

CASE MANAGEMENT SERVICES

I. Description:

Case management means services to assist clients to access needed medical, social, educational or other services. It is the coordination of service delivery and assurance of continuity and integration of services. Case Management is not prevention/intervention, advocacy or skills training. Case Management is defined as services that assist eligible individuals to gain access to needed medical, social, educational, and other services – not the direct delivery of these services.

Case management services are specific and must meet one or more of the following activity definitions:

- A. **Assessment** to determine service needs; identifying needs for any medical, educational, social, or other services. Such assessment activities include the following: updating client history; identifying needs of the individual; gathering information from other sources such as family members, medical providers, social workers, and educators, if necessary, to form a complete assessment of the eligible individual.
- B. **Development of a care plan** based on information from assessment, specifying goals and actions to address the medical, social, educational, and other services needed by the individual, including activities such as ensuring active participation of the individual and working with the individual (or the individual's authorized health care decision maker) and others to develop the plan.
- C. **Referral** and related activities to help an individual obtain needed services, including activities that link eligible individuals with medical, social, educational providers or other programs and services that provide needed services; making referrals to providers for needed services and scheduling appointments for the individual.
- D. **Monitoring and follow-up** activities, include contacts to ensure the care plan is effectively implemented and adequately addressing the needs of the individual; may be with the individual, family members, providers, or other entities and conducted as frequently as necessary to help determine whether services are being furnished in accordance with the care plan; whether the plan is adequate; and whether there are changes in the needs or status of the individual; making necessary adjustments in the plan and service arrangements with external providers

Case management goals must be identified in the client's service plan and activities must be documented in the clinical record. Providers, including Child Placement Agencies, are required to use the approved ValueOptions Colorado Treatment Guidelines for case management as specified in provider contracts and the Colorado Health Partnerships' Provider Manual.

II. Criteria:

Case management services may be helpful for all clients receiving behavioral healthcare, but are especially recommended for:

- A. Persons who have frequent psychiatric hospitalizations.
- B. Persons who have difficulty in managing mental health symptoms, which interfere with their successful accomplishment of routine activities of daily living.
- C. Persons with few/no natural external support systems, including persons with severe and persistent mental illness or children and youth in out-of-home placement.
- D. A pattern of repeated moderate to high risk behaviors including poor adherence with the prescribed treatment regimen.
- E. Persons who have demonstrated the inability to independently access and sustain involvement with needed services based on a history of non-adherence.

III. Exclusion Criteria:

- A. Any clients initiating care may be provided case management services to assist them in accessing needed services; however clients eligible for ongoing case management services must demonstrate symptoms consistent with a covered DSM-IV-TR or ICD-9 diagnosis and have assessed needs identified in the service plan.

IV. Review Frequency:

- A. As needed.