

SUPPORT COORDINATION (CASE MANAGEMENT)

Service Description

H009-CH

A service or process that establishes a relationship with an individual or family in order to enhance their functioning and/or integration into the community. Appropriate services and/or benefits are identified, planned, obtained, provided, recorded, monitored, modified when necessary and/or terminated. This may include: assessment to determine their needs and eligibility when applying for/receiving services, assistance in finding necessary resources in addition to covered services to meet basic needs, assistance in obtaining entitlements, communication and coordination of care as well as follow-up of crisis contacts or missed appointments.

This service is provided only to consumers who are eligible for the Arizona Long Term Care System (ALTCS) or to Division consumers age zero (0) to three (3).

Service Requirements and Limitations

1. This service may be provided in any setting agreed to by the consumer, including but not limited to:
 - 1.1 The consumer's home,
 - 1.2 The consumer's community,
 - 1.3 The Qualified Vendor's office,
 - 1.4 A group home or developmental home (child or adult) licensed by the Department of Economic Security, or
 - 1.5 A Medicare/Medicaid certified nursing facility
2. This service shall not be provided in a certified ICF/MR.

Service Goals and Objectives

Service Goals

To coordinate the assistance needed by consumers and their families/representatives in order to ensure the consumers attain their maximum potential for independence, productivity and integration into the community.

Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. Assessment - Assess, in conjunction with the Individual Support Plan (ISP)/ Individual Family Service Plan (IFSP) team, by gathering, reviewing and evaluating information in order to assist the consumer/family/consumer's representative to determine the consumer's goals, outcomes and services needed. Assessment is a continuing, evolving process rather than a discrete one-time activity. Identify and exchange consumer/family/representative perspectives on the strengths, resources, concerns, and needs of the consumer/family/representative.
 - 1.1 Identify and exchange professional perspectives.
 - 1.2 Conduct a risk assessment as appropriate and in accordance with Division requirements.
 - 1.3 Share assessment findings and interpret their meaning with the team.
 - 1.4 Provide the consumer and the consumer's family/representative with an opportunity to participate in assessment decisions.
 - 1.5 Use interview, observation, and record review techniques to gain accurate and complete knowledge and understanding of the consumer/family/representative.
 - 1.6 Assist the consumer and family/representative to identify the family and neighborhood and community supports that can serve as resources, such as friends, religious groups, schools and other public and private agencies.
 - 1.7 Function as the direct liaison among the consumer, family/representative, community and the Division.
 - 1.8 Complete assessments and reassessments within Division timeline requirements.
2. ISP/IFSP Development - Facilitate an interdisciplinary team including the consumer/family/representative and develop the ISP/IFSP at least annually. Development of the ISP/IFSP must meet timeline requirements. Facilitation responsibilities may be deferred to a designated Person Centered Plan Facilitator if the consumer chooses this approach to the development of an ISP/IFSP.
 - 2.1 Identify the resources, priorities and concerns of the consumer/family/representative.
 - 2.2 Assist the consumer/family/representative in identifying functional outcomes and activities to support the outcomes.
 - 2.3 Review professional evaluations and assessments in support of identified outcomes.

- 2.4 Identify supports and services available to and needed for the consumer/family/representative including natural support systems, community resources and Division resources.
 - 2.5 Produce the written ISP/IFSP within timelines established by the Division.
 - 2.6 Forward the proposed ISP/IFSP to the Division liaison for review and prior authorization.
 - 2.7 Upon receipt of the Division's decision regarding service authorization, review with the consumer/family/representative the supports/services to be provided and of their right to disagree, appeal or choose not to accept supports/services.
 - 2.8 Unless waived by the District Program Administrator/Manager or designee, ensure that once a consumer is assigned to a service operated or financially supported by the Division, the annual ISP/IFSP is developed or updated within 30 (thirty) days.
3. ISP/IFSP Coordination - Assist consumers/families/representatives in accessing supports or services by ensuring that supports, services, activities and objectives identified in the ISP are arranged for and implemented.
 - 3.1 In conjunction with consumer/family/representative, explore and arrange for supports or other assistance that may be provided through existing natural support systems and/or community resources including health plans, public schools and behavioral health entities.
 - 3.2 Review the proposed ISP/IFSP with and obtain prior authorization from the appropriate Division staff, as required by Division policies and procedures and District-specific guidelines and practices.
 - 3.3 Maintain an updated ISP/IFSP of all direct, purchased and indirect service data, number of units of service needed/authorized and frequency of service delivery, and complete the necessary referrals.
 - 3.4 Ensure that the provision of entitlement services through the Arizona Long Term Care System (ALTCS) and Arizona Early Intervention Program (AZEIP) is pursued for the consumer/family/representative or that alternative services as defined by ALTCS are offered, within timelines set after the completion of the ISP/IFSP and ongoing, as needs change and consistent with the available services and service levels authorized through the Division.
 - 3.5 Complete Cost Effectiveness Studies (CES) as required by Division policy and procedure and review with appropriate District staff.

