



Conflict-Free Case Management

Responsibilities	Case Manager	Community Support Provider
<p>Point of Entry</p> <ul style="list-style-type: none"> Point of entry responsibilities <i>differ</i> when a participant transitions from an institutional setting (SDDC, nursing homes, HSC, etc.) Please refer to the SDDC manual for further instruction. 	<ul style="list-style-type: none"> Receive Referral Submit Funding Request to DDD Complete and submit DSS 240 or 265-e form to DSS Benefits Specialist Collect and submit LOC information to DDD CM is responsible to get to know the person, identify and coordinate services and supports as needed, CM identifies and writes the supports needed in the first 30 days at CSP until the initial ISP is held Assist the participant in application to preferred CSP(s) for direct services as requested Administer ICAP 	<ul style="list-style-type: none"> Review participant applications for direct services as received from CM Referral to CM organization in the event an applicant approaches a CSP first. CSP may provide a packet of information regarding CSP supports available as well as Case Management providers in the region Follow internal CSP process for new admissions (tours, staff matching, etc.)
<p>ISP Development</p>	<ul style="list-style-type: none"> Conduct and coordinate assessment completion for assessments determined warranted by the ISP Team Administer ICAP annually in collaboration with ISP Team Utilize Person Centered Planning approaches for discovery Facilitate Pre-Meeting, if necessary Complete the Personal Focus Worksheet, ISP Agenda in Therap prior to the ISP meeting in collaboration with CSP Work with participant, guardian and all team members to schedule ISP meeting and invite team members to the initial or annual ISP meeting Facilitate Annual ISP meeting and complete the ISP agenda and the ISP in Therap Distribute ISP as necessary to team members via Therap or other method as necessary Review any CSP comments for revisions as identified in the acknowledgment report 	<ul style="list-style-type: none"> Participate in pre-ISP activities Complete assessments as determined warranted by team and/or requested by CM Provide information pertinent to ICAP to CM annually Utilize Person Centered Planning approaches and complete PCT tools for discovery as determined by the team Collaborate with CM in the development of Personal Focus Worksheet, ISP Agenda, and ISP Participate in Annual ISP meeting Once the ISP is complete in Therap, “acknowledge” the ISP to indicate agreement to implement <ul style="list-style-type: none"> If revisions to the ISP are necessary prior to implementation, communicate specific revisions to the CM in a timely manner Write specific daily supports to be implemented by the team, including information related to the scope, duration, frequency and documentation expectations for supports provided as outlined in the ISP <ul style="list-style-type: none"> Share written supports with CM for informational purposes

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ISP Monitoring	<ul style="list-style-type: none"> • Complete all components of ISP monitoring quarterly, including face to face observation <ul style="list-style-type: none"> ○ Conduct monitoring in multiple settings/locations where supports are being provided to the participant • Ensure appropriate implementation of the ISP • Analyze and summarize data related to goals, supports, restrictions, BSP, medical issues/appointments, and incident reports • Review the completed ISP monitoring with the participant and obtain their feedback • Submit quarterly monitoring document to team 	<p style="text-align: right;">and feedback as needed</p> <ul style="list-style-type: none"> • Implement ISP and related programs as agreed upon by the team. • Distribute ISP to any team member who does not have access to the CM account
ISP Revision	<ul style="list-style-type: none"> • Facilitate team meetings as changes are needed or as requested • Document discussions held and decisions made at special team meetings, including team member responsibilities • Update ISP and related documents to reflect any changes made (can be done through a change form in Therap) 	<ul style="list-style-type: none"> • Request special team meetings as warranted • Participate in team meetings and provide input • If ISP changes are needed, develop specific strategies for implementation and share with the CM and team, as noted in ISP Development section
Critical Incident Reports <ul style="list-style-type: none"> • Per ARSD and CIR Guidelines, anyone can call in reports to DDD 	<ul style="list-style-type: none"> • Complete internal incident reports if incident occurred within CM supports. <ul style="list-style-type: none"> ○ If participant/family reports an incident to CM, CM is responsible for making the report. • Review CSP internal incident reports • Identify CIRs and report to DDD • Investigate ANE reports when related to ANE by CM organization • Follow reporting responsibilities to families and guardians per ARSD • Follow up on CIRs and facilitate changes to plan if needed (preventative measures) • Ensure follow up by organization 	<ul style="list-style-type: none"> • Complete internal incident reports • Identify CIRs and report to DDD • Investigate ANE reports unless allegation is against or occurs within CM service/organization • Follow reporting responsibilities to families and guardians • Follow up on CIRs and participate in requesting changes to plan if needed (preventative measures)
HRC/BIC	<ul style="list-style-type: none"> • Participate in HRC/BIC Meetings as needed and available • Update ISP to include information regarding rights restriction and/or behavior support plans • ISP Team approval for highly restrictive procedures/rights restrictions on an ongoing basis will be organized by CM and documented in the ISP and Quarterly Monitoring 	<ul style="list-style-type: none"> • HRC/BIC composition is determined and assured by CSP • HRC/BIC meetings are facilitated by the CSP • Write plans requiring review by HRC/BIC • Ensure approval of highly restrictive procedures/rights restrictions prior to implementation • Implement plans as approved by HRC/BIC • Submit HRC/BIC approvals and BSPs to the CM

