A Resource Guide for Independent Case Managers for the Developmental Disabilities Waiver

Developed by:

The New Mexico Department of Health Developmental Disabilities Supports Division

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Use of this Guide

A Resource Guide for Independent Case Managers for the Developmental Disabilities (DD) Waiver was designed as a resource for New Mexico independent case managers (CM) who serve individuals with developmental disabilities. It serves as a ready-reference to information, resources, and tools you can use to enhance individuals' experiences with the service system and, most importantly, to support attainment of outcomes they personally seek to achieve.

This guide is structured in such a manner as to represent key aspects of the CM's role in his/her relationships with individuals and their families, guardians, advocates, all types of service providers, and others involved in the individual's life. Each chapter addresses a different process that the CM and team assist individuals to complete to secure and receive services and supports that are personally important to their health, safety, and growth as human beings. All chapters describe the rationale(s) for the activities described, the necessary procedures to complete them, and references to relevant policies and/or Regulations.

The guide is comprised of an **Introduction**, nine (9) **Chapters** and an **Appendix**.

Chapter	Title
I	How Individuals Become Eligible for Developmental Disabilities Waiver Services
II	Getting to Know the Individual
III	Making the Most of Meetings
IV	Planning with the Individual
V	Community Resources and Supports
VI	Keeping Things on Track
VII	Record Keeping on Behalf of the Individual
VIII	Creating the Individual's Budget & Billing for Services
IX	When an Individual Changes Services

The guide illustrates the role and responsibilities of CMs with the use of scenarios commonly encountered by individuals, their CMs and teams. These are real life examples of personal experience in services and supports.

The material in this guide can be used in different ways. The guide in its entirety can be used as a handy 'desk reference' for guidelines, protocols, tips, and samples of forms a CM uses on a regular basis. In addition, sections within chapters can serve to refresh knowledge and skills of a particular case management function, particularly those that address situations that arise only on occasion.

This guide can also be made available to colleagues, especially provider agency service coordinators, as well as other team members who play different roles in the lives of individuals. It can expand their understanding of CM interactions with and on behalf of individuals served.

Note: *To review regulatory citations, refer to the hyperlink entered by each reference.*

Chapter VI
Keeping Things on Track

- Spending Time with the Individual
- Telephone & Quarterly Report Monitoring
- Special Issues to Keep an Eye On
- Incident Management
- Request for DDSD Regional Office Intervention

Chapter VI
Keeping Things on Track

The Case Manager (CM) is responsible for monitoring services individuals receive through the Developmental Disabilities Waiver (DD Waiver), including:

- health and safety,
- finances,
- services,
- quality of life,
- environments,
- guardianship, and
- implementation of the Individual Service Plan (ISP).

Monitoring must include:

- visits with the individual,
- review of incident reports,
- telephone contacts, and
- review of reports from therapists and providers.

Spending Time with the Individual

When visiting with an individual at a location where he/she is receiving waiver services, the CM is obligated to monitor not only the substance of ISP implementation but also the individual's health and safety. It is important to realize why site visits are conducted. The main reason behind the funding of services through the Waiver is to provide the individual with the supports needed to achieve his/her dreams and aspirations. Sitting in an office all

the time, it is difficult to know if this is happening. Visiting with the individual in his/her environment also helps the CM build rapport which is integral to becoming a strong advocate. When the CM visits the person in the home, day program or community, it offers him/her the opportunity to observe direct support staff and often gain their valuable input concerning the effectiveness of the program. Site visits also provide the CM with the opportunity to personally see if the program is working, or if the team needs to re-convene to review and/or revise the program to make it more effective or more in line with who the individual really is.

