Case Management

Job Description

Hope Tree Family Services
EST. 2002

Case Management Definition:

Case Management is a collaborative process that **assesses**, **plans**, **links**, **coordinates**, and **monitors** options and services that address a client's needs. Case Management is provided to clients with a behavioral health diagnosis who are unable to navigate or coordinate the service system independently. These services can be provided in a clients home, their community, our office or via telehealth.

Additionally, Case Management can be provided to clients transitioning out of an inpatient or residential treatment. Case Management can be provided up to 180 days prior to the client's discharge from the inpatient or residential facility

Provider Qualifications

Case managers must hold a minimum of a bachelor's level degree in a health or human services field and be practicing under Optum Idaho supervisory protocol. Providers are encouraged to become Certified Case Managers (CCM) through the Commission for Case Manager Certification.

Job Responsibilities

As a Case Manager with Hope Tree, your job responsibilities include:

- Helping the client to learn about, gain, and maintain access to services and providers.
- Working with your client to develop a Case Management service plan in conjunction with the client and the client's treatment team.
- Ensuring the Case Management service plan includes identification of client's strengths, specific/measurable goals for identified needs, and activities that will support the client in meeting their individual Case Management goals.
- Completing a 90 day treatment plan review and updating the plan as needed.
    - Review must assess the client's capacity to independently access services

    - Review should include what the client has been able to accomp with Case Management.

- Providing Care Coordination for clients. Coordination of Care services should:
    - Collect and compile information to support assessment activities.
    - Refer and coordinate to arrange for services and related activities.
    - Follow up on coordinating care to ensure services are provided and client's needs are adequately addressed.
- Ensuring that services are provided in a manner that is strengths-based, culturally competent and responsive to each individual's psychosocial, developmental and treatment care needs.

Authorization Type

Case Management services are allotted 240 units (60 hours) per client, per calendar year. Additional services must be prior authorized by submitting a Case Management service request form in advance.

Scope of Practice

Case Managers are to keep provided services within the scope of practice of case management as listed in the job description and definitions above. Case Management is **NOT Billable** in the following circumstances.

- When Services involve the direct delivery of medical, educational, social, or other non-Case Management services (e.g., disease education, medical monitoring, or instruction in health self management, teaching, coaching or training are not covered).
- In place of transportation of the client to and from appointments. Note, Transportation of clients is covered by Medicaid and can be arranged by the case manager for the client.
- Case Management services cannot be duplicative of any services or activities that the client is already getting. Including from any hospital or residential discharge coordinators. However, note that Case Managers should work collaboratively with the hospital or residential discharge coordinators to ensure that treatment goals are not duplicative.
- Youth engaged in Targeted Care Coordination should not be receiving Behavioral Health Case Management (which includes Case Management for both Mental Health and Substance Use Disorders), as this is duplication of services.

- Youth working with a case manager through the Divisions of Behavio Health and FACS or a Targeted Care Coordinator, cannot receive beh health Case Management through the provider network, as this is duplication of services.

In Summary:

A Case Manager CAN:

- Assesses a client's housing, medical, mental health, social, financial, education, vocational needs.
- Plan with the client how to meet their needs.
- Link a client to services, providers and/or programs capable of delivering services they need.
- Coordinate services on behalf of their clients. Including, coordinating medical transportation to medical appointments
- Monitor and maintain contact with clients and their providers to ensure services are implemented and are adequately addressing their needs.
- Provide a client's feedback about their experiences with a treatment provider, as well as agencies or other programs they work with.
- Collect and compile information to support assessment activities and linking a client to needed services.

A Case Manager CANNOT:

- Provide non case management services (such as disease education, medical monitoring, medical instruction in health self management, teaching, coaching or training, direct personal care services, transportation, etc...)
- Provide case management services that are being provided by another covered Medicaid service (such as coordination from a hospital or residential discharge coordinator, developmental services, medical care provider etc...)