

*ADvantage* Program

# **Case Management Standards**

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# Introduction

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The following Case Management Standards are applicable to funds administered by the Oklahoma Health Care Authority and the Oklahoma Department of Human Services in accordance with policy developed by the Aging Services Division, for the Home and Community-based Services 1915(c) Medicaid Waiver for the Aged and Disabled used in the *ADvantage* Program.

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## **Principles of *ADvantage* Program Case Management Standards**

In addition to *ADvantage* Service Delivery Principles, the case management standards are pivotal to the delivery of *ADvantage* services. The standards are minimal and intended to provide administrative and programmatic direction on *ADvantage* service delivery specification and timelines.

Service provider agencies are required, at a minimum, to incorporate the following administrative and programmatic standards and components within their own agency policies and procedures.

When a timeline has been specifically designated, it is a timeline that must be incorporated within the agency policies and procedures.

# ADvantage Program

## Case Management Philosophy

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Case Management uses a collaborative process to assess, plan, implement, monitor and evaluate the options and services designed to meet an individuals needs. Through this process, individuals served are encouraged to make informed decisions about their care and encouraged to move toward progressive independence.

The ADvantage case manager works within the following principles to meet the needs and desires of the Consumer's served:

- Each individual has the capacity for growth and development.
- Each individual should have access to services and opportunities that enhance his or her development, autonomy, independence, productivity, well-being, and capacity for social interaction with others.
- Each individual should have access to his or her preference of the least restrictive cultural, social and physical environments.
- Each individual's services should be provided, as far as possible, in settings that are integrated into the community and promote interaction with family, friends, and other persons.
- Each individual's services are delivered in accordance with a single individual plan that is developed, monitored, coordinated, and revised by members of a care planning team, of which the individual (and/or his or her designee(s) or legal representative, as appropriate) is a member.

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*Philosophically, the ADvantage Program is designed to support, not replace, family or other informal support or assistance, and to aide and enhance the family or caregiver's ability to provide care for the person.*

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# Definitions

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As used in these Standards, each of the terms has the same meaning indicated in Article I of the Memorandum of Understanding between Aging Services Division of the Department of Human Services and the Long Term Care Authority of Tulsa, unless the context clearly states otherwise. In addition:

**Activities of Daily Living (ADL's)**

Fundamental activities an individual performs on a daily basis in order to live, such as eating, toileting, grooming, bathing, dressing, and moving about to accomplish those tasks.

**ADvantage Administrative Agent**

The entity designated by Oklahoma DHS contract to manage the 1915(c) Medicaid waiver (HCFA #0256), the *ADvantage* Program.

**ADvantage Case Manager**

Staff person, employed by the *ADvantage* service case management agency, who is a licensed nurse or has completed curriculum requirements for a baccalaureate degree in Social Sciences, Nursing, Health, or a related field, who has two years' professional experience with aging and/or disability populations or programs, or equivalent training or certification. (An equivalent combination of education and experience may be substituted.) All case managers have completed a competency- based case management training approved by the Long Term Care Authority of Tulsa.

The case manager assumes the following roles within the long-term care service delivery system:

- a) as a service coordinator, the case manager facilitates interdisciplinary team processes to:
  - (1) identify Consumer needs and strengths;
  - (2) identify and coordinate service delivery;
  - (3) arrange for and initiate service implementation, and;
  - (4) monitor service delivery;
- b) as an advocate, the case manager ensures that:
  - (1) Consumers receive appropriate, quality services;
  - (2) services are modified to meet changing Consumer needs;
  - (3) interventions are made to ensure the system is responsive to Consumers; and
  - (4) the plan of care is progressively moving the individual toward self-care and preventing further loss of function;

## Definitions

- c) as a Consumer consultant, the case manager:
  - (1) assists Consumers to recognize and identify their service needs;
  - (2) educates Consumers on the quality and appropriateness of services;
  - (3) supports Consumers to take responsibility for their own care to the greatest extent possible; and,
  - (4) when necessary, represents Consumers in interactions with DHS program administration; and
- d) as a gatekeeper, the case manager assures level of care and program appropriateness:
  - (1) only those Consumers appropriate for Medicaid case management receive the service through the DHS programs;
  - (2) to the extent possible, methods are built into the service plan to progressively move the Consumer toward independence and the use of informal, family and volunteer services;
  - (3) expenditure of funds is justified; and
  - (4) costs are monitored and contained.

### **ADvantage Consumer (Consumer):**

An individual meeting the Medicaid level of care and financial eligibility criteria for ADvantage Program participation is:

- a) Age 65 or older and in frail health; *or*
- b) Age 21 or older with physical disabilities or developmental disabilities without cognitive impairment

### **Case Management Process**

The components of ADvantage case management are:

- a) Admission/Intake - to accept and make Medicaid referrals, admit Consumers and set up files on accepted referrals, and assign case managers;
- b) Assessment - to gather comprehensive health and social services information from Consumers, service providers, family, friends, and others involved in the Consumer's care; review details of current supports and needs for emergency or protective services; identify Consumer needs and abilities in all assessment domains; determine a Consumer's specific service needs and, to evaluate, formally and comprehensively, on an annual basis, a Consumer's needs and resources to determine whether the existing service plan is appropriate and continues to address the Consumer's needs and goals;
- c) Service Planning - to be informed about assessment data in

