



Case Management Training

April 13, 2016



What is Mental Health Case Management?

Mental Health Case Management is a reimbursable service that is defined as:

- A service to assist members eligible under the State Plan who reside in a community setting in gaining access to needed medical, social, educational, and other services. (CMHRS Manual, Chapter 4., pg. 77)
- Case management does not include the provision of direct services.

Case Management Requirements

To be eligible for Mental Health Case Management Services a member needs to:

(For those 18 years and older):

- Be living with a serious mental illness (as defined by DBHDS)
 - *There must be a major mental disorder diagnosed using the Diagnostic and Statistical Manual of Mental Disorders (DSM). These disorders are:*
 - *schizophrenia,*
 - *major affective disorders,*
 - *paranoia,*
 - *organic or other psychotic disorders,*
 - *personality disorders, or*
 - *other disorders that may lead to chronic disability.*

A diagnosis of adjustment disorder or a V Code diagnosis cannot be used to satisfy these criteria. (CMHRS Manual, Chapter 4., pg. 77)

Mental Health Case Management Requirements

(For those members birth through 17 years of age)

- Be living with a serious mental health problem that can be diagnosed with ICD 10 code or:
 - Be exhibiting ALL of the following:
 - *Problems in personality development and social functioning that have been exhibited over at least one year's time; and*
 - *Problems that are significantly disabling based upon the social functioning of most children that age; and*
 - *Problems that have become more disabling over time; and*
 - *Service needs that require significant intervention by more than one agency*
- (CMHRS Manual, Chapter 4., pg. 78)

Mental Health Case Management Requirements



(for those members birth through age 7)

- At risk of Emotional Disturbance - Children aged birth through seven are considered at risk of developing serious emotional disturbances if they meet at least one of the following criteria:
 - *The child exhibits behavior or maturity that is significantly different from most children of that age and which is not primarily the result of developmental disabilities; or*
 - *Parents, or persons responsible for the child's care, have predisposing factors themselves that could result in the child developing serious emotional or behavioral problems (e.g., inadequate parenting skills, substance abuse, mental illness, or other emotional difficulties, etc.); or*
 - *The child has experienced physical or psychological stressors that have put him or her at risk for serious emotional or behavioral problems (e.g., living in poverty, parental neglect, physical or emotional abuse, etc.).*

(CMHRS Manual, Chapter 4., pg. 78)

Mental Health Case Management Activities

- Comprehensive, service specific intake to include;
 - *Presenting issue/reason for referral, mental health history/hospitalizations, previous interventions by providers and timeframes and response to treatment, medical profile, developmental history including history of abuse if appropriate, educational/vocational status, currently living situation and family history and relationships, legal status, drug and alcohol profile, resources and strengths, mental status exam and profile, diagnosis, professional summary and clinical formulation, and recommended care and treatment goals. (CMHRS Manual, Chapter 4., pg. 9).*
- An Individual Service Plan (ISP) should be fully completed within 30 days of admission and reviewed every 3 months (CMHRS Manual, Chapter 2, pg. 17).
- Document attempts to notify Primary Care Physician (PCP) or pediatrician regarding the member's receipt of services and case management
- Mandatory monthly case management contact, activity, or communication relevant to the ISP. A face to face contact must be made every 90 day period

Mental Health Case Management Activities

- Link member with needed services and supports as specified in the ISP (CMHRS Manual, Chapter 2, pg. 17).
- Coordinate services and treatment planning with other agencies and providers
- Enhance community integration through increased opportunities for community access and involvement and creating opportunities to enhance community living skills to promote community adjustment
- Contact member's significant others to promote service plan and community adjustment
- Provide direct services such as:
 - *Education and assistance with problem solving and*
 - *Enhancing the member's community integration and independent function*
 - *Direct services are individualized and do not include group activities that provider general information. (i.e. a healthy lifestyles group)*
- Update ISP at least annually
- (CMHRS Manual, Chapter 4., pg. 80)

Mental Health Case Management

- Case Management is not a requirement for any of the following services :
 - Gap Crisis Stabilization, Day Treatment/Partial Hospitalization, Intensive In Home, Mental Health Skill Building (Adult and Adolescent), Psychosocial Rehabilitation, Therapeutic Day Treatment*
- Receiving case management is a member’s choice. A member has the right to refuse case management services.

Coordination of Care

- Magellan care managers complete regular outreach to providers regarding SRA submissions and clinical information provided, if there are recommendations needed.
- The recommendations made by Magellan care managers are based on information submitted regarding clinical presentation of member and current services the member is receiving.
- Providers are encouraged to document any referrals made to other levels of care and explain why/why not a referral was made or followed through with at the next SRA request.
- There is a more detailed provider training regarding coordination of care scheduled for April 2016.

Thanks

