

Title:	Case Management Contact Requirements Technical Guide			
	Version:	2.0	Effective Date:	1/1/18

Overview

Description: The Case Management Contact Requirements Technical Guide is designed to outline the Case Management Contact requirements for individuals with an Individual Support Plan (ISP) and provide technical assistance regarding implementation of this requirement.

Purpose/Rationale: In order to comply with requirements in both the Community First State Plan (k-plan) and Home and Community Based Services Waivers (HCBS Waivers) ODDS has adopted OAR 411-415-0090 to set standards for the frequency, purpose, and documentation of Case Management Contacts for individuals with an ISP.

Guideline(s) that apply:

Section I: Case Management Contact requirements

Case Management Contacts are case management services that are specific to monitoring an individual’s health, safety, and ISP implementation. Case Management Contact does not replace the monitoring requirements that exist in program rules, and can be completed in conjunction with one another. Other case management services such as assisting in accessing of services; service plan development; information and referral, etc. remain critical case management services that are expected to be delivered as required.

Personal Agents and Service Coordinators must provide a quarterly Case Management Contact with every individual who has an ISP, unless it is determined during the person-centered planning process that the Case Management Contact is required more often. The frequency of Case Management Contact needs to be documented in the individual’s ISP. The minimum Case Management Contact frequency is no less than once every three calendar months.

For an individual with an ISP that identifies Case Management Contact required quarterly, the Case Management Contact is considered timely if it occurs prior to the end of the third calendar month since the previous Case Management Contact.

Example: Case Management Contact takes place on 9/11/2014. A Case Management Contact that takes place prior to 12/31/2014 would be considered timely.

Other frequencies of Case Management Contacts as identified in an ISP will follow the same principal. Individuals with a frequency of monthly Case Management Contact, the contact will be considered timely if the Case Management Contact occurs prior to the end of the month following the month that the previous Case Management Contact occurred.

Example: Case Management Contact takes place on 9/11/2014. A Case Management Contact that takes place prior to 10/31/2014 would be considered timely.

The outcome of the Case Management Contact must be recorded in a progress note. The purpose of the Case Management Contact is:

- (i) to ensure known health and safety risks are adequately addressed
- (ii) to ensure that the individual's support needs have not significantly changed
- (iii) to ensure that the individual is satisfied with their current supports

At least one Case Management Contact per year must be face to face with the individual. Other contacts may be by telephone depending on the individual's preference. Case Management Contacts must be made directly with the individual or their designated representative. However, in order to gather the information needed to meet the above purpose of the Case Management Contact additional interaction with providers, family, and other persons involved with the care and services of the individual may be necessary if the individual or their designated representative cannot provide adequate information about the health, safety, and ISP implementation.

To meet the threshold of a qualifying encounter (aka "billable service") the progress note documentation must adequately describe the service being provided. A Case Management Contact progress note would, at a minimum, reflect monitoring of health and safety risks, changes in support needs, or satisfaction with supports.

Section II: Risk Management

The frequency of Case Management Contact needs to be documented in the individual's ISP and is determined based on the identified significant risks in the **Risk Management Plan**. Individuals with more than three serious risks require a monthly Case Management Contact.

Risk Management Plans are a required component of an individual's ISP. A risk management plan is based on risks identified by the Service Coordinator or Personal Agent through the person-centered planning process. The risk management plan needs to address the risk that exist in the following areas related to the health and safety of an individual: power outages/natural disasters; physical functioning; mental/emotional functioning; cognitive functioning; behavioral issues; income/financial issues; safety/cleanliness of residence; whether the service plan meets the needs of the individual; the adequacy and availability of natural supports; and access to services.

Risk Management Plans will be required in all ISPs that are renewed or initiated beginning in 2015. An Risk Identification Tool is available to be used during the person-centered planning process to identify the presenting risks and associated risk level. This tool will inform the ISP and the schedule of Case Management Contacts.

Section III: Lack of Case Management Contact due to administrative error

In the event that an individual does not receive the required Case Management Contact according to the frequency established in the individual's ISP, due to no fault of their own (they were eligible for the service and did not refuse or fail to respond to attempts to complete the Case Management Contact), document the reason for the missed Case Management Contact in the progress notes and complete the Case Management Contact as soon as possible. Note, the individual's service must not be changed (this includes not being denied, terminated, reduced or suspended).

Section IV: Individual refusal of Case Management Contact

Case Management Contacts are a required element of monitoring for k-plan and HCBS waiver services. The frequency of Case Management Contacts and preferred contact method (face-to-face or phone) should be identified in the individual's ISP. The

individual, their legal representative, or designated representative will be advised of the Case Management Contact requirements as identified in the ISP. The individual, their legal representative or designated representative must approve the contact frequency, as indicated by signing the ISP. Preferences on how the contacts will occur must also be discussed and documented in the ISP.

In the event that an individual, their legal representative, or designated representative refuses, is not available for, or does not respond to a Service Coordinator or Personal Agent's attempts to complete a Case Management Contact or the individual, their legal representative, or designated representative is not able to be reached to complete a Case Management Contact the individual will be sent a Notice of Planned Action (NOPA) on or before the 18th of the month following the refused Case Management Contact terminating any k-plan and waiver services in accordance with OAR 411-318.

Example: Case Management Contact takes place on 9/11/2014. A Case Management Contact that takes needs to take place prior to 12/31/2014 to be considered timely. The individual does not respond to attempts by the Personal Agent or Service Coordinator to have a Case Management Contact. The Personal Agent or Service Coordinator will send the NOPA on or before 1/18/2015 terminating any k-plan and waiver services on 1/31/2014.

If an individual receives the required Case Management Contact prior to the effective date of the NOPA the NOPA should be rescinded and services should continue uninterrupted.

If an individual does not receive the required Case Management Contact prior to the effective date of the NOPA:

Individuals served by Brokerages: submit Customer Information Update form DHS 4111 indicating the termination of the services identified on the NOPA. CDDPs will update the Eligibility and Enrollment form in eXPRS reflecting the termination of services indicated on form DHS 4111.

Individuals served by CDDPs: submit Eligibility and Enrollment form in eXPRS reflecting the termination of services identified on the NOPA.

The individual would continue to receive non-waiver case management and be open to the case management entity. Individuals who have chosen Brokerage case management can continue to receive non-waiver case management from the Brokerage. Individuals

who have chosen CDDP case management can continue to receive non-waiver case management from the CDDP.

Form(s) that apply:

Eligibility and Enrollment Form

LOC Assessment/DHS 0520

Notification of Planned Action/SDS0947

Customer Information Update Form/DHS 4111

Definition(s):

Case Management Contact: means a reciprocal interaction between a services coordinator or personal agent and an individual or the legal or designated representative of the individual (as applicable). May be completed face-to-face or by telephone.

Designated Representative: means any adult, such as a parent, family member, guardian, advocate, or other person authorized in writing by an individual to serve as the representative of the individual in connection with the provision of funded supports, who is not also a paid provider for the individual. An individual is not required to appoint a designated representative.

Reciprocal: The individual, legal representative, or designated representative and personal agent or service coordinator both give and receive information from each other through direct communication and/or observations.

Examples: 1. PA or Service Coordinator has a phone conversation with the individual or their legal or designated representative. 2. Face-to-face meeting with the individual or their legal or designated representative. 3. Series of voicemails left by both parties that gathers the information necessary for the Case Management Contact. 4. Video chat (skype/facetime) with the individual and the PA or Service Coordinator.

Risk Management Plan: A required component of an ISP that addresses, at a minimum, the following areas related to the health and safety of an individual: power

outages/natural disasters; physical functioning; mental/emotional functioning; cognitive functioning; behavioral issues; income/financial issues; safety/cleanliness of residence; whether the service plan meets the needs of the individual; the adequacy and availability of natural supports; and access to services

Reference(s):

- OAR 411-415
- OAR 411-318
- All ODDS HCBS Waivers (CIIS, Support Services, Comprehensive)
- State Plan (k-plan)
- Waiver Service Requirements Technical Guide

Contact(s):

Diagnosis and Evaluation Coordinator

In-Home Support Specialist