

920003

**1991 REPORT
ON
MENTAL HEALTH CASE MANAGEMENT SERVICES**

**PREPARED BY THE
COMMUNITY SERVICES EVALUATION SECTION
OF THE
DEPARTMENT OF HUMAN SERVICES
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EXECUTIVE SUMMARY

PURPOSE

The purpose of this report is to describe the results of the Mental Health Case Management Review and to make recommendations for training and technical assistance.

CONTENTS

The report is divided into five sections:

Introduction: Discusses the content of the rule and the purpose of the project.

Background: Provides information regarding the development of the project.

Methods and Sample: Explains the procedures followed to collect the information.

Findings and Recommendations: Contains the results of the review by section with the results of the questionnaire first, followed by the results of the record review. Each section of the review concludes with specific recommendations pertaining to that section.

SUMMARY OF RECOMMENDATIONS

The Department should clarify a procedure to define precisely when a case is opened for Rule 74 case management services. This may or may not include an application for services, but should include a method to assure that clients are advised of what Rule 74 case management service is, their right to refuse the service; what other services are available to them, if any; their right to terminate the service; and the procedure for terminating the service.

The Department should re-evaluate the need for quarterly functional assessment reviews and quarterly review of the Individual Community Support Plan (ICSP) and monthly contacts. Changes in the frequency of required action should be considered as well as the possibility of flexible schedules based on individual client need.

The ICSP form should be completed with county input as soon as possible and released to the counties with written instruction. Training should be provided in the completion of the ICSP, especially in the area of goal writing.

I. INTRODUCTION

During April, May, and June 1991, a review was conducted on the implementation of Rule 74, officially known as Minnesota Rules, parts 9505.0175 to 9505.0491. Rule 74 governs case management services to people with serious and persistent mental illness. The review covered county implementation of the rule parts pertaining to diagnostic assessments, functional assessments, Individual Community Support Plans, and monthly contacts.

The purpose of this report is to provide the results of the Mental Health Case Management Review and to make recommendations for training, technical assistance, and policy clarification.

II. BACKGROUND

The Community Service Evaluation Section and the Mental Health Division jointly developed the protocol, reviewer's guide, and questionnaire. These instruments were field tested in four volunteer counties.

The Department of Human Services informed county agencies of plans to gather information regarding the implementation of Rule 74 in Instructional Bulletin #91-70A.

This effort has differed from previous monitoring projects in that it was for the purpose of information gathering only, and no compliance standards were applied.

III. METHODS AND SAMPLE

The Rule 74 review was completed during the months of April, May, and June 1991 in 27 counties. A statewide random sample of 126 cases was taken from the Community Mental Health Reporting System list of adult clients with mental illness receiving case management services for the period of January 1990 through June 1990. The results of the review are valid for the state, but not for any specific county.

About one fourth of the clients on the list were not "Rule 74" case management clients; some were developmental disabilities or day care clients, and the others were clients with mental health problems who were not receiving Rule 74 case management services. According to Mental Health Division staff the errors in the information system are being addressed, but it is recommended that a spot check be done to monitor the accuracy of this information. A decision was made to supplement the sample as needed on site. The additional cases were chosen randomly from the list of cases that had been open for at least six months and were open at the time of the review.

Case records were reviewed using a protocol designed specifically for use in the review. The time frame used was September 1, 1990 through February 28, 1991. The reviewer used a guide which defined the minimum recording standards to be applied in determining whether compliance requirements were met. In addition to the record review, an interview questionnaire was completed with supervisors or case managers. The purpose of the questionnaire was to identify concerns about rule implementation as well as for training, and technical assistance needs as perceived by the county agencies. Copies of the protocol, the reviewer's guide, and the questionnaire are attached.

Since this review was completed for the purpose of information gathering on a statewide basis, no county corrective action plans were required. Copies of each case record review were provided to the counties subsequent to the on-site review.

IV. FINDINGS AND RECOMMENDATIONS

This section is organized by area of review. For each area of review, the purpose of the requirement is given followed by the findings of the record review and the findings of the interview questionnaire. The findings are followed by the recommendations.

A. Roster of Clients Who Request, Are Referred For, or Receive Case Management Services

1. Purpose of Requirement

The roster is intended to serve as a reference point to determine if clients are receiving timely access to case management services and to verify whether referrals and requests are being acted upon.

2. Interview Findings

- a. The results of the interview questionnaire indicate that 23 of 27 (85%) counties reviewed are keeping the roster in some form. It is sometimes part of a total client information system, but mental health clients can be separated out if needed.
- b. Twelve of 27 (44%) counties are using the roster for local administration purposes such as CSSA planning, budgeting, and case load assignment size monitoring.
- c. Three of 27 (11%) counties keep it only because it is a required.
- d. Four of 27 (15%) counties reviewed don't keep the roster.
- e. One of the 27 (4%) counties responded that they re-offer case management services to the person on the roster again in six months if the client refuses the first offer.

3. Recommendations

- a. The Department should clarify the purpose of the roster and communicate that purpose to the counties to assist them in using it. This clarification should include whether or not other information systems and intake registers are sufficient to meet the purpose.
- b. The Department should clarify a procedure to define precisely when a case is opened for Rule 74 case management services. This may or may not include an application for services, but should include a method to assure that the client is advised of what Rule 74 case management service is, their rights regarding refusal of the service; what other services are available to them, if any; their right to terminate the service; and the procedure for terminating the service.

B. Diagnostic Assessment

1. Purpose of Requirement

One of the purposes of the diagnostic assessment is to guide the case manager in developing a functional assessment and Individual Community Support Plan (ICSP). A diagnostic assessment is required for each client and must have been completed after January 1, 1989, the date the rule became effective. The classification of serious and persistent mental illness which can be contained in the diagnostic assessment, is required to qualify the client for Rule 74 case management services.

