

570 BEHAVIORAL HEALTH PROVIDER CASE MANAGEMENT

EFFECTIVE DATE: November 9, 2022

REFERENCES: A.R.S § 36-551; ACOM 407; AMPM Chapter 200; AMPM 320-O; AMPM 570; AMPM 570 Attachment A

PURPOSE

The purpose of this policy is to outline the requirements for Behavioral Health Provider Case Management services for Administrative Services Subcontractors (AdSS) whose contract includes this service.

DEFINITIONS

1. "Assertive Community Treatment Case Management" focuses upon members with severe and persistent mental illness that seriously impairs their functioning in community living, in conjunction with a multidisciplinary team approach to coordinating care across multiple systems.
2. "CALOCUS" is a standardized assessment tool that provides determination of the appropriate intensity of services needed by a child or adolescent and their family, and guides provision of ongoing service planning and treatment outcome monitoring in all clinical and community-based settings.

3. “Connective Case Management” means to focus upon members who have largely achieved recovery and who are maintaining their level of functioning. Connective case management involves careful monitoring of the member’s care and linkage to service. Caseloads may include both members with an SMI designation as well as members with a general mental health condition or Substance Use Disorder as clinically indicated.
4. “High Needs Case Management” means focus upon providing case management and other support and rehabilitation services to children with complex needs and multiple systems involvement for whom less intensive case management would likely impair their functioning. Children with high service intensity needs who require to be offered the assignment of a high needs case manager are identified as:
 - a. Children 0 through five years of age with two or more of the following:
 - i. Involvement with Arizona Early Intervention Program (AzEIP), Department of Child Safety (DCS), and/or Division of Developmental Disabilities (DDD), and/or

- ii. Out of home residential services for behavioral health treatment within past six months, and/or
 - iii. Utilization of two or more psychotropic medications, and/or
 - iv. Evidence of severe psycho-social stressors (e.g. family member serious illness, disability, death, job loss, eviction), and
- b. Children six through 17 years of age: CALOCUS level of 4, 5, or 6.
5. “Member” means an individual who is receiving services from the Division of Developmental Disabilities (Division).
6. “Provider Case Management” means a collaborative process provided by a behavioral health provider which assesses, plans, implements, coordinates, monitors, and evaluates options and services to meet an individual’s health needs through communication and available resources to promote quality, cost-effective outcomes.

7. “Provider Case Manager” means the person responsible for locating, accessing, and monitoring the provision of services to clients in conjunction with a clinical team.
8. “Responsible Person” means the parent or guardian of a developmentally disabled minor, the guardian of a developmentally disabled adult or a developmentally disabled adult who is a client or an applicant for whom no guardian has been appointed.
9. “Substance Use Disorder” means a range of conditions that vary in severity over time, from problematic, short-term use/abuse of substances to severe and chronic disorders requiring long-term and sustained treatment and recovery management.
10. “Support Coordinator” means the same as “Case Manager” under A.R.S. § 36-551
11. “Supportive Case Management” means focus upon members for whom less intensive case management would likely impair their functioning. Supportive case management provides assistance, support, guidance and monitoring in order to achieve maximum benefit from services. Caseloads may include members with an

SMI designation as well as members with a general mental health condition or substance use disorder as clinically indicated.

POLICY

- A.** The AdSS shall provide Provider Case Management services concurrently with DDD support coordination when the member/responsible person requests them and when determined medically necessary to coordinate services.
- B.** The AdSS shall cover case management services provided by behavioral health providers involved with a member's care outside of the role of an assigned behavioral health case manager. The AdSS shall refer to the Arizona Health Care Cost Containment System (AHCCCS) Behavioral Health Services Matrix for billing and coding requirements for case management services.
- C.** The AdSS shall ensure that Provider Case Managers monitor the member's current needs, services, and progress through regular and ongoing contact with the member/responsible person.
- D.** The AdSS shall ensure that the frequency and type of contact for case management services are determined by the Child and Family Team (CFT) or Adult Recovery Team (ART) during the treatment planning

process, and adjusted as needed, considering clinical need and member preference.

- E.** The AdSS shall ensure that one of the following intensity levels for Provider Case Management services is determined by the CFT or ART:
1. Connective Case Management
 2. Supportive Case Management
 3. High Needs Case Management
 4. Assertive Community Treatment Case Management
- F.** The AdSS shall ensure that Provider Case Managers coordinate care on behalf of DDD members and ensure they receive the treatment and support services that will most effectively meet the member's needs by:
1. Coordinating with the member/responsible person, social rehabilitation, vocational/employment and educational providers, supportive housing and residential providers, crisis providers, health care providers, peer and family supports, other state agencies and natural supports as applicable.
 2. Obtaining input from providers and other involved parties in the assessment and service planning process.

