Title: Case Management Services Procedure

Prepared By: Clinical Director

Purpose:

To define guidelines for providing case management services at Huron Behavioral Health.

Scope:

This procedure applies to all employees providing Case Management services (including full-time and part-time employees), contractual clinical providers, volunteers, students, and/or interns of Huron Behavioral Health (HBH) and all consumers receiving case management services.

Information:

1. Huron Behavioral Health's Case Management services are guided by the philosophy that the needs of the individuals served are paramount. HBH employees strive 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, desires, and availability/willingness to participate.
2. Case Management services assist consumers in achieving and maintaining optimum social, psychological, and physical functioning by assisting with planning, linking, coordinating, and monitoring services from HBH and other community resources, as appropriate.
3. Case Managers strive to assure that individuals are linked with the medically necessary services they need based on clinical assessments. 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 of case management include assessment of need, referrals, development of an IPOS (see "Person Centered Planning Policy" QI.1.05 and "Individual Plan Of Service (IPOS) Procedure" QI.2.18), coordination (see also "Integration/Coordination of Care Procedure" SD.2.12) and monitoring of services, aftercare planning, and termination of services (when no longer needed or medically necessary). HBH employees strive to provide the most appropriate and least restrictive services and placements. Medicaid-eligible consumers must qualify (e.g., meet the eligibility and medical necessity requirements) for these services per the most recent and applicable chapters of the Michigan 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 case management program. It is the philosophy of the case management program to meet the guidelines established in the IPOS. (see "Person Centered Planning Policy" QI.1.05 and "Person-Centered Planning 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 managers are 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). Case managers 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 or Recipient Rights 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 program 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 any urgent needs the consumer may have. The individual is then assigned to a case manager as their primary worker within the agency.

3. An Individual Plan of Service (IPOS) is developed using information from the clinical assessment and talking with the consumer, guardian, and other supports involved. A copy of the IPOS is provided to the consumer (or legal representative) within fifteen (15) business days (see also "Individual Plan of Service (IPOS) Procedure" QI.2.18).

4. Case managers 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 managers 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 assistance
   - Medical and dental services
   - Alcohol and other drug education and treatment
   - Public assistance and income maintenance
   - Family support services
   - Vocational training and job placement services
   - Transportation assistance

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 (e.g., staffing changes, leaves of

absence) to ensure consumer choice in worker. An individual and/or family may request a new worker at any time.

B. Intensive Case Management:

1. Intensive Case Management services may also be provided to individuals who meet the medical necessity criteria and require more intensive services than the case management program provides but less intensive services than 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. HBH utilizes a psychiatrist, or other qualified health practitioner, with experience appropriate to the level and intensity of service that is responsible for the psychiatric aspects of the program.

C. Staff Qualifications:

1. Staff providing case management services to adult consumers 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 managers 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 of 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 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 Requirements for HBH Employees and Contract Providers Procedure" (TR.2.03). Case managers 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
HIPAA – Health Insurance Portability and Accountability Act of 1996
IPOS – Individual Plan of Service
PHI – Protected Health Information

QI – Quality Improvement
QIDP – Qualified Intellectual Disabilities Professional
QMRP – Qualified Mental Health Professional

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 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 Welcoming Policy
SD.2.12 Integration/Coordination of Care Procedure
TR.2.03 Training Requirements for HBH Employees and Contract Providers 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 8th 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 8th edition COA standards - #5 2nd 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 4th bullet in A.4, in A.5 added "These services include…" and subsequent bullet, added A.6, added section B.
I	08/27/23	In policy title removed references to "Supports Coordination", changed "case management/supports coordination" to "case management" (6 places), in "Information" section #6 added "or Recipient Rights Officer", in "Procedure" section removed B.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"), in "Acronyms" section removed "PCP" and "SC", made several minor wording/grammatical changes/corrections throughout document without changing sentence content.
J	07/01/25	In "Information" #4 added reference to SD.2.112, in "References" section added SD.2.12, made numerous minor wording/grammatical changes/corrections throughout document without changing sentence content.
K	11/24/25	In "Procedure" section added B.3 added "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"),”