2. Review Findings

a. Of the 126 records reviewed, 111 (88%) had diagnostic assessments present.

b. Requirements most often omitted:

i. Only 69 of the 111 (62%) diagnostic assessments contained information about client vulnerabilities.

ii. Fifty-two of the 111 (47%) diagnostic assessments did not contain information regarding strengths.

iii. Only 36 of the 111 (32%) diagnostic assessments contained a statement that the client met the criteria of serious and persistent mental illness.

3. Interview Findings

a. The interview questionnaire results indicated that 11 of the 27 (41%) counties believed that the diagnostic assessments were helpful, 15 (56%) said somewhat helpful, and one (4%) said the diagnostic assessments were not helpful.

- b. Four of the 27 (15%) interview questionnaires revealed the concern that diagnostic assessments do not always contain information which would be helpful to the case manager such as needed community-based mental health services. Many diagnostics are completed by facility mental health professionals while the client is hospitalized. Recommendations are related to in-hospital mental health services instead of community services.
- c. Four of the 27 (15%) agency representatives stated that some clients have been receiving mental health services for many years, so that diagnostic assessments completed at this point, are not informative. Often the case manager is the source of the information that the mental health professional uses in completing the diagnostic assessment.

4. Recommendations

- a. The Department should develop a standardized diagnostic assessment format which includes all of the rule requirements and the designation of serious and persistent mental illness.
- b. The Department should also provide mental health professionals training in the rule requirements. Written instructions should be issued containing the information for those unable to attend.
- c. The Department and counties should develop a procedure to assure that only diagnostic assessments which meet the rule requirements, receive reimbursement.
- d. The Department should consider reducing the requirements of the diagnostic assessment to key elements which only mental health professionals can provide and assign other assessment responsibilities to the case manager.

C. Functional Assessment

1. Purpose of Requirement

The purpose of the functional assessment process is to provide the case manager and the clients with a systematic way to evaluate the clients' ability to function and their need for help in key areas of their lives. The functional assessment lays the ground work for developing the ICSP and is to be reviewed on a quarterly basis. The rule identifies nine areas of functioning to be evaluated.

2. Review Findings

- a. The record review indicated that 80 of the 126 (63%) records had functional assessments completed in the review period and 58 of the 126 (46%) were completed on time.
- b. The points least frequently present in the functional assessments were:
 - i. Current living conditions and housing needs were present in only 53 of the 80 (66%) functional assessments reviewed.
 - ii. Inappropriate use of drugs or alcohol was included in only 54 of the 80 (68%) functional assessments.
 - iii. Client management of psychotropic medications was assessed in 60 of the 80 (75%) of the cases.

3. Interview Findings

- a. The interview questionnaire showed that nine of the 27 (33%) counties believed the functional assessment to be helpful, seven (26%) said it was not helpful, and 11 counties (41%) said it was somewhat helpful.
- b. Three of the 27 (11%) counties said that the functional assessment they were using was too demeaning to the client.

- c. Three of the 27 (11%) counties said that the functional assessment was too subjective and not a reliable way to measure progress or regression.
- d. Two of the 27 (7%) counties said that the functional assessment helped them focus on "the big picture."
- e. Two of the 27 (7%) counties said that the functional assessment did help track progress.
- f. Three of the 27 (11%) counties reported that since change is slow for this population, quarterly reviews of the functional assessment are unnecessary, that semi-annual would be more realistic. The same three counties reported that, with time constraints due to commitment hearings, crisis intervention, and travel, updating functional assessments becomes a low priority.
- g. Some counties also explained that functional assessment forms given to them by Department representatives did not contain all the points required by the rule.

4. Recommendations

- a. The Department should design a standard form to use with the client as a interview tool, and that it contain all the general areas of functioning listed in the rule. A narrative description would allow for more individualization and communicate more clearly than generalized numerical scales.
- b. The Department should accept very brief updates including as little as the date, changes in the client's functioning, if any, and the case manager's signature.
- c. The Department should re-examine the usefulness of the quarterly review. The frequency of the reviews could be established by a standardized client stability index. The index would prescribe the frequency of review based on a score determined by evaluating a few key elements such as the frequency of crisis intervention or hospitalization, frequency of change of residence, and stability of day treatment, vocational training, or employment.

D. Individual Community Support Plan (ICSP)

1. Purpose of Requirement

The purpose of the Individual Community Support Plan (ICSP) is to define a set of goals, actions, services, and timetables that will serve as a guide or "road map" for the client, case manager, and providers to follow in addressing the needs of the client.

The ICSPs is to be reviewed quarterly, and is to include goals; service needs; and scope, frequency, and duration of the service delivery.

2. Review Findings

- a. Of the 126 records reviewed, 86 (68%) had ICSPs.
- b. Of the 126 possible ICSPs, 56 (44%) were completed on time.
- c. The most frequently occurring goals were written in the area of mental health needs (61 goals); and the least frequently occurring were regarding the use of drugs and alcohol (11 goals).

3. Interview Findings

- a. All interview questionnaires completed indicated that the supervisors and/or case managers believed the ICSP or the ICSP process to be at least somewhat helpful.
- b. Comments included statements regarding giving power to the client, helping focus action, and assisting in coordinating services so all treatment team members know who is responsible for what.
- c. Concerns were also expressed about the client not wanting a goal writing process, too frequent reviews, and that not all team members accept the ICSP as a master treatment plan.

- d. In addition, respondents mentioned problems with the draft model including that the form is difficult to understand both for the case manager and the client; that the draft form does not have enough space for goals, and that terms used on the form are interpreted differently by different people, for example; "goals and service goals; scope, frequency, and duration."

4. Recommendations

- a. The Department should complete the model ICSP form as soon as possible and release it to county agencies. Representatives of the counties should be included in the development of the forms and their concerns should be considered in the process. (See d. above)
- b. The Department should provide training on the ICSP form, especially in the area of goal writing. Written instructions with examples and definitions to aid the case manager in completing a meaningful ICSP should be provided.
- c. The Department should assess the usefulness of the quarterly ICSP. The frequency of the plans could be established by a standardized client stability index which would prescribe the frequency of ICSP reviews. (See C.4.c.)

