# CHAPTER 8: CASE MANAGEMENT

* 1. POLICY**.** **(**IDAPA 15.01.01.056.01) Case management is a consumer-driven, social model case management service that empowers individuals and their families to make choices concerning in-home, community-based or institutional long-term care services. (4-5-00)
	2. QUALIFICATIONS**.** **(**IDAPA 15.01.01.056.02) Any person hired to fill the position of case manager or case management supervisor on or after July 1, 1998, shall have the qualifications identified in Subsections 010.09 and 010.11 of these rules. (4-6-05) (see “Case Manager” in Chapter 2 Definitions)
	3. SERVICE PRIORITY**. (**IDAPA 15.01.01.056.03) Service priority is based on the following criteria: (7-1-98)
1. Require minimal assistance with one or more ADLs or IADLs; (7-1-98)
2. Require services from multiple health/social services providers; and (7-1-98)
3. Are unable to obtain the required health/social services for themselves; or (7-1-98)
4. Lack available formal or informal supports that can provide the needed assistance. (5-3-03)
	1. SCREENING AND REFERRAL**.** (7-1-98) (IDAPA 15.01.01.056.04)
		* + 1. The purpose of screening is to determine whether an older person needs service referral, assistance and client advocacy, or is a potential case management client who should receive a home visit and a comprehensive assessment. (4-5-00)
				2. Screening shall be provided over the telephone. Screening may also be provided in the field, if appropriate. (7-1-98)
				3. Screening shall usually be accomplished by the Information and Assistance component, Adult Protection, provider, or by a community agency. However, case management may receive a direct referral of a potential client who has not been screened. In such cases, case management shall conduct screening or refer the potential client to the Information and Assistance component for screening. (5-3-03)
				4. Pre-referral screening shall be performed to determine if a potential client meets the criteria for receipt of case management services. If the potential client meets the criteria and agrees to the referral, the client shall be referred for a comprehensive assessment utilizing the ICOA approved assessment instrument. (4-6-05)
				5. Referrals who do not meet the criteria for Case Management Services shall be referred for other appropriate services. (4-5-00)
				6. If notification was requested, the referral source shall be notified of case disposition following the screening. (7-1-98)
	2. REFERRAL FOR CASE MANAGEMENT**.** (IDAPA 15.01.01.056.05) Referrals shall be accepted from any source and may include eligible clients who are seeking or already receiving other services. (4-5-00)
	3. WORKING AGREEMENTS**.** (7-1-98) (IDAPA 15.01.01.056.06)
	4. The Case Management Program is encouraged to enter into working agreements with primary community resources utilized by older persons. These resources may include AAA service providers, mental health centers, hospitals, home health agencies, legal services providers, and others. (4-6-05)
	5. Working agreements should address at least the following: (4-6-05)
		* 1. How long each party will take to respond to a request for service; (4-6-05)
			2. Release of information procedures; (7-1-98)
			3. Referral and follow-up procedures; (7-1-98)
			4. How each party will notify the other of program changes and non-availability of service; and (4-6-05)
			5. Procedures for working out problems between the two (2) parties. (7-1-98)
	6. CORE SERVICES**.** (IDAPA 15.01.01.056.07) Case management provides responsible utilization of available informal (unpaid) supports before arranging for formal (paid) services. The case manager and client, or client’s legal representative, shall work together in developing an SSP to establish the frequency and duration of needed services. Services shall be arranged subsequent to approval by the client or legal representative. Services provided shall be recorded and monitored to ensure cost effectiveness and compliance with the SSP. (5-3-03)
	7. PROGRAM INTAKE**.** (4-6-05) (IDAPA 15.01.01.056.08)
5. Normal Intake**.** Except under circumstances where a case management waiting list exists, client contact shall be initiated within five (5) days of receipt of the referral, and an assessment shall be conducted within two (2) weeks of referral. (4-6-05)
6. Emergency Intake**.** Referrals indicating a crisis or potential crisis such as a marked decline in health or functional status, hospital discharge, or adult protection referral require a home visit be conducted to assess service need within two (2) working days of receipt of referral. If appropriate and available, a homemaker shall be assigned and service shall be initiated immediately. Referrals assessed to need emergency service shall take precedence over applicants carried on a waiting list. (4-6-05)
7. Client Assessment**.** To determine the level of need and the type of service needed, an AAA Case Manager or SST shall conduct an in-home assessment using the ICOA approved assessment instrument. Service alternatives shall be discussed and referrals initiated as appropriate. (5-3-03)
8. Assessment Coordination**.** A client need not be re-assessed if an assessment completed within the past ninety (90) days by the Department provides the same information as the ICOA approved assessment instrument and the client signs a Release of Information form. A client assessment shall be completed if no current assessment from another agency is available. In either case, a home visit shall be included in the process of developing the client’s individual SSP. (5-3-03) (F.O.AD.03. Release of Information)
	1. INDIVIDUAL SUPPORTIVE SERVICE PLAN (SSP)**.** (IDAPA 15.01.01.056.09)A supportive service plan shall be signed by the client or legal representative prior to initiation of services. (4-6-05)
9. An approved plan. Shall reflect needed services to be provided by available family or others. (7-1-98)
10. Revision of the SSP**.** After services have been in place for one (1) month, the provider shall inform the AAA of any modifications it suggests be made to the SSP, such as changes in hours of service or tasks to be performed. (4-6-05)
