



Revised Case Management Standards & Certification Procedures

For Older Americans Act Programs & Choices for Care

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Case Management Standards & Certification Procedures

Table of Contents

Section I:	Introduction
Section II:	Case Management Definition
Section III:	Agency Case Management Standards
Section IV:	Individual Case Management Standards
Section V:	Certification Procedures for Individual Case Managers
Appendix A:	State and Federal Statutory Authority
Appendix B:	Definitions

Case Management Standards & Certification Procedures

I. INTRODUCTION

The Division of Disability and Aging Services (DDAS) within the Department of Disabilities, Aging and Independent Living (DAIL) recognizes that quality case management is a critical part of our long-term care system and is crucial to the fulfillment of DAIL's mission. The mission of DAIL is to make Vermont the best state in which to grow old or to live with a disability – with dignity, respect and independence.

In order to ensure the statewide quality of case management services offered under Older Americans Act (OAA) programs and Choices For Care (CFC) DDAS has instituted Case Management Standards and Certification Procedures. The purpose of this document is to establish minimum case management performance standards and to provide guidance for case management agencies and individual case managers. These standards and certification procedures apply to case management services offered under Older Americans Act programs and Choices For Care. The Choices For Care Procedural Manual and Regulations provide more detailed policies and procedures specific to Choices for Care.

DAIL authority to establish service standards and to certify providers of case management services under OAA programs and CFC is established in Vermont state statute, the Center for Medicare and Medicaid Services (CMS) approved Choices for Care Procedural Manual, and the Older Americans Act.

- A. State Statute: The Department of Disabilities, Aging and Independent Living has statutory authority to manage programs and protect the interests of older Vermonters and Vermonters with disabilities. (3 V.S.A. §3085a). The Commissioner has the authority to determine the policies and to exercise the powers and perform the duties required for the effective administration of the Department. (3V.S.A. §3052).
- B. Choices for Care: CMS requires Vermont to assure that “necessary safeguards have been taken to protect the health and welfare of the recipients of the service...to include adequate standards for all types of providers that provide services under the waiver” and that the “standards of any State licensure or certification requirements are met for services or for individuals furnishing services that are provided under the Waiver” (42 CFR §441.302(a) (1) & (2)).
The approved Choices for Care application includes a requirement for case management certification. (Approved Choices for Care Procedural Manual, Section iv.1.B Case Management Standards).

C. Older Americans Act: The Older Americans Act (OAA) requires the State to be responsible for the planning, policy development, administration, coordination, priority setting, and evaluation of all state activities under the Act. Vermont is also responsible for setting specific objectives for each area for all services under the Act. 42 U.S.C. §3025 (a)(1)(c).

Vermont uses Title III-E funds to support case management activities. Vermont is required to establish standards and mechanisms designed to assure the quality of services, and to establish quality standards and mechanisms and accountability. (42 U.S.C. §3030s-1(e)(1)).

OAA regulations require Vermont to develop policies governing all aspects of programs operated under Title III and to be responsible for the enforcement for these policies. (45 C.F.R. §1321.11 and 1321.17).

II. CASE MANAGEMENT DEFINITION

OAA and CFC Case management is a professional service that assists older adults and adults with disabilities to access the services they need to remain as independent as possible in accordance with their wishes. Case management targets people with complex needs that may include psychosocial, medical concerns, advocacy, options counseling, or financial issues. Refer to individual case management standards.

III. AGENCY CASE MANAGEMENT STANDARDS

All agency policies governing case management activities under OAA and CFC programs listed in the section must be reviewed and approved by DDAS. Changes made to the approved policies must be reviewed and approved by DDAS prior to implementation.

Case management agencies are expected to be knowledgeable of and in compliance with all relevant state and federal laws and requirements. Case management agencies shall also ensure the requisite case management agency policies are in place, the case management agency is responsible to ensure that all case managers providing services under OAA and CFC programs comply with the DDAS Case Management Standards & Certification Procedures and related case management agency policies.

