

**Targeted Case Management Code: T1017****Unit Length: 15 minutes****Service Requirement**

Behavioral health case management services are provided to assist members in gaining access to needed medical, social, educational and other services essential to meeting basic human needs. The behavioral health case manager provides linkage, advocacy, referral, and monitoring on behalf of members, to help members access appropriate community resources and support.

Case management is designed to assist individuals in accessing services for his or herself. The member has the right to refuse case management and cannot be restricted from other services because of a refusal of case management services. However, in referring a member for medical services, the case manager should be aware that the SoonerCare program is limited in scope.

The behavioral health case manager must monitor the progress in gaining access to services and continued appropriate utilization of necessary community resources. Behavioral case management is designed to promote recovery, maintain community tenure, and to assist individuals in accessing services by following the case management guidelines established by the ODMHSAS.

In order to be compensable, the service must be performed utilizing the ODMHSAS Strengths Based model of case management. This model of case management assists individuals in identifying and securing the range of resources, environmental and personal, needed to live in a normally interdependent way in the community. The focus for the helping process is on strengths, interests, abilities, knowledge and capacities of each person, not on their diagnosis, weakness or deficits. The relationship between the service member and the behavioral health case manager is characterized by mutuality, collaboration, and partnership. Helping activities are designed to occur primarily in the community, but may take place in the behavioral health case manager's office, if more appropriate.

The community-based behavioral health case management agency will coordinate with the member by phone or face-to-face, to identify immediate needs. The case manager will provide linkage/referral to physicians/medication services, counseling services, rehabilitation and/or support services as described in the case management service plan. Case Managers may also provide crisis diversion (unanticipated, unscheduled situation requiring supportive assistance, face-to-face or telephone, to resolve immediate problems before they become overwhelming and severely impair the individual's ability to function or maintain in the community) to assist member(s) from progression to a higher level of care.

During the follow-up phase of these referrals or links, the behavioral health case manager will provide aggressive outreach if appointments or contacts are missed within two business days of the missed appointments. Community/home based case management to assess the needs for services will be scheduled as reflected in the case management service plan, but not less than one time per month.

SoonerCare reimbursable behavioral health case management services include the following:

- (I) Gathering necessary psychological, educational, medical, and social information for the purpose of individual plan of care development.
- (II) Face-to-face meetings with the member and/or the parent/guardian/family member for the implementation of activities delineated in the individual plan of care.
- (III) Face-to-face meetings with treatment or service providers, necessary for the implementation of activities delineated in the individual plan of care.
- (IV) Supportive activities such as non face-to-face communication with the member.
- (V) Non face-to-face communication with treatment or service providers necessary for the implementation of activities delineated in the individual plan of care.
- (VI) Monitoring of the individual plan of care to reassess goals and objectives and assess progress and or barriers to progress.
- (VII) Crisis diversion (unanticipated, unscheduled situation requiring supportive assistance, face-to-face or telephone, to resolve immediate problems before they become overwhelming and severely impair the individual's ability to function or maintain in the community) to assist member(s) from progression to a higher level of care.

(VIII) Transitioning from institutions to the community. 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. These time requirements are to distinguish case management services that are not within the scope of the institution's discharge planning activities from case management required for transitioning individuals with complex, chronic, medical needs to the community.

**Types of Case management:**

- o Standard case management with caseloads of 30-35 members.
- o Intensive case management that focuses on the treatment of adults who are chronically or severely mental ill and who are also identified as high utilizers of mental health services and need extra assistance in accessing services and developing the skills necessary to remain in the community. The primary functions of intensive case management services are to assure an adequate and appropriate range of services are being provided to individuals to include: linkage with the mental health system, linkage with needed support system, and coordination of the various system components in order to achieve a successful outcome; aggressive outreach; and member education and resource skills development. Intensive case management caseloads are smaller, between 10 and 15 and the consumer typically has access 24 hours per day, 7 days per week.
- o Wraparound facilitation service process that has been demonstrated as an effective way to support children and youth with severe emotional disturbance to live successfully in the community with their families. The wraparound service process identifies and builds on the strengths and culture of the child, family, and support system to create integrated and individualized plans to address the needs of the child and family that put the child at risk of long-term residential placement. Typically, to produce a high fidelity wraparound process, a facilitator can facilitate between 8 and 10 families and is available 24 hours per day, 7 days per week.

**Target Population**

Behavioral Health Adults (21 years or older)  
Behavioral Health Child (younger than 21 years)

**Documentation Requirements**

The service plan must include general goals and objectives pertinent to the overall recovery needs of the member. Progress notes must relate to the service plan and describe the specific activities performed. Behavioral health case management service plan development is compensable time if the time is spent communicating with the participation by, as well as, reviewed and signed by the member, the behavioral health case manager, and a licensed behavioral health professional as defined at OAC 317:30-5-240.

