CHOICES PROVIDERS: CASE MANAGERS & COMMUNITY SUPPORT PROVIDERS ROLES & RESPONSIBILITIES

Division of Developmental Disabilities

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Contents

Point of Entry

Authority: CHOICES waiver – Appendix B-6(f), Appendix D-1(d), ARSD 46:11:05:01 ISP Team - Composition, 46:11:05:01.01 ISP time frames, 46:11:05:01.02 ISP participation, 46:11:05:02 Assessments

Resources: Standardized ISP Guide

Case Manager	Community Support Provider

• Receive referral
• Complete initial application for SSI/SSDI benefits, if needed
• Submit Funding Request to DDD
• Complete and submit DSS 240 or 265-e form to DSS Benefits Specialist
• Collect and submit eligibility information to DDD
  ○ DHS-DD-716
  ○ Psychological evaluation to include documentation of qualifying diagnosis and adaptive behavior score
  ○ Inventory for Client and Agency Planning (ICAP) documents:
  ▪ DHS-DD-ICAP (signed/dated)
  ▪ Compu-score summary
  ▪ ICAP booklet
  ○ DHS-DD-717
• Person Centered Discovery:
  ○ Learn about the person's vision for a good life and life experiences that have/will move them closer to their vision or away from it
  ○ Identify services and supports that align with person's goals and needs
  ○ Coordinate application for community-based and eligibility-based services
  ○ Obtain a health history upon admission to share with applications for services
  ○ Complete initial social history
  ○ Review current assessments and determine need for additional or updates to assessments
• Coordinate information sharing and logistical planning with person/guardian and CSP prior to initiation of direct services
• Identify ISP team *within 15 days of initiation of CHOICES waiver services*
• Facilitate team discussions and participate in CSP/SP admissions process, including but not limited to:
  ○ Intake/pre-admission meeting
  ○ Admission meeting
  ○ Team determination of necessary assessments within first 30 days
• *10 calendar day advance notice* of initial ISP
• Complete *writing of* the ISP within 30 calendar days
• Ensure person & ISP Team have necessary information and supports for a successful transition:
	• Referral to CM organizations in the event an applicant first contacts CSP.
	  ○ CSP must refer applicant to Case Management services available in the region
	  ○ CSP may provide information regarding CSP supports available
	• Review participant applications for direct services as received from CM
	• Communicate admissions decisions with Case Manager
	• Follow internal procedure for new admissions (tours, staff matching, etc.)
	• Coordinate with person/guardian and Case Manager regarding information sharing and logistical planning prior to initiation of direct services
	• Facilitate admissions process, including but not limited to:
	  ○ Intake/pre-admission meeting
	  ○ Admission meeting
	  ○ Team determination of necessary assessments within first 30 days
	• Coordinate with Case Manager regarding information and supports necessary for a successful transition:
	  ○ Household items needed
	  ○ Social History
	  ○ Behavior Support Plan training for staff, if applicable
	  ○ Medical history & support needs
	  ○ Financial status
	• Complete assessments as determined by the ISP Team
	  ○ Document information learned during the first 30 days to be incorporated into the initial ISP
	• Establish plan for staff training/education regarding the person's support needs in the first 30 days of service and beyond
	• Implement the ISP within 45 calendar days of initiation of direct HCB services

○Household items needed ○Social History ○Behavior Support Plan ○Medical history & support needs ○Financial status and supports • Implement the ISP within 45 days of initiation of CHOICES waiver services ○CM services provision begins immediately upon eligibility determination	

ISP Development

Authority: CHOICES Waiver Appendix D-1(d), ARSD 46:11:05:01 ISP Team - Composition, 46:11:05:01.01 ISP time frames, 46:11:05:01.02 ISP participation, 46:11:05:02 Assessments,

Resources: Standardized ISP Guide

Case Manager	Community Support Provider

• Coordinate with participant, guardian, and all team members to schedule ISP meeting date *within 365 days of previous ISP*
  ○ Document reason ISP meeting was held beyond 365 days, if warranted
• Ensure *30 calendar day advance notice* prior to the annual ISP meeting to all team members
• Person Centered Discovery:
  ○ Review existing assessment information with participant and identify the need for update to assessments
  ○ Determine team members best equipped to complete various assessments, ex. family member, guardian, direct support professionals, provider nurse, etc. and assign
  ○ Learn about the person's vision for a good life and life experiences that have/will move them closer to their vision or away from it
  ○ Identify services and supports that align with person's goals and needs
  ○ Review of health history
  ○ Review and update social history
  ○ Review current assessments and determine need for additional or updates to assessments
  ○ Review of community-based and eligibility-based services & appropriateness of each
• Review and approve assessments determined warranted by the ISP Team
• Incorporate assessment results and other pertinent documentation (person centered discovery tools, ISP Monitoring, etc.) into the Personal Focus Worksheet
  ○ Request input from ISP Team members
• Prior to ISP meeting, prepare ISP Agenda in collaboration with CSP and participant & share ISP agenda with ISP Team
• Facilitate ISP meeting and team discussion of required topics
• Document meeting notes in ISP Agenda
• Write Individual Support Plan to reflect team discussion and decisions made at the ISP meeting
  ○ Send pdf version to ISP team for comments
• *Write ISP draft within 15 days of the ISP meeting*
  ○ Send ISP draft to team members
• *Approve and implement ISP within 30 days of the ISP meeting*
	• Follow internal procedures related to sharing invitations/notice of annual ISP meeting with CSP team members
	• Collaborate with Case Manager to determine assessment(s) warranting updates
	• Complete assessments determined warranted by team and/or requested by CM
	  ○ Utilize Person Centered Discovery practices
	• Provide input to the Case Manager to include in the Personal Focus Worksheet
	• Provide input on draft ISP Agenda, and ISP
	• ISP Team members participate in annual ISP meeting
	• Communicate any necessary revisions to the draft ISP to the Case Manager prior to approval and implementation
	• Upon ISP approval, develop specific strategies to deliver supports as outlined in the ISP which will be implemented by the team.
	  ○ Include the type, scope, frequency and duration as well as documentation expectations for supports provided as outlined in the ISP
	• Share written supports with CM
	• Implement ISP *within 30 days following the ISP meeting*
	  ○ ISP team members find ISP via unified search in Therap
	• If CSP is Representative Payee and/or manages personal finances, assist with referrals/applications requiring financial information

• Distribute ISP to individual, guardians and outside team members • Coordinate completion of referrals to all non-waiver services, such as: ○ Social Security, SSI, SSDI ○ Public Transportation Services ○ Medical Assistance for Workers with Disabilities (MAWD) ○ Supplemental Nutrition Assistance Program (SNAP) ○ Temporary Assistance for Needy Families ○ Independent Living Choices ○ Reduced fee Internet services ○ Reduced fee cellular services ○ Housing Assistance ○ Low Income Energy Assistance ○ VA Benefits ○ Weatherization • Ensure any services received are listed in the Service Support Section of the ISP.	

