

SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

CLINICAL POLICY

NUMBER: BC012

NAME: CARE MANAGEMENT

INITIAL APPROVAL DATE:	12/27/1994	BY: Sanilac CMH Board
STAKEHOLDER REVIEW:	11/06/2024	BY: Consumer Advisory Board
(LAST) REVISION DATE:	06/26/2023	BY: Administrative Committee
(LAST) REVIEW DATE:	08/15/2024	BY: Policy Committee
DISCONTINUED DATE:	N/A	REPLACED BY: N/A

I. PURPOSE

It is the goal of Sanilac County Community Mental Health Authority (Sanilac CMH) to ensure that persons served have maximum opportunities of their choice for inclusion and participation in their families and in their communities. Persons will be assisted and encouraged to participate fully in the development of their Individual Plan of Service (IPOS) and identification and pursuit of those services and supports, which will result in the attainment of their needed and desired outcomes.

II. APPLICATION

Populations: **All**

Programs: **All programs providing care management service whether direct or contracted.**

III. POLICY

Care management may be identified as the primary service and the care manager as the primary staff for those persons with a mental illness or intellectual/developmental disability who require assistance in the following areas:

- Planning and/or facilitating person-centered principles.
- Developing an IPOS using the person-centered process.
- Linking to, coordinating with, follow-up of, advocacy with, and/or monitoring of specialty services and supports and community services/supports.
- Brokering of providers of services/supports.
- Assistance with access to entitlements and/or legal representation.
- Coordination with the Medicaid Health Plan, Medicaid fee-for-service, or other healthcare providers.

These individuals should have needs in multiple areas and difficulty accessing and sustaining involvement with needed services and supports.

Sanilac County Community Mental Health Authority will attempt to honor individual preferences regarding the selection of their assigned care manager, within the realm of clinical appropriateness and administrative discretion.

IV. DEFINITIONS

None

V. STANDARDS

PROGRAM DESCRIPTION

The Care Manager (CM) acts as the primary liaison with the individuals served, their families and guardians, an independent facilitator of the IPOS meeting chosen by the individual, other agencies involved in coordinated services, and provide the vital functions of assessment, linking, coordination, monitoring, and advocacy. The Care Manager is responsible for developing a thorough awareness of the individual's wishes, dreams, supports and needs and for acting as an advocate for the individual.

- A. CMs may provide initial screening and assessment of individuals referred to Sanilac CMH whose presenting problem, diagnoses or treatment regimen suggests mental illness or developmental disability as a primary concern. The CM obtains appropriate authorizations for necessary services.
- B. CMs are responsible for coordination of all required professional evaluations, and to understand relevant protocols, to determine an individual's eligibility for services according to relevant standards, and for sharing and presenting assessment data as authorized and required by other agencies and the courts.
- C. CMs ensure, as needed, and at least annually, a bio-psychosocial assessment is completed to determine the need for continued services. They also monitor continued need for service and progress toward treatment, training and support goals at a frequency agreed upon in the IPOS.
- D. CMs are responsible for making direct contact with assigned individuals on a monthly basis unless otherwise approved by the department supervisor. If anything less than monthly contacts are deemed appropriate by the supervisor, there will be documentation in the EMR for why this is the best course of treatment for the individual.
- E. CMs are responsible for the development of an Individual Plan of Service for individuals requiring case management and other specialized mental health services; for obtaining necessary consents and releases, and for implementation and coordination of these plans in a mutually agreed upon setting.
- F. For individuals who need a specialized AFC, placement planning and follow up CM monitoring services are also required as specified in the plan of service.
- G. CM staff are responsible for developing a thorough understanding of Michigan Mental Health Code and standards as well as the standards of funding and certifying agencies so as to act as a resource to other agency staff in appropriate implementation.
- H. CM are responsible for discharge planning. When possible, the CM will ensure to coordinate with treatment team members and community service agencies in ensuring continued care.
- I. The clinician participates in crisis intervention during the workday.

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- J. Staff will complete appropriate OBRA Assessments and/or provide OBRA coordination as directed by supervisor.

QUALIFICATIONS REQUIRED FOR CARE MANAGEMENT STAFF:

- A. CMs must be qualified to function as, or at a minimum function under, a Qualified Intellectual Disability Professional or a Qualified Mental Health Professional and Child Mental Health Professional if providing services to children, as defined under Michigan Medicaid State Plan(s) or waivers, personnel policies, and the Sanilac CMH Privileging and Credentialing policy (BA028).
- B. A CM must possess functional ability in the following areas: care management and case coordination; biopsychosocial assessment; coordination of services, drafting, implementing and monitoring of person-centered plans including the ability to write measurable goals based on individual's desired or needed outcomes; effective verbal and written communication and advocacy skills with recipients, legal representatives, families, service agencies and courts; knowledge of and compliance with relevant law, policy and standards.

VI. ATTACHMENTS

None

VII. REFERENCES

None