



# HURON BEHAVIORAL HEALTH PROCEDURE

Procedure #: **CSM.2.01**  
Issue Date: **05/26/04**  
Rev. Date: **09/09/21**  
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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 and Supports Coordination services.

### Scope:

This procedure applies to all employees working in the above programs (including full-time employees, part-time employees), contractual clinical providers, volunteers, students, and/or interns of Huron Behavioral Health (HBH) and all consumers served in the case management and supports coordination programs.

### Information:

1. Huron Behavioral Health's Case Management/Supports Coordination Program is guided by the philosophy that the needs of the individuals served are paramount. HBH staff strives to achieve program goals while utilizing evidence-based practices. Through the person-centered planning process, family members, caregivers, and others that the consumer requests are involved in the development of the Individual Plan Of Service (IPOS) based on the individual's choices and 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, linking, coordinating, and monitoring services from HBH and external resources.
3. Case Managers and Supports Coordinators strive to assure that individuals are linked with the medically necessary services they need. Individuals are encouraged to work toward enhancement of life skills through their own capabilities and competencies. Advocacy activities are conducted by the assigned worker to assist the individual in obtaining any medically needed services.
4. Core service components include assessment of need, referrals, development of an IPOS (see "[Person Centered Planning \(PCP\) Policy](#)" QI.1.05 and "[Person Centered Planning \(PCP\) Process and Individual Plan Of Service \(IPOS\) Procedure](#)" QI.2.18), coordination and monitoring of services, aftercare planning, and termination of services (when no longer needed or appropriate). HBH staff strives to provide the most appropriate and least restrictive services and placements. Medicaid-eligible consumers must qualify (i.e. meet the medical necessity requirements) for these services per the most recent and applicable chapters of the 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/supports coordination program to meet the guidelines established in the Person Centered Plan (PCP). (see "[Person Centered Planning \(PCP\) Policy](#)" QI.1.05 and "[Person Centered Planning \(PCP\) Process and Individual Plan Of Service \(IPOS\) 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. Staff is supportive and sensitive to the consumer's needs and works to identify and utilize the consumer's strengths (see also "[Cultural Competence Policy](#)" RR.1.03 and "[Limited English Proficiency \(LEP\) Policy](#)" RR.1.01).
6. The Health Insurance Portability and Accountability Act (HIPAA) of 1996 gives strict guidelines regarding the sharing of a consumer's Protected Health Information (PHI) and Electronic Protected Health Information (EPHI). 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 HBH Privacy Officer (see also the "[HBH Minimum Necessary Policy](#)" ORI.1.14 and "[Minimum Necessary Disclosure of External Information Policy](#)" ORI.1.13).

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## 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 or Supports Coordination programs as appropriate to the assessment determination and level of care the individual needs and in accordance with the appropriate section of the Michigan Medicaid Provider Manual guidelines.
2. Referrals to Case Management services are reviewed by the Case Management Supervisor who will provide a disposition and identify urgent needs the consumer may have. The individual is assigned to a case manager as their primary worker within the agency.
3. An Individual Plan Of Service (IPOS) is developed using the information from the clinical assessment and a copy of the PCP is provided to the consumer (or legal representative) within fifteen (15) business days (see also "[Person Centered Plan \(PCP\) Procedure](#)" QI.2.18).
4. 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
  - Assisting with developing opportunities for social and community integration
  - Helping to strengthen and manage the quality of their lives by initiating change agent activities, teaching problem solving skills, and modeling productive behaviors
  - Arranging for the services identified in the IPOS and helping secure services outside of HBH when needed and authorized
  - Completing all required paperwork in a timely manner
  - Periodically (at least quarterly) re-assessing the IPOS to assure that the consumer's goals, objectives, dreams, and desires are being addressed (see also "[Periodic Review Policy](#)" SD.1.07)
  - Communicating with other service providers (inside and outside of the agency) regarding status, level of functioning, and/or the changing needs of the consumer
  - Arranging for termination of services, referrals, transfers, and follow-up when needed
  - Providing (with written consent) necessary information (as appropriate), to referral organizations/institutions
  - 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).
5. 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). These services include, but may not be limited to:
  - 24-hour crisis intervention
  - Psychiatric services
  - Housing services
  - Medical and dental services
  - Alcohol and other drug education and treatment
  - Public assistance and income maintenance
  - Family support services
  - Vocational training and job placements
  - transportation
6. HBH minimizes the number of workers assigned to the individual and/or family over the course of their contact with the agency by avoiding arbitrary or indiscriminate reassignment of a case manager. Any change in primary worker is discussed with the individual and/or family when necessary (i.e. staffing changes, leaves of absence) to ensure consumer choice in worker. An individual and/or family may request a new worker at any time.

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**B. Intensive Case Management:**

1. Intensive Case Management services are also provided to individuals who meet the medical necessity criteria and require more intensive services than Case Management program provides but less intensive services that Assertive Community Treatment (ACT) program provides.
2. Intensive Case Managers have a reduced caseload size (averaging 15-20 consumers). Individuals in Intensive Case Management services have direct contact with their assigned worker at least four times per month.
3. Intensive Case Managers participate in Assertive Community Treatment (ACT) team meetings at least weekly. This team includes a psychiatrist or another qualified health practitioner with experience appropriate to the level and intensity of service and persons served, who is responsible for the psychiatric aspects of the program.

**C. Staff Qualifications:**

1. Staff providing services to adult consumers in CSM/SC 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 individuals/families with special needs. Or, if the case manager has only a bachelor's degree but without specialized training/experience, he/she must be supervised by a QMHP or QIDP who possesses the training and/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 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 mentoring, 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. Additionally, initial and on-going training is provided in accordance with 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
  - Community resources and services

**Forms:**

N/A

**Definitions/Acronyms:**

COA – Council on Accreditation

CSM – Case Management

EPHI – Electronic Protected Health Information

HBH – Huron Behavioral Health

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HIPAA – Health Insurance Portability and Accountability Act of 1996

IPOS – Individual Plan of Service

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 retained 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 Person Centered Planning \(PCP\) Process Policy](#)[QI.1.23 HBH Record Retention & Storage Policy](#)[QI.2.18 Person Centered Planning and Individual Plan of Service \(IPOS\) Procedure](#)[RR.1.01 Limited English Proficiency \(LEP\) Policy](#)[RR.1.03 Cultural Competence Policy](#)[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.
F	12/27/17	In “References” section added RR.1.01 & RR.1.03, in “Acronyms” section added “EPHI”, made numerous minor wording/grammatical changes/corrections throughout document without changing sentence content
G	12/03/19	In “Purpose” section and also in A.1 removed “Intensive Case Management”, changed “Person Centered Plan/PCP” to “Individual Plan Of Service/IPOS” throughout document (16 places), in “Acronym” section added “IPOS”, made several minor wording/grammatical changes/corrections throughout document without changing sentence content.
H	09/09/21	In “Procedure” section added A.2, added 4 <sup>th</sup> bullet in A.4, in A.5 added “These services include...” and subsequent bullet, added A.6, added section B.