

**SECTION: 4 CHAPTER: 1200**  
**POLICY: 1202, Care Management**

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**1. PURPOSE:**

ADHS/DBHS has developed the following requirements/procedures for the Integrated Regional Behavioral Health Authority (RBHA) in the area of Care Management.

Care Management services cover a wide spectrum of episodic and chronic health care conditions for members in the top tier of high risk/high cost care with an emphasis on proactive health promotion, health education, disease management, and self-management.

**2. TERMS:**

Definitions for terms are located online at <http://www.azdhs.gov/bhs/definitions/index.php>. The following terms are referenced in this section:

Care Management  
Care Management Program (CMP)  
Care Manager  
Integrated RBHA  
Treatment Team

**3. PROCEDURES:**

- a. Care Management is an administrative function and not a billable service. Care Management is a function at the Integrated RBHA level. While Care Managers can provide consultation to a member's Treatment Team, they should not perform the day-to-day duties of case management or service delivery.
- b. The Integrated RBHA must establish a policy for a Care Management program that covers the following objectives:
  - i Identify the top tier of high risk/high cost members with Serious Mental Illness (SMI) in a fully integrated health care program (estimated at twenty percent (20%);
  - ii Effectively transition members from one level of care to another;
  - iii Streamline, monitor and adjust members' care plans based on progress and outcomes;
  - iv Reduce hospital admissions and unnecessary emergency department and crisis service use; and
  - v Provide members with the proper tools to self-manage care in order to safely live, work, and integrate into the community.
    - (1) Upon discharge from the Arizona State Hospital (AzSH) the Integrated RBHA must provide all insulin dependent diabetic members with the same brand and model glucose monitoring device as used in the hospital;
    - (2) Inform members of particular health care conditions that require follow up; and
    - (3) Inform members of their responsibility to comply with prescribed treatment regimens.

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- c. Care Management Program-General Requirements
  - i For all members determined to have SMI who are receiving physical health care services through the Integrated RBHA, the Integrated RBHA must:
    - (1) Establish and maintain a Care Management Program (CMP).
    - (2) Allow the member to select (or the Integrated RBHA to assign) a PCP or BH clinician who is formally designated as having primary responsibility for coordination the member's overall health care
    - (3) Educate and communicate with PCPs who treat depression, anxiety and ADHD
    - (4) Identify members with special health care needs and:
      - (a) Ensure an assessment by a qualified health care professional for ongoing needs
      - (b) Ensure ongoing communication among providers
      - (c) Ensure a mechanism for direct access to specialists as appropriate
    - (5) On an ongoing basis, utilize tools and strategies to develop a case registry for all SMI members which at a minimum, shall include:
      - (a) Diagnostic classification methods that assign primary and secondary chronic co-morbid conditions;
      - (b) Predictive models that rely on administrative data to identify those members at high risk for over-utilization of behavioral health and physical health services, adverse events, and higher costs;
      - (c) Incorporation of health risk assessments into predictive modeling in order to tier members into categories of need to design appropriate levels of clinical intervention, especially for those members with the most potential for improved health-related outcomes and more cost-effective treatment;
      - (d) Criteria for identifying the top tier of high cost, high risk members for enrollment into the Care Management Program; and
      - (e) Criteria for dis-enrolling members from the Care Management Program.
    - (6) Assign and monitor Care Management caseloads consistent with a member's acuity and complexity of need for Care Management.
    - (7) Allocate Care Management resources to members consistent with acuity, and evidence-based outcome expectations.
    - (8) Provide technical assistance to Care Managers including case review, continuous education, training and supervision.
    - (9) Communicate Care Management activities with all of the Integrated RBHA's organizational units with emphasis on regular channels of communication with the Integrated RBHA's Medical Management, Quality Management and Provider Network departments.
    - (10) Establish communication to exchange information within 7 days between PCP and Behavioral Health provider, including monitoring to ensure coordination and remediation if the communication does not occur.

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- (11) Have Care Managers who, at a minimum, shall be required to complete a comprehensive case analysis review of each member enrolled in the Integrated RBHA's Care Management Program on a quarterly basis. The case analysis review shall include, at a minimum:
  - (a) A medical record chart review;
  - (b) Consultation with the member's treatment team;
  - (c) Review of administrative data such as claims/encounters; and
  - (d) Demographic and customer service data.
- ii The Integrated RBHA must develop a method to report Care Management activities, including monitoring, trending and analysis on a quarterly basis. Such reports must be incorporated into the Integrated RBHA's MM/UM Plan and Evaluation.

**4. REFERENCES:**

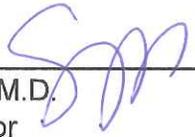
[42 CFR 441](#)  
[A.A.C. R9-10-204](#)  
[A.A.C. R9-21-301](#)  
[AHCCCS/ADHS Contract](#)  
[ADHS/RBHA Contracts](#)  
[AHCCCS Medical Policy Manual \(AMPM\) 1020.1](#)

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