

Dual Case Management: NH Rule | 2018

Developmental Services:

He-M 503.08 Service Coordination.

- (i) For individuals who receive services from both the developmental services and behavioral health services systems, service coordination shall be billed only by the area agency or behavioral health agency that is the primary service provider, pursuant to He-M 426.15 (a)(6).

Source. #1969, eff 2-25-82; ss by #2615, eff 2-6-84; ss by #2962, eff 1-22-85; ss by #5211, eff 8-28-91;
EXPIRED: 8-28-97

New. #6581, INTERIM, eff 9-19-97, EXPIRED: 1-17-98

New. #6932, eff 1-27-99; ss by #8805, eff 1-27-07; ss by #10774, INTERIM, eff 1-27-15, EXPIRES: 7-27-15; ss by #10900, eff 7-25-15 (from He-M 503.09)

Community Mental Health Services:

He-M 426.15 Targeted Case Management Services

- (a) Case management shall:

- (1) Assist individuals eligible under the state plan in gaining access to needed medical, social, educational, and other services, on a one to one basis only;
- (2) Be a covered CMHP service;
- (3) Consist of at least one direct contact, either face-to-face or by telephone, with the individual or guardian within every 90 days;
- (4) Be documented in the clinical record, including:
 - a. Whether the goals specified in the care plan have been achieved;
 - b. Whether the individual has declined services in the care plan;
 - c. Timelines for providing services and reassessment; and
 - d. The need for, and occurrences of, coordination with case managers of other programs.
- (5) For each event, the documentation shall include:
 - a. The name of the individual;
 - b. The dates of case management service;
 - c. The name of the provider agency;
 - d. The nature, content, and units of case management service received, including, for units:
 1. The start time and duration of each event; or

2. The start and stop time for each event; and
 - e. The signature of the person who provided the service.
- (6) Be billed only by the agency that is the primary service provider for individuals who receive services from both the behavioral health and developmental services systems.
- (b) The primary service provider shall be:
 - (1) The agency that provides the greater dollar value of services to the individual; or
 - (2) The agency chosen by the consumer to provide case management subject to the following:
 - a. Persons who are conditionally discharged from a designated receiving facility in accordance with He-M 609 shall be considered eligible for a case manager from the behavioral health system in addition to a case manager from the developmental services system in cases where the developmental services system is the primary service provider;
 - b. Pursuant to He-M 426.24, providers may, with the consent of the consumer, request a waiver from He-M 426.16(a)(6) to enable consumers to receive case management by both systems; and
 - c. The commissioner shall grant a waiver if a review of the person's clinical condition establishes that the person has symptoms that are acute or severe and that require multiple services from the secondary service provider.