals who receive services through HBH will always be treated with respect and dignity in a welcoming environment (see also "[HBH Welcoming Policy](#)" [SD.1.14](#)). All employees/service providers must be sensitive to and respond to any unique ethnic and cultural needs of the consumer. Case Management/Supports Coordination staff is culturally competent and treat consumers with respect. They are supportive and sensitive to the consumer's needs and work to identify and utilize the consumer's strengths.
6. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) gives strict guidelines regarding the sharing of a consumer's Protected Health Information (PHI). Workers must make every effort, when coordinating and linking with external sources, to share consumer PHI on a strict "need to know" basis and only with the consumer's written consent. If in doubt, the worker should contact their Supervisor or the agency Privacy Officer (see also the [HBH Minimum Necessary Policy ORI.1.14](#) and [Minimum Necessary Disclosure of External Information Policy ORI.1.13](#)).

**Procedure:**

**A. General:**

1. A clinical assessment is completed initially and annually (see "[Assessment Policy](#)" [ISP.1.02](#)) and individuals may be referred to Case management, Intensive Case management, or Supports Coordination programs as

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appropriate to the assessment determination and level of care needs of the individual and in accordance with the appropriate section of the Medicaid Provider Manual guidelines.

2. A Person-Centered Plan (PCP) is developed using the information from the clinical assessment and a copy provided to the consumer (or legal representative) within fifteen (15) business days (see also ["Person Centered Plan \(PCP\) Procedure" QI.2.18](#)).
3. Primary workers have an assigned caseload and their responsibilities include, but may not be limited to:
  - Assessing the individual's needs
  - Planning, linking, coordinating, monitoring, and follow up with the consumer, guardian, and/or family served
  - Consumers served by HBH will be offered opportunities for both social and community integration with others who are not recipients of service or service providers of the organization, when determined in the PCP process.
  - Arranging for the services identified in the PCP and securing services outside of the agency when needed
  - Completing all required paperwork (Pre-plan, PCP, Releases, Coordination of Care, Consents, etc.)
  - Periodically re-assessing the PCP to assure that the consumer's goals, objectives, dreams, and desires are being achieved (see also ["Periodic Review Policy" SD.1.07](#))
  - Communicating with other service providers (inside and outside the agency) regarding status, level of functioning, or changing needs of the consumer
  - Arranging for termination of services, referrals, transfers, and follow-up as necessary
  - Providing (with written consent), regarding the assessment and any on-going services to be provided, as appropriate, to those organizations/institutions to which the individual has been referred.
  - Monitoring and reviewing cases regularly with the service provider and the Program Supervisor. (See also ["Supervision Policy" HR.1.02](#) and ["Supervision Procedure" HR.2.14](#)).
4. Case Management/Supports Coordination workers assure that the medically necessary services are provided by HBH or through other service providers/arrangements, if they are needed and cannot be provided by HBH.

**B. Staff Qualifications:**

1. Staff providing services to adult consumers in Case Management and Supports Coordination are qualified with education and experience in accordance with the Medicaid Provider Manual guidelines. The individual must be a qualified mental health or intellectual disabilities professional (QMHP or QIDP) in order to assess families and individuals with special needs. Or, if the case manager has only a bachelor's degree but without specialized training or experience, they must be supervised by a QMHP or QIDP who does possess the training or experience.
2. Case Management/Supports Coordination workers are qualified by a Bachelor's degree in a human service field, licensure in Social Work (e.g. LLBSW, LBSW).
3. Case Management Supervisors and Managers are qualified by an advanced degree in social work or comparable human service field from an accredited institution and a minimum institution and a minimum of two (2) years experience in direct service or case management, or a master's level degree in a human service field (e.g. LLMSW, LMSW) and four (4) years of experience in direct services or case management, and/or licensure/certification.
4. Case Managers and Supports Coordinators receive on-going training and supervision (see also ["Supervision Policy" HR.1.02](#) and ["Supervision Procedure" HR.2.14](#)) to prepare them for their job responsibilities and provide them with the necessary skills to perform their required tasks satisfactorily. In addition to initial and on-going training defined in the ["Training Goals and Requirements for HBH Employees Procedure" \(TR.2.03\)](#), case managers and supports coordinators receive on-going supervision, mentoring, and clinical guidance by the Program Supervisor which includes, but is not limited to, the following topics:
  - Worker-consumer relationships
  - Guidelines for program eligibility
  - Public assistance programs
  - Local housing resources
  - Consumer advocacy and rights

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- Community resources and services

**Forms:**

N/A

**Definitions/Acronyms:**

COA – Council on Accreditation  
 CSM/SC – Case Management  
 HBH – Huron Behavioral Health  
 HIPAA – Health Insurance Portability and Accountability Act of 1996  
 PCP – Person Centered Plan  
 PHI – Protected Health Information  
 QI – Quality Improvement  
 QIDP – Qualified Intellectual Disabilities Professional  
 QMRP – Qualified Mental Health Professional  
 SC - Supports Coordination

**Forms:**

N/A

**Records:**

Records of service delivery are documented in the appropriate format and maintained in accordance with the [HBH Record Retention & Storage Policy \(QI.1.23\)](#).

**Reference(s) and/or Legal Authority**

COA standards  
[HR.1.02 Supervision Policy](#)  
[HR.2.14 Supervision Procedure](#)  
[ISP.1.02 Assessments Policy](#)  
[ORI.1.13 HBH Minimum Necessary Protocols for Disclosure of Information \(External\) Policy](#)  
[ORI.1.14 HBH Minimum Necessary Policy for Internal and Routine Disclosure of Protected Health Information](#)  
[QI.1.05 PCP Policy](#)  
[QI.1.23 HBH Record Retention & Storage Policy](#)  
[QI.2.18 PCP Procedure](#)  
[SD.1.07 Periodic Review Policy](#)  
[SD.1.14 HBH Welcoming Policy](#)  
[TR.2.03 Training Goals and Requirements for HBH Employees Procedure](#)

**Change History:**

Change Letter	Date of Change(s)	Changes
None		Old procedure brought into new Controlled Documentation format with minimal content changes.
A	01/26/05	Added the information section, added reference to G9.4.01
B	09/29/08	Revised and revised to comply with COA 8 <sup>th</sup> Edition Standards and present practices – reworded several sentence for clarification without changing content, removed specific COA chapter references (S5, G9.4.01), added reference to PCP Procedure, added hyperlinks, reworded #1 in “Procedure” section, added qualifications, re-formatted tables, added #4, #5, #6, and #7 in “Procedure” section,
C	05/04/09	Added last sentence in #3
D	03/28/13	Reviewed and revised to comply with 8 <sup>th</sup> edition COA standards - #5 2 <sup>nd</sup> bullet changed “Bachelor’s degree” to “Master’s Level degree”, #3 changed “ten (10) working days” to “thirty (30) days”, in #4 removed “case management certification” and added “Licensure in Social work...”, added #1 in “Information” section,
E	03/08/16	Combined contents of CSM.2.10 (Case Management/Supports Coordination Procedure) into this procedure (CSM.2.01) – total rewrite of procedure. See Controlled Documentation Manager for previous versions of changes.