

<p>Lancaster County Drug & Alcohol Commission Case Management & Clinical Services Policy & Procedure Manual</p>	<p>CMCS # 16A <i>Policy: Case Management Overview For Grant Funded Case Mangers Embedded within the OP LOC</i></p>
<p><i>Creation Date: 04042022</i> <i>Effective Date: 04112022</i></p>	<p><i>Page: 1 of 4</i></p>

I. *Premise for this embedded, grant-funded, position*

- a. DDAP mandated that all SCA’s provide separate and distinct Case Management services to the individuals during a treatment episode. In turn, LCDAC collaborated with the contracted treatment providers to offer these case management services as a supplement to the therapeutic episode. The overarching principle goal was a team approach, whereby counselors can be alleviated from assisting the individual in navigating through the system or having his/her ancillary needs met.
- b. Historically, none of the Lancaster outpatient clinics had distinct, separate case management positions. As such, the need for staff positions dedicated solely to case management was great, as the SUD counselors provided the case management services.
- c. With the grant opportunity, the LCDAC outpatient treatment service network was given the opportunity to participate in this proposed case management model. LCDAC met individually with the providers and described the model, and each decided whether to sign a Letter of Agreement. The SCA did not select the providers, the providers selected participation in this project.
- d. For those contracted service providers who received grant monies, a full-time case manager position was created as a means to initiate the induction and creation of a case management infrastructure within their pre-existing treatment program.

II. *Purpose of the policy*

To identify/clarify the additional parameters/activities/guidelines set forth for those service providers with grant funded Case Managers embedded into their existing treatment service infrastructure.

III. *Procedure*

- a. The primary purpose of this position is to provide support during treatment pre-engagement, provide support during treatment, and provide support during ongoing recovery and/or following the treatment episode. Clarity of the case management function shall be reflected in the provider’s written policies.
- b. The intent of this position is to provide case management services for ANY individual in need/want of case management services. Prioritization should occur based upon need and not funding. If need is equal, then prioritize according to uninsured, then underinsured.
- c. It is suggested that the provider utilize SAMHSA’s TIP 27, "Comprehensive Case Management for Substance Abuse Treatment", as a Guideline for the delivery of case management services; as well as the DDAP CMCS Manual and the LCDAC CMCS policies.

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- d. A written job description shall be created and encompass a clearly stated detailed portrayal of the role/responsibilities for the position of Case Manager and Case Manager Supervisor, that shall include yet not be limited to the following: job summary; data reporting responsibilities; essential job functions; other tasks that may be assigned; minimum qualifications; knowledge, skills, & abilities; required licenses and/or, certifications and/or clearances; physical requirements; etc.
- e. As warranted, the contracted service provider shall develop the necessary paperwork that is specific to the case management function that is ethically sound; legally sound; & programmatically sound. Monitoring of the paperwork by LCDAC may occur.
- f. The contracted service provider shall have written policies governing the Case Manager position that covers all facets of the position and includes how the case management role/responsibilities will be integrated into the existing treatment policies/procedures; as well as that of the Case Manager Supervisor.
- g. LCDAC will conduct monitoring site visits at which time ALL written case management policies/procedures will be reviewed; which shall include, yet not be limited to the following:
 - i. Written procedures that explain the parameters how/when clients who may not be in treatment with the service provider may receive case management services.
 - ii. Written procedures that explain the parameters how clients who are not in treatment with any provider may receive case management services.
 - iii. Written procedures regarding the provision that all clients entering the outpatient clinic will be offered case management services, regardless of the client funding stream.
 - iv. Written procedures that explain the parameters how clients who are post discharge from treatment may receive case management services.
 - v. Procedures to ensure that the right of an individuals to refuse services is upheld, documented, and managed; to include what methods the Case Manager may utilize to encourage the individual to participate.
 - vi. Written procedures to ensure that the individual has the right to determine receipt/involvement of case management services and *not* the provider.
 - vii. Written procedures clarifying the terminology of "disengages" as it relates to refusal or discontinuation of service AND how to document why an individual is no longer in services (e.g., "ancillary needs/goals met, client left AMA", etc.)
 - viii. Written procedures on the recommended caseload range of 25-35 individuals for a one Case Manager. This guideline is operational and should be more closely determined by the provider's written policies to include the involvement, oversight, and determination of the of the Case Manager Supervisor. Caseload capacity for Case Manager MUST be based on the intensity of the needs of those being served and the expertise of the Case Manager. Some case managers will have a case load of 25 clients, while others could take on a case load of 35. HOWEVER, caseloads are NOT to exceed 35 clients, unless the facility consults with the Lancaster SCA and receives written permission to exceed the maximum.
 - ix. Written procedures of the structure and frequency of supervision of the Case Manager to include written supervision notes. One aspect of the documented supervision notes is to capture the regular review of the logistics of the individuals on the Case Manager's case