## Definitions

order to assist Consumers (and/or their care givers and interdisciplinary teams) to establish realistic goals, develop a plan for services and supports to achieve those goals, determine and coordinate the responsibilities of team members, and determine the cost of services;

- d) Service Plan Implementation - to ensure delivery of the service plan through service authorization, inter face with program administration, team collaboration, coordination of formal and informal supports, and Consumer advocacy;
- e) Monitoring - to measure, through regular observation and review, whether services are of the quality to progressively move the Consumer towards outcomes of independence and prevention of further loss of function; to verify service delivery; and to assess the need to modify the service plan to continue to appropriately meet Consumer needs and goals; and
- f) Discharge- to terminate case management services.

### **Case Management Supervisor**

Management level staff person employed by the case management agency who is responsible for the direct supervision of case managers. This person must hold a bachelors degree or R.N. license and meet the minimum requirement for experience for a Case Manager and has a minimum of 2 years supervisory experience.

### **Case Management**

The purpose of case management is to empower people to assume responsibility for decisions that affect their lives and to assist, complement, or create informal and formal support systems that enhance independence in the least restrictive setting possible. This is accomplished through:

- a) an all-inclusive analysis of the person's needs and resources;
- b) linking the person to a full range of appropriate services;
  - (1) using all available resources; and
  - (2) monitoring the care over an extended period of time to determine whether the outcomes are progressively moving the Consumer toward independence and/or prevention of further loss of function.

A case manager and interdisciplinary team, which includes the Consumer (or legal representative), are responsible for the education, analysis, planning and oversight of service delivery, and for evaluation of Consumer outcomes resulting from the care received.

### **Concept of Reasonableness**

“Reasonableness” is a legal standard of care which lies somewhere between “neglect” and “absolute” and is distinguished from both by the use of informed analysis in making decisions. In *ADvantage*, the service plan development process is the “informed analysis” and the service plan incorporates the decisions regarding services and frequency of care that are deemed “reasonable”.

<b>Community Potential</b>	The cooperative partnership necessary between informal and formal supports to assist a person to remain safe and healthy at home.
<b>Cultural Competence</b>	Ability to demonstrate awareness and acceptance of individual values, abroad base of cultural knowledge and ability to interact well in different cultures.
<b>Formal Services</b>	Home and community-based services, whether paid or unpaid, delivered to <i>ADvantage</i> Consumers through an agency or organization.
<b>Home Health Agency</b>	Services provided in a Consumer's home designed to maintain or improve the Consumer's ability to carry out daily living activities, including: personal care, in-home respite, skilled nursing and/or advanced supportive/restorative assistance.
<b>Informal Services</b>	Home and community-based services delivered to <i>ADvantage</i> Consumers by unpaid family or friends.
<b>Instrumental Activities of Daily Living (IADLs)</b>	Activities an individual performs with some regularity in order to maintain or support daily functioning, such as taking medications, preparing meals, paying bills, shopping, house and/or yard work, laundry, transportation, etc.
<b>Interdisciplinary Team (IDT)</b>	A varied group consisting of; professionals serving the Consumer, the Consumer and their family and friends, and others as identified, who meet regularly to determine the Consumer's service needs.
<b>Interdisciplinary Team Process (IDT Process)</b>	A team process used to develop a comprehensive service plan that meets the needs of the Consumer. The team meets on a regular basis to assesses the Consumer's service needs and to discuss related issues.
<b>Justification (Justifying Documentation)</b>	Written evidence of both a Consumer's status or situation, and he agency's rationale for making a clinical judgment, service decision or recommendation, or taking an action to address the Consumer's status or situation. Most common occurrences include physician orders, rehabilitation potential assessments, team minutes, plan monitoring and Consumer current and/or historical progress notes or documentation from case manager's cost analyses, major life change assessments, documentation of emergency or high risk actions and follow-up.



**Nursing Facility Level of Care**

Medicaid medical eligibility determination made by DHS based upon a uniform comprehensive assessment tool which is continually assessed by case managers to verify medical eligibility.

**Major Life Change**

Significant variations in, or alterations to, any of the UCAT domains and the service plan that are considered necessary to the Consumer's progress toward independence or preventing loss of functional ability. Examples of such variations or alterations are: illness or injury, loss of informal caregiver, financial gain/loss sufficient to affect program eligibility, hospitalization, weather damage to the residence, and emotional stresses such as loss or grief.

**Program Appropriateness**

Ability of AD*vant*age service package to meet the Consumer's health and safety needs. Is the AD*vant*age Program appropriate for the person?

**Eligibility Related Person Related**

Ability of the person to be served by the AD*vant*age Program as determined by reasonableness of care. Is the person appropriate for the program?

**Quality Management**

Organizational activities designed to measure the adequacy, appropriateness, and effectiveness of services and products, by means of a routine assessment to assure high quality.

**(UCAT) Uniform Comprehensive Assessment Tool**

The standard instrument by which long term care Consumers are uniformly evaluated for program eligibility and service implications, referred between appropriate programs, and prioritized for program entry. The three-part instrument comprises a comprehensive assessment or reassessment of a Consumer:

**Part I Intake and Referral**

The section of the instrument used to gather basic Consumer information for referral to appropriate programs and services.