Inventory for Client and Agency Planning (ICAP)

Authority: CHOICES waiver – Appendix B-6(f), ARSD 67:54:04:18, ARSD 67:54:04:18.01

Resources: ICAP Guidelines, ICAP Quick Reference Guide, ICAP Validation, ICAP FAQs 2019

Case Manager	Community Support Provider
• Administer ICAP assessment in collaboration with ISP Team ○ Update ICAP as changes occur or *at least* every 3 years – save to Document Storage ○ *See ICAP Validation resource* • After completing the ICAP, share with CSP to review prior to submission to DDD • Submit Service Change Request for applicable changes to ICAP ○ Section C – Functional Limitations and Needed Assistance ○ Section D – any changes to Adaptive Behavior that results in a change of 5 points or more in the raw score of each section (Motor Skills, Social & Communication, Personal Living Skills, Community Living Skills) ○ Section E – changes to Problem Behavior – addition of a Problem Behavior type or a change in the frequency or severity ○ Any changes to sections noted above which result in service score changes ○ All address changes warrant a Service Change Request ▪ ICAP is NOT required to be submitted for address changes or changes Section H	• Collaborate with Case Manager to complete ICAP • Communicate all changes as they occur to Case Manager as they occur • Ensure documentation is available in Therap to validate ICAP responses ○ *See ICAP Validation resource*

Employment – Individual and Group Supported Employment

Authority: CHOICES Waiver Appendix C Participant Services, CHOICES Daily Life & Employment Toolkit
Resources: CHOICES Daily Life & Employment Toolkit, Provider FAQ, Charting a Person Centered Path to Employment

Case Manager	Community Support Provider

• Facilitate team discussion regarding educational and/or vocational assessments warranted.
  ○ Assign and review assessments when completed by the team
  ○ "Charting a Person-Centered Path to Employment" includes tools and resources to assist in developing a vision and goal for employment.
• Facilitate discussion at least annually with the participant and guardian/parent if under 18 to determine desired outcomes for employment
• Include employment-related goals in the ISP
  ○ Individual Supported Employment - the person is interested in obtaining a job within the next 12 months
  ○ Document funding source for employment services in ISP Service Support section
  ▪ Make a referral to the following:
  • Vocational Rehabilitation (VR)
  • Benefits Specialist Network – provides counseling regarding SSI/SSDI and earned income
  • Other resources as appropriate
  ▪ Engage with VR Counselor and/or Employment Specialist for the duration of the person's active case VR.
  ▪ Prior to VR service closure, schedule a team meeting with ISP Team to discuss long-term supports needed and identify integrated supports available.
  ▪ Update ISP to reflect any change in goal(s), supports and who will provide, and place of employment.
  ○ If the person is interested in community employment in a group setting (Group Supported Employment), a referral to Vocational Rehabilitation is not appropriate.
• Reference CHOICES Daily Life and Employment Toolkit for regarding requirements for each service
• Monitor services provided as outlined in the ISP at least quarterly.
  ○ VR services shall be monitored through follow up with VR Counselor/Employment Specialist
	• Complete educational and vocational assessments as determined warranted by the team
	• Participate in team meetings related to employment and provide feedback and recommendations
	• Implement supports to attain the desired employment outcome as written in the ISP
	  ○ Document supports provided to be viewable to the Case Manager.
	  ▪ ISP Program is appropriate to document provision of services for CHOICES waiver-funded services
	• Document service provision
	• If CSP is Rep Payee, report wages and monitor continued eligibility for SSI/SSDI benefits

Career Exploration

Authority: CHOICES Waiver Appendix C Participant Services

Resources: CHOICES Daily Life & Employment Toolkit

Case Manager	Community Support Provider

• Facilitate team discussion regarding educational and/or vocational assessments warranted.
  ○ Assign and review assessments when completed by the team
  ○ "Charting a Person-Centered Path to Employment" includes tools and resources to assist in developing a vision and goal for employment.
• Schedule and facilitate ISP meeting or special team meeting to request Career Exploration service. Document team discussion regarding:
  ○ Career Exploration is the best service option for the person
  ○ Length of time Career Exploration services are expected to last before successful transition to integrated employment (*not longer than 18 months*)
  ○ Work readiness skills the participant already exhibits and areas that could be addressed during Career Exploration
  ○ Number of paid and unpaid Career Exploration hours
• Document the desired competitive, integrated employment outcome with appropriate action steps in the ISP
  ○ Identify services and supports that align with person's goals and needs
• Request to DDD for Career Exploration Services:
  ○ Complete the DHS DD 840 as an "Initial Request"
  ○ Obtain CSP representative signature
  ○ Update ISP with required criteria
  ○ Submit DHS DD 840 to DDD
• Upon approval of the DHS DD 840 form:
  ○ Submit SCR to add Career Exploration as a service effective on or after the DDD approval date.
• Monitor person's progress towards goal and provision of services at least quarterly
  ○ Prior to expiration of the service end date identified in the ISP, schedule a special team meeting to address progress and future service needs.
  ○ The team may identify the need to request a 3-month extension for Career Exploration services
  ▪ Submit a new DHS DD 840 - select "3-month extension"
	• Complete assessment of skills as warranted by the team and/or requested by CM
	• Participate in team discussion regarding:
	  ○ Career Exploration is the best service option for the person
	  ○ Length of time Career Exploration services are expected to last before successful transition to integrated employment (not longer than 18 months)
	  ○ Work readiness skills the participant already exhibits and areas that could be addressed during Career Exploration
	  ○ Number of paid and unpaid Career Exploration hours
	• Develop specific strategies to deliver supports as outlined in the ISP specific to Career Exploration
	• Verify information on CM-completed DHS DD 840
	  ○ Add signature and return to CM for submission to DDD
	• Request to DDD for Career Exploration Services:
	  ○ Verify information on CM-completed SCR to open Career Exploration as a service
	• Document provision of services through ISP Program
	• Participate in special team meeting to address progress and future service needs.

▪ Submit documentation of progress towards successful transition to competitive employment • ISP team may request up to two 3-month extensions for a total of 24 months of Career Exploration.	

ISP Monitoring

Authority: CHOICES Waiver Appendix D-2(a), ARSD 46:11:05:05.01 Case Manager Responsibilities – Quarterly ISP assessment
Resources: ISP Monitoring Guide

Case Manager	Community Support Provider
• Obtain information regarding what's working/not working from participant, guardian (if applicable), and ISP Team members • Conduct observation in multiple settings/locations where supports are being provided to the participant • Ensure implementation of the ISP • Analyze and summarize data related to ○ Goals & related supports ○ Rights restrictions & due process, if applicable ○ Behavior Support Plan and due process, if applicable ○ Medical appointments, concerns, and recommendations implemented ○ Incident reports • Review and share the completed ISP monitoring with the participant and obtain their feedback • Complete ISP Monitoring within 15 days of the end of the quarter • Upload & attach quarterly monitoring document to appropriate ISP • Notify CSP point of contact when monitoring is attached to ISP • Distribute ISP monitoring to participant and guardian ○ If the participant requests sharing of the ISP monitoring with other parties, the Case Manager will assist (email, U.S. Mail, etc.)	• Ensure qualitative and quantitative data is available for CM review ○ Goals & related supports ○ Rights restrictions & due process, if applicable ○ Behavior Support Plan and due process, if applicable ○ Medical appointments, concerns, and recommendations implemented ○ Incident reports • Make recommendations for any necessary revisions to ISP • Review completed ISP monitoring ○ Implement recommendations ○ Follow-up as appropriate • ISP team members read monitoring by viewing attachment to ISP (via unified search in Therap)

ISP Revision

Authority: CHOICES Waiver Appendix D-1(d), ARSD 46:11:05:01.01
Resources: Standardized ISP Guide

