Waiver Redesign Changes

Case Management Service Definition

Case management provides an array of services that assist individuals in gaining access to needed waiver and other Medicaid State plan services, as well as medical, social, educational, and other services, regardless of the funding source for the services or community supports to which access is gained. Case managers advocate alongside the individual to ensure their access and opportunities for participation in all paid and unpaid services, programs, and settings which allow for building social capital, skill development, and personal fulfillment.

Case management services includes annual planning and assessment and ongoing case management support.

Reimbursable Activities

A. Annual planning and assessment – initial and annual activities outlined by BDDS that support the individual in:
    i. Establishing a person-centered, strengths based (Person Centered Individualized Support Plan) PCISP that supports the individual's vision of a good life through offering opportunities for integrated supports. The individual must be present and supported to facilitate development of the plan to the greatest extent possible;
    ii. Developing an annual budget in support of the PCISP; and
    iii. Determining continued eligibility for services.
B. Ongoing case management services are based on the principles of person-centered thinking and driven by the PCISP. Person-centered practices include:
    i. Convening (Individualized Support Team) IST meetings at least semi-annually. IST meetings may be held in a manner desired by the individual and guardian, if applicable; individual and guardian, if applicable, must be present for all IST meetings
    ii. Conducting face-to-face contacts with the individual and guardian, if applicable, for the purpose of relationship building and knowledge of individual at least once semi-annually and as needed.
        a. At least one visit each year must be held in the home of the waiver individual.
        b. For individuals residing in provider owned and/or controlled settings (as defined by CMS and DDRS), case managers must ensure at least one visit each year is unannounced.
        c. Face-to-face visits must be intentional interactions and may not be held as drop-in visits at a day program.
        d. IST meetings and face-to-face contacts are both required in a manner that ensures interaction at least every 90 days.
    iii. Regularly reviewing and updating the PCISP including when:
        a. The needs or circumstances of the individual have changed;
        b. Services are added or changed;
        c. At the request of the individual and guardian, if applicable;

d. For nonannual team meetings, to record team discussions on outcomes and any related plan changes.

iv. Identifying, assessing, and addressing risks initially and as needed.
v. Updating service plans and timely submission of budget requests consistent with the individual's PCISP.
vi. Monitoring service delivery and utilization to ensure that services are being delivered in accordance with the PCISP.
vii. Monitoring individuals' health and safety.
viii. Assessing individuals' satisfaction and service outcomes and sharing the results with BDDS at least annually.
ix. Completing and processing the Monitoring Checklist within BDDS established timeline.
x. Completing, submitting, and following up on incident reports as established by BQIS.
xi. Completing case notes and necessary PCISP revisions documenting each encounter with or on behalf of the individual within 7 calendar days at a minimum. Case managers must have at least one documented meaningful encounter monthly to support billing.
xii. Disseminating information including the PCISP, all Notices of Action and forms to the individual, guardian, if applicable, and the IST.
xiii. Maintaining files in accordance with State standards
xiv. In the absence of a residential provider, conduct mortality reviews in accordance with 460 Indiana Administrative Code 6 and BDDS/BQIS policy and guidance

C. Case management services may be available during the last 180 consecutive days of a Medicaid eligible individual's institutional stay to allow case management activities to be performed specifically related to transitioning the individual from an institutional setting which includes the following: nursing facility, comprehensive rehabilitative management needs facility, state psychiatric facility, ICF/IDD (supervised group living) to DDRS HCBS services.
    i. The individual must be approved for Medicaid waiver services and fully transitioned into a DDRS HCBS waiver setting for case management to be billed. If the individual dies during the transition process, billing can still be an option.
    ii. The need for the transitional service should be clearly documented in the PCISP.
    iii. Case management services may be available in adherence to specific MFP related activities or requirements for individuals transitioning to the community from an institutional setting.

NOTE: Timeframes related to required activities, service standards and/or responsibilities of the case manager are specified in the DDRS HCBS Waivers module which is located at https://www.in.gov/medicaid/files/ddrs%20hcbs%20waivers.pdf

Activities Not Allowed

- The case management entity may not own or operate another waiver service agency, nor may the case management entity be an approved provider of any other waiver service or otherwise have a financial investment in any other waiver service.
- The case management entity may not subcontract with another agency or case manager for the provision of direct case management services.
- Case managers may not be contractors of the case management entity.
- Caseload average in excess of 45 across the case management entity's active, full-time case managers who carry caseloads.
- The case management entity may not bill in a month for solely non-case management related activities or tasks such as mailing greeting cards or holiday text messages, for example.
- Reimbursement is not available through case management services for the following activities or any other activities that do not fall under the previously listed definition:
    - Services delivered to persons who do not meet eligibility requirements established by DDRS/BDDS.
    - Counseling services related to legal issues. Such issues shall be directed to the Indiana Disability Rights, the designated Protection and Advocacy agency under the Developmental Disabilities Act and Bill of Rights Act, P.L. 100-146.
    - Case management conducted by a legal guardian or person related through blood or marriage to any degree to the individual.

