MINIMUM CASE MANAGEMENT STANDARDS

It is the vision of the Idaho Department of Health and Welfare-Division of Behavioral Health (Department) to provide a comprehensive, integrated, community-based, behavioral health system of care that promotes self-determination, empowerment, recovery, and the highest possible level of consumer participation in work, relationships, and all aspects of community life.

It is the goal of the Department to create standards that pertain to all programs within the Division of Behavioral Health. The case management standards delineated in this document are applicable to the Division's Mental Health, Children's Mental Health, and Substance Use Disorders programs.

DEFINITION OF CASE MANAGEMENT

Case management is a collaborative process that assesses, plans, links, coordinates, monitors, and advocates for options and services required to meet the client's health and human service needs.

PHILOSOPHY OF CASE MANAGEMENT

Case management is an area of specialty practice within health and human services professions. Its underlying premise is that everyone benefits when clients reach their optimum level of wellness, self-management, and functional capability.

Case management facilitates the achievement of client wellness and autonomy through advocacy, assessment, planning, linking, communication, education, resource management, and service coordination. Based on the needs and values of the client, and in collaboration with all service providers, the case manager links clients with appropriate providers and resources throughout the continuum of health and human services and care settings, while ensuring that the care provided is safe, effective, client-centered, timely, efficient, and equitable. This approach achieves optimum value and desirable outcomes.

CASE MANAGEMENT OBJECTIVES

The objectives of Case Management are to:

- Keep the client engaged in treatment;
- Improve client outcomes;
- Facilitate access to needed services;
- And, maintain the least restrictive level of care required for successful client outcomes.

CASE MANAGEMENT VALUES

The underlying values and principles listed here provide the foundation for empathic, empowering, and recovery-focused case management services:

- The client's self-determination is maximized to the fullest extent possible.
- The Client and the family unit are included in the process of developing outcomes.
- Case management services are individualized and client driven.
- Client choice is assured through offering an array of services from which the client may make choices.
- Case management services are accessible to the client, family, guardian, and others

associated with the client. Contacts with clients receiving case management services must take place in settings (clinic, home, or institution) and at times most convenient to them.

- Case management services are community-based and address the client's needs holistically.
- Case management services are culturally appropriate.
- Case management services are provided in an efficient and effective manner with accountability for client outcomes.

CASE MANAGEMENT - DEFINITIONS.

Agency. An agency is a business entity that provides Case Management and includes at least a supervisor and a case manager.

Case Management. Case Management services are assessing, planning, linking, coordinating, monitoring, and advocating for clients and their families to ensure that multiple services, designed to meet their needs for care, are delivered in a coordinated and therapeutic manner to meet the goals of treatment outcomes. There are three levels of Case Management recognized within these standards (*italicized* words are defined within this section):

LEVELS	STAFF QUALIFICATIONS	DUTIES	CRITERIA FOR LEVEL	OTHER
Clinical Case Management	Master's Degree, or higher, in Human Services (or related field).	Completes diagnostic *assessments* (if trained and certified on the GAIN-I and/or the Common Assessment Tool) and *service plan* development. Provides *linkage, coordination, monitoring, and advocacy. Crisis services* available as needed.	Considered to have intense needs in multiple (2 or more) *domains.* *Crisis services* needed.	Weekly face to face visits. Telephone contact weekly or as needed. Recommended Caseload: 15-30
Intensive Case Management	Mental Health - Bachelor's Degree, or higher, in Human Services (or related field). Substance Use Disorders - Bachelor's Degree or higher in Human Services (or related field) or be a qualified professional as	Completes *assessments* (if trained and certified on the GAIN-I and/or the Common Assessment Tool) and *service plans* with a proper co-signature of a Master's level clinician. Provides *linkage, coordination, monitoring, and advocacy. Crisis services* available as needed.	Considered to have moderate symptoms in at least 2 *domains.* *Crisis services* may be needed.	Twice-monthly face to face visits Telephone contact weekly or as needed. Recommended Caseload: 30-50

	defined in IDAPA 16.06.03			
Basic Case Management	Mental Health - Bachelor's Degree in Human Services (or related field) or higher. Substance Use Disorders - Bachelor's Degree or higher in Human Services (or related field) or be a qualified professional as defined in IDAPA 16.06.03	Completes *assessments* (if trained and certified on the GAIN-I and/or the Common Assessment Tool) and *service plans* with a proper co-signature of a Master's level clinician. Provides *linkage, coordination, monitoring, and advocacy. Crisis services* available if needed.	Stable with minimal impairments in all *domains*. Client in the process of transitioning from care. *Crisis services* available if needed.	Once a month face to face visits Telephone contact as needed. Recommended Caseload: 50-80

