

ATTACHMENT B

BLENDED CASE MANAGEMENT WAIVER APPLICATION

Contact OMHSAS Field Office to obtain this application in MS Word format

WAIVER REQUEST / SAFEGUARDS QUESTIONNAIRE

- All County MH/MR Programs should reference Attachment C of this bulletin when completing this Waiver Request / Safeguards Questionnaire and include all information requested in Attachment C.
- It will be necessary for county MH/MR programs to work in a collaborative fashion with interested case management agencies in order to complete the information below.
- Responses should be a collective reflection of all interested agencies in your county, while at the same addressing the specifics for each agency and service location.
- The case management agency should be enrolled in PROMISe (Provider Reimbursement and Operations Management Information System) at least as an ICM provider to apply for blended case management.
- **Beyond what is waived, programs must continue to follow all the requirements in the existing ICM regulation contained in Chapter 55 PA Code 5221 and RC bulletin OMH-93-09. The case management agency/service location must have a current approval for ICM to apply for blended case management. Any existing or future policy clarifications on ICM and RC services, with exception of the requirements specifically waived here, will be valid for blended case management also**

Applicant Information:

1. **Name of applicant / County MH/MR Program (please include contact information):**

2. **Please list individually and provide the required information for the case management agency/agencies in your county responding to this invitation and requesting a waiver.**

(Note: County MH/MR programs are encouraged to include all interested programs, in as much as possible, at one time. Also, OMHSAS expects that the county will first review all provider requests to be included on this list and will only approve, and list below, those providers they feel are able to develop and implement a successful model at this time).

- **List all physical service locations of each agency for which this waiver is requested. List only those physical locations where the blended model will be implemented – the locations should be in the MH/MR geographical area and must have current PROMISe ID for at least ICM. If the agency adds more service locations in future, separate applications must be submitted for those locations. Please also provide contact information for each physical service location including name, address, telephone, and email.**
- **ICM/RC PROMISe ID Numbers with service location numbers for all physical service locations identified above.**

**Waiver Requested for All Case Management Agencies Listed in Item 2
From PA Code Title 55 §5221 Mental Health Intensive Case Management regulations, and
Mental Health Bulletin, OMH-93-09, Resource Coordination: Implementation:**

- §5221.23(d) ICM supervisor may supervise no more than seven ICMs.

Note: With the waiver, a supervisor may supervise no more than nine blended case managers. If there are less than nine blended case managers providing blended case management, the supervisor must devote 1/9th of available hours per week to supervising each blended case manager.

- §5221.31(6) ICM frequency of contact requirement.

Note: At a minimum, the blended model must meet the frequency of contact requirement specified in the RC Bulletin OMH-93-09.

- OMH-93-09, Attachment C – General Provisions, Organization “...the caseload size for adults is a minimum of 30 and a maximum of 75. The caseload size for children and adolescents is a minimum of 20 and a maximum of 40.”

Note: Waiver is for the minimum caseload size, not for the maximum size. The maximum caseload size of blended model shall not exceed 30. Blended case managers will have only blended cases in their caseloads; they shall not manage ICM or RC cases.

PLEASE LIST THE PERIOD OF TIME COVERED BY THE REQUESTED WAIVER (Not To Exceed One Year): _____

Safeguard Questions

Note: Responses should be a collective reflection of all interested agencies in your county, while at the same addressing the specifics for each agency/service location.

1. Describe the case management agencies that have applied specific to population(s) served, number of consumers served, the current number of ICM and/or RC positions, and the current number of supervisory positions.
2. For each agency, indicate the number of blended case managers that will be in place at the start of each blended program and whether these individuals will be new staff or former ICM or RC staff. *Please note that the blended case managers will have only blended cases in their caseloads; they shall not manage ICM or RC cases.*
What is your rationale for the number? *Please remember, it is the recommendation of the OMHSAS that programs convert to the blended model gradually – the immediate conversion of an entire program is not recommended.*
3. Describe the conversion process :
 - a. Will the case management agencies be converted to a blended model in stages and what are the time-frames for each?
 - b. How will the case management agencies prepare consumers, families, and case managers for this conversion?
 - c. Will traditional ICM/RC services continue to be available through your county MH/MR program? Please describe.
4. What will be the eligibility criteria for the blended program(s)?
5. Building your blended case loads:
 - a. What method(s) will the agencies use to build the blended case loads?
 - b. What are the anticipated case load sizes (minimum and maximum)?
 - c. Allowable caseload size for blended model is much lower than the allowable caseload size for RC. So if an RC caseload is converted to the blended model, will the agency have sufficient staff to handle the situation? For example, an adult RC caseload with a size of 60 is being converted to blended model. Since

blended model has a caseload limit of 30, the agency will have to form two blended caseloads to serve all 60 consumers. Please explain how you will handle such a situation should one arise in your agency.

6. Are agencies currently using the Environmental Matrix (EM)? If yes, have case managers received training on how to complete the EM? If not, please list how, when, and where the staff at these agencies will be trained in the use of the Environmental Matrix.
7. What methods will be utilized in addition to the EM to ensure that the correct/need level of service is being provided?
8. Discuss how supervision will be tailored to accommodate the blended case management model.
9. How will the on-call system be structured and made available for blended case management consumers?
10. Please provide the following information for each case management agency/service location:
 - Supervisory ratio for Blended case management:
 - Expected number of Blended CM caseloads by the end of the requested waiver period:
 - Expected number of ICM caseloads, if any, by the end of the requested waiver period:
 - Expected number of RC caseloads, if any, by the end of the requested waiver period:
 - Number of new case managers, if any, the agency has to hire to implement the blended model:
 - Expected date of full conversion to the blended model (If the agency does not plan to fully convert to blended, please state so. All others, give an expected date):
11. Are there any case management agencies in your MH/MR that do not want to apply for waiver to convert to the blended model at this point? If yes, please list those providers here:
12. Please be sure the following are attached and review OMHSAS 99-08 for any additional information that may need to be included:
 - a. Waiver requests (included above)
 - b. Letter of support from the following:
 - i. County MH/MR administrator
 - ii. Agency Director (for each agency listed)
 - iii. One letter of support from each of the following groups
 1. Consumer Advocacy Groups
 2. Family Advocacy Groups
 3. Behavioral Health Managed Care Organization (if applicable)
13. This Applicant / County MH/MR program certifies that the following assurances were put in place and/or will be put in place for each case management agency listed in this application:
 - Consumer choice will be assured when converting traditional ICM or RC caseloads to blended caseloads.
 - The level of support and service available to consumers will in no way be jeopardized during the conversion.
 - Responses to the questions above are a result of a collaborative effort between those case management agencies who have applied for a waiver and this Applicant/County MH/MR program. This collaborative relationship will continue with the programs throughout the conversion process.

Signature of Applicant / County MH/MR Administrator:

Date: