Adult Case Management

Services Overview

Adult Case Management assesses the needs of the client and arranges, coordinates, monitors, evaluates, and advocates for services and community resources designed to meet the client’s needs. Adult Case Managers provide clients with referrals and assistance with a variety of needs such as food, clothing, housing, transportation, medication/prescription assistance program, Medicaid application/issues, applying for SSI/SSDI and referrals for individual/group therapy and Supported Employment (SE). The basic goal of Adult Case Management is to access the client’s needs, link and coordinate services to meet their needs, and to assist the client with developing a treatment plan which lays out the objectives and goals for treatment.

Service Hours

Adult Case Management services are available weekly from Monday through Friday from 8:30 am to 5:00 pm.

Emergency Care Service and/or After Hour Emergency Assistance

For psychiatric emergency after business hours, call 1-866-690-8257.
For medication issues, call 734-785-7701.

Types of Services Provided

Perform a Biopsychosocial assessment prior to initial visit. The Biopsychosocial assessment refers to a series of questions asked at the beginning of treatment of an individual that obtain information about the major physical (bio), psychological, and social issues of the individual. Questions covering the biological sphere could include any history of disease, addiction, surgeries, medication use, and family history of illness. Sociological questions may concern family, living arrangements, relationships, finances, stability of work, home, and school arrangements. Psychological assessment could have questions that cover the presence of psychiatric illness, strong stressors like recent bereavements, and risk of suicide. Perform an Adult Case Management assessment to access the client’s needs.
Explore the client’s goals and need for Mental Health treatment using the “Person-Centered” care methodology.
Provide a treatment plan which lays out specific directives along with dates of onset/completion, termination, person handling the task, person(s) associated with the task, etc.
Compare the pre-planning form to the Treatment Plan and document any changes between the two.
Types of Services Provided

Provide clients with referrals and assistance with a variety of needs such as food, clothing, housing, transportation, medication/prescription assistance program, Medicaid application/issues, applying for SSI/SSDI, and referrals for individual/group therapy and Supported Employment.
Offer crisis plan, if needed.

Services Association

Adult Case Management’s services are provided by the Adult Behavioral Health (ABH) Department.
Adult Case Managers report to Director of Adult Behavioral Health services.

Eligibility Requirements

Must be 18 years and older.

Condition of Services

As a partner of the team, we require a Case Manager to be involved with every client diagnosed with primary mental health symptoms. The frequency of these contacts should be individualized but not to exceed less than once every 90 days.
If a client goes a prolonged period with no contact with their Case Manager, three outreach calls are made within a 2-week period to attempt to schedule an appointment. If there is no response, then a 12-day letter is sent informing the client that the case will be closed should their worker does not hear from him/her. The exception to the requirement of seeing a Case Manager is for those with private insurance.
Treatment goals are to stabilize the client, which is ideally 6 months to one year of treatment. After this period of treatment, the client is recommended for the Primary Care Physician (PCP) or another facility to provide psychiatric services.

Fee for Service Payment & Insurance Coverage Structure

SEMCA distributes funds for Substance Abuse (SA) services to the Medicaid and uninsured population. Case Management is not a covered benefit for those with third party insurance.
All Mental Health services are covered by private insurance, Medicaid and/or Medicare. For those who are not eligible for Medicaid/Medicare or other funding available, we accept self-pay.
Referral Process & Requirements
All clients active in mental health services are assigned to a Case Manager as the coordinator for all services. Must meet SPMI criteria for eligibility of Mental Health services.

Referrals for Substance Abuse are screened by clinical therapists for eligibility and need of care services. Must meet criteria for Substance Abuse or dependence.

Acronyms
ABH – Adult Behavioral Health
SE – Supported Employment

Forms
Biopsychosocial Assessment
Pre-planning
Treatment plan
Plan of Care
Crisis Plan
Notification letter
Adult Case Management

New Client Adult Case Management Process

1. Client makes an appointment for initial visit.

2. Client is assigned to an Adult Case Manager & completes a Biopsychosocial assessment.

3. Adult Case Manager reviews Biopsychosocial assessment prior to initial visit.

4. Client meets with an Adult Case Manager
   (Initial visit is within 14 days)

5. Adult Care Manager completes the assessment to access client’s needs & goals.

6. Review client’s pre-planning form.

7. Prepare the treatment plan for the client. (Completed within 30 days of intake).

Is treatment plan completed & implemented within the 30 day period?

- Yes
- No
Document any changes in the Pre-planning form.

Offer Crisis Plan, Notice of Hearing Rights, & Primary Care Notification letter.

Implement the Plan of Care

End

New Client Adult Case Management Process
Adult Case Management

Annual Client Case Review Process

1. Review active client cases within 360 days from initial date of service.
2. Update client’s Adult Case Management assessment.
3. Review consents, primary care notification letter, and releases.
4. Complete a new pre-planning form.
5. Update client’s treatment plan.
6. Continue to provide Adult Case Management services to clients at least every three (3) months or more as needed.

End
Annual Client Case Review
Adult Case Management
Termination of Client’s Services

Adult Case Manager or intake unit contacts client regarding missed appointments. Total of three outreach calls placed to the client.

Has client responded to any of the three outreach calls?

Yes
Continue Adult Case Management Services to the client.

No
12th day letter is sent to client regarding possible termination of service due to non-compliance.

If no response from client, the client is terminated from receiving services.

Notation of termination of services is documented in client’s chart.

End
Termination of Client’s Services