

**Poweshiek County  
Policies and Procedures  
2006**

<b>Policies and Procedures Poweshiek County Case Management</b>
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<b>Section 24.2: Standards for Policy and Procedures</b>
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**PERFORMANCE BENCHMARK:**

The organization has written policy direction for the organization and each service being accredited.

**PERFORMANCE INDICATOR A**

The organization has a policy and procedures manual with policy guidelines and administrative procedures for all organizational activities and services specific to its organization that addresses the standards in effect at the time of review.

***POLICIES & PROCEDURES:***

*The Case Management Director/Administrator shall develop and update the policy and procedures manual as needed to meet all applicable standards.*

*The governing board shall review, and approve the policies and procedures manual.*

**PERFORMANCE INDICATOR B**

The policies and procedures cover each benchmark and indicator in this chapter.

***POLICIES & PROCEDURES:***

The Policy & Procedure manual is structured to specifically address each benchmark and indicator.

**PERFORMANCE INDICATOR C**

The policies and procedures manual is made available to all staff.

***POLICIES & PROCEDURES:***

*A copy of the Policy and Procedures Manual shall be on file in the Case Management Office and available to all staff..*

*New case managers are presented with a copy of the Poweshiek County Case Management Policies and Procedures manual. The manual is reviewed as part of the orientation process at hire and at subsequent intervals as necessary throughout employment. Upon changes within the Administrative Code of Iowa, requiring a change to the manual, the changes will be made available to case managers.*

<b>Policies and Procedures Poweshiek County Case Management</b>
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<b>Section 24.3: Standards for organizational activities</b>
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**24.3(1) Performance improvement system**

**PERFORMANCE BENCHMARK:** The organization has a systematic, organization-wide, planned approach to designing, measuring, evaluating, and improving the level of its performance.

**PERFORMANCE INDICATOR (1)**

**The organization measures and assesses the organizational activities and services accredited in this chapter annually.**

**POLICIES & PROCEDURES:**

The Board of the Supervisors and the Case Management Director structure and support a method of performance improvement that ensures that internal systems and activities throughout the organization are measured, assessed and improved on an ongoing basis.

*Every Consumer, a consumer family member or guardian and each provider will receive bi-annually a quality assurance questionnaire. They are asked to complete it and return it. (Appendix A). Survey results will be tabulated and shared with all respondents. Results will be used by Case Management staff and administration to make appropriate changes in the delivery of service model. Tabulated results as well as any modifications in the service delivery system will be shared with the Advisory Board and the Board of Supervisors.*

**PERFORMANCE INDICATOR (2)**

**The organization gathers information from individuals using the services, staff, and family members.**

**POLICIES & PROCEDURES:**

The Case Management Director involves all levels of the case management organization, clients, legal guardians, and family members in conducting ongoing program evaluation activities (e.g. Satisfaction Surveys for Consumers, Family Members/Guardians, and Provider Agencies), which assess the effectiveness and efficiency of the program and identify areas in need of improvement.

**Poweshiek County Case Management will complete at least bi-annual survey (see appendix A) of local providers, case management consumers and/or guardians and other family members. This survey will coincide with the Community Services**

**Survey, although it is different in scope and content and specific to case management. Case managers will assist in reviewing surveys and developing goals and corrective action for the coming two years.**

**PERFORMANCE INDICATOR (3)**

**The organization implements an internal review of individual records for those services accredited under this chapter.**

**POLICIES & PROCEDURES:**

The Case Management Director establishes a method to conduct regular, ongoing reviews of individual records for each case manager in their organization to insure compliance with Chap. 24 rules and “best practice” guidelines for documentation.

Poweshiek County Supervisor of case management will review on a quarterly basis 3 consumer files with each case manager. The last Thursday of each month the staff (CPC, , Case Management and office manager hold a joint meeting. Included as part of that meeting is a case/record review. ISAC CCMS technical assistant will review 2-3 consumer files on a quarterly basis. Each will be randomly selected. The supervisor of case management will discuss with each case manager any corrective action that needs to occur.

**PERFORMANCE INDICATOR (4)**

**The organization reviews the organization’s response to incidents reported under subrule 24.4(5) and any other situation that may pose a danger or threat to staff or individuals using the services for necessity, appropriateness, effectiveness and prevention.**

**POLICIES & PROCEDURES:**

The Case Management Director shall conduct a review of all critical incident reports to determine the necessity, appropriateness, and effectiveness of the case manager’s actions and to explore with staff the prevention measures to be taken in like situations.

**PERFORMANCE INDICATOR (5)**

**The organization identifies areas in need of improvement.**

**POLICIES & PROCEDURES:**

1. The Case Management Director and members of the case management organization establish a process for identifying, collecting and assessing information and data to be used to measure the program’s effectiveness and level of performance.
2. As part of the performance improvement system, environmental effectiveness and maintenance shall be reviewed and improved as needed (from 24.3(5) Organizational environment.)

**Poweshiek County Case Managers will submit *all* incident reports they receive from providers directly to the case management supervisor for further review. In addition, all incident reports they generate will be submitted to the supervisor. Incident reports are reviewed with the supervisors, and the case manager is brought in on occasion for further information. If necessary, a direct call to the Provider Agency will be placed, for further clarification. Incident reports are filed by last name of consumer, under Incident Reports. When filed, reports are reviewed for trends, either within consumer name or by provider name. If a trend is noted, such as repeated staff errors, the following will occur: the case manager and the provider will be contacted in writing of the supervisor's concern. Depending upon the severity of the incident, the concern will either be addressed at the next assessment/plan development opportunity or immediately. Incident reports are located in a locked file cabinet in the supervisor's office.**

**PERFORMANCE INDICATOR (6)**

**The organization has a plan to address the areas in need of improvement.**

**POLICIES & PROCEDURES:**

1. The CMD and case management staff assess priority areas needing improvement.
  - a. The CMD and case management staff determine goals, measurable objectives and action steps to be completed.(appendix C)
  - b. The CMD and case management staff regularly review progress with the development of new systems.
2. The plan shall be submitted to the Advisory Board for their review and recommendations; then submitted to the governing body for their review.

The plan to address areas in need of improvement will be developed jointly by the Case Managers and the Case Management Director. Information from the satisfaction survey as well as identified environmental issues will be written as goals, with objectives, and when appropriate action steps and some plan of evaluation.

**PERFORMANCE INDICATOR (7)**

**The organization implements the plan and documents the results.**

**POLICIES & PROCEDURES:**

1. The CMD and case management staff evaluates levels of improvement resulting from change.
2. An annual summary of performance improvement activities and information shall be completed and communicated to all levels of the organization and reflected in the organization plan.

<b>Policies and Procedures Poweshiek County Case Management</b>
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<b>Section 24.3(2): Leadership</b>
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**PERFORMANCE BENCHMARK:** Organization leaders provide the framework for the planning, designing, directing, coordination, provision and improvement of services that are responsive to the individuals and the community served by the organization.

**PERFORMANCE INDICATOR (1)**

There are clearly articulated mission and values statements that are reflected in the long-range organizational plans and in organization policies.

**POLICY AND PROCEDURES:**

1. The Governing Board has adopted the following statements of the programs mission and values.

**MISSION STATEMENT:**

To enable Poweshiek County residents who are disabled to achieve a quality of life they desire by identifying consumer goals through person centered approach and coordinating services and supports to help meet their goals.

**OPERATING PRINCIPLES/VALUES STATEMENTS:**

- a. The Targeted Case Management Process focuses on the individual using service's strengths, interests, abilities, and competencies.
- b. The targeted case management process takes place in the community.
- c. The client is viewed as the director of the Targeted Case Management process.
- d. The relationship between the client and case manager is primary and essential.
- e. Targeted Case Management is based upon effective communication in providing information to the individual, their family and those providing services.
- f. Targeted Case Management provides for the individual's maximum participation in the decision making process.
- g. Targeted Case Management involves the individual, families, guardians and other professionals/agencies in identifying, developing, implementing and monitoring comprehensive plans.
- h. The community is viewed as a resource, not as an obstacle.
- i. Targeted Case Management facilitates access to available public and private resources.
- j. Targeted Case Management advocates for resources to meet the current and future needs of individuals.

- k. Targeted Case Management strives to attain a greater level of integration of the individual into the community.
- l. Targeted Case Management is confidential and professional.