Case Manager	Community Support Provider
• Initiate, schedule and facilitate team meetings as changes to the ISP are needed or as requested by the participant and/or ISP team • Document discussions held and decisions made at special team meetings, including team member responsibilities • Complete ISP modification via Change Form in Therap ISP ○ Note in Change Form which revisions were made and attach related documents such as meeting notes, updates to ISP Programs, ISP signature page, etc. • *Write ISP within 15 days of the ISP meeting* ○ Send notification to team members • Notify CSP point of contact when ISP revision is complete • Share meeting minutes with team members • *Approve and implement ISP within 30 days of the ISP meeting*	• Request team meetings as changes to the ISP are needed • Participate in team meetings, provide input • If changes are made to the ISP, develop specific strategies for implementation ○ Share written supports with CM • Implement ISP revisions *within 30 days following the ISP meeting* ○ ISP team members find ISP via unified search in Therap • ISP team members find team meeting minutes via Unified Search of the associated ISP

Service Change Requests

Authority: CHOICES Waiver Appendix I-1 Financial Integrity, CHOICES Waiver Appendix D-1(d)

Case Manager	Community Support Provider
• Ensures changes to a person's supports have been reviewed and agreed upon by all team members through a team meeting, or minimally, team discussion via email. • Initiates SCR based on team discussion regarding service changes and obtains verification via CSP/SP representative signature • Submit SCR to DDD and cc CSP/SP representative on the submission email to DDD • Act as point of contact for questions and clarification requests by DDD • Ensures 10-day notice is provided by the CSP to person, guardian or other relevant parties for any reduction of service initiated by CSP/SP • Update the Service and Supports section of the ISP to reflect changes in services	• Communicates with Case Manager regarding any change in services requested by the person or due to external circumstances, i.e. change in hours at work results in change in supported employment services • Verify information on CM-completed SCR, add signature and return SCR to CM for submission • If a reduction in service is planned, provide at least 10-day written notice to the person, guardian or other relevant parties, *with the Case Manager cc'd on the notice*

Notice of Reduction of Services

Authority: CHOICES Waiver Appendix F-1 Opportunity to Request a Fair Hearing; ARSD 46:11:08:04

Case Manager	Community Support Provider
• Case Management services are based on unit billing, with no required minimum number of units per month; therefore, any reduction of the service would be considered a provider-initiated reduction of services. • Ensure CSP issues 10-day notice to person, guardian or other relevant parties for any reduction of service initiated by CSP/SP • May assist person and/or legal representative with a written statement waiving the 10-day notification period • Assist person and/or guardian to appeal the reduction of services to DDD within 10 days if they choose	• If a reduction in service is planned, provide at least 10-day written notice to the person, guardian or other relevant parties, *with the Case Manager cc'd on the notice* • If the person and/or legal representative waive the 10-day notice in writing, services may be reduced upon receipt from the person/legal representative • If the decision is appealed, services may not be reduced until a decision is reached

Critical Incident Reports

Authority: CHOICES Waiver Appendix G-1(b), ARSD 46:11:03:02, Policy Memo 03-05 Reports for Deaths, Policy Memo 08-05 Protocol for Complaints, Critical Incidents and Investigations, Policy Memo 11-02 CIRs for non-DDD funded persons, Policy Memo 11-08 Informed Choice & ANE Reporting, Policy Memo 19-01 Mandatory Reporting Authority & Procedure, Policy Memo 19-02 CIR Reporting in Therap

Resources: Critical Incident Reporting Guidelines, Critical Incident Reporting Flow Chart, SD Incident Mapping (Therap)

Case Manager	Community Support Provider
• Review CSP internal incident reports ○ Contact CSP regarding any incidents that may meet CIR guidelines which were not identified by the CSP ○ Identify and report CIRs to DDD ○ Follow reporting responsibilities to guardian/family per ARSD • Investigate allegations of ANE reports when: ○ Person receives CM services only ○ Allegation of ANE made against CM/CM provider • Review CIRs for trends (ex. incident type, time of day, staff involved), and preventative measures in place as a result ○ Facilitate team meeting, to revise ISP, if warranted • Ensure organization follows up with CM	• Identify internal incidents which meet Critical Incident Reporting requirement ○ Report to DDD ○ Follow reporting responsibilities to Case Manager ○ Follow reporting responsibilities to guardian/family per ARSD • Investigate ANE reports when ○ Allegations made against CSP staff ○ Occurred while CSP supports were provided • Document & implement preventative measures taken related to the incident ○ Complete GER Resolution in Therap ○ Request ISP Team meeting to revise ISP, if warranted • Identify trends related to incident reporting (ex. incident type, time of day, staff involved) • Implement preventative measures or corrective actions, as necessary (ex. training, environmental changes)

Rights Restrictions

Authority: CHOICES Waiver Appendix G-2-a-i; ARSD 46:11:03:08, ARSD 46:11:03:09, 46:11:03:10, 46:11:05:06, 46:11:05:06.01, 46:11:05:06:02, 46:11:05:07
Resources: HCBS Settings Guide to Expectations & Compliance, HCBS Settings Rule FAQ, HCBS Settings Rights Restrictions Guide to Compliance, Rights Decision Tree

Case Manager	Community Support Provider

• Facilitate ISP Team discussion regarding rights restriction and plan of restoration
• Review rights restrictions and plan of restoration as a team process
• Document in the ISP:
  ○ The positive interventions and supports used prior to any rights modifications
  ○ Less intrusive methods of meeting the need which have been tried but did not work
  ○ A clear description of the condition that is directly proportional to the specific assessed need
  ○ Established time limits for periodic reviews to determine if the rights modification is still necessary or can be terminated
  ○ An assurance that interventions and supports will cause no harm to the individual
• Review and approval of each rights restriction/modification prior to implementation
• Advocate with and on behalf of the participant in Human Rights Committee and/or Behavior Support Committee review as requested.
  ○ Help the person prepare to attend the HRC and/or BSC meeting
  ○ Assist person to email HRC chair
  ○ Participate with the person (i.e., virtually, phone, or in-person)
  ○ Education – example: understanding the reason for the restriction and role of HRC & BSC
• If requested, assist person and/or guardian to appeal rights restriction through CSP grievance process
	All rights restrictions/modifications must be justified and documented. The CSP is responsible for:
	
	• Conduct an assessment as determined by the ISP Team – assessment must demonstrate a specific and individualized need
	• Review of positive interventions and supports used but which did not work/were ineffective prior to proposed rights modifications
	• Write plan which outlines how the person's rights will be restricted/modified
	  ○ Must include a plan to restore the right in full or part
	  ○ Must include regular collection and review of data to measure the ongoing effectiveness of the rights modification
	• Obtain informed consent of the individual and/or guardian
	• Present plan to Case Manager for review and approval
	• Present plan to Human Rights Committee for review and approval
	  ○ At least every six months for plans which include highly restrictive procedures
	  ○ At least annually for all other rights restrictions/modifications
	• Regularly collect and review data to measure the ongoing effectiveness of the rights modification
	• If restriction is appealed, follow grievance procedures to ensure due process of the appeal

Highly Restrictive Procedures

Authority: ARSD 46:11:05:06, 46:11:05:06.01

Resources: Guidance for Chemical Restraint, Medication for Sedation and Psychoactive Medications