- 3.6 Update and maintain all demographic and service data in the Division's automated information system, FOCUS.
 - 3.7 Distribute copies of the ISP/IFSP and any updates to all members of the team within the timelines established by the Division.
 - 3.8 Coordinate comprehensive transfer planning when changing support coordinators (case managers) to ensure continuity of supports and services.
 - 3.9 Gather medical, psychological and other documentation to assist in eligibility determination and re-determination.
4. ISP Monitoring - Ensure that the consumer/family/representative receives quality supports and services in a cost-effective manner in accordance with the Division's Mission and Values Statement. The ISP/IFSP will continue to meet any changes in resources, priorities and concerns of the consumer/family/representative.
 - 4.1 Provide ongoing contact and support to the consumer/family/representative and ensure implementation of the ISP/IFSP.
 - 4.2 Coordinate and document all aspects of reviews as outlined in Division policy and procedure.
 - 4.3 Have files audited by the Qualified Vendor supervisor and/or the District Liaison on a quarterly basis and in accordance with Division requirements.
 5. Supervision - Ensure that every person providing Support Coordination (Case Management) has the opportunity for regular supervision to reflect on their work through case review, problem solving and exploration of their growth and development as a support coordinator (case manager).
 - 5.1 Schedule regular discussions, minimally once a month, with a supervisor or a Division Liaison, whichever is appropriate.
 - 5.2 Conduct regular file audits of all employees who provide Support Coordination (Case Management). These audits shall be conducted in the manner prescribed by the Division consistent with agreements that have been made between the Division and the AHCCCS Administration.

Support Coordination Responsibilities Retained by Division

1. The Division's Support Coordinators will maintain various Support Coordination (Case Management) activities, including but not limited to the following:
 - 1.1 Conducting intake,

- 1.2 Determining and redetermining eligibility,
 - 1.3 Utilization Review,
 - 1.4 Authorizing services for payment, and
 - 1.5 Monitoring service delivery.
2. Depending on the number of consumers who elect to use this service, the Division may phase-in this service in specific areas of the state.

Service Utilization Information

1. Consumers shall have an initial ISP/IFSP completed within 30 (thirty) days of determination of eligibility for DDD services.
2. ISP/IFSPs shall be reviewed every 90 (ninety) days for a person receiving home based services and every 180 (one hundred and eighty) days for a person living in a group home, who is over age twelve (12), not medically involved and not enrolled with the Regional Behavioral Health Authority (RBHA).
3. For children who are eligible for AzEIP, the IFSP must be reviewed at least every six (6) months.

Rate Basis

1. The basis of payment for this service is one (1) month of service time.
2. This service may not be provided to more than one (1) consumer at the same time.

Throughout the term of the contract, the appropriate billing codes, billing units, and associated billing rules are subject to change. All billing codes and billing units, and associated billing rules will be included in the Division's Policies and Procedures Manual, Billing Manual, RateBook, and/or other provider resources made available by the Division.

Direct Service Staff Qualifications

1. The Qualified Vendor shall avoid any conflict of interest between the delivery of Support Coordination (Case Management) services and the delivery of direct services to the consumer.
2. The Qualified Vendor may not deliver direct services and Support Coordination (Case Management) to the same consumer. However, the Qualified Vendor may deliver both direct services and Support Coordination (Case Management) to consumers enrolled in the early intervention program of the Division.

3. Unless the Qualified Vendor receives approval from the Assistant Director for the Division, the Qualified Vendor must wait six (6) months before delivering direct services to a consumer who previously received Support Coordination (Case Management) services from the Qualified Vendor.
 4. The Division will work to develop alternatives for accessing FOCUS, but initially the Qualified Vendor shall access FOCUS by using a terminal at a local DES office.
 - 4.1 Access to terminals at a DES local office is not guaranteed; the use of such terminals is subject to availability and/or scheduling.
 - 4.2 In order to access FOCUS, the Qualified Vendor shall sign a J-119 Data-Sharing Request/Agreement. This form shall be completed as part of the Qualified Vendor Application and Directory System (QVADS) process and a signed hardcopy shall be submitted with the Qualified Vendor's Application.
 - 4.3 In order to access FOCUS, each support coordinator (case manager) shall complete and sign the following forms:
 - 4.3.1 J-125 Request for Terminal Access form
 - 4.3.2 J-129 User Affirmation Statement
- Signed hardcopies of these forms shall be submitted to the Division's Contract Management Section at the address provided in Section 1 of this RFQVA. Electronic copies of these forms are available in QVADS and can be downloaded and saved by the Applicant. These forms must be completed for each employee that will be using FOCUS.
5. The Qualified Vendor shall ensure that caseloads do not exceed an average of 1:40 (one to forty).
 6. If the Division determines that this service needs to be phased-in, the Qualified Vendor shall cooperate with the phase-in.

Direct Service Qualifications.

Direct Service staff must have:

1. A Bachelors degree in nursing, counseling, social work, sociology, psychology, education, special education, or other closely related field, as determined by the Division, and one (1) year of the required experience;
2. Two (2) years of experience in social services or health services working with individuals with disabilities or families of young children; or

3. A Masters degree; and
4. Documented, in the personnel file, at least three (3) references, whether written or spoken, from non-family members, that verifies their previous and favorable employment record.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall maintain a case file for each consumer served in accordance with Division policies. All case files shall, at all times, remain the property of the Division and accessible to designated Division staff.
2. The Qualified Vendor must maintain on file proof of hours worked by their direct service staff, e.g., staff time sheets. Time sheet documents for each staff person must be signed by the staff person's supervisor.
3. The Qualified Vendor shall comply with the Time Reporting Activity Information Log System (TRAILS) (or its successor) time recording requirements for the cost allocation plan used by the Division to allocate Support Coordination (Case Management) costs, which will be submitted as part of the billing requirements. When submitting TRAILS, the Qualified Vendor shall also submit a copy of the corresponding proof of hours worked.
4. The Qualified Vendor shall maintain data that demonstrates full compliance with all programmatic and contractual requirements of the Department and the Division.