

March 30, 2009

## **INSTRUCTIONS AND PROTOCOLS FOR THE IMPLEMENTATION OF CASE MANAGEMENT SERVICES FOR INDIVIDUALS AND FAMILIES WITH SUBSTANCE USE DISORDERS**

### **INTRODUCTION:**

Persons in treatment for substance use disorders experience better treatment outcomes and life experience improvements when their other problems, whether caused by the disorder or not, are addressed concurrently. We accept this as a given in light of the significant body of literature that supports it.

It is the intention of Riverhaven Coordinating Agency (RCA) that case management services be available to all persons entering or in treatment for a substance use disorder by the end of FY 2009. This does not necessarily mean that every provider in the network has to have a direct-operated case management component. RCA is taking steps to work with a variety of models for the delivery of these services, including the encouragement of inter-organizational referrals and stand-alone case management delivery organizations.

The following are three procedure codes, code definitions, rates of reimbursement and other elements of the service in the Riverhaven Coordinating Agency region.

### **SPECIAL NOTE:**

Referral, linking, and coordinating services, in other words, case management which is defined below, are a covered benefit for all populations served and paid for by Riverhaven Coordinating Agency, regardless of fund source.

### **SERVICE DEFINITION:**

Available throughout the course of care, from pre-treatment through the post-treatment support period, case management is a set of social service functions that includes case management assessment, individualized case management service planning, assistance with linking to, accessing, and using community resources, monitoring the individualized plan of services, coordination of services between the individual served and the individuals or organizations delivering services to them, and advocacy. The intended outcomes of this service are:

- 1) The person served is engaged in and committed to successful treatment;
- 2) As a result of the service, all substance use disorder treatment services and other social or human services fit the unique needs of the person served and further their individual goals;
- 3) The focus is on facilitating access to and use of needed community-based resources by the person served, at first with significant support from the service provider. The person served is better able to access and use needed services and resources more and more independently as the service progresses; the expected outcome is independent ability to access and use needed resources;

- 4) The goals and objectives of the individual served, as reflected in the individualized plan of service, have been achieved.

The definition of case management in the Michigan Administrative Rules (§325.14101(g)) is:

Case Management means a substance use disorder case management program that coordinates, plans, provides, evaluates and monitors services or recovery from a variety of resources on behalf of and in collaboration with a client who has a substance use disorder. A substance use disorder case management program offers these services through designated staff working in collaboration with the substance use disorder treatment team and as guided by the individualized treatment planning process.

**TYPICAL CASE MANAGEMENT SERVICES:**

- Assess the consumer for needs.
- Address the detection and prevention of communicable diseases, including hepatitis, tuberculosis, and HIV.
- Link the client to community resources.
- Coordinate community resources (including medical).
- Advocate for the consumer.
- Work in conjunction with the primary therapist (if the person served is receiving substance use disorder treatment services).
- Assist consumer in identifying his/her needs.
- Develop a Case Management Service Plan with the consumer.
- Monitor the consumer's progress.
- Complete home-based and community visits.
- Teach consumer problem solving skills.
- Assist in developing social supports for the consumer.

**PROVIDER REQUIREMENTS:**

Providers must have an appropriate license issued by the State of Michigan and a contract with Riverhaven Coordinating Agency in order to be reimbursed for case management services.

The Michigan Office of Drug Control Policy requires that:

- 1) The program must be identifiable and distinct with the agency's service configuration; and
- 2) The agency must offer or purport to offer the case management services as a separate and distinct program among any other program services that may be offered.

Providers must base their program of services on the principles detailed in Treatment Improvement Protocol (TIP) 27, "Comprehensive Case Management for Substance Abuse Treatment".

Individuals employed by provider organizations must be appropriately credentialed to provide the services described in this document (see "Staff Credentials Requirements" below).

**STAFF CREDENTIALS AND PROGRAM SUPERVISION REQUIREMENTS:**

Referral, Linking and Coordinating Services (Case Management) must be delivered by individuals in provider organizations who have been credentialed as a Substance Abuse Treatment Specialist (SATS) or a Substance Abuse Treatment Practitioner (SATP). Supervision of an identifiable case management program within a licensed provider organization must be by an individual credentialed as a SATS or SATP.

**SERVICE CODES AND CODE DEFINITIONS:**

Effective May 1, 2009 Riverhaven Coordinating Agency is authorizing the following:

H2035 – “Alcohol and/or drug treatment program, per hour – is an hour of outpatient alcohol/or other drug treatment service in which the client participates in accordance with an approved individualized treatment plan that includes culturally relevant activities as appropriate. It may include assessment, individual and group counseling, occupational therapy, activity therapies, expressive therapies, referral and information, drug screening urinalysis, medication administration, medical services, case management services and nutrition counseling”.

An hour is defined as 60 minutes of face-to-face time with the recipient.

It is expected that the majority of contacts between the service provider and the recipient will occur in the recipients’ home or other safe community settings (not office/clinical settings).

Service providers are required to document all services on the appropriate clinical form (i.e., Assessments on Assessment Forms, Individualized Service Plans on an appropriate form, contacts on progress note forms, etc.) and made a part of the permanent clinical record.

Time spent transporting a person served is non-billable and is included in the rate paid.

Where other, more appropriate service codes exist (i.e., individual/group counseling), those codes are to be used to bill the service.

