2018

SUD Case Management Guidelines

Merced County Behavioral Health and Recovery Services

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Merced County SUD
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Contents

What is Case Management?

Substance Use Disorder (SUD) case management is a team-based process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services to meet an individual's needs. Case management is a part of the client's treatment plan which is done in coordination with both the client and a multidisciplinary team. Case management, as well as all SUD providers, shall be consistent with and shall not violate confidentiality of alcohol and drug clients as set forth in 42 CFR Part 2 and California Law.

The difference between case management and treatment must be highlighted. The primary difference between the two approaches is case management focuses on assisting the substance abuser in acquiring needed resources. Whereas, treatment focuses on activities that help substance abusers recognize the extent of their substance abuse problem, acquire the motivation and tools to stay sober, and use those tools. Case management functions to support the client's treatment by encouraging the client to work toward meeting agreed upon recovery goals and objectives. The Case Manager connects with the client at their current stage of recovery and assists in keeping the client engaged and motivated by linking them with the necessary resources to support the client in their journey.

Who can provide Case Management Services?

A Licensed Practitioner of the Healing Arts (LPHA) or a certified AOD counselor. The staff providing the services must be linked to a Drug Medi-Cal (DMC) certified site/facility.

Where May Case Management Services Be Provided and Delivered?

Case management services may be provided at DMC provider sites, county locations, and regional centers and/or as outlined in the county implementation plan. In Merced County's BHRS Implementation Plan, case management services may be provided at DMC certified outpatient programs, BHRS behavioral health programs, hospitals, primary care clinics, schools, jail, courts, the consumer's home, and other community-based sites as deemed appropriate in meeting the needs of the consumer.

Case management services can be delivered in person, over the phone, by telehealth or within the community.

Who is eligible for Case Management Services?

- Medi-Cal beneficiaries who have active Medi-Cal insurance and reside in Merced County
- The beneficiaries meet established medical necessity criteria. The initial medical necessity must be determined by the Medical director, Licensed Physician or a Licensed Practitioner of the Healing Arts (LPHA).
- Must complete the American's Society of Addiction Medicine (ASAM) assessment and meet outlined criteria for level of care.
- Medical Necessity is defined as: **Meet medical necessity as defined by: 51303. General Provisions.** (a) Health care services set forth in this article and in Chapter 5, Article 4

(commencing with Section 54301 of this title), which are reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis or treatment of disease, illness or injury are covered by the Medi-Cal program, subject to utilization controls, to the extent specified in this Chapter, Chapter 5, and Chapter 11. Such utilization controls shall take into account those diseases, illnesses, or injuries which require preventive health services or treatment to prevent serious deterioration of health.

What are the Components of Case Management Services?

Components Case management is a service provided to assist the client in accessing needed medical, educational, social, prevocational, rehabilitative, and/or other community services, engage them in treatment, and encourage development of self-management as the make their recovery and wellness a habit. This section includes information on the common barriers a client may experience along with ways to remove the barriers, as well as where to locate available community resources.

All SUD services provided are determined through an ASAM assessment and determined level, with case management focusing on:

- ASAM Level 1.0 (Outpatient)-For Consumers in outpatient services, case management will be provided to coordinate care with ancillary service providers and facilitate transitions between levels of care.
- ASAM Level 2.1 (Intensive Outpatient)-For Consumers in intensive outpatient case management will provide and/or care coordination services with admission into the system, transitioning from one level of care to another, and assistance with navigating and linking with mental health, primary care, physical health, criminal justice, and other community partners as needed.

Below is a list which includes but is not limited to the various components of case management services:

- Assist client in problem solving encountered barriers,
- Will review placement for clients,
- Assist clients to navigate throughout existing system,
- Client advocacy,
- Linkages to physical and mental health services,
- Ongoing individual reassessment of needs,
- Helping clients transition into higher or lower levels of care,
- Communication, coordination, referral and related activities,
- Monitoring service delivery to ensure the client has access to appropriate services,
- Monitoring client progress in treatment and work in coordination with treatment team.

