

DEPARTMENT OF MENTAL HEALTH  
MENTAL ILLNESS COMMUNITY PROGRAMS  
ADMINISTRATIVE CODE

CHAPTER 580-2-9  
PROGRAM OPERATION

TABLE OF CONTENTS

~~580-2-9-.17~~ Case Management.

~~(1) The program description is approved by the board as specified in 580-2-9-.08(10)(b) and is consistent with the provisions of this section. The program description must include the following components:~~

~~(a) A description of the nature and scope of the program that includes at a minimum the provision of services specified in 580-2-9-.17(2).~~

~~(b) Discharge/transfer criteria/procedures.~~

~~(c) A description of the geographic services area for the program.~~

~~(d) Admission criteria.~~

~~(e) Specifies that the program is staffed by qualified individuals whose primary job function is case management.~~

~~(2) The following services must be delivered within the program:~~

~~(a) A systematic determination of the specific human service needs of each consumer.~~

~~(b) The development of a systematic consumer coordinated written plan that is developed within 30 days of first face-to-face case management service unless services terminate earlier and that lists the actions necessary to meet the needs of each consumer.~~

~~(c) Assisting the consumer through crisis situations and/or arranging for the provision of such assistance by other professional/personal caregivers.~~

~~———— (d) ——— The direct delivery, or the arrangement for, transportation to needed services if the consumer is unable to transport him or herself.~~

~~———— (e) ——— Establishing links between the consumer and service providers or other community resources.~~

~~———— (f) ——— Advocating for and developing access to needed services on the consumer's behalf when the consumer himself is unable to do so alone.~~

~~———— (g) ——— Monitoring of the consumer's access to, linkage with, and usage of necessary community supports as specified in the case plan.~~

~~———— (h) ——— Systematic reevaluation (at 6 months after the original case plan was developed and intervals of 12 months thereafter) of the consumer's human service needs and the consumer's progress toward planned goals so that the established plans can be continued or revised.~~

~~———— (3) ——— Case Management Services must be provided by a staff member with a Bachelor's Degree and who has completed a DMH approved Case Manager Training Program. Case managers who work with consumers who are deaf must complete training focusing on deafness and mental illness by DMH Office of Deaf Services.~~

~~———— (4) ——— Case Management Services for consumers who are deaf or who have limited English proficiency must be provided in a linguistically appropriate manner by staff fluent in the consumer's preferred language, or through the use of a qualified interpreter who achieves at least an Intermediate Plus level on the Sign Language Proficiency Interview.~~

~~———— (5) ——— Adult Case Management Services are supervised by either a staff member who has a Master's degree and 2 years of post-master's clinical experience and has successfully completed a DMH approved case management supervisor training program, or a staff member who has a master's degree which included a clinical practicum, has 2 years of experience as a case manager regardless of whether the experience occurred pre-or-post master's degree, and has successfully completed a DMH approved case management training program. Child and Adolescent Case Management Services are supervised by a staff member with a Master's Degree and two years of post-Master's~~

~~clinical experience and who has successfully completed an approved child and adolescent case management training program.~~

~~(6) Case Managers must possess a current driver's license valid in Alabama.~~

~~(7) Most Case Management Services and activities will occur on an outreach basis.~~

~~(8) The following documentation and/or forms are required and must be readily identifiable in the consumer's record:~~

~~(a) Needs Assessment Completed:~~

~~1. Within 30 days of first face-to-face case management service with a consumer.~~

~~2. After 6 months of service,~~

~~3. and every 12 months thereafter as long as the consumer receives case management.~~

~~4. If a provider is under contract with DMH, the needs assessment must be documented on a DMH approved form.~~

~~(b) Case Plan - Goals, methods of accomplishment, and approval of same by the Case Manager supervisor which are completed:~~

~~1. Within 30 days of first face-to-face case management service.~~

~~2. After 6 months of Case Management Services,~~

~~3. and annually thereafter as long as the consumer receives case management.~~

~~(c) Service Notes - Notation by Case Manager of date, service duration, nature of service, and Case Manager's signature for each contact with the consumer or collateral.~~

~~(d) Documentation that communication access has been provided for consumers who are deaf or who have limited English proficiency.~~

~~1. If qualified interpreters are offered and refused.~~

~~2. A signed waiver must be placed in the consumer's file.~~

~~3. If family members are used to interpret, this will be noted on the waiver. Family members under the age of 18 cannot be used as interpreters.~~

~~(c) Authorization and consent forms as necessary to carry out case plans.~~

**Author:** Division of Mental Illness, DMH

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