E. Case Manager Contact

1. Purpose of Requirement

The purpose of requiring at least monthly face-to-face contacts with a case management client in the county and bi-monthly contacts for clients out of the county is to reinforce the client/case manager relationships as well as to monitor and coordinate services.

When the client lives in the county, there is to be a face-to-face contact at least once a month. If the client lives out of the county, there needs to be a face-to-face contact at least once every other month, with a telephone call during the months in which there is no face-to-face contact. Contact documentation must include identification of the person contacted, the purpose of the contact, the date of the contact, and the length of time of the contact, as well as any action which was taken. In addition, Medical Assistance requires that the documentation be signed and include the case manager's credentials.

2. Review Findings

- a. Only 64 (51%) of the records reviewed met the requirement regarding frequency of visits.
- b. Of the visits made, 85 to 96 percent of them (depending on the type of contact) were documented according to rule specifications with length of contact being the most frequently omitted point.

3. Interview Findings

- a. Fourteen of the 27 (52%) counties said that the monthly contacts requirement does facilitate the coordination of services, three (11%) said it did not, and seven (26%) responded that it was somewhat helpful.
- b. Five of the 27 (19%) counties stated that the frequency of contacts need to be more flexible, with the decision of how often to see a client based on the clients' needs and wishes rather than on a required schedule.
- c. Five of the 27 (19%) counties said that at least monthly contact is essential and they contact most clients more frequently.

- d. Two of the 27 (7%) counties reported that clients don't want regular contact and some case notes reported that some clients were openly hostile toward their case managers during visits or refused to see their case managers. This was not interpreted as a refusal to accept case management services. The rule does not require specific documentation that the client accepts case management and it is difficult to tell if the client is actually given a choice.
- e. Five of the 27 (19%) counties said that the reasons for not being able to make the monthly visits are case load size, travel time, time spent doing crisis intervention, and preparation for commitment hearings.
- f. Three of the 27 (11%) counties mentioned that the out of county person to person contact requirement of every 60 days conflicts with the quarterly requirement for functional assessments and ICSP's.

3. Recommendations

- a. The Department should adjust the 60-day out of county client contact requirement to quarterly so that it can be better coordinated with the quarterly update of the functional assessment, ICSP, and residential facility quarterly reviews.
- b. The Department should consider using a standardized client stability index to determine frequency of visits.

F. Emergency Services

1. Purpose of Requirement

The purpose of requesting this information was to determine if clients are being advised of emergency services availability in a consistent manner.

2. Review Findings

- a. Twenty-six of the 27 (96%) counties surveyed had at least one method for informing clients of available emergency services.

- b. In the 27 counties surveyed, 11 methods of informing clients of the available emergency services were cited.
- c. The most frequently mentioned (seven counties) method was giving clients cards with the emergency services telephone numbers.
- d. One county said that they give out the case manager's home telephone number.
- e. One county said that information regarding emergency services is not provided currently.
- f. Most counties have more than one way to inform clients of emergency services.
- g. It is clear that there is no consistent method of assuring that clients know what emergency services are available and how to access them.

3. Recommendations

- a. The Department should develop a procedure to assure that the client is advised of the available emergency services at intake.
- b. A line should be added to the ICSP form listing the emergency services availability. Since the client's signature is required on the ICSP, this should provide consistent documentation that the client has received reminders regarding available emergency services.

G. Technical Assistance and Training

1. Purpose of Requirement

The purpose for requesting this information was to determine what technical assistance and training the county agencies perceive as needed.

2. Review Findings

- a. Two agencies said that DHS Instructional Bulletins do not function well, and they would prefer having a regional representative from whom they could get information.

- b. One mentioned that there is a need for a "help line" at the DHS Mental Health Division so if they don't know which specialist to call, there would be someone knowledgeable to refer them. The Department should re-issue Instructional Bulletin #90-53M dated July 10, 1990 which deals with this subject.
- c. Training is needed directly relating to the implementation of Rule 74 including how to maximize reimbursement, how to document for reimbursement in a manner that would meet SURS expectations and annual training and new worker training on Rule 74.
- d. Technical assistance is needed relating to the implementation of Rule 74 including the provision of standardized forms to be used at all counties with instructions and definitions, and clarification on how to indicate the start date for Rule 74 services.
- e. Other training needs cited included crisis management, the use of the ICSP, goal writing, working with people with mental illness and chemical dependency, children's mental health; and technical assistance on interfacing with the Division of Rehabilitative Services and vocational programs on a regional basis.
- f. It was also reported that the "Black Book" case management manual, the contacts with the DHS Mental Health Division case management specialist and the quarterly regional meetings were very helpful, but that the video taped 40 hours of training does not pertain to case management services as they are implemented in Minnesota.

3. Recommendations

- a. It is recommended that the Department consider the above concerns when developing training plans.

April 24, 1991

**CASE MANAGEMENT FOR PERSONS WITH
SERIOUS AND PERSISTENT MENTAL ILLNESS
CLIENT RECORD REVIEW**

| | | |
|-------------------------|-----------------------------------|----------------|
| Date of Review __/__/__ | Review Period __/__/__ - __/__/__ | Reviewer _____ |
|-------------------------|-----------------------------------|----------------|

| | | |
|----------------|--------------------|--------------------|
| County # __ __ | Case Number: _____ | Case Manager _____ |
|----------------|--------------------|--------------------|

| | | |
|------------------------|-----------|----------------|
| Date of Birth __/__/__ | MA# _____ | Sex: M F |
|------------------------|-----------|----------------|