Case Manager	Community Support Provider

Highly restrictive procedures include physical, chemical, mechanical restraint, time out or other techniques with similar degrees of restriction of intrusion
• Ensure rights restrictions/modifications which include highly restrictive procedures and restoration plan are reviewed by the ISP team
  ○ ISP Team review and approval of any highly restrictive procedures prior to Human Rights Committee and Behavior Support Committee review and prior to implementation
• The use of highly restrictive procedures requires a Behavior Support Plan
• Highly restrictive procedures are required to be reviewed and approved by the CSP's Human Rights Committee and Behavior Support Committee prior to implementation and every six months thereafter
• Document in the ISP:
  ○ The positive interventions and supports used prior to any rights modifications
  ○ Less intrusive methods of meeting the need which have been tried but did not work
  ○ A clear description of the condition that is directly proportional to the specific assessed need
  ○ Established time limits for periodic reviews to determine if the rights modification is still necessary or can be terminated
  ○ An assurance that inventions and supports will cause no harm to the individual
  ○ Agreed-upon timelines to notify the participant's parent or guardian, if any, when a highly restrictive procedure is implemented
• Document in the ISP any medication(s) to manage behavior prescribed to the person
  ○ Document whether team agrees that benefits of medication(s) outweigh any harmful side effects
  ○ Document any harmful side effects of each medication in non-technical terms
  ○ Document a plan for reduction or elimination of the medication(s)
• Monitor ISP to ensure review by HRC and BSC according to established timelines for the following:
  ○ Medications for sedation
  ○ Psychoactive medications
	All highly restrictive procedures must be justified and documented. The CSP is responsible for:
	• Implementation and documentation of positive behavioral approaches prior to approval and implementation of proposed behavior support plan
	• Write behavior support plan which outlines:
	  ○ Behavior objectives for completion
	  ○ Procedures to implement behavior objectives
	  ○ Data collection procedures
	  ○ How procedures will increase desirable behaviors or decrease undesirable behaviors
	  ○ Must include regular collection and review of data to measure the ongoing effectiveness of the rights modification
	• Present plan to Case Manager for review and approval
	• Obtain informed consent from participant and/or guardian or family member
	• Present plan to Human Rights Committee and Behavior Support Committee for review and approval prior to implementation and at least every six months thereafter
	• Ensure implementation of behavioral supports by staff with prior training and demonstrated competency per 46:11:05:05.02(3)
	• Regularly collect and review data to measure the ongoing effectiveness of the rights modification
	• Notify participants parent or guardian, if any, when a highly restrictive procedure is implemented according to agreed-upon timelines identified in the participant's plan
	• Ensure committee is comprised of parties outlined in 46:11:05:13 and 46:11:05:12
	• Provide training to HRC members as required in 46:11:05:14(5)
	• Provide training to BSC members as required in 46:11:05:12
	• Ensure regular oversight of implementation and staff training
	• Ensure annual review of any prescribed psychoactive medications
	• Ensure review of psychoactive medications when there is a change in the type of medication
	• Medications for sedation: Ensure review by a quorum of the human rights committee prior to administration of the medication

▪ Document whether team agrees that benefits of medication(s) outweigh any harmful side effects ▪ Document any harmful side effects of each medication in non-technical terms ▪ Document a plan for reduction or elimination of the medication(s) • If requested, assist person and/or guardian to appeal through CSP grievance process	• If restriction is appealed, follow grievance procedures to ensure due process of the appeal

Emergency Restrictions

Authority: CHOICES Waiver Appendix G-2-a-ii; ARSD 46:11:03:08, ARSD 46:11:03:09, 46:11:03:10

Case Manager	Community Support Provider
• Review emergency rights restrictions - if HRC denies emergency rights restriction, convene ISP team as needed to identify alternative restrictions to the committee ○ Note: When staff training issues are discovered because of an emergency restriction (ex. incorrect implementation, unapproved restriction implemented), corrective action is required but an ISP Team meeting may not be warranted • If HRC approves emergency rights restriction, update the ISP to include the approved rights restriction • Include use of the emergency rights restriction in ISP Monitoring and actions taken as a result	• Notify Case Manager when an emergency rights restriction is implemented • Follow timelines for reporting to parent/guardian if a highly restrictive procedure is implemented as an emergency rights restriction • Ensure a quorum of the Human Rights Committee reviews and approves/disapproves any emergency rights restriction within 24 hours or the next business day of implementation ○ If HRC denies, present alternative restrictions as determined by the ISP Team to the HRC • Present emergency rights restriction to the full HRC at the next regularly scheduled meeting • If the emergency rights restriction includes implementation of a highly restrictive procedure, verbal notification to DDD is required as a Critical Incident Report. ○ Note: When staff training issues are discovered because of an emergency restriction (ex. incorrect implementation, unapproved restriction implemented), corrective action is required but an ISP Team meeting may not be warranted

Human Rights Committee

Authority: CHOICES Waiver Appendix G-2-a-i; ARSD 46:11:05:13 Human rights committee – composition, ARSD 46:11:05:14 Human rights committee - procedures

Resources: HCBS Settings Guide to Expectations & Compliance

Case Manager	Community Support Provider

• Ensure rights restrictions/modifications are reviewed by the ISP team and Human Rights Committee per the established schedule outlined in the ISP
• ISP Team review and approval of any rights modifications prior to Human Rights Committee review and prior to implementation
• Advocate with and on behalf of the participant in Human Rights Committee
  ○ Help the person prepare to attend the HRC meeting
  ○ Participate with the person (i.e., virtually, phone, or in-person)
  ○ Education – example: understanding the reason for the restriction and role of HRC & BSC
• Monitor ISP to ensure review by HRC according to established timelines for the following:
  ○ Medications for sedation
  ○ Psychoactive medications
  ▪ Document whether team agrees that benefits of medication(s) outweigh any harmful side effects
  ▪ Document any harmful side effects of each medication in non-technical terms
  ▪ Document a plan for reduction or elimination of the medication(s)
	• Ensure committee is comprised of parties outlined in 46:11:05:13
	• Provide training to HRC members as required in 46:11:05:14(5)
	• Ensure annual review of any prescribed psychoactive medications
	• Ensure review of psychoactive medications when there is a change in the type of medication
	• Medications for sedation: Ensure review by a quorum of the human rights committee prior to administration of the medication

Behavior Support Plans

Authority: CHOICES Waiver Appendix G-2-a-ii; SDCL 27B-8-51, SDCL 27B-8-52, SDCL 27B-8-53, SDCL 27B-8-54, SDCL 27B-8-55, ARSD 46:11:05:05.02, ARSD 46:11:05:06

Case Manager	Community Support Provider

• Facilitate ISP Team discussion regarding behavior support plan and plan of restoration
• Review and approval of each behavior support plan prior to implementation
• Document in the ISP:
  ○ The positive interventions and supports used prior to any rights modifications
  ○ Less intrusive methods of meeting the need which have been tried but did not work
  ○ A clear description of the condition that is directly proportional to the specific assessed need
  ○ Established time limits for periodic reviews to determine if the behavior support plan is still necessary or can be terminated
  ○ An assurance that inventions and supports will cause no harm to the individual
• *See Highly Restrictive Procedures section for additional requirements if highly restrictive procedures are proposed to be implemented as part of the behavior support plan*
• Document in the ISP any medication(s) to manage behavior prescribed to the person
  ○ Document whether team agrees that benefits of medication(s) outweigh any harmful side effects
  ○ Document any harmful side effects of each medication in non-technical terms
  ○ Document a plan for reduction or elimination of the medication(s)
• If requested, assist person and/or guardian to appeal through CSP grievance process
	All behavior support plans must be justified and documented. The CSP is responsible for:
	