How to Make Referrals?

When case management services are identified for a client the LPHA or AOD Counselor will complete the SUD Case Management Referral/Request form (See Appendix). The form shall be reviewed by a Program Manager or assigned staff and assigned to a Case Manager. The referral form shall than be placed in the client's chart. The Case Manager will log the information in the Case Manager Caseload's tracking sheet.

The Case Manager will set up an initial meeting with counselor and case manager to discuss how the to assist in the overall recovery planning.

Utilizing Referrals to Remove Barriers

Case managers assist patients with accessing specialized treatment, selecting treatment facilities, and helping navigate any barriers such as treatment cost or lack of transportation that could hinder treatment in a specialty setting. The manner in which a referral to further treatment is provided can have tremendous impact on whether the client will actually receive services with the referred provider.

Common Barriers for Consumers

- Unstable Housing
- Financial In stability
- Criminal History / Pending Legal Issues
- Negative peer/family/social support
- No recent/poor work history
- Untreated mental illness/unresolved family/social/trauma issues
- Lack of education/vocational skills
- Developmental disabilities
- Health concerns

Services Available to Remove Barriers

- Unemployment Insurance
- Medi-Cal
- Food Assistance
- General Relief
- Disability Insurance
- Department of Rehabilitation
- City College
- State University
- Social Security Administration

Examples of Where to Locate Community Resources

Our SUD has developed a Resource Binder to help staff with a list of agencies to link consumers in search of services to help them overcome barriers they are facing.

Below is a partial list of resources to assist the case manager in identifying referrals for the client:

- Internet search
- Merced.networkofcare.org
- Mountainvalley211.org
- County Websites / CAL Works / CPS
- Faith Based Programs / Churches
- EOC (transitional age youth)
- Job Corps
- Employment Agencies
- Local Hospitals
- County Older Adult Network of Care
- Metro Ministry / Local Directory of Services
- SAMHSA Treatment Locator
- Specialty Court Services
- Veterans Services
- Adult School
- Native American Services / TANF
- Transitional Living Specialty Populations
- Parenting Services
- Adult Day Care Facilities
- Immigration / New American Services
- Community Based Agencies
- Agency on Aging

Additional information is stored in the following locations:

Division Drives and Folders:
AOD Tx and ROI H:\
AOD Tx and ROI H:\Cooper
AOD Tx and ROI H:\Cooper\BHRS-SUD FORMS
AOD Tx and ROI H:\Cooper\Case Management Program

Do's and Don'ts of Case Management

DO's…

- Determine client eligibility of services before referring for services
- Narrow list of services specific to client and provide detailed instructions on how to access services
- Break down priority needs in series of one – three tasks and request another meeting before accessing additional services
- Make phone calls to verify accessibility of services
- Frequently check on validity of services, changes in rules, etc.
- Establish connections with key people to assist the client upon referral
- Establish a connection with a safe family member willing to assist in the process
- Do not work harder than the client accessing services

DON'TS…

- Do not hand a consumer a pamphlet or information and send them on their way without:
    - ensuring that the information is correct,
    - explaining to the consumer what that resource can provide, and
    - what is to be expected when the consumer goes to that designated resource?

- **Why Not?**
    - Lists are quickly outdated
    - Services can be funding specific
    - Have specific eligibility standards
    - Inclusive referral acceptance
    - May require religious participation for services
    - Daunting task for a compromised client to start seeking services

What are the Processes of Case Management Work in SUD?

Billing

It is important for all services to be coded appropriately. In order to do this, we must understand what services are what is considered billable, not billable, and when a chart is out of compliance (thereby disallowing a service from Drug Medi-Cal billing).

Non-Billable Services:

Non-Billable services are defined as services that an outside third-party payer would NEVER reimburse. Non-Billable services can include but are not limited to the following:

1. Review of records (of any kind)
2. Waiting time
3. Translating/Interpreting
4. Clerical Services:

a. Faxing

b. Scheduling appointments

c. Photocopying

5. Searching for a missing client
6. Checking messages
7. Leaving messages
8. Providing transportation
9. Supervision with a supervisor/service chief
10. Completion of bus pass application
11. Completion of immigration form
12. Conducting internet searches
13. Most letter writing is not billable
14. Services for the sole purposes of addressing anything other than the substance use disorder impairment. This can include solely dealing with:
    a. Mental health and/or other excluded diagnoses
    b. Health care
15. Any service while the client is in Jail/Juvenile Hall, Psychiatric Hospitalization, or an Institute for Mental Disease (IMD)
    a. Exceptions to this rule:

16. Day of admission
17. Placement services provided during the 30 calendar days immediately prior to the day of discharge for a maximum of 3 non-consecutive periods of 30 days. These notes should be clearly labeled **"Placement Services."**

Rule of thumb: If the service you're providing cannot be linked to the substance use or impairments caused by the substance, it is highly likely it is non-billable.

Non-Compliant Services

Non-Compliant services are defined as services that would normally be reimbursable but a deficiency was found with the chart (e.g., a failed treatment plan, late documentation, etc.) When discovered, we are not authorized to submit the service for billing. Additionally, any services would be deemed non-compliant if written after 7 calendar days or longer from the date of service.

A chart can be deemed out-of-compliance for several reasons. Most commonly, charts are out of compliance due to a failed treatment plan. Treatment plans may fail for the following reasons:

1. Not signed by the client/conservator/legal guardian
   (Exception: If the client refuses to sign, the plan will still pass if documented in appropriate manner. However, mere refusal to sign because they don't agree with the plan is not a sufficient reason).

2. Does not document medical necessity or show impairment related to the substance use.

Things to Be Mindful About When Making and Resolving Appointments

If you schedule the appointment up as a face to face in the office and the actual appointment took place in the field at the consumers home, you will need to ensure sure that you change the "place" of service. It is important that the place of service always matches in the Electronic Health Record.

How to Track your Caseloads?

In the SUD Division H Drive is a file called Case Manager Caseloads Microsoft Excel spreadsheet. The spreadsheet tracks the case management client referrals by case manager and includes: the Clients Number, Last Name, First Name, Date of Initial Case Management Referral, the SUD staff person who made the referral, the level of care, the client's phone number, and date of initial contact. There are tabs for each case manager's caseload list. The assigned case manager is responsible to maintain their caseload in the spreadsheet. The spreadsheet will be monitored on a routine basis.

How to Document your Services and Time?

When meeting with a client you document your time under the open assignment (Unit and Subunit) and use the appropriate case management code. If you are doing a treatment plan update, group or an individual session you would use those service codes outlined in the Anasazi keying guide.

Under the DMC-ODS Waiver you will select one of the following codes to document client case management services:

For all Units and Subunits under ASAM:
1.0 Outpatient, 2.1 Intensive Outpatient, 3.1 to 3.5 Residential Consumers

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Calculating Time

Face-to-Face Time
Time with the client, in person. If the session or service was provided by telephone, there would be no face-to-face time. For groups, the total time spent in the group must be divided between the number of group attendees (e.g., the group was 90 minutes and there were 10 participants, the progress notes for each of the 10 participants would have 9 minutes of face-to-face time. Each progress note will then be allowed documentation time that can be billed in addition to the face-to-face time to calculate total service time).

Non-Face-to-Face Time
Billable or non-billable time spent on a service activity that does not include interaction with the client. Example:

Analyzing information to determine risk rating levels for the dimensions of the ASAM Criteria outside of the session with client. This time spent working on this service is billable.

Service Time
Service time is the total time it took to complete the service (face-to-face and/or non-face-to-face, travel, and documentation).

