

<p>Lancaster County Drug & Alcohol Commission Case Management & Clinical Services Policy & Procedure Manual</p>	<p>CMCS # 16 <i>Policy: Case Management Overview</i></p>
<p><i>Creation Date: 07/01/2021</i> <i>Effective Date: 07/01/2020</i></p>	<p><i>Page: 1 of 2</i></p>

I. **Purpose**

To establish protocols for the implementation of case management services, understanding that for the purposes of the contracted service providers, case management services and substance use disorder treatment services are separate and distinct aspects of the treatment continuum.

II. **Procedure**

As described in SAMHSAA’s Tip 27, Case Management is a coordinated approach to the delivery of health, substance use, mental health, and social services, and linking individuals with appropriate services to address specific needs and achieve stated goals.

Case management includes, yet is not limited to:

- Offering the individual, a single point of contact
- Being individually driven
- Being driven by the individual’s needs
- Being community-based
- Being culturally sensitive
- Involving advocacy
- Having an approach that is flexible
- Requiring particular knowledge, skills, and attitudes

According to The ASAM Criteria, 2013, case management is a collaborative process which assesses, plans, implements, coordinates, monitors, and evaluates the options and services to meet an individual’s health needs, using communication and available resources to promote quality, cost-effective outcomes.

LCDAC and its contracted service providers MUST offer case management as a separate and distinct service from the treatment services.

- Case management services must:
 - be offered to every individual receiving treatment services funded by LCDAC.
 - include a combination of the following functions:
 - Screening: the identification of emergent care needs.
 - Level of Care Assessment (LoCA): determination of the appropriate level of care for referral to treatment.

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- Assessment of treatment related needs (via the Case Management Service Plan also known as the Recovery Plan in WITS)
- Be provided by a professional that is proficient in the standard core elements of:
 - Planning
 - Advocacy
 - Monitoring
 - Linking/coordination of services
- Transpire only with the client's permission for the duration deemed appropriate for the client

- Individuals have the option to DECLINE the case management activities of assessment of treatment related needs and coordination /linking of these non-treatment related services identified when completing the Case Management Service Plan/Recovery Plan
 - Documentation must be recorded that these activities were offered, and that the individual declined these services activities
 - See the Case Management Recordkeeping Requirements Policy for instructions on how to document these services were declined
- LCDAC and its contracted service providers MUST coordinate and track the LCDAC funded case management service activities
 - Documenting that the array of case management service activities were accepted can be found in the Case Management Recordkeeping Requirements Policy
- At minimum, ALL individuals who present for SUD services MUST be:
 - Screened for emergent needs; and
 - (As appropriate) Referred for a LoCA
- For the service providers contracted to perform case management services:
 - the two (2) services (that is: treatment services; case management services) MUST be conducted by two (2) separate qualifying staff OR at two (2) separate times.
 - The provider may NOT provide treatment services and case management services within the same session/appointment.
- LCDAC encourages its contracted service providers to offer case management services to the families of the LCDAC funded individual.
 - Contact the LCDAC Case Management Supervisor for details/instructions.
- LCDAC and its contracted service providers are to offer ongoing case management services to all individuals with a substance use disorder.

Approved By:



7/1/2021

Rick Kastner LCDAC Executive Director

Date