	• Conduct a functional behavioral analysis as determined by the ISP Team – assessment must demonstrate a specific and individualized need for the behavior support plan
	• Review of positive interventions and supports used but which did not work/were ineffective prior to proposed behavior support plan
	• Write behavior support plan which outlines:
	  ○ Behavior objectives for completion
	  ○ Procedures to implement behavior objectives
	  ○ Data collection procedures
	  ○ How procedures will increase desirable behaviors or decrease undesirable behaviors
	  ○ Must include regular collection and review of data to measure the ongoing effectiveness of the rights modification
	• Present plan to Case Manager for review and approval
	• Present plan to Human Rights Committee for review and approval
	• Present plan to Behavior Support Committee for review and approval
	• Regularly collect and review data to measure the ongoing effectiveness of the rights modification
	• If behavior support plan is appealed, follow grievance procedures to ensure due process of the appeal

Behavior Support Committee

Authority: CHOICES Waiver Appendix G-2-a-ii; ARSD 46:11:05:05.02

Case Manager	Community Support Provider
• ISP Team review and approval of each behavior support plan prior to Behavior Support Committee review and prior to implementation • Monitor ISP to ensure review by BSC according to established timelines for the following: ○ All plans which include highly restrictive procedures (physical, mechanical or chemical intervention, medications to manage behavior, time out or other techniques with similar degrees of restriction or intrusion) ▪ Prior to implementation ▪ At least every six months thereafter • Advocate with and on behalf of the participant in Behavior Support Committee review as requested. ○ Help the person prepare to attend the BSC meeting ○ Participate with the person (i.e., virtually, phone, or in-person) ○ Education – example: understanding the reason for the restriction and role of HRC & BSC	• Ensure committee is comprised of parties outlined in 46:11:05:12 • Provide training as outlined in 46:11:05:12 • Develop & implement policy for highly restrictive procedures as required by 46:11:05:06.01 • Ensure BSC review of the following: ○ All plans which include highly restrictive procedures (physical, mechanical or chemical intervention, medications to manage behavior, time out or other techniques with similar degrees of restriction or intrusion) ▪ Prior to implementation ▪ At least every six months thereafter

Behavioral Supports – DDD Community Collaboration

Case Manager	**Community Support Provider**
• Review support documentation • Identify trends in person's behavior • Schedule and facilitate ISP team meetings when services are in jeopardy to problem-solve and discuss follow up ○ Rule out other causes for behavioral changes such as health-related issues, environmental, medication side effects, staff training needs, etc. ○ Make revisions to the ISP if warranted ○ Identify need for technical assistance from DDD DDD Community Collaboration: • As determined appropriate by the ISP Team, request Community Collaboration supports via email to DDD Clinical Administrator • Complete Qualifying Questions regarding level of Community Collaboration support in partnership with the CSP ○ CM has sole responsibility to complete Qualifying Questions if the person receives only CM services	• Document changes in behavior and/or support needs which may jeopardize services • Request ISP team meetings when services are in jeopardy to problem-solve and discuss follow up ○ Rule out other causes for behavioral changes such as health-related issues, environmental, medication side effects, staff training needs, etc. ○ Implement changes to supports as identified by the ISP Team. DDD Community Collaboration: • As determined appropriate by the ISP Team, request Community Collaboration supports via email to DDD Clinical Administrator • Complete Qualifying Questions regarding level of Community Collaboration support in partnership with the CM • Participate in Community Collaboration meetings with designated members, which may include an SDDC Behavior Therapist and a mental health consultant • Implement recommendations made by DDD Intervention & Support Specialist through the Community Collaboration efforts

• Participate in Community Collaboration meetings with designated members, which may include an SDDC Behavior Therapist and a mental health consultant • Coordinate additional community- and eligibility-based services for the person as identified through the Community Collaboration efforts • Monitor effectiveness of supports provided SDDC Referral: • If determined appropriate by the ISP Team, complete DHS-DD-772 Transition Plan as an application to SDDC • Submit DHS-DD-772 to DDD Clinical Administrator ○ Include documentation of denials from all Community Support Providers in SD	• Regularly collect and review data to measure the ongoing effectiveness SDDC Referral: • Assist CM with completion of the DHS-DD-772 as needed

Guardianship & Supported Decision-Making

Authority: ARSD 46:11:05:03(8) ISP

Resources: Exploring the Life Domains: Supported Decision Making

Case Manager	Community Support Provider
• Coordinate assessment initially and annually during ISP process to determine level of support needed. • Review assessments and engage team in meaningful discussion and action planning to address needs/concerns (participant perspective, CM perspective, family perspective, direct support perspective) • Research, provide resources and coordinate action plan if changes are needed regarding guardianship status (i.e. revoke, new guardian representative) ○ Be informed of community resources and connect participant/family to resources (i.e. funding/expense, attorney information, application) • In the event the team determines guardianship status is not appropriate, CM will be the lead actions deemed necessary by the ISP Team ○ In the event the guardian initiates a change in Case Management during or as a result of these actions, the remaining team members will continue to carry out the actions necessary	• Provide direct support perspective through assessment process to CM • Participate in discussion and action plan collectively • Active problem solving/community connecting – For example: Assist with identifying potential natural support networks (i.e. past staff connections, family, etc.) when guardianship is needed but participant has limited connections • In the event the guardian initiates a change in Case Management during or as a result of the team's decisions & action, the remaining team members will continue to carry out the actions necessary

Obtaining Citizenship

Resources: Citizenship Resource Center

Case Manager	Community Support Provider

• Facilitate meeting to discuss steps and assign responsibilities
• Arrange for an interpreter, if needed
• Complete Application for Naturalization (N-400) and provide a copy to the CSP
  ○ Access website for complete detailed instructions for completion
  ○ https://www.uscis.gov/citizenship/learn-about-citizenship/10-steps-to-naturalization
• Submit N-400 and N-648 (Medical Certification for Disability Exceptions) and additional documentation to US Citizenship and Immigration Services (USCIS), along with payment
• Notify CSP when biometrics appointment is scheduled to determine supports needed to attend
• Notify CSP when interview date is set to determine supports needed to attend interview
• Complete N-445 (Notice of Naturalization Oath Ceremony) as necessary
• Forward proof of citizenship to CSP and Social Security Administration
  ○ Save copy in participant's records
	• Attend meeting(s) to discuss citizenship
	• Set up appointment for "Medical Certification for Disability Exceptions" (Form N-648) and assist as needed with appointment
	• Obtain completed N-648 at appointment and provide copy to CFCM
	• Assist with attendance at Biometrics testing and Citizenship Hearing as needed

Finances

Authority: Home and Community Settings Final Rule, ARSD 46:11:04:13
Resources: Social Security Administration – Representative Payee