**Part II Screening and Prioritization**

The section of the instrument used to screen Consumers for potential eligibility (for programs requiring pre-screening), and to prioritize those Consumers meeting the screening criteria for in-person assessment.

**Part III Medical Level of Care Assessment and Social Assessment**

The section of the instrument used to gather Consumer information in the domains of health, nutrition, daily activities and cognitive functioning to determine medical eligibility for programs and for service planning; and, The section of the instrument used to gather Consumer information in the domains of Consumer support, social resources environment to determine the most appropriate programs and services for the Consumer's situation.

# Case Management Standards Summary

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**Administrative****Standard 1                      Consumer Access to Services                      Page 3**

The case management agency has procedures in place to facilitate access to case management services for *ADvantage* Consumers.

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**Administrative****Standard 2                      Consumer Intake, Screening and Referral                      Page 4**

The case management agency has intake, screening, and referral procedures in place for information request concerning community long-term care options.

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**Administrative****Standard 3                      *ADvantage* Consumer Admission and Discharge                      Page 5**

The case management agency has procedures in place to admit only those Consumers determined eligible by DHS, and referred by the *ADvantage* Administrative Agent (LTCA) into its *ADvantage* case management system.

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**Administrative****Standard 4                      Consumer Orientation and Education                      Page 6**

The case management agency has procedures in place to orient and educate Consumers regarding the agency and the *ADvantage* Program with the purpose of creating informed Consumers who are active in their life planning.

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**Administrative****Standard 5                      Service Coordination                      Page 7**

The case management agency has procedures in place to coordinate available community resources with community services and supports across settings.

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**Administrative****Standard 6                      Agency Reporting, Record Keeping and Documentation                      Page 8**

The case management agency maintains appropriate and adequate records to document its activities in the performance of its responsibilities as a component of the service delivery system; according to all relevant and related laws and regulations.

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**Administrative****Standard 7                      Agency Resources to Support Quality Activities                      Page 10**

The case management agency, under its established business policies and procedures, dedicates adequate resources to establish case management and the performance of generally accepted business practices.

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**Standard 8                      Consumer Assessment                      Page 11**

The case management agency has procedures in place to review and conduct, as needed, the comprehensive assessment (UCAT), to identify level of care, Consumer needs, goals, abilities, resources, and supports as the basis for service planning.

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**Standard 9 Interdisciplinary Team Service Planning Process Page 13**

The case management agency has procedures in place to convene and facilitate the IDT Service Planning Process as a basis for Service Plan development.

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**Standard 10 Service Plan Development and Submission Page 15**

The case management agency has procedures in place to submit for authorization a comprehensive, written Service Plan, within 10 **working** days of receipt of the ADv4 (Initial Case Management Authorization).

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**Standard 11 Service Plan Monitoring Page 18**

The case management agency has procedures in place to continually monitor the delivery of services as authorized in the *ADvantage* Service Plan.

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**Standard 12 Service Plan Addendum Development and Submission Page 20**

The case management agency has procedures in place to submit for authorization written modifications to the Service Plan within 10 days of team discussion or assessment.

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**Standard 13 Risk Management Page 22**

The case management agency has procedures in place to identify high risk Consumers and situations that threaten the health and safety of the Consumer; and implements risk-management mechanisms to manage all high risk situations of *ADvantage* Consumers.

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**Standard 14 Change in Consumer Case Manager Status Page 23**

The case management agency has procedures in place to change the case management status of a Consumer without disruption of services or threat to the Consumer's health and safety.

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**Standard 15 Suspension/Resumption of Consumer Services Page 25**

The case management agency has procedures in place to manage the suspension and resumption of *ADvantage* services.

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**Standard 16 Consumer Emergencies Page 26**

The case management agency has emergency procedures in place to protect the health and safety of the Consumer.

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# Consumer Access to Services

The case management agency has procedures in place to facilitate access to case management services for *ADvantage* Consumers.

This standard is reflected through the agency's commitment of sufficient implementation resources, supervision activities, documentation practices and management reports.

## Minimum Components of Agency Policies and Procedures

- A.** The case management agency designates private space for Consumer interviews and family conferences.
- B.** The case management agency supplies interpretation for Consumers who speak a language other than English and/or assistive technology to assist Consumers who have vision, hearing, or communication impairments.
- C.** The case management agency uses trained or experienced staff and/or consultants to apply cultural competencies when planning and implementing service delivery and throughout the case management process.
- D.** The case management agency has telephone and facsimile service adequate to give information, make service referrals, perform community intake and screening, Service Planning, implementation, monitoring, etc., including:
  - 1.** Sufficient lines available for staff to call out and Consumers to call in without getting a frequent busy signal;
  - 2.** An established system for ensuring contact with case managers in the community or away from the office during business hours, whether by pager, or by requiring the case manager to call in regularly and leave phone numbers where contact can be made;
  - 3.** A 24 hour agency emergency number is provided to the Consumer.

# Consumer Intake, Screening & Referral

The case management agency has intake, screening, and referral procedures in place for information request concerning community long-term care options.

This standard is reflected through the agency's commitment of sufficient implementation resources, supervision activities, documentation practices and management reports.

