

CASE MANAGEMENT OPERATIONAL GUIDELINES

The Settlement Agreement between the United States Department of Justice and the Commonwealth contains specific requirements regarding the provision of case management services, including face to face meetings at least every thirty (30) days with individuals who meet certain criteria. These requirements must be implemented by March 6, 2013. These operational guidelines are intended to assist CSB and DD case managers [support coordinators] in implementing the case management requirements of the Settlement Agreement.

The Settlement Agreement requires the following related to Case Management [Support Coordination]:

1. For individuals receiving case management services pursuant to this Agreement, the individual's case manager shall meet with the individual face-to-face on a regular basis and shall conduct regular visits to the individual's residence, as dictated by the individual's needs. (Section V.F.1)
2. At these face-to-face meetings, the case manager shall: observe the individual and the individual's environment to assess for previously unidentified risks, injuries, needs, or other changes in status; assess the status of previously identified risks, injuries, needs, or other change in status; assess whether the individual's support plan is being implemented appropriately and remains appropriate for the individual; and ascertain whether supports and services are being implemented consistent with the individual's strengths and preferences and in the most integrated setting appropriate to the individual's needs. If any of these observations or assessments identifies an unidentified or inadequately addressed risk, injury, need, or change in status; a deficiency in the individual's support plan or its implementation; or a discrepancy between the implementation of supports and services and the individual's strengths and preferences, then the case manager shall report and document the issue, convene the individual's service planning team to address it, and document its resolution. (Section V.F.2)
3. Within 12 months of the effective date of this Agreement, the individual's case manager shall meet with the individual face-to-face at least every 30 days, and at least one such visit every two months must be in the individual's place of residence, for any individuals who:
 - a. Receive services from providers having conditional or provisional licenses;
 - b. Have more intensive behavioral or medical needs as defined by the Supports Intensity Scale[®] ("SIS") category representing the highest level of risk to individuals;
 - c. Have an interruption of service greater than 30 days;
 - d. Encounter the crisis system for a serious crisis or for multiple less serious crises within a three-month period;
 - e. Have transitioned from a Training Center within the previous 12 months; or
 - f. Reside in congregate settings of 5 or more individuals. (Section V.F.3)

Explanation of Population Served:

All individuals with intellectual or developmental disabilities who receive HCBS waiver services shall receive case management pursuant to section III.C.5 of the Settlement Agreement. Such individuals who also meet any of the criteria in section V.F.3.a-f of the Settlement Agreement, set forth, above shall receive the more frequent face-to-face visits at least every thirty (30) days.

Individuals receiving HCBS waiver services include ID, DD, and Day Support (DS) waiver recipients, as well as individuals receiving services under the Elderly or Disabled with Consumer Directed Services (EDCD) or Assisted Technology (Tech) waivers. Thus, CSB and DD case managers [support coordinators] must provide the more frequent face-to-face visits at least every thirty (30) days to individuals who are on the ID or DD waiver wait lists, receiving EDCD or Tech waiver services, AND meet any of the criteria in section V.F.3. a-f of the Settlement Agreement.

Table 1 below shows which groups must receive face-to-face visits at least every thirty (30) days, if they meet any of the criteria in Section V.F.3.a-f.

Table 1: Population	30 day visits required <u>IF</u> any of the criteria of V.F.3.a-f are met
ID and DS Waiver Recipients ¹	Yes
DD Waiver Recipients ²	Yes
Individuals on ID Waiver Wait List Who Are Receiving EDCD or Tech Waiver Services	Yes
Individuals on DD Waiver Wait List Who Are Receiving EDCD or Tech Waiver Services	Yes
Individuals on the ID Waiver Wait List Receiving No Other Waiver Services	No
Individuals on the DD Waiver Wait List Receiving No Other Waiver Services	No
Individuals in Training Centers	No
Individuals in Community-Based ICFs	No
Individuals in NFs	No

¹ This includes individuals currently on the ID and DS Waiver and all those who receive a slot during the period of the Settlement Agreement.

² This includes individuals currently on the DD Waiver and all those who receive a slot during the period of the Settlement Agreement.

Operational Guidelines:

Certain sections of the Settlement Agreement pertaining to case management are set forth below, followed by operational guidelines for implementation:

1. "For individuals receiving case management [support coordination] services pursuant to this Agreement, the individual's case manager [support coordinator] shall meet with the individual face-to-face (FF) on a regular basis and shall conduct regular visits to the individual's residence, as dictated by the individual's needs." (Section V.F.1)

"Regular basis" means face-to-face visits every 90 days (with a 10 day grace period) consistent with the requirements of the ID and DD Targeted Case Management (TCM) regulations. More frequent face-to-face visits are required if the individual meets the criteria of Section V.F.3.a-f of the Settlement Agreement.

