570 BEHAVIORAL HEALTH PROVIDER CASE MANAGEMENT

REVISION DATE: 11/9/2022, 7/3/2015
EFFECTIVE DATE: June 30, 1993
REFERENCES: A.R.S § 36-551; ACOM 407; AMPM Chapter 200; AMPM 320-O; AMPM 570

PURPOSE

The purpose of this policy is to outline requirements for Behavioral Health Provider Case Management services for Division of Developmental Disabilities (Division) members who are Arizona Long Term Care System (ALTCS) eligible.

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 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 Division shall ensure that members receive behavioral health case management services in addition to support coordination when requested by the member/responsible person and determined medically necessary for coordination of services. These services may be provided by:

1. A behavioral health provider for members enrolled in subcontracted health plans, or
2. A Tribal Regional Behavioral Health Authority (TRBHA) case manager for members enrolled in the Tribal Health Program.

B. The Division 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.

C. The Division 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 DDD Support Coordinator shall participate as part of the Child and Family Team (CFT) or Adult Recovery Team (ART) in determining the frequency and type of contact during the treatment planning process, and adjust as needed, considering clinical need and member preference.

E. The DDD Support Coordinator shall participate as part of the CFT or ART in assessing the intensity level for one of the following types of Provider Case Management:

1. Connective Case Management
2. Supportive Case Management
3. High Needs Case Management
4. Assertive Community Treatment Case Management

F. The Division shall ensure that Provider Case Managers coordinate care on behalf of DDD members to 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 them 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 service 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 AHCCCS Medical Policy Manual (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. Immediately assessing for, providing, and coordinating additional supports and services as needed to accommodate the individual's 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 the development of the crisis and safety plan.

G. The Division shall ensure the AdSS develops a provider network with a sufficient number of qualified and experienced behavioral health case managers and meet the following requirements:

1. Behavioral health case managers are available to provide Case Management services to all enrolled members and shall meet the caseload ratios as specified in AMPM 570 Attachment A except as otherwise specified and approved by AHCCCS.

2. All DDD members with a Serious Mental Illness (SMI) designation are assigned to a Provider Case Manager in accordance with A.A.C. R9-21-101, and that all other individual members are assigned a Provider Case Manager as needed, based upon a determination of the individual's member's service acuity needs.
3. Providers are orienting new Provider Case Managers to the fundamentals of providing Case Management services, evaluating their competency to provide Case Management, and providing basic and ongoing training in the specialized subjects relevant to the populations served by the provider, and as specified in ACOM Policy 407.
4. Member/responsible person shall be provided adequate information in order to be able to contact the behavioral health case manager or AdSS for assistance. The AdSS shall also ensure that adequate information is provided to the member/responsible person for what to do in cases of emergencies and/or after hours.

5. Providers have a system of back-up Case Managers in place for members who contact an office when their assigned Provider Case Manager is unavailable and that members be given the opportunity to speak to the back-up provider Case Manager for assistance. The AdSS shall ensure when messages are left for Provider Case Managers that members/responsible persons are called back within two business days.
6. 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)
7. Providers establish a supervisor to Provider Case Manager ratio that is conducive to a sound support structure 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 Provider Case Manager ratio.
8. Provider Case Manager supervisors have adequate time to train and review the work of newly hired Provider Case Managers as

well as provide support and guidance to established Provider Case Managers.

9. In order to prevent conflicts of interest, ensure that a Provider Case Manager is not:

   a. Related by blood or marriage or other significant relation to a member or to any paid caregiver for a member on their caseload.

   b. Financially responsible for a member on their caseload.

   c. Empowered to make financial or health-related decisions on behalf of a member on their caseload.

   d. In a position to financially benefit from the provision of services to a member on their caseload.

   e. A provider of paid services (e.g., Home and Community Based Services (HCBS), privately paid chores, etc.) for any member on their caseload.

H. The Division shall ensure the AdSS establishes and implements 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.

I. The Division shall ensure the AdSS submits a Case Management Plan that addresses how the AdSS will collaborate with other Contractors to implement and monitor Provider Case Management standards and caseload ratios for adult and child members, as well as including:

1. performance outcomes,
2. lessons learned, and
3. strategies targeted for improvement, and
4. evaluation of the AdSS's Case Management Plan from the previous year.

J. The Division shall oversee the AdSS utilizing the following methods to ensure compliance with policy:

1. Annual Operational Review of each AdSS
2. Review and analyze deliverable reports submitted by the AdSS
3. Conduct oversight meetings with the AdSS for the purpose of:
    a. reviewing compliance,
    b. address concerns with access to care or other quality of care concerns,

c. discuss systemic issues and

d. provide direction or support to the AdSS as necessary

4. Ongoing monitoring and evidence of compliance through Behavioral Health Chart Audits.

Signature of Chief Medical Officer: Anthony Dekker (Nov 1, 2022 11:06 PDT)
Anthony Dekker, D.O.