

LAPEER COUNTY COMMUNITY MENTAL HEALTH**Date Issued 10/22/2008****Date Revised 12/21/2011; 09/05/14; 10/28/19; 03/04/21; 11/14/2023;
10/01/25**

CHAPTER Service Delivery	CHAPTER 02	SECTION 004	SUBJECT 70
SECTION Clinical and Support Services		DESCRIPTION Adult Case Management, Supports Coordination and Residential Services	
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APPLICATION:

<input checked="" type="checkbox"/> CMH Staff	<input type="checkbox"/> Board Members	<input type="checkbox"/> Provider Network	<input checked="" type="checkbox"/> Employment Services Providers
<input type="checkbox"/> Employment Services Provider Agencies	<input checked="" type="checkbox"/> Independent Contractors	<input checked="" type="checkbox"/> Students	<input checked="" type="checkbox"/> Interns
<input checked="" type="checkbox"/> Volunteers	<input type="checkbox"/> Persons Served		

POLICY:

Lapeer County Community Mental Health (LCCMH) provides Adult Case Management, Supports Coordination, and Residential Services to adults with a diagnosis of Serious and Persistent Mental Illness (SPMI) or Intellectual/Developmental Disability (I/DD) who meet criteria for specialty services.

STANDARDS:

- A. LCCMH as a Certified Community Behavioral Health Clinic (CCBHC) ensures no prospective individual is denied access to services because of place of residence or homelessness or lack of permanent residence.
- B. Adult Case Management / Supports Coordination Services includes the five components of case management:
 - 1. Providing assessment and coordination services consistent with principles of recovery.

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2. Assisting with planning.
 3. Linking persons served with agency and community resources and utilizing natural supports.
 4. Advocating for persons served and providing support.
 5. Coordination and monitoring the progress of persons served.
- C. LCCMH follows the requirements in the Medicaid Services Provider Manual for Targeted Case Management and Supports Coordination Services.
1. Targeted Case Management: See Medicaid Provider Manual Behavioral and I/DD Supports and Services Section 13.
 2. Supports Coordination: See Medicaid Provider Manual Behavioral and I/DD Supports and Services Section 17.3.K
- D. The primary case holder (Case Manager/ Supports Coordinator) assesses and links persons served to the services identified through the Person Centered Planning Process (See Person Centered Planning Policy 02.001.15).
- E. The primary case holder formulates one comprehensive Individual Plan of Service (IPOS) integrating goals and objectives for all services the person served qualifies and available services to ensure the continuity of care.
- F. Admission / Readmission Eligibility Criteria:
1. An adult, 18 years of age with a diagnosis of a SPMI or I/DD; mild, moderate or severe symptoms as defined in the Diagnostic and Statistical Manual-5 (DSM-5). I/DD diagnosis must have medical testing and documentation in the chart to proving I/DD diagnosis.
 2. Demonstrates any of the following:
 - a. Diagnosis of co-occurring substance use disorder with a SPMI diagnosis. See Intensive Recovery Services Policy 02.004.55.

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- b. Combination of severe active / residual psychiatric symptoms indicating need for access to a range of mental health care due to multiple service needs.
 - c. Combination of psychiatric symptoms, behavioral problems and health care deficits producing functional impairments and resulting in vulnerability to additional health and safety concerns.
 - d. Combination of psychiatric symptoms impairing the ability to independently access or sustain involvement in necessary services.
 - e. Person served has a history of psychiatric hospitalizations requiring ongoing treatment in order to successfully live in the community, avoid hospitalization, or has an I/DD diagnosis limiting their daily functioning.
3. Person served or legal guardian agrees to services and signs an Informed Consent for Treatment.

G. Exit Criteria for this program are as follows:

- 1. Person with SPMI diagnosis no longer demonstrates psychiatric symptoms interfering with activities of daily living and no longer requires treatment or medication to live successfully within the community without risk of re-hospitalization.
- 2. Person with I/DD no longer demonstrates an interference with activities of daily living and no longer requires treatment or medication to live successfully within the community independently or with natural supports.

PROCEDURES:

- A. Individuals not receiving LCCMH services contact LCCMH for services, see LCCMH Policy 02.003.30 Intake Procedures.

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- B. For persons already receiving LCCMH Services but needing Case Management Services, the case holder completes the LCCMH Referral Form #374 and follows the agency referral procedures flowchart in the templates folder.
- C. The primary case holder maintains the record of the person served and is responsible for coordinating services as outlined in the IPOS.
- D. Once services are established, the person served is monitored in various settings (community-based, office visits, program sites, etc.) to ensure the IPOS is sufficient and least restrictive in meeting the needs of the person served.
- E. The primary case holder provides monitoring for the adherence of medication regimes, side effects, status, medication administration / assistance and linking with the agency physician.

Note: Medication Administration is only completed by staff and/or providers, with verified Medication Administration Training.

- F. Outreach to individuals diagnosed with SPMI is assertive to prevent regression/ relapse and hospitalization. When appropriate, the primary case holder refers persons served to other treatment services such as Psycho-Social Rehabilitation, Assertive Community Treatment, or Residential Settings as medically necessary.
- G. The primary case holder completes and give an Adverse Benefit Determination to the person served or guardian in the event of a denial, delay, suspension, reduction or termination.
- H. Residential settings are Adult Foster Care (AFC) homes licensed and monitored by the State of Michigan Department of Licensing and Regulatory Affairs (LARA). The agency is responsible for following all LARA and Department of Health and Human Services standards.

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