Case Manager	Community Support Provider
• Document in person's ISP per ARSD 46:11:04:13: ○ Management of personal finances, if applicable ○ Specify any Representative Payee for Social Security funds, if applicable ○ Identify if/how participant goals relate to financial status & any related supports for budgeting for goal attainment • Advocate on behalf of the person & ensure implementation of any supports for budgeting/planning for goal attainment • Provide information related to ABLE, burial, and trust account options • If Representative Payee and/or party responsible for managing personal finances is NOT the CSP, the Case Manager shall: ○ Completion of financial eligibility (DHS-DD-700) for persons receiving Community Training Services (CTS) funding ○ Assistance reporting wages and filing income tax ○ Assist with completing and submitting annual financial eligibility documents to the Dept. of Social Services (DSS) ○ Enrollment (initial & annual) for public benefits, including but not limited to: ▪ SSI/SSDI ▪ Medicaid, Medicare, and other health insurance benefits ▪ SNAP ▪ Housing Assistance ▪ Energy Assistance ○ Assist with finding a Rep Payee if needed	• In the event the CSP manages the person's personal finances (earned income, gifted money, tax refunds, etc.), the CSP shall: ○ Maintain the person's financial record per ARSD 46:11:04:13 ○ Provide account balances and records of transactions per ARSD 46:11:04:13 ○ Implement supports ○ Assistance reporting wages and filing income tax ○ CSP managing personal finances shall make final decisions regarding spending with input from person, guardian/family, or conservator • Assist person and/or guardian with management of ABLE, burial and trust accounts according to provider policy • In the event the CSP is Representative Payee for the person's Social Security funds, the CSP shall: ○ Completion of financial eligibility (DHS-DD-700) for persons receiving Community Training Services (CTS) funding ○ Assist with completing and submitting annual financial eligibility documents to the Dept. of Social Services (DSS) ○ Enrollment (initial & annual) for public benefits, including but not limited to: ▪ SSI/SSDI ▪ Medicaid, Medicare, and other health insurance benefits ▪ SNAP ▪ Housing Assistance ▪ Energy Assistance • CSP acting as Representative Payee shall make final decisions regarding spending of SSI/SSDI funds

Medical

Authority: CHOICES Waiver Appendix D-1(d), CHOICES Waiver Appendix C Participant Services (Medical Equipment & Drugs, Nursing, Other Medically Related Services – Speech, Hearing & Language), ARSD 46:11:07 (applies to CSPs)

Resources: Centers for Disease Control and Prevention – Healthy Living

Case Manager	Community Support Provider
• Maintain health history in central location • **ISP Development & Meeting:** Review and discuss the self-medication administration assessment and documented at least annually at the ISP • **ISP Monitoring:** 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 • **ISP Revision:** Update ISP with any long-term medication changes	• General oversight and provision of nursing services as outlined in CHOICES waiver • If person/guardian elect to manage medical care and medications, CSP responsibilities are as follows: ○ Obtain a signature and acknowledgement for those persons and/or legal representatives who choose to not have the CSP manage nursing care ○ Self- medication administration assessment is NOT required ○ CSP is not required to maintain documentation of annual medical assessments (physical, vision, dental, etc.) but must coordinate with the responsible party to ensure any and all information pertinent for the provision of supports is communicated to team members ○ CSP must ensure due process as outlined in ARSD for chemical interventions (46:11:05:09), psychoactive medications (46:11:05:09.01) and medications for sedation (46:11:05:09.02) • Update person's medical appointments and related follow up in a timely manner • Self-medication administration assessment must be completed, reviewed and discussed at least annually at the ISP for persons receiving nursing/medical services • Communicate any significant medication change(s) to CM in a timely manner • Communicate significant health concerns or surgeries in a timely manner. Preferably before the procedure, if possible

Extended Absences from Services – up to 30 days

Authority: ARSD 67:54:04:23 Payments during temporary absences

Case Manager	Community Support Provider
• Determine scope and frequency of Case Management service necessary during the person's absence from direct services – check-ins, participation in care meetings, facilitation of alternative services, communication with ISP Team, etc. ○ Person must receive at least one service per month to retain CHOICES waiver eligibility • Establish timeline for return to services – if planned for over 30 days, submit SCR to suspend CSP services effective *the last date the CSP provided a direct service* ○ If the person was admitted a hospital, the CSP may bill for up to 5 days of the hospital stay.	• Maintain communication with Case Manager regarding the person's anticipated transition back to direct services • Designate point of contact representative(s) for Case Manager and other appropriate parties (ex. nursing home social worker) during the person's absence • Retain person's housing, if applicable • Continue to assist with Representative Payee duties, if applicable • Establish timeline for return to services – if over 30 days, submit SCR to suspend CSP services ○ If the person was admitted a hospital, the CSP may bill for up to 5 days of the hospital stay.

Extended Absences from Services – 31 to 89 days

Authority: Policy Memo 11-04 HCBS Extended Absence

Case Manager	Community Support Provider
• Assess whether the person meets criterion for Transition Case Management services to assist in transition back to community-based services • Follow Transition Case Management policies and procedures if applicable • Determine scope and frequency of Case Management service necessary during the person's absence from direct services – check-ins, participation in care meetings, facilitation of alternative services, communication with ISP Team, etc. ○ Person must receive at least one service per month to retain CHOICES waiver eligibility • On day 31, submit SCR to reduce/suspend direct services effective *the last date the CSP provided a direct service* • Upon the person's return to services, submit SCR to re-open direct services at CSP	• Maintain communication with Case Manager regarding the person's anticipated transition back to direct services • Designate point of contact representative(s) for Case Manager and other appropriate parties (ex. nursing home social worker) during the person's absence ○ Determine scope and frequency for point of contact • Cease billing for services effective *the last date the CSP provided a direct service* ○ If the person was admitted a hospital, the CSP may bill for up to 5 days of the hospital stay – these dates should be added to the last direct service date (ex. last date of service was provided on 1/1/21, admission to hospital on 1/2/21 for 5 days = service suspension date of 1/6/21) • Upon the person's return to services, resume billing for direct services provided

Extended Absence from Services – 90+ days

Authority: Policy Memo 11-04 HCBS Extended Absence

Case Manager	Community Support Provider
• On day 90: Follow participant-initiated discontinuation of services notice and summary requirements • If/when participant wishes to reinitiate CHOICES waiver services, complete the following: ○ Funding Request for CHOICES waiver services ○ Application for Long-Term Care to the Dept. of Social Services, Economic Assistance ○ Level of Care documentation	• On day 90: Follow participant-initiated discontinuation of services notice and summary requirements • If/when the participant wishes to reinitiate CHOICES waiver services, follow internal procedures for admissions

Discontinuation of Services *Participant – Initiated*

Authority: ARSD 46:11:08:05.01

Case Manager	Community Support Provider
• Complete the DHS-DD-751 Participant Initiated Discharge Notice and submit to DDD no later than the end of the division's next working day *after the participant requests discharge* • Provide information to the participant, parent/guardian or advocate of other services available in the community • Provide counseling regarding funding, possible transfer, or other possible outcomes of the discontinuation of services • Complete DHS-DD-750 Participant Initiated Discharge Summary and submit to DDD no later than 30 days after the person's *last date of service.* DHS-DD-750 must also be provided to: ○ Participant; ○ Participant's guardian, if any; ○ Participant's advocate, if any; and ○ Participant's parent if the participant is under 18 years of age. • In the event CSP services end and CM services remain open, review and sign DHS-DD-751 completed by the CSP.	• Complete the DHS-DD-751 Participant Initiated Discharge Notice and obtain Case Manager signature • Submit DHS-DD-751 to DDD no later than the end of the division's next working day *after the participant requests discharge* • Provide information to the participant, parent/guardian or advocate of other services available in the community • Provide counseling regarding funding, possible transfer or other possible outcomes of the discontinuation of services • Complete DHS-DD-750 and obtain Case Manager signature • Submit to DDD no later than 30 days after the person's *last date of service*. DHS-DD-750 must also be provided to: ○ Participant; ○ Participant's guardian, if any; ○ Participant's advocate, if any; and ○ Participant's parent if the participant is under 18 years of age.

