



Case Management Contact Requirements

Office of Developmental Disabilities Services
Service Coordinator-Personal Agent
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OAR Definition

Case Management Contact

means a reciprocal interaction between a personal agent or service coordinator and an individual or the legal or designated representative of the individual (as applicable)

Legal vs. Designated Representative

- "Designated Representative" means any adult, such as a parent, family member, guardian, advocate, or other person authorized in writing by an individual to serve as the representative of the individual in connection with the provision of funded supports, who is not also a paid provider for the individual. An individual is not required to appoint a designated representative
- "Legal Representative" means an attorney at law who has been retained by or for an individual, a power of attorney for an individual, or a person or agency authorized by a court to make decisions about services for an individual
- Legal representatives can authorize a designated representative to make decisions about services for an individual. This is most common when the Legal Representative is also a paid provider.

CASE MANAGEMENT CONTACT in OAR

Every individual who has an ISP must have a case management contact no less than once every three months. Individuals with significant health and safety risks must have more frequent case management contact. At least one case management contact per year must be face to face. If an individual agrees, other case management contacts may be made by telephone or by other interactive methods. The outcome of the case management contact must be recorded in the progress note for an individual. The purpose of the case management contact is:

- (A) To assure known health and safety risks are adequately addressed;
- (B) To assure that the support needs of the individual have not significantly changed; and
- (C) To assure that the individual is satisfied with the current supports.

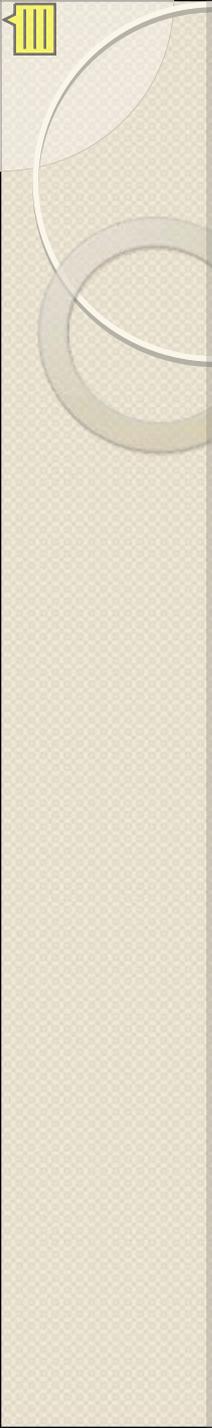
What's Reciprocal?

- Dictionary Definitions:
 - Performed, experienced, or felt by both sides
 - Expressing mutual action or relationship

The service coordinator or personal agent both gives to and receives from information regarding the individual receiving services.

Tell us about your work

- How do you currently assessing and ensuring health and safety needs are being met?
- How do you know if support needs have changed?
- How do you receive feedback on satisfaction with supports?
- What does monitoring currently look like?



Where did this come from?

- K-Plan
- HCBS Waivers
- OARs

HCBS Support Services Waiver

The ISP must include a schedule of monitoring reviews. This monitoring must be done no less than quarterly via direct contact (face to face or telephone) with the individual or the individual's legal representative, and often more frequently according to the customized monitoring schedule identified on the ISP. The personal agent must conduct and document the review of the ISP with the individual and the individual's legal representative. To accomplish monitoring, the personal agent must:

- Evaluate progress toward achieving the purposes of the ISP, assessing and revising goals as needed;
- Note effectiveness of the use of support services based on personal agent observation as well as the individual's satisfaction;
- Determine whether changing needs or availability of other resources has altered the need for continued use of support services funds to purchase supports.

HCBS Comp Waiver

- The OARs for CDDPs describe the role of the service coordinator as the services and plan monitor...

HCBS CIIS Waivers

How and when is the plan updated, including when the individual's needs change?

...This monitoring includes quarterly direct contact with family and providers to ensure that services are based on current needs. The individual/family has the right to request a reassessment or update of the ISP at any time. The waiver and rule requirements are part of CIIS Coordinator training, their ongoing performance evaluations, and waiver quality assurance activities.

K-Plan Contact Requirements

- All individuals receiving services will be contacted at least quarterly throughout the year (minimum of 1 contact every three months). **Individuals with three or more high risk factors must be contacted at least monthly.** One of the contacts must be face-to-face while others may occur either by phone or face-to-face depending upon the individual's preference.

Risk Management Plan—K Plan

Risks identified in the Person Centered Planning process related to the following areas:

- Power outages/natural disasters
- Physical functioning
- Mental/Emotional Functioning
- Cognitive Functioning
- Behavioral Issues
- Income/Financial Issues
- Safety/Cleanliness of the residence
- Whether the service plan meets the needs
- Adequacy and availability of Natural Supports
- Access to services

Risk Identification Tool is going to be part of the One ISP

Risks, what are they?

- What is a high risk?
- What are creative ways to help individuals mitigate risks?
- What about risk factors that are mitigated by either protocols, natural supports, assistive devices, others?

