

## **FY2015 BEHAVIORAL HEALTH CASE MANAGEMENT GUIDE**

*The information in this guide is considered to be supplemental to OHCA's and ODMHSAS's rules for Behavioral Health Case Management. This information is intended to assist with the provision and documentation of Case Management services.*

### **INTRODUCTION**

Behavioral Health Case Management (BHCM) is an ancillary service provided in support of primary behavioral health services such as psychotherapy. Its function is to address the resource needs that members/families are unable to successfully negotiate for themselves, which if left unmet may impair the member's ability to successfully work toward their behavioral health treatment goals and overall recovery (ex: it would be very difficult to work through behavioral health issues if basic needs such as food and shelter have not been met, and the member/family does not have the capacity to arrange for them). BHCM must address an immediate resource need (ex: Access to Housing) that is reflected on the member's Service Plan. Other than the monitoring function of BHCM, which is not expected to be time-intensive, BHCM is typically only provided as resource needs arise. The provision of intensive amounts of BHCM would only be expected under unique circumstances where a member might need an extensive amount of resources (ex: member/family is homeless, member discharging from prison, a new member/family, etc.). Provision of services at this intensity would be expected to be time-limited; not on-going.

### **REIMBURSEABLE BEHAVIORAL HEALTH CASE MANAGEMENT**

**Reimbursable Behavioral Health Case Management includes the following functions:**

- (I) Gathering necessary psychological, educational, medical, and social information for the purpose of individual plan of care development.

This includes time spent with the member/guardian on the completion of the strengths based case management assessment and other gathering of information for the purposes of development of the Case Management Service Plan objectives.

- (II) Face-to-face meetings with the member and/or the parent/guardian/family member for the implementation of activities delineated in the individual plan of care.

This is a meeting with member/guardian to implement the CM objectives (referral, linkage, advocacy) that were included in the Service Plan at the time of development or were resource needs that were identified and added to the Plan (with signature and date of the member/guardian and responsible LBHP) at some point during the 6 month Service Plan period.

(III) Face-to-face meetings with treatment or service providers, necessary for the implementation of activities delineated in the individual plan of care.

This is a meeting with treatment/service providers outside of your agency, to link or advocate regarding specific resource needs that are identified through existing objectives on the Service Plan.

(IV) Supportive activities such as non face-to-face communication with the member and/or parent/guardian/family member.

This is non face-to-face communication (i.e. phone call, written correspondence) to assist member/guardian with the identification of resource needs for the Service Plan or for implementation of CM objectives on the Services Plan; time spent actually talking with the member/guardian over the phone, or written correspondence used to communicate with the member/guardian when face-to-face, or phone contact is not possible.

V) Non face-to-face communication with treatment or service providers necessary for the implementation of activities delineated in the individual plan of care.

This is non face-to-face communication (i.e. phone call, written correspondence) with treatment/service providers outside of your agency, to assist with referral, linkage or advocacy regarding specific resource needs that are identified through existing objectives on the Service Plan. The member/guardian must be present when filling out forms, applications, etc., on behalf of the member.

(VI) Monitoring of the individual plan of care to reassess goals and objectives and assess progress and or barriers to progress.

This function is to periodically connect with other providers of service on the member's Service Plan within your agency (Therapist, Physician, etc.) to check and see if the client is having trouble making appointments or if there are resource needs that are impeding tx progress, and to connect with the member if missing appointments to determine what the barriers are and assess what resources they might need to help ensure their participation and success in tx. This is typically a periodic (not daily) function, and service times are generally brief.

(VII) Crisis diversion (unanticipated, unscheduled situation requiring supportive assistance, face-to-face or telephone, to resolve immediate problems before they become overwhelming and severely impair the individual's ability to function or maintain in the community) to assist member(s) from progression to a higher level of care.

This function is used to address a resource crisis (i.e. being evicted from housing). Clinical crisis is not addressed under CM (it must be address by an LBHP).