YES NO N/A

I. DIAGNOSTIC ASSESSMENT:

- | | | | |
|--|-----|-----|-----|
| 1. Is there a diagnostic assessment in the record? | ___ | ___ | |
| 2. What is the date of the diagnostic assessment or update? | __ | / | __ |
| 3. Does the diagnostic assessment include: | | | |
| a. current functioning and symptoms. | ___ | ___ | |
| b. review of history of person's mental illness problems. | ___ | ___ | |
| c. strengths. | ___ | ___ | |
| d. vulnerabilities. | ___ | ___ | |
| e. a mental status examination. | ___ | ___ | |
| f. documentation that a face-to-face interview occurred. | ___ | ___ | |
| g. needed mental health services. | ___ | ___ | |
| 4. Does the diagnostic assessment include a statement that the client has serious and persistent mental illness? | ___ | ___ | |
| 5. Is there a certification by a mental health professional that the person has serious and persistent mental illness? | ___ | ___ | ___ |

YES NO N/A

6. If the answers to questions #4 and #5 are "no," is there documentation by the case manager that the person has serious and persistent mental illness based on a review of the diagnostic assessment and the client's history of mental illness? ___ ___ ___

If the answers to questions #4, #5, and #6 are "no," continue the review although documentation does not exist that the client is eligible for case management service.

II. FUNCTIONAL ASSESSMENT:

1. Is there a document labeled "Functional Assessment" completed by the case manager, or a review of the Functional Assessment, in the review period? ___ ___

(If "no" move to Section III.)

2. What is the date of the most recent Functional Assessment/review in the review period? __ _/ __ _/ __ _

3. What is the date of the Functional Assessment/review immediately preceding the one listed in question #2? __ _/ __ _/ __ _

4. Was the Functional Assessment/review in question #2 completed in a timely manner? ___ ___

5. Does the most recent Functional Assessment identify:
- a. mental health symptoms or mental health needs. ___ ___
 - b. self-care and independent living capacity. ___ ___
 - c. current living conditions and housing needs. ___ ___
 - d. inappropriate use of drugs and alcohol. ___ ___
 - e. vocational and educational functioning. ___ ___
 - f. social functioning, including use of leisure time. ___ ___
 - g. interpersonal functioning, including relationships with family. ___ ___
 - h. medical and dental health. ___ ___
 - i. financial assistance needs. ___ ___
 - j. how the client is managing his/her psychotropic medications. ___ ___

6. The Functional Assessment reviewed in question #5 includes items 5a.-i.? ___ ___

YES NO N/A

III. INDIVIDUAL COMMUNITY SUPPORT PLAN (ICSP):

- 1. Is there an ICSP, or a review of the ICSP, completed by the case manager in the review period? ___ ___
 (If "no" move to Section IV.)
- 2. What is the date of the most recent ICSP/review in the review period? __/__/__
- 3. What is the date of the ICSP/review immediately preceding the one listed in question #2? __/__/__
- 4. Was the ICSP/review in question #2 completed in a timely manner? ___ ___
- 5. Does the most recent ICSP identify:
 - a. mental health symptoms. ___ ___
 - i. goals ___ ___
 - ii. services needed ___ ___
 - iii. frequency or duration ___ ___
 - b. self-care and independent living capability. ___ ___
 - i. goals ___ ___
 - ii. services needed ___ ___
 - iii. frequency or duration ___ ___
 - c. current living conditions and housing needs. ___ ___
 - i. goals ___ ___
 - ii. services needed ___ ___
 - iii. frequency or duration ___ ___
 - d. use of drugs (non-prescribed) and alcohol. ___ ___
 - i. goals ___ ___
 - ii. services needed ___ ___
 - iii. frequency or duration ___ ___
 - e. vocational and educational functioning. ___ ___
 - i. goals ___ ___
 - ii. services needed ___ ___
 - iii. frequency or duration ___ ___
 - f. social functioning. ___ ___
 - i. goals ___ ___
 - ii. services needed ___ ___
 - iii. frequency or duration ___ ___
 - g. interpersonal functioning. ___ ___
 - i. goals ___ ___
 - ii. services needed ___ ___
 - iii. frequency or duration ___ ___

| | YES | NO | N/A |
|--|-----|-----|-----|
| h. medical and dental health. | ___ | ___ | |
| i. goals | ___ | ___ | |
| ii. services needed | ___ | ___ | |
| iii. frequency or duration | ___ | ___ | |
| i. financial assistance needs. | ___ | ___ | |
| i. goals | ___ | ___ | |
| ii. services needed | ___ | ___ | |
| iii. frequency or duration | ___ | ___ | |
| j. other needs. | ___ | ___ | |
| i. goals | ___ | ___ | |
| ii. services needed | ___ | ___ | |
| iii. frequency or duration | ___ | ___ | |
| 6. Does the most recent ICSP identify at least one goal? | ___ | ___ | |

IV. CASE MANAGER CONTACT:

| | | | |
|---|-----|-----|--|
| 1. Has the client lived in the county for the last two months of the review period? | ___ | ___ | |
|---|-----|-----|--|

In completing questions #2 and #3, the reviewer is to first look for and review client face-to-face contact in the month, and only if there is no face-to-face contact with the client, look for and review telephone contact with the client.