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- load in order to monitor appropriateness of the number of individuals being managed by one case manager.
- x. Written procedures outlining what will transpire when a client begins receiving case management services in the outpatient clinic AND wants to remain with that case manager, even if the outpatient treatment ends at the clinic.
 - xi. Written procedures emphasizing that client choice will be respected to include, yet not be limited to when a client would like to be transferred to another facility that provides case management, how that request transpires and how it will be supported.
 - xii. Written procedures to outline how and/or when the Case Manager will fully execute a level of care assessment. It is understood that some counselors prefer to conduct the LOC and evaluation with clients, while building a relationship with the client being assessed. The point is to allow the case managers the ability to provide all functions of a case manager, and not just become an intake and evaluation worker.
 - xiii. Written procedures regarding the anticipated length of stay with case management services. It is the experience of LCDAC that SUD clients tend to want short term case management services, and therefore it is anticipated that the average length of stay for clients in the case management program may be three months. HOWEVER, the length of stay will completely depend on the client and his/her needs. Typically, individuals tend to disengage with a case manager when they become employed, acquire housing, and/or begin living a life that is busy/full-filling. Case managers will use motivational interview skills and engage the client, but compared to other human service case management systems, the SUD client typically engages for a shorter period of time or has episodes of engagement and non-engagement.
 - xiv. Written procedures to ensure collaboration between the Case Manager and counselor is occurring, the frequency of such occurrences, and documentation that is to transpire during these occurrences. The D&A counselor and case manager can more easily work together in serving the clients, and the burden of the counselor also performing case management services will be lifted.
 - xv. Written procedures requiring the case managers to attend a monthly joint meeting, facilitated by the LCDAC Case Manager Supervisor. The purpose will be to share ideas, disseminate information and instructions, provide case reviews, inter-agency collaboration, problem solve, etc.
 - xvi. Written procedures for the required training for the Case Manager and the Case Manager Supervisor. LCDAC will monitor the acquisition of the LCDAC trainings during the monitoring site visit. The mandated trainings can be located in the DDAP CMCA manual as well as in the LCDAC policies. The applicable DDAP-approved case management core trainings must occur within 365 days of hire. The training certificates from the required trainings MUST be maintained by the provider and a copy made available upon request by LCDAC.
 - xvii. Written procedures on the development of a yearly training plan that coincides with the Performance Evaluation Review schedule. Training course selection will depend upon the functions that the case managers perform.

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- xviii. Written procedures outlining the minimum Case Manager education and training/MET requirements of the *State Civil Service Commission*, for one of the following classifications:
 - 1. D&A Case Management Specialist
 - 2. D&A Case Management Specialist Trainee
 - 3. D&A Treatment Specialist, or
 - 4. D&A Treatment Specialist Trainee
- xix. Written procedures outlining the requirements the Case Manager Supervisors must meet as indicated in the MET for the Case Management Supervisor or Treatment Specialist Supervisor. Since the agencies will be a DDAP licensed treatment provider, the Supervisor must meet the DDAP licensing staffing requirements for Clinical Supervisor or Lead Counselor.
- xx. Written procedures to include that case managers will be mobile and meet the clients in the outpatient clinics and in other locations throughout the County. Contingent upon the policies of the agency, the case manager may transport clients to services, as specified in the treatment or case management plan. Public transportation funds for the individual are not included in the case management care coordination services.
- xxi. Written procedures outlining the completion of the non-treatment need assessments (that is: Case Management Service Plan/Recovery Plan). The Case Management Service Plan/Recovery Plan will help the client identify goals they wish to address and create a recovery plan with the assistance of the case manager. The case manager will assist the client in navigating through the human service system and having their ancillary needs met, sometimes called social determinants. Examples include housing, employment, education, etc.
- xxii. Written procedures detailing the Data Entry and the Reporting Requirements of the Case Manager. Data related to the delivery of case management must be entered into the PA WITS. Reporting via SDS related to SCA and contracted provider expenditures are required.
 - 1. For all SOR funded individuals the information found on the LCDAC GPRA Tool Instructions & Process are to be followed as written
 - a. Most of the needed information can be found in the section titled: *Case Management Services at the Outpatient level*
 - 2. Monthly Participant listing that must be submitted using the document titled:
 - a. LCDAC funded Case Management List of Participants
- h. Ultimately, LCDAC will have oversight of the case management system via the LCDAC Case Manager Supervisor.
 - i. One LCDAC case manager will assist the Supervisor in managing the Case Managers at the provider level.

Approved By:



Rick Kastner LCDAC Executive Director

4/11/2021

Date