

Wright County Community Services Targeted Case Management Policy and Procedures

Section 24.2: Standards for Policy and Procedures

PERFORMANCE BENCHMARK:

The organization has written policy direction for the organization and each service being accredited.

PERFORMANCE INDICATOR A

The organization has a policy and procedures manual with policy guidelines and administrative procedures for all organizational activities and services specific to its organization that addresses the standards in effect at the time of review.

POLICIES & PROCEDURES:

The Case Management Supervisor shall develop and update the policy and procedures manual as needed to meet all applicable standards. The governing board shall review, and approve the policies and procedures manual.

PERFORMANCE INDICATOR B

The policies and procedures cover each benchmark and indicator in this chapter.

POLICIES & PROCEDURES:

The Policy & Procedure manual is structured to specifically address each benchmark and indicator.

PERFORMANCE INDICATOR C

The policies and procedures manual is made available to all staff.

POLICIES & PROCEDURES:

A copy of the Policy and Procedures Manual is available to all staff. Each staff person has access to an electronic copy of the manual. The manual can be accessed through their computers by opening it on the server or by accessing the link on the Wright County Community Services website.

Section 24.3 Standards for organizational activities

24.3(1) Performance improvement system

PERFORMANCE BENCHMARK: The organization has a systematic, organization-wide, planned approach to designing, measuring, evaluating, and improving the level of its performance.

PERFORMANCE INDICATOR (1)

The organization measures and assesses the organizational activities and services accredited in this chapter annually.

POLICIES & PROCEDURES:

The Case Management Supervisor structures and supports a method of performance improvement that ensures that internal systems and activities throughout the organization are measured, assessed and improved on an ongoing basis.

Annually the Case Management Department will assess the organizations performance and develop a list of priority areas needing improvement. All staff will participate in developing a program plan that includes measurable goals and action steps and a process of collecting data, if needed, to address the areas needing improvement. The Case Management Supervisor will evaluate the levels of improvement resulting from the program plan and will determine if further action is needed with the assistance of the other departmental staff. This will be documented in an annual summary. The Case Management Supervisor and/or Director will determine if there is a pattern of support/training issues that need to be addressed documented in an annual summary.

PERFORMANCE INDICATOR (2)

The organization gathers information from individuals using the services, staff, and family members.

POLICIES & PROCEDURES:

The Case Management Supervisor involves all levels of the case management organization, clients, legal guardians, and family members in conducting ongoing program evaluation activities which assess the effectiveness and efficiency of the program and identify areas in need of improvement.

Consumers, guardians and service providers working with the Case Management Department will be surveyed. This will provide feedback regarding how the service is viewed, the satisfaction of the service rendered, areas in need of improvement, and how the Case Management Department is doing in regard to meeting the goals and purpose of the program. The surveys will be altered between a Satisfaction survey of the Case Management Department and a Quality of Life survey. See survey in Appendix. The Case Management Supervisor will share the results of the survey and any other input available with the Case Managers.

The Case Management Supervisor will involve all levels of the Case Management Department in the process of examining the TCM services rendered by completing the program assessment, discussing the administration of the program periodically through out the year and reviewing the information collected from the surveys or documented complaints to identify priority areas for program improvement. All personnel will be involved in developing the program plan to address the priority areas identified. The administration of the Wright County Community Services strongly believes in “continuous” quality improvement. Therefore staff are encouraged to offer ideas for improvement at any time throughout the year. During staff meetings new ideas are often offered regarding the way supports are delivered to consumers both through case management and direct care services. Staff are encouraged to participate in these opportunities by giving honest feedback, offering additional ideas and offering/agreeing to participate in the implementation. The feedback of the staff is valued and definitely considered.

PERFORMANCE INDICATOR (3)

The organization implements an internal review of individual records for those services accredited under this chapter.

POLICIES & PROCEDURES:

The Case Management Supervisor will establish a method to conduct reviews of individual records for each case manager in their organization to insure compliance with Chap. 24 rules and “best practice” guidelines for documentation.

The Case Management Department will contract with County Case Management Services (CCMS) with Iowa State Association of Counties (ISAC) to review the case files to provide counsel, resources and training to all personnel, and to assess the performance of the program in order to suggest improvement activities. All records will be reviewed and approved by the Case Management Supervisor prior to entry in the individual file for new staff in orientation. Beginning in 2009, the Case Management Supervisor will review each client file at least one time per year to verify the existence of needed documents and to review the quality of the content in documents generated by the TCM program. This MAY be done by reviewing each file one month after the ICP has been held. This will allow for the review of documents as they are generated and for verification of documents that need to be updated annually.

PERFORMANCE INDICATOR (4)

The organization reviews the organization's response to incidents reported under subrule 24.4(5) for necessity, appropriateness, effectiveness and prevention. This review includes analysis of the incident data at least annually to identify any patterns of risk to the health and safety of the consumers.

POLICIES & PROCEDURES:

The Case Management Department shall conduct a review of all critical incident reports at least annually to determine the necessity, appropriateness, and effectiveness of the staff's actions and to explore with staff the prevention measures to be taken in like situations. A summary of this review shall be included as part of the Performance Improvement Plan. The summary shall include discussion of any patterns or trends detected for either provider agencies or for particular individuals using the service. (See subrule 24.4(5) for additional information regarding service provider generated vs. targeted case management generated reports).

PERFORMANCE INDICATOR (5)

The organization reviews its response to any situation that poses a danger or threat to staff or to individuals using the services for necessity, appropriateness, effectiveness, and prevention.

POLICIES & PROCEDURES:

The Case Management Supervisor and/or Director will immediately review the response of the organization to any specific situation that pose a specific danger or threat to staff or individuals using the service to determine the necessity, appropriateness, and effectiveness of the case manager's actions and to explore with staff prevention measures to be taken in like situations. Discussion of the specific situation should be reflected by the case manager in the Progress Notes of the specific consumer, as well as the Supervisory Notes of the case manager involved.

PERFORMANCE INDICATOR (6)

The organization identifies areas in need of improvement.

POLICIES & PROCEDURES:

1. The Case Management Supervisor and members of the case management organization establish a process for identifying, collecting and assessing information and data to be used to measure the program's effectiveness and level of performance.
2. As part of the performance improvement system, environmental effectiveness and maintenance shall be reviewed and improved as needed (from 24.3(5) Organization environment.)

The Case Management Supervisor will involve all levels of the Case Management Department in the process of examining the TCM services rendered by completing the program assessment (see appendix for assessment), discussing the administration of the program periodically through out the year and reviewing the information collected from the surveys or documented complaints to identify

priority areas for program improvement. The Case Management Supervisor will share the outcome of the review of the incident reports with all staff regarding patterns in behavior or services to determine if anything needs to be addressed. Beginning in 2009, The Case Management Supervisor will begin reviewing the annual priorities, ICP goals and quarterly progress of consumers to ensure that these are based upon need and are client driven and outcome based. If significant progress is not being met the plan will be assessed to determine if the goals are not on target to the consumer's needs or desires, the provider is not able to provide outcomes or the goals are not realistic. This will aid in determining barriers to success and the responsible party. If the Case Management service is responsible, the Case Management Supervisor and Director will direct the Case Manager in realigning the goals and services as appropriate to the client needs and desires. If the provider is responsible, the provision of alternative supports will be explored with the consumer and family members.

PERFORMANCE INDICATOR (7)

The organization has a plan to address the areas in need of improvement.

POLICIES & PROCEDURES:

1. The case management staff assess priority areas needing improvement.
 - a. The staff will determine goals, measurable objective and actions steps to be completed.
 - b. The staff regularly review progress with the development of new systems.
2. The plan shall be submitted to the Advisory Board for their review and recommendations; then submitted to the governing body for their review.

All staff will participate in developing a program plan that includes measurable goals and action steps and a process of collecting data, if needed, to address the areas needing improvement. The Case Management Supervisor will evaluate the levels of improvement resulting from the program plan and will determine if further action is needed with the assistance of the other departmental staff. This will be documented in an annual summary. The plan shall be submitted to the Advisory Board for their review and recommendations; then submitted to the governing body for their review.

PERFORMANCE INDICATOR (8)

The organization implements the plan and documents the results.

POLICIES & PROCEDURES:

1. The Case Management Supervisor will evaluate the levels of improvement resulting from the program plan and will determine if further action is needed with the assistance of the other departmental staff.
2. An annual summary of performance improvement activities and information shall be completed and communicated to all levels of the organization and reflected in the organization plan.

Section 24.3(2): Leadership

PERFORMANCE BENCHMARK: Organization leaders provide the framework for the planning, designing, directing, coordination, provision and improvement of services that are responsive to the individuals and the community served by the organization.

PERFORMANCE INDICATOR (1)

There are clearly articulated mission and values statements that are reflected in the long-range organizational plans and in organization policies.

POLICY AND PROCEDURES:

1. The Governing Board has adopted the following statements of the programs mission and values.

MISSION STATEMENT:

Targeted Case Management (TCM) is an individually centered, family and community focused process through which clients are assisted in identifying, securing, and sustaining resources necessary to live in a normally interdependent way in the community.

OPERATING PRINCIPLES/VALUES STATEMENTS:

- a. The Targeted Case Management process focuses on the individual using service's strengths, interests, abilities, and competencies.
- b. The Targeted Case Management process takes place in the community. The client is viewed as the director of the Targeted Case Management process.
- c. The relationship between the client and case manager is primary and essential.
- d. Targeted Case Management is based upon effective communication in providing information to the individual, their family and those providing services.
- e. Targeted Case Management provides for the individual's maximum participation in the decision making process.
- f. Targeted Case Management involves the individual, families, guardians and other professionals/agencies in identifying, developing, implementing and monitoring comprehensive plans.
- g. The community is viewed as a resource, not as an obstacle.
- h. Targeted Case Management facilitates access to available public and private resources.
- i. Targeted Case Management advocates for resources to meet the current and future needs of individuals.
- j. Targeted Case Management strives to attain a greater level of integration of the individual into the community.
- k. Targeted Case Management is confidential and professional.

PERFORMANCE INDICATOR (2)

The annual and long-range budgeting process involves appropriate governing and managing levels of leadership and reflects the organization mission and values. An independent auditor or other person as provided by law does an annual financial audit.

