

7 CASE MANAGEMENT

A. General Description

Case management is the component of the Montana Breast & Cervical Health Program (MBCHP) that establishes, brokers, and sustains the system of clinical services (screening, diagnostic, and treatment) and support services provided to MBCHP clients. □◆❖

The specific goal of case management is to ensure that MBCHP clients receive timely and appropriate rescreening, diagnostic, and treatment services. The priority population includes MBCHP clients who have an abnormal screening test result or a diagnosis of cancer.

Abnormal screening test results for case management are defined as follows:

- a. Cervical Screening Results
 - ASC-H (Atypical Squamous Cells: Cannot Exclude High-grade SIL)
 - AGC (Atypical Glandular Cells and Adenocarcinoma)
 - HSIL (High-grade Squamous Intraepithelial Lesions)
 - Squamous Cell Cancer
- b. Clinical Breast Exam
 - Abnormal, Suspicious for Cancer
- c. Mammography Test Results
 - BI-RAD Category 4—Suspicious Abnormality
 - BI-RAD Category 5—Highly Suggestive of Malignancy
 - BI-RAD Category 0—Assessment Incomplete

Key elements of case management for MBCHP at all levels include:

- assessment
- planning
- coordination
- monitoring
- evaluation
- resource development

At the administrative site level, the administrative site case manager is responsible for assessing the client's need for case management services and, if indicated, developing and monitoring each client's case management plan. After the case management plan has been developed, the client and the enrolled medical service provider work together to implement the plan and ensure the timely delivery of appropriate rescreening, diagnostic, and treatment services.

Only women diagnosed through the MBCHP with cancer or a pre-cancerous condition may apply for the Montana Breast and Cervical Cancer Treatment Program (MBCCTP).

At the state level, case management activities are intended to ensure collaborative case management planning and monitor timeliness and adequacy of services.

B. Policies and Procedures

1. Notification of Test Results

All enrolled medical service providers must:

- a. within 10 working days of receiving an abnormal test result, notify the client of the result by telephone, office visit, or mail. The notification should include an explanation of results in terms that can be easily understood by the client. Also, the client should be informed that the administrative site case manager will contact her to discuss the clinical and support services that are available. ❖
- b. within 10 working days of receiving an abnormal screening test result, inform the administrative site case manager of the MBCHP client's abnormal result to ensure that the client will be assessed for case management services. ❖
- c. ensure the confidentiality of test results. Do not send test results to the client by postcard or fax, and do not leave information about results on an answering machine. ❖
- d. make three documented attempts within 6 weeks of receiving an abnormal test result to notify a client before considering her "lost to follow-up." The third and final notice should be sent by certified mail with return receipt requested. (See Chapter 4-7, #7 "Clients Considered Lost to Follow-up") ❖
- e. if a client with an abnormal test result (suspicious for cancer) refuses diagnostic tests or treatment, complete the "MBCHP Acknowledgement of Refusal to Consent to Diagnostic Tests or Treatment" form or similar form; the form must then be signed by the woman (see Appendix F). Administrative site case managers will act as a liaison to the client and provider if necessary. (See Chapter 4-8, #8 "Client Refusal of Follow-up Tests or Treatment") ◆ ❖

2. Case Management Services

All administrative site case managers:

- a. Contact the client to assess for case management services within 10 working days of receiving the client's abnormal screening test result. This should be done in a face-to-face interview with the client, if at all possible. ◆
- b. If needed, implement the "Case Management Service Agreement Plan" (see Appendix F), within 20 working days of assessing the client's need for Case Management Services. The plan should be drawn up in collaboration with the client and should demonstrate the case manager's resourcefulness in obtaining volunteer or in-kind services or the necessary funds for the client. ◆

- c. Refer every client diagnosed with cancer or pre-cancer to the MBCCTP. ◆
- d. Monitor and update the Case Management Service Agreement Plan weekly until date of final diagnosis or application for the MBCCTP is made and treatment is initiated.
- e. Refer to the “Case Management Algorithm” (see Appendix F).