Travel Time
Travel is based upon the amount of time to travel from one location to another to meet with client or provide a service. Transporting a client is ineligible activity to include as part of travel time. If solely transporting a client from point A to point B, this time is non-billable (Medi-Cal

will not reimburse for us being a taxi service).

If, during the course of transporting the client from point A to point B, some billable service is provided (such as discussing recent response to triggers and use of coping skills), this is considered Service Time because you provided a service.

Documentation Time

Documentation is based upon the amount of time it took to complete a progress note. This should never exceed the length of the session and should correspond to what is a reasonable in comparison to the interventions provided. Working on any other documents besides the progress note is not considered documentation time.

Case Management Terms for Progress Notes/Interventions

The plan for case management is ultimately client empowerment. As a Case Manager, we want encourage the client's ability to address their recovery on their own and the case manager does not perform the task for them. Documenting the Case Manager's interaction with the client in the case notes may include the teaching aspect, modeling, etc. The note must clearly demonstrate the goal is to get the client to perform the on their own in the community. Working toward full community integration as drugs and alcohol have decreased/eliminated their ability to do some simple and more complex tasks due to continued use. Connect with friends and family, get a job, go back to school, gather needed resources, connect and continue with health care etc.

These terms just assist in writing progress notes and keeping the above in mind and connecting it back to treatment plan and goals will assist you in keeping on track.

- Planning
- Linking
- Coordination
- Collaboration
- Referrals made/completed
- Monitoring service delivery to ensure clients' access to services
- Monitoring client's progress in program, aftercare etc.
- Developing plan for ongoing services delivery
- Assist in accessing needed information
- Gathered information/taught ct how to gather information
- Updated needed information
- Provided information
- Facilitated

Case Management

The following are billable case management activities:

- Assessment and reassessment of case management needs
- Transition to a higher or lower level of care
- Developing and/or revising services on a treatment plan
- Communication, coordination, referral activities
- Monitoring service delivery to ensure access
- Monitoring the client's progress
- Advocacy and linkages to physical and/or mental health care, transportation, etc.

The focus of case management is on the coordination of care for SUD and integration around primary care. Our clients with a chronic substance use disorder and/or involvement with the criminal justice system are likely going to need greater case management services

Keep in mind that the case management needs must be related to the substance use in order for the service to be billable to Medi-Cal. This will need to be clearly documented in the progress note. Case management services do need to be identified as a specific service on the treatment plan. Case management services can be provided in-person, by telephone, or by telehealth.

If the client/patients preferred language is not English, were linguistically appropriate services provided?

Example Notes for Case Managers

Case Management Progress Note

B: To meet with the sober living manager in an effort to coordinate services to help client to improve relationships with other residents and prevent loss of housing that could threaten recovery efforts.
I: Spoke with sober living manager about client's recent verbal altercation with another resident. Also inquired about his general observations of client's behaviors and potential risks to sobriety.
R: Client was not present for this service. Sober living manager reported that client is particularly agitated around one of the residents and sees that he often avoids interacting with him. He acknowledged that he does need to intervene at times to prevent escalation of conflicts between the two, but on most recent encounter, client seemed to be instigating. Sober living manager expressed frustration with client and possibility that he may not be a good fit for the house. Sober living manager shared that client seems to need help managing his anger and impulsivity, saying that he has some concern that these may prompt client to return to using.

P: Follow up with sober living manager over the next few weeks for monitoring of changes in client's behaviors and interactions with peers. Plan for next session with client is to develop strategies for maintaining a conflict-free home environment and discuss its benefits to his recovery. Coordination of care continues to be needed to help client make progress towards his treatment goal to reduce altercations with others that perpetuate behaviors associated with use.

Individual Progress Note

B: Client seen today at the clinic to address her SUD symptoms (alcohol use) and how they interfere with her being active in the community: socializing, working, shopping, etc.

I: Writer processed with client about ways to cope with her feeling "on edge" and restless due to triggers identified as being in social situations and large crowds of people. Role played situations in which client is able to manage triggers using visualization and relaxation techniques of deep breathing and grounding. Encouraged her to continue to practice applying these skills at least 2 times per day so that when she is presented with a trigger, she can readily access techniques.

