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Managed Care Case Management for People with Serious Mental Illness

The process of "case management" has its origins in the provision of behavioral health service in the community and has historically been focused on those persons with severe and persistent mental illness. These services have traditionally included home visitations and other forms of support to this population.

Over the past several years, with the innovation of managed behavioral health carve-out firms, the concept of case management has changed dramatically, most notably in its evolved application to the management of healthcare benefits. In this important article, the author discusses the potential for more cost-effective service delivery and for improved consumer outcomes as the philosophy of traditional case management principles is incorporated into managed care systems to serve the consumer with severe mental illness.—Eds.

CASE MANAGEMENT concepts of utilization review have varied widely between managed care organizations (MCOs) and community support systems (CSSs). The MCO case manager controls expenses by requiring professionals to gain approval before accessing or continuing to use certain kinds and amounts of care. Case managers are expected to monitor and control the use of resources. In contrast, case management is conceptualized much more broadly in the community support system.¹

Although a variety of case management models have been developed and used by CSS proponents, there is a consensus about certain core case management activities.^{2,3} Typical case management activities include identification and outreach, assessment, planning, linking, monitoring and advocating. These activities are all viewed in the context of a close interpersonal relationship between the consumer and the case manager. A

recent nationwide survey of case management programs serving people with severe mental illness indicates that the major outcomes of case management are the prevention of inpatient hospitalization and an improved consumer quality of life.⁴

The goal of CSS case management services is to help persons with long-term psychiatric disabilities obtain the services they want and need.⁵ These services are provided by formal mental health agencies or by any capable person, agency or organization chosen by the consumer. In community support systems, case management is seen as more than simply a response to system inadequacies such as service rigidity, fragmentation, poor use of services and accessibility.⁶ Paramount in CSS case management is the relationship between case manager and consumer. This relationship can provide a personal, human response to the consumer's specific service needs and wants.

Differences in UR Case Management

Figure 1 highlights some of the possible differences in case management between community support systems and the MCO's utilization review. In contrast to utilization review, case management in a community support system attempts to form a working alliance with the consumer and interacts with the consumer on an ongoing basis. Decisions about service provision are made with the consumer. Case managers may also perform other therapeutic functions, which are often crisis intervention, supportive counseling and rehabilitation services. Typically, they tend to see themselves as mental health workers with previous experience in dealing with people

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