## Minimum Components of Agency Policies and Procedures

- A.** The case management agency assigns employees to perform intake, screening and referral.
  - 1.** The employee completes the Agency's Intake Form(s) on those contacts requesting information on long-term care options.
  - 2.** For intake requests concerning the Consumers who appear to meet *ADvantage* Program eligibility criteria and *have an active Medicaid* case, then the Consumer is referred to their County DHS to save application process time.
  - 3.** For Intake requests concerning the Consumers who appear to meet *ADvantage* Program eligibility criteria and *do not have an active Medicaid* case, then the employee completes an LTCA Intake and Referral form and forwards to LTCA of Tulsa Intake Unit.
  - 4.** For Consumers who appear to not meet the *ADvantage* Program screening criteria, the intake employee educates the Consumer about other available alternatives and makes an appropriate referral as directed by the Consumer.

# ADvantage Consumer Admission & Discharge

The case management agency has administrative procedures in place to admit and discharge only those Consumers determined eligible by DHS, and referred by the ADvantage Administrative Agent (LTCA) into its ADvantage case management system.

This standard is reflected through the agency's commitment of sufficient implementation resources, supervision activities, documentation practices and management reports.

## Minimum Components of Agency Policies and Procedures

- A.** The case management agency reviews the material received in the Initial Case Management Service Authorization packet; including:
  - 1.** ADv4 Initial Case Management Authorization,
  - 2.** Physician's Recommendation,
  - 3.** UCAT.
- B.** The case management agency assigns an ADvantage case manager to each Consumer; accommodating the Consumer's preferences to the extent possible.
- C.** The case management agency establishes an individual file for each ADvantage Consumer that contains all documentation of the Consumer's participation in the ADvantage Program as described in, but not limited to, Standard 6.
- D.** The case management agency contacts the Consumer's selected home care agency to request an RN evaluation (ADv6) while forwarding a copy of the Initial Case Management Authorization (ADv4) and the Consumer's UCAT to the agency.
- E.** The case management agency notifies the ADvantage Program, using a ADv15 Discharge Evaluation, of any ADvantage Consumer death or if the Consumer is determined ineligible by DHS.

# Consumer Orientation and Education

The case management agency has procedures in place to orient and educate Consumers regarding the agency and the *ADvantage* Program with the purpose of creating informed Consumers who are active in their life planning.

This standard is reflected through the agency's commitment of sufficient implementation resources, supervision activities, documentation practices and management reports.

## Minimum Components of Agency Policies and Procedures

- A.** The case management agency provides the Consumer with an initial orientation to the agency and the *ADvantage* Program in a written, oral, or audio media compatible with the Consumer's communication abilities.
- B.** The case management agency reviews and leaves the agency's orientation folder with the Consumer and the legal representative, which includes a minimum of:
  - 1.** The rights and responsibilities of Consumers, including the right to be satisfied and the responsibility to notify the case manager if unsatisfied with goods or services;
  - 2.** The agency's grievance process and procedures;
  - 3.** Consumer information on abuse, neglect, and exploitation investigation and how to report any incidents of such;
  - 4.** The agency's emergency phone number for Consumers to utilize in an emergency;
  - 5.** Education materials related to health and safety procedures.
- C.** The case management agency explains the *ADvantage* program philosophy, purpose and services, as specified in the *ADvantage* Consumer Assurances and the *ADvantage* Service Delivery Principles.
- D.** The case management agency obtains a signed statement of Consumer orientation and understanding.

# **Service Coordination**

The case management agency has procedures in place to coordinate with all types of community resources, services and informal supports across all service settings.

This standard is reflected through the agency's commitment of sufficient implementation resources, supervision activities, documentation practices and management reports.

## **Minimum Components of Agency Policies and Procedures**

- A.** The case management agency conducts on-going employee training and maintains current information concerning available community resources and community program eligibility requirements.
- B.** The case management encourages employee participation in community and agency planning boards or committees in order to establish contacts, work toward filling gaps in services or eligibility, and to foster coordination and appropriate use of resources.



# Agency Reporting, Record Keeping and Documentation

The case management agency maintains appropriate and adequate records to document its activities in the performance of its responsibilities as a component of the service delivery system, according to all relevant and related laws and regulations.

This standard is reflected through the agency's commitment of sufficient implementation resources, supervision activities, documentation practices and management reports.

## Minimum Components of Agency Policies and Procedures

- A.** The case management agency uses *ADvantage*-approved forms and reporting instruments for *ADvantage* case management processes.
  - 1.** The case management agency securely maintains a separate file on each Consumer in the agency administrative offices.
  - 2.** The case management agency has a system of record maintenance to protect Consumer confidentiality.
  - 3.** For monitoring purposes, Consumer files are accessible to designated representatives of the DHS and/or LTCA, as appropriate, who shall likewise hold the information confidential.
  - 4.** The case management agency ensures the Consumer files include all documentation as to all aspects of the Consumer's care.
  - 5.** The case management agency maintains and destroys all Consumer records according to all appropriate laws and regulations.