Assessment. A determination of a client's strengths and needs including medical, psychosocial, educational, financial, and other services that includes a description of the client's strengths, informal support system, and environmental factors relative to his/her care using a comprehensive bio-psycho-social assessment tool conducted by a qualified treatment professional as defined within the table on pages two and three (2 and 3).

The assessment tool for mental health clients is the Common Assessment.

For substance use disorders clients, the assessment tool is the Global Assessment of Individual Needs-Initial (GAIN-I). The GAIN-I must be administered by an individual trained and certified as a site administrator.

Comprehensive Service Plan. A comprehensive written service plan is based upon a current assessment that addresses the medical, psychosocial, legal, educational, and financial needs of the client. The Comprehensive Service Plan provides for the coordination of services across multiple need domains.

Crisis. An unanticipated event, circumstance or life situation that places a client at risk of at least one (1) of the following:

- Hospitalization;
- Loss of housing;
- Loss of employment or major source of income;
- Incarceration;
- Physical harm to self or others, including family altercation;
- Substance use; or
- Mental Health crisis.

Crisis Services. Crisis services are linking, coordinating and advocacy services provided to assist a client to access emergency community resources in order to resolve a crisis.

Current Assessment. An assessment (GAIN-I or Common Assessment) that was conducted within the last six (6) months.

Domains. Domains are specific bio-psycho-social assessment areas.

For Substance Use Disorders clients these domains are defined by the American Society of Addiction Medicine Patient Placement Criteria Second Edition-Revised (ASAM PPC-2R) as the six (6) dimensional criteria: acute intoxication and/or withdrawal potential; biomedical conditions and complications; emotional, behavioral, or cognitive conditions and complications; readiness to change; relapse, continued use or continued problem potential; and, recovery/living environment.

For Mental Health clients, in addition to a qualifying diagnosis, the psychiatric disorder must be of sufficient severity to cause a substantial disturbance in role performance or coping skills in at least two (2) of the following functional areas in the last six (6) months:

a. Vocational or Educational or both,
b. Financial,
c. Social Relationships or Support or both,
d. Family,
e. Basic Daily Living Skills,
f. Housing,
g. Community or Legal or both, and
h. Health or Medical or both.

Human Services Field. A particular area of academic study in health, social services, education, behavioral science or counseling.

Supports. Formal and informal services and activities that are not paid for by the Department and that enable an individual to reside safely in the setting of his/her choice.

CASE MANAGEMENT – ELIGIBILITY

Case Management will be provided for persons with complex needs who are unable, or have limited ability to gain access, coordinate or maintain services on their own or through other means, and/or who are eligible to receive substance use disorder treatment and/or recovery support services or are determined eligible for Children's or Adult Mental Health services.

COVERED SERVICES.

Case Management consists of the following functions:

Advocacy. Advocacy can be done with or for a client. It is a response to a lack of services and obstructions or barriers to the client obtaining services, supports, or opportunities. The Case Manager advocates for the unmet needs of the client and to encourage independence.

Assessment. A case management assessment of the client's service needs including medical, social, legal, educational, financial, among others, based upon the outcomes of either the GAIN-I (substance use disorders) or Common Assessment (Mental Health), that includes a description of the client's strengths, informal support system, and environmental factors relative to his/her care.

Coordination of Services. Coordination of Services is the foundation for continuity of care. Coordination provides a linkage across all services and support systems, and provides for needed and timely transitions between levels of care, services, and service providers.