Termination of waiver services *Provider-Initiated*

Authority: CHOICES Waiver Appendix F-1; ARSD 46:11:05

Case Manager	Community Support Provider

• Provide 30-day notice to the following:
  ○ Participant, with accommodations for those who have difficulty communicating;
  ○ The participant's parent (if under age 18);
  ○ The participant's guardian;
  ○ All of the participant's ISP team; and
  ○ DDD
• Complete the DHS-DD-751 Provider Initiated Termination Notice within one working day and submit to DDD
• Provide information to the participant, guardian/parent regarding the availability of
  ○ Other services in the community
  ○ Participant's right to appeal the decision to the division
• Facilitate application to other Case Management service providers
• In the event CSP services end and CM services remain open, review and sign DHS-DD-751 completed by the CSP.
  ○ If/when alternative CM services are secured, *receiving CM provider* completes the Provider Change Request form (DHS-DD-814) upon admission
• Continue to provide services throughout period of appeal, if applicable
• Complete DHS-DD-750 Provider Initiated Termination Summary no later than 30 days after the person's *last date of service*
	• Provide 30-day notice to the following:
	  ○ Participant, with accommodations for those who have difficulty communicating;
	  ○ The participant's parent (if under age 18);
	  ○ The participant's guardian;
	  ○ All of the participant's ISP team; and
	  ○ DDD
	• Complete the DHS-DD-751 Provider Initiated Termination Notice within one working day and submit to DDD
	• Provide information to the participant, guardian/parent regarding the availability of
	  ○ Other services in the community
	  ○ Participant's right to appeal the decision to the division
	• Coordinate with the Case Manager and participant to ensure successful transition in the event of a CSP-initiated termination
	• Continue to provide services throughout period of appeal, if applicable
	• Complete DHS-DD-750 Provider Initiated Termination Summary no later than 30 days after the person's *last date of service*

National Core Indicators – In Person Surveys

Authority: CHOICES Waiver Appendix D-1-d

Case Manager	Community Support Provider

• Request consent of person/guardian
  ○ Notify NCI Coordinator of consent given or denied
  ○ Send NCI Coordinator proof of consent
• Complete Pre-Survey section of survey for each person on caseload selected for survey in a timely manner (timeframe or deadline?)
• Complete Background Information section for each person on caseload selected to be surveyed
• Provide additional information to NCI coordinator/staff to assist with scheduling interviews
	• Provide a point of contact to DDD and NCI Coordinator to assist with scheduling interviews
	• Provide a support person to be available during the interview, if needed (person has difficulty communicating, needs assistance with technology, or prefers to have someone present with them during the interview)
	  ○ Support person is NOT required to be paid staff
	  ○ May include identifying who knows the person well and can provide support during the interview, if needed
	  ○ CSP is NOT required to coordinate interviews for those who live independently or who live at home with family.

○ May include identifying who knows the person well and can provide support during the interview, if needed • Case Manager CANNOT provide support to the participant during the interview	

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 Interviews may be completed by CSP, CM, CQL, or DDD as determined by the team, DDD planning, and CQL activities.

Additional Resources:

Home and Community Based Settings Requirements Compliance Toolkit

HCBS Settings Guide to Expectations & Compliance

HCBS Settings Rule FAQ

South Dakota Therap User Handbook

Frequently Asked Questions:

Point of Entry

1. **Will planned changes to streamline the point of entry for services through DDD delay admissions?**
   Answer: DDD's intent is to act as a single point of entry, providing information and referral services as needed by those seeking DDD-funded services in South Dakota to create efficiencies for people with disabilities and their families. DDD plans to convene a Front Door to Supports workgroup in 2022 to address questions and develop procedures to address issues of efficiency.

2. **With DDD acting as the point of entry to services, will families be guided away from a CSP they've identified as their desired service provider?**
   Answer: DDD will act as a "front door" to provide information regarding all service and provider options to those seeking CHOICES or Family Support 360 waiver services in South Dakota. Referrals to providers will be made in accordance with the person/family/guardian preferences.

ISP Development

1. **Will ISP Team members receive 30-day notice for annual ISP meetings?**
   Answer: As noted in the ISP Development section of the Roles & Responsibilities document, Case Managers are responsible to provide a 30-day advance notice prior to the annual ISP meeting. Issues will be discovered by DDD through the random, representative sample of CHOICES ISPs each month and are required to be remediated by the Case Management provider.

2. **How long in advance of the ISP agenda being distributed should the CSP have updated assessments available for review?**
   Answer: Development of the ISP Agenda should be guided by the results of assessments for team discussion as needed. Recommendation from DDD is that assessments be completed at least two weeks prior to the distribution of the ISP Agenda.

3. **Are assessments to be available for review by the participant & family members?**
   Answer: Yes, the person and guardian/family member are part of the ISP Team.

4. **Is there a standard or recommended format for ISP meetings? Some Case Managers start with a greeting, PCT tools, info, etc. and others start right in with discussion of supports.**
   Answer: DDD recommends that Case Managers use their own discretion and knowledge of the ISP Team dynamics and preferences and part of the discussion with the person supported when developing an agenda outline.

5. **How should day services be listed for people who receive at home, due to retirement or medical needs?**
   Answer: Regardless of location, Day Services should be identified in the Service Support section of the ISP as Day Services.

ICAP

1. **How will DDD ensure that the Case Manager has shared the ICAP with the Community Support Provider prior to submission of a Service Change Request or 3-year submission to DDD?**
   Answer: DDD has outlined the expectation for Case Managers to share the ICAP with the CSP prior to submission to DDD. Any instances of this not occurring should be corrected through the following steps:
   - Contact with the Case Manager
   - Contact with the Case Management supervisor
   - Contact to DDD Program Specialist

Employment – Individual and Group Supported Employment:

1. **Is the Case Manager required to communicate with CSP if they have met with and are going to access VR services?**
   Answer: Yes, the Case Manager will make a referral after the ISP team has discussed.

2. **The Roles & Responsibilities Summary of Changes document states "changes role of CSP as the primary/only entity referring to Vocational Rehabilitation (VR)", but the full Roles & Responsibilities document notes the Case Manager is responsible to make referral to VR. Please clarify.**
   Answer: The Roles and Responsibilities Summary of Changes document outlines that this is a revision in the roles & responsibilities of a CSP. Historically, CSPs have been the primary/only referring party to VR for people receiving CHOICES waiver services. The Roles & Responsibilities document was updated to clarify that the Case Manager is the provider who will make the referral to VR services.

ISP Monitoring

1. **What is the expectation of a Case Manager to coordinate a time with the CSP to conduct observation of residential or day/employment services?**
   Answer: While it is best practice to maintain open lines of communication regarding when a visit to the person's home or place of work/services may occur, Case Managers are not required to pre-schedule observations.

2. **Is the Case Manager expected to observe supports related to goal attainment?**
   Answer: ARSD 46:11:05:05.01 requires Case Managers to observe the *services* as described in 46:11:08:01, rather than actual implementation of an ISP "goal" such as cooking dinner. However, the expectation is that the Case Manager, while they are onsite, would observe any specific supports provided to the person in addition to how the person interacts in his/her surroundings, others who live in the home and staff members, talking to the person to get his/her perspective regarding how things are going, etc. The Case Manager is not limited to one observation per quarter and may conduct additional observations based on trends noted in service documentation.