**Standard 6 Agency Reporting, Record Keeping and Documentation**

- B.** When the Consumer has a legal representative, the case management agency has procedures in place to obtain the legal representative's signature when needed.
- 1.** When the Consumer is physically unable to sign and does not have a legal representative, then the case manager documents the Consumer's verbal discussion approval and attaches to necessary documents.
  - 2.** When the Consumer has a legal representative, the case manager ensures that all efforts are made to work with the representative to meet the Consumer's needs.
  - 3.** If a Consumer is unable to sign legal documents, then the case manager leads a team discussion on need for legal representation.
- C.** The case management agency utilizes documentation practices which capture pertinent and legal information clearly and concisely; including:
- 1.** Clear and legible writing;
  - 2.** Recording of facts only;
  - 3.** Author's signature or initials after each record entry.
- D.** The case management agency does not allow Consumer record information to include:
- 1.** The use of correction fluid, or erasing;
  - 2.** Written retaliatory or critical comments about the Consumer;
  - 3.** Written judgments about the Consumer;
  - 4.** Blank spaces in progress notes.

# Agency Resources to Support Quality Activities

The case management agency, under its established business policies and procedures, dedicates adequate resources to establish case management and the performance of generally accepted business practices.

This standard is reflected through the agency's commitment of sufficient implementation resources, supervision activities, documentation practices and management reports.

- A.** The case management agency includes the minimum policies and procedure to address:
  - 1.** Business administration, including personnel and accounting practices,
  - 2.** *ADvantage* Case Management Standards,
  - 3.** *ADvantage* Service Delivery Standards,
  - 4.** Quality activities.
- B.** The case management agency includes *ADvantage* Consumers and related business as a regular part of agency functions and services.
- C.** The case management agency does not discriminate between Consumers based on source of payment for services.

# Consumer Assessment

The case management agency has procedures in place to review and conduct, as needed, the comprehensive assessment (UCAT), to identify level of care, Consumer needs, goals, abilities, resources, and supports as the basis for service planning.

This standard is reflected through the agency’s commitment of sufficient implementation resources, supervision activities, documentation practices and management reports.

## Minimum Components of Agency Policies and Procedures

- A.** The case manager conducts a comprehensive UCAT assessment, annually or at major life change occurrences, for each *ADvantage* Consumer, according to the following schedule:

UCAT Assessment/ RN Evaluation	Responsible Party	Timeline
Initial UCAT	<b>DHS</b> Determine nursing home level of care, community potential and program appropriateness	According to DHS policy
RN Evaluation (ADv6)	<b>Case Management Agency</b> Develops 1st year Service Plan (with team)	Within 10 days of receipt of ADv 4 Initial Case Management Authorization
RN Evaluation (ADv6)	<b>Home Care Agency</b> RN Evaluation assesses current health and safety	Before IDT
Completion of 1st & 2nd Year <i>ADvantage</i> Services or when Major Life Change Occurs	<b>Case Management Agency</b> Develops 2nd and 3rd year Service Plan (with team) Assess level of care, community potential and program appropriateness	<ul style="list-style-type: none"> <li>■ No earlier than 30 calendar days before the end date for Plan #1 or Plan #2.</li> <li>■ Must be submitted for authorization within 14 calendar days before the Plan end date.</li> <li>■ The Case Manager does not complete an assessment if an assessment has been completed within 60 days before the Plan end date.</li> </ul>
RN Evaluation (ADv6)	<b>Home Care Agency</b> RN Evaluation assesses current health and safety	
3rd Year Reassessment Completion of 3rd Year <i>ADvantage</i> Services or when Major Life Change Occurs	<b>DHS</b> Determine nursing home level of care, community potential and program appropriateness	<ul style="list-style-type: none"> <li>■ Designed to occur before Plan #3 end date.</li> <li>■ A new ADv4 is sent to the Case Management Agency</li> <li>■ The case manager conducts an assessment for service planning if the DHS assessment has not been received 14 days before Plan #3 end date.</li> </ul>
RN Evaluation (ADv6)	<b>Case Management Agency</b> Develops 4th year Service Plan (with team) Assess level of care, community potential and program appropriateness	
RN Evaluation (ADv6)	<b>Home Care Agency</b> RN Evaluation assesses current health and safety	

**Standard 8 Consumer Assessment**

- B.** The case manager, at least annually or in response to a major life change in a Consumer's status, updates the UCAT in order to reassess level of care and program appropriateness.
- 1.** The case manager addresses level of care, community potential and program appropriateness issues through the IDT process.
  - 2.** The case manager, in order to address a change in Consumer status, may utilize additional RN Evaluation(s) (ADv6) to assist with Plan development and the attendance of the RN in the IDT.
  - 4.** If level of care, community potential or program appropriateness issues are identified, then the case manager contacts the *ADvantage* Program through an ADv9 Provider Communication Form.

# Interdisciplinary Team (IDT) Service Planning Process

Standard

9

The case management agency has procedures in place to convene and facilitate the IDT Service Planning Process as a basis for Service Plan development.

This standard is reflected through the agency's commitment of sufficient implementation resources, supervision activities, documentation practices and management reports.