11. Reassessments of SSP**.** Case Management shall update the SSP at least annually. Any revisions to an SSP shall be initialed by the client prior to being put into effect. An SSP may be updated more often than annually if changes in a client’s circumstances (i.e., functional or cognitive ability, living conditions, availability of supports) indicate a necessity for re-assessment. (4-6-05)
12. Client assessment shall be conducted during a home visit and shall utilize the ICOA approved assessment instrument. (5-3-03)
13. SSP**.** Based on the information obtained during the client assessment and input obtained from family or professionals familiar with the client, the case manager shall develop a written SSP which shall include at least the following: (4-5-00)
	1. Problems identified during the assessment; (7-1-98)
	2. Exploration of opportunities for family and other informal support involvement to be included in development of the SSP; (7-1-98)
	3. Overall goals to be achieved; (7-1-98)
	4. Reference to all services and contributions provided by informal supports including the actions, if any, taken by the case manager to develop the informal support services; (4-5-00)
	5. Documentation of all those involved in the service planning, including the client’s involvement; (7-1-98)
	6. Schedules for case management monitoring and reassessment; (4-5-00)
	7. Documentation of unmet need and service gaps; and (7-1-98)
	8. References to any formal services arranged, including fees, specific providers, schedules of service initiation, and frequency or anticipated dates of delivery. (7-1-98)
14. A copy of the current SSP shall be provided to the client or legal representative. (7-1-98)
15. Case files shall be maintained for three (3) years following service termination. (7-1-98)
	1. OTHER SUPPORTIVE SERVICES**.** (7-1-98) (IDAPA 15.01.01.056.10)
		1. Necessary Services. Case managers shall assist clients to obtain available benefits, services, medically related devices, assistive technology, necessary home modifications, or other services required to fulfill unmet needs. (4-5-00)
		2. Social-Emotional Support. Case managers shall link clients and their families with available services which facilitate life adjustments and bolster informal supports. (4-5-00)
		3. Unmet Needs. To assist the AAA in future planning, case managers shall identify and document unmet client needs. (4-5-00)
		4. Other Resources. In all cases, other available formal and informal supports shall be explored prior to utilization of formal Aging Network services. (5-3-03)
	2. STRUCTURE AND ROLE**.** (IDAPA 15.01.01.056.11)Case management is a centralized evaluator and arranger of services and provides those activities previously outlined under “Service Functions.” AAAs shall be the direct provider for case management services. The AAA is responsible for the implementation of the case management program. (4-5-00)
		* 1. Case managers shall coordinate service delivery between multiple agencies, individuals, and others. (4-5-00)
			2. Each AAA shall carry insurance covering case management services in the types and amounts which meet acceptable business and professional standards. (5-3-03)
			3. Each AAA shall conduct an orientation program for all new case management employees which covers, at least, local resources available, case management service delivery, confidentiality of information, and client rights. (4-6-05)
			4. In addition to the development and maintenance of the SSP, program and client records shall be maintained to provide an information system which assures accountability to clients, the Case Management Program, and funding agencies, and which supplies data for AAA planning efforts. The information system established shall comply with the following the ICOA requirements: (4-5-00)
		1. NAPIS Registration Form; (7-1-98) (Forms Packet: FO.NU.02. Congregate Meal Registration)
		2. Completed the ICOA approved assessment instrument; (5-3-03)
		3. Pertinent correspondence relating specifically to the client; (7-1-98)
		4. A narrative record of client and community contacts, including problems encountered and SSP modifications developed in response; (7-1-98)
		5. Completed SSP, signed by the client; (7-1-98)
		6. Written consent and acceptance of Case Management Services and release of information forms; (4-5-00) (Forms Packet: FO.AD.03. Release of Information)
		7. Any other documentation necessary for systematic case management and SSP continuity. (4-5-00) (Forms Packet: FO.AD.04. Standard Income Declaration; GU.AD.01. Sliding Fee Scale)
	3. AREA PLANS**.** (OAA, Section 306(a)(8)) Case management services provided under this title through the area agency on aging will— (Area Plan Packet)
	4. (A) not duplicate case management services provided through other Federal and State programs;
	5. (B) be coordinated with services described in subparagraph (A); and
	6. (C) be provided by a public agency or a nonprofit private agency that—
		* 1. (i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;
			2. (ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;
			3. (iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or
			4. (iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);
	7. STANDARDS OF PERFORMANCE**.** (IDAPA 15.01.01.056.12)AAAs shall assure case management meets the requirements for service neutrality. AAAs shall not be a direct provider of other in-home services, other than Adult Protection, without proper written justification and approval by the Administrator of the ICOA. (5-3-03)
	8. EVALUATION**.** (IDAPA 15.01.01.056.13)Evaluation is required to assure quality control. The AAA is responsible for monitoring case management activities for quality control and assurance. The AAA shall review client records to determine: (4-5-00)
16. Services are being provided as outlined in the SSP; (7-1-98)
17. Services are meeting the goals established in the SSP; (7-1-98)
18. The client is satisfied with the service being provided; (7-1-98)
19. Changes in service have been authorized; (7-1-98)
20. The SSP continues to be cost-effective; (7-1-98)
21. Providers are noting observations and relating information about informal caregivers, additional actions required by the case manager, re-evaluations, amendments to the SSP, and client contacts. (4-5-00)