1) Face-to-face visits with individuals, other than children, are to be conducted a minimum of one time per month for individuals who are not members of the Jackson Class and two times per month for Jackson Class Members.
2) For Jackson Class Members, one visit must occur in the individual's home and the second in day services or his/her job in the community.
3) For individuals who are not class members, but do receive community living services, a visit in the individual's home must occur at least every other month.
4) For individuals who are not class members and do not receive community living services, a visit to the home at least quarterly is adequate.
5) For children under the age of 18, the parent/guardian may determine that the CM visit less than the required 12 visits per year, but at a minimum of four times per year.
6) Site visits for all other services may occur at the service site (day habilitation program, community employment site, in the school, during medical appointments or during therapy sessions) or in the individual's home.
7) If a visit is to occur at the work site, during medical appointments, or at school, the CM must be sensitive to the dynamics of meeting with an individual in these environments. Permission from the individual, the school, the doctor, or job coach

should be obtained first so that the visit does not interfere with the individual's performance of his/her school/job duties, influence the perception of the individual by co-workers, employer, or other students or interfere with medical treatment. If it is necessary to cancel a scheduled site visit, the visit must be re-scheduled within the same month of service.

Health and safety issues to monitor include, but may not be limited to: medical issues; availability and usage of designated augmentative or assistive technology devices; adequacy and appropriateness of clothing, food and financial status; structural state of the site; and presence of trained, qualified staff. Safety issues may also include an individual at risk of exploitation (misappropriation of property or money), injury, unreasonable confinement, or situations that may cause physical harm, emotional distress, or mental illness.

Training Resources
Information regarding health and safety is presented in ***Level One Health Training for Case Managers and Service Coordinators***; dignity of risk is covered in ***ISP Two Day Training***, ***A Positive Team Approach to Development of Behavioral Supports***, and ***Advocacy Strategies for Case Managers***.

Monitoring the substance of ISP implementation entails assuring that action plans, strategies and the medical, therapy and community integration supports are being implemented in accordance with the ISP.

⇨ **Appendix*: DDSD Site Visit Form***

Visiting the Individual

Residential & Day Habilitation or Work Settings

1) Conduct a face-to-face visit with the individual. Spend time conversing and simply being with the person.
2) Conduct part of the visit with family (if the individual is not in residential supports or day program supports) or current staff in order to observe and determine if the program is being implemented in accordance with the ISP.
3) Conduct a review of medical and program files if the individual is in residential or day program services.
4) Assure that the setting (home, day habilitation, etc) is in safe condition, appropriately staffed, and there are no outstanding health and safety issues.
5) Pay attention to the individual's appearance regarding mood, satisfaction with environment and activity, dress, cleanliness and obvious indicators of health.
6) When a CM identifies everything he/she is responsible to review during a visit with the individual, it may, at first, appear overwhelming. However, part of the site review process is up to you! The CM needs to use common sense. If an individual is considered to be medically fragile or has quite a few chronic medical needs (e.g. has a seizure disorder and diabetes) it would be important to check the medical files and information every visit. If there has been an ongoing issue that has not been resolved, status should be checked. If the individual is in good health, with no ongoing medical issues, the CM may review the medical information every third visit. It is also acceptable to review the outcomes, action plans, and data every other month if the CM feels the provider has presented accurate and current data.

Medical Issues to Review

1) Review the Medication Administration Record (MAR) and update your list of medications if needed, noting any changes in medications, dosages, administration times, etc. ***Review monthly.***
2) Note if the individual has taken his medication regularly or has missed any dosages. ***Review monthly.***
3) During the review of the MAR, note any errors in medication administration. If there have been several medication errors, contact the agency nurse and/or program coordinator no later than the next working day. Request that a plan of action be developed (to prevent these errors from occurring again) and sent to both the DDSD Regional Office and CM. ***Review monthly.***
4) Check for documentation of occurrences if the individual has a seizure disorder. Note seizures occurring during that month and identify if there has been an increase or decrease in frequency, duration or intensity of seizure activity. ***Review monthly.***
5) Check documentation regarding medical appointments, emergency room visits, incident reports, or any other health or safety issue. When returning to the CM agency, compare to the primary record to ensure provider(s) have submitted all necessary documentation (i.e. reports from physicians/specialists, incident reports, etc.). ***Review at least every other month.***
6) For each appointment, document in a progress note the date, physician seen, purpose of appointment or Emergency Room visit and evaluate provider record to ensure instructions from the medical provider are being followed by the responsible team members. ***Review at least every other month.***
7) Document in a progress note the date of last blood work completed and date next lab work is due if appropriate; and ensure that proof of completion of lab work has been submitted for the CM record. ***Review at least quarterly.***

