

570 – PROVIDER CASE MANAGEMENT

EFFECTIVE DATES: 10/01/21, 10/01/22

APPROVAL DATES: 07/13/21, 04/21/22

I. PURPOSE

This Policy applies to ACC, ACC-RBHA, DCS/CHP (CHP), and DES/DDD (DDD) Contractors; and Fee-For-Service (FFS) Programs including: the American Indian Health Program (AIHP) and TRBHAs excluding Federal Emergency Services (FES). (For FES, refer to AMPM Chapter 1100). This Policy establishes requirements for provider case management for behavioral health providers.

II. DEFINITIONS

Definitions are located on the AHCCCS website at: [AHCCCS Contract and Policy Dictionary](#).

III. POLICY

Provider case management is a supportive service provided to improve treatment outcomes and meet member's service or treatment plan goals. Examples of case management activities include but are not limited to:

1. Assistance in maintaining, monitoring, and modifying behavioral health services.
2. Assistance in finding necessary resources other than behavioral health services.
3. Coordination of care with the member/Health Care Decision Maker (HCDM), Designated Representative (DR), healthcare providers, family, community resources, and other involved supports including educational, social, judicial, community, and other State agencies.
4. Coordination of care activities related to continuity of care between levels of care (e.g., inpatient to outpatient care) and across multiple services (e.g., personal care services, nursing services, and family counseling) and providers.
5. Assisting members in applying for social security benefits when using the Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) Outreach, Access, and Recovery (SOAR) approach.
 - a. SOAR activities may include:
 - i. Face-to-face meetings with member,
 - ii. Phone contact with member, and
 - iii. Face-to-face and phone contact with records and data sources (e.g., jail staff, hospitals, treatment providers, schools, disability determination services, Social Security Administration, physicians).

- b. SOAR services shall only be provided by staff who have been certified in SOAR through SAMHSA SOAR Technical Assistance Center. Additionally, when using the SOAR approach, billable activities do not include:
 - i. Completion of SOAR paperwork without member present,
 - ii. Copying or faxing paperwork,
 - iii. Assisting members with applying for benefits without using the SOAR approach, or
 - iv. Email.
- 6. Outreach and follow-up of crisis contacts and missed appointments.
- 7. Participation in staffing, case conferences, or other meetings with or without the member/HCDM, DR, or their family participating.

Provider case management services may be provided outside of the role of an assigned case manager by those who are providing services or are involved with a member's care. For billing and coding requirements, refer to AHCCCS Behavioral Health Services Matrix. Billing and coding may differ by AHCCCS eligibility category, service type (e.g., Child and Family Team [CFT], SOAR), individual provider type, and other guidelines under licensure.

Provider case management is not a reimbursable service for ALTCS E/PD or Tribal ALTCS. For members who are enrolled with an ALTCS E/PD Contractor, case management is provided by the health plan or for Tribal ALTCS, by the tribal case manager as specified in AMPM Chapter 1600.

For members enrolled in DDD, case management may be provided by the DDD Case Manager, as well as through a behavioral health provider, depending upon the preference of the member/HCDM, or DR, if applicable. Case management provided by a DDD Case Manager is not a reimbursable service.

For FFS members, case management may be provided by a TRBHA case manager or through a behavioral health provider, as applicable. If case management is being provided by a behavioral health facility, case managers shall work with the TRBHAs on care coordination. Refer to the TRBHA Intergovernmental Agreement (IGA) for care management/care coordination requirements.

A. PROVIDER CASE MANAGER ROLE AND RESPONSIBILITIES

Provider Case Managers are responsible for monitoring the member's current needs, services, and progress through regular and ongoing contact with the member/HCDM and DR. The frequency and type of contact is determined during the treatment planning process, and is adjusted as needed, considering clinical need and member preference.

An important responsibility of the provider case manager is to coordinate care on the behalf of members to ensure they receive treatment and support services that will most effectively meet the member's needs. Coordination of care is required to:

1. Coordinate with member/HCDM, DR, social rehabilitation, vocational/employment and educational providers, supportive housing and residential providers, crisis providers, Primary Care Providers (PCP), other health care providers, peer and family supports, other state agencies (e.g., parole/probation officer, school), significant others and other natural supports as applicable.
2. Obtain input from providers and other involved parties in the assessment and service planning process.
3. Provide 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. Obtain information about the member's course of treatment from each provider at the frequency needed to monitor the member's progress.
5. Participate in all provider staffing and treatment/service planning meetings.
6. Obtain copies of provider treatment plans and enter as part of the medical record.
7. Provide education and support to members, family members, HCDM, DR, and significant others regarding the member's diagnosis and treatment with the member/HCDM's consent.
8. Provide a copy of the member's service plan to other involved providers and involved parties with the consent of the member/HCDM's.
9. Provide medication and laboratory information to residential and independent living service providers or other caregivers involved with the consent of the member/HCDM consent.
10. Coordinate care with contractor care management as applicable.
11. For child members, refer to guidelines specified in AMPM Behavioral Health Practice Tool Chapter 200, as applicable.
12. In crisis situations, provider case managers shall:
 - a. Identify, intervene, and/or follow-up with a potential or active crisis situation in a timely manner,
 - b. Provide 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. Provide follow-up with the member/HCDM, DR, after crisis situations, including contact with the member within 24 hours of discharge from a crisis setting,
 - d. Assess for, provide, and coordinate additional supports and services as needed to accommodate the member's needs, and

- e. Ensure the member’s annual crisis and safety plan is updated, as clinically indicated, and based on criteria as specified in AMPM Policy 320-O. Crisis and safety plans shall be made readily available to the crisis system, clinical staff and also shared with individuals involved in development of the crisis and safety plan.

B. TRAINING/COMPETENCIES

The Contractor shall ensure development of 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. The Contractor shall ensure that providers are orienting new 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.

C. CASELOAD MANAGEMENT

The Contractor shall ensure that an adequate number of qualified and trained provider case managers are available within their provider network to meet the needs of members and shall meet the caseload ratios as specified in Attachment A except as otherwise specified and approved by AHCCCS. The contractor shall ensure that children and all members with a Serious Mental Illness (SMI) designation are assigned to a case manager in accordance with A.A.C. R9-21-101 et seq and that all other members are assigned a provider case manager as needed, based upon a determination of the member’s service acuity needs.

D. PROVIDER CASE MANAGEMENT INTENSITY

1. Assertive Community Treatment (ACT) Case Management: One component of a comprehensive model of treatment based upon fidelity criteria developed by the Substance Abuse and Mental Health Services Administration (SAMHSA). ACT 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 (e.g., social services, housing services, health care).
2. High Needs Case Management: Focuses upon providing case management and other support and rehabilitation services to children with complex needs and multiple systems involvements 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. Other agency involvement; specifically: AzEIP, DCS, and/or DDD, and/or
 - ii. Out of home placement for behavioral health treatment (within past six months), and/or
 - iii. Psychotropic medication utilization (two or more 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.
3. **Supportive Case Management:** Focuses 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.
4. **Connective Case Management:** Focuses 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 (SUD) as clinically indicated.

E. ACCESSIBILITY

The Contractor shall ensure that the member/HCDM, and DR, if applicable, shall be provided adequate information in order to be able to contact the provider case manager or Contractor for assistance. The Contractor shall also ensure that adequate information is provided to the member/HCDM, and DR for what to do in cases of emergencies and/or after hours.

The Contractor shall require that providers have a system of back-up provider 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 provider case manager for assistance. The Contractor shall ensure members/ HCDM, and DR, if applicable, are called back when messages are left for case managers, within but not to exceed two business days.

F. TIME MANAGEMENT

The Contractor shall require that provider case managers are not assigned duties unrelated to member's specific case management for more than ten percent of their time if they carry a full caseload, as specified in Attachment A.

G. CONFLICT OF INTEREST

The Contractor shall require that provider case managers are not:

1. Related by blood or marriage to a member, or any paid caregiver of 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. Providers of paid services (e.g., Home and Community Based Services (HCBS), private sold chores, etc.) for any members on their caseload.

Exceptions to the above may be made under limited circumstances, and as specified in the case management plan. A limited circumstance may include a geographic area where it is unavoidable to have a provider case manager who may also have a conflict of interest.

H. SUPERVISION

The Contractor shall require that providers ensure a supervisor to provider case manager ratio be established that is conducive to a sound support structure for case managers, including establishing a process for reviewing and monitoring supervisor staffing assignments or the need for reassignments in order to adhere to the Contractor's designated supervisor to case manager ratio.

The Contractor shall ensure that 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.

I. INTER-DEPARTMENTAL COORDINATION

The Contractor shall establish and implement mechanisms to promote coordination and communication between provider case management and contractor care management teams within their own organization, with particular emphasis on ensuring coordinated approaches with the Contractor's Chief Medical Officer (CMO), Medical Management (MM) and Quality Management (QM) teams as appropriate.

J. REPORTING REQUIREMENTS

The Contractor shall submit, as specified in Contract, a provider case management plan that addresses how the Contractor will collaborate with other Contractors to implement and monitor provider case management standards and caseload ratios for adult and child members. The provider 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 Contractor's provider case management plan from the previous year.