Linking the Client to Needed Services. "Linking" includes finding, arranging and assisting the client to gain benefit from access to and maintenance of services, supports, and community resources identified in the Comprehensive Service Plan;

Monitoring Client Progress. Monitoring and follow-up of case management services includes: verifying that quality services, as identified in the Comprehensive Service Plan, are being received by the client, and are being delivered by providers in a cost-conscious manner; assuring that the client is adhering to the Plan; ascertaining the client's satisfaction with the services provided; documenting in the case record the progress of the client; ascertaining whether the services to which the client has been referred are and continue to be appropriate to the client's needs; making necessary revisions to the Plan; and making alternate arrangements when services have been denied or are unavailable to the client.

Planning. The planning process is where the case manager and client, parent, guardian, or spouse/significant other define goals, strategies to achieve these goals, responsibilities for action, and time frames for action. It also includes community reintegration planning, and exit planning to terminate case management services when case management is no longer required by the client, goals have been met, the client no longer wishes to participate in case management, or the client is no longer eligible for services.

CASE MANAGEMENT - PROCEDURAL REQUIREMENTS.

Demand. Case Management Services must not be utilized by providers of case management services to create a demand for unnecessary services or programs, particularly those services or programs within their scope of authority and/or practice or those of their employing agency.

Duplication of Services. Case Management Services must not duplicate case management services currently provided under any other program.

Prior Authorization. State-Funded Substance Use Disorder Case Management services must have prior authorization by the Department.

Comprehensive Service Plan Development. To the maximum extent possible, the development of a service plan shall be a collaborative process involving the client, family members, and other support/service systems. A written service plan must be developed and implemented within thirty (30) days after the client chooses a Case Management agency. The plan must be updated at least quarterly (every 90 days). The plan must address the service needs of the client as identified in the current assessment.

The individual's service plan must contain at least the following:

1. A list of problems (areas of concern) and needs identified during the assessment;
2. Overall goals (desired results) to be achieved consistent with the client's service needs and assessment;
3. Reference to all services and contributions provided by the informal support system including the actions, if any, taken by the case manager to develop the support system;
4. Identification of the nature, amount, frequency, and duration of the case management services required by the client;
   a. Selection of the nature, amount, type, frequency, and duration of services will be determined with the participation of the client, the client's informal support network, and providers of services;
5. Documentation of who participated in the selection of services;
6. Schedules for Case Management monitoring and reassessment;
7. Documentation of unmet needs and service gaps;
8. References to any formal services arranged including costs, specific providers, payer, schedules of service initiation, frequency or anticipated dates of delivery;
9. Concrete measurable goals, objectives, and interventions;
10. Time frames for achievement of the case management goals and objectives.

Documentation of Case Management. Case Management providers must maintain records that contain documentation describing the services provided, review of the continued need for Case Management, and progress toward each Case Management goal. All active records must be immediately available to State or State-contracted auditors. Documentation must be completed as required in Section 56-209(h), Idaho Code.
Documentation must include all of the following:

1. The name and case number of the eligible client;
2. The name of the provider agency and the person providing the direct case management services;
3. The date, times (beginning and ending) and place the service was provided;
4. A copy of the current assessment.
5. Prior authorization from the Department that documents eligibility for Case Management services.
6. A dated and signed service plan.
7. Documentation describing details of the service provided signed by the person who delivered the service.

8. Review of client's continued need for Case Management and progress toward each comprehensive service plan goal. A review must be completed at least every ninety (90) days after the plan development or each update.
9. Documentation of the client's, family's, or guardian's satisfaction with service.
10. A copy of an informed consent form signed by the client or guardian which documents that the client has been informed of his rights, including the rights to refuse Case Management and to choose his providers.
11. A Comprehensive Service Plan that is signed by the client or his legal representative, the case manager, and the case management supervisor. Mental health Case Management plans must also be signed by a physician or other licensed medical provider (e.g., RN, NP, PA) or a mental health clinician. The care manager must also document that a copy of the plan was given to the client or his legal representative. The plan must be updated and authorized as needed, but at least every ninety (90) days.

Client Choice of Case Management Providers.

Eligible clients have the option to select among qualified case management providers.

Case Manager Contact and Availability.

At least every thirty (30) days, depending upon the level of case management provided, case managers must have contact with the client, legal guardian or provider who can verify the client's well being and whether services are being provided according to the written plan. The frequency, mode of contact, and person being contacted must be identified in the plan and must meet the needs of the client.

Case Managers must have face-to-face contact with each client, at least, every month.

CASE MANAGEMENT - PROVIDER QUALIFICATIONS.