8) If the individual is medically involved (e.g. has a seizure disorder, diabetes, is at risk for aspiration, etc.) review medical documentation and assure that the health care plans and crisis plans are current and available to staff and verify staff have been trained according to the ISP. ***Review quarterly***.
9) If the individual is prescribed psychotropic medications that may cause movement disorders, it is the responsibility of the CM to ensure that regular movement screenings are conducted by a nurse, psychiatrist, or medical doctor (in compliance with the frequency determined by the prescribing practitioner). Documentation of completion must be in both the medical file at the provider agency and the primary file at the Case Management agency. ***Review according to the frequency determined by the prescribing practitioner***.
10) Assure pertinent training or instruction sheets for staff are readily available, with due regard for individuals' privacy. ***Review quarterly***.

Reviewing Other Program Files

1) For any individual receiving residential services (Supported, Independent, or Family Living) supported employment, or adult habilitation services, the CM will review the program or data book located on site.
2) ***Note:*** *If the individual is employed in the community this information may be requested from the job coach; if the job coach is unavailable, request the documentation at a later date and/or time.*
3) Ensure that a current copy of the ISP is available to the individual and staff. The best way to ensure this is available is to request that the staff on duty show you where the plan is located (i.e. in the house file, posted in the staff room, on the data clipboard, etc). ***Review quarterly***.
4) If the ISP and/or data file is not available, contact the program coordinator of the specified agency and ask them to place a current copy of the ISP and/or data file on

site within forty-eight hours, note this interaction in case notes; the CM must then check to assure the needed documentation is on site and staff are aware of the location of the document(s).

5) Note if the program being implemented is current. ***Review quarterly*.**
6) Document if data is being taken on a regular basis, in accordance with the ISP. Determine if the data is explanatory, presents a clear picture of the individual's current skill level (what portion of the skill the individual is completing and how much assistance they actually require from staff). The CM must also document whether the skill level increased, decreased or has been maintained and/or if the individual has met the criteria for the outcome/action plan. If the data reveals a decrease in skill area, check the documentation for possible reasons and potential solutions; consider convening the team to problem solve. ***Review every other month.***
7) ***Remember**: When a desired outcome in the ISP has been attained, the team must reconvene and determine the next step(s) to ensure the individual continues towards accomplishment of his/her long-term vision.*
8) Document any notation of behavioral incidents and how the incident was resolved. ***Review monthly, as applicable*.**

⇨ **Appendix*: DDSD Site Visit Form***

Telephone/Quarterly Report Monitoring

- The CM may monitor services and complete follow up items by using the phone. Phone calls must be entered into his/her progress notes.
- The CM is able to monitor services and program implementation through the use of quarterly and semi-annual reports provided by the residential, adult habilitation, supported employment, therapy providers. The only DD Waiver services that do not

require a quarterly or semi-annual report are Respite services and Environmental Modifications.

Re-evaluation

This section addresses the requirement to re-evaluate/revise the individual's program, as the need is determined through ongoing monitoring and observation/notification of changes in the person's life.

Guidelines for Emergency Meetings

Although any team member may request an emergency meeting for any of the reasons noted under the next part of the monitoring section ***When to Call a Team Meeting***, the CM is responsible for convening the team.