## Minimum Components of Agency Policies and Procedure

- A.** The case manager obtains the home care agency RN Evaluation (ADv6) before the IDT (Team) meeting.
- B.** The case manager reviews the UCAT information, and any other documents, to learn the Consumer's preferences and current health and social situations, and analyzes the information to present possible long-term goals and service needs, or changes, including:
  - 1.** Evaluation of the Consumer's current situation, strengths and needs based on all assessment data.
  - 2.** Determining a basis for an achievable long-term care goal.
  - 3.** Identification of potential services and activities to address each need/goal, including Medicaid and non-Medicaid formal and informal services available to the Consumer.
  - 4.** Identification of formal and informal services already in place, to be continued as part of the Service Plan and/or to support ongoing informal services.
  - 5.** Identification of other potential Service Plan team members from appropriate service providers, professionals, or others as determined by the Consumer.

**Standard 9 IDT Service Planning Process**

- C.** The case manager convenes the initial Team, composed of, at a minimum, the Consumer, or legal representative, case manager, and the home care RN.
  - 1.** The case manager informs all team members that they may call a Team meeting when needed.
  - 2.** The case manager obtains the Consumer's permission (or the legal representative when applicable) to share assessment and Service Plan data with specified team members on the ADv5 Service Team Release of Information, and attaches to the ADv5.
- D.** The Case Manager facilitates the Team through the service planning process to reach consensus, on goals, outcomes and action steps.
- E.** If the Team determines that the Consumer does not meet program appropriateness, level of care or community potential because their health and safety needs cannot be met with the available resources, (including home health, other formal supports, and all informal supports), then the case manager notifies the *ADvantage* Program, through a Provider Communication ADv9 of need for an administrative review of the Consumer's level of care.
- F.** The Team discusses and reaches consensus on how the Consumers confidentiality will be protected on all documents, records, reports, Service Plan and Service Goals.

# Service Plan Development and Submission

Standard

10

The case management agency has procedures in place to submit for authorization a comprehensive, written Service Plan, within 10 working days of receipt of the ADv4 (Initial Case Management Authorization).

This standard is reflected through the agency's commitment of sufficient implementation resources, supervision activities, documentation practices and management reports.

## Minimum Components of Agency Policies and Procedures

- A.** The case manager facilitates Consumer access to non-Medicaid community resources and informal supports.
  - 1.** The case manager considers non-Medicaid community resources including, but not limited to:
    - a.** Acute care services,
    - b.** Services across settings,
    - c.** Community social services.
  - 2.** The case manager develops and maintains linkages (formal and/or informal) with resources and agencies that can enhance or contribute to the Service Plan, including:
    - a.** Agreements, e.g. supplies, services, volunteers,
    - b.** Interagency and interpersonal collaboration,
    - c.** Information and Referral, educational programs,



**Standard 10 Service Plan Development and Submission**

- d.** Identification of the need for DHS RN participation in the interdisciplinary Team meeting, as indicated on ADv4 Initial Case Management Authorization or at the discretion of the case manager or Consumer.
  - e.** Identification and resolution of presenting communication barriers for the Consumer or Team (language interpreter, sign language interpretation, material in Braille, etc.).
- B.** The case manager ensures that the Service Plan goals, outcomes and action steps correspond to the Consumer's specific needs and abilities identified in the UCAT, other assessment data and Team minutes.
  - 1.** The Team assists the Consumer in writing a long term goal relative to how the Consumer describes his/her quality of life and personal goals for a period of three to five years and incorporating the challenges and strengths of the Consumer.
  - 2.** The case manager writes expected outcomes, relative to the long-term goal, that are achievable and measurable.
  - 3.** The case manager writes each action step specific to achieve each outcome, within the time frame of the outcome, clearly defining the action steps in frequency and due date; and clearly stating who is responsible for each task. The Consumer, family, friends and community members are included in the action steps.
- C.** When Consumer or legal representative approval has been given on the Service Plan and Goals, the case manager completes the Service Plan Authorization Request Packet ADv6f and submits the Plan to the case manager supervisor for final approval; including;
  - 1.** ADv6f Service Plan Authorization Request Packet Checklist
  - 2.** ADv6e Original Service Plan, with appropriate signatures
  - 3.** ADv6a1 Original Service Plan Goals, with appropriate signatures
  - 4.** ADv6 Copy of the RN Evaluation
  - 5.** ADv5 Copy of the Service Team Release of Information
  - 6.** Documentation to justify a Service Plan with exceptions

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- 7.** Other documentation when necessary;
  - a.** Original Environmental Modification documents,
  - b.** Original Durable Medical Equipment and Supply forms.
  
- G.** The case manager retains the original ADv7 Provider Planning Agreement from all participating agencies, and forwards to other agencies as needed and places original in the Consumer file.
  
- H.** The case manager distributes the Service Plan ADv6e and Goals to the Consumer and all Team members present at the Team meeting.
  
- I.** The case manager distributes only the Service Plan ADv6e to Team members (DME, meal provider, etc.) not present at the IDT.
  
- J.** If during the implementation of the Service Plan, health and safety issues are identified by the Team, the case manager will assist the Team in developing a transitional plan that assures Consumer health and safety during Service Plan implementation.

# Service Plan Monitoring

The case management agency has procedures in place to continually monitor the delivery of services as authorized in the *ADvantage* Service Plan.

This standard will be reflected through the agency's commitment of sufficient implementation resources, supervision activities, documentation practices and management reports.