Notice of Reduction of Services:

1. **If the person requests the change, do we still need to do the reduction notice?**
   Answer: If the person or legal representative agree with the reduction of services, they may waive the 10-day notice in writing. Services may only be reduced upon receipt of the written statement from the person/legal representative.

2. **If a person's Career Exploration time limit expires and they go back to Day services, is that a reduction of services?**
   Answer: Yes. CE services are reduced so a notice is required (or statement from the person waiving the 10-day notice).

Finances

1. **Can you provide an example of a restoration for a person whose diagnoses limit their ability to manage their own finances?**
   Answer: Please see the example below:
   Rights Restriction: ABC, Inc. manages Joe's personal finances
   Reason for Rights Restriction: Joe has a limited capacity to understand the value of money. He struggles to differentiate the value of bills and coins and does not understand that writing checks is the same as spending cash.
   Restoration Plan:

- *By June 2022, Joe will identify the denomination of $1, $5, $10, and $20 bills and all coins.*
    - *Twice weekly, staff and Joe will use his cash on hand (from his personal lockbox) to practice naming the various denominations of bills and coins in his possession. Staff and Joe will count the money together and will both initial his cash log to verify the count was done.*
    - *Staff should quiz Joe on various bills and coins, ask him how much each is worth and basic math (i.e., 2 quarters = $.50, 10 dimes = $10, etc.) while counting his cash on hand.*
    - *There are worksheets available at www.moneymath.comm to guide the practice.*
- *By December 2022, Joe will learn how to view his account balance by accessing his bank account online.*
    - *Once per week, ABC, Inc. staff and Joe will review his bank account online – staff will assist Joe to log into his account (username and password is in his personal lockbox) using his iPad.*
        - *As Joe gets familiar with the login process, staff should let him type his username and password*
        - *If after 2 months, Joe continues to struggle with logging into his account, explore whether facial recognition is available as authentication and please assist Joe to set that up.*
    - *Joe and staff will review the expenses and income over the past week – noting that the checks he wrote for rent, utilities, etc. were deducted from his account*
        - *Looking at the scanned/electronic versions of each check will help solidify with Joe that the check with his signature on it was received by the bank)*

2. **Are Conservators allowed to set limits on a person's personal account (ex. conservator says you are only able to have $60 each week out of your paycheck)?**
   Answer: The role of the conservator is outlined in SDCL 29A-5-411; however, each order of conservatorship is unique and should be referenced in each individual circumstance.
   SDCL 29A-5 outlines the South Dakota Guardianship and Conservatorship Act.

3. **Should documentation of "a plan for returning control of the funds to the participant, including methods and schedules for implementation and documentation that the participant has access to and opportunities for training in how to handle money" be collected in an ISP program?**
   Answer: Yes, an ISP Program is the most appropriate place to document these supports for progress to be monitored.

4. **Should the payee, if provider, attend ISP meetings or can someone bring the financial piece to the meeting?**
   Answer: Either is appropriate, if the person would like to discuss the status of their budget, to include Social Security benefits, during the ISP meeting and/or as it pertains to goals and planning.

Behavior Support Plan

1. **Where in the ISP should the required components of the BSP be documented?**
   Answer: The Risk Section of the Individual Support Plan in Therap. As outlined on page 26-27 of the Standardized ISP Guide, select the appropriate "Risk Type" and attach the related Behavior Support Plan(s) and supporting documentation.

2. **Is there a preference between "attaching" the BSP and "linking" the BSP?**
   Answer: DDD has provided guidance to *attach the* Behavior Support Plan to the Risk Section of the Therap ISP in conjunction with the appropriate Risk category identified.

3. **Does DDD have qualification requirements for those writing a BSP?**
   Answer: No. At this time there are no requirements in Administrative Rules of South Dakota (ARSD) or the CHOICES waiver which outline specific qualifications to write a BSP. However, DDD recommends that any person writing a BSP have training in the following:
   - Functional Behavior Analysis
     - Reinforcers – positive and negative, types, and selection of reinforcers
     - Defining the target behavior
     - Criteria for selecting appropriate replacement behavior
     - Intervention Methods – teaching replacement behavior(s), improving the environment, and adjusting contingencies
   - Person Centered Thinking
   - Positive Behavior Supports
     - Least restrictive alternatives
     - How to identify “behavior”
     - Behavior as communication
     - Implementation integrity
     - Data collection
   - Trauma-Informed Care (trauma response vs. behavior response)
   - Informed Choice & Supported Decision-Making
   - Dignity of Risk
   - Prohibited Procedures – prone restraint, aversive conditioning, etc.

4. **Is the Case Manager’s approval of the BSP supposed to occur prior to Behavior Support Committee approval?**
   a. Yes, the Behavior Support Plan is developed and must be reviewed and approved by the ISP Team, which includes the Case Manager, prior to the committee review.

Medical

1. **Should the CSP collect and retain medical information regarding medications to ensure side effects can be reported if noted, even if the CSP does not provide nursing services?**
   Answer: Yes, per the Roles & Responsibilities document, the CSP is required to coordinate with the responsible party to ensure any and all information pertinent for the provision of supports is communicated to team members. This includes medications and potential side effects.

2. **Is the CSP required to document the recommendations of medical professionals to ensure support is appropriately provided, even if a CSP does not provide nursing services?**
   Answer: Yes. Per the Roles & Responsibilities document, the CSP is required to coordinate with the responsible party to ensure any and all information pertinent for the provision of supports is communicated to team members. This includes recommendations which would result in supports necessary during the provision of residential, day services, career exploration, group supported employment and/or individual supported employment.

3. **What is the expectation for Case Manager documentation in ISP Monitoring if a person opts out of nursing services and the CSP doesn't have to maintain records of medical appointments?**
   Answer: The responsibility of the Case Manager is to discuss these matters directly with the person responsible for managing the person's healthcare. Medications & side effects, medical or dental appointments & recommendations, etc. as they pertain to the person supported and document accordingly in the ISP Monitoring.

4. **If the CSP provides nursing services for a person who lives at home and assumes responsibility for refilling and administering medications, do we still need self-medication assessment?**
   Answer: A self-medication administration assessment must be completed regardless of where the participant lives. The answer is not different based upon who is administering the medications and the participant can be supported with any part of the process. It is also important to assess the participant's desire to self-administer medications if they are not doing so as it may be a goal they'd like to work toward. DDD recommends that a refusal statement/checkbox be added to the assessment form in the event of a refusal for the assessment.

5. **Can a person under CTS Funding receive nursing services from the CSP (Example: A person with diabetes has the nurse double check his feet/toenails once a month?)**
   Answer: Yes, nursing services may be provided through CTS funding through the Expanded Follow Along billing code.

6. **Should the signed "opt out" be attached to each annual ISP?**
   Answer: Yes, the acknowledgment/waiver of nursing services is required annually and should be attached to the appropriate ISP.

7. **Does the CSP need to obtain the opt out signatures every year?**
   Answer: Yes, the acknowledgment/waiver of nursing services should be obtained annually.

8. **Is there a specific "opt out" form? Where would we find this?**
   Answer: A form template can be found on the DDD Provider Portal under Provider Responsibilities at: https://dhs.sd.gov/developmentaldisabilities/providerportal.aspx

9. **Where should the Case Manager maintain the health history? Would the Social History work?**
   Answer: Yes, the person's health history would be appropriately documented in the Social History.