Case management agencies shall have the following written policies and protocols:

- A. After Hour Coverage: The protocol shall at a minimum ensure that people are able to leave a message with the agency when it is closed.
- B. Consumer Complaint and Grievance Policy: The policies and procedures shall outline how the case management agency will respond to consumer complaints and grievances. The policies shall address how consumers are informed about agency policies, including the complaint and grievance policy, and will explain how the process works.
- C. Information and Referral Policy: The policy shall state that the case management agency will accept and respond to requests for information and/or assistance from individuals, caregivers and other third parties.
- D. Mandated Reporting of Abuse, Neglect, and Exploitation Policy: The policy shall address how the case management agency will respond in cases of suspected abuse, neglect, and/or exploitation of vulnerable adults. The policy must be consistent with the requirements of Vermont statute 33 V.S.A. § 6903 and DAIL policies. DDAS shall coordinate review and approval of this policy with Vermont Adult Protective Services, at the Department's Division of Licensing & Protection.
- E. Self-Neglect Policy: The policy shall define how the agency will serve adults identified as self-neglecting. This may include a referral to the AAA (for adults age 60 and older) or APS (for adults under age 60). In the case of CFC referrals, the case management agency selected by the person shall be responsible for serving the person identified as self-neglecting. (Refer to the Appendix B for a definition of self-neglect).
- F. Maximum Caseload Policy: The policy shall state the maximum caseload size for case managers, the prioritization process for people accessing case management services, and the management of waiting lists for people who cannot be served at any given time.
- G. Case Management Supervision Policy: The policy shall address how supervision is provided including accessibility of supervisors, review of client records, on-going feedback between the supervisor and case manager and timely performance evaluations of case managers.
- H. Orientation Training Policy: The policy shall outline the orientation training for new case management staff.
- I. Training Policy: The policy shall outline ongoing case management training designed to ensure that case managers will have the necessary range of knowledge, skills and abilities to provide high quality case management services.

- J. Quality Assurance/Quality Improvement Policy: The policy shall outline the case management agency's ongoing Quality Assurance/Quality Improvement process regarding case management services. (Refer to Appendix B for a definition of Quality Assurance/Quality Improvement).
- K. Conflict of Interest Policy: The policy shall outline that case managers must discuss all potential conflicts of interest immediately with their supervisor and abide by the agency's procedures for addressing potential conflicts of interest. (Refer to Appendix B for a definition of conflict of interest).
- L. Client Record Policy: The policy shall include:
1. The procedure governing their use, storage and removal.
 2. The conditions for release of information contained in the record.
 3. The requirements of authorization in writing by the person or legal representative for release of information.
 4. The maintenance of all records relating to the delivery and documentation of case management services for a minimum of 3 years and the maintenance of all financial records for a period of 7 years.
 5. Compliance with the Health Insurance Portability and Accountability Act.
- M. Background Check Policy: The policy shall outline the background checks required in order for a person to be employed as a case manager. The policy must be consistent with the Division of Disability and Aging Services Background Check Policy.
- N. Emergency Management Plan: The agency shall have a plan describing how it will identify the critical functions and services it performs that must continue in the event of an emergency and include a plan as to how those functions and services will be provided during that time. The plan shall describe how the agency will collaborate and cooperate with local emergency planners and other local providers. The plan shall also describe how the agency will:
1. Identify persons who might require specific assistance during an emergency; and
 2. Provide information and encourage people to develop a personal emergency preparedness plan. Provide assistance in developing the plan as necessary for needed assistance and support in the event of a natural or other emergency which may result in disruption of service

and/or personal harm. Involvement and consideration of family caregivers, as well as other natural supports must be part of the process.

- O. Agency Confidentiality Policy: The agency shall have a policy that is no less stringent than the Agency of Human Service Consumer Information and Privacy Rule.

