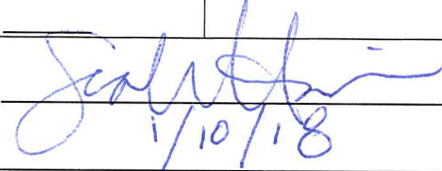


SWMBH MI Health Link Operating Policy 12.7

Subject: Complex Case Management		Accountability: Clinical Practices	Effective Date: 1-10-18	Pages: 2
REQUIRED BY: BBA Section _____ PIHP Contract Section _____ NCQA/URAC Standard <u>QI 9</u> SA SARF _____ Other _____			Last Reviewed Date: 1-9-18	Past Reviewed Dates: 11/15/16 7-16-15
LINE OF BUSINESS: <input type="checkbox"/> Specialty Waiver (B/C) <input type="checkbox"/> 1115 Waiver <input type="checkbox"/> Healthy Michigan <input type="checkbox"/> SUD Medicaid <input type="checkbox"/> SUD Block Grant <input checked="" type="checkbox"/> MI Health Link <input type="checkbox"/> OTHER: _____	APPLICATION: <input checked="" type="checkbox"/> SWMBH Staff and Ops <input type="checkbox"/> Participant CMHSPs <input type="checkbox"/> SUD Providers <input type="checkbox"/> MH / DD providers <input type="checkbox"/> Other: _____		Last Revised Date: 1-9-18	Past Revised Dates: 12/22/16 7/16/15
Approved :  Date: <u>1/10/18</u>		Required Reviewer: Chief Clinical Officer Medical Director <i>B. K. Freeman 1/9/18</i>		

I. Purpose

The Complex Case Management Program will organize and coordinate services for members with multiple or complex conditions helping members obtain access to resources and services by identifying and coordinating member's needs.

II. Policy

The overall goal of complex case management is to help members regain optimum health or improved functional capability, in the right setting and in a cost-effective manner. It involves comprehensive assessment of the member's condition; determination of available benefits and resources; and development and implementation of a case management plan with patient-centered performance goals, monitoring and follow-up.

III. Standards and Guidelines

- A. The organization has a process for collecting data from existing databases and proactive data mining is conducted utilizing programmed reports. Some data access is collected in collaboration with demonstration partners.
- B. The organization uses data at its disposal (i.e., claims, encounters, lab, pharmacy, utilization management, socioeconomic data, referrals and demographics) to identify members with multiple or complex conditions without discrimination. In addition, the organization has a process for facilitating the receipt of referrals via email, fax or phone.
- C. Complex Case Management is an opt-out program; all eligible members have the right to participate or to decline participation.
- D. Complex Case Management documentation systems includes automated features that

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provide accurate date, time and user ID. Automated features also include prompts and reminders for follow up care.

- E. Complex Case Management systems are supported by evidence-based clinical guidelines or algorithms with automatic documentation and automated prompts for follow up.
- F. Complex Case Management process documentation and details are included in Southwest Michigan Behavioral Health (SWMBH) Complex Case Management Procedure 12.7.1.
- G. Each Complex Case Management file will be documented according to SWMBH Complex Case Management procedures.
- H. Each Complex Case Management file will document that SWMBH completed the necessary ongoing management according to the Complex Case Management procedure.
- I. SWMBH will evaluate member experience with the Complex Case Management program minimally on an annual basis; and will review member complaints at monthly MI Health Link (MHL) Committee meetings.
- J. SWMBH will evaluate the effectiveness of the Complex Case Management program annually.

IV. Staffing Resources

- A. SWMBH's complex case management is provided by either an Integrated Healthcare Specialist, a Care Manager II, a Care Manager III, or a VA Navigator.
- B. SWMBH case load ratio's will be evaluated annually and adjusted as needed.
- C. Staffing Ratio's shall be as follows:

	Integrated Healthcare Specialist	Care Manager III	Care Manager II	VA Navigator
Complex Case Management	1:25	1:25	1:25	1:15

- D. Case load ratios will be monitored and the preset thresholds of 75% and 90% of the identified ratios addressed.

V. Definitions

None

VI. References

CCM Procedure 12.7.1

VII. Attachments

None