Minimum Education Requirements.

Mental Health Case Managers must have a minimum of a bachelor's degree in a human services field from a nationally accredited university or college.

Substance Use Disorders Case Managers must be qualified professionals as defined in IDAPA 16.06.03 or have a minimum of a bachelor's degree in a human services field from a nationally accredited university or college.

Work Experience.

All case managers must have at least six (6) months', or 1,040 hours of supervised experience working with the population they will be serving (mental health or substance use disorders) and must be supervised by a qualified clinical supervisor. Experience must be documented and may include counseling practicum hours conducted in a state certified/approved treatment facility and under the supervision of a Clinical Supervisor.

Mandatory Criminal History Check Requirements.

Case Management agencies must verify that each case manager they employ or with whom they contract has complied with IDAPA 16.05.06, "Criminal History and Background Checks."

Training.

Department Substance use disorders case management contractors and Mental Health staff providing case management are required to participate in "Essentials of Case Management" training prior to providing state-funded case management services.

INDIVIDUAL CASE MANAGER CASE LOADS.

The total caseload of a case manager must assure quality service delivery and client satisfaction.

SUPERVISION OF CASE MANAGEMENT.

Services will be provided by a case management provider agency that has entered into a provider agreement with the Department or its representative.

Supervision. Department Mental Health staff providing case management services must receive and document at least four (4) hours of clinical supervision per month.

Department Substance Use Disorders services provider agencies must provide and document, at least, 1 hour of clinical supervision to qualified case managers employed by the agency.

Case Management Supervisor Qualifications. Case Management Supervisors must have a Master's degree in a human services field and one (1) year experience with the population (mental health/substance use disorders) for whom they will be supervising services. For supervisors of Case Management for clients with mental illness, this experience must be in a mental health service setting.

All Case Management Supervision must be documented and include, at minimum, date, times (beginning and ending), the topics discussed, duration of each session, whether the supervision was to an individual or group, and the signatures and credentials of both the individual conducting the supervision and the individual(s) receiving supervision.

PROVIDER REIMBURSEMENT.

Limitations on Payment for Case Management. Only the following services are reimbursable:

1. Face to face contact between the case manager and the client, client's family members, legal representative, primary caregivers, service providers, or other individuals directly involved with the client's recovery;

2. Telephone contact between the case manager and the client, client's family members, legal representative, primary caregivers, service providers, or other individuals directly involved with the client's recovery;
3. Paperwork that is associated with obtaining certain needed services such as food stamps, energy assistance, emergency housing, or legal services when the client, client's family members, legal representative, primary caregivers, service providers, or other individuals directly involved with the client's recovery is/are present.

Case Management During Institutionalization.

a. Case Management is reimbursable on the day a client is admitted to a medical institution if the service is provided prior to admission.

b. Case Management is reimbursable on the day of discharge from a medical institution if the service is provided after discharge.

c. Case Management may be provided during the last thirty (30) days of an inpatient stay, or if the stay is not expected to last longer than thirty (30) days, when the service does not duplicate the discharge responsibilities of the facility.

d. Case Management may be provided during the last thirty (30) days of incarceration when the service does not duplicate the discharge responsibilities of the facility.

e. Case Management is not reimbursable when the client is in a residential treatment program.

f. Payment for on-going Case Management will not be made prior to the completion of the assessment and service plan.

Payment Limitations. Reimbursement is not allowed for missed appointments, attempted contacts, travel to provide the service, leaving messages, transporting clients, or documenting services. Case Management providers will not be reimbursed for more than one (1) contact during a single fifteen (15) minute time period.

Group Case Management. Payment is not allowed for Case Management provided to a group.

Health, Safety and Fraud Reporting. Case Managers are required to report any concerns about health and safety to the appropriate governing agency and to the Department. Case Managers must also report fraud, including billing of services that were not provided, to the Department unit responsible for authorizing the service; and to the Surveillance and Utilization Review Unit (SUR) within the Department.

CASE MANAGEMENT PERFORMANCE MEASURES.

It is expected that clients receiving case management services will demonstrate benefit (positive outcomes) from those services. Such outcomes may be engagement and retention in treatment, successful treatment rates, improved access to services, and client and community satisfaction with services.