### **PERFORMANCE INDICATOR (2)**

**The annual and long-range budgeting process involves appropriate governing and managing levels of leadership and reflects the organization mission and values. An independent auditor or other person as provided by law does an annual financial audit.**

### **POLICIES & PROCEDURES:**

#### Annual Budget Process

1. The Case Management Director prepares, maintains and administers an annual budget for TCM services subject to the *review of the advisory board*, and approval of the Board of Supervisors, as part of the total county budget.
2. The Case Management Director assures the completion of cost reports needed to establish rates for service and assures that the costs included in the unit rate are allowable under Health Care Financing Administration for both projected and actual costs.
3. Generally accepted accounting practices are utilized, according to County policy.
4. The annual audit of the program, which is prepared by an independent fiscal agent, provides a review of receipts and disbursements, and a statement of fund balances. Copies of the audit report and the auditor's opinion, if any, or financial statement are submitted to the funding sources, as required, and to the governing board.

### **PERFORMANCE INDICATOR (3)**

**The organization establishes a board of directors. The board includes individuals using the services or family members of individuals using the services or establishes and implements an advisory board.**

### **POLICIES & PROCEDURES:**

1. *The County Board of Supervisors* functions as the governing body of the TCM program. The Board provides the program with oversight, guidance, and policy direction.
2. The Board of Supervisors has established an advisory board for the program and designated the powers and duties of the advisory board.
  - a. At a minimum, the Advisory Board shall be comprised of at least three members, at least 51 percent of whom are not providers. The advisory board shall include representatives who have disabilities or family members of persons with disabilities.
  - b. The advisory board establishes by-laws, which identifies their roles and responsibilities.
  - c. The advisory board members shall be provided an orientation which includes training regarding confidentiality.
  - d. The advisory board meets at least three times per year.

- e. The case management director, or a designated person, keeps minutes of all meetings.

#### **PERFORMANCE INDICATOR (4)**

**The organization's decision-making process, including policy decisions affecting the organization, reflects involvement of the various levels of leadership and responsiveness to staff.**

#### **POLICY AND PROCEDURE:**

1. The governing body has the following authority:
  - a. Establishment, review, and approval of all policies.
  - b. Adoption of the organizational plan.
  - c. Appointment, evaluation, and removal, if necessary, of the case management director (CMD).
  - d. Establishment of effective fiscal policies.
  - e. Review and approval of all contracts and agreements to which the program is a party or delegate authority for approval.
  - f. Review and approval of the annual budget, including the approval of all revisions in the budget.
  - g. Review of program evaluation
  - h. Adoption of policies to address conflicts of interest issues.
  - i. Schedule regular meetings with staff from the TCM program for the purpose of providing oversight of the operation of the program, and client progress.
  - j. Comply with all federal and state laws and regulations regarding confidentiality when they exercise their authority to access client specific information.
  - k. The governing body shall keep minutes of meetings.
2. The Case Management Director has the following responsibilities:
  - a. Development of the program policies and procedures.
  - b. Assuring appropriate supervision of case management staff.
  - c. Development and monitoring of the budget.
  - d. Management of the physical and fiscal assets of the program.
  - e. Liaison between the governing body, advisory board, and staff.
  - f. Assisting the governing body in decision making by preparing reports showing the nature and extent of service needs and other information as requested by the boards.
  - g. Planning for, monitoring, and evaluating the operations of the program.
  - h. Providing educational information and service consultation available to community groups and resources.
  - i. Participating in the county planning process.
3. The Advisory Board shall review and make recommendations to the governing body regarding the TCM program. The advisory board shall have the following roles and responsibilities:
  - a. Review and make recommendations on the program's policies.
  - b. Development and review of the organizational plan.

- c. Review and make recommendations on the budget, including the review of all revisions in the budget.
- d. Review and make recommendations regarding the total quality improvement program.

**PERFORMANCE INDICATOR (5)**

**Organization leaders solicit input from leaders of the various community groups representing individuals served by the organization in designing responsive service delivery systems.**

**POLICIES & PROCEDURES:**

The Advisory Board shall review and make recommendations to the case management director and governing body regarding the TCM program. In addition, information from the provider satisfaction surveys will be utilized in this process.

**PERFORMANCE INDICATOR (6)**

**The organization leaders develop and implement a service system appropriate to the needs of the individuals served by the organization.**

**POLICIES & PROCEDURES:**

The Board of Supervisors and the Case Management Director structure, direct and staff Case Management services commensurate with and appropriate to the level and scope required for the needs of the clients served by the organization.

**PERFORMANCE INDICATOR (7)**

**Organization leaders make educational information, resources, and service consultation available to community groups.**

**POLICIES & PROCEDURES:**

Case Management Director provides educational information, resources, and service consultation available to community groups (*e.g. brochures, websites, in-service meetings, etc.*).

**Policies and Procedures  
Poweshiek County Case Management**

**Section 24.3(3): Management information system**

**PERFORMANCE BENCHMARK:** Information is obtained, managed and used in an efficient and effective method to document, enhance and improve organizational performance and service delivery to the individuals.

**PERFORMANCE INDICATOR (1)**

The organization has a system in place to maintain current individual-specific information documenting the provision and outcomes of services and treatments provided.

**POLICIES & PROCEDURES:**

1. The client file shall be set up according to the Summary of Information Checklist maintained in the front of each file. (see appendix E)
2. Updated case material shall be filed in a timely manner.
3. All documents included in the client file shall contain only information with their identifying data on them. Documents containing two or more client's names will be carefully screened and the other client names will be deleted.

**PERFORMANCE INDICATOR (2)** The organization has a system in place to maintain the confidentiality and security of the information that identifies specific individuals using the services, including mail, correspondence, and electronic files.

1. Security
  - a. All master client files shall be stored in the designated, locked, file cabinet, which shall be in an area which is not accessible to the general public.
  - b. Original files shall not be removed from the physical facility unless subpoenaed by the courts.
  - c. Staff may maintain files at their work station during business hours, and shall return such files to the file room by the end of the business day.
2. Confidentiality
  - a. All client files shall be maintained under the procedure for confidentiality of client information.
  - b. The Targeted Case Management (TCM) program shall not release any client information without expressed written consent of the client, or their guardian.
3. Integrity

- a. No one outside the organization shall review records without the presence of a case management staff, except for the following:
  - 1) The County Board of Supervisors or their designee.
  - 2) Employees of authorized external agencies whose responsibility is to license, accredit and monitor the program.
  - 3) Staff from County Case Management Services so as to carry out their duties as identified in the County Case Management Services 28E Agreement.
- b. Staff shall document who accessed the file, the date, and the reason for review, in the progress notes section of the client record and insure that a form signed and dated by said person or persons is included in the file. This information shall also be included in a log that is available to the consumer upon request.

**The Case Managers, the Case Management Supervisor, and the Administrative Assistant will have access to the client record. No one other than those listed above in a., will have access to records without special permission and circumstances.**

<b>Policies and Procedures Poweshiek County Case Management</b>
<b>Section 24.3(4): Human Resources</b>

**PERFORMANCE BENCHMARK:** The organization provides qualified staff to support the organization's mission and facilitate the provision of quality services.

**PERFORMANCE INDICATOR (1)**

The organization has a job description in the personnel file of each staff member that clearly defines responsibilities and qualifications.

**POLICIES & PROCEDURES:**

1. A copy of the written job description will be kept in the individual personnel file of each staff member.
2. Documentation that the staff person has read and understands their job description, and personnel policies and procedures.
3. A signed job application will be kept in the individual personnel file of each staff member.

**PERFORMANCE INDICATOR (2)**

The organization has a process to verify qualifications of staff including degrees, licenses, medication management training, and certification as required by the position.

**POLICIES & PROCEDURES:**

1. Qualified case managers and supervisors shall meet one of the following minimum requirements:
  - a) A bachelor's degree with 30 semester hours or equivalent quarter hours in a human services field and at least one year of experience in the delivery of services to the population groups they serve, or
  - b) An Iowa license to practice as a registered nurse and at least three years of experience in the delivery of services to the population groups they serve.
  - c) Fields of study which qualify as "human-service fields" include, but are not limited to: psychiatry, psychology, social work, mental health counseling, marriage and family therapy, nursing, education, occupational therapy, and recreational therapy.
2. Qualifications will be verified by obtaining a copy of the case manager's diploma; transcript, if needed; and prior experience history.

**PERFORMANCE INDICATOR (3)**

The organization evaluates staff annually.

**POLICIES & PROCEDURES:**

An annual performance evaluation will be completed, signed, dated and maintained in each employee file.