R: Client was able to process about possible coping skills with some prompting. As the session progressed she became more at ease and showed reduced psychomotor agitation (stopped tapping foot). She seemed to enjoy the role play and stated that she likes noticing "feeling lighter" after using the relaxation techniques of deep breathing and grounding. Client initially expressed low confidence in her abilities to utilize techniques on her own, but agreed that regularly practicing them outside of the moments when she is triggered will help her to use them more easily.

P: Client will continue to practice coping skills 2 times per day. Next session to follow up on her independent use of coping skills as well as to process any actual instances of being triggered and how it is managed. Client seems to be gaining more self-awareness and making slight progress towards her treatment plan goal to increase use of coping skills to manage triggers.

Group Progress Note

Overview Narrative: This writer explored with the group the importance of honesty in recovery. The group was encouraged to give input on what honesty in recovery means for them. This writer discussed how lying is a significant behavior in the life of an individual using substances and how it evolves over time. This writer helped normalize common thoughts and feelings surrounding the act of lying during use and how it changes with the stopping of use. Group members were asked to share personal experiences of what has helped them to break out of the cycle of lying after use and manage feelings of guilt that may remain after use has stopped. In closing, this writer had group members identify what new opportunities and positive outcomes have come about from embracing honesty in their recovery journey.

Consumer Narrative: To encourage discussion around the client's behavior of lying during substance use and allow the client to reflect on its effects and what it means to live a more honest life in order to help client maintain sobriety and positive connection with his family.

Linked Objectives: Client is working toward, in current treatment plan, developing a stronger relationship with his family of origin and his wife, as his ultimate goal is to move back in with his family. His family has been a major support for him in the past but since his substance use, he has not been able to be around the family. Ct also is working on communication skills so that he is able to express his feelings, needs, and wants.

Documentation Words

Case Management					
Advised	Collaborated with	Devised	Followed up	Inquired	Referred
Aided	Communicated	Directed	Furnished	Instructed	Reinforced
Answered	Connected	Discussed	Guided	Linked	Reminded
Arranged	Consulted	Educated	Helped	Offered	Reviewed
Assigned task	Contacted	Encouraged	Helped plan	Planned	Set up
Assisted	Coordinated	Explained	Highlighted	Prepared	Suggested
Attempted	Demonstrated	Explored options	Identified	Provided	Talked about
Checked in	Developed	Facilitated	Informed	Recommended	Worked on

Individual/Group Counseling					
Assessment:	***Treatment Planning:***	***Crisis:***	***Individual or family or group:***	***Collateral:***	***DC Planning:***
Asked	Analyzed	Assessed	Acknowledged	Consulted	Developed
Assessed	Created	Assisted	Assisted	Collaborated	Discussed
Ascertained	Developed	Attempted	Attempted	Coordinated	Explored
Attempted	Established	Coordinated	Challenged	Shared	Reviewed
Clarified	Formed	De-escalated	Coached	Exchanged	Formulated
Determined	Formulated	Empathized	Discussed	Discussed	Established
Developed	Generated	Empowered	Demonstrated	Reviewed	Set
Elicited	Produced	Ensured	Described	Prepared for	Prepared
Evaluated	Synthesized	Evaluated	Empathized	Planned	Revised
Explored		Facilitated	Educated	Developed	Coordinated
Formulated		Focused on	Elicited	Inquired	Collaborated
Gathered		Fostered	Empowered	Asked	
Gauged		Helped	Encouraged	Questioned	
Inquired		Intervened	Engaged	Followed up	