Case Manager Responsibilities

- Depending on the nature of the meeting, it is recommended that the CM ask the individual/guardian whom they wish to attend.
- It is the responsibility of the CM to provide information or resources the individual/guardian needs to prepare for and/or follow-up with the meeting, when requested.
- The CM is responsible for preparing typed minutes of any interim team meetings (other than the annual ISP) and distributing them to team members. In some cases the meeting may also result in revisions to the ISP.
- Some team meetings result in a change of services, a change of providers, or a variance in specific hours requested (this usually pertains to therapies). It is the responsibility of the CM to submit such changes to the authorized agent for New Mexico Medicaid Utilization Review (NMMUR) on a revised MAD 046 Budget form

for approval have the secondary Freedom of Choice (FOC) signed and distribute copies to the selected provider agencies.

When to Call a Team Meeting

Team meetings must be scheduled for a variety of reasons as urgent situations arise. The CM is the person designated to convene a team meeting, but other team members may request that the team convene to discuss issues relevant to the individual's services and supports, including health and safety.

⇨ **Chapter IV: *Planning with the Individual***

The professional judgment of the CM should take into account if the meeting can be held on the telephone, with the CM contacting the involved team members individually, or by informal meeting where a specific issue may get resolved. An example of this would be if the guardian does not feel the residential provider is communicating with them. The CM would schedule a meeting with only the guardian and service coordinator from the agency to resolve the issue. The CM must document that this meeting occurred, and the agreed upon resolution of the issue, in the case notes section of the primary file.

Special Issues to Keep an Eye On

Aspiration

The Developmental Disabilities Supports Division (DDSD) is committed to providing support for people on the DD Waiver who have dysphasia or other risks for aspiration. DDSD has developed a policy to clarify expectations for the DD Waiver CM, therapist/eating specialist, agency nurse and dietician/nutritionist.

⇨ Appendix: *DDSD Identifying Individuals at Risk for Aspiration & What to do About it*

Summary of Case Manager Expectations

1. Assure that the individual is referred for further evaluation if he/she displays any of the warning signs. These include, but are not limited to, the following: coughing, gagging, or excessive throat clearing during or after meals, gurgling sounds in the throat, weak or absent cough, and/or poor head control during the meal.
2. Evaluations may include, but are not limited to: assessment by Primary Care Physician (PCP), video fluoroscopy, or an evaluation by a speech therapist specializing in swallowing disorders.
3. An excellent resource for teams is the Supports and Assessment for Feeding and Eating clinic (**SAFE**) at **(505) 272-0285**.
4. If an individual is found to be at risk for aspiration, the CM convenes a team meeting to identify and develop plans and procedures necessary to minimize that risk.
5. The CM will notify the Aspiration Review Coordinator (ARC) and/or designated DDSD Regional Office staff person to add the individual to the aspiration-monitoring list.
6. If an individual has been determined to be at risk, the CM is to assure that a Meal Time Procedures Packet and/or Feeding Tube Protocol is developed and distributed, and that appropriate staff are trained to competency. If efforts to obtain this information prove unsuccessful, the CM should notify the DDSD Regional Office.
7. Assure implementation of the timelines as described in the Aspiration Procedures document.

8. Complete quarterly review forms and send to designated staff at the DDSD Regional Office (RO).
9. Observe the individual's meal/snack a minimum of every six months.
10. Complete "Quarterly Review for Persons with Dysphasia/Risk for Aspiration" (both residential form and day program form) and send to the designated staff at the DDSD Regional Office.

⇨ **Appendix**: ***DDSD Decision Justification Form***

Training Resources
Aspiration is included in ***Participatory Communication and Choice Making*** as well as ***Level One Health Training for Case Managers***.

Incident Management

Often individuals with developmental disabilities are at a higher risk of being abused, neglected or exploited by others. It is the responsibility of the CM, as well as other individuals, to monitor the individual's health and safety. This occurs during visits and from feedback and reports from team members. This includes assuring that the person is in a safe environment, provided with adequate shelter, food, and clothing. Other areas of concern may include, but not be limited to: inappropriate use of the individual's money or property, discovery of cuts or bruises on the body, inappropriate verbalizations toward individuals, and inappropriate sexual conduct toward others.