**PERFORMANCE INDICATOR (4)**

**The organization includes a plan for staff development for each staff member in an annual evaluation.**

**POLICIES & PROCEDURES:**

A staff development plan will be completed at the time of the annual evaluation. This plan is dated and signed by the staff member.

**PERFORMANCE INDICATOR (5)**

**The organization provides training and education to all staff relevant to their position.**

**POLICIES & PROCEDURES:**

1. The Case Management Director or designee shall provide staff with opportunities for continued in-service training which is based on identified provider service needs and individual educational needs.
2. Staff attendance at trainings is documented in the individual personnel records.
3. Case managers are given opportunities to enhance their practice and knowledge levels.
4. Case managers are trained regarding client rights, confidentiality, and child abuse and dependent adult abuse.
5. Case managers are offered opportunities to further their knowledge of the populations they serve.
6. All staff are trained on HIPAA Privacy and Security at the time of employment and annually thereafter.

**PERFORMANCE INDICATOR (6)**

**The organization provides for approved training on child and dependent adult abuse reporter requirements to all organization staff who are mandatory abuse reporters. The organization documents in personnel records training on child and dependent adult abuse requirements.**

**POLICIES & PROCEDURES:**

Records indicating completion of training on child and dependent adult abuse are filed in individual personnel records. Updates of training occurs as required (at least every 5 years).

**PERFORMANCE INDICATOR (7)**

**Each year the organization has staff members sign a privacy document indicating that they are aware of the organization's policy on confidentiality and maintains these documents in the personnel file.**

**POLICIES & PROCEDURES:**

Signed documents indicating review and awareness of the organization's policy on confidentiality are filed in individual personnel records. This document is signed as part of initial staff orientation and is reviewed and reaffirmed annually at the time of the employee's performance review.

**PERFORMANCE INDICATOR (8)**

**The organization provides an initial orientation to new staff and documents this orientation in the employee's personnel file.**

**POLICIES & PROCEDURES:**

1. The Case Management Director or designee shall provide an orientation program to all newly hired staff. The program will include, at a minimum, adult and child abuse mandatory reporter requirements, confidentiality and review of safety procedures. Newly hired staff will document receipt of orientation by signing and dating a form that will be filed in the employee's personnel file.
2. All volunteers and student interns shall complete an orientation program that addresses confidentiality, HIPAA privacy and security requirements, safety procedures, roles responsibilities, limitations and provider procedures that are applicable to their responsibilities.

**PERFORMANCE INDICATOR (9)**

**The organization has mechanisms in place that afford staff the right to express concerns about a particular care issue or to file a grievance concerning a specific employment situation.**

**POLICIES & PROCEDURES:**

The Case Management Director develops a mechanism that allows staff the right to express these concerns or grievances in an established, orderly fashion.

## GRIEVANCE PROCEDURE

Poweshiek County Case Management will utilize the Complaint Resolution Procedure as outlined in the Poweshiek County Personnel Handbook, under 7.1.

### COMPLAINT RESOLUTION PROCEDURE

7.1

Misunderstandings, conflicts, problems, or other questions about your job can arise in any workplace. To ensure effective working relations, it is important that such matters be resolved before serious problems develop. If your concern relates to sexual harassment or another type of workplace harassment, follow the procedure in the sexual harassment policy contained in this handbook. Also, certain complaints may fall under resolution procedures established by state law. For other complaints, the County has adopted the following procedure to respond to your concerns.

#### **STEP ONE: IMMEDIATE SUPERVISOR**

First see your immediate supervisor. He or she is in the best position to resolve your problems or concerns. In an effort to resolve the problem, your immediate supervisor will consider the fact and conduct an investigation, if necessary. You will normally receive a response regarding your problem within five working days of meeting with your supervisor. If you are not satisfied with the response of your immediate supervisor, or if the supervisor fails to respond to your complaint within five working days, you may proceed to Step 2.

#### **STEP TWO: ELECTED OFFICIAL, BOARD OF SUPERVISORS OR GOVERNING BODY**

You may prepare a written summary of your concerns and request that the appropriate Elected Official, Board of Supervisors or the appropriate governing body review the matter. Employees of the Auditor, Treasurer, Recorder, Sheriff or County Attorney may direct their complaint to the appropriate elected official. Covered employees in the Secondary Road Department, Transfer Station, Relief/Zoning/Emergency Management, Central Point of Coordination and Weed Commission Departments, may direct their complaint to the Board of Supervisors. Employees of the Assessor, Conservation Department, Board of Health and Veteran Affairs Commission may direct their complaint to the appropriate governing body.

After a full examination of the facts (which may include a review of the written summary of your statement, discussions with all individuals concerned, and a further investigation if necessary)\_the elected officials, Board of Supervisors, or appropriate governing body will normally advise you of its decision within fifteen days. The decision of the elected official, Board of Supervisors, or governing body shall be final.

### **PERFORMANCE INDICATOR (10)**

**The organization completes a criminal and abuse record check as required in Iowa Code section 135C.33(5) prior to employment for any employee who meets with individuals using the services in the individuals' home.**

### **POLICIES & PROCEDURES:**

1. The organization completes the criminal and abuse record checks prior to employment of specified staff as required by Iowa Code section 135C.33(5). Hiring practices will be in accordance with this law. (Attached))

2. A signed job application will be in the personnel file with the following inquiry included:  
“Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime in this state or any other state?”

**PERFORMANCE INDICATOR (11)**

**The organization establishes and implements a code of ethics for all staff addressing confidentiality, individual rights, professional and legal issues in providing services and documents in the personnel records that the code of ethics in effect at the time of the review has been reviewed with each staff member.**

**POLICIES & PROCEDURES:**

A signed and dated copy of the Code of Ethics will be in each employee’s personnel file. See Appendix for organization’s Code of Ethics.

**Policies and Procedures  
Poweshiek County Case Management**

**Section 24.3(5): Organizational environment**

**PERFORMANCE BENCHMARK:** The organization provides services in an organizational environment that is safe and supportive for the individuals being served and the staff providing services.

**PERFORMANCE INDICATOR (1)**

The environment enhances the self-image of the individual and preserves the individual's dignity, privacy, and self-development.

**POLICIES & PROCEDURES:**

· Clients will be given the opportunity to choose where they meet with their case manager. If the client chooses a public place in the community, and the topic is likely to be of a sensitive nature or a confidential nature, the case manager should suggest an alternative location as an option, however, the client will have the final authority of a meeting location. If the client chooses to meet in their home (and that home is a group living arrangement) the case manager will help the client make arrangements within that home to ensure privacy and confidentiality, so the client can freely share any concerns they might have regarding their roommates, and/or providers.

If the client chooses to meet at the case management office, they will be afforded all privacy and dignity within the case manager's office. Case Manager's offices are large and private, with adequate space and atmosphere for a conversation. The client will have the opportunity to shut the door or to leave it open, if more comfortable. The Case manager should remind the client that an open door cannot guarantee privacy and quiet. If the meeting should require more space, a private conference room is available to the case managers and their clients.

**PERFORMANCE INDICATOR (2)**

**The environment is safe and accessible and meets all applicable local, state, and federal regulations.**

**POLICIES & PROCEDURES:**

1. All buildings used shall meet all applicable safety, health, fire and sanitation requirements of the applicable federal, state or local authority.
2. All buildings shall have a current documented inspection. In the event that there are no inspection requirements, there shall be documentation in the file.
3. The program assures that space is available to meet with clients that is in compliance with the Americans with Disabilities Act, as appropriate.
4. The program has an emergency plan for the office that includes the following:
  - a. Fire safety
  - b. Natural disaster
  - c. Health and safety

**PERFORMANCE INDICATOR (3)**

**The processes that service and maintain the environment and the effectiveness of the environment are reviewed within the organization's monitoring and improvement system.**

**POLICIES & PROCEDURES:**

As part of the performance improvement system, environmental effectiveness and maintenance shall be reviewed and improved as needed. (See 24.3(3) Performance Improvement System. *Appendix B*)

**PERFORMANCE INDICATOR (4)**

**The organization establishes intervention procedures for behavior that presents significant risk of harm to the individual using the service or others. The interventions also ensure that the individual's rights are protected and that due process is afforded.**

**POLICIES & PROCEDURES:**

1. In the event that Targeted Case Management staff encounter a hostile client in the office, who is an imminent danger, they shall at once communicate through the inter-office communication system a request for help.
2. The person receiving that request shall immediately seek the Case Management Supervisor, or other administrator, who will work with the staff member to de-escalate the situation.
  - a. In the event that the situation cannot be stabilized, staff shall request law enforcement assistance by using the local emergency response system.
  - b. If the client is in possession of a dangerous weapon, personnel shall evacuate the area immediately.
3. In the event the case manager encounters a hostile or dangerous client in the community, or their home, they shall leave the situation immediately. The case manager

shall make any necessary referrals to other appropriate agencies. The case manager shall re-initiate contact with the client at a later date.

