



BEHAVIORAL HEALTH ALLIANCE OF MONTANA

Children's Targeted Case Management Model

November 8, 2019

Lessons Learned From Former Montana Case Management Model

- ▶ Over-utilization of case management without clear case management guidelines in place.
- ▶ The Case Management Program was not evidence-based because no outcome measurement was available for quality management.
- ▶ Case Management is clinically different from Home Support Service or CBPRS.
- ▶ Fee-for-service model rather than a value-based model fueled the over-utilization.
- ▶ Case management was not always viewed as a professional service.
- ▶ Case management at times was continued with clients who should have been discharged from the service.
- ▶ By cutting case management reimbursement so severely, the clients have cost more money as they've moved to higher levels of care, i.e., emergency departments and MSH.

Case Management Functions

Case management models vary in their philosophies and approaches but share six widely accepted basic functions¹:

- ▶ Identify and assess client and family's needs, strengths, and weaknesses
- ▶ Create service or treatment plans for client and family's needs
- ▶ Link client and family with services in both formal and informal settings
- ▶ Monitor delivery of services and client and family's progress
- ▶ Advocate for client and family
- ▶ Evaluate client and family outcomes

Case Management Components

In order to locate and walk a young person through a sequence of services, the typical case management system has the following components²:

- Finding and attracting appropriate clients
- Intake and assessment
- Designing a service plan
- Intervening in the community: brokering, advocating, and linking
- Implementing and monitoring the service plan
- Evaluating the effectiveness of case management.

Benefits from Quality Case Management

- ▶ Case management services are more cost-effective for the community and the healthcare system
- ▶ Case managers may act as brokers of services, providers of services, or both, depending on the program
- ▶ Case managers who are optimistic, patient, flexible, and assertive are more likely to have successful outcomes
- ▶ The client's informal helping and support networks will guide the case manager in finding the appropriate services that will work well with those support systems
- ▶ Treatment should be self-directed, individualized, family-centered, and strengths-based
- ▶ Peer support, respect, empowerment, responsibility, and hope are integral parts of the treatment and case management of clients with mental illness
- ▶ Clients need to feel they have influence on the goal-setting that is part of their treatment plan. They also need a good relationship with their case manager.⁴

Children's TCM Model Summary

- ▶ Agencies will register with the state to provide a set number of case management FTEs based on population needs.
- ▶ Clear guidelines of case management duties and goals will be agreed upon by the state and agencies delivering case management.
- ▶ The DLA-20³ Children's (over 6 years of age) outcome measurement tool, or some other evidence-based outcome tool, will be filled out by the case manager every 90-days during treatment plan updates.
- ▶ The outcome tool results will be submitted to a statewide database tracking case management results to ensure quality.
- ▶ Agencies will submit case management billing based on a monthly fee per client.
- ▶ Children's case management caseloads will be capped at 24 cases.

Children Case Management Program

- ▶ Case Managers will be employed by mental health agencies registered with the State to provide case management.
- ▶ By having mental health agencies employ the case managers, they will have access to the full continuum of care from outpatient to crisis care.
- ▶ Case Managers can be placed in the community in settings such as mental health centers, hospitals, community health centers, crisis centers, outpatient therapy centers, schools, etc.
- ▶ The mental health agency will be responsible for case managers' productivity and billing.
- ▶ Children's Case Management caseloads will be capped at a maximum of 24 clients per case manager.
- ▶ Bills submitted for non-case management agreed upon duties will not be reimbursed.
- ▶ The mental health agency will ensure that the DLA-20, or other evidence-based outcome tool, is submitted every 90 days for each client in the case management program.
- ▶ Minimum phone and in-person visits per month and based on client acuity will need to be defined by the State working with providers.

Financial Proforma

THIS IS AN EXAMPLE PROFORMA ONLY - A FINAL PROFORMA WOULD NEED TO BE DEVELOPED BY THE STATE IN PARTNERSHIP WITH PROVIDERS!
The monthly rate of reimbursement for case management included a \$16/hr rate of pay with 26% benefits and 20% overhead costs (i.e., mileage, phone, supervision, etc.) and assumed a caseload cap of 24 cases per case manager. Higher pay for case managers will improve the professionalism of the service, reduce turnover, and provide better continuity of care for the client and the family.

				26%	20% CASELOAD	
Rate of Pay	Week	FTE	Annual	W/Benefits	w/Support	24
\$ 16.00	\$ 640.00	1.00	\$ 33,280	\$ 41,933	\$ 50,319	\$ 192

CAVEAT: The model will need to be tiered to account for higher acuity scores on the DLA-20 or outcome measurement tool.

CAVEATS!

- ▶ If the State picks pieces of several different models, the final model will not be evidence-based or sustainable.
- ▶ Reimbursing at a very low rate and having very high caseloads, similar to the current model with DD cases, will not provide quality case management to mental health or SUD clients and will not be cost-effective.
- ▶ If the State chooses the Alliance models, we will need to meet to finalize details, i.e., hourly rate, caseloads, guidelines for discharge from case management, acuity tiers, etc.
- ▶ The Connect Tool created by Lewis & Clark Public Health could possibly be used as the database for outcome measurement.
- ▶ The State could “register” agencies to provide a certain number of case manager FTEs based on population needs so that case management isn’t being overutilized.

References:

1. Cinahl Information Systems, a division of EBSCO Information Services. Copyright©2016, “Case Management: the Client with Mental Illness.”
2. “Case Management with At-Risk Youth” Available on-line:
[http://smhp.psych.ucla.edu/qf/case_mgmt_qt/Case_Management_with_At-risk_Youth.pdf]
3. DLA-20, Daily Living Activities-20. MTM Services and National Council for Behavioral Health.
4. Cinahl Information Systems, a division of EBSCO Information Services, Copyright©2016, “Case Management: the Client with Mental Illness.”