



POLICY 570 - ATTACHMENT A – PROVIDER CASE MANAGEMENT CASELOAD RATIOS

POPULATION TYPE*	LEVEL OF PROVIDER CASE MANAGEMENT	MAXIMUM CASELOAD RATIO	CONTACT REQUIREMENTS
Individuals with a Serious Mental Illness (SMI) designation	Assertive Community Treatment (ACT) (Not eligible to be a blended caseload in any scenario)	10:1	At minimum four contacts per week and contact by assigned provider case manager as needed up to daily, per Evidence Based Practice (EBP) Fidelity Requirements (Refer to AMPM Policy 930 for additional information regarding EBP Fidelity and ACT caseload expectations.)
POPULATION TYPE*	CASE MANAGEMENT INTENSITY	MAXIMUM CASELOAD RATIO	CONTACT REQUIREMENTS
Individuals with an SMI designation, Adult General Mental Health/Substance Use (GMH/SU) *	Supportive (Eligible to be a blended caseload with other members who need Connective case management,)	30:1	Contacted by assigned Provider Case Manager at a minimum, every 30 days, or more often as needed. Contact shall meet the clinical needs of the member and exceed the minimum as needed.
Individuals with an SMI designation, Adult GMH/SU*	Connective (Eligible to be a blended caseload with other members who need Supportive Case Management)	70:1	Contacted by assigned Provider Case Manager at a minimum, every 90 days, or more often as needed. Contact shall meet the clinical needs of the member and exceed the minimum as needed.

Effective Dates: 10/01/21, 10/01/22, 02/12/24, 10/01/25 Approval Dates: 07/13/21, 04/21/22, 08/17/23, 05/23/25



AHCCCS MEDICAL POLICY MANUAL

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Children	High-Needs Case Management (HNCM)	25:1	At minimum, one Child and Family Team (CFT) meeting and one additional contact by assigned Provider Case Manager with the child and/or family every 30 days. Contact shall meet the clinical needs of the member and exceed the minimum as needed.

^{*}When identified as a need and documented on the member's service plan with member consent

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