



Case Management

ODMHSAS and OHCA
Reimbursable Services

Considerations for Billing Case Management

- The staff providing CM must have the required credentials for the level of CM billing for
- The staff providing CM must be providing the service under an agency that has a contract with either ODMHSAS or OHCA to provide behavioral health case management

- The individual to which the service is rendered must be eligible to receive behavioral health services under either ODMHSAS or OHCA (SoonerCare); and must be eligible to receive CM services
- There must be an active Prior Authorization (PA) of services for the individual, that includes CM, for the period of time during which the CM service is provided

- The individual must have an active Service Plan with CM treatment objectives, and the CM service provided is related to the plan (unless providing CM services under a CDC 21: Pre-Admission array)
- The CM service(s) provided must include only those service functions that are allowable under CM, and should be documented in a progress note accordingly

Staff Providing CM

The staff providing CM must have the required credentials for the level of CM billing for

Levels of Case Management Services

- Basic Case Management Services
- Specialty Case Management Services:
 - Wraparound Facilitation Case Management Services
 - Intensive Case Management Services

What Staff Can Provide Basic Case Management Services?

- Licensed Behavioral Health Professionals (LBHP)
- Certified Alcohol and Drug Counselors (CADC)
- Certified Behavioral Health Case Managers:
 - Behavioral Health Case Manager II (CM II)
 - Behavioral Health Case Manager I (CM I)

What Staff Can Provide Specialty Case Management Services?

- Wraparound Facilitation Case Management (WFCM):
 - LBHP, or CADDC, or CM II, with completion of ODMHSAS wraparound facilitation training and participation in on-going coaching
- Intensive Case Management (ICM):
 - LBHP, or CADDC, or CM II, with 2 years of behavioral health CM experience, crisis diversion experience, and 6 hours of ODMHSAS Intensive CM training

Individual's Receiving CM

The individual must be eligible to receive CM services

Who Can Receive Case Management Services?

The target group for behavioral health case management (CM) services is:

- Persons under age 21 who are either currently in, or in imminent risk of, out-of-home placement for psychiatric or substance abuse reasons
- Adults with a serious mental illness who are institutionalized or are at risk of institutionalization

Who is Excluded from Receiving CM Services?

Under OHCA policy, the following individuals are excluded from receiving CM services:

- Children/Families for whom behavioral health CM services are available through OKDHS/OJA staff
- Members receiving Residential Behavior Management Services (RBMS) in a foster care or group home setting

- Residents of ICF/MR and nursing facilities
- Members receiving services under a Home and Community Based services waiver program (HCBS)

FAQs

- What does Medically Necessary mean?
- Can a parent of a child receiving treatment services receive CM under the child's ID?

Allowable CM Services

The CM service(s) provided must include only those service functions that are allowable under CM

Behavioral Health Case Management (CM)

- CM services are provided to assist eligible individuals in gaining access to needed medical, social, educational, and other essential services/resources
- CM services must be performed using the strengths-based model of CM
- CM services are designed to promote recovery and resilience
- CM services should assist individuals in accessing services/resources for themselves

Service Functions NOT Allowed Under CM

- Managing finances
- Monitoring financial goals
- Providing specific services such as shopping or paying bills
- Delivering bus tickets, food stamps, money, etc.

Service Functions NOT Allowed Under CM

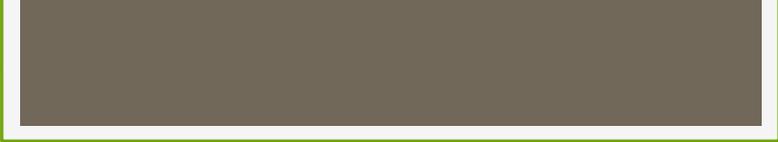
- Counseling/Psychotherapy, Rehabilitation services, psychiatric assessment, or discharge planning
- Filling out forms, applications, etc., on behalf of the individual when the individual is not present
- Mentoring or Tutoring

Service Functions NOT Allowed Under CM

- Provision of CM to the same family by two separate behavioral health case management agencies
- Non face-to-face time spent preparing the CM assessment document, or CM service plan paperwork

Service Functions NOT Allowed Under CM

- Services to nursing home residents or residents in ICF/MR facilities
- Filling out SoonerCare forms, applications, etc.
- Physically escorting or transporting a member or family to scheduled appointments or staying with the member during an appointment



What's Allowed?