POLICIES & PROCEDURES:

Annual Budget Process

1. The Case Management Supervisor prepares, maintains and administers an annual budget for TCM services subject to the review of the Advisory Board and approval of the Board of Supervisors, as part of the total county budget.
2. The Case Management Supervisor assures the completion of cost reports needed to establish rates for service and assures that the costs included in the unit rate are allowable under Health Care Financing Administration for both projected and actual costs.
3. Generally accepted accounting practices are utilized, according to County policy.
4. The annual audit of the program, which is prepared by an independent fiscal agent, provides a review of receipts and disbursements, and a statement of fund balances. Copies of the audit report and the auditor's opinion, if any, or financial statement are submitted to the funding sources, as required, and to the governing board.

PERFORMANCE INDICATOR (3)

Individuals using the services or family members of individuals using the services are represented on the organization's governing board or on an advisory board.

POLICIES & PROCEDURES:

1. The County Board of Supervisors functions as the governing body of the TCM program. The Board provides the program with oversight, guidance, and policy direction.
2. The Board of Supervisors has established an advisory board for the program and designated the powers and duties of the advisory board.
 - a. At a minimum, the Advisory Board shall be comprised of at least three members, at least 51 percent of whom are not providers. The advisory board shall include representatives who have disabilities or family members of persons with disabilities.
 - b. The advisory board establishes by-laws, which identifies their roles and responsibilities.
 - c. The advisory board members shall be provided an orientation which includes training regarding confidentiality.
 - d. The advisory board meets at least three times per year.
 - e. The Case Management Supervisor, or a designated person, keeps minutes of all meetings.

PERFORMANCE INDICATOR (4)

The organization's decision-making process, including policy decisions affecting the organization, reflects involvement of the various levels of leadership and responsiveness to staff.

POLICY AND PROCEDURE:

1. The governing body has the following authority:
 - a. Establishment, review, and approval of all policies.
 - b. Adoption of the organizational plan.
 - c. Appointment, evaluation, and removal, if necessary, of the Case Management Director and the Case Management Supervisor with the assistance and recommendation of the Community Services Director.
 - d. Establishment of effective fiscal policies.
 - e. Review and approval of all contracts and agreements to which the program is a party or delegate authority for approval.
 - f. Review and approval of the annual budget, including the approval of all revisions in the budget.
 - g. Review of program evaluation.
 - h. Adoption of policies to address conflicts of interest issues.
 - i. Correspond with the Case Management Director for the purpose of providing oversight of the operation of the program..
 - j. Comply with all federal and state laws and regulations regarding confidentiality when they exercise their authority to access client specific information.
 - k. The governing body shall keep minutes of meetings.
2. The Case Management Supervisor has the following responsibilities:
 - a. Development of the program policies and procedures.
 - b. Hiring, assuring appropriate supervision, evaluating, and firing of Case Management staff with the support and recommendations of the Community Services Director.
 - c. Development of job descriptions.
 - d. Assignment and review of caseloads and workloads.
 - e. Development and monitoring of the budget.
 - f. Complete Case Management cost reports.
 - g. Management of the physical and fiscal assets of the program.
 - h. Liaison between the governing body, advisory board, and staff.
 - i. Assisting the governing body in decision making by preparing reports showing the nature and extent of service needs and other information as requested by the boards.

- j. Planning for, monitoring, and evaluating the operations of the program.
 - k. Assist in mediating conflicts that affect the Case Management Program.
 - l. Providing educational information and service consultation available to community groups and resources.
 - m. Participating in the county planning process.
 - n. Direct and implement annual satisfactions surveys and other Performance Improvement activities.
3. The Advisory Board shall review and make recommendations to the governing body regarding the TCM program. The advisory board shall have the following roles and responsibilities:
- a. Review and make recommendations on the program's policies.
 - b. Review of the organizational plan.
 - c. Review and make recommendations on the budget, including the review of all revisions in the budget.
 - d. Review and make recommendations regarding the total quality improvement program.

PERFORMANCE INDICATOR (5)

Organization leaders solicit input from leaders of the various community groups representing individuals served by the organization in designing responsive service delivery systems.

POLICIES & PROCEDURES:

The Advisory Board shall review and make recommendations to the Case Management Supervisor and governing body regarding the TCM program. In addition, information from the provider satisfaction surveys will be utilized in this process.

PERFORMANCE INDICATOR (6)

The organization leaders develop and implement a service system appropriate to the needs of the individuals served by the organization.

POLICIES & PROCEDURES:

The Board of Supervisors and the Case Management Supervisor structure, direct and staff Case Management services commensurate with and appropriate to the level and scope required for the needs of the clients served by the organization.

PERFORMANCE INDICATOR (7)

Organization leaders make educational information, resources, and service consultation available to community groups.

POLICIES & PROCEDURES:

Case Management Supervisor and Director provide educational information, resources, and service consultation available to community groups (e.g. brochures, websites, in-service meetings, etc.).

Section 24.3(3): Management information system

PERFORMANCE BENCHMARK: Information is obtained, managed and used in an efficient and effective method to document, enhance and improve organizational performance and service delivery to the individuals.

PERFORMANCE INDICATOR (1)

The organization has a system in place to maintain current individual-specific information documenting the provision and outcomes of services and treatments provided.

POLICIES & PROCEDURES:

1. The client file shall be set up according to the Table of Content maintained in the front of each file.
2. Updated case material shall be filed in a timely manner.
3. All documents included in the client file shall contain only information with their identifying data on them. Documents containing two or more client's names will be carefully screened and the other client names will be deleted.

PERFORMANCE INDICATOR (2) The organization has a system in place to maintain the confidentiality and security of the information that identifies specific individuals using the services, including mail, correspondence, and electronic files.

1. Security
 - a. All master client files shall be stored in the designated, locked, file cabinet, which shall be in an area which is not accessible to the general public.
 - b. Original files shall not be removed from the physical facility unless subpoenaed by the courts.
 - c. Staff may maintain files at their work station during business hours, and shall return such files to the file room by the end of the business day or lock their rooms at the end of the business day to protect exposure of the client file. If staff are working at their satellite offices located in their homes, they may maintain client information at their work stations during business hours, and shall store the information in a secured location such as a locked room, locked cabinet or locked brief case at the end of the business day.
 - d. Computer System Security Requirements
 - 1) Each Department Health Insurance Portability and Accountability (HIPPA) Security Liaison and the Security Officer must ensure that each desktop system used to access, transmit, receive or store personally identifying information is appropriately secured in accordance with Wright County Policies and Procedures for Health Insurance Portability and Accountability (HIPPA).
 - 2) The system administrator or root account must be password protected.
 - 3) A user identification and password authentication mechanism must be implemented to control user access to the system.
 - 4) A security patch and update procedure must be established and implemented to ensure that all relevant security patches and updates are promptly applied based on the severity of the vulnerability corrected.
 - 5) A virus detection system must be implemented including a procedure to ensure that the virus detection software is maintained and up to date.
 - 6) All unused or unnecessary services must be disabled.
 - 7) Desktop systems that are located in open, common, or otherwise insecure areas must also implement the following measures:
 - a. An inactivity timer or automatic logoff mechanism must be implemented.
 - b. The workstation screen or display must be situated in a manner that prohibits unauthorized viewing.
 - 8) When transporting a laptop, it must be kept locked and out of sight, preferably in the trunk.
 - e. Remote Access
 - 1) Dialup connections directly into secure networks are considered to be secure connections and do not require a VPN connection.
 - 2) Authentication and encryption mechanisms are required for all remote access sessions to networks containing Electronic Protected Health Information (EPHI) via an Internet service provider or dialup connection. Examples of such mechanisms include VPN clients, authenticated SSL web sessions, etc.

- 3) The following security measures must be implemented for any remote access connection into a secure network containing EPHI:
 - a. Mechanisms to bypass authorized remote access mechanisms are strictly prohibited.
 - b. Remote access systems must employ a mechanism to “clear out” cache and other session information upon termination of session.
 - c. Remote access workstations must employ a virus detection and protection mechanism.
 - d. Users of remote workstations must comply with the HIPAA Security Workstation Use Policy
 - 4) VPN split-tunneling is not permitted for connections originating from outside the County network or from an insecure network within the Wright County domain.
 - 5) The Department HIPAA Security Liaison of any workforce member requesting remote access to a secure network containing EPHI-based systems and applications must ensure that the remote workstation device being used by said workforce member meets the security measures detailed in the HIPAA Security Server, Desktop, and Wireless Computer System Security Policy. The owner of the secure network must ensure that the previous requirement has been satisfied before access is granted.
 - 6) Each Department HIPAA Security Liaison and the Security Officer must establish a formal, documented procedure to ensure that remote workstations and mobile devices used by their workforce members to remotely access secure networks containing EPHI-based systems and applications continue to meet the security measures detailed in the HIPAA Security Server, Desktop, and Wireless Computer System Security Policy.
2. Confidentiality
- a. All client files shall be maintained under the procedure for confidentiality of client information.
 - b. The Targeted Case Management (TCM) program shall not release any client information without expressed written consent of the client, or their guardian.
3. Integrity
- a. Case Management client records are secure on the server and in the office as to only allow access to those authorized within the Case Management Department. Those who have authorized access include the Case Management Director, Case Management Supervisor, Case Managers and Case Aid. Case Managers have access to each other’s client files for support purposes.
 - b. No one outside the organization shall review records without the presence of a case management staff, except for the following:
 - 1) The County Board of Supervisors or their designee.
 - 2) Employees of authorized external agencies whose responsibility is to license, accredit and monitor the program.
 - 3) Staff from the County Case Management Services as to care out their duties identified in the County Case Management Services 28E Agreement.
 - c. The Case Management Department will insure that a form is signed and dated by the individual accessing the file. The form will include the name of the individual who accessed the file, the date and the reason for review.

Section 24.3(4): Human Resources

PERFORMANCE BENCHMARK: The organization provides qualified staff to support the organization’s mission and facilitate the provision of quality services.

PERFORMANCE INDICATOR (1)

The organization has a job description in the personnel file of each staff member that clearly defines responsibilities and qualifications.

POLICIES & PROCEDURES:

1. A copy of the written job description will be kept in the individual personnel file of each staff member.
2. Documentation that the staff person has read and understands their job description, and personnel policies and procedures.
3. A signed job application will be kept in the individual personnel file of each staff member.

PERFORMANCE INDICATOR (2)

The organization has a process to verify qualifications of staff including degrees, licenses, medication management training, and certification as required by the position, through documentation obtained from the primary source within 90 days of the staff person's employment. For staff hired after July 1, 2006 personnel files contain evidence that verification of professional licenses and college degrees at the bachelor's level or higher, as required by the position was obtained from the primary source.

POLICIES & PROCEDURES:

1. Qualified case managers and supervisors shall meet one of the following minimum requirements:
 - a) A bachelor's degree with 30 semester hours or equivalent quarter hours in a human services field and at least one year of experience in the delivery of services to the population groups they serve, or
 - b) An Iowa license to practice as a registered nurse and at least three years of experience in the delivery of services to the population groups they serve.
 - c) Fields of study which qualify as "human-service fields" include, but are not limited to: psychiatry, psychology, social work, mental health counseling, marriage and family therapy, nursing, education, occupational therapy, and recreational therapy.
2. Qualifications will be verified by requesting verification of the Case Manager's or supervisor's completion of a bachelor's degree from the college or university from which they graduated with 90 days of the case manager's or supervisor's employment (verification required in personnel files for staff hired after 7/1/06).
3. The agency personnel files will also reflect verification of work experience (via resumes, reference checks etc) to insure that qualified case management staff meet the minimum requirement of 1 year of service delivery for each population served.

PERFORMANCE INDICATOR (3)

The organization evaluates staff annually.

POLICIES & PROCEDURES:

An annual performance evaluation will be completed, signed, dated and maintained in each employee file.

PERFORMANCE INDICATOR (4)

The organization includes a plan for staff development for each staff member in an annual evaluation.

POLICIES & PROCEDURES:

A staff development plan will be completed at the time of the annual evaluation. This plan is dated and signed by the staff member.

PERFORMANCE INDICATOR (5)

The organization provides training and education to all staff relevant to their position.

POLICIES & PROCEDURES :

1. The Case Management Supervisor or designee shall provide staff with opportunities for continued in-service training which is based on identified provider service needs and individual educational needs.

2. Staff attendance at trainings is documented in the individual personnel records.
3. Case Managers are given opportunities to enhance their practice and knowledge levels.
4. Case Managers are trained regarding client rights, confidentiality, and child abuse and dependent adult abuse.
5. Case Managers are offered opportunities to further their knowledge of the populations they serve.
6. All staff are trained on HIPAA Privacy and Security at the time of employment.

PERFORMANCE INDICATOR (6)

The organization provides for approved training on child and dependent adult abuse reporter requirements to all organization staff who are mandatory abuse reporters. The organization documents in personnel records training on child and dependent adult abuse requirements.

POLICIES & PROCEDURES:

Records indicating completion of training on child and dependent adult abuse are filed in individual personnel records. Updates of training occur as required (at least every 5 years).

PERFORMANCE INDICATOR (7)

The organization has staff members sign a document indicating that they are aware of the organization's policy on confidentiality and maintains these documents in the personnel file.

POLICIES & PROCEDURES:

Signed documents indicating review and awareness of the organization's policy on confidentiality are filed in individual personnel records. This document is signed as part of initial staff orientation and is reviewed whenever the organization's policy on confidentiality changes.

PERFORMANCE INDICATOR (8)

The organization provides an initial orientation to new staff and documents this orientation in the employee's personnel file.

POLICIES & PROCEDURES:

1. The Case Management Supervisor or designee shall provide an orientation program to all newly hired staff. The program will include, at a minimum, adult and child abuse mandatory reporter requirements, confidentiality and review of safety procedures. Newly hired staff will document receipt of orientation by signing and dating a form that will be filed in the employee's personnel file.
2. All volunteers and student interns shall complete an orientation program that addresses confidentiality, HIPAA Privacy and security requirements, safety procedures, roles responsibilities, limitations and provider procedures that are applicable to their responsibilities.

PERFORMANCE INDICATOR (9)

The organization has mechanisms in place that afford staff the right to express concerns about a particular care issue or to file a grievance concerning a specific employment situation.

POLICIES & PROCEDURES:

As noted in the Wright County Employee Manual, the following outlines the Complaint-Resolution Procedure: See your immediate supervisor (Case Management Supervisor). If you do not believe a discussion with your supervisor is appropriate, or if you are not satisfied, with the answer given by your immediate supervisor, you should request a meeting with your department head (Community Services

Director) within five days of the response given by your immediate supervisor (Case Management Supervisor). In an effort to resolve the problem, your department head will consider the facts and conduct an investigation, if necessary. Normally, you will receive a response regarding your problem within ten days of meeting with your department head. If you are not satisfied with your department head's decision, you may prepare a -written summary of your concerns and request that the matter be reviewed by the Board of Supervisors. After a full examination of the facts (which may include: review of the written summary of your statement, discussions with all individuals concerned, and further investigation if necessary), the Chairperson or his/her designee will normally advise you of the Board's decision within 15 days. The decision of the governing body will be final.

PERFORMANCE INDICATOR (10)

The organization completes a criminal and abuse record check as required in Iowa Code section 135C.33(5) prior to employment for any employee who meets with individuals using the services in the individuals' home.

POLICIES & PROCEDURES:

1. The organization completes the criminal and abuse record checks prior to employment of specified staff as required by Iowa Code section 135C.33(5). Hiring practices will be in accordance with this law.
2. A signed job application will be in the personnel file with the following inquiry included: "Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime in this state or any other state?"

PERFORMANCE INDICATOR (11)

The organization establishes and implements a code of ethics for all staff addressing confidentiality, individual rights, professional and legal issues in providing services and documents in the personnel records that the code of ethics in effect at the time of the review has been reviewed with each staff member.

POLICIES & PROCEDURES:

A signed and dated copy of the Code of Ethics will be in each employee's personnel file. See Appendix for organization's Code of Ethics.

Section 24.3(5): Organizational environment

PERFORMANCE BENCHMARK: The organization provides services in an organizational environment that is safe and supportive for the individuals being served and the staff providing services.

PERFORMANCE INDICATOR (1)

The environment enhances the self-image of the individual and preserves the individual's dignity, privacy, and self-development.

POLICIES & PROCEDURES:

The Case Management program will maintain an organizational environment that will enhance the self-image of the people we serve and preserve their dignity, privacy and self-development. The agency will be handicap accessible, modern, clean and decorated to make the person served feel comfortable. Each Case Management employee will have access to a conference room to allow meetings to occur in a confidential setting. The Case Manager will meet with the person served in the location of their choice in the community whenever possible.

PERFORMANCE INDICATOR (2)

The environment is safe and accessible and meets all applicable local, state, and federal regulations.

POLICIES & PROCEDURES:

1. All buildings used shall meet all applicable safety, health, fire and sanitation requirements of the applicable federal, state or local authority.
2. All buildings shall have a current documented inspection. In the event that there are no inspection requirements, there shall be documentation in the file.
3. The program assures that there is space, which is in compliance with the Americans with Disabilities Act, available to meet with clients, as appropriate.
4. The program has an emergency plan for the office that includes the following:
 - a. Fire safety
 - b. Natural disaster
 - c. Health and safety

PERFORMANCE INDICATOR (3)

The processes that service and maintain the environment and the effectiveness of the environment are reviewed within the organization's monitoring and improvement system.

POLICIES & PROCEDURES:

As part of the performance improvement system, environmental effectiveness and maintenance shall be reviewed and improved as needed. (See 24.3(3) Performance Improvement System.

PERFORMANCE INDICATOR (4)

The organization establishes intervention procedures for behavior that presents significant risk of harm to the individual using the service or others. The interventions also ensure that the individual's rights are protected and that due process is afforded.

POLICIES & PROCEDURES:

1. In the event that Targeted Case Management staff encounters a potentially hostile situation with a consumer in the office, they will communicate such to a co-worker by using the inter-office communication system ("voice call" system on their telephone). To avoid alarming the consumer or escalating the situation, the staff will request a "yellow form". This will alert other staff of a potential need for intervention and to increase aware of such. At which time the consumer becomes an imminent danger, the staff will communicate such through the inter-office communication system, requesting a "red form".
2. The person receiving the request shall immediately seek the Case Management Director, or other administrator, who will work with the staff member to de-escalate the situation.
 - a. In the event that the situation cannot be stabilized, staff shall request law enforcement assistance by using the local emergency response system. Panic buttons have are located at 14 locations throughout the building. The panic buttons are small gray squares that have been mounted under the desks on the left hand side, when possible. A list of the 14 locations has been provided to all staff. To activate the button push once. This will transmit to one of the seven receivers located throughout the building, this will then immediately transmit to the Sheriff's Department who will arrive immediately. Panic buttons are located in the offices of the case aid and the general assistance
 - b. If the consumer is in possession of a dangerous weapon, staff shall evacuate the building immediately and report to the Clarion Police Department. If staff are not able to evacuate the area, they are to take shelter below their desks.

3. In the event the Case Manager encounters a hostile or dangerous consumer in the community, or their home, they shall leave the situation immediately. The Case Manager shall make any necessary referrals to other appropriate agencies. The Case Manager shall re-initiate contact with the consumer at a later date.
4. In the event the Case Manager is contacted by law enforcement or medical providers in regard to a hostile or dangerous situation, with the consumer asking to talk to the Case Manager, the Case Manager shall make contact with the consumer. Contact shall be made only with law enforcement or medical providers accessible, and only in the event that contact does not place the Case Manager at threat of harm. Face-to-face contact in such a situation should only be made with law enforcement present.
5. Should any dangerous situation arise which is not covered above, or in any of the situations specifically addressed, the Case Manager shall handle the situation with the safety of consumer and self primary in those judgments. At all times, law enforcement personnel or medical professionals shall be contacted as soon as possible to provide needed services.
6. Documentation of any of the above activities shall be made in the consumer record.
7. The Targeted Case Management Supervisor and/or the Case Management Director shall be notified of any of the above situations.

PERFORMANCE INDICATOR (5)

The organization meets state and federal regulations in the way it implements the safe storage, provision, and administration of medication when used within the service.

POLICIES & PROCEDURES:

This indicator does not apply to Targeted Case Management services (medication management is a prohibited direct service).

PERFORMANCE INDICATOR (6)

All toys and other materials used by children are clean and safe.

POLICIES & PROCEDURES:

This indicator does not apply to Targeted Case Management services (direct interaction such as play therapy is a prohibited direct service).

Section 24.4: Standards for services

24.4(1) Social History

PERFORMANCE BENCHMARK: The organization completes a social history for each individual served.

PERFORMANCE INDICATOR (1)

The organization collects and documents relevant historical information and organizes the information in one distinct document in a narrative format.

POLICIES & PROCEDURES:

1. The social history shall be completed by the Case Manager.
2. The social history is developed in conjunction with the client, and their family and significant others, as appropriate. Additional information may be obtained by review of written documents.
3. The social history shall be developed, signed and dated by the Case Manager.

PERFORMANCE INDICATOR (2)

The social history includes:

- 1. Relevant information regarding the onset of disability.**
- 2. Family, physical, psychosocial, behavioral, cultural, environmental, legal history.**
- 3. Developmental history for children.**
- 4. Any history of substance abuse, domestic violence, or physical, emotional, or sexual abuse.**

POLICIES & PROCEDURES:

The record shall contain a social history that addresses the following items:

1. Referral information, which includes the referral source and any information provided by them.
2. A list of the individual's diagnosis.
3. The onset and development of the disability.
4. A summary of any significant medical conditions, including illnesses, hospitalizations, special diets and past and current drug therapies.
5. The legal status of the person to be served, which includes any court ordered treatments, commitments, or other legal proceedings.
6. A summary of any history of substance use, domestic violence, and physical, emotional, or sexual abuse.
7. Relationships with the individual's family, significant others and other support systems.
8. Any significant social, cultural, or historical events that affect the level of functioning of the person served.
9. A description of the person's previous living arrangements and current situation.
10. A description of previous services received and a summary of current services.
11. The person's work history.
12. The person's educational history.
13. The person's social and recreational interests.
14. A summary of the person's dating/marital relationship.
15. A summary of the person's spiritual background.

PERFORMANCE INDICATOR (3)

Staff review and update the social history at least annually.

POLICIES & PROCEDURES:

1. The social history shall be updated during the annual review at a minimum.
2. The social history shall be updated whenever there is a significant change in the client's life.

24.4(2) Assessment

PERFORMANCE BENCHMARK: The organization develops a written assessment for each individual served. The assessment is the basis for the services provided to the individuals.

PERFORMANCE INDICATOR (1)

The assessment includes information about the individual's current situation, diagnosis, needs, problems, wants, abilities and desired results gathered with the individual's involvement.

POLICIES & PROCEDURES:

1. The intent of the assessment is to be a positive, client driven tool, which identifies what the client currently is doing, and what the client wants to do in the future.
2. The assessment shall provide a very comprehensive picture of the client. The information contained in the initial assessment shall be used as the foundation for developing the Individual Comprehensive Plan.

3. The Case Manager shall develop an assessment, with the involvement of the client and/or guardian, in regards to the following life domain areas. When appropriate services providers or other involved parties may be included in the assessment process. The Case Manager will meet with the consumer and/or guardian privately to discuss advocacy, rights and provider issues/choice.
 - a. Community living, which may include information regarding where the client lives, what resources they access in the community, their community mobility, along with information regarding their home living skills.
 - b. Vocational and academics, both topics shall be addressed in this section.
 - c. Self-care.
 - d. Health and treatment, which may include information regarding any therapeutic services, medications, medical issues, or behavioral issues.
 - e. Leisure and recreational interests and supports.
 - f. Financial and insurance information.
4. Each life domain area in the assessment shall address the clients':
 - a. Strengths.
 - b. Current level of functioning.
 - c. Barriers to maintaining their current level.
 - d. Resources and supports they have used in the past.
 - e. Hopes and desires for the future.
 - f. Impairments related to diagnosis and symptomology.
5. The need for any further assessments or evaluations shall be documented on the assessment form.
6. Once the client has identified what they want, the case manager shall assist them in identifying their priorities.
7. The client will identify individuals they would like to have invited to their service plan meeting.
8. The client and case manager shall sign and date the completed assessment form.

PERFORMANCE INDICATOR (2)

Program staff solicits collateral provider information as appropriate to the individual situation in order to compile a comprehensive and full assessment.

POLICIES & PROCEDURES:

The Case Manager shall contact appropriate providers to determine strengths, needs and desires in order to complete a full assessment or include them in the annual review meeting to obtain information for the assessment.

PERFORMANCE INDICATOR (3)

Program staff develops and completes the assessment in a narrative format.

POLICIES & PROCEDURES:

The assessment shall be written by the Case Manager in narrative format in order to provide a clear picture of the client.

PERFORMANCE INDICATOR (4)

Staff base decisions regarding level, type and immediacy of services to be provided, or need for further assessment or evaluation upon the analysis of the information gathered in the assessment .

POLICIES & PROCEDURES:

1. The need for any further assessments or evaluations shall be based upon the analysis of the information gathered during the assessment and documented on the assessment form.
2. The need for Targeted Case Management will be assessed and documented annually.

PERFORMANCE INDICATOR (5)

Staff complete an annual reassessment for each individual and document the reassessment in a written format.

POLICIES & PROCEDURES:

1. Annually the Case Manager shall update the initial assessment or past annual review with the information that was obtained through out the previous year.
2. As part of the continuous assessment process, the Case Manager shall have routine and on-going face-to-face contacts with the client.
3. Prior to the scheduled ICP meeting, the Case Manager shall complete the assessment form with the client and/or guardian, identifying the client's current desires and priorities. When appropriate services providers or other involved parties may be include in the assessment process. The Case Manager will meet with the consumer and/or guardian privately to discuss advocacy, rights and provider issues/choice.
4. The Case Manager shall document the client's current level of functioning and desires in each of the following areas: community living, vocational/academic; self-care; social supports; health/treatment; leisure/recreational supports and financial/insurance.
5. A summary of progress on all the client's ICP goals over the past year shall also be included in this process.
6. Information regarding the above areas shall be very comprehensive. This information shall be the foundation by which the service plan is developed.
7. The need for any further evaluations shall be made on the assessment form.
8. The client will identify individuals they would like to have invited to their ICP meeting. Only these individuals, in addition to the client and the Case Manager, may attend the service plan meeting.
9. The completed assessment/annual review form shall be reviewed with the interdisciplinary team prior to the development of the ICP. Documentation of this team review shall be made on the assessment form.
10. The annual review shall be used to revise the ICP.

PERFORMANCE INDICATOR (6)

Documentation supporting the diagnosis is contained in the individual's record. A diagnosis of mental retardation is supported by a psychological evaluation conducted by a qualified professional. A diagnosis of developmental disability is supported by professional documentation. A determination of chronic mental illness is supported by a psychiatric or psychological evaluation conducted by a qualified professional.

POLICIES & PROCEDURES:

1. A diagnosis of mental retardation must be supported by a psychological evaluation conducted by a qualified professional. A diagnosis of mental retardation shall be made in accordance with the criteria provided in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, published by the American Psychiatric Association. A copy of this evaluation will be in the client's service file.
2. A diagnosis of developmental disability must be supported by completing the DD checklist. A copy of this checklist and supporting medical documentation will be in the client's service file.
3. A diagnosis of chronic mental illness must be supported by a psychiatric or psychological evaluation conducted by a qualified professional. A copy of this evaluation will be in the client's service file.

24.4(3) Individual service plan.

PERFORMANCE BENCHMARK: Individualized, planned and appropriate services are guided by an individual-specific service plan developed in collaboration with the individual

using the service, staff, and significantly involved others as appropriate. Services are planned for and directed to where the individuals live, learn, work, and socialize.

PERFORMANCE INDICATOR (1)

The service plan is based on the current assessment.

POLICIES & PROCEDURES:

1. The Individual Comprehensive Plan (ICP) shall be developed using the interdisciplinary team process.
2. The ICP shall be developed based on the information obtained during the intake or during the annual review process. The information obtained must be comprehensive and must support the development of all goals and objectives.
3. The Case Manager shall review the assessment when meeting face-to-face with the client.
 - a. Prior to the scheduled service plan meeting, the Case Manager shall complete the assessment form with the client, identifying the client's current desires and priorities.
 - b. The Case Manager shall document information regarding services received.
 - c. The completed assessment form shall be reviewed with the inter-disciplinary team prior to the development of the ICP. Documentation of this team review shall be made on the assessment form.

PERFORMANCE INDICATOR (2)

The service plan identifies observable or measurable individual goals and action steps to meet the goals.

POLICIES & PROCEDURES:

Goals are defined by Webster as: "The end toward which effort is directed." Goals are general statements of expected accomplishments to be achieved in meeting the desires identified in the initial intake or current review. Goals shall be based on the client's priorities and describe desired outcomes in major life areas. They are motivating to the client. Goals statements should:

- a. Be realistic, attainable and provide direction for where the client is headed.
- b. Be client centered/driven.
- c. Be individualized and observable or measurable.
- d. Reflect the client's own words whenever possible
- e. Identify the criteria for completion.
- f. Focus on what the client wants and desires.

PERFORMANCE INDICATOR (3)

The service plan includes interventions and supports needed to meet those goals with incremental action steps, as appropriate.

POLICIES & PROCEDURES:

1. The specific service activities to be provided to achieve the goals are based on appropriateness, availability, and accessibility of services and financial resources.
2. Service activities shall indicate the activities that will be provided to, for, or with the client to achieve the goals.
3. For skills training, service activities shall be structured with incremental time frames as appropriate.
4. For ongoing support goals, service activities shall reflect the details of the supports needed. The service activities may cover the one year time span of the ICP, with review occurring quarterly.

PERFORMANCE INDICATOR (4)

The service plan includes the staff, people, or organizations responsible for carrying out the interventions or supports.

POLICIES & PROCEDURES:

Service activities shall include the following:

1. The person or agency responsible for providing each service activity.
2. The date of initiation and anticipated duration of each service activity.

PERFORMANCE INDICATOR (5)

Services defined in the service plan are appropriate to the severity level of problems and specific needs or disabilities.

POLICIES & PROCEDURES:

1. The ICP shall be based on the client's strengths and desires.
2. The ICP shall provide for services appropriate to the severity level of the client's problems or disabilities.
3. The ICP shall provide a basis for accountability.

PERFORMANCE INDICATOR (6)

The plan reflects desired individual outcomes.

POLICIES & PROCEDURES:

1. The Individual Comprehensive Plan is the written expression of the client's self-determination. The person-centered planning process must respect and reflect the central role of the individual in the determination of the plan's content and scope. This process also recognizes that the authority to make decisions rests with the client and/or their legal representative.
 - a. Utilizing the information he or she gained during the assessment process, the client makes choices about goals to achieve in the coming year. These goals may be in any of the seven life domains (community life, self-care, health-treatment, financial/insurance, vocational/academics, social supports, leisure/recreational) reviewed in the assessment and shall reflect the client's priorities and desired outcomes.
 - b. Activity steps to reach each goal are identified and responsibilities for completing these activities are assigned to the client, Case Manager and provider agencies chosen by the client.
 - c. The client is encouraged to interview all appropriate providers for each service he or she wants to receive in order to make an informed choice of providers.
 - d. This plan, based on the client's choices, guides the efforts of the team (client, Case Manager, and service providers) throughout the duration of the plan.

PERFORMANCE INDICATOR (7)

Activities identified in the service plan encourage the ability and right of the individual to make choices, to experience a sense of achievement, and to modify or continue participation in the treatment process.

POLICIES & PROCEDURES:

1. The Case Manager shall support and encourage the client in making independent decisions based on the service activities.
2. The Case Manager shall ensure that the individual has sufficient information presented to him/her regarding the negative and positive aspects of particular decisions, prior to making a decision.
3. The client can request a review or modification to the plan at any time during the year.

PERFORMANCE INDICATOR (8)

Staff monitor the service plan with review occurring regularly. At least annually, staff assesses and revises the service plan to determine achievement, continued need or change in goals or intervention methods. The review includes the individual using the service with the involvement of significant others as appropriate.

POLICIES & PROCEDURES:

1. Plan Implementation. - The Case Manager shall assist the client in obtaining the services identified on the ICP, and in decision making among providers.
 - a. Case Managers shall request approval from the funding sources for identified services and supports.
 - b. The Case Manager shall make referrals to identified service providers.
 - c. All efforts at arranging services shall be documented in the record.
2. Annual Staffing: The Case Manager shall schedule the ICP staffing within 12 calendar months for all clients receiving TCM services and within 90 days of acceptance for services for all new clients. When it's not possible to complete this task within the 90 days, the Case Manager shall note the reasons for the extension in the progress notes.
3. Special Staffing: The ICP shall remain in effect for a maximum of 12 calendar months, and may be reviewed and amended more frequently by the team, as necessary and appropriate. The ICP shall be revised whenever there is a significant change in the items addressed.
 - a. Some examples of significant changes would be when goals are achieved or need drastic changes in service providers; changes in level of care.
 - b. Any member of the team can request that the ICP be reviewed at any time by contacting the Case Manager and requesting a special staffing.
 - c. The ICP may be updated prior to the expiration of 12 months. The only way that the annual ICP date can be changed is by the completion of the annual review process, and a complete revision to the ICP.
 - d. Revisions to the ICP shall be made by the inter-disciplinary team on the ICP Addendum form. Documentation needs to reflect status of all goals in the original ICP.
4. Monitoring of Services
 - a. Case managers shall monitor the services, service settings and living arrangements identified in the ICP to ensure that they continue to be necessary and appropriate.
 - 1) In the event that the Case Manager determines that the services, etc. are not necessary and appropriate, the Case Manager shall convene a Special ICP meeting to discuss the situation.
 - 2) If it is determined by the inter-disciplinary team that the client would benefit from an alternative service, the Case Manager shall advocate for such service.
 - b. Documentation of the above monitoring activity shall be made in the progress notes section.
 - c. Case Managers shall, at a minimum, have face-to-face contact with the client every three months.
 - 1) The purpose of the contact shall be to discuss progress, and provide support to the client regarding any relevant issues. Through these contacts the Case Manager shall develop and maintain a relationship with the client.
 - 2) The frequency of contact with the client and providers shall be determined by the inter-disciplinary team based on the needs of the client and documented on the ICP.
 - 3) The frequency of contact shall be reviewed whenever the ICP is reviewed.
5. Assessment of Progress
 - a. The Case Manager shall assess the progress toward achieving the goals identified in the ICP for all clients who receive case management services.
 - b. The Case Manager may base the assessment of progress on information obtained by any of the following sources: client, guardian, or providers of services.
 - c. In the event that the client is not making any progress towards their goals and objectives the Case Manager shall contact the service provider, as appropriate, and discuss the situation with them.

PERFORMANCE INDICATOR (9)

Staff develops a separate, individualized, anticipated discharge plan as part of the individualized service plan that is specific to each service the individual receives.

POLICIES & PROCEDURES:

1. Discussion shall be held regarding the personal outcome achievement that is necessary for consideration of when Targeted Case Management is no longer needed.
2. The interdisciplinary team in collaboration with the client shall develop a skill-specific plan for the client's discharge from Case Management.
3. The Case Manager shall document the discharge plan in the ICP.

PERFORMANCE INDICATOR (10)

The service plan includes documentation of any rights restrictions, why there is a need for the restriction and a plan to restore those rights or a reason why a plan is not necessary or appropriate.

POLICIES & PROCEDURES:

1. The Case Manager shall document in the service plan any rights restrictions identified by the interdisciplinary team.
2. The Case Manager shall document the rationale for the rights restrictions.
3. The Case Manager shall document whether a plan to diminish or remove the restrictions is in place.

24.4(4) Documentation of service provision

PERFORMANCE BENCHMARK: Individualized and appropriate intervention services and treatments are provided in ways that support the needs, desires, and goals identified in the service plan, and that respect the rights and choices of the individual using the service.

PERFORMANCE INDICATOR(1)

Staff documents in the narrative the individual's participation in the treatment process.

POLICIES & PROCEDURES:

The Case Manager shall monitor and document the individual's participation in the treatment process, with particular emphasis on information related to the clinical diagnostic/ symptomological aspects of this process. Sources of information shall include clinical mental health professionals as well as the clients.

PERFORMANCE INDICATOR(2)

Responsible staff documents the individual's progress towards goals, the provision of staff intervention, and the individual's response to those interventions.

POLICIES & PROCEDURES:

1. Progress Notes shall document the involvement and feedback of the client regarding the goals and service action steps and the progress they are achieving.
2. The Case Manager shall monitor and document provision of intervention services, the service provider's response and outcomes of the services in a narrative format.
3. The Case Manager shall document all activities, which support the functions of service coordination, monitoring, linking and referral for services.
4. Qualified Case Managers shall provide intervention services within the scope of Case Management services pursuant to the Iowa Medicaid Plan.

PERFORMANCE INDICATOR(3)

Documentation of service provision is in a written, legible, narrative format in accordance with organizational policies and procedures.

POLICIES & PROCEDURES:

1. The organization provides Case Managers with a narrative format that meets Chap. 24 and Medicaid requirements.
2. The Case Manager documents service provision in a written, legible, narrative format.
3. The Case Manager shall type, sign and file service provision notes from a given month by the 15th of the following month. Only factual information shall be documented and include the date of service provision.
4. When ongoing activities occur more than once a week, the Case Manager may summarize activities weekly.

24.4(5) Incident reports

PERFORMANCE BENCHMARK:

The organization completes an incident report when organization staff first become aware that an incident has occurred.

PERFORMANCE INDICATOR (1)

The organization has printed incident report forms available that include the following information:

1. **The name of the individual served who was involved in the incident.**
2. **The date and time the incident occurred.**
3. **A description of the incident.**
4. **The names of all organization staff and others who were present or responded at the time of the incident. (For confidentiality reasons, other individuals who receive services should be identified by initials or some other accepted means.)**
5. **The action the organization staff took to handle the situation.**
6. **The resolution or follow-up to the incident.**

POLICIES AND PROCEDURES:

The organization utilizes an “Incident Report” that addresses items 1-6 described in this Indicator, see “Incident” as described in the definition of Chapter 24, means an occurrence involving the individual using the service that:

1. Results in a physical injury to or by the individual that requires a physician’s treatment or admission to a hospital, or
2. Results in someone’s death, or
3. Requires emergency mental health treatment for the individual, or
4. Requires the intervention of law enforcement, or
5. Results from any prescription medication error, or
6. Is reportable to protective services.

PERFORMANCE INDICATOR (2)

The staff directly involved at the time of the incident or who first became aware of the incident prepare and sign the incident report before forwarding it to the supervisor.

POLICIES & PROCEDURES:

When Case Management staff is directly involved in the incident, they will complete the report, sign it, and forward it to their supervisor.

When Case Management staff is the first entity with incident reporting obligations to become aware of an incident (or if no other entities with Incident Reporting obligations are involved), they will complete the report, sign it and forward it to their supervisor.

PERFORMANCE INDICATOR (3)

Staff file a copy of the completed incident report in a centralized location and make notation in the individual's file.

POLICIES & PROCEDURES:

Case Management Supervisor or designee will keep a centralized file of reports and will periodically review these to detect patterns, trends, etc. An annual summary will be written and used in the performance improvement process. The Case Management Supervisor will review summaries to determine if action is needed based on the information provided. The Case Manager will make notation of incidents in the individual's file.

PERFORMANCE INDICATOR (4)

Staff send a copy of the incident report to the individual's Medicaid targeted case manager or county case worker who is involved in funding the service and notify the individual's legal guardian within 72 hours of the incident.

POLICIES & PROCEDURES:

Upon receipt of an incident report from a service provider, the Case Manager will review and assess the situation and contact the service provider and family/guardian of the client as needed. Case Manager will make notation of the incident in the individual's file, file the incident in the individual's file and forward a copy of the report to their supervisor to be placed in the central location.

The Case Manager will notify provider agencies if they are aware that an incident report has not been received for an incident that meets Chapter 24 criteria. Case Managers will report absent Incident Reports to their supervisor if the situation requires additional follow up. The Case Manager shall notify the individual's legal guardian within 72 hours when they generate the Incident Report.

24.4(6) Confidentiality and legal status

PERFORMANCE BENCHMARK: Staff shall release medical and mental health information only when properly authorized.

PERFORMANCE INDICATOR (1)

The organization shall obtain written consent from the individual, the individual's legal guardian, or other persons authorized by law before releasing personal identifying information, medical records, mental health records, or any other confidential information.

POLICIES & PROCEDURES:

1. At the point that services are requested, the applicant for services, or their legally authorized representative, shall be advised about their right to privacy. They shall be instructed on how information is collected, maintained and stored, how information shall be used, and the procedure regarding release of information.
2. Exceptions are permitted only for disclosures permitted or required by law; bona fide medical and psychological emergencies; and provider approval, certification or licensure purposes.
3. The Case Manager shall complete the release of information form.
4. Procedures for Releasing Information
 - a. Personally identifying information, requiring consent of the client or the client's legally authorized representative, shall only be released or disclosed upon written consent of the client or the client's guardian.
 - 1) There shall be one release per agency or individual.
 - 2) Exceptions are permitted only for disclosures permitted or required by law; bona fide medical and psychological emergencies; and provider approval, certification or licensure purposes.
 - a) When released without a signed consent there shall be documentation in the client record

of what information was released, to whom the information was released, and why.

b) Unless otherwise required by law, the client shall be notified of any release.

b. The Case Manager shall complete the release of information form.

- 1) The release of information form shall specify to whom the information shall be released by specifying the individual or the individual agency. In addition the Case Manager shall complete the address section of the release.
- 2) The purpose of the release shall be specific to the role of TCM, the functions of coordination, monitoring, and referral. In the event that the release is not for the purpose of TCM the Case Manager shall document the specific reason for the release of information.
- 3) The Case Manager shall place checks by the items that are being released. If checking the section "Other" the Case Manager shall specify the contents of "Other". At no point shall the Case Manager use a blanket item such as "All other pertinent information" in the "Other" section.
- 4) Case Managers may only release mental health, substance abuse, or HIV information that is contained in their records with the expressed consent of the client or legal guardian.
- 5) Third party information may be released only with a specific release of information from the client authorizing the re-release of the information and only for purposes of accessing needed services.
- 6) The client or legal representative shall receive a copy of the release and this shall be documented in the record. Refusal to accept a copy of the signed release shall be documented in the client's record.
- 7) The release shall remain in effect for a maximum of 12 calendar months. Case Managers shall update the releases on or before the date of the annual ICP meeting.
- 8) The form is signed and dated by the client. If there is a guardian, the guardian shall sign all release forms.
- 9) The client has the right to inspect the information that will be disclosed, and has the right to revoke the authorization at any time by submitting a written revocation to the Case Manager.

c. In regards to the receipt of releases from other agencies or persons, only the Case Manager, Case Management Supervisor, or the Community Services Director can release information. In releasing information, it should be ascertained that:

- 1) Authorization is addressed in written form explicitly to the agency.
- 2) Authorization has all essential information filled in and complete.
- 3) Authorization has client's signature or legal guardian's signature.
- 4) The date is within one year's time.

d. Upon receipt of a release of information form authorizing the agency to release information to another agency or individual, the following procedures should be observed:

- 1) Copies of any authorizations shall be placed in the client file.
- 2) Information should be reviewed by the client's Case Manager or supervisor to ensure material is appropriate and procedures have been followed.
- 3) Release information as requested.

5. When requesting information Case Managers shall either use the source of information's release form, or the TCM agency's release form. When using the agency's form the Case Manager shall thoroughly complete the form by:

- 1) Only requesting information that they feel is accessible from the other party.
- 2) Limiting the release to 12 calendar months.
- 3) Obtaining a separate signature from the client in the boxed in section, when attempting to obtain protected information.

6. Access to Information

a. For persons authorized to have access to client information, there are four methods of reviewing the record:

- 1) Physical review of the record.

- 2) Duplication of the information in the record.
- 3) Responding to telephone inquiries about the client and/or information in the record.
- 4) Participating in meetings where client identifying information is discussed.
- b. All clients, and their legal representative, shall have access to their records, unless otherwise determined by law. Parents of clients who are over 18 years of age may have access to the client's records only if the parents have been appointed legal guardians by a court of law or there is a written authorization, from the client, to release information.
- c. During physical review of the record, a designated staff member shall be present to assist the requesting party in locating specific information.
- d. At no time may a person examining a record remove anything from it or otherwise make changes in it.
- e. When a physical record is requested by the courts, it shall be specified through a subpoena. Upon receipt of the subpoena, the case management director shall be notified. The record is not to be shown to anyone until the Judge requests that the record be presented as evidence. The person accompanying the record must remain with the record at all times, including during any photocopying. The record is never to be left in the custody of the court. Verbal information regarding an individual client can only be offered in a court of law if a subpoena has been issued to a particular staff member.
- f. The consumer may only be denied access to their file, if the Case Manager believes there to be sensitive information that would not be of the consumer's best interest to obtain.

PERFORMANCE INDICATOR (2)

Staff completes releases in accordance with existing federal and state laws, rules, and regulations and maintain them in each individual file.

1. See Indicator (1)
2. Releases of Information shall be located in the client file under the tab identified as "Release of Information".

PERFORMANCE INDICATOR (3)

Documentation regarding restrictions on the individual, such as guardianship, power of attorney, conservatorship, mental health commitments, or other court orders is placed in the individual's record, if applicable.

POLICIES & PROCEDURES:

The client's record shall contain court documents such as guardianship papers, mental health commitments, power of attorney, conservatorship, or other court orders, reports, and subpoenas if applicable.

24.4(7) Service systems.

PERFORMANCE BENCHMARK: The organization develops a clear description of each of the services offered. The organization develops an admission and discharge system of services. Staff coordinates services with other settings and providers.

PERFORMANCE INDICATOR (1)

The organization has established and documented the necessary admission information to determine the individual's eligibility for participation in the service.

POLICIES & PROCEDURES:

1. Eligibility Criteria: Persons receiving TCM services shall meet the following eligibility criteria:
 - a. The individual is receiving Medicaid benefits; and

- b. The individual is age 18 or over and has a primary diagnosis of mental retardation, developmental disability, chronic mental illness, or brain injury; or
- c. The individual is under the age of 18, and is receiving services through the HCBS/MR or the HCBS/BI Waiver program.

2. Definitions

- a. Persons with Mental Retardation means persons who meet the following three conditions:
 - 1) Significantly subaverage intellectual functioning: an intelligence quotient (IQ) of approximately 70 or below on an individually administered IQ test (for infants, a clinical judgment of significantly subaverage intellectual functioning as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, American Psychiatric Association).
 - 2) Concurrent deficits or impairments in present adaptive functioning (e.g. the person's effectiveness in meeting the standards expected for the person's age by their cultural group) in at least two of the following area: communication, self-care, home living, social and interpersonal skills, use of community resources, self-direction, functional academic skills, work leisure, health, and safety.
 - 3) The onset is before the age of 18.

- b. Persons with a Chronic Mental Illness means persons 18 and over, with a persistent mental or emotional disorder that seriously impairs their functioning relative to such primary aspects of daily living as personal relations, living arrangements, or employment. Persons with chronic mental illness typically meet at least one of the following criteria:
 - 1) Have undergone psychiatric treatment more intensive than outpatient care, more than once in a lifetime (e.g., emergency services, alternative home care, partial hospitalization or inpatient hospitalization).
 - 2) Have experienced at least one episode of continuous, structured supportive residential care other than hospitalization.

In addition, these persons typically meet at least two of the following criteria, on a continuing or intermittent basis for at least two years:

- 1) Are unemployed, or employed in a sheltered setting, or have markedly limited skills and a poor work history.
- 2) Require financial assistance for out-of-hospital maintenance and may be unable to procure this assistance without help.
- 3) Show severe inability to establish or maintain a personal support system.
- 4) Require help in basic living skills.
- 5) Exhibit inappropriate social behavior which results in demand for intervention by the mental health or judicial system.

In atypical instances, a person who varies from the above criteria could still be considered to be a person with chronic mental illness.

Persons with mental disorders resulting from Alzheimer's disease or substance abuse are not to be considered chronically mentally ill. [IAC 441—78.33 (249A)]

- c. Persons with a Developmental Disability means persons with a severe, chronic disability which:
 - 1) Is attributable to mental or physical impairment or a combination of mental and physical impairments.
 - 2) Is manifested before the person attains the age of 22.
 - 3) Is likely to continue indefinitely.
 - 4) Results in substantial functional limitation in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency.
 - 5) Reflects the person's need for a combination and sequence of services which are of lifelong or extended duration.
 - 6) A person from birth to age of nine, inclusive, who has a substantial developmental delay or specific congenital or acquired condition may be considered to have a developmental disability

without meeting three or more of the criteria described above if the person, without services and supports, has a high probability of meeting those criteria later in life.

- c. Persons with a Brain Injury means persons with clinically evident brain damage or spinal cord injury resulting from trauma or anoxia which temporarily or permanently impairs the individual's physical or cognitive functions.

3. Eligibility Determination:

- a. Upon receipt of the service requests for Targeted Case Management services the Case Management Supervisor will determine which Case Manager will receive the referral and assign the case.
 - 1) Upon receipt of a request the Case Manager shall contact the individual to explain the Targeted Case Management application process and to request information.
 - 2) The Case Manager shall obtain information necessary for the completion of a CPC application in accordance with the County Management Plan.
 - a. The CPC shall verify the individual's county of legal settlement. In the event that the individual has legal settlement in Wright County the Case Manager will be informed of such and to proceed with the Case Management application. In the event that the individual is legally settled in another county, the CPC shall notify the CPC Administrator of the county and the service request may be transferred.
 - 3) The Case Manager shall assist the individual in identifying possible sources of information, and shall have the individual sign release forms
- b. The Case Manager shall contact the individual requesting Case Management services to schedule a time to discuss the role and need of TCM services, the responsibilities of the applicant, and to complete the TCM application form, and to obtain needed releases of information to facilitate the TCM services.
- c. The Case Manager will obtain that the documentation establishing eligibility for Case Management services is in compliance with the guidelines as noted in section 24.3 (2).
- d. Upon receipt of the documentation which supports the eligibility determination the Case Manager shall complete the application form. Supporting documentation shall include the following: Persons with a diagnosis of chronic mental illness shall have documentation of previous services as indicated in the section above. Individuals with a developmental disability shall have verification of the disability through a medical report, along with an assessment of their adaptive skills, and the onset of the disability. Individuals with mental retardation shall have a psychological evaluation which states their full IQ, along with an assessment of their adaptive skills.
- e. The Case Manager shall indicate the individual's eligibility (yes or no) on the form.
- f. Upon completion of the eligibility determination process the Case Manager shall notify the individual of the decision in writing.

In the event that the individual was found to be ineligible, the notice shall include the dispute (appeal) procedure, along with an explanation of other services in the community which may be of benefit for the individual.

PERFORMANCE INDICATOR (2)

Staff includes verification in each individual's file that a service description is provided to the individual and, when appropriate, family, or significant others in the individual's file.

POLICIES & PROCEDURES:

The Case Manager will explain Targeted Case Management services and discuss the role of the Case Manager with the individual and/or their legal representative upon the application/intake process. This will be documented in the progress notes located in each individual's file.

PERFORMANCE INDICATOR (3)

Continuity of services occurs through coordination among the staff and professionals providing services to the individual. Coordination of services through linkages with other settings and providers has occurred, as appropriate.

POLICY & PROCEDURES:

1. As stated in the definition of Case Management in 441--24.4(7), Case Management services link clients to service agencies and support systems responsible for providing the necessary direct service activities and coordinate and monitor those services. Coordination occurs throughout the Case Management process, including the assessment, plan development, referral, monitoring and advocacy activities of the Case Manager. Ongoing updates regarding coordination of services with providers are reflected in the Progress Notes as part of the regular, billable monthly contacts. The manner in which the Case Manager coordinates with others to carry out these activities on behalf of clients are detailed in Sections 24.4(3), 24.4(4), and 24.4(7).
2. Coordination with Providers
 - a. The Case Manager shall obtain copies of each provider's plan.
 - b. Upon receipt of the plan the Case Manager shall review it to determine if the provider plan correlates with the ICP. If the goals do not correlate, the Case Manager needs to immediately contact the service provider. Changes in the ICP shall require a special staffing. If the provider plan and ICP correlate, the case manager shall have the plan filed in the client's master record.

PERFORMANCE INDICATOR (4)

Staff includes a written discharge summary in each individual record at the time of discharge.

POLICY AND PROCEDURES

1. Referral and transfer of services
 - a. In the event that a client moves to another part of the state or chooses to change providers, referral shall be made to appropriate providers.
 - b. With the permission of the client, a copy of any relevant information in the client record may be forwarded to providers who will be serving the client.
2. Discharge Criteria
 - a. A person shall be discharged if it is determined that they no longer meet the eligibility criteria (i.e. no longer disabled, and/or no longer Medicaid eligible).
 - b. A person shall be discharged if it is determined that they no longer are appropriate for TCM services.
 - c. A person may be discharged if they refuse to participate in any aspect of the service plan development or implementation process.
 - d. A client may discharge himself/herself at any time.
3. Discharge Process
 - a. In cases where a client is not his/her own legal guardian and has requested termination from services, the legal guardian shall be notified immediately and a final decision delayed until guardian input is obtained.
 - b. The client or their legal representative shall be informed of the option to appeal the discharge proceedings (refer to Dispute Resolution Policy).
 - c. The discharge plan shall include:
 - 1) Active involvement from client or legal representative.
 - 2) A completed discharge summary form which addresses the reason for discharge, date of discharge, the services received by the client, the client's response to those services and recommendations or referrals upon discharge.
 - d. The client shall be made aware of the re-application process for TCM services.

- e. The Case Manager shall notify the Central Point of Coordination (CPC) of the discharge.
- f. Copies of the completed discharge summary form shall be placed in the master record.
- g. In the event of client death, the Case Manager shall notify the CPC, HCBS or BI waiver services as appropriate. Copies of the Discharge Summary form shall be filed in the client record (not sent for signature)
- h. The file shall be placed in the terminated file drawer, along with any archive materials. Terminated records shall be maintained in the Archive file for a period of 5 years, at which time the record may be destroyed.

24.4(8) Respect for individual rights.

PERFORMANCE BENCHMARK: Each individual using the service is recognized and respected in the provision of services, in accordance with basic human, civil and statutory rights.

PERFORMANCE INDICATOR (1)

Staff provide services in ways that respect and enhance the individual’s sense of autonomy, privacy, dignity, self-esteem and involvement in the individual’s own treatment. Staff takes language barriers, cultural differences, and cognitive deficits into consideration and makes provisions to facilitate meaningful individual participation.

POLICIES & PROCEDURES:

1. Case Managers provide Case Management services that:
 - a. Enhance autonomy by providing options for choice.
 - b. Enhance privacy by meeting with the client in private settings, by respecting confidentiality, by advocating for personal environments that allow privacy.
 - c. Enhance dignity through the development of a supporting relationship which allows risk taking, and by respecting the client’s ability to make decisions even if contrary to recommendations.
 - d. Enhance self-esteem through the affirmation of strengths.
 - e. Enhance involvement in the treatment process through the client driven planning process.
2. Case Management services will be provided with the acknowledgement that clients have the right to be treated with respect and to be addressed in a manner which is appropriate to the client’s chronological age and which takes into consideration language barriers, cultural differences and cognitive defects and makes provision to facilitate meaningful client participation.
3. To ensure meaningful client participation the Case Manager will make arrangements to have interpreters available when needed ie: language barriers and for the deaf. Case Manager will be sure to explore cultural differences and how those may impact the life of the person served or their services. The Case Management Supervisor and Case Managers will have opportunities for training to increase their awareness & sensitivity regarding the identification of cultural differences & cognitive limitations. The Case Management Supervisor or Case Manager will request communication assistance from the consumer’s family members, guardians, or legal representatives in the instances with someone with cognitive deficits. If needed the Case Manager will also make arrangements for and use assistive devices to effectively communicate with someone with cognitive deficits.

PERFORMANCE INDICATOR (2)

Staff inform individuals using the service and, when appropriate, family and significant others of their rights, choices, and responsibilities.

POLICIES & PROCEDURES:

1. A client has the same legal rights and responsibilities guaranteed to all other individuals under the federal and state constitutions, and federal and state laws. The receipt of service does not deprive any person of any rights, benefits, or privileges, or cause the persons to be declared legally incompetent.
2. The Case Manager shall inform the client of the following rights and responsibilities:
 - a. The right to privacy, including the right to private conversation and to confidentiality.
 - b. Personally identifying information shall be released only in accordance with the procedure titled “Confidentiality and Legal Status (24.4(6))”.
 - c. Each person receiving services shall be protected from mistreatment, neglect, or abuse.
 - d. Each person has the right to be treated courteously, fairly, and with the fullest measure of dignity.
 - e. Each person receiving services has the right to be free from aversive and/or intrusive intervention procedures.
 - f. The right to appeal any staff or provider action.
 - g. The right to enter into contracts.
 - h. The right to due process.
 - i. The right to consent.
 - j. Implicit is the client’s right to refuse services.
 - k. The client has the responsibility to participate in the ICP process to the extent possible.
 - l. The client has the responsibility to cooperate with the service plan agreed upon.
3. The Case Management Supervisor shall obtain signatures of the client and/or their guardian on the form titled “Consumer Rights and Responsibilities” upon initial enrollment and the Case Manager shall update it annually thereafter.

PERFORMANCE INDICATOR (3)

The organization has a procedure established to protect the individuals using the service during any activities, procedure or research that requires informed consent.

POLICIES & PROCEDURES:

1. The Case Manager’s role is to monitor that appropriate consent has been obtained by the provider of the service, prior to the implementation of any of the procedures detailed below.
2. Consent must be preceded by:
 - a. A detailed explanation of the procedures to be followed, including identifying the procedures that are experimental.
 - b. A description of the discomforts and risks of the treatment.
 - c. A description of the benefits expected from the treatment.
 - d. A disclosure of appropriate alternative procedures and their benefits, discomforts, and risks.
 - e. An offer to answer any questions concerning the procedures.
 - f. Advising the person giving consent that he/she may withdraw consent and discontinue treatment at any time.
 - g. A statement that withholding or withdrawing consent will not prejudice receiving further services.
3. The following elements of consent should be carefully considered:
 - a. CAPACITY—The ability to process information to reach a rational decision.
 - 1) A rational decision may not be a decision third parties consider to be in the person’s best interest.
 - 2) The ability to make a rational decision may be situational in that some persons may have the ability in some areas, but not in others.
 - b. INFORMATION—Detailed information must be provided and communicated so that it is understood by the consenting person.
 - c. VOLUNTARY—The person consenting must be in a position to make a free choice. There can be no coercion, threats, duress, inducements, or undue influence.
 - d. WHO GIVES CONSENT—Consent must be obtained from the individual affected, unless the person has a legally appointed guardian. In the case of a legally appointed guardian, the guardian must consent to the treatment.

4. Client rights can only be limited with the consent of the client, the guardian or legal authorities within the following guidelines:
 - a. Limit is based on an identified individual need.
 - b. Skill training is in place to meet the identified need, as identified by the interdisciplinary team process.
 - c. All rights restrictions shall be discussed in an interdisciplinary team meeting and documented on the client's service plan or addendum to the service plan.
 - d. Periodic evaluation of the limits is conducted to determine the continued needs.
5. Written consent shall be obtained from the client or legal guardian or other person authorized by law for participation in any of the following:
 - a. Experimental treatment procedure.
 - b. Any procedure which carries an intrinsic risk.
 - c. Participation in provider-sponsored research.
 - d. Participation in any provider-sponsored external training or demonstration projects involving the use of audiovisual equipment or two-way mirror.

PERFORMANCE INDICATOR (4)

The organization verifies that the individual is informed of the process to express questions, concerns, complaints or grievances about any aspect of the individual's service, including the appeal process.

POLICIES & PROCEDURES:

The client or legal representative shall have the right to express questions, concerns, complaints or grievances about any aspect of the client's service to the Case Manager, the Case Management Supervisor or through the written appeal process.

PERFORMANCE INDICATOR (5)

The organization provides the individuals using the service and their guardians the right to appeal the application of policies, procedures, or any staff action that affects the individual using the service. The organization has established written appeal procedures and a method to ensure that the procedures and appeal process are available to individuals using the service.

POLICIES & PROCEDURES:

1. The notice of decision that is provided to the client or the client's or the client's representative shall include a copy of the appeal procedure.
2. The applicant, client, or legal representative shall have the right to object to the application of a policy or procedure, or any staff action that affects the client and may file a written appeal protesting such action.
3. The use of the dispute resolution process by an individual shall not prejudice the provision of appropriate services to the individual in need of and/or receiving services.
4. This policy shall be explained to all persons receiving services, or applicants for services and their legal representative at the time an application for services is made, when such persons are denied services and/or upon request.

Appeal Procedures:

- a. The written appeal must be presented by hand delivery or by first class mail within fifteen (15) days after notice is mailed, or within 15 days of the alleged event or action which is being appealed. The written appeal must include the following:
 - 1) The name, address, and telephone number of the petitioner.
 - 2) The name, address, and telephone number of the person on whose behalf the petition is being filed.

- 3) The specific action which gives rise to the appeal.
 - 4) The statute, rule, policy, or decision which has been or will be violated by any action or intended action.
 - 5) A concise statement of the issue, the reason for the petition, pertinent facts, people involved, and efforts made to resolve the dispute prior to the appeal.
- b. The Case Management Supervisor shall, within five days from the receipt of the appeal, make a determination as to whether or not the written appeal presents an appealable issue. Within the five day time period, the Case Management Supervisor shall mail his/her written determination of appealability to the petitioner. If the Case Management Supervisor determines that no appealable issue exists, the Dispute Resolution process shall be deemed concluded.
 - c. If the Case Management Supervisor determines that an appealable issue has been presented, the Case Management Supervisor shall verbally communicate with the petitioner and schedule a negotiation meeting for the purpose of attempting to resolve the appeal. The meeting shall be conducted at the TCM office at a date and time agreeable to the petitioner and the Case Management Supervisor, however, said meeting shall not be conducted more than fifteen (15) days after the date of the presentation of the appeal; unless the petitioner and Case Management Supervisor mutually agree to an extension of such deadline.
 - d. In the interest of resolving disputes, the following persons shall be entitled to attend the negotiation meeting:
 - 1) The petitioner.
 - 2) The applicant or client.
 - 3) The applicant or client's legal representative.
 - 4) TCM staff.
 - 5) The county Board of Supervisors.
 - e. Minutes of the meeting shall be kept by the TCM agency.
 - f. Negotiations may be continued and scheduled for subsequent meetings with the mutual consent of the petitioner and the agency.
 - g. The petitioner and the Case Management Supervisor may mutually waive the process of negotiation.
 - h. Should the negotiation process resolve the dispute, the Dispute Resolution process shall be deemed concluded and the parties shall jointly sign a written statement setting forth the resolution which was reached.
 - i. Should the negotiation process fail to resolve the dispute, the petitioner may request an informal hearing before a quorum of the County Board of Supervisors. This request must be in writing within fifteen (15) days from the date of the last negotiation meeting.
 - j. After receipt of such written request, the Board of Supervisors shall proceed to hear the petitioner's informal appeal within the next 30 days.
 - k. The Board of Supervisors shall issue a written conclusion within 30 days from the date of the informal hearing.

PERFORMANCE INDICATOR (6)

All individuals using the service, their legal representatives, or other persons authorized by law, have access to the records of the individual using the service in accordance with state and federal laws and regulations.

POLICIES & PROCEDURES:

Personnel who are authorized to have access to client files are limited to the following:

- a. The person receiving services, or their legal representative. Legal representative shall include, but is not limited to the parent of a minor, or a court appointed guardian.
- b. Staff of Wright County Case Management, including volunteers and student interns.
- c. Staff from County Case Management Services shall have access to client files in order to complete their duties as identified in the County Case Management Services 28E Agreement.

- d. County Board of Supervisors.
- e. Employees of authorized external agencies, whose responsibility is to license, accredit and monitor the program.
- f. Physicians, psychologists and other professional persons treating a client in an emergency situation.
- g. Other persons or agencies for whom the person receiving services has given consent.
- h. Parent—the biological or adoptive parent, or person having legal custody of a minor.
- i. Legal guardian—person appointed by the court, charged with either limited or complete duties as ordered by the court.

24.4(9) Case management services

“Case management services” means those services established pursuant to Iowa Code section 225C.20

PERFORMANCE BENCHMARK: Case management services link individuals using the service to service agencies and support systems responsible for providing the necessary direct service activities, and coordinate and monitor those services.

PERFORMANCE INDICATOR (1)

Staff clearly defines the need for case management and document it annually.

POLICIES AND PROCEDURES:

In conjunction with the client and/or their legal representative, the Case Manager shall identify the specific supports they provide to the (e.g. coordinating, monitoring, linking crisis planning assistance, etc.). This will be reviewed annually and noted in the documentation.

PERFORMANCE INDICATOR (2)

At a minimum, the team shall be composed of the individual using the service, the case manager, and providers or natural supports relevant to the individual’s service needs. In addition the team may include family members at the discretion of the individual using the service.

POLICIES & PROCEDURES:

In conjunction with the client and their legal representative the Case Manager shall identify the composition of the interdisciplinary team. At a minimum the team shall be comprised of the client, the Case Manager, and only those providers, organizations or natural supports that are relevant to the client’s service needs. With the Case Manager's assistance, the client shall identify any other people whom they want on the team. The team shall remain in effect until the next annual review, or when the client requests a change in the composition.

PERFORMANCE INDICATOR (3)

The team works with the individual using the service to establish the service plan which guides and coordinates the delivery of the services.

POLICIES & PROCEDURES:

1. The Individual Comprehensive Plan shall be developed using an interdisciplinary team process.
2. The client shall decide on the time and location for the ICP meeting. Reasonable efforts shall be made to convene the ICP meeting at an agreeable time and place for all team members.
3. In the event that the legal representative is unable to attend the meeting, the Case Manager shall review the results of the ICP with them, and obtain their signatures.

4. In the event that any team member is unable to attend the meeting, the Case Manager may review the results of the ICP with them.
5. The interdisciplinary team shall have the following responsibilities:
 - a. Identify the person's current level of functioning.
 - b. Develop individualized goals and assign responsibilities.
 - c. Make recommendations regarding the least restrictive settings.
 - d. Identify and document any additional services, resources and/or supports that are desired.
 - e. Develop appropriate crisis and discharge plans.

PERFORMANCE INDICATOR (4)

The case manager advocates for the individual using the service.

POLICIES & PROCEDURES:

1. All TCM staff shall provide services and make decisions based on what is in the "best interest" of the client.
2. The Case Manager shall advocate for the client without fear of reprisal or loss of employment status.
3. Case Managers shall, based on the Individual Comprehensive Plan, advocate for programs and services which best meet the client's strengths and needs.

PERFORMANCE INDICATOR (5)

The case manager coordinates and monitors the services provided to the individual using the service.

POLICIES & PROCEDURES:

1. The Individual Comprehensive Plan provides for coordination among services, resources and supports, along with a consistent and systematic focus among all services and supports.
 - a. The Case Manager shall assist the client in obtaining the services identified on the ICP, and in decision making among providers.
 - b. Case Managers shall request approval from the funding sources for identified services and supports.
 - c. The Case Manager shall make referrals to identified service providers and natural supports.
 - d. All efforts at arranging services shall be documented in the record.
2. Case Managers shall monitor the services, service settings and living arrangements identified in the ICP to ensure that they continue to be necessary and appropriate.
 - a. In the event that it is determined that the services are not necessary and appropriate, the Case Manager shall convene a special ICP meeting to discuss the situation.
 - b. If it is determined by the interdisciplinary team that the client would benefit from an alternative service, the Case Manager shall advocate for the service.
3. Documentation of the above monitoring and coordinating activities shall be made in the progress notes section. Significant contact must occur at least one time per month in order to bill for Targeted Case Management services.

PERFORMANCE INDICATOR (6)

Documentation of contacts includes the date, the name of individual, the name of the case manager, and the place of service.

POLICIES & PROCEDURES:

The Progress Notes format shall be in paragraph format and include: The name of the consumer, state ID, date of birth, date of service, type of contact (face to face, collateral, phone contact with client, case note), place of service, who the contact was with and the purpose of the contact. Each entry shall include the full name, title, and signature of the Case Manager.

PERFORMANCE INDICATOR (7)

The case manager holds individual face-to-face meetings with the individual using the service at least quarterly.

POLICIES AND PROCEDURES:

1. Case Managers shall, at a minimum, have face-to-face contact with the client every three months (for example, if you have a face-to-face contact in the month of January, the next face-to-face visit is due in the month of April).
 - a. The purpose of the contact shall be to discuss progress, monitor continued appropriateness of service or level of service, and provide support to the client regarding any relevant issues. Through these contacts the Case Manager shall develop and maintain a relationship with the client.
 - b. The frequency of contact with the client and providers shall be determined by the interdisciplinary team based on the needs of the client and documented in the ICP plan.
2. The frequency of contact shall be reviewed whenever the ICP is reviewed.

PERFORMANCE INDICATOR (8)

Case managers shall not provide direct services. Individuals using the service are linked to appropriate resources, which provide necessary direct services and natural supports.

POLICIES AND PROCEDURES:

Case Managers do not provide direct services as defined by the Department of Human Services in the clarification memo dated 12/19/96. A copy of this memo is in the Appendix.

PERFORMANCE INDICATOR (9)

Individuals using the service participate in developing an individualized crisis intervention plan that includes natural supports and self help methods.

POLICIES AND PROCEDURES

The crisis intervention plan may include, but is not necessarily limited to: potential emergencies; how to access emergency services and supports when needed; telephone numbers of emergency services and persons to contact; and client specific symptom management information. The crisis intervention plan means a personalized, individualized plan developed with the client that identifies potential personal psychiatric, environmental, and medical emergencies. This plan shall also include those life situations identified as problematic and the identified strategies and natural supports developed with the client to enable him/her to self-manage, alleviate, or end the crisis. This plan shall also include how the client can access emergency services that may be needed.

PERFORMANCE INDICATOR (10)

Documentation shows individuals using the service are informed about their choice of providers as provided in the county management plan.

POLICIES AND PROCEDURES:

1. The Case Manager will become familiar with the county management plan and document discussions about service provider options and the client's choice in the progress notes.
2. The Case Manager will make appropriate referrals based upon the client's informed choice of providers.

3. The Case Manager shall not be the decision-maker of the interdisciplinary team. The team shall attempt to reach consensus among its members. In no instance shall the team make a decision against the guardian, or client's wishes.
4. The Case Manager shall discuss options in client-friendly terms.

PERFORMANCE INDICATOR (11)

Within an accredited case management program, the average caseload shall be no more than 45 individuals per each full time case manager.

POLICIES & PROCEDURES:

1. The Case Manager to client ratio shall never exceed 1 FTE staff person for each 45 individuals.
2. The governing body shall be informed of the need for an additional Case Manager at any point that the Case Managers' average caseload reaches a level of 40 individuals receiving service or 90 % of the average caseload size.
3. The ratio shall be based on the current filled positions, which are positions that have not been vacant for more than 45 calendar days.

PERFORMANCE INDICATOR (12)

The case manager communicates with the team and then document in the individual's file a quarterly review of the individual's progress towards achieving the goals.

POLICIES & PROCEDURES:

1. The Case Manager shall complete a quarterly progress review on all individuals who receive Targeted Case Management services (3 per year).
 - a. Quarterly reviews shall begin 3 calendar months following the month of the current ICP (e.g. if the ICP was held in December, the first quarterly review would be held in March, the second in June, and the third in September).
 - b. The Annual Review (Assessment review) shall constitute the fourth quarterly review.
2. The Case Manager may base the quarterly review on information provided by any of the following sources: the individual receiving service, guardian, and providers of service (community-based and clinical).
 - a. The review shall document the individual's progress toward achieving the goal/objectives and action steps identified in the current ICP. (Information regarding diagnosis/symptoms may also be summarized here).
 - b. Duties/Responsibilities of all interdisciplinary team (IDT) members (individual receiving service, service providers, case manager, etc.) are reviewed.
 - c. In the event an individual is not making progress on goals, the Case Manager will contact the IDT to discuss the situation. Any changes in plan (e.g. new ICP, Addendum to the ICP, minor changes in Action Steps, etc.) will be noted.