All behavioral health case management services rendered must be reflected by documentation in the records. In addition to a complete behavioral health case management service plan documentation of each session must include, but is not limited to:

- (1) date;
- (2) person(s) to whom services are rendered;
- (3) start and stop times for each service;
- (4) original signature of the service provider (original signatures for faxed items must be added to the clinical file within 30 days);
- (5) credentials of the service provider;
- (6) specific service plan needs, goals and/or objectives addressed;
- (7) specific activities performed by the behavioral health case manager on behalf of the child related to advocacy, linkage, referral, or monitoring used to address needs, goals and/or objectives;
- (8) progress or barriers made towards goals and/or objectives;
- (9) member (family when applicable) response to the service;
- (10) any new service plan needs, goals, and/or objectives identified during the service; and
- (11) member satisfaction with staff intervention.

**Staffing Requirements**

| Classifications:                          | Annual Hours/Provider: |
|---|------------------------|
| ▪ Case Manager II, Wraparound Facilitator | ▪ 812                  |
| ▪ Case Manager II, Intensive              | ▪ 812                  |
| ▪ Case Manager II                         | ▪ 1141                 |
| ▪ Case Manager I                          | ▪ 1141                 |

A case manager performing the service must have and maintain a current behavioral health case manager certification from the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), pass the ODMHSAS web-based Case Management (CM) Competency Exam and meet one of the following requirements:

Case Manager II - meets the following requirements:

- (a) A bachelor's or master's degree in a behavioral health field, earned from a regionally accredited college or university recognized by the United States Department of Education, which includes but is not limited to psychology, social work/sociology, occupational therapy, family studies, human resources/services counseling, human developmental psychology, gerontology, early childhood development, chemical dependency studies, school guidance/counseling/education, rehabilitative services, and/or criminal justice;
- (b) A current license as a registered nurse in Oklahoma with experience in behavioral health care; or
- (c) a current certification as an alcohol and drug counselor in Oklahoma, and complete 7 hours of ODMHSAS specified CM training; or

Case Manager I - has a high school diploma and:

- (a) 60 college credit hours; or
- (b) 36 total months of experience working with persons who have a mental illness (documentation of experience must be on file with ODMHSAS); and
- (c) Completed 14 hours of ODMHSAS specified CM training.

Wraparound Facilitator Case Manager - meets the qualifications for CM II or CM III and has the following::

- (a) Successful completion of the DMHSAS training for wraparound facilitation within six months of employment; and
- (b) Participate in ongoing coaching provided by DMHSAS and employing agency; and
- (c) Successfully complete wraparound credentialing process within nine months of beginning process; and
- (d) Direct supervision or immediate access and a minimum of one hour weekly clinical consultation with a Qualified Mental Health Professional, as required by DMHSAS;

Intensive Case Manager - meets the provider qualifications of a Case Manager II or III and has the following:

- (a) A minimum of 2 years Behavioral Health Case Management experience, crisis diversion experience, and
- (b) must have attended the ODMHSAS 6 hour Intensive case management training.

**Service/Reimbursement Limitations**

Reimbursable case management does not include:

- (I) physically escorting or transporting a member to scheduled appointments or staying with the member during an appointment; or

- (II) monitoring financial goals; or
- (III) providing specific services such as shopping or paying bills; or
- (IV) delivering bus tickets, food stamps, money, etc.; or
- (V) services to nursing home residents; or
- (VI) psychotherapeutic or rehabilitative services, psychiatric assessment, or discharge; or
- (VII) filling out forms, applications, etc., on behalf of the member when the member is not present; or
- (VIII) filling out SoonerCare forms, applications, etc., or;
- (IX) Services to members residing in ICF/MR facilities.
- (X) Non face to face time that case manager's spend preparing the assessment document and the service plan paperwork.

**Case Manager Travel Time:**

With regard to travel time, when the rate was re-calculated, travel time was built into the average length of face to face time spent with a member (i.e. the rate assumes that the case manager will spend some amount of time traveling to the member for the face to face service). The case manager should only bill for the actual face to face time that they spend with the member and not bill for "windshield time". This would be considered duplicative billing since the rate assumes the travel component already.

SoonerCare members who reside in nursing facilities, residential behavior management services, group or foster homes or ICF/MRs may not receive SoonerCare compensable case management services.

For information about ODMHSAS Case Management Certification, please visit their website:  
[www.ok.gov.odmhsas](http://www.ok.gov.odmhsas)

|  |       | Service Code Modifiers |        | Age    | Daily Limits | Monthly Limits | Contract Type        |
|--|-------|------------------------|--------|--------|--------------|----------------|----------------------|
| <b>Targeted Case Management, CM II, SOC, MA/BA level</b>   | T1017 | HE/HF/HV               | TF     | 0-20   | 16           | 56             | 111 – CMHC           |
| Targeted Case Management, CM II, Intensive, CMHC, BA level | T1017 | HE/HF/HV               | TG     | 18-999 | 16           | 25             | 111 – CMHC           |
| Targeted Case Management CM II, MA/BA level                | T1017 | HE/HF/HV               | HN     | 0-999  | 16           | 25             | 110 - OPBH           |
| Targeted Case Management, CM I, less than BA               | T1017 | HE/HF/HV               | H<br>M | 0-999  | 16           | 25             | 110-OPBH<br>111-CMHC |
| Targeted Case Management, PACT                             | T1017 | HE/HF/HV               |        | 18-999 | 16           | 56             | 114-PACT             |

Service Code Modifiers  
 HE – Mental Health  
 HF – Substance Abuse  
 HV – Gambling  
 HN – CM II  
 HM – CM I

