

## **SECTION V.4. Monitoring Procedures**

All Choices for Care (CFC) services must be monitored on a regular basis to ensure that the participants' needs and person-centered goals are identified and the desired outcomes of individuals are being met. The monitoring procedures are determined by the following CFC settings:

### **A. Home-Based Monitoring**

1. The case manager shall have monthly contact with the individual. Face-to-face visits must occur not less than once every 60 days. At a minimum, an annual face to face visit must be in the home of the individual.
2. The case manager shall monitor all needs of the individual including, but not limited to:
  - a. Health and functional status
  - b. Environmental needs
  - c. Health and welfare issues
  - d. Abuse, neglect and exploitation issues
  - e. Social and recreational needs
  - f. Public benefits including CFC financial eligibility
  - g. Participant and surrogate employer certification status
  - h. Family issues
  - i. Coordination with CFC providers
  - j. Needs related to other services outside of CFC
3. The case manager shall document the monitoring visits and other case management activities. Documentation shall be maintained in the individual's case management case file.
4. The case manager shall track the amount of time spent each month on approved case management activities.
5. If there is a significant change in the individual's condition or circumstances, the case manager shall communicate with the appropriate provider(s) and initiate a Service Plan change or full reassessment if necessary.
6. If at any time, information suggests that the individual may no longer meet CFC clinical eligibility criteria, the case manager shall communicate with the provider(s) and arrange a health and function assessment to be reviewed by DAIL.
7. If information suggests the individual no longer meets the financial eligibility criteria for CFC services, the case manager shall communicate with the provider(s) and DAIL.
8. The case manager shall assist the individual, as necessary, with any Long-Term Care Medicaid financial review forms as required by the Department for Children and Families (DCF).
9. The case manager shall monitor the need for services outside of CFC and coordinate referrals as needed.

10. The case manager shall monitor the ongoing ability of Participant and surrogate employers to follow “Employer Responsibilities”. If at any time the Participant or surrogate employer demonstrates an inability to perform employer activities, the case manager will complete a new “Employer Certification”.
11. Home Health Agency providers shall complete an in-home visit for individuals they provide services to, at least once every 60 days to monitor employee(s) activities, assuring the following:
  - a. Services are being provided according to the personal care worksheet and approved Service Plan.
  - b. Volume of services being provided is sufficient to meet the individual’s needs.
    - a. The schedule of services is sufficient to meet the individual’s needs as identified in the assessment.
    - b. Personal care activities are being performed safely and successfully.
    - c. The individual is satisfied with his or her personal care attendant.
    - d. Services provided to the individual are accurately documented by staff on applicable tracking forms and timesheets.
12. Participant directed employers shall monitor employee(s) activities on an ongoing basis to assure the following:
  - a. Services are being provided according to the personal care worksheet and approved Service Plan.
  - b. Volume of services being provided is sufficient to meet the individual’s needs.
  - c. The schedule of services is sufficient to meet the individual’s needs as identified in the assessment.
  - d. Personal care activities are being performed safely and successfully.
  - e. The individual is satisfied with his or her employee(s).
  - f. Services provided to the individual are accurately documented by staff on applicable tracking forms and timesheets.
13. Surrogate directed employers shall complete an in-home visit at least once every 30 days to monitor employee(s) activities, assuring the following:
  - a. Services are being provided according to the personal care worksheet and approved Service Plan.
  - b. Volume of services being provided is sufficient to meet the individual’s needs.
  - c. The schedule of services is sufficient to meet the individual’s needs as identified in the assessment.
  - d. Personal care activities are being performed safely and successfully.
  - e. The individual is satisfied with his or her employee(s).
  - f. Services provided to the individual are accurately documented by staff on applicable tracking forms and timesheets.
14. The Division of Licensing and Protection (DLP) will regularly monitor Home Health providers for compliance with applicable State and Federal regulations.
15. The Department of Disabilities, Aging and Independent Living (DAAIL) will monitor the provision of Case Management Services on a regular basis to ensure compliance with standards and procedures.