| | | | |
|--|-----|-----|--|
| 2. a. Is there documentation of a client contact during the 1st of the last two months of the review period? | ___ | ___ | |
| b. Documentation includes: | | | |
| i. the name of the person contacted. | ___ | ___ | |
| ii. the purpose of the contact. | ___ | ___ | |
| iii. the date of the contact. | ___ | ___ | |
| iv. the length of time of the contact. | ___ | ___ | |
| c. Type of contact: | | | |
| i. face-to-face. | ___ | ___ | |
| ii. telephone. | ___ | ___ | |
| 3. a. Is there documentation of a client contact during the last month of the review period? | ___ | ___ | |
| b. Documentation includes: | | | |
| i. the name of the person contacted. | ___ | ___ | |
| ii. the purpose of the contact. | ___ | ___ | |
| iii. the date of the contact. | ___ | ___ | |
| iv. the length of time of the contact. | ___ | ___ | |

| | YES | NO | N/A |
|--|-----|-----|-----|
| c. Type of contact: | | | |
| i. face-to-face. | ___ | ___ | |
| ii. telephone. | ___ | ___ | |
| 4. a. Was there a contact with another person on behalf of the client during the last two months of the review period? | ___ | ___ | |
| b. Documentation includes: | | | |
| i. the name of the person contacted. | ___ | ___ | |
| ii. the purpose of the contact. | ___ | ___ | |
| iii. the date of the contact. | ___ | ___ | |
| iv. the length of time of the contact. | ___ | ___ | |
| c. Type of contact: | | | |
| i. face-to-face. | ___ | ___ | |
| ii. telephone. | ___ | ___ | |
| 5. Was the minimum client contact requirement met? | ___ | ___ | |

MINIMUM CONTACT CRITERIA

Lived in county last two months of review: Face-to-face client contact each month.

Out of county part of the time: Face-to-face once every two months; the other month is to be a telephone contact.

April 24, 1991

**CASE MANAGEMENT FOR PERSONS WITH
SERIOUS AND PERSISTENT MENTAL ILLNESS
CLIENT RECORD REVIEW
REVIEWER'S GUIDE**

IDENTIFYING INFORMATION:

Authority: Minnesota Rules, parts 9505.0170 to 9505.0491

Source Document: Case record, face sheet, application.

Reviewer's Guide: Review record for identifying information, MA number, if available, and record case number, date of birth, sex, and whether client lives in county or not.

I. DIAGNOSTIC ASSESSMENT:

(Go back to 01/01/89 if necessary, or 10/01/88 if there is an update of the diagnostic assessment after the rule's effective date of 01/01/89.)

1. Is there a diagnostic assessment in the record?

Authority: 9505.0477, subp. 10
9505.0483, subp 4A, B, C

Source Document: A written assessment by a mental health professional which includes a diagnosis.

Reviewer's Guide: Look for an assessment or report by a mental health professional that includes a diagnosis; e.g., psychological evaluation, psychiatric nurse's assessment, clinical social worker's assessment, evaluation completed by a psychiatrist including an evaluation completed at a regional treatment center, psychiatric hospital, mental health center, etc. If there is more than one document with a diagnosis, choose the one labeled "diagnostic assessment" if any. If the agency uses more than one document as the diagnostic assessment, the documents must be combined with a cover sheet or letter.

Mark "yes" if an assessment with a diagnosis is in the record. Mark "no" if there is not an assessment with the diagnosis in the record.

2. What is the date of the diagnostic assessment or update?

(Self-explanatory)

3. Does the diagnostic assessment include:

Authority: 9505.0477, subp. 10
9505.0483, subp 4A, B, C

a. current functioning and symptoms.

Reviewer's Guide: Mark "yes" if there is a statement(s) describing functioning and mental health symptoms at the time of the assessment. Mark "no" if there is not such a statement(s); e.g., "living independently and attending day treatment regularly;" "reporting hallucinations."

b. review of history of person's mental illness problems.

Reviewer's Guide: Mark "yes" if there is any documentation of the mental health professional's review of the person's past mental health problems, such as previous admissions to psychiatric hospitals, past problems coping in the community, etc. Mark "no" if there is no statement regarding the review of the person's history of mental illness.

c. strengths.

Reviewer's Guide: Mark "yes" if there is documentation of the mental health professional's identification of at least one of the client's strengths, skills, assets, positive behaviors, or resources; e.g., "this client's assets include good communications skills." Mark "no" if the mental health professional did not identify anything as a strength; skill, etc.

d. vulnerabilities.

Reviewer's Guide: Mark "yes" if the mental health professional identified at least one of the client's vulnerabilities, weaknesses, or behaviors which endanger the client, etc.; e.g., "this client's vulnerabilities include aggressive behavior..." Mark "no" if nothing is identified as a vulnerability, weakness, etc.

e. a mental status examination.

Reviewer's Guide: Mark "yes" if there is any reference to the client's appearance, demeanor, or ability to communicate at the time of the assessment. Mark "no" if there is no statement regarding mental status.

f. documentation that a face-to-face interview occurred.

Reviewer's Guide: Mark "yes" if the assessment refers in any way to talking with the client directly. Mark "no" if the evaluator did not meet directly with the client.

g. needed mental health services.

Reviewer's Guide: Mark "yes" if there is a statement regarding the mental health services needed by the client, such as medication management, outpatient therapy, group therapy, day treatment, or counseling. Mark "no" if there is no statement.

4. Does the diagnostic assessment include a statement that the client has serious and persistent mental illness?

Authority: 9505.0477, subp. 10, D; and subp. 27

Source Documents: The diagnostic assessment.

Reviewer's Guide: Mark "yes" if there is a statement in the diagnostic assessment that the person has serious and persistent mental illness. On hard copy, if question #4 is "yes," mark "n/a" on questions #5 and #6 and move on to Section II. (Computer will automatically skip questions #5 and #6 and move to Section II.) If "no" move on to questions #5 and #6.

5. Is there a certification by a mental health professional that the person has serious and persistent mental illness?

Authority: 9505.0477, subp. 10, D; and subp. 27

Source Documents: A certificate, letter, or signed statement by a mental health professional.

Reviewer's Guide: Mark "yes" if there is a signed statement by a mental health professional that the person has serious and persistent mental illness. On hard copy if question #5 is "yes," mark "n/a" on question #6 and move on to Section II. (Computer will automatically skip question #6 and move to Section II.) On hard copy, question #5 should be marked "n/a" if the answer to question #4 was "yes."

6. If the answers to questions #4 and #5 are "no," is there documentation by the case manager that the person has serious and persistent mental illness based on a review of the diagnostic assessment and the client's history of mental illness?

Authority: 9505.0477, subp. 27

Source Document: Case notes, forms, etc.