4. In the event the case manager is contacted by law enforcement or medical providers in regard to a hostile or dangerous situation, with the client asking to talk to the case manager, the case manager shall make contact with the client. Contact shall be made only with law enforcement or medical providers accessible, and only in the event that contact does not place the case manager at threat of harm. Face-to-face contact in such a situation should only be made with law enforcement present.

5. Should any dangerous situation arise which is not covered above, or in any of the situations specifically addressed, the case manager shall handle the situation with the safety of client and self primary in those judgments. At all times, law enforcement personnel or medical professionals shall be contacted as soon as possible to provide needed services.

6. Documentation of any of the above activities shall be made in the client record.

7. The Targeted Case Management supervisor shall be notified of any of the above situations.

#### **PERFORMANCE INDICATOR (5)**

**The organization meets state and federal regulations in the way it implements the safe storage, provision, and administration of medication when used within the service.**

#### **POLICIES & PROCEDURES:**

This indicator does not apply to targeted case management services (medication management is a prohibited direct service).

<b>Policies and Procedures Poweshiek County Case Management</b>
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<b>Section 24.4: Standards for services</b>
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### **24.4(1) Social History**

**PERFORMANCE BENCHMARK:** The organization completes a social history for each individual served.

**PERFORMANCE INDICATOR (1)**

The organization collects and documents relevant historical information and organizes the information in one distinct document in a narrative format.

**POLICIES & PROCEDURES:**

1. The social history shall be completed by the case manager.
2. The social history is developed in conjunction with the client, and their family and significant others, as appropriate. Additional information may be obtained by review of written documents.
3. The social history shall be developed, signed and dated by the targeted case manager.

**PERFORMANCE INDICATOR (2)**

The social history includes:

1. Relevant information regarding the onset of disability.
2. Family, physical, psychosocial, behavioral, cultural, environmental, legal history.
3. Developmental history for children.
4. Any history of substance abuse, domestic violence, or physical, emotional, or sexual abuse.

**POLICIES & PROCEDURES:**

The record shall contain a social history that addresses the following items:

1. A description of the person's previous living arrangements and services received.
2. A description of the person's current living arrangements and services received.
3. The individual's work and educational history.
4. A summary of any significant medical conditions, including illnesses, hospitalizations, special diets and past and current drug therapies.
5. The onset and development of the disability.
6. A summary of any history of substance use, domestic violence, and physical, emotional, or sexual abuse.
7. Relationships with the individual's family, significant others and other support systems.

8. The legal status of the client, which includes any court ordered guardianships, treatments, commitments, or other legal proceedings.
9. The client's hobbies and leisure time activities.

### **PERFORMANCE INDICATOR (3)**

**Staff review and update the social history at least annually.**

#### **POLICIES & PROCEDURES:**

1. The social history shall be updated during the annual review at a minimum.
2. The social history shall be updated whenever there is a significant change in the client's life.

## **24.4(2) Assessment**

**PERFORMANCE BENCHMARK: The organization develops a written assessment for each individual served. The assessment is the basis for the services provided to the individuals.**

### **PERFORMANCE INDICATOR (1)**

**The assessment includes information about the individual's current situation, diagnosis, needs, problems, wants, abilities and desired results gathered with the individual's involvement.**

#### **POLICIES & PROCEDURES:**

1. The intent of the assessment is to be a positive, client driven tool, which identifies what the client currently is doing, and what the client wants to do in the future. The Essential Lifestyle Planning format is utilized by Poweshiek County Case Management during the assessment process.
2. The assessment shall provide a very comprehensive picture of the client. The information contained in the initial assessment shall be used as the foundation for developing the Individual Comprehensive Plan.
3. The case manager shall develop an assessment, with the involvement of the client, in regards to the following life domain areas:
  - a. Community living, which may include information regarding where the client lives, what resources they access in the community, their community mobility, along with information regarding their home living skills.
  - b. Vocational and academics, both topics shall be addressed in this section.
  - c. Self-care.
  - d. Social supports.
  - e. Health and treatment, which may include information regarding any therapeutic services, medications, medical issues, or behavioral issues.
  - f. Leisure and recreational interests and supports.
  - g. Financial and insurance information.
4. Each life domain area in the assessment shall address the clients':
  - a. Strengths.

- b. Current level of functioning.
  - c. Barriers to maintaining their current level.
  - d. Resources and supports they have used in the past.
  - e. Hopes and desires for the future.
  - f. Impairments related to diagnosis and symptomology.
5. The need for any further assessments or evaluations shall be documented on the assessment form.
  6. Once the client has identified what they want, the case manager shall assist them in identifying their priorities.
  7. The client will identify individuals they would like to have invited to their service plan meeting.
  8. The client and case manager shall sign and date the completed assessment form.

#### **PERFORMANCE INDICATOR (2)**

**Program staff solicits collateral provider information as appropriate to the individual situation in order to compile a comprehensive and full assessment.**

#### **POLICIES & PROCEDURES:**

The case manager shall contact appropriate providers to determine strengths, needs and desires in order to complete a full assessment.

#### **PERFORMANCE INDICATOR (3)**

**Program staff develops and completes the assessment in a narrative format.**

#### **POLICIES & PROCEDURES:**

The assessment shall be written by the targeted case manager in narrative format in order to provide a clear picture of the client.

#### **PERFORMANCE INDICATOR (4)**

**Staff base decisions regarding level, type and immediacy of services to be provided, or need for further assessment or evaluation upon the analysis of the information gathered in the assessment.**

#### **POLICIES & PROCEDURES:**

1. The need for any further assessments or evaluations shall be based upon the analysis of the information gathered during the assessment and documented on the assessment form.
2. The need for targeted case management will be assessed and documented annually.

#### **PERFORMANCE INDICATOR (5)**

**Staff completes an annual reassessment for each individual and document the reassessment in a written format.**

## **POLICIES & PROCEDURES:**

1. During the course of the year, the case manager shall update the initial assessment or past annual review.
2. As part of the continuous assessment process, the case manager shall have routine and on-going face-to-face contacts with the client.
3. Prior to the scheduled ICP meeting, the case manager shall complete the assessment with the client, identifying the client's current desires and priorities.
4. The case manager shall document the client's current level of functioning and desires in each of the following areas: community living, vocational/academic; self-care; social supports; health/treatment; leisure/recreational supports and financial/insurance.
5. A summary of progress on all the client's ICP goals over the past year shall also be included in this process.
6. Information regarding the above areas shall be very comprehensive. This information shall be the foundation by which the service plan is developed.
7. The need for any further evaluations shall be made on the assessment form.
8. The client will identify individuals they would like to have invited to their ICP meeting. Only these individuals, in addition to the client and the case manager, may attend the service plan meeting.
9. The completed assessment/annual review form shall be reviewed with the interdisciplinary team prior to the development of the ICP. Documentation of this team review shall be made on the assessment form.
10. The annual review shall be used to revise the ICP.

## **PERFORMANCE INDICATOR (6)**

**Documentation supporting the diagnosis is contained in the individual's record. A diagnosis of mental retardation is supported by a psychological evaluation conducted by a qualified professional. A diagnosis of developmental disability is supported by professional documentation. A determination of chronic mental illness is supported by a psychiatric or psychological evaluation conducted by a qualified professional.**

## **POLICIES & PROCEDURES:**

1. A diagnosis of mental retardation must be supported by a psychological evaluation conducted by a qualified professional. A diagnosis of mental retardation shall be made in accordance with the criteria provided in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, published by the American Psychiatric Association. A copy of this evaluation will be in the client's service file.
2. A diagnosis of developmental disability must be supported by completing the DD checklist. A copy of this checklist and supporting medical documentation will be in the client's service file.
3. A diagnosis of chronic mental illness must be supported by a psychiatric or psychological evaluation conducted by a qualified professional. A copy of this evaluation will be in the client's service file.