IV. INDIVIDUAL CASE MANAGEMENT STANDARDS

- A. To the extent possible, a case manager shall ensure the person receives services in the least restrictive and most appropriate setting in accordance with his or her needs and preferences.
- B. A case manager shall respect the person's rights, strengths, values and preferences, encouraging the individual to create, direct and participate in their individualized written plan and services to the fullest extent possible.
 - 1. The person may involve a caregiver or a legal representative in decision making. A legal representative may be a legal guardian appointed by probate or family court with specific duties outlined in the court order, an attorney or power of attorney.
 - 2. People have the right to make their own decisions and decide who they want to be involved in decision making. In the event that a person has a guardian or agent, the case manager will involve him/her in accordance with that individual's legal responsibility. When a person does not appear to have the capacity to make decisions and there is no legal guardian or agent the case manager shall refer to the agency policy on self-neglect.
 - 3. A case manager shall ensure that a person has the right to receive services under conditions of acceptable risk. "Acceptable risk" is the level of risk an individual and/or his/her guardian, if there is one, is willing to accept after the informed consent process. A case manager may work with the individual and the service provider to develop a Negotiated Risk Agreement when necessary.
- C. A case manager shall be knowledgeable about the full range of services available to individuals in their region and shall ensure that individuals are informed of available resources and services. The case manager will make any needed referrals.
- D. A case manager shall recognize self-neglecting behaviors and offer intervention, when such behaviors jeopardize the person's well being. For adults under the age of 60 this may include a referral to Adult Protective Services.

- E. A case manager shall provide service in an efficient, effective and collaborative manner to avoid duplication of services, unnecessary costs, and administrative tasks.
- F. A case manager shall respond to requests for information and/or assistance from individuals in a timely manner.
- G. Assessment: A case manager, with input and participation by the person and his/her support network, shall assess the individual's strengths and needs using the assessment tool(s) approved by DDAS.
 - 1. A case manager shall update the assessment at least annually, or at anytime there is a significant change in the person's life that would alter the amount and type of formal and informal services and supports needed.
 - 2. A case manager shall make every effort to assure the completeness and accuracy of the initial assessment and any subsequent reassessments.
 - 3. Assessments need to be completed in compliance with Choices for Care and other program protocol.
- H. Goals: When a person requires case management assistance for complex issues the case manager along with the individual and his or her support network shall identify short and long term goals. (Refer to Appendix B for definitions of Long and Short Term Goals.)
- I. Planning: Using the information from assessments and in consideration of the individual's short and long term goals, the case manager shall discuss all available options with the individual and his or her support network; and, agree upon strategies built upon the strengths of the individual to achieve these goals. Strategies shall describe the specific service or support to be provided, the person responsible for carrying out the strategies and the target date as agreed upon by the person. The initial goal and strategy identification shall be completed within 60 days of completion of the assessment.
- J. Monitoring and reviewing: A case manager shall monitor the delivery of formal and informal services and supports to ensure that services are being provided as planned, to ensure that the person's identified needs are being met, and goals are being pursued. Monitoring shall include regular contact with the individual, caregivers, and service providers. The individuals' goals and strategies shall be updated to reflect the annual reassessment or more frequently if there is a significant change in the person's life that would alter the amount and type of formal and informal services and supports needed. For more specific guidelines, refer to program and agency requirements.

- K. Documentation: A case manager shall maintain current, complete and accurate files for each person including but not limited to:
1. A written release of information or documentation of why a written release of information could not be obtained.
 2. The appropriate assessment form designated by DAIL.
 3. Documentation of the individual's short and long term goals and strategies.
 4. Case notes that shall focus on the individual's progress and any emergent issues that need to be addressed.
 5. Other correspondence received or sent which is relevant to individual.
 6. Other documents required by specific programs and services, such as copies of applications, notice of decisions, etc.
 7. Guardianship/ Power of Attorney and other advanced directives should be documented in the assessment.
 8. If the case manager is taking direction from a legal representative, there must be a copy of the legal documentation maintained in the individual's case management file. (e.g. Guardianship or Power of Attorney documents.)
 9. Documentation of Negotiated Risk Agreement (if applicable).
 10. Documentation of required reporting of suspected abuse, neglect and exploitation.
- L. The case manager must be knowledgeable of and comply with all agency policies and standards including but not limited to:
1. A person's confidentiality
 2. Third-party referrals
 3. Conflict of interest
- M. A case manager shall inform all individuals of the agency's grievance procedures.