Good News

- You are doing a lot of this work already—this provides a structure to do it
- These activities can be combined with other Case Management activities including program monitoring, ISP development, assessment, etc.
- Documentation is a progress note detailing the Case Management Contact

Ensuring these contacts occur

- Choice advising during ISP development around the Case Management Contact requirements.
- Including the schedule of Case Management Contacts in the ISP



What is new?

- Reciprocal contact at least every three months with the individual or their designated representative
- Monthly contact with individuals with more than three **high** risks **factors**
- Progress Note that documents the monitoring of health and safety; changes, if any, in support needs; and satisfaction with current supports



Waiver Service Requirements

What's the same?

- Individuals enrolled in any HCBS waiver must receive a Waiver Service each month
- Case Management activities are services furnished to provide information and assistance to individuals for participant direction and to assist individuals in gaining access to needed medical, social, educational and other services: Assessment, development of service plan, referral, and monitoring
- Some individuals are eligible for OSIPM Medicaid due to immediate need for HCBS Waiver services (300% rule, PMDDT, Non-deemed parental income). Contact TAU or local ADP/ADS/DSO office for assistance gathering this information if unknown.

What's changed?

- Less services in the HCBS Waivers now that most ongoing services are available through k-plan
- Monitoring may be needed to ensure individuals are receiving a waiver service each month
- Individual may need a Case Management service each month to continue waiver eligibility

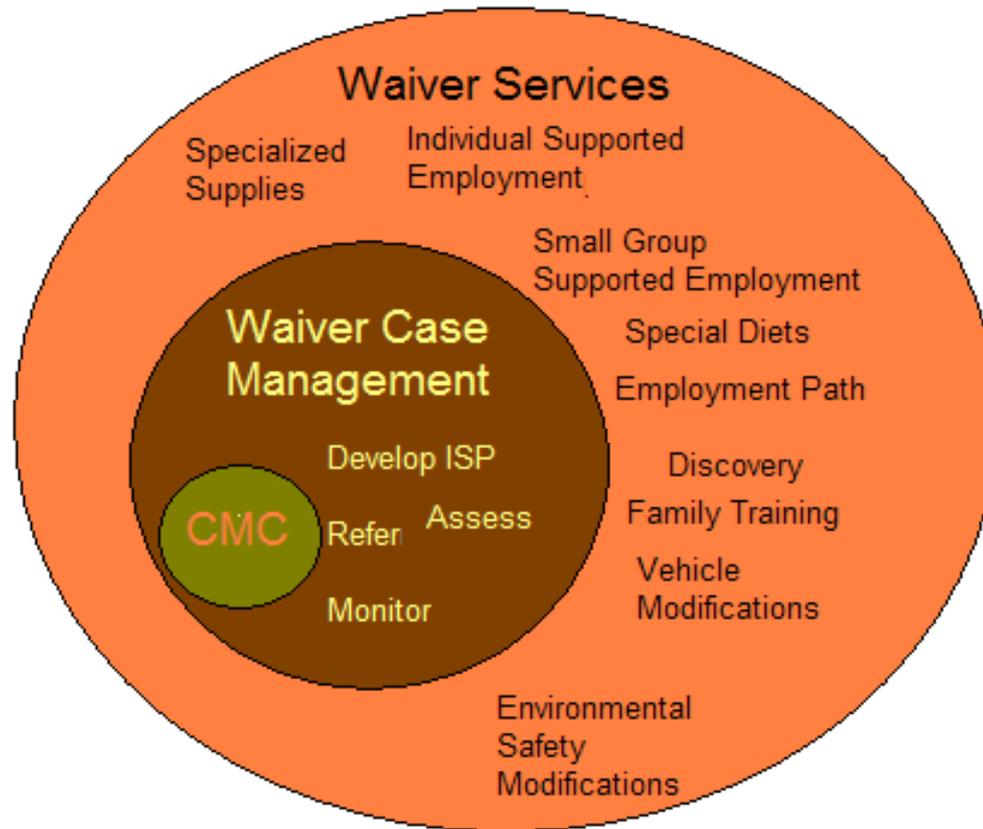
Case Management Service?

- What does case management service mean?
- What activities are you conducting?

Service vs. Contact

- Waiver Service is any of the services outlined in the Expenditure Guidelines as available through the waiver
- Any case management activity is a service including those that include interaction with the provider or other collateral contacts
- Case Management Contact is a specific case management activity related to monitoring health and safety; satisfaction; and ISP delivery
- Case Management Contact is required quarterly for all individuals with an ISP and more often for those with high risks

Another way to look at it



Preventing missed waiver services

- Does the individual need Waiver Services?
- Choice advising during ISP development around the requirement for Waiver Services to occur monthly to maintain waiver.
- Include the strategy developed with the ISP team for ensuring the delivery of a monthly Waiver Service in the ISP