Funding Stream
Case management services are a part of a comprehensive array of treatment interventions. If Medicaid or other insurance is available for treatment, case management is accessed through that funding source. If insurance and Medicaid have denied payment, or the family has no insurance, the treatment intervention and associated case management funding is accessed through Core Services. Case management will only be authorized if the treatment intervention is funded through Core Services.

Definition of Service
• Service goals are centered on promoting child and family safety and family protective capacity.
• Case management generally can be described as a coordinated approach to the delivery of health, substance abuse, mental health, and social services, linking individuals with appropriate services to address specific needs and achieve stated goals. Case management services shall include: service planning, linkage, referral, monitoring/follow-up, advocacy, and crisis management. Case management should be differentiated from direct service. When a clinician meets with the family face-to-face it should be considered direct service – including TDM, staffing, etc. If the family is not involved (face-to-face), the service should be considered case management.

Measurement of Success
• Client demonstrates empathy for the experiences and needs of their children.
• Client demonstrates ability to explain what their protective role and responsibilities entail, the consequences to the children should they fail to protect, and is able to articulate and demonstrate that they value and believe it is their primary responsibility to protect the children.

Estimated Length of Treatment
Case management services are utilized for the length of the associated treatment intervention.

Frequency of Service:
In general, case management services are provided for a total of one hour per month as a part of each ongoing treatment intervention. If more hours are required to perform a service, providers may call Health Network’s Care Coordinator to request additional direct service hours. For emergency situations, providers should request additional direct service hours from the Care Coordinator.

Not all treatment services include case management. Those that do not include case management are generally one-time services (i.e. screenings, interpreter services) that may be needed as part of the treatment plan. Some case management may be necessary during case closure in order to ensure that all responsible parties have been informed.
Clinical Guidelines and Service Definitions
Case Management Services
Continued

**Qualifications of Provider**
Qualifications are dependent on the service being provided. Case management is part of the ongoing authorized treatment and should be utilized by the individual(s) providing that treatment or their supervisor.

**Provider Responsibilities:**
Refer to *Core Services Handbook or Provider Manual.*
Providers will have monthly direct personal contact with caseworkers to discuss the status/progress of the case.

**Caseworker Responsibilities:**
Refer to *Core Services Handbook or Provider Manual.*

**Staffing:**
Not applicable.