It is important to realize that **YOU** and all other team members are obligated by law to report any suspicions of abuse, neglect or exploitation whether you observe the incident or the incident has been reported to you. As a CM you are responsible to report issues as a result of ongoing monitoring of records, visits, services and supports. Teams can request

information on providers or individuals for patterns of alleged abuse, neglect and misappropriation of individual's belongings or money from DHI.

The Incident Management System (IMS) provides a consistent means of reporting incidents regarding alleged abuse, neglect and exploitation of individuals receiving services through the DD Waiver. The IMS is managed collaboratively by DHI/DOH and the Children, Youth, and Families Department (CYFD)/Adult Protective Services (APS).

⇨ **Appendix: *DHI Incident Management System Manual, 2006***
http://dhi.health.state.nm.us/elibrary/imbdocs/IMS_Booklet_SFY2006.pdf

1) All CMs must be trained in the IMS to assure appropriate and timely response when incidents occur.
2) The most current Incident Report (IR) form must be used to report and document incidents alleging abuse, neglect, exploitation and to report deaths and other reportable incidents.
3) **IT IS IMPERATIVE THAT PRIOR TO FILING A REPORT, THE SAFETY OF THE INDIVIDUAL IS SECURED** (i.e. providing first aid, medical care and/or removal from the immediate environment).
4) The staff person with the most direct knowledge of the incident is the individual who reports the incident (this may not be the CM).
5) If someone other than the CM files the report, it is his/her responsibility to inform the CM within one (1) working day of the incident and to provide a copy of the report to the CM as soon as possible after it is completed.
6) **ANY** suspected abuse, neglect, or exploitation must be reported immediately to CYFD's Adult Protective Services Statewide Centralized Intake, either by faxing the form to **(505) 841-6691** or by phoning **1-800-797-3260**.

7) The IR form must be faxed to DHI/DOH at **1-800-584-6057** within 24 hours of the knowledge of an incident or the following business day in the event of a weekend or holiday occurrence, by the person/agency reporting the incident.
8) Fax a copy of the report to the local DDSD Regional Office.
9) Fax a copy of the report to the agency being reported.
10) Reportable incidents include alleged abuse, neglect, and misappropriation of an individual's belongings or money.
11) It is also mandatory to report incidents involving environmental hazards (i.e. unsafe conditions in the home or community that create a threat to life or health), law enforcement intervention, and emergency services.
12) Emergency services are defined as admission to a hospital or psychiatric facility, or the provision of emergency services that results in medical care which is unanticipated and/or unscheduled and would not routinely be provided by a Primary Care Provider. This would not apply to most circumstances when a Primary Care Physician is contacted and the individual is sent, upon the physician's orders, to be seen in the Emergency Room.

If the incident occurred when the individual was not under the direct care or supervision of a DOH-funded or ICFMR provider or if the alleged perpetrator is not a paid employee of the provider agency it does not need to be reported to DHI/DOH. The CM and the team retain the responsibility to report the incident to CYFD/APS if abuse, neglect, or exploitation is suspected.

***Greg** was working at the State Fairgrounds. He took the bus to and from work to his home in the North Valley. He started talking to a woman he often saw on the same bus route. She was very friendly and Greg grew to trust her. Soon after they met the woman asked Greg if she could borrow some money. He first loaned her $5.00 then $10.00 and soon every week he was loaning her money, which she never paid back.*

The job coach started noticing Greg didn't have any money for drinks or food like he used to. He asked Greg about it and he told the job coach about the friend he had on the bus who was always borrowing money but never paying him back.

The job coach thought this was exploitation so filed an incident report stating that by this time he had loaned out around $75.00. This was quite a bit for Greg. The job coach also called the CM and asked her to let the people who needed to be aware of it on the team know. The CM talked to Greg who said he was embarrassed and didn't know what to do. Since she was not an employee of any agency connected to Greg and Greg and his family did not want to press charges, the CM decided to get involved.