### **24.4(3) Individual service plan.**

**PERFORMANCE BENCHMARK:** Individualized, planned and appropriate services are guided by an individual-specific service plan developed in collaboration with the individual using the service, staff, and significantly involved others as appropriate. Services are planned for and directed to where the individuals live, learn, work, and socialize.

#### **PERFORMANCE INDICATOR (1)**

**The service plan is based on the current assessment.**

#### **POLICIES & PROCEDURES:**

1. The Individual Comprehensive Plan (ICP) shall be developed using the interdisciplinary team process.
2. The ICP shall be developed based on the information obtained during the intake or during the annual review process. The information obtained must be comprehensive and must support the development of all goals and objectives.
3. The case manager shall review the assessment when meeting face-to-face with the client.
  - a. Prior to the scheduled service plan meeting, the case manager shall complete the assessment with the client, identifying the client's current desires and priorities.
  - b. The case manager shall document information regarding services received.
  - c. The completed assessment form shall be reviewed with the inter-disciplinary team prior to the development of the ICP. Documentation of this team review shall be made on the assessment form.

#### **PERFORMANCE INDICATOR (2)**

**The service plan identifies observable or measurable individual goals and action steps to meet the goals.**

#### **POLICIES & PROCEDURES:**

Goals are defined by Webster as: "The end toward which effort is directed." Goals are general statements of expected accomplishments to be achieved in meeting the desires identified in the initial intake or current review. Goals shall be based on the client's priorities and describe desired outcomes in major life areas. They are motivating to the client. Goals statements should:

- a. Be realistic, attainable and provide direction for where the client is headed.
- b. Be client centered/driven.
- c. Be individualized and observable or measurable.
- d. Reflect the client's own words whenever possible
- e. Identify the criteria for completion.
- f. Focus on what the client wants and desires.

**PERFORMANCE INDICATOR (3)**

**The service plan includes interventions and supports needed to meet those goals with incremental action steps, as appropriate.**

**POLICIES & PROCEDURES:**

1. The specific service activities to be provided to achieve the goals are based on appropriateness, availability, and accessibility of services and financial resources.
2. Service activities shall indicate the activities that will be provided to, for, or with the client to achieve the goals.
3. For skills training, service activities shall be structured with incremental time frames as appropriate.
4. For ongoing support goals, service activities shall reflect the details of the supports needed. The service activities may cover the one year time span of the ICP, with review occurring quarterly.

**PERFORMANCE INDICATOR (4)**

**The service plan includes the staff, people, or organizations responsible for carrying out the interventions or supports.**

**POLICIES & PROCEDURES:**

Service activities shall include the following:

1. The person or agency responsible for providing each service activity.
2. The date of initiation and anticipated duration of each service activity.

**PERFORMANCE INDICATOR (5)**

**Services defined in the service plan are appropriate to the severity level of problems and specific needs or disabilities.**

**POLICIES & PROCEDURES:**

1. The ICP shall be based on the client's strengths and desires.
2. The ICP shall provide for services appropriate to the severity level of the client's problems or disabilities.
3. The ICP shall provide a basis for accountability.

**PERFORMANCE INDICATOR (6)**

**The plan reflects desired individual outcomes.**

**POLICIES & PROCEDURES:**

1. The Individual Comprehensive Plan is the written expression of the client's self-determination. The person-centered planning process must respect and reflect the central role of the individual in the determination of the plan's content and scope. This

process also recognizes that the authority to make decisions rests with the client and/or their legal representative.

- a. Utilizing the information he or she gained during the assessment process, the client makes choices about goals to achieve in the coming year. These goals may be in any of the seven life domains (community life, self-care, health-treatment, financial/insurance, vocational/academics, social supports, leisure/recreational) reviewed in the assessment and shall reflect the client's priorities and desired outcomes.
- b. Activity steps to reach each goal are identified and responsibilities for completing these activities are assigned to the client, case manager and provider agencies chosen by the client
- c. The client is encouraged to interview all appropriate providers for each service he or she wants to receive in order to make an informed choice of providers.
- d. This plan, based on the client's choices, guides the efforts of the team (client, case manager, and service providers) throughout the duration of the plan.

#### **PERFORMANCE INDICATOR (7)**

**Activities identified in the service plan encourage the ability and right of the individual to make choices, to experience a sense of achievement, and to modify or continue participation in the treatment process.**

#### **POLICIES & PROCEDURES:**

1. The case manager shall support and encourage the client in making independent decisions based on the service activities.
2. The case manager shall ensure that the individual has sufficient information presented to him/her regarding the negative and positive aspects of particular decisions, prior to making a decision.
3. The client can request a review or modification to the plan at any time during the year.

#### **PERFORMANCE INDICATOR (8)**

**Staff monitors the service plan with review occurring regularly. At least annually, staff assesses and revises the service plan to determine achievement, continued need or change in goals or intervention methods. The review includes the individual using the service with the involvement of significant others as appropriate.**

#### **POLICIES & PROCEDURES:**

1. Plan Implementation. - The Case Manager shall assist the client in obtaining the services identified on the ICP, and in decision making among providers.
  - a. Case Managers shall request approval from the funding sources for identified services and supports.
  - b. The Case Manager shall make referrals to identified service providers.
  - c. All efforts at arranging services shall be documented in the record.

2. Annual Staffing: The case manager shall schedule the ICP staffing within 12 calendar months for all clients receiving TCM services and within 60 days of acceptance for services for all new clients. When it's not possible to complete this task within the 60 days, the case manager shall note the reasons for the extension in the progress notes.
3. Special Staffing: The ICP shall remain in effect for a maximum of 12 calendar months, and may be reviewed and amended more frequently by the team, as necessary and appropriate. The ICP shall be revised whenever there is a significant change in the items addressed.
  - a. Some examples of significant changes would be when goals are achieved or need drastic changes; changes in service providers; changes in level of care.
  - b. Any member of the team can request that the ICP be reviewed at any time by contacting the case manager and requesting a special staffing.
  - c. The ICP may be updated prior to the expiration of 12 months. The only way that the annual ICP date can be changed is by the completion of the annual review process, and a complete revision to the ICP.
  - d. Revisions to the ICP shall be made by the inter-disciplinary team on the ICP Addendum form. Documentation needs to reflect status of all goals in the original ICP.
4. Monitoring of Services
  - a. Case managers shall monitor the services, service settings and living arrangements identified in the ICP to ensure that they continue to be necessary and appropriate.
    - 1) In the event that the Case Manager determines that the services, etc. are not necessary and appropriate, the Case Manager shall convene a Special ICP meeting to discuss the situation.
    - 2) If it is determined by the inter-disciplinary team that the client would benefit from an alternative service, the Case Manager shall advocate for such service.
  - b. Documentation of the above monitoring activity shall be made in the progress notes section.
  - c. Case Managers shall, at a minimum, have face-to-face contact with the client every three months.
    - 1) The purpose of the contact shall be to discuss progress, and provide support to the client regarding any relevant issues. Through these contacts the Case Manager shall develop and maintain a relationship with the client.
    - 2) The frequency of contact with the client and providers shall be determined by the inter-disciplinary team based on the needs of the client and documented on the ICP.
    - 3) The frequency of contact shall be reviewed whenever the ICP is reviewed.
5. Assessment of Progress
  - a. The Case Manager shall assess the progress toward achieving the goals identified in the ICP for all clients who receive case management services.
  - b. The Case Manager may base the assessment of progress on information obtained by any of the following sources: client, guardian, or providers of services.

- c. In the event that the client is not making any progress towards their goals and objectives the Case Manager shall contact the service provider, as appropriate, and discuss the situation with them.

**PERFORMANCE INDICATOR (9)**

**Staff develops a separate, individualized, anticipated discharge plan as part of the individualized service plan that is specific to each service the individual receives.**

**POLICIES & PROCEDURES:**

1. Discussion shall be held regarding the personal outcome achievement that is necessary for consideration of when targeted case management is no longer needed.
2. The interdisciplinary team in collaboration with the client shall develop a skill-specific plan for the client's discharge from case management.
3. The case manager shall document the discharge plan in the ICP.

**PERFORMANCE INDICATOR (10)**

**The service plan includes documentation of any rights restrictions, why there is a need for the restriction and a plan to restore those rights or a reason why a plan is not necessary or appropriate.**

**POLICIES & PROCEDURES:**

1. The case manager shall document in the service plan any rights restrictions identified by the interdisciplinary team.
2. The case manager shall document the rationale for the rights restrictions.
3. The case manager shall document whether a plan to diminish or remove the restrictions is in place.