2. At these face-to-face meetings, the case manager [support coordinator] shall: observe the individual and the individual's environment to assess for previously unidentified risks, injuries, needs, or other changes in status; assess the status of previously identified risks, injuries, needs, or other change in status; assess whether the individual's support plan is being implemented appropriately and remains appropriate for the individual; and ascertain whether supports and services are being implemented consistent with the individual's strengths and preferences and in the most integrated setting appropriate to the individual's needs. If any of these observations or assessments identifies an unidentified or inadequately addressed risk, injury, need, or change in status; a deficiency in the individual's support plan or its implementation; or a discrepancy between the implementation of supports and services and the individual's strengths and preferences, then the support coordinator/case manager shall report and document the issue, convene the individual's service planning team to address it, and document its resolution. (Section V.F.2)

To "report and document the issue" and meet the other requirements of this section, case managers [support coordinators] should take the following actions in the situations listed:

- a. *If any face-to-face contact results in the identification of a previously unidentified or inadequately addressed risk, injury, need, or change in status*
 - 1) *Document in the record the specific unidentified or inadequately addressed risk, injury, need, or change in status, including the report to and the response of the designated provider(s).*
 - 2) *Convene and mobilize Person-Centered Planning (PCP) team members needed to address the issue.*
 - 3) *Report suspected abuse, neglect, or exploitation to Adult Protective Services or Child Protective Services and the DBHDS Office of Human Rights.*
 - 4) *Report to the DBHDS Office of Licensing.*
 - 5) *Document resolution of the issue in the record.*

- b. *If a deficiency in the individual's support plan or its implementation is identified*
 - 1) *Document in the record the specific deficiency, including the report to and the response of the designated provider(s).*
 - 2) *Convene and mobilize PCP team members needed to address the issue.*
 - 3) *Report to the DBHDS Office of Licensing, the individual's PCP team members needed to address the issue and, in the case of an ID or DS Waiver individual, the Community Resource Consultant (CRC).*
 - 4) *In the case of an individual on the DD Waiver, the DD Case Manager will complete steps 1 and 2 above, and then report the findings of deficiency to the DD Waiver unit at DMAS.*
 - 5) *Document the resolution of the issue in the record.*

- c. *If a discrepancy between the implementation of supports and services and the individual's strengths and preferences is identified*
 - 1) *Document in the record the specific discrepancy, including the report to and the response of the designated provider(s).*
 - 2) *Convene and mobilize the individual's PCP team members needed to address the issue.*
 - 3) *If the individual's PCP team cannot achieve resolution, ID or DS support coordinator/case manager shall contact the CRC first and the DBHDS Office of Licensing second. DD Case Managers will contact the DD Waiver Unit at DMAS.*
 - 4) *Document the resolution of the issue in the record.*

- d. *A "change in status" includes a change in residential, day support, pre-vocational, or supported employment provider. When a change in status occurs, the support coordinator/case manager should closely monitor the transition to the new provider to ensure there are not unnecessary gaps in services or delays and that services are provided in accordance with the individual's support plan.*

- 3. Within 12 months of the effective date of this Agreement (i.e., beginning no later than March 6, 2013), the individual's case manager [support coordinator] shall meet with the individual face-to-face at least every 30 days, and at least one such visit every two months must be in the individual's place of residence, for any individuals who:
 - a. Receive services from providers having conditional or provisional licenses.

1) Support coordinators/case managers shall fulfill the above face-to-face obligation for the entire time a provider is on a **conditional** (i.e., new) license or **provisional** license. This level of face-to-face contact will continue for at least three months after a provider has been removed from **provisional** status.

2) This requirement for more frequent case management visits applies to any individual in the target population who receives services from any DBHDS licensed provider, including a residential, day support, or prevocational provider, that has been issued a conditional or provisional license.

3) The DBHDS Office of Licensing (OL) will post information on the DBHDS website, updated on the 10th of each month, about each provider that is operating under a conditional or provisional license.

b. Have more intensive behavioral or medical needs as defined by the Supports Intensity Scale[®] ("SIS[®]") category representing the highest level of risk to individuals.

1) If any response to the Virginia SIS[®] Supplemental Risk Assessment regarding an individual is "yes," the support coordinator/case manager shall meet with the individual face-to-face at least every thirty (30) days, with at least one visit every two months in the individual's residence, while those responses remain "yes."