## **B. Flexible Choices Monitoring**

### **1. Monitoring and Troubleshooting:**

- a. During the budgeting process, the consultant and the participant establish a monitoring process which lays out the schedule by which the consultant will contact the participant to see how the plan is functioning and how well the participant is doing.
- b. The consultant also reviews the bi-weekly financial statement to assure that the participant's plan is being properly implemented.
- c. Consultants must contact participants weekly for the first month and monthly thereafter. That monthly contact will include: check wording on previous version.
  - i. Review and update, if appropriate, of the participant's goals
  - ii. Review of the budget including budget expenditures
  - iii. Ascertaining the participant's perception of their wellbeing
  - iv. Discussion of any problems or concerns perceived by the consultant
- d. Consultants will perform a home visit whenever the participant requests it. Consultants may initiate a home visit if they consider it called for. Home visits will occur at least annually to complete the annual reassessment by the RN
- e. Participants are expected, however, to implement their emergency back-up plans should they need immediate assistance
- f. When participants need support with their Flexible Choices budget or allowance, they may contact the consultant.

## **C. Adult Family Care**

1. The case manager shall have contact with the participant not less than once every 60 days. At a minimum, a quarterly face-to-face visit must be in the home of the participant.
2. The AFC coordinator shall have contact with the participant no less than once every 30 days and a face-to-face no less than once every 60 days.
3. The monitoring shall include, but is not limited to the following needs of the participant:
  - a. Health and functional status
  - b. Environmental needs
  - c. Health and welfare issues
  - d. Abuse, neglect and exploitation issues
  - e. Social and recreational needs
  - f. Public benefits including CFC financial eligibility
  - g. AFC Home issues
  - h. Coordination with providers
  - i. Needs related to other services outside of CFC
4. The AFC coordinator shall communicate with the AFC Home no less than once every 60 days.
5. The AFC coordinator and case manager shall communicate as needed to assure person centered coordination and monitoring.
6. The AFC coordinator and case manager shall document the monitoring visits and other

activities. Documentation shall be maintained in the participant's file.

7. If there is a significant change in the individual's condition or circumstances, the AFC coordinator and case manager shall communicate with each other and the case manager will initiate a Service Plan change or full reassessment if necessary.
8. If at any time, information suggests that the participant may no longer meet CFC clinical eligibility criteria, the AFC coordinator or case manager shall communicate with the individual and AFC Home and will arrange a health and functional assessment to be completed and reviewed by DAIL.
9. If information suggests the individual no longer meets the financial eligibility criteria for CFC services, the AFC coordinator or case manager shall communicate with the individual, the AFC Home and DCF.

#### **D. Enhanced Residential Care (ERC) Monitoring**

1. The case manager shall have contact with the individual no less than once every 30 days and a face-to-face no less than once every 60 days.
2. The case manager shall communicate with the ERC provider no less than once every 60 days.
3. The case manager shall monitor needs of the individual including, but not limited to:
  - a. Health and functional status
  - b. Environmental needs
  - c. Health and welfare issues
  - d. Abuse, neglect and exploitation issues
  - e. Social and recreational needs
  - f. Public benefits including CFC financial eligibility
  - g. Family issues
  - h. Coordination with ERC providers
  - i. Needs related to other services outside of CFC
4. The case manager shall document the monitoring visits and other case management activities. Documentation shall be maintained in the individual's case management case file.
5. The case manager shall track the amount of time spent each month on approved case management activities.
6. If there is a significant change in the individual's condition or circumstances, the case manager shall communicate with the ERC provider and initiate a Service Plan change or full reassessment if necessary.
7. If at any time, information suggests that the individual may no longer meet CFC clinical eligibility criteria, the case manager shall communicate with the ERC provider and arrange a health and function assessment to be reviewed by DAIL.
8. If information suggests the individual no longer meets the financial eligibility criteria for CFC services, the case manager shall communicate with the ERC provider and DAIL.

9. The case manager shall assist the individual, as necessary, with any Long-Term Care Medicaid financial review forms as required by the Department for Children and Families (DCF).
10. The case manager shall monitor the need for services outside of CFC and coordinate referrals as needed.
11. ERC providers shall monitor the needs of the individual according to existing regulations.
12. The Division of Licensing and Protection (DLP) will regularly monitor ERC providers and Home Health providers for compliance with applicable State and Federal regulations.
13. The Department of Disabilities, Aging and Independent Living (DAIL) will monitor the provision of Case Management Services on a regular basis to ensure compliance with standards and procedures.

#### **E. Nursing Facility (NF) Monitoring**

1. The NF provider shall complete the Minimum Data Set (MDS) according to existing NF regulations.
2. The NF provider shall monitor the individual's needs according to State and Federal regulation.
3. If at any time, information suggests that the individual may no longer meet CFC clinical eligibility criteria, the NF provider shall communicate with the DAIL staff and arrange a health and function assessment to be reviewed by DAIL.
4. The DLP will regularly monitor NF for compliance with State and Federal regulations.