

FOOTHILLS GATEWAY, INC.

Case Management Monitoring (HCBS and State SLS/OBSS)

POLICY:

It is the policy of Foothills Gateway, Inc. to execute Case Management services according to Health Care Policy and Financing (HCPF) rules and regulations.

PURPOSE:

Foothills Gateway, Inc. will monitor services and supports for individuals in services per HCPF rules and regulations. Monitoring and follow-up activities are necessary to ensure each individual's service plan is implemented and adequately addresses the health and safety and service needs of each individual documented in the annual service plan. The frequency and level of monitoring will meet the guidelines of the program in which the person is enrolled.

The individual and the team should assess what is working and not working for the individual, what is truly important to versus important for the individual, and integrate what has been learned in the prior six months in order to plan for the next six months. Everyone should be given the opportunity to share what has been learned and have an opportunity to help shape the next six months of services. The Case Manager will help facilitate the discussion, collect the information and make changes to the service plan and level of care assessment as appropriate. The Case Manager will also summarize what is learned in a log note entered in the HCPF Care and Case Management System.

At a minimum, monitoring will include for each person to assure:

1. Completion of Initial or Continued Stay Review of functional eligibility.
2. The delivery and quality of services and supports identified in the Service Plan (SP), the prior authorization request (PAR), and the utilization of these services.
3. The health, safety and welfare of the individuals.
4. The Case Management Agency, and service agency practices promote a person's ability to engage in self-determination, self-representation, self-advocacy and person-centered planning.

PROCEDURE:

- **Case Managers will meet Targeted Case Management monitoring requirements for all individuals enrolled in HCBS.**
- **Case Managers will complete four (4) quarterly monitoring visits per year. At a minimum, one visit will be in-person and held where services are provided. The remaining three monitoring visits may be held in-person or virtually according to the enrolled individual's preferences.**

In gathering information, the Case Manager should have the full array of information available. The primary source of information should be from the individual in service and those closest to the individual.

Health and Safety Reviews:

Some individuals have periodic reviews of health and safety skills and emergency plans. This review should include review of the Contingency Plan listed in the SP. Part of this review can include documentation of the individual's ability to respond to crises. If this information is completed by a provider, the Case Manager should use information to evaluate an individual's strengths and mark changes when compared to prior reviews. Health and safety plans can also be reviewed with the individuals at the individual's home or in the day program setting.

Service Quality Review:

During each monitoring visit, the Case Manager will review the individual's overall satisfaction with their services and supports, satisfaction with their provider selection(s), and review the health, safety, and welfare provided to the individual where services and supports are received. The Case Manager will speak with the individual to ensure individual satisfaction with their provider selection(s), services, and supports being provided. If any concerns are brought up or observed, the Case Manager will work with the individual and their Interdisciplinary Team to resolve any concerns with the individual's services and supports.

Utilization:

The Case Manager should use available information on units billed to evaluate the use of the services. The Case Manager should use this information as a discussion point in determining whether the scope of the services is appropriate going forward and to troubleshoot any service delivery issues that may have created a barrier to services.

Service Plan Review:

The Case Manager should review the most recent version of the Service Plan to ensure services are being delivered according to the most current Service Plan, to ensure services in the plan adequately meet the individual's needs. The changes are needed, the Case Manager will revise the Service Plan to meet the individual's current needs. The Case Manager should also use this as a reference in discussing whether individual's service plan goals align with the individual's personal goals and whether there are any services which are not needed, or which are newly identified needs.

Level of Care Assessment Review:

Six months after the Service Plan, the Case Managers should evaluate whether there have been any functional changes that would impact the level of care assessment. These changes may arise by an increase or decline in an individual's ability to complete activities of daily living or cognitive/behavioral state. These changes may be precipitated by change in medical status or integration of assistive technology or adaptive equipment and may reflect an individual's acquisition of additional activity of daily living skills, decreased supervision needs or increased cognitive processing through maturation or the learning process. Changes in the level of care assessment should be incorporated as an

unscheduled assessment. While this assessment need not be completed face-to-face and in the individual's home, the reassessment should use a variety of sources as the basis for the new assessment.