3. Providing coordination of the care and services specified in the member's service plan and each provider/program's treatment plan, to include physical and behavioral health services and care.
4. Obtaining information about the member's course of treatment from each provider at the frequency needed to monitor the member's progress.
5. Participating in all provider staffing and treatment/service planning meetings.
6. Obtaining copies of provider treatment plans and entering as part of the medical record.
7. Providing education and support to members/responsible persons, family members, and significant others regarding the member's diagnosis and treatment with the member/responsible person's consent.
8. Providing a copy of the member's behavioral health service/treatment plan to other involved providers and involved parties with the consent of the member/responsible person's consent.

9. Providing medication and laboratory information to residential and independent living service providers or other caregivers involved with the consent of the member/responsible person.
10. Coordinating care with the member's assigned care manager as applicable.
11. Utilizing the Behavioral Health Practice Tools located in AMPM Chapter 200 for children.
12. In crisis situations:
 - a. Identifying, intervening, and/or following up with a potential or active crisis situation in a timely manner,
 - b. Providing information, backup, and direct assistance to crisis and emergency personnel, including "on-call" availability of case manager or case management team to the Crisis System
 - c. Providing follow-up with the member/responsible person after crisis situations, including contact with the member within 24 hours of discharge from a crisis setting,

- d. Assessing for, providing, and coordinating additional supports and services as needed to accommodate the member's needs, and
 - e. Ensuring the member's annual crisis and safety plan is updated as clinically indicated, based on criteria as specified in AMPM Policy 320-O, and readily available to the crisis system, clinical staff and individuals involved in development of the crisis and safety plan.
- G. The AdSS shall develop a provider network with a sufficient number of qualified and experienced Provider Case Managers who are available to provide case management services to all enrolled members and shall meet the caseload ratios as specified in Attachment A except as otherwise specified and approved by AHCCCS.
- H. The AdSS shall ensure that all children receiving behavioral health services and DDD members with a Serious Mental Illness (SMI) designation are assigned to a case manager in accordance with A.A.C. R9-21-101, and that all other members are assigned a Provider Case Manager as needed, based upon a determination of the member's service acuity needs.

- I. The AdSS shall ensure that providers orient new case managers to the fundamentals of providing case management services, evaluate their competency to provide case management, and provide basic and ongoing training in the specialized subjects relevant to the populations served by the provider, and as specified in ACOM Policy 407.
- J. The AdSS shall ensure that the behavioral health provider provides accurate contact information for the Provider Case Manager and AdSS for assistance. The AdSS shall also require that behavioral health providers provide accurate information to the member/responsible person for what to do in cases of emergencies and/or after hours.
- K. The AdSS shall ensure that providers have a system of back-up case managers in place for members who contact an office when their assigned case manager is unavailable and that members be given the opportunity to speak to the back-up case manager for assistance.
- L. The AdSS shall ensure behavioral health providers respond to members/responsible person's messages left for case managers within two business days.
- M. The AdSS shall ensure that Provider Case Managers are not assigned duties unrelated to member specific case management for more than

10% of their time if they carry a full caseload as specified in AMPM 570 Attachment A.

- N. The AdSS shall ensure that providers establish a supervisor to case manager ratio that is conducive to a sound support system for case managers as per AMPM 570 Attachment A, including establishing a process for reviewing and monitoring supervisor staffing assignments in order to adhere to the AdSS's designated supervisor to case manager ratio.
- O. The AdSS shall ensure that Provider Case Manager supervisors have adequate time to train and review the work of newly hired case managers and to provide support and guidance to established case managers.
- P. In order to prevent conflicts of interest, the AdSS shall ensure that a Provider Case Manager is not:
 - 1. Related by blood or marriage or other significant relation to a member or to any paid caregiver for a member on their caseload.
 - 2. Financially responsible for a member on their caseload.

3. Empowered to make financial or health-related decisions on behalf of a member on their caseload.
 4. In a position to financially benefit from the provision of services to a member on their caseload.
 5. A provider of paid services (e.g., Home and Community Based Services (HCBS), privately paid chores, etc.) for any member on their caseload.
- Q. The AdSS shall establish and implement mechanisms to promote coordination and communication between Provider Case Management and AdSS care management teams, with particular emphasis on ensuring coordinated approaches with the AdSS's Chief Medical Officer (CMO), Medical Management (MM) and Quality Management (QM) teams as appropriate.
- R. The AdSS shall submit, as specified in contract, a Case Management Plan that addresses how the AdSS will implement and monitor case management standards and caseload ratios for adult and child members. The Case Management Plan shall also include performance outcomes, lessons learned, and strategies targeted for improvement. Following the initial submission, subsequent submissions shall include

an evaluation of the AdSS's Case Management Plan from the previous year.

Signature of Chief Medical Officer: 
Anthony Dekker (Nov 1, 2022 12:40 PDT)
Anthony Dekker, D.O.