V. CERTIFICATION OF INDIVIDUAL CASE MANAGERS

It is the intent of the Division of Disability and Aging Services to develop with the agencies that provide case management services under the Older Americans Act (OAA) programs or Choices for Care (CFC) a process to certify each agency as a provider of case management services. Agency Certification would require each agency to ensure those individuals providing case management services are knowledgeable of and in compliance with all relevant state and federal laws and requirements; ensure that case managers have the necessary range of knowledge, skills and abilities to provide high quality case management services; and meet the minimum requirements contained within the Revised Case Management Standards & Certification Procedures for Older Americans Act Programs and Choices For Care.

Until an agency certification process has been developed and finalized, DAIL will provide to the agency a Certificate of Completion of Case Management Training for those case managers the agency has submitted documentation meeting the requirements in the Case Manager Training Process 2009.

APPENDIX A

State and Federal Statutory Authority

- A. **State Statute**: The Department of Disabilities, Aging and Independent Living has statutory authority to manage programs and protect the interests of older Vermonters and Vermonters with disabilities. (3 V.S.A. §3085a). The Commissioner has the authority to determine the policies and to exercise the powers and perform the duties required for the effective administration of the Department. (3V.S.A. §3052).
- B. **Choices for Care**: CMS requires Vermont to assure that “necessary safeguards have been taken to protect the health and welfare of the recipients of the service...to include adequate standards for all types of providers that provide services under the waiver” and that the “standards of any State licensure or certification requirements are met for services or for individuals furnishing services that are provided under the Waiver” (42 CFR §441.302(a)(1) & (2)). The approved Choices for Care application includes a requirement for case management certification. (Approved Choices for Care Procedural Manual, Section iv.1.,B. Case Management Standards).
- C. **Older Americans Act**: The Older Americans Act (OAA) requires the State to be responsible for the planning, policy development, administration, coordination, priority setting, and evaluation of all state activities under the Act. Vermont is also responsible for setting specific objectives for each area for all services under the Act. 42 U.S.C. §3025 (a)(1)(c).

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APPENDIX B

Definitions

Conflict of Interest: a situation in which someone in a position of trust has competing professional or personal interests. Such competing interests can make it difficult to fulfill his or her duties impartially or effectively. A conflict of interest exists even if no unethical or improper act results from it. A conflict of interest can create an appearance of impropriety that can undermine confidence in the person, profession or system (Wikipedia). Examples of conflict of interest include, but are not limited to: a case manager or other agency employee holding a lead role in the agency's consumer advisory council, acceptance of gifts or money from persons the case manager is assisting, and/or a case manager referring a person to services or goods for the purpose of personal/financial gain to the case manager.

Quality Assurance/Quality Improvement: a set of integrated tools and practices used by an organization to maximize its effectiveness, efficiency and performance. It includes tools to determine the level of performance desired by its stakeholders, tools to assess the current level of performance within the organization, and improvement practices designed to achieve a determined level of performance.

Self-Neglect: as a result of an adult's inability, due to physical and/or mental impairments or diminished capacity, to perform essential self-care tasks including: providing essential food, clothing, shelter, and medical care; obtaining goods and services necessary to maintain physical health, mental health, emotional well-being and general safety; and/or managing financial affairs. This definition excludes people who make a conscious and voluntary choice not to provide for certain basic needs as a matter of life style, personal preference or religious belief and who understand the consequences of their decision (National Adult Protective Services Association).

Long Term Goal: Refers to an objective or outcome an individual has identified and hopes to pursue over a period of time that may require additional incremental steps.

An example: "Achieve better nutritional health."

Short Term Goal: Refers to an objective or outcome an individual has identified and hopes to pursue in a relatively short period of time.

An example: "Attend the senior meal site for lunch twice weekly."