



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 265e 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 and share a copy with the CSP Completes initial social history Identifies team within 15 days Complete Initial application for SSI/SSDI benefits 	<ul style="list-style-type: none"> Review participant applications for direct services as received from CM Referral to CM organizations 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> <p>Shared Responsibility</p> <ul style="list-style-type: none"> Invites Review ICAP Inform each other of discovered life changes 	<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 and others as needed After completing the ICAP, share with CSP to review prior to submission 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 	<ul style="list-style-type: none"> 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 approved in Therap, 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"> • 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 • 30 day prior notice for invite • Send draft of the ISP to CSP to review before final approval • Distribute ISP to individual, guardians and outside team members as requested • Update social history • Facilitates rights restriction and plan of restoration discussion • Reviews rights restrictions and plan of restoration as a team process 	<ul style="list-style-type: none"> • Share written supports with CM for informational purposes if needed • If revisions to the ISP are necessary prior to implementation, communicate specific revisions to the CM in a timely manner • 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 • Share current social history with CM
Responsibilities	Case Manager	Community Support Provider
ISP Monitoring <u>Shared Responsibility</u> <ul style="list-style-type: none"> • Share and gain input on Working/Not Working in each section of the 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 and share the completed ISP monitoring with the participant and obtain their feedback • Submit quarterly monitoring document to CSP contact, guardian and outside team members as requested 	<ul style="list-style-type: none"> • Provide qualitative and quantitative data to CM (including progress towards goals, rights restrictions/restorations, day to day supports, incidents) • Make recommendations for any necessary revisions to plan • Review completed ISP monitoring and implement recommendations and follow-up as appropriate • Distribute quarterly monitoring to CSP staff
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 • Distribute minutes from team meeting

	<ul style="list-style-type: none"> • Share meeting minutes from team meetings 	
<p>Critical Incident Reports</p> <p>Shared Responsibility</p> <ul style="list-style-type: none"> • Per ARSD and CIR Guidelines, anyone can call in reports to DDD • Communicate follow-up from a CIR 	<ul style="list-style-type: none"> • Complete internal incident reports if incident occurred within CM supports. <ul style="list-style-type: none"> ◦ Refer to CIR/GER Guide • 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 organization follows up with CM 	<ul style="list-style-type: none"> • Complete internal incident reports • Identify CIRs and report to DDD and CM • 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 if needed • Update ISP to include information regarding rights restriction and/or behavior support plans • ISP Team approval for highly restrictive procedures/rights restrictions on an on-going 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 • Informs the CM of date and time of meetings • Review follow-up if needed with CM
Responsibilities	Case Manager	Community Support Provider
<p>Emergency Restrictions</p> <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 designated CSP contact 	<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 • If a reduction in service occurs the CSP will initiate the 10 day written notice

<p>Finances</p> <p>Shared Responsibility</p> <ul style="list-style-type: none"> • Team will work with Guardian/Conservator/Rep Payee to discuss and assign options for burial, trust and ABLE accounts • Team will assign roles for completing SSI/SSDI paperwork • Assess if Rep Payee services are needed 	<ul style="list-style-type: none"> • Document in ISP financial status, rep payee information, and how often the guardian will receive financial information related to burial, trust, and ABLE accounts etc. • Will assist Rep Payee with SNAP, energy assistance, housing assistance, etc. Will be completed by the CM if receiving day services or case management only. • Assist with SSI/SSDI paperwork if CSP is not Rep Payee • Assist with finding a Rep Payee if needed 	<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 if CSP is Rep Payee • SNAP, energy assistance, housing assistance etc. will be completed by the CSP if Rep Payee • Annual eligibility forms for DSS • Annual eligibility forms for HCBS and CTS • Complete SSI/SSDI paperwork if CSP is Rep Payee
<p>Employment</p> <p>Shared Responsibilities</p> <ul style="list-style-type: none"> • Utilize person centered discovery tools to learn about the person's preferences, skills and support needs related to successful employment • Resources to assist include the Person Centered Employment Guide, the Charting the Life Course booklet, Employment Trajectory and Integrated Supports Star • Assist in referral to Vocational Rehabilitation Services, Benefits Specialist, and other resources as appropriate 	<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 the ISP • 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 • 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 • Share relevant documentation and data with the CM • If CSP is Rep Payee, will report wages and monitor benefit eligibility
<p>Responsibilities</p>	<p>Case Manager</p>	<p>Community Support Provider</p>
<p>Medical</p>	<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 	<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

	<p>documented at least quarterly and discussed annually at the ISP</p> <ul style="list-style-type: none"> • Review and discuss the self-administration assessment and documented at least annually at the ISP • Update ISP with any long-term medication changes 	<p>supported. This assessment should be reviewed and discussed at least annually at the ISP</p> <ul style="list-style-type: none"> • Communicate with CM in a timely manner any significant medication changes • Communicate significant health concerns or surgeries in a timely manner. Preferably before the procedure, if possible
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 • Updating ISP to reflect consultation as recommended 	<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 • Update written supports as recommended to reflect consultation
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.