

*(was MCCMH Policy 2-10-011;
incorporates MCO Policy 2-004)*

Chapter: **CLINICAL PRACTICE**
Title: **CASEMANAGEMENT AND SUPPORTS COORDINATION SERVICES**

Prior Approval Date: 11/20/12
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Approved by:

Chief Executive Officer

October 26, 2020

Date

I. ABSTRACT

This policy establishes standards and procedures for the provision of Case management and Supports Coordination Services for consumers of the Macomb County Community Mental Health (MCCMH) Board.

II. APPLICATION

This policy shall apply to directly operated and contracted network providers of the MCCMH Board.

III. POLICY

It is the policy of the MCCMH Board that Case management and Supports Coordination Services are provided to its consumers with mental illness, serious emotional disturbance, or developmental disabilities as needed or desired by the consumer as appropriate to his/her condition.

IV. DEFINITIONS

A. Case management

A covered service that assists consumers to design and implement strategies for obtaining services and supports that are goal-oriented and individualized. Services include planning; linkage; advocacy; coordination and monitoring to assist consumers in gaining access to needed health and dental services, including coordination with their MI Health Link Integrated Care Organization/Integrated Care Team if applicable; financial assistance; housing; employment; education; social services; and other services and natural supports developed through the person-centered planning process. Case management is provided in

a responsive, coordinated, effective and efficient manner focusing on process and outcomes.

B. Supports Coordination

An additional mental health service that is provided in order to enable a consumer to achieve community inclusion and participation, independence, and/or productivity in home- and community-based settings when identified in the individual plan of service as one or more goals developed during person-centered planning. Supports coordination services include:

1. Pre-planning, treatment planning, and periodic review of plan using person-centered principles.
2. Linking to, coordinating with, follow-up of, and advocacy with all supports and services, including the Medicaid Health Plan, Medicaid fee-for-service, or other health care providers.
3. Brokering of providers of services and supports.
4. Assistance with access to entitlements, and/or legal representation.
5. Monitoring of Habilitation Supports Waiver and other mental health services.

V. STANDARDS

- A. Case management services are available for any consumers (adults with serious mental illness, children with serious emotional disturbance, individuals with developmental disabilities, persons with co-occurring substance use disorders) who have multiple service needs, have a high level of vulnerability, require access to a continuum of mental health services, and/or are unable to independently access and sustain involvement with needed services.
- B. Supports coordination services are available for any consumers (adults with serious mental illness, children with serious emotional disturbance, individuals with developmental disabilities, persons with co-occurring substance use disorders) who have goals of community inclusion and participation, independence, and/or productivity and who need assistance with planning, linking, coordination, brokering, access to entitlements, or coordination with health care providers, but do not meet the criteria for Case management. Supports coordination services are available for all consumers who are beneficiaries of Habilitation/Supports Waivers (HSW) for persons with development disabilities.
- C. The Case management or Supports Coordination functions to be performed and the frequency of face-to-face and other contacts shall be specified in the consumer's individual plan of service. The frequency and scope of Case management or Supports Coordination contacts must also take into consideration health and safety needs of the consumer and the frequency of contact for purposes of supports planning will be appropriate to need but at least annually.

- D. Case managers and Supports Coordinators may not authorize or deny the provision of services (excluding Case management services for Children’s Waiver Community Living Supports Services.)
- E. Case managers and Supports Coordinators may not duplicate services that are the responsibility of another program.
- F. Children receiving Wraparound may not also receive, at the same time, the Case management or Supports Coordination coverage.
- G. Coordination of care shall take place according to the provisions of MCCMH MCO Policy 2-042, “Service Referrals / Recommendations, Coordination of Care, and Follow-Up.”
- H. Case managers who are employees of Macomb County may transport consumers according to the provisions of MCCMH MCO Policy 10-051, “Use and Maintenance of County/Personal Vehicles.”
- I. Case managers and Supports Coordinators shall be appropriately credentialed and privileged according to applicable provider policies.

VI. PROCEDURES

- A. None.

VII. REFERENCES / LEGAL AUTHORITY

- A. MCL 330.1206(1)(c); MCL 330.1206(1)(c)
- B. Michigan Department of Community Health (MDCH) Administrative Rule 330.7199
- C. PIHP/CMHSP Encounter Reporting HCPCS and Revenue Codes, January 2012
- D. MDCH Medicaid Provider Manual, Mental Health / Substance Abuse, October 1, 2012

VIII. EXHIBITS

- A. None.