Incident Report Trending:

Case Managers should pull a query of the last three months of incident reporting. The Case Manager can pull this information from the FGI incident reporting database. The Case Manager should review the incidents written within the three-month period and evaluate whether there are any trends apparent. Trends can include type of incident, period of time, service provider. The Case Manager can use this information to gauge the wellness of the person in service over the past six months and drive discussions about how changes might be made in the next six months.

Home Visit:

Review the state of the home environment and whether the home is a safe residence given the individual's physical and social needs. It is especially important to assess the safety of the home if there have been additional medical needs or a general decline in the individual's health. The visit should consider the risk of falls present from stairs, uneven surfaces, rugs and pets. The Case Manager should also evaluate the accessibility of bathrooms, bedrooms and closets. As part of the health and safety review, the Case Manager should also assess the suitability of the living environment's emergency egress in light of potential fire emergencies as well as safety equipment including smoke detectors and carbon monoxide detectors. For individuals living independently, the Case Manager should evaluate whether existing supports (paid and unpaid) are sufficient to allow the individual to live safely in that setting.

Waiting List Review:

Case Managers should discuss annually whether the person should be added to the HCBS-DD waiver Waiting List and what status should be reflected on the Waiting List (safety net, as soon as available). If the discussion leads to a need for a change in status, the Case Manager will complete a Waiting List change form. The Case Manager will document this discussion in the log notes.

Professional Services:

Case managers will ensure that individual therapeutic goals for professional services (Hippotherapy, Massage Therapy and Movement/Music Therapy) are reviewed and approved by a Medicaid medical provider on a quarterly basis. The Case Manager will send therapy notes and outcomes to the person's Medicaid medical provider. If the Medicaid medical provider does not find that the therapeutic outcomes are meeting the needs of the person, the case manager will work with the IDT to revise the therapeutic goal or discontinue the professional service.

Documentation

- Case Managers will document all monitoring activities as log notes in the Care and Case Management System as outlined by HCPF.
- If there are issues or concerns identified during a quarterly monitoring visit, the case manager will notify the provider agency and complete a log note.

Follow-up

- **The Case Manager will identify if follow-up is needed and who is responsible.**
 1. The Case Manager will refer to the SP to identify who is responsible for follow-up.
 2. The Case Manager will have the Office Support identify in the SP database concerns and follow-up needed. The Case Manager will assure follow-up is completed.

- **The Case Manager will document when follow-up is complete**
 1. When an assigned follow-up has been completed, the provider agency will submit the follow-up form to the Case Manager.
 2. The Case Manager will have the Office Support document that the follow-up is complete and assure the date of the follow-up is in the Case Management SP database.

Children's HCBS Waiver (C-HCBS)

- The Children's HCBS Waiver Case Managers will complete quarterly monitoring for each person enrolled.
- The monitoring will evaluate and review:
 1. The person's health and safety
 2. The quality of the supports provided through C-HCBS
 3. The utilization of C-HCBS services.
 4. The overall satisfaction with C-HCBS services (IHSS and case management).
 5. Access to needed medical services
 6. Critical incidents
- The six-month monitoring visit should be conducted in-person and the Case Manager should also review the 100.2 assessment during the visit and should integrate information from the In-Home Support Services (IHSS) agency and therapists.
- Other than the six-month monitoring, Monitoring visits can be completed virtually.

State Supported Living Services/OBRA Services

- The State SLS Case Manager will complete quarterly monitoring for each person enrolled. The monitoring can be done in person or virtually depending on the person's preference. The monitoring for the six-month review should be done in-person.

- The quarterly monitoring will be an opportunity to review the Individual State SLS or OBSS Support Plan and evaluate:
 1. Satisfaction with State or OBSS SLS services.
 2. Utilization of State SLS or OBSS service hours.
 3. Appropriateness of goals listed in the Individual State SLS or OBSS Support Plan.
 4. Health, safety and welfare of the person enrolled in the Program

- Following the monitoring, the case manager will document the monitoring in the HCPF Care and Case Management System and make changes to the person's State SLS or OBSS Support Plan as appropriate.

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