**24.4(4) Documentation of service provision**

**PERFORMANCE BENCHMARK: Individualized and appropriate intervention services and treatments are provided in ways that support the needs, desires, and goals identified in the service plan, and that respect the rights and choices of the individual using the service.**

**PERFORMANCE INDICATOR(1)**

**Staff documents in the narrative the individual's participation in the treatment process.**

**POLICIES & PROCEDURES:**

The case manager shall monitor and document the individual's participation in the treatment process, with particular emphasis on information related to the clinical

diagnostic/ symptomological aspects of this process. Sources of information shall include clinical mental health professionals as well as the clients.

**PERFORMANCE INDICATOR(2)**

**Responsible staff documents the individual’s progress towards goals, the provision of staff intervention, and the individual’s response to those interventions.**

**POLICIES & PROCEDURES:**

1. Progress Notes shall document the involvement and feedback of the client regarding the goals and service action steps and the progress they are achieving.
2. The case manager shall monitor and document provision of intervention services, the service provider’s response and outcomes of the services in a narrative format.
3. The case manager shall document all activities, which support the functions of service coordination, monitoring, linking and referral for services.
4. Qualified case managers shall provide intervention services within the scope of case management services pursuant to the Iowa Medicaid Plan.

**PERFORMANCE INDICATOR (3)**

**Documentation of service provision is in a written, legible, narrative format in accordance with organizational policies and procedures.**

**POLICIES & PROCEDURES:**

1. The organization provides case managers with a narrative format that meets Chap. 24 and Medicaid requirements.
2. The case manager documents service provision in a written, legible, narrative format. The case manager shall sign and date the entry within 30 days of service provision. Only factual information shall be documented and include the date of service provision.
3. When ongoing activities occur more than once a week, the case manager may summarize activities weekly.

**24.4(5) Incident reports**

**PERFORMANCE BENCHMARK:**

**The organization completes an incident report for incidents that occur or are identified during times of direct contact by organization staff.**

**PERFORMANCE INDICATOR (1)**

**The organization has printed incident report forms available that include the following information:**

1. The name of the individual served who was involved in the incident.
2. The date and time the incident occurred.
3. A description of the incident.

4. **The names of all organization staff and others who were present or responded at the time of the incident. (For confidentiality reasons, other individuals who receive services should be identified by initials or some other accepted means.)**
5. **The action the organization staff took to handle the situation.**
6. **The resolution or follow-up to the incident.**

**POLICIES AND PROCEDURES:**

The organization utilizes an "Incident Report" that addresses items 1-6 described in this Indicator. (see appendix G)

**PERFORMANCE INDICATOR (2)**

**The staff directly involved at the time of the incident prepare and sign the incident report before forwarding it to the supervisor.**

**POLICIES & PROCEDURES:**

When Case Management staff is directly involved in the incident, they will complete the report, sign it, and forward it to their supervisor.

**PERFORMANCE INDICATOR (3)**

**Staff file a copy of the completed incident report in a centralized location and make notation in the individual's file.**

**POLICIES & PROCEDURES:**

Case Management director or supervisor will keep a centralized file of reports and will periodically review these to detect patterns, trends, etc. The case manager will make notation of incidents in the individual's file.

**PERFORMANCE INDICATOR (4)**

**Staff send a copy of the incident report to the individual's Medicaid targeted case manager or county case worker who is involved in funding the service and notify the individual's legal guardian within 72 hours of the incident.**

**POLICIES & PROCEDURES:**

Upon receipt of an incident report from a service provider, the case manager will review and assess the situation and contact the service provider and family/guardian of the client as needed. Case manager will make notation of the incident in the individual's file and forward the report to their supervisor.

## **24.4(6) Confidentiality and legal status**

**PERFORMANCE BENCHMARK: Staff shall release medical and mental health information only when properly authorized.**

### **PERFORMANCE INDICATOR (1)**

**The organization shall obtain written consent from the individual, the individual's legal guardian, or other persons authorized by law before releasing personal identifying information, medical records, mental health records, or any other confidential information.**

### **POLICIES & PROCEDURES:**

1. At the point that services are requested, the applicant for services, or their legally authorized representative, shall be advised about their right to privacy. They shall be instructed on how information is collected, maintained and stored, how information shall be used, and the procedure regarding release of information.
2. Exceptions are permitted only for disclosures permitted or required by law; bona fide medical and psychological emergencies; and provider approval, certification or licensure purposes.
3. The case manager shall complete the release of information form.
4. Procedures for Releasing Information
  - a. Personally identifying information, requiring consent of the client or the client's legally authorized representative, shall only be released or disclosed upon written consent of the client or the client's guardian.
    - 1) There shall be one release per agency or individual.
    - 2) Exceptions are permitted only for disclosures permitted or required by law; bona fide medical and psychological emergencies; and provider approval, certification or licensure purposes.
      - a) When released without a signed consent there shall be documentation in the client record of what information was released, to whom the information was released, and why.
      - b) Unless otherwise required by law, the client shall be notified of any release.
  - b. The Case Manager shall complete the release of information form.
    - 1) The release of information form shall specify to whom the information shall be released by specifying the individual or the individual agency. In addition the Case Manager shall complete the address section of the release.
    - 2) The purpose of the release shall be specific to the role of TCM, the functions of coordination, monitoring, and referral. In the event that the release is not for the purpose of TCM the case manager shall document the specific reason for the release of information.
    - 3) The Case Manager shall place checks by the items that are being released. If checking the section "Other" the Case Manager shall specify the contents of "Other". At no point shall the Case Manager use a blanket item such as "All other pertinent information" in the "Other" section.

- 4) Case Managers may only release mental health, substance abuse, or HIV information that is contained in their records with the expressed consent of the client or legal guardian, in accordance to the Poweshiek County HIPPA Privacy Policies.
  - 5) Third party information may be released only with a specific release of information from the client authorizing the re-release of the information and only for purposes of accessing needed services.
  - 6) The client or legal representative shall receive a copy of the release and this shall be documented in the record. Refusal to accept a copy of the signed release shall be documented in the client's record.
  - 7) The release shall remain in effect for a maximum of 12 calendar months. Case Managers shall update the releases prior to the clients annual ICP.
  - 8) The form is signed and dated by the client. If there is a guardian, the guardian shall sign all release forms.
  - 9) The client has the right to inspect the information that will be disclosed, and has the right to revoke the authorization at any time by submitting a written revocation to the Case Manager.
- c. In regards to the receipt of releases from other agencies or persons, only the case manager, case management supervisor, or the case management director can release information. In releasing information, it should be ascertained that:
- 1) Authorization is addressed in written form explicitly to the agency.
  - 2) Authorization has all essential information filled in and complete.
  - 3) Authorization has client's signature or legal guardian's signature.
  - 4) The date is within one year's time.
- d. Upon receipt of a release of information form authorizing the agency to release information to another agency or individual, the following procedures should be observed:
- 1) Copies of any authorizations shall be placed in the client file.
  - 2) Stamp material going out as CONFIDENTIAL. Information should be reviewed by the client's case manager or supervisor to ensure material is appropriate and procedures have been followed.
  - 3) Release information as requested.
5. When requesting information Case Managers shall either use the source of information's release form, or the TCM agency's release form. When using the agency's form the Case Manager shall thoroughly complete the form by:
- 1) Only requesting information that they feel is accessible from the other party.
  - 2) Limiting the release to 12 calendar months.
  - 3) Obtaining a separate signature from the client in the boxed in section, when attempting to obtain protected information.
6. Access to Information
- a. For persons authorized to have access to client information, there are four methods of reviewing the record:
- 1) Physical review of the record.
  - 2) Duplication of the information in the record.

- 3) Responding to telephone inquiries about the client and/or information in the record.
- 4) Participating in meetings where client identifying information is discussed.
- b. All clients, and their legal representative, shall have access to their records, unless otherwise determined by law. Parents of clients who are over 18 years of age may have access to the client's records only if the parents have been appointed legal guardians by a court of law or there is a written authorization, from the client, to release information.
- c. During physical review of the record, a designated staff member shall be present to assist the requesting party in locating specific information.
- d. At no time may a person examining a record remove anything from it or otherwise make changes in it.
- e. When a physical record is requested by the courts, it shall be specified through a subpoena. Upon receipt of the subpoena, the case management director shall be notified. The record is not to be shown to anyone until the Judge requests that the record be presented as evidence. The person accompanying the record must remain with the record at all times, including during any photocopying. The record is never to be left in the custody of the court. Verbal information regarding an individual client can only be offered in a court of law if a subpoena has been issued to a particular staff member.