Individual/Group Counseling					
Assessment:	***Treatment Planning:***	***Crisis:***	***Individual or family or group:***	***Collateral:***	***DC Planning:***
Obtained		Monitored for	Explained	Elicited	
information		Obtained	Explored		
about		Offered	Expressed		
Probed		Promoted	Fostered		
Questioned		Provided	Helped		
Reviewed		Reassured	Introduced		
Synthesized		Recommended	Inquired		
		Responded to	Maintained		
		Stabilized	Modeled		
		Supported	Motivated		
		Showed	Normalized		
			Offered		
			Practiced		
			Processed		
			Prompted		
			Promoted		
			Provided		
			Recommended		
			Redirected		
			Reinforced		
			Reiterated		
			Reviewed		
			Role played		
			Shared		
			Supported		
			Showed		

Individual/Group Counseling					
Assessment:	***Treatment Planning:***	***Crisis:***	***Individual or family or group:***	***Collateral:***	***DC Planning:***
			Taught		
			Validated		
			Verbalized		

MERCED COUNTY

Attachment

ORGANIZED DELIVERY SYSTEM (ODS)

SUD Case Management Referral/Request

Date of Referral: _____

Name: _____ **Consumer Number:** _____

Address: _____ **Phone Number:** _____

Screening Information: Pregnant: ☐ Yes ☐ No IV User: ☐ Yes ☐ No
ASAM Assessment: ☐ Yes ☐ No Tx Plan Completed: ☐ Yes ☐ No ROI Completed: ☐ Yes ☐ No
Current Level of Care: ☐ OP1 ☐ IOP2.1 ☐ Res 3.1 ☐ NTP ☐ Other:____ Drug Medi-Cal: ☐ Yes ☐ No

From:

☐ **RAFT- Youth Treatment Services**
(209) 381-6880 Fax (209) 723-6220

☐ **Northside Counseling**
(209) 394-4032 Fax(209) 394-4166
☐ Youth ☐ Adult

☐ **Los Banos Alcohol and Drug Services**
(209) 710-6110 Fax (209) 827-2009
☐ Youth ☐ Adult

☐ **The Center Adult OP**
(209) 381-6850 Fax (209) 385-3174

☐ **Tranquility Village**
(209) 357-5200 Fax (209) 357-5279

☐ **Other:** _____
Phone:_____
Address:_____

☐ **Hobie House**
(209) 722-6335 Fax (209) 722-6371

☐ **Aegis Treatment Centers**
(209) 722-1060 Fax (209) 725-1064

Referral To:

☐ Case Management
301 E. 13th Street Merced, CA 95341
(209) 381-6850 Fax: (209) 385-3175

Family Strengths:

☐ Presence of community supports
☐ Appropriate child development
☐ Employed ☐ Stable income
☐ Adequate food resources
☐ Access to health services
☐ Other :
☐ Positive family relations
☐ Interest in child's education
☐ Stable housing
☐ Access to transportation
☐ Adequate child care

Identified Needs:

☐ Advocacy ☐ Anger Management ☐ Adult Education ☐ CalWORKs ☐ Child Care ☐ Child Education
☐ Counseling ☐ Domestic Violence ☐ Family Recreational ☐ Food/Nutrition ☐ Trauma ☐ Grief Counseling
☐ Transportation ☐ Health Education ☐ Housing/Shelter ☐ Health Insurance ☐ SUD ☐ Employment
☐ MH Services ☐ Physical Health ☐ Physical Disability ☐ Parenting Skills ☐ Self-Help ☐ Legal Assistance
☐ Veterans Services ☐ Pregnancy/Prenatal Care ☐ Financial/Public Assist.
☐ Language Barriers ☐ Isolated/No Support ☐ Religious Services
☐ Sober Living Environments ☐ Social Security ☐ Teen Resources
☐ Other:

Referral Information and Needs:

Referring Staff Signature : _____ **Date:** _____

This information is legally privileged and confidential information protected by 42 CFR, Part 2 and 45 CFR, Parts 160 and 164 for alcohol and drug treatment records. This disclosure is intended for the use of the above-named individual or entity. Redisclosure without specific written authorization of the person to whom the information pertains is strictly prohibited.

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