**SoonerCare reimbursable Behavioral Health Case Management DOES NOT INCLUDE:** physically escorting or transporting a member or family to scheduled appointments or staying with the consumer during an appointment; managing finances; providing specific services such as shopping or paying bills; delivering bus tickets, food stamps, money, etc.; counseling, rehabilitative services\*, psychiatric assessment or discharge planning; filling out forms, applications, etc., on behalf of the member when the member is not present; filling out SoonerCare forms, applications, etc.; filling out SoonerCare (Medicaid) forms, applications, etc.; mentoring or tutoring; provision of behavioral health case management services to the same family by two separate behavioral health case management agencies; non face-to-face time spent preparing the assessment document and the service plan paperwork; monitoring financial goals; services to nursing home residents; and services to members residing in ICF/IID (formerly ICF/MR) facilities.

\*Reimbursable Behavioral Health Case Management services **DO NOT INCLUDE** Behavioral Health Rehabilitation service functions (ex: curriculum based education and skills development).

**SoonerCare members who are NOT eligible for Behavioral Health Case Management:** children/families for whom behavioral health case management services are available through OKDHS/OJA staff; members receiving Residential Behavior Management Services (RBMS) in a foster care or group home setting; residents of ICF/IID (formerly and nursing facilities; and members receiving services under a Home and ICF/MR) Community Based services (HCBS) waiver program.

## **DEFINITIONS**

**Referral** – When a member is in need of specific resource information (such as a name, phone number and/or address) and can take the information and make the linkage and advocate for themselves. *[Billable time includes time spent communicating with treatment/service providers outside of the Case Manager’s (CM) agency to locate the needed resource information and passing the information on to the member/guardian.]*

**Linkage** – When a member is in need of specific resource information, and needs assistance with linking up with that resource. *[Billable time includes time spent communicating with treatment/service providers outside of the Case Manager’s (CM) agency to locate the needed resource information, reviewing it with the member/guardian, and (with member/guardian permission) communicating (written or verbal) with the referral source to make the linkage.]*

**Advocacy** - When a member is unable to successfully express their needs and interests and needs assistance with communication to access a specific resource. *[Billable time includes only the time spent on actual advocacy with the resource. This can include time spent on written communication (if assisting the member/guardian with filling out forms, applications, etc. the member/guardian must be present), and verbal communication on the phone and face to face.]*

## **SERVICE PLAN OBJECTIVES**

Case Management Service Plan objectives are based on immediate resource needs identified at the time of assessment and service plan development, or that are identified during treatment and added to the service plan (to add an objective during the 6-month Service Plan period, the member/guardian and the responsible LBHP must sign and date to approve the addition).

The objectives are the member's objectives and should be written as what the member is to do. For example, a member may need to be able to access public transportation to work toward their tx goals, so you might see an advocacy CM objective like the following: "Betty will work with Case Manager to complete application for a bus pass." There should not be any "as needed" type of CM objectives. The only regular CM function (other than working on referral, linkage and advocacy to assist with pre-identified CM objectives designated on the Service Plan), is that of Monitoring (defined above).

The monitoring function of CM is related to the existing tx objectives on the Service Plan, and does not require its own objective. In addition, as crisis diversion is emergent it does not require an objective on the plan either.

### **Objective Examples**

Member/Family will work with Case Manager regarding referral, linkage and advocacy to obtain safe and affordable housing.

Member/Family will work with Case Manager regarding referral, linkage and advocacy to obtain Social Security benefits.

Member/Family will work with Case Manager regarding linkage with local food bank and churches for grocery assistance.

Member/Family will work with Case Manager regarding linkage with general physician for management of diabetes.

## **PROGRESS NOTES**

Progress note requirements for Behavioral Health Case Management are very similar to the requirements for other behavioral health services, however, the stated intervention will look different; reflecting the BHCM eligible functions/activities performed by the Case Manager (these eligible functions are the ones listed and described in the “Reimbursable Behavioral Health Case Management” section above). The intensity of the BHCM intervention provided (ex: number and type of BHCM functions/activities provided during the session), should be congruent with the time frame being billed for.