- Gathering necessary information for the purpose of individual CM plan of care
- Actual CM services on the Service Plan:
 - Referral
 - Linkage
 - Advocacy

- Monitoring/Support
- Follow-up
- Crisis Diversion

Non Face-To-Face Communication

The following CM service related communication can be provided non face-to-face:

- Communication with the Individual/Family
- Communication with Tx/service providers re: implementation of activities in the Service Plan

CM Services Provided in an Inpatient Setting

As a part of Basic Case Management Services, CM services are allowed to be provided in an inpatient setting to assist with transition to outpatient care under the following service components:

- Transition Case Management (OHCA Contracts)
- Outpatient in an Inpatient Setting (ODMHSAS Contracts)

Transition Case Management (OHCA Contracts)

- Individuals (except individuals ages 22 to 64 who reside in an institution for mental diseases (IMD) or individuals who are inmates of public institutions) may be considered to be transitioning to the community during the last 60 consecutive days of a covered, long-term institutional stay that is 180 consecutive days or longer in duration.

- For a covered, short term, institutional stay of less than 180 consecutive days, individuals may be considered to be transitioning to the community during the last 14 days before discharge.

Outpatient in an Inpatient Setting (ODMHSAS Contracts)

- Case Management services can be provided in an inpatient setting to assist with transition and discharge planning.

Service Plan

The individual must have an active Service Plan with CM treatment objectives, and the CM service provided is related to the plan (unless providing CM services under a CDC 21: Pre-Admission array)

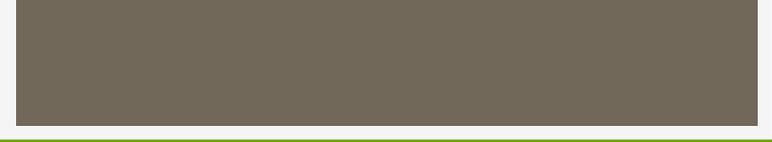
Service Plan Considerations for CM

- The Service Plan should be developed with active participation of the individual/family
- The Service Plan should reflect the individual's/Family's overarching goal(s) for recovery/resilience (life success)
- Behavioral Health Case Management should be used as a service/intervention to assist the individual/family with achieving their life success goals

- As CM services should assist individuals/families with accessing services for themselves, CM service objectives should be developed in a way that facilitate active participation . A simple way that this can be achieved is by using the word “participate” instead of “receive” in the body of the objective.

Example:

Pebbles will participate in advocacy efforts to help her stay in school.



Not all CM service functions will have a specific Tx objective on the Service Plan. The functions you would expect to see objectives for are:

- Referral
- Linkage
- Advocacy

Other functions are supportive functions that are related to the Service Plan, but that you would not expect a specific tx objective for. Those include the following:

- Gathering necessary information for the purpose of individual CM plan of care
- Monitoring/Support
- Follow-up
- Crisis Diversion

Progress Note

CM services shall be documented in a progress note

Progress Note Considerations for CM

- CM progress notes must relate to the Service Plan
- CM progress notes must describe the specific CM activities/functions performed

Helpful Links

ODMHSAS and OHCA

OHCA

- OHCA requirements for reimbursable behavioral health case management, including documentation requirements, can be located in OHCA Policy/Rules:
 - Part 67 Behavioral Health Case Management Services

<http://okhca.org/providers.aspx?id=406>

ODMHSAS

- ODMHSAS requirements for reimbursable behavioral health case management, including documentation requirements, can be located in the ODMHSAS Services Manual:

www.odmhsas.org/arc.htm

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- This website contains helpful information for both ODMHSAS and OHCA contractors, including but not limited to:
 - Prior Authorization (PA) Manual (which includes the CDC Manual)
 - PA Groups
 - Rates and Codes