Exception: A "yes" response to SIS Supplemental Risk Assessment Item #5 (fall risk) does not automatically constitute a more intensive behavioral or medical need requiring more frequent case management visits. Only if the individual has experienced an injury as a result of a fall in the past 90 days will a "yes" to item #5 necessitate the more frequent case management visits. In this circumstance, the support coordinator/case manager shall meet with the individual face-to-face at least every thirty (30) days, with one such visit every two months in the individual's residence, until the individual is stabilized.

2) If any item in sections 3a or 3b of the SIS Supplemental Risk Assessment are scored "2" (i.e., extensive support needed), the individual shall receive the more frequent face-to-face support coordinator/case manager visits while those responses remain scored "2." The exceptions are a score of "2" on

- a) *3a #14 (lifting and/or transferring) unless an adverse event has occurred in the context of lifting or transferring in the past 90 days, in which case this level of contact will continue until the individual is stabilized, or*
 - b) *3a #15 (therapy services).*
- c. Have an interruption of service greater than 30 days.
- 1) *This means an interruption of any of the following waiver services:*
 - a) *Congregate residential (including sponsored residential)*
 - b) *In-home residential*
 - c) *Personal Assistance (agency-directed or consumer-directed)*
 - d) *Supported Employment*
 - e) *Prevocational*
 - f) *Day Support*
 - g) *Ongoing therapeutic services.*
 - 2) *The support coordinator/case manager shall meet with the individual face-to-face at least every thirty (30) days, with at least one such visit every two months in the individual's residence, until either services have resumed or the individual has lost his slot.*
 - 3) *An extended vacation, when the individual and his or her family are out of town, does not constitute an interruption of service. Extended vacations must be clearly documented in the individual's record.*
- d. Encounter the crisis system for a serious crisis or, for multiple less serious crises, within a three-month period.
- 1) *Crisis includes both behavioral/psychiatric and medical events.*
 - 2) *“Serious crisis” means admission to a Crisis Stabilization Unit (CSU), START, hospital (other than for routine or elective procedures), hospital followed by admission to a Long Term Rehab facility, or an out of home placement due to CPS involvement or incarceration.*
 - 3) *“Multiple less serious crises” means assessment for admission to a CSU, START, hospital (other than for routine or elective procedures), hospital followed by admission to a Long Term Rehab facility, or an out of home placement due to CPS involvement or incarceration three or more times in a twelve (12) month period.*

4) *The support coordinator/case manager shall meet face-to-face with the individual at least every thirty (30) days, with at least one such visit every two months in the individual's residence, for six months after discharge or until stabilized, if not stabilized within six months.*

e. Have transitioned from a Training Center (TC) within the previous 12 months.

The support coordinator/case manager shall meet face-to-face with the individual at least every thirty (30) days, with at least one such visit every two months in the individual's residence, for twelve (12) months post TC discharge.

f. Reside in congregate settings licensed for five or more individuals.

1) *The support coordinator/case manager shall meet face-to-face with the individual at least every thirty (30) days, with at least one such visit every two months in the individual's residence, for the entire time an individual is in a congregate setting licensed for five or more individuals.*

2) *OL will post on the DBHDS website, on the 10th of each month, a current list of congregate settings licensed for five or more individuals.*

3) *OL will be drafting a memo stating that if a provider is licensed for five or more individuals, but voluntarily agrees to serve fewer for the duration of the MFP year, the provider can submit a letter stating this intent to the Licensing Specialist, who will then reduce their licensed number of beds for that period of time.*

It is proposed that these face-to-face contacts occur every 30 days WITH A 5 DAY GRACE PERIOD. This will avoid the problem of a literal interpretation that might require face-to-face contact on May 1st and May 31st, as well as avoid the problem associated with a “monthly” designation in which a contact could occur June 1st and the next one not until July 31st. The use of the grace period does not alter the due date of the next face-to-face contact.

If the support coordinator/case manager cannot complete the required face-to-face contact, he/she must document the reason(s) and all attempts. After two, consecutive 30-day periods of no contact, the CSB support coordinator/case manager will contact his/her regional CRC, who will determine if further steps are needed (such as contacting the Licensing Specialist, etc.). This includes extended vacations individuals/families might take. The CSB support coordinator/case manager must also comply with the established Waiver “Request to Retain Slot” process as appropriate. After two consecutive 30-day periods of no

face-to-face contact, the DD case manager will follow current guidance and contact the DD Waiver Unit at DMAS as appropriate.