The CM called the residential supervisor and explained the situation. She said she would have her staff talk to Greg about how to make friends without loaning them money. They also coached him on how to ask for the money to be repaid. With the help of the job coach, CM and residential staff he was able to confront the woman and she paid back some of the money. She stopped asking Greg for money and he learned a valuable lesson.

The CM talked to Greg and told him how well he had done confronting the woman. She also talked with him about how potentially dangerous it is to make friends with people who you just meet on the bus. She wanted to make sure he understood that it is great to make friends, but also important to be safe. He felt supported by the team and thanked the CM for helping.

Request for DDSD Regional Office Intervention

The ***Request for Regional Office Intervention*** form was developed by DDSD to support the CM (or any team member) to report persistent issues to the regional offices and to be able to know what steps have been taken by the state to help resolve the issue.

⇨ **Appendix*****: Request for Regional Office Intervention Form***

This form is to be used when a member of the team has identified a continuing issue in residential, day habilitation or community environments. These issues may include but not be limited to:

1. Continued lack of appropriate staffing;
2. Lack of community access;
3. Insufficient food;
4. Family dynamics that may affect the individual;
5. Lack of implementation of parts of the ISP program;
6. Continuous medical errors;
7. Lack of medical follow-up;
8. Assistive/augmentative devices not purchased or in worn condition;
9. Poor condition of durable medical equipment;
10. Unsafe conditions within the home environment; and/or
11. Failure of agencies to provide reports as required per regulation.

When the CM submits this form, it is expected that he/she will have attempted to resolve the issue with everyone involved (i.e. direct support staff, service coordinators, home managers, therapists, agency directors, etc.) prior to contacting the regional office. The CM must follow the directions attached to the form. Time lines are to be followed by all parties. It is recommended that the CM call the Regional Office if he/she has not heard from them within the initial timelines. In conclusion, please report ongoing issues that you have attempted to resolve to no avail.

IT IS IMPERATIVE THAT THE CASE MANAGER REALIZES THAT THE REQUEST FOR REGIONAL OFFICE INTERVENTION FORM DOES NOT SUBSTITUTE FOR THE INCIDENT REPORT FORM.

When you suspect an individual is at risk for abuse, neglect, or exploitation, YOU MUST complete and fax the appropriate forms to Division of Health Improvement and Adult or Child Protective Services

Resolution of Concerns

In summary, it is the CM's responsibility to continue to monitor all identified concerns, through resolution. The flowchart lists steps the CM must complete to successfully resolve concerns. Common categories, with examples, are listed below.

1. **Team Conflict**
   - Individual served is dissatisfied with supports/planning
   - Team concerned the individual's decisions put his/her at risk
   - Team disagrees with guardian decisions
   - Team can't reach consensus on an issue
   - Blaming or accusation occur between team members
2. **Difficult Healthcare Decisions**
   - Decision is complex and hard for individual or healthcare decision maker to understand
   - Individual refuses recommended treatment; team not completely sure of consequences
   - Team members reluctant or refusing to implement decisions made by individual or healthcare decision maker

3. Lack of ISP Implementation

- Direct support staff not trained on strategies (or other relevant areas of the ISP)
- Assistive Technology equipment not available or in poor repair
- Action plans and/or support plans not implemented
- ISP document and/or support plans not available on site
- Services not delivered according to plan (e.g. therapists are missing appointments)
- Choices not offered or honored
- Identified assessments not completed

4. Potential Health/Safety Risk

- Torn carpet creates risk for tripping
- Air conditioner not operational during summer
- Broken window fixed with cardboard and tape
- Environment not consistently clean
- Food is running low
- Smoke detector(s) not present
- Lack of alternative emergency exit route
- Broken handrails in bathroom

5. Suspected Abuse, Neglect or Exploitation

- Individual pays for items for staff
- Staff takes individual's property
- Medical supports not implemented
- Staff demean the individual
- Staff touch individual inappropriately
- Sexual assault
- Staff hit, kick or otherwise cause physical harm to individual
- Staff leave individual unattended (other than as specified in the ISP)

RESOLUTION OF CONCERNS