#### **PERFORMANCE INDICATOR (2)**

**Staff completes releases in accordance with existing federal and state laws, rules, and regulations and maintain them in each individual file.**

<see Indicator (1)>

#### **POLICIES & PROCEDURES**

Each case file will have a tabbed section marked "Releases".

#### **PERFORMANCE INDICATOR (3)**

**Guardianship papers and probation, commitment, or other court orders are placed in the individual's record, if applicable.**

#### **POLICIES & PROCEDURES:**

The client's record shall contain court documents to include, but not be limited to, guardianship papers, court orders, reports, and subpoenas.

#### **24.4(7) Service systems.**

**PERFORMANCE BENCHMARK: The organization develops a clear description of each of the services offered. The organization develops an admission and discharge system of services. Staff coordinates services with other settings and providers.**

## **PERFORMANCE INDICATOR (1)**

**The organization has established and documented the necessary admission information to determine the individual's eligibility for participation in the service.**

### **POLICIES & PROCEDURES:**

1. Eligibility Criteria: Persons receiving TCM services shall meet the following eligibility criteria:
  - a. The individual is receiving Medicaid benefits; and
  - b. The individual is age 18 or over and has a primary diagnosis of mental retardation, developmental disability, chronic mental illness, *or brain injury*, or
  - c. The individual is under the age of 18, and is receiving services through the HCBS/MR *or the HCBS/BI Waiver* program.
  - d. Individuals under the age of 18 who have a primary diagnosis of mental retardation or developmental disability, who reside in a child welfare decategorization county may receive TCM services if the service is included in the decategorization plan and budget.
2. Definitions
  - a. Persons with Mental Retardation means persons who meet the following three conditions:
    - 1) Significantly subaverage intellectual functioning: an intelligence quotient (IQ) of approximately 70 or below on an individually administered IQ test (for infants, a clinical judgment of significantly subaverage intellectual functioning as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, American Psychiatric Association).
    - 2) Concurrent deficits or impairments in present adaptive functioning (e.g. the person's effectiveness in meeting the standards expected for the person's age by their cultural group) in at least two of the following area: communication, self-care, home living, social and interpersonal skills, use of community resources, self-direction, functional academic skills, work leisure, health, and safety.
    - 3) The onset is before the age of 18.
  - b. Persons with a Chronic Mental Illness means persons 18 and over, with a persistent mental or emotional disorder that seriously impairs their functioning relative to such primary aspects of daily living as personal relations, living arrangements, or employment. Persons with chronic mental illness typically meet at least one of the following criteria:
    - 1) Have undergone psychiatric treatment more intensive than outpatient care, more than once in a lifetime (e.g., emergency services, alternative home care, partial hospitalization or inpatient hospitalization).
    - 2) Have experienced at least one episode of continuous, structured supportive residential care other than hospitalization.

In addition, these persons typically meet at least two of the following criteria, on a continuing or intermittent basis for at least two years:

- 1) Are unemployed, or employed in a sheltered setting, or have markedly limited skills and a poor work history.
- 2) Require financial assistance for out-of-hospital maintenance and may be unable to procure this assistance without help.
- 3) Show severe inability to establish or maintain a personal support system.
- 4) Require help in basic living skills.
- 5) Exhibit inappropriate social behavior which results in demand for intervention by the mental health or judicial system.

In atypical instances, a person who varies from the above criteria could still be considered to be a person with chronic mental illness.

Persons with mental disorders resulting from Alzheimer's disease or substance abuse are not to be considered chronically mentally ill. [IAC 441—78.33 (249A)]

- c. Persons with a Developmental Disability means persons with a severe, chronic disability which:
  - 1) Is attributable to mental or physical impairment or a combination of mental and physical impairments.
  - 2) Is manifested before the person attains the age of 22.
  - 3) Is likely to continue indefinitely.
  - 4) Results in substantial functional limitation in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency.
  - 5) Reflects the person's need for a combination and sequence of services which are of lifelong or extended duration.
  - 6) A person from birth to age of nine, inclusive, who has a substantial developmental delay or specific congenital or acquired condition may be considered to have a developmental disability without meeting three or more of the criteria described above if the person, without services and supports, has a high probability of meeting those criteria later in life.
- d. Persons with a Brain Injury means persons with clinically evident brain damage or spinal cord injury resulting from trauma or anoxia which temporarily or permanently impairs the individual's physical or cognitive functions.

### 3. Eligibility Determination:

- a. Upon receipt of a service request, the Case Manager Supervisor and/or Case Manager shall contact the individual within 10 working days, sooner in emergency situations, explaining the process and requesting information.
  - 1) The Case Manager shall obtain information necessary for the completion of a CPC application in accordance with the County Management Plan.
  - 2) The Case Manager shall assist in obtaining information to verify the individual's County of legal settlement. In the event that the individual has legal settlement in another county, the Case Manager shall notify the Central Point of Coordination Administrator (CPC) of the County of residence, as well as the CPC of the County of legal settlement, of the referral for Case Management services.

- 3) The case manager shall assist the individual in identifying possible sources of information, and shall have the individual sign release forms.
  - 4) At the initial visit the case manager shall initiate an application for services by completing the demographic information and obtaining the individual's signature.
- b. Upon receipt of the documentation which supports the eligibility determination the case manager shall complete the application form. Supporting documentation shall include the following: Persons with a diagnosis of chronic mental illness shall have documentation of previous services as indicated in the section above; Individuals with a developmental disability shall have verification of the disability through a medical report, along with an assessment of their adaptive skills, and the onset of the disability. Individuals with mental retardation shall have a psychological evaluation which states their full scale IQ, along with an assessment of their adaptive skills.
- 1) The Case Manager shall indicate the individual's eligibility (yes or no) on the form.
  - 2) Upon completion of the eligibility determination process the Case Manager shall notify the individual of the decision in writing.
  - 3) In the event that the individual was found to be ineligible, the notice shall include the dispute (appeal) procedure, along with an explanation of other services in the community which may be of benefit for the individual.

#### **PERFORMANCE INDICATOR (2)**

**Staff includes verification in each individual's file that a service description is provided to the individual and, when appropriate, family, or significant others in the individual's file.**

#### **POLICIES & PROCEDURES:**

**A service description of targeted case management will be presented to each individual entering service and will be documented in the service files as indicted by the organization. Staff will document in each client file the date the service was explained and whether they had received an agency brochure.**

#### **PERFORMANCE INDICATOR (3)**

**Continuity of services occurs through coordination among the staff and professionals providing services to the individual. Coordination of services through linkages with other settings and providers has occurred, as appropriate.**

#### **POLICY & PROCEDURES:**

1. As stated in the definition of case management in 441--24.4(7), case management services link clients to service agencies and support systems responsible for providing the necessary direct service activities and coordinate and monitor those services. Coordination occurs throughout the case management process, including the

assessment, plan development, referral, monitoring and advocacy activities of the case manager. Ongoing updates regarding coordination of services with providers are reflected in the Progress Notes as part of the regular, billable monthly contacts. The manner in which the case manager coordinates with others to carry out these activities on behalf of clients are detailed in Sections 24.4(3), 24.4(4), and 24.4(7).

2. Coordination with Providers

- a. The Case Manager shall obtain copies of each provider's plan within 30 calendar days of the original ICP meeting.
- b. Upon receipt of the plan the Case Manager shall review it, and document the receipt of it in the client progress notes.
  - 1) Progress notes should indicate whether the provider plan correlates with the ICP. If the goals do not correlate, the Case Manager needs to immediately contact the service provider. Changes in the ICP shall require a special staffing.
  - 2) If the provider plan and ICP correlate, the case manager shall have the plan filed in the client's master record.
- c. If the plan is not submitted within the 30 day period, the case manager is to document the incident in the client progress notes. The Case Manager shall send a letter requesting the plan from the program that is deficient in submitting the document.
- d. If the plan is not received within 45 days of the due date the Case Manager shall contact the supervisor of the service provider, documenting the contact in progress notes.
- e. If the plan is not received within 60 days of the due date the Case Manager shall provide their supervisor with written notice of the providers delinquency in submitting the required documentation. The Case Manager shall continue to submit written requests to the service provider, on a monthly basis, requesting the required plan and documenting such action in progress notes.