Reviewer's Guide: Mark "yes" if there is documentation by the case manager that the person's mental illness meets the definition of serious and persistent based on a diagnostic assessment and a review of his or her history of mental illness. Mark "no" if there is no statement by the case manager that the person's mental illness meets the definition of serious and persistent mental illness based on the diagnostic assessment and history of mental illness. On hard copy, question #6 should be marked "n/a" if the answer to question #4 or #5 was "yes."

II. FUNCTIONAL ASSESSMENT:

1. Is there a document labeled "Functional Assessment" completed by the case manager, or a review of the Functional Assessment, in the review period?

Authority: 9505.0477, subp. 12
9505.0485, subp. 1

Reviewer's Guide: Look for a document labeled "Functional Assessment," or a review of the Functional Assessment, completed by the case manager in the review period. Mark "yes" if such a document or review was completed during the review period and is filed in the case record. If no Functional Assessment or review was completed in the review period, mark "no" and move to Section III. (The computer will do this automatically upon entering a "no" response.)

2. What is the date of the most recent Functional Assessment/review in the review period?

(Self-explanatory)

3. What is the date of the Functional Assessment/review immediately preceding the one listed in question #2?

Reviewer's Guide: If there is no Functional Assessment or review prior to the one listed in question #2, enter zero's in the spaces for the date.

4. Was the Functional Assessment/review in question #2 completed in a timely manner?

Authority: 9505.0477, subp. 12
9505.0485, subp. 1

Reviewer's Guide: Mark "yes" if the most recent Functional Assessment/review was completed within the month that it was due. (Reviews are due every three months; e.g., if the prior Functional Assessment/review in question #3 was completed on January 10, then the Functional Assessment/review in question #2 must be completed before the end of April.) Since only cases that have been opened for at least six months are in the sample, all cases will have Functional Assessments/reviews due during the review period. Mark "no" if it was not timely.

5. Does the most recent Functional Assessment identify:

Authority: 9505.0477, subp. 12
9505.0485, subp. 1

Reviewer's Guide: If necessary, refer to the most recent Functional Assessment completed prior to the current record review period.

- a. mental health symptoms or mental health needs.

Reviewer's Guide: Mark "yes" if mental health symptoms and needs are addressed; e.g., hallucinations, inability to concentrate, disordered thoughts, self-defeating behaviors. Mark "no" if they are not.

- b. self-care and independent living capacity.

Reviewer's Guide: Mark "yes" if the client's ability to care for himself or herself in the areas of dressing, grooming, and/or nutrition or any other self care areas are addressed. Mark "no" if they are not.

- c. current living conditions and housing needs.

Reviewer's Guide: Mark "yes" if reference is made to the client's current residence or need to find another residence or other living conditions. Mark "no" if living conditions or housing needs are not addressed.

- d. inappropriate use of drugs and alcohol.

Reviewer's Guide: Mark "yes" if the client's use of drugs (non-prescribed) and alcohol is addressed. Mark "no," if it is not addressed.

- e. vocational and educational functioning.

Reviewer's Guide: Mark "yes" if the functional assessment addresses the client's job, or school needs, or mentions that the person attends a sheltered workshop, or day treatment program, etc. Mark "no" if vocational/educational functioning is not addressed.

- f. social functioning, including use of leisure time.

Reviewer's Guide: Mark "yes" if the client's social functioning is addressed, including recreational activities, ability to plan leisure time activities, etc. Mark "no" if is not addressed.

- g. interpersonal functioning, including relationships with family.

Reviewer's Guide: Mark "yes" if the client's ability to interact with others is addressed. Mark "no" if it is not addressed.

- h. medical and dental health.

Reviewer's Guide: Mark "yes" if the client's medical or dental health needs are addressed. Give credit if the client's doctor or dentist is listed, or any other reference to health is included. Mark "no" if no reference is made to medical (other than mental health) or dental health.

- i. financial assistance needs.

Reviewer's Guide: Mark "yes" if the client's needs for public assistance, or other financial assistance are addressed. Mark "no" if they are not addressed.

- j. how the client is managing his/her psychotropic medications.

Reviewer's Guide: Mark "yes" if there is a statement regarding use of psychotropic medications; e.g., what is currently prescribed and whether or not the client takes the medication regularly or not, etc. (Information only: not required by rule.) Mark "no" if there is no reference to this area.

- 6. The Functional Assessment reviewed in question #5 includes items 5a.-i.?

Reviewer's Guide: Mark "yes" if all points in 5a.-i. are addressed in the functional assessment. Mark "no" if they are not. (Do not count j.)

III. INDIVIDUAL COMMUNITY SUPPORT PLAN (ICSP):

- 1. Is there an ICSP or a review of the ICSP completed by the case manager in the review period?

Authority: 9505.0485, subp. 1 and 2 and 9505.0477, subp. 13

Source Documents: Individual Community Support Plan Form, which is supplied by commissioner, or another format which is labeled ICSP and includes goals and services.

Reviewer's Guide: If there is a form labeled "Individual Community Support Plan" completed by the case manager, or a review of the ICSP dated within the six month review period, mark "yes." If not, mark "no" and move to Section IV.

- 2. What is the date of the most recent ICSP/review in the review period?

(Self-explanatory)

- 3. What is the date of the ICSP/review immediately preceding the one listed in question #2?

Reviewer's Guide: If there is no ICSP or review prior to the one listed in question #2, enter zero's in the spaces for the date.

4. Was the ICSP/review in question #2 completed in a timely manner?

Authority: 9505.0485, subp. 2 and 9505.0477, subp. 13

Reviewer's Guide: Mark "yes" if the most recent ICSP/review was completed within the month that it was due. (Reviews are due every three months; e.g., if the prior ICSP/review in question #3 was completed on January 10, then the ICSP/review in question #2 must be completed before the end of April.) Since only cases that have been opened for at least six months are in the sample, all cases will have ICSP's/reviews due during the review period. Mark "no" if it was not timely.

5. Does the most recent ICSP/review identify:

Authority: 9505.0485, subp. 2 and 9505.0477, subp. 13

Reviewer's Guide: If necessary, refer to the most recent ICSP completed prior to the current record review period.

For each goal area (points a. thru j.) which is addressed, mark "yes" or "no" for each of the items (goals, services needed, and frequency or duration). Each goal area which is not addressed in the ICSP/review should be left blank. Frequency or duration refers to the delivery of the service, not how frequently the service will be reviewed.

6. Does the most recent ICSP identify at least one goal?

(Self-explanatory)

IV. CASE MANAGER CONTACT:

Authority: 9505.0485, subp. 3, 5, and 6

Source Documents: Case notes, narratives, contact summaries, CSIS Primary worker case history forms.

Reviewer's Guide: Review the documentation for the last two months of the review period. Mark "yes" for each point covered in the documentation regarding the case manager's contact with the client, provider, and family member or other involved person. Mark "no" for each point which is not covered in the documentation.

-----***** MENTAL HEALTH MANAGEMENT SERVICE *****-----

RULE 74 CASE REVIEW REPORT -- ALL CASES

Report Coverage: Statewide

| SUMMARY | U | YES | NO | YES/U |
|--|-----|-----|----|-------|
| Total number of cases reviewed. | 126 | | | |
| SECTION I - ASSESSMENT | | | | |
| Number of cases containing diagnostic assessment. | 111 | | | |
| Does the diagnostic assessment include: | | | | |
| a. current functioning and symptoms. | | 104 | | |
| b. review of history of person's mental illness problems. | | 95 | | |
| c. strengths. | | 59 | | |
| d. vulnerabilities. | | 69 | | |
| e. a mental status examination. | | 94 | | |
| f. documentation that face-to-face interview occurred. | | 98 | | |
| g. needed mental health services. | | 90 | | |
| Number of cases where there was a statement that the client has serious and persistent mental illness. | | 36 | | |
| Number of cases where there was a certification by a mental health professional that the person has serious and persistent mental illness. | | 18 | | |
| Number of cases where there was documentation by the case manager that the person has serious and persistent mental illness. | | 7 | | |
| SECTION II - FUNCTIONAL ASSESSMENT | | | | |
| Number of cases reviewed for which a Functional Assessment was present. | | 80 | | |
| How many of the Functional Assessments were completed in a timely manner? | | 58 | | |
| Does the most recent Functional Assessment identify: | | | | |
| a. mental health symptoms or mental health needs. | | 76 | | |
| b. self-care and independent living capacity. | | 74 | | |
| c. current living conditions and housing needs. | | 53 | | |
| d. inappropriate use of drugs and alcohol. | | 54 | | |
| e. vocational and educational functioning. | | 73 | | |
| f. social functioning, including use of leisure time. | | 79 | | |
| g. interpersonal functioning, including relationships with family. | | 79 | | |
| h. medical and dental health. | | 73 | | |
| i. financial assistance needs. | | 66 | | |
| j. how the client is managing his/her psychotropic medications. | | 60 | | |
| What percent had "Y" for their answer for questions A through I? | | 48 | | |

MENTAL HEALTH MANAGEMENT SERVICE

Report Coverage: Statewide

Page Number: 2

U YES NO YES/U

SECTION III - INDIVIDUAL COMMUNITY SUPPORT PLAN (ICSP)

| | |
|---|----|
| Number of cases that had a ICSP, completed by the case manager. | 86 |
| Number of ICSP completed in a timely manner. | 56 |
| Does the most recent ICSP identify: | |
| a. mental health symptoms. | 61 |
| i. goals. | 61 |
| ii. services needs. | 62 |
| iii. frequency or duration. | 60 |
| b. self-care and independent living capacity. | 29 |
| i. goals. | 29 |
| ii. services needs. | 28 |
| iii. frequency or duration. | 27 |
| c. current living conditions and housing needs. | 17 |
| i. goals. | 17 |
| ii. services needs. | 17 |
| iii. frequency or duration. | 13 |
| d. use of drugs (non-prescribed) and alcohol. | 10 |
| i. goals. | 11 |
| ii. services needs. | 11 |
| iii. frequency or duration. | 10 |
| e. vocational and educational functioning. | 26 |
| i. goals. | 25 |
| ii. services needs. | 25 |
| iii. frequency or duration. | 23 |
| f. social functioning. | 37 |
| i. goals. | 37 |
| ii. services needs. | 37 |
| iii. frequency or duration. | 35 |
| g. interpersonal functioning. | 19 |
| i. goals. | 19 |
| ii. services needs. | 19 |
| iii. frequency or duration. | 18 |
| h. medical and dental health. | 16 |
| i. goals. | 16 |
| ii. services needs. | 16 |
| iii. frequency or duration. | 15 |
| i. financial assistance needs. | 17 |
| i. goals. | 14 |
| ii. services needs. | 14 |
| iii. frequency or duration. | 12 |
| j. other needs. | 8 |
| i. goals. | 8 |
| ii. services needs. | 8 |
| iii. frequency or duration. | 9 |
| Number of cases that identified at least one of these goals. | 83 |

MENTAL HEALTH MANAGEMENT SERVICE

Report Coverage: Statewide
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U YES NO YES/U

