

Hetlinger Community Developmental Disabilities Organization
CASE MANAGEMENT
Regulation Number 30-64-24

PURPOSE:

The purpose of this policy is to ensure eligible persons have access to case management services, and to establish a manner in which to impose consequences for failure to adequately perform case management duties, or failure to comply with any of the requirements of regulations (Article 64).

POLICY:

The Community Developmental Disabilities Organization (CDDO) will develop and implement a means by which all eligible persons may access case management services. The CDDO will monitor service quality concerns and complaints made to the CDDO. The CDDO will assist affiliates in identifying problem areas and assisting with a plan to make improvements.

PROCEDURE:

1. The CDDO shall provide or subcontract to provide targeted case management service with any licensed case management provider.
2. Each person receiving case management services, may have only one case manager who bills for this service on the person's behalf during any given time period. That case manager must accept full responsibility of providing all of the components of case management in any and all environments.
3. A person may choose not to receive case management as long as the person or the person's guardian does not insist case management functions are carried out on their behalf.
4. Case management may only be provided by individuals meeting the following criteria:
 - a. Individuals must be employed by the CDDO, or be employed by a subcontractor for those services, or be a subcontractor for those services for which the CDDO or subcontractor maintains a license from the division of MH/DD.
 - b. Individual must be selected to provide this service from the list of all available providers by the person served or the guardian if one has been appointed.
 - c. Individuals must not provide any other direct service besides case management to any person receiving any other service from the organization that employs the case manager.
 - d. Individuals must not be under the supervision of anyone who is responsible for the provision of or supervision of direct service to any person.

- e. Individuals must have the following
 - i. Six months full time experience in the field of developmental disabilities.
 - ii. A bachelor's degree or additional experience in the field which may be substituted for the degree at the rate of six months full time experience for each semester.
 - iii. Complete a registration process with the CDDO that includes demonstrating qualifications, providing demographic information, and agreeing to abide by service and ethics standards as well as case management related policies and procedures.
 - f. Complete on-line case management training, and assessments as required by the division of MH/DD.
- 4. Case management providers will determine per their agency protocol the maximum number of individuals they will carry per individual case manager and provide notification to the CDDO as to capacity levels.
- 5. Case management services are defined as those services which will assist the individual in gaining access to medical, social, educational or other needed services. Case management will include the following:
 - a. Assessment of an eligible individual to determine service needs by:
 - i. Taking an individual's history
 - ii. Identifying the individual's needs and completing related documentation, and
 - iii. Gathering information, if necessary, from other sources such as family members, medical providers, social workers, and educators, to form a complete assessment of the individual.
 - b. Development of a specific support/care plan that:
 - i. Is based on the information collected through the assessment,
 - ii. Specifies the goals and actions to address the medical, social, educational, and other service needs of the individual,
 - iii. Includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's legal representative) and others to develop such goals, and identify a course of action to respond to the assessed needs of the eligible individual
 - c. Referral and related activities:
 - i. To help an individual obtain needed services including,
 - ii. Activities that help link the individual to medical, social, educational providers, or other programs and services that are capable of providing needed services, such as making referrals to providers for needed services and scheduling appointments for the individual
 - d. Monitoring and follow-up activities including:
 - i. Activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the individual's needs, and which may be with the individual, family members, providers, or other entities and conducted as frequently as necessary to determine:

- ii. Whether services are being furnished in accordance with the individual's care plan;
 - iii. Whether the services in the care plan are adequate; and whether there are changes in the needs or status of the individual, and if so, making necessary adjustments in the care plan and service arrangements with the providers.
6. Individuals receiving case management may switch providers at any time, as long as, the new provider has the capacity to accept referrals. Transition planning must occur prior to any change and at a minimum must include the last date which the current provider can bill and the first date the new provider can bill. The current case manager must also provide an accounting of the total number of hours billed year to date.
7. Beginning July 1, 2007 reimbursement for targeted case management will be paid directly to the provider at the rate of \$42.40 per hour. 4 units will equal one hour. Providers will be responsible for the following:
 - i. billing EDS in a timely manner
 - ii. maintaining accurate documentation that meets all requirements as outlined in the HCBS MR/DD TCM Provider Manual
 - iii. maintaining an accurate accounting of total hours billed in order to stay within the annual cap of 240 units or 60 hours per calendar year. This amount will be prorated to 120 units or 30 hours for the time frame July 1, 2007 to December 31, 2007.
 - iv. If annual cap will be exceeded the targeted case management provider is required to follow CSS protocol for getting prior authorization for additional units
 - v. Complete and send the Hetlinger CDDO TCM Billing Summary to the CDDO on a monthly basis
8. Providers will be responsible for creating a sliding fee scale for those individuals who wish to private pay for services that is based on the current Medicaid reimbursement rate of \$42.40 per hour that takes into consideration the person's ability to pay. A copy of the providers sliding fee scale will be made available to the CDDO upon request.
9. When service quality concerns/complaints are made to, or detected by the CDDO during the random billing/documentation review, the following steps will be taken:
 - a. The CDDO will talk with the case manager and individual involved to determine what the problem is.
 - b. The CDDO will review documentation regarding the concern/complaint and complete a Case Management Compliance form.
 - c. A copy of the completed Case Management Compliance form will be sent to the affiliate involved.
 - d. The affiliate will complete the sections for Corrective Action Taken, sign and date the form and return to the CDDO within 15 business days.

- e. After the completed form is returned, the CDDO will contact the individual who issued the complaint to determine if the issue has been resolved.
- f. The CDDO and affiliate will work together to determine if further follow-up is needed.
- g. In the event that further follow-up is needed the affiliate will develop a second plan for Corrective Action Taken within 15 business days, and a copy of the Case Management Compliance form will be sent to the area Quality Enhancement Coordinator.
- h. The CDDO will contact the individual who issued the complaint to determine if the issue has been resolved.
In the event that the issue is still unresolved the affiliation agreement between the CDDO and the Targeted Case Management Subcontractor will be terminated, per the affiliate agreement.
- i. The CDDO will also work with the individual issuing the complaint to make sure they are aware of their option to switch case management providers and assist them in doing so if they choose.

Revised: 08-08-2007