

CASE MANAGEMENT SERVICES

I. Description:

Case management is the coordination of service delivery and assurance of continuity and integration of services. Services facilitate client's efforts to manage barriers to achieving and maintaining optimal functioning in the client's personal environment as well as ~~and~~ within the community. Case management services assist clients in increasing daily task functioning, residential/vocational stability, independence, and reduce the need for higher levels of care. Case management is typically provided adjunctive to other treatment interventions.

Case management activities focus on community based, client driven service delivery. Activities address skill development, assisting the client in developing a natural support system, with a focus on recovery and growth. These activities may include but are not limited to:

Linkage/coordination
Monitoring/Follow-Up
Referrals/scheduling
Service Planning
Advocacy
Crisis Management
Supportive Interventions

Case management activities must be documented in the client's clinical record. Providers, including Child Placement Agencies, are required to use the approved Colorado Health Networks Treatment Guidelines for case management as specified in provider contracts and the Colorado Health Networks' Provider Manual.

II. Criteria:

Case management services may be helpful for all clients, but are recommended for:

- A. Persons who have frequent psychiatric hospitalizations.
- B. Persons with severe and persistent mental illness, who have limited or no stable natural support system.
- C. Difficulty in managing symptoms of mental illness which interfere with the ability of the individual to successfully manage routine activities of daily living.
- D. Persons with few/no external support systems, including children and youth in out-of home placement.
- E. A pattern of repeated moderate to high risk behaviors including poor adherence with the prescribed treatment regimen.
- F. Person who has demonstrated the inability to independently access and sustain involvement with needed services based on a history of non-adherence.

III. Exclusion Criteria:

A. None

IV. Review Frequency:

A. As needed.