Provider Qualifications

- Enrolled as an active Medicaid provider.
- Must be FSSA/DDRS-approved.
- Must be eligible to provide case management services in every county.
- Must comply with Indiana Administrative Code, 460 IAC 6, including but not limited to:
    - 460 IAC 6-10-5 Documentation of Criminal Histories;
    - 460 IAC 6-12-1 and 460 IAC 6-12-2 Insurance;
    - 460 IAC 6-11-1 to 460 IAC 6-11-3 Financial Status of Providers;
    - IAC 6-19-1 through 460 IAC 6-19-9 Case Management, and
    - 460 IAC 6-5-5 Case Management Services Provider Qualifications.
- Must obtain/maintain accreditation (specific to Indiana programs) by at least one (1) of the following organizations:
    - The Commission on Accreditation of Rehabilitation Facilities (CARF), or its successor.
    - The Council on Quality and Leadership in Support for People with Disabilities, or its successor.
    - The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or its successor.
    - The ISO-9001 human services QA system.
    - The Council on Accreditation, or its successor.
    - An independent national accreditation organization approved by the secretary.

- Must develop and enforce a code of ethics aligned with 460 IAC 6-14-7 and BDDS policy, practices and guidance.
- Maintain a sufficient number of Case Managers to provide statewide coverage while maintaining an average caseload size of no more than forty-five (45) cases across full-time Case Managers who actively provide case management services to Individuals receiving waiver services. A full-time Case Manager is defined as a Case Manager with a caseload of at least 21 cases. The State will monitor adherence to this caseload limit on a quarterly basis.
- Ensure, ongoing, that criminal background checks are conducted for every employee hired or associated with the approved case management entity as stated in Indiana Administrative Code, Indiana Code and BDDS policy.

Compliance

- Retain at least one full-time employee to actively monitor and ensure all areas of compliance and quality.
    - Persons in this role may not carry a case load of more than 10 cases.
    - Persons in this role may not do quality and compliance reviews on their own caseload.
    - Persons in this role will monitor and identity any violation of rules, regulations, or established requirements that are discovered and report them to BQIS through the incident reporting system as outlined in Indiana Administrative Code, Indiana Code and BQIS policy.
- Have a mechanism for monitoring the quality of services delivered by case managers that aligns with BDDS practices; and addressing any quality issues that are discovered and reporting them to BDDS/BQIS.
- All DDRS-approved case management agencies specifically agree to comply with the provisions of the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq. and 47 U.S.C. 225).
- Case management entities must:
    - Ensure compliance with any applicable FSSA/DDRS/BDDS/BQIS service standards, guidelines, policies and/or manuals, including policies, written agreements and the HCBS Waivers Provider Reference Module on the IHCP Provider Reference Materials webpage;
    - Ensure case managers meet with waiver individuals on a regular basis or as requested by the individual to develop, update, and support the execution of person-centered individualized support;
    - Require initially and annually, that each case manager employed by the DDRS-approved case management agency obtain proof of competency demonstrated through successful completion of the DDRS/BDDS case management training curriculum and certification exam;
    - Ensure case managers complete and demonstrate competency of the BDDS required training;
    - Ensure case managers complete the required hours of BDDS approved, case management entity provided, training;

- Ensure that case managers are trained in the person-centered planning process aligned with BDDS and BQIS' mission, vision and values, including participation in any BDDS person-centered trainings;
- Ensure case managers have the ability to employ whatever tools necessary to effectively and efficiently communicate with each individual by whatever means is preferred by the individual; and
- Ensure case managers meet with one or more of the following qualification standards:
  - Hold a bachelor's degree in one of the following specialties from an accredited college or university:
    - Social work, Psychology, Sociology, Counseling, Gerontology, Nursing, Special education, Rehabilitation, or related degree if approved by the FSSA/DDRS/OMPP;
    - Be a registered nurse with one-year experience in human services; or
    - Hold a bachelor's degree in any field with a minimum of one year full-time, direct experience working with persons with intellectual/developmental disabilities.
  - Holding a master's degree in a related field may substitute for required experience.
  - The case manager must meet the requirements for a qualified intellectual disability professional in 42 CFR 483.430(a).

Technology

Case management entities must:

- Provide and maintain a 24/7 emergency response system that does not rely upon the area 911 system and provides assistance to all waiver individuals. The 24/7 line staff must assist individuals or their families with addressing immediate needs and contact the individual's case manager to ensure arrangements are made to address the immediate situation and to prevent reoccurrences of the situation;
- Maintain sufficient technological capability to submit required data electronically in a format and through mechanisms specified by the State; and
- Ensure each case manager is properly equipped with a cell phone, smart phone, or similar device that allows the case manager to be accessible as needed to the individuals he or she serves.

Conflict-Free Case Management

- Indiana maintains a conflict-free case management policy. This covers conflict of interest in terms of provision of services as well as in relationship to the individual being served. Conflict-free means:
  - Case management agencies may not be an approved provider of any other waiver service;
  - The owners of one case management agency may not own multiple case management agencies;
  - The owners of one case management agency may not be a stakeholder of any other waiver service agency; and

    - There may be no financial relationship between the referring case management agency, its staff, and the provider of other waiver services.
    - Case managers may not be financially influenced in the course of their service delivery.
- In addition, case managers must not be:
    - Related by blood or marriage to the individual;
    - Related by blood or marriage to any paid caregiver of the individual;
    - Financially responsible for the individual; or
    - Authorized to make financial or health-related decisions on behalf of the individual.

Note: Case management services are mandatory for all waiver individuals.