## Minimum Components of Agency Policies and Procedures

- A.** At a minimum, the case manager maintains monitoring contacts in compliance with the *ADvantage* service standards and Consumer Service Goals.
  - 1.** The case manager uses the outcomes and dates of action steps recorded on the Consumer's Service Goals form ADv6a1 to monitor:
    - a.** Delivery of services as authorized in the Authorized Service Plan,
    - b.** Adequacy of services to meet the Consumer's needs/goals,
    - c.** Consumer satisfaction with all services provided,
    - d.** Measures of progress toward or achievement of expected outcomes, and
    - e.** Measures of regression, loss of function, or deterioration.
- B.** The case manager evaluates implementation, adequacy, and progress toward Service Plan outcomes. If any service identified on the Service Plan has not been implemented as planned, then the case manager consults immediately with the agency or person responsible for the service to determine and resolve the reason(s) for delay.

**Standard 11 Service Plan Monitoring**

- C.** The case manager, during all monitoring activities, continues to assess for community potential, level of care and program appropriateness. The case manager monitors the service plan based on the community potential and health status of the Consumer.

<b>Type of Monitoring</b>	<b>Purpose</b>
5 days after any service implementation	Monitor transition into implementation to determine if an interim health and safety plan needs to be developed by new team.
30 calendar days after Service Plan or Service Plan Addendum implementation	Monitor health and safety progress toward Service Plan goals, Consumer satisfaction with services and; identification of any major life changes.
<p>Monthly</p> <p>Can be conducted by phone only if the Consumer demonstrates cognitive and communication ability to provide valid information</p>	Monitor health and safety progress toward Service Plan goals, Consumer satisfaction, and identification of any major life changes.
Quarterly Home Visit	Face-to-Face visit with the Consumer to monitor health and safety progress toward Service Plan goals, Consumer’s satisfaction with services, and identification of any major life changes.
Monthly Home Visit	When a consumer’s family member serves as paid staff the case manager provides additional personal care attendant oversight, and monitoring of health and safety, Consumer’s satisfaction with services, and identification of any major life changes.
Weekly Telephone Visit	When a consumer is unstaffed, case manager contacts the Consumer and Home Care Agency weekly to provide more frequent monitoring of health and safety, major life changes, possible need to change providers; and to monitor the recruiting activities of the provider to determine when and if a change of provider is indicated. Weekly phone call monitoring occurs until Consumer is staffed.

# Service Plan Addendum Development and Submission

Standard

12

The case management agency has procedures in place to submit for authorization written modifications to the Service Plan within 10 days of team discussion or assessment.

This standard is reflected through the agency's commitment of sufficient implementation resources, supervision activities, documentation practices and management reports.

## Minimum Components of Agency Policies and Procedures

- A.** The case manager and team revise the Service Plan in response to changes in the Consumer's needs and/or resources.
  - 1.** The Consumer, case manager or team members identify service needs and modifications necessary to the Consumer's health, safety and quality of life.
  - 2.** The case manager assesses level of care, community potential and program appropriateness, if necessary.
- B.** The case manager ensures that the ADv6a1 Service Plan Goals outcomes and actions steps correspond to the identified needs and are added to the existing Service Goals.
- C.** The case manager may temporarily submit the ADv6e1 Service Plan Addendum and ADv6a1 Service Plan Goals on in order to initiate immediate service.
  - 1.** The case manager attaches a written justification for submitting the Service Plan Addendum without the Consumer's signature.
  - 2.** The case manager schedules a home visit prior to or no later than the quarterly visit to gain the Consumer or legal representative's signature on the ADv6e Service Plan Addendum and ADv6a1 Service Plan Goals.

**Standard 12 Service Plan Addendum Development and Submission**

- D.** When the Consumer or legal representative approval is given on the Service Plan Addendum and Service Goals, the case manager completes the Service Plan Authorization Request Packet ADv6f and submits the Packet to the case manager supervisor for final approval. Including:
- 1.** ADv6f Service Plan Request Packet Checklist;
  - 2.** Original Service Plan Addendum (ADv6e1) with signature;
  - 3.** Original Service Plan Goals (ADv6a1) with signature;
  - 4.** Use of complete, accurate and legible documents;
  - 5.** Use of *ADvantage* Participating Providers;
  - 6.** ADv5 Service Team Release of Information (if applicable);
  - 7.** ADv6 RN Evaluation (if applicable);
  - 8.** Other documentation, if necessary;
    - a.** Justification(s) for exceptions,
    - b.** Environmental modification documents,
    - c.** Durable Medical Equipment and Supply documents.
- E.** The case manager obtains any ADv7 Provider Planning Agreements, if needed.
- F.** The case manager distributes the Service Plan Addendum ADv6e1 and Service Plan Goals ADv6a1 to the Consumer and all team members involved in service planning.
- G.** The case manager distributes only the Service Plan Addendum ADv6e1 to the service providers not involved in service planning (DME, Environmental Modification provider, meals).

# Risk Management

The case management agency has procedures in place to identify high risk Consumers and situations that threaten the health and safety of the Consumer and implements risk management mechanisms to manage all high risk situations of *ADvantage* Consumers.

This standard is reflected through the agency's commitment of sufficient implementation resources, supervision activities, documentation practices and management reports.

