

## Components of Case Management & Care Coordination

Case management is defined in the Standard Terms and Conditions (STCs)<sup>1</sup> as a service to assist beneficiaries in accessing needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. These services focus on coordination of SUD care, integration around primary care especially for beneficiaries with a chronic substance use disorder, and interaction with the criminal justice system, if needed. Case management is a required service and the county is responsible for coordinating case management services for beneficiaries, once medical necessity (see below) has been established. The county is responsible for providing additional coordination with the physical and mental health systems depending on where the beneficiary is accessing services.

As outlined in the STCs, case management services include:

1. Comprehensive assessment and periodic reassessment of individual needs to determine the need for the continuation of case management services;
2. Transition to a higher or lower level of substance use disorder (SUD) care;
3. Development and periodic revision of a client plan that includes service activities;
4. Communication, coordination, referral, and related activities;
5. Monitoring service delivery to ensure beneficiary access to service and the service delivery system;
6. Monitoring the beneficiary's progress; and
7. Patient advocacy, linkages to physical and mental health care, transportation, and retention in primary care services.

Case management shall be consistent with and shall not violate confidentiality of alcohol or drug patients as set forth in 42 CFR Part 2, and 2 California law.

Criteria for all CM/CC Components	
<b>Admissions/Eligibility Criteria</b>	Individual must meet medical necessary criteria based upon ASAM criteria. If an individual enrolled in any ASAM LOC CM/CC services are included/allowable. Medical necessity should be re-assessed periodically at least every six months, or as needed based on a major life event or relapse. The initial medical necessity determination must be performed by a medical director, licensed physician, or Licensed Practitioner of the Healing Arts (LPHA).

<sup>1</sup> [http://www.dhcs.ca.gov/provgovpart/Documents/Revised\\_Case\\_Management\\_FAQ\\_06.30.16.pdf](http://www.dhcs.ca.gov/provgovpart/Documents/Revised_Case_Management_FAQ_06.30.16.pdf)

Criteria for all CM/CC Components	
	<p>In addition to meeting established medical necessity criteria, for case management services to be eligible for reimbursement, the beneficiary must:</p> <ul style="list-style-type: none"> <li>• Be Medi-Cal eligible</li> <li>• Reside in the pilot county</li> <li>• Meet established medical necessity criteria</li> <li>• Receive services that are delivered by a qualified provider and linked to a DMC-certified site/facility</li> </ul>
<b>Staffing Level</b>	A Licensed Practitioner of the Healing Arts (LPHA) or an AOD counselor may provide case management services. The individual providing case management services must be linked, at a minimum, to a DMC certified site/facility.
<b>Setting</b>	<p>Case management services can be provided in the following settings as long as the services are affiliated with a DMC certified location:</p> <ul style="list-style-type: none"> <li>• DMC provider sites;</li> <li>• County locations;</li> <li>• Regional centers; or</li> <li>• In alternative settings as outlined and approved in county implementation plans.</li> </ul>
<b>Modality</b>	<p>Case management can be delivered to a beneficiary in the following ways:</p> <ul style="list-style-type: none"> <li>• Face-to-face;</li> <li>• By telephone;</li> <li>• By telehealth; or,</li> <li>• Anywhere in the community – <i>However, if case management services are provided in the community, the provider delivering the service must be linked to a certified site/ facility</i></li> </ul>
<b>Limitations/exclusions</b>	<ul style="list-style-type: none"> <li>• Units of Service for all Case Management services are 15 minute increments.</li> <li>• Cap TBD</li> </ul>
<b>Staffing Ratio/Case Limits</b>	<ul style="list-style-type: none"> <li>• Licensed Practitioner of the Healing Arts (LPHA): [TBD]</li> <li>• AOD Counselor: [TBD]</li> </ul>

## Provider Specifications

1. Professional staff must be licensed, registered, certified, or recognized under California State scope of practice statutes. Professional staff shall provide services within their individual scope of practice and receive supervision required under their scope of practice laws.
2. Licensed Practitioner of the Healing Arts includes: Physician, Nurse Practitioners, Physician Assistants, Registered Nurses, Registered Pharmacists, Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), and Licensed Marriage and Family Therapist (LMFT) and licensed-eligible practitioners working under the supervision of licensed clinicians.
3. Non-professional staff shall receive appropriate on-site orientation and training prior to performing assigned duties. Non-professional staff will be supervised by professional and/or administrative staff.
4. Professional and non-professional staff are required to have appropriate experience and any necessary training at the time of hiring.
5. Registered and certified alcohol and other drug counselors must adhere to all requirements in the California Code of Regulations, Title 9, Chapter 8.

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