SECTION IV - CASE MANAGER CONTACT

| | |
|---|----|
| Number of cases where the client lived in the county for the last two months of the review period. | 85 |
| 2. a. Number of cases that had documentation of client contact during the 1st of the last two months of the review period. | 79 |
| b. Number of cases where documentation included: | |
| i. the name of the person contacted. | 78 |
| ii. the purpose of the contact. | 75 |
| iii. the date of the contact. | 79 |
| iv. the length of time of the contact. | 73 |
| c. Number of cases that had type of contact: | |
| i. face-to-face. | 72 |
| ii. telephone. | 7 |
| 3. a. Number of cases that had documentation of a client contact during the last month of the review period. | 72 |
| b. Number of cases where documentation included: | |
| i. the name of the person contacted. | 72 |
| ii. the purpose of the contact. | 70 |
| iii. the date of the contact. | 72 |
| iv. the length of time of the contact. | 69 |
| c. Number of cases that had type of contact: | |
| i. face-to-face. | 70 |
| ii. telephone. | 3 |
| 4. a. Number of cases that had contact with another person on behalf of the client during the last two months of the review period. | 68 |
| b. Number of cases where documentation included: | |
| i. the name of the person contacted. | 65 |
| ii. the purpose of the contact. | 66 |
| iii. the date of the contact. | 67 |
| iv. the length of time of the contact. | 58 |
| c. Number of cases that had type of contact: | |
| i. face-to-face. | 45 |
| ii. telephone. | 23 |
| Number of cases where the minimum client contact requirement was met. | 64 |

May 10, 1991

**CASE MANAGEMENT FOR PERSONS WITH SERIOUS
AND PERSISTENT MENTAL ILLNESS
SURVEY QUESTIONNAIRE**

County _____

County # ___

Person(s) interviewed _____ position _____

_____ position _____

The purpose of the questionnaire is to find out whether social service staff think the key elements of the mental health case management process are meeting the purposes of the rule and to identify the problems and barriers encountered by the social service staff in implementing each of the key elements of the process.

The results of the survey and the individual case reviews will be used by the Mental Health Division to establish priorities for training and technical assistance.

A. ROSTER OF CLIENTS WHO REQUEST, ARE REFERRED OR RECEIVE CASE MANAGEMENT SERVICES:

The roster is intended to serve as a reference point to determine if clients are receiving timely access to case management services and to verify whether referrals and requests are being acted upon.

1. If the agency keeps a roster, what uses does the agency make of the roster in the following areas: (If agency does not have roster move to #3.)
 - a. service delivery?
 - b. monitoring of service delivery?
 - c. local administration of the program (e.g., planning)?
 - d. other?
2. If the agency does not use the roster, why isn't the roster used?
3. If your agency does not have a roster, why isn't a roster kept?

County #__ __

B. DIAGNOSTIC ASSESSMENT:

One of the purposes of the diagnostic assessment is to guide the case manager in developing a functional assessment and Individual Community Support Plan (ICSP).

- 1. Overall, do you find the diagnostic assessments you received from providers appropriate for use in evaluating the client's needs [functional assessments] and in coordinating the development of a plan to meet the client's needs [ICSPs]?

 YES NO IN PART

- 1A. Please explain the reasons for your response?
 [Yes, they are useful because.....No, they are not because.....
 They are useful in part because.....]

- 2. Are diagnostic assessments being returned to you in a timely manner?

 YES NO SOME

- 2A. Are the diagnostic assessments complete when you get them back?

 YES NO SOME

- 2B. Please explain your response?
 [Yes, the diagnostic assessments are timely/complete because.....No,
 the diagnostic assessments are not timely/complete because.....]

County # _ _

C. FUNCTIONAL ASSESSMENT PROCESS:

The purpose of the functional assessment process is to provide the case manager and the client a systematic way to evaluate a client's ability to function and the client's need for help in key life areas. The functional assessment lays the ground work for developing the ICSP.

- 1. Overall, is the functional assessment process useful in arriving at proper evaluation of the client's functioning and in developing a useful ICSP?

 YES NO IN PART

- 1A. Please explain the reasons for your response?
 [Yes, the functional assessment process is useful because.....No, it is not because.....It is useful in part because.....]

- 2. The case manager is to review functional assessments on a quarterly basis. What facilitates or obstructs:

- a. completing the reviews on a quarterly basis?

- b. reviewing all assessment areas?

County #

D. INDIVIDUAL COMMUNITY SUPPORT PLAN:

The purpose of the ICSP is to define a set of goals, actions, services and timetables that will serve as a guide or "road map" for the client, case manager, and providers to follow in addressing the needs of the client.

1. Overall, does the ICSP and the ICSP process accomplish this purpose?

YES NO IN PART

1A. Please explain the reasons for your response?

[Yes, the ICSP and process is useful because.....No, they are not because.....They are useful in part because.....]

2. The case manager is to review the Individual Community Support Plan on a quarterly basis. What facilitates or obstructs:

a. completing the reviews on a quarterly basis?

b. reviewing all goal areas?

County # _ _

E. CLIENT CONTACTS:

The county may be reimbursed for up to 6 hours a month of face-to-face contact, and an additional 4 hours if the client is in crisis. The purpose of requiring at least monthly face-to-face contacts with a case management client in the county and bi-monthly contacts for client out of the county is to reinforce client/case manager relationship as well as to monitor the continuity of service to the client.

Services to the Individual client.

- 1. Does the requirement of at least monthly contacts facilitate the coordination of services to clients with serious and persistent mental illness?

| | | |
|-----|----|---------|
| YES | NO | IN PART |
|-----|----|---------|

- 1A. Please explain the reasons for your response?
 [Yes, the requirement facilitates coordination because.....No, it does not because.....It facilitates coordination in part because.....]

- 2. How does the requirement of at least monthly face-to-face contacts affect the overall management of the cases for clients with serious and persistent mental illness?

- 3. Describe the specific methods the agency uses to document the length of time spent on face-to-face client contacts, phone contacts with clients, and collateral contacts with family members, significant other persons and service providers?

County #__ __

F. EMERGENCY SERVICES:

1. Describe the specific procedures by which the agency advises clients applying for mental health case manager services of the availability of emergency services? (e.g., written or verbal information? person to person? or by mail?)

G. TECHNICAL ASSISTANCE AND TRAINING:

1. Identify any technical assistance and training which would assist you in providing mental health case management services. Please be specific about your needs.