## Minimum Components of Agency Policies and Procedures

- A.** The case management agency defines high risk and sets criteria for monitoring high risk Consumers.
- B.** The case manager develops an individualized High Risk Plan in conjunction with the Consumer's Service Plan.
- C.** The case management agency provides heightened supervisory and administrative scrutiny of high risk monitoring activities.

# Change in Consumer Case Manager Status

The case management agency has procedures in place to change the case management status of a Consumer without disruption of services or threat to the Consumer's health and safety.

This standard is reflected through the agency's commitment of sufficient implementation resources, supervision activities, documentation practices and management reports.

## Minimum Components of Agency Policies and Procedures

- A.** When a Consumer is transferred from one case manager to another within the same agency, the case management agency ensures safe and orderly case manager reassignment.
  - 1.** The case management agency notifies the *ADvantage* Program of case manager changes using the Adv9 Provider Communication form.
  - 2.** A meeting of the current and new case manager is held prior to the reassignment to plan transfer activities. When possible, the current case manager introduces the new case manager to the Consumer.
  
- B.** When a Consumer requests a change of provider, the case management agency ensures the safe and orderly transfer of the Consumer from one case management agency to another case management agency, and notifies the *ADvantage* Program of the change on the ADv10 Consumer Change of Provider form.
  - 1.** The case manager educates the Consumer regarding available agencies and documents Consumer's choice of agency providers by obtaining the Consumer or legal representative's signature on the ADv10 Consumer Change of Provider.
  - 2.** The case manager contacts the new case manager to collaborate on continuity of care.



**Standard 14 Change in Consumer Case Manager Status**

- 3.** The new case manager completes the ADv6e1 Service Plan Addendum, ADv10 Consumer Change of Provider and, ADv9 Provider Communication listing the new case manager, and obtains the Consumer's signature on the ADv6e1 Service Plan Addendum and ADv10 Consumer Change of Provider, and submits for authorization.
  - 4.** If the case management transfer involves the Consumer also being transferred to a new home care agency, then a new ADv6 RN Evaluation is required to assist with development of the Service Plan.
- C.** The case management provider ensures safe and orderly transfer of Consumers when there is an agency closure.
- 1.** The current case management agency notifies the *ADvantage* Program within one working day of any official decision to close the agency.
  - 2.** The current case management agency informs each affected Consumer, directly and in writing, of the agency closure prior to the transfer.
  - 3.** The case manager educates the Consumer regarding available agencies and documents Consumer's choice of agency providers by obtaining the Consumer or legal representative's signature on the ADv10 Consumer Change of Provider.
  - 4.** When another agency is assuming case management services, the case manager contacts the new case manager to collaborate on continuity of care .
- D.** The case management agency ensures safe and appropriate voluntary, or involuntary, termination of services when a Consumer leaves the *ADvantage* Program.

# Suspension/Resumption of Consumer Services

The case management agency has procedures in place to manage the suspension and resumption of *ADvantage* services.

This standard is reflected through the agency's commitment of sufficient implementation resources, supervision activities, documentation practices and management reports.

## Minimum Components of Agency Policies and Procedures

- A.** When temporary suspension is required due to an emergency, the case management agency follows established agency procedures for the specific type of emergency.
- B.** Immediately upon receipt of notification by the Consumer or family, the case manager temporarily suspends *ADvantage* services and notifies the *ADvantage* Program under the following circumstances:
  - 1.** The Consumer has been hospitalized or admitted for temporary nursing facility services.
  - 2.** The Consumer has gone on vacation, therapeutic leave, or will be temporarily out of the service area.
- C.** The case manager plans with the Consumer (and IDT, if necessary) for the term of suspension and resumption for part or all of the Service Plan services, as appropriate to the situation.
- D.** The case manager sends an ADv9 Provider Communication form to notify the *ADvantage* Program to suspend payment for part or all of the Service Plan services, and the planned duration of the suspension.
- E.** When services are to resume, the case manager sends an ADv9 Provider Communication form to notify the *ADvantage* Program to resume payment for Service Plan services previously suspended.

# Consumer Emergencies

The case management agency has emergency procedures in place to protect the health and safety of the Consumer.

This standard is reflected through the agency's commitment of sufficient implementation resources, supervision activities, documentation practices and management reports.

- A.** The case manager ensures that the following emergency precautions, and documentation to prove existence, in place for each *ADvantage* Consumer:
  - 1.** The Consumer has current list of emergency phone numbers accessible for use.
  - 2.** The Consumer has a fire evacuation plan and is knowledgeable of all exits.
  - 3.** The Consumer has a safe place in the home for severe weather protection.
  - 4.** The Consumer has a designated safe place to go to in case of a home evacuation.
  - 5.** The Consumer, if so chooses, has a written advanced directive and team members are aware of the directive.
  
- B.** The case manager is prepared to handle the following emergency situations:
  - 1.** Handling the media involved in a Consumer's emergency situation.
  - 2.** Providing details to law enforcement officers or emergency medical staff.
  - 3.** Managing electrical power failures, including alternate power sources for medical or assistive equipment.
  - 4.** Consumers whose whereabouts are unknown.
  - 5.** Death of a Consumer.