3. Documentation and Reporting

All administrative site coordinators must:

- a. develop and submit to the MBCHP state office a list of available community resources and collaborative opportunities in their multi-county areas. ◆
- b. develop formal and informal agreements with other entities in their multi-county areas to facilitate referrals for diagnostic and treatment services, and submit information about these agreements to the MBCHP state office. ◆
- c. submit the “Case Management Service Agreement Plan” to the MBCHP state office—via confidential fax—immediately upon completion of case management services. ◆

4. State Responsibilities

- a. The quality assurance nurse will monitor the MBCHP data to ensure eligible clients receive case management services and are in compliance with the “Case Management Algorithm” (see Appendix F). □
- b. The quality assurance nurse will review the “Case Management Service Agreement Plan” for timeliness and adherence to MBCHP policy and procedures. □
- c. The quality assurance nurse and data manager will be available to administrative site case managers for technical assistance. □
- d. The Resource Guide will be posted to the webpage, www.cancer.mt.gov.

5. Transportation

The MBCHP recommends the use of local or in-kind resources for client transportation whenever possible.

Transportation funds may be requested for travel expenses to complete diagnostic testing. Travel expenses for treatment are not covered under the MBCHP.

Client transportation expenses must receive prior approval from the MBCHP quality assurance nurse in order to qualify for reimbursement. The MBCHP recommends the following sequence of events for requesting transportation funds:

- a. The administrative site case manager determines the need to incur transportation expenses for a client and determines that there are no other payment sources available for this expense. ◆
- b. The administrative site case manager contacts the MBCHP quality assurance nurse to request client transportation funds. As part of this request, the case manager should include the following information (see Appendix F): ◆
 - client’s name
 - transportation services needed
 - determination that no other payment sources are available
 - date the services are to be provided
- c. The MBCHP quality assurance nurse approves or denies the request for transportation funds, either verbally or by fax transmission and in writing. □
- d. After obtaining prior approval, the administrative site pays directly for the transportation services and requests reimbursement from the MBCHP (on the “Clients Eligible for Payment” invoice [see Appendix A]). ◆

6. Administrative Site Case Manager Qualifications

The qualifications for administrative site case managers include (but are not limited to): ◆

- a. positive relationship-building skills
- b. effective oral and written communication skills
- c. demonstrated ability to effect change
- d. strong analytic skills
- e. effective planning and organizational skills
- f. the ability to promote client and family autonomy
- g. knowledge of funding resources and services
- h. knowledge of clinical standards and outcomes

C. Eligibility for the Montana Breast and Cervical Cancer Treatment Program (MBCCTP)

The MBCCTP provides basic Medicaid benefits to women in need of treatment for breast or cervical cancer, including pre-cancerous conditions.

In order to be eligible for MBCCTP services:

- the woman must be screened and/or diagnosed through the MBCHP.
- the woman must have a diagnosis of breast or cervical cancer or a pre-cancerous condition dated July 1, 2001 or later.
- the woman may not have creditable insurance or other coverage to pay for treatment.
 - Medicaid will determine if the insurance coverage is creditable.
 - Medicaid will determine MBCCTP eligibility for women who may be eligible for Indian Health or Tribal Health services.

- Medicaid will determine if the woman is eligible for any other Medicaid program that will cover these services.
- the woman must be less than 65 years of age. If she is over 65 years of age, she will be referred to Medicare.

The beneficiaries will receive Basic Medicaid Coverage and will remain eligible until one of the following occurs:

- The treatment recommended by the medical service provider is complete. All approved cases will be reviewed according to the estimated length of treatment indicated by their medical service provider.
- The woman turns 65 years of age (referred to Medicare at this time).
- The woman obtains creditable insurance coverage.
- The woman is eligible for other Medicaid coverage.
- The woman becomes a resident of another state.

See Appendix G for application instructions.