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Emergency Restrictions <ul style="list-style-type: none"> Also follow HRC/BIC procedures identified above 	<ul style="list-style-type: none"> Document emergency restrictions in monitoring and facilitate team discussion if necessary If an emergency restriction is implemented by the CM, the CM would follow CIR reporting guidelines as well as report to the HRC of the CSP. Who at the CSP should the CM report this to? 	<ul style="list-style-type: none"> If an emergency restriction is implemented by the CSP, the CSP would follow CIR reporting guidelines as well as report to the HRC Notify CM regarding implementation of emergency procedures and follow up as needed
Significant Change Requests	<ul style="list-style-type: none"> All team members must agree to the changes prior to implementation CM reviews SCRs submitted by CSP and submits to DDD when all parties are in agreement. SCRs can also be initiated by a participant or a CM Update the Service and Supports section of the ISP to match the SCR 	<ul style="list-style-type: none"> All team members must agree to the changes prior to implementation CSP makes recommendation for change in services to CM through SCR form Cannot make changes in services until SCR is approved by the team
Finances	<ul style="list-style-type: none"> Annual eligibility forms for DSS Document in ISP financial status, rep payee information, and how often the guardian will receive financial information etc. 	<ul style="list-style-type: none"> The CSP or Rep Payee will report the participant's financial status annually, or more often if requested, to conservator, guardian, SSA, etc. Financial records for personal finances will be maintained by CSP and sent to the participant/guardian as outlined in the ISP Financial information should be made available to the CM when requested for benefits management SNAP, energy assistance etc. will be completed by the CSP
Employment	<ul style="list-style-type: none"> Review educational and vocational assessments as completed by the team Discuss with the participant and guardian/parent if under 18 the desired employment outcome to be included in the ISP at least annually Document the desired employment outcome in conjunction with the path to employment in the ISP <ul style="list-style-type: none"> Resources to assist include the Person Centered Employment Guide, the Charting the Life Course booklet, Employment Trajectory and Integrated Supports Star Provide information related to Vocational Rehabilitation services Provide information regarding benefits management and Benefits Specialist services 	<ul style="list-style-type: none"> Complete educational and vocational assessments as determined warranted by the team Utilize person centered discovery tools to learn about the person's preferences, skills and support needs related to successful employment Participate in team meetings related to employment and provide feedback and recommendations Assist in referral to Vocational Rehabilitation Services, Benefits Specialist, and other resources as appropriate Implement supports to attain the desired employment outcome as written in the ISP Share relevant documentation and data with the CM

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Medical	<ul style="list-style-type: none"> Obtain a health history upon admission to the CM and updated as needed Ensure that identified healthcare appointments, medications, and immunizations are completed by the CSP and needs are addressed in a timely manner. This should be documented at least quarterly and discussed annually at the ISP Review and discuss the self-administration assessment and documented at least annually at the ISP Update ISP with any long-term medication changes 	<ul style="list-style-type: none"> All aspects of the person's medical needs will be supported through the CSP's nursing department Updates to a person's medical history should be shared in a timely manner to the CM Self-administration assessment needs to be completed on ALL people supported. This assessment should be reviewed and discussed at least annually at the ISP Communicate with CM any medication changes
Discharges and Termination	<ul style="list-style-type: none"> Complete the 751 and 750 for any participant initiated discharges (when a participant is requesting to leave all HCBS services, for example moving out of state) Complete the 751 and 750 for any CM initiated termination (when a CM organization feels they can no longer provide CM supports to a person) Provide 30 day notice in the event of a CM initiated termination Assist the participant to find another CSP or CM in the event of a termination and complete the SCR accordingly 	<ul style="list-style-type: none"> Complete the 750 and 751 for any CSP initiated termination (when a CSP feels they can no longer provide direct supports to a person) Provide the participant with 30 day notice in the event of a CSP initiated termination
SDDC Admissions and Consultations <ul style="list-style-type: none"> For more detailed information please refer to the transition manual) 	<ul style="list-style-type: none"> Facilitates team meetings when services are in jeopardy to discuss options Complete SDDC admissions requests as needed and submit to DDD with all supporting documentation 	<ul style="list-style-type: none"> Attends team meetings when services are in jeopardy to discuss options Complete SDDC consultation requests as needed and submits to SDDC will all supporting documentation
SMART – give out sheet identifying the elements and causal factors of each.	<ul style="list-style-type: none"> SMART Elements will be assigned based upon CFCM duties and reviewed accordingly 	<ul style="list-style-type: none"> Some SMART elements will remain under CSP responsibilities and reviewed accordingly

Additional Items of Clarification:

- CSP will follow policies and procedures as well as participant's ISP when medical emergencies and medical non-emergencies occur and inform CM through reports or within CM hours of operation via phone. Guardian contact will be made by CSP when emergencies arise.
- Personal Outcome Measures should be completed by CSPs, CMs, CQL, or DDD as determined by the team, DDD planning, and CQL activities.