**RATES OF REIMBURSEMENT AND INCLUDED SERVICES**

H2035 – Includes time spent face-to-face within the service definition above. \$90.00/hour

The rate for this service paid by the RCA includes non-face-to-face follow-up between face-to-face meetings, telephone contact with or on behalf of the recipient and other linking, referring and coordinating activities where the recipient is not necessarily present. To emphasize, the enhanced rate is intended to compensate the provider for non-face-to-face services provided between face-to-face contacts. Non-face-to-face services are NOT to be billed.

NOTE: Face-To-Face time for this code can be accumulated up to 30 days to reach the minimum billing threshold. For example, a face-to-face contact on Monday of 30 minutes duration can’t be billed; however, in tandem with a 15 minute face-to-face contact on Wednesday and a 30 minute face-to-face contact on Friday can be billed as one unit, and the 15 minute difference accumulated for the following weeks’ billing. Non-face-to-face time is not billable and cannot be accumulated in this manner.

All services provided must be documented clearly in the record of the person served. Time accumulated to achieve a billable unit of service must be clearly evident on each progress note or other official record.

A log of accumulated time and units, showing person served, date of service, time of service, duration of service, etc. can suffice for this purpose.

*NOTE that after the effective date of these guidelines, the H0006 code will no longer be used.*

**ELIGIBILITY CRITERIA:**

To be eligible for case management services, the intended recipient should be assessed for ability to benefit from case management services. In addition, eligibility for the service is satisfied if two of the following three dimensions are scored as “high”. Consider any of the three dimensions as ‘high’ if two (or more) conditions apply within each dimension. As each consumer is unique and presents with individual concerns, the Coordinating Agency encourages contact with us and/or our Access Center to discuss exceptions on a case-by-case basis.

**Emotional, Behavioral or Cognitive, Conditions and Complications**

Assessment Considerations:

- ❑ There are current psychiatric illnesses or psychological, behavioral, emotional or cognitive problems that need to be addressed because they create risk or complicate treatment.
- ❑ There is/are chronic medical conditions that affect treatment.
- ❑ The recipient has emotional, behavioral or cognitive problems that are either part of the addictive disorder or are autonomous that are severe enough to warrant specific mental health treatment.
- ❑ The recipient is unable to manage the activities of daily living.
- ❑ The recipient is unable to cope with any emotional, behavioral or cognitive problems.

**Relapse, Continued Use or Continued Problem Potential**

Assessment Considerations:

- ❑ The recipient is in immediate danger of continued severe mental health distress and /or alcohol or drug use.
- ❑ The recipient does not have any recognition or understanding of, or skills in coping with, his or her addictive or mental disorder in order to prevent relapse, continued use or continued problems such as suicidal behavior.
- ❑ The recipient has severe problems and further distress that may continue or reappear if the recipient is not successfully engaged in treatment at this time.
- ❑ The recipient is not aware of relapse triggers, ways to cope with cravings to use, and skills to control impulses to use or impulses to harm self or others.

**Recovery / Living Environment**

Assessment Considerations:

- ❑ Family members, significant others, living situations, or school or work situations pose a threat to the recipient’s safety or engagement in treatment.
- ❑ The recipient does not have supportive friendship, financial resources, or educational or vocational resources that can increase the likelihood of successful treatment.
- ❑ There are no legal, vocational, social service agency or criminal justice mandates that may enhance the recipient’s motivation for engagement in treatment. (Note that this is not intended to exclude individuals from case management services if they are involved with these external groups, but to indicate that those who are not so involved are especially vulnerable and therefore more eligible for case management supports).
- ❑ There are transportation, childcare, housing or employment issues that need to be clarified and addressed.

**Past History / Course of Illness and Recipient Willingness to Participate:**

- ❑ Has the recipient been admitted to multiple SUD treatment programs with no long-term success?  
*(If the client has repeated treatment admission with no or limited success that typically results in the client quickly losing treatment gains post discharge, then Case Management is appropriate even if less than two of the three dimensions are considered high.)*
  
- ❑ Recipient states a willingness to participate in case management services.  
*(If recipient is unwilling to participate then CM services should not be authorized)*

**AUTHORIZATION PARAMETERS**

A maximum of five (5) units of H2035 activity in a twelve month period will be automatically authorized in the CareNet system. Providers may request additional units provided appropriate and clear justification exists. In these cases, the Access Center will review any case management service requests beyond the five initially requested units.

**IMPLEMENTATION GUIDANCE:**

The Michigan Department of Community Health, Office of Drug Control Policy, has issued two treatment policies to assist with the implementation of these services.

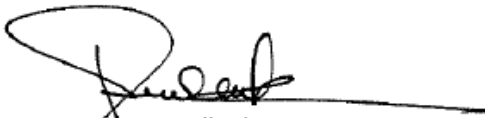
Treatment Technical Advisory #03 – Implementing Case Management Services (available from [http://www.michigan.gov/documents/mdch/TA\\_Treatment\\_03\\_Case\\_Management\\_Services\\_175208\\_7.doc](http://www.michigan.gov/documents/mdch/TA_Treatment_03_Case_Management_Services_175208_7.doc) )

Treatment Policy #08 – Substance Abuse Case Management Program Requirements (available from [http://www.michigan.gov/documents/mdch/P-T-08\\_Case\\_Management\\_218836\\_7.pdf](http://www.michigan.gov/documents/mdch/P-T-08_Case_Management_218836_7.pdf) )

Treatment Improvement Protocol #27 (TIP-27), “Comprehensive Case Management for Substance Abuse Treatment”, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment (available from <http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.49769>)

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As always, Riverhaven Coordinating Agency welcomes the opportunity to take into account your experience and input, and together to expand our partnership for the benefit of individuals with substance use disorders who require our services.



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