**PERFORMANCE INDICATOR (4)**

**Staff includes a written discharge summary in each individual record at the time of discharge.**

**POLICY AND PROCEDURES**

1. Referral and transfer of services

- a. In the event that a client moves to another part of the state or chooses to change providers, referral shall be made to appropriate providers.
- b. With the permission of the client, a copy of any relevant information in the client record may be forwarded to providers who will be serving the client.

2. Discharge Criteria

- a. A person shall be discharged if it is determined that they no longer meet the eligibility criteria (i.e. no longer disabled, and/or no longer Medicaid eligible).
- b. A person shall be discharged if it is determined that they no longer are appropriate for TCM services.

- c. A person may be discharged if they refuse to participate in any aspect of the service plan development or implementation process.
  - d. A client may discharge himself/herself at any time.
3. Discharge Process
- a. In cases where a client is not his/her own legal guardian and has requested termination from services, the legal guardian shall be notified immediately and a final decision delayed until guardian input is obtained.
  - b. The client or their legal representative shall be informed of the option to appeal the discharge proceedings (refer to Dispute Resolution Policy).
  - c. The discharge plan shall include:
    - 1) Active involvement from client or legal representative.
    - 2) A completed discharge summary form which addresses the reason for discharge, date of discharge, the services received by the client, the client's response to those services and recommendations or referrals upon discharge.
  - d. The client shall be made aware of the re-application process for TCM services.
  - e. The Case Manager shall notify the Central Point of Coordination (CPC) of the discharge.
  - f. Copies of the completed discharge summary form shall be sent to the IDT and the original placed in the master record.
  - g. In the event of client death, the case manager shall notify the CPC, HCBS or BI waiver services. Copies of the Discharge Summary form shall be filed in the client record (not sent for signature).
  - h. The file shall be placed in the terminated file drawer, along with any archive materials. Terminated records shall be maintained in the Archive file for a period of 5 years, at which time the record may be destroyed.

## **24.4(8) Respect for individual rights.**

**PERFORMANCE BENCHMARK: Each individual using the service is recognized and respected in the provision of services, in accordance with basic human, civil and statutory rights.**

### **PERFORMANCE INDICATOR (1)**

**Staff provide services in ways that respect and enhance the individual's sense of autonomy, privacy, dignity, self-esteem and involvement in the individual's own treatment. Staff takes language barriers, cultural differences, and cognitive deficits into consideration and makes provisions to facilitate meaningful individual participation.**

### **POLICIES & PROCEDURES:**

- 1. Case managers provide case management services that:
  - a. Enhance autonomy by providing options for choice.
  - b. Enhance privacy by meeting with the client in private settings, by respecting confidentiality, by advocating for personal environments that allow privacy.

- c. Enhance dignity through the development of a supporting relationship which allows risk taking, and by respecting the client's ability to make decisions even if contrary to recommendations.
  - d. Enhance self-esteem through the affirmation of strengths.
  - e. Enhance involvement in the treatment process through the client driven planning process.
2. Case management services will be provided with the acknowledgement that clients have the right to be treated with respect and to be addressed in a manner which is appropriate to the client's chronological age and which takes into consideration language barriers, cultural differences and cognitive defects and makes provision to facilitate meaningful client participation.
  3. To ensure meaningful client participation the Case Manager will make arrangements to have interpreters available when needed ie: language barriers for the deaf. Case Manager will be sure to explore cultural differences and how those may impact the life of the person served or their services. The case Management Supervisor and Case Managers will have opportunities for training to increase their awareness & sensitivity regarding the identification of cultural differences & cognitive limitations. The Case Management Supervisor or Case Manager will request communication assistance from the consumer's family members, guardians, or legal representatives in the instances with someone with cognitive deficits. If needed the Case Manager will also make arrangements for and use assistive devices to effectively communicate with someone with cognitive deficits.

## **PERFORMANCE INDICATOR (2)**

**Staff inform individuals using the service and, when appropriate, family and significant others of their rights, choices, and responsibilities.**

### **POLICIES & PROCEDURES:**

1. A client has the same legal rights and responsibilities guaranteed to all other individuals under the federal and state constitutions, and federal and state laws. The receipt of service does not deprive any person of any rights, benefits, or privileges, or cause the persons to be declared legally incompetent.
2. The case manager shall inform the client of the following rights and responsibilities:
  - a. The right to privacy, including the right to private conversation and to confidentiality.
  - b. Personally identifying information shall be released only in accordance with the procedure titled "Confidentiality and Legal Status (24.4(6))".
  - c. Each person receiving services shall be protected from mistreatment, neglect, or abuse.
  - d. Each person has the right to be treated courteously, fairly, and with the fullest measure of dignity.
  - e. Each person receiving services has the right to be free from aversive and/or intrusive intervention procedures.
  - f. The right to appeal any staff or provider action.
  - g. The right to enter into contracts.

- h. The right to due process.
  - i. The right to consent.
  - j. Implicit is the client's right to refuse services.
  - k. The client has the responsibility to participate in the ICP process to the extent possible.
  - l. The client has the responsibility to cooperate with the service plan agreed upon.
3. The case manager shall obtain signatures of the client and/or their guardian on the form titled "Consumer Rights and Responsibilities" upon initial enrollment and annually thereafter.

### **PERFORMANCE INDICATOR (3)**

**The organization has a procedure established to protect the individuals using the service during any activities, procedure or research that requires informed consent.**

### **POLICIES & PROCEDURES:**

1. The case manager's role is to monitor that appropriate consent has been obtained by the provider of the service, prior to the implementation of any of the procedures detailed below.
2. Consent must be preceded by:
  - a. A detailed explanation of the procedures to be followed, including identifying the procedures that are experimental.
  - b. A description of the discomforts and risks of the treatment.
  - c. A description of the benefits expected from the treatment.
  - d. A disclosure of appropriate alternative procedures and their benefits, discomforts, and risks.
  - e. An offer to answer any questions concerning the procedures.
  - f. Advising the person giving consent that he/she may withdraw consent and discontinue treatment at any time.
  - g. A statement that withholding or withdrawing consent will not prejudice receiving further services.
3. The following elements of consent should be carefully considered:
  - a. CAPACITY—The ability to process information to reach a rational decision.
    - 1) A rational decision may not be a decision third parties consider to be in the person's best interest.
    - 2) The ability to make a rational decision may be situational in that some persons may have the ability in some areas, but not in others.
  - b. INFORMATION—Detailed information must be provided and communicated so that it is understood by the consenting person.
  - c. VOLUNTARY—The person consenting must be in a position to make a free choice. There can be no coercion, threats, duress, inducements, or undue influence.
  - d. WHO GIVES CONSENT—Consent must be obtained from the individual affected, unless the person has a legally appointed guardian. In the case of a legally appointed guardian, the guardian must consent to the treatment.

4. Client rights can only be limited with the consent of the client, the guardian or legal authorities within the following guidelines:
  - a. Limit is based on an identified individual need.
  - b. Skill training is in place to meet the identified need, as identified by the interdisciplinary team process.
  - c. All rights restrictions shall be discussed in an interdisciplinary team meeting and documented on the client's service plan or addendum to the service plan.
  - d. Periodic evaluation of the limits is conducted to determine the continued needs.
5. Written consent shall be obtained from the client or legal guardian or other person authorized by law for participation in any of the following:
  - a. Experimental treatment procedure.
  - b. Any procedure which carries an intrinsic risk.
  - c. Participation in provider-sponsored research.
  - d. Participation in any provider-sponsored external training or demonstration projects involving the use of audiovisual equipment or two-way mirror.

#### **PERFORMANCE INDICATOR (4)**

**The organization verifies that the individual is informed of the process to express questions, concerns, complaints or grievances about any aspect of the individual's service, including the appeal process.**

#### **POLICIES & PROCEDURES:**

The client or legal representative shall have the right to express questions, concerns, complaints or grievances about any aspect of the client's service to the case manager, the case manager supervisor or through the written appeal process.

#### **PERFORMANCE INDICATOR (5)**

**The organization provides the individuals using the service and their guardians the right to appeal the application of policies, procedures, or any staff action that affects the individual using the service. The organization has established written appeal procedures and a method to ensure that the procedures and appeal process are available to individuals using the service.**

#### **POLICIES & PROCEDURES:**

1. The notice of decision that is provided to the client or the client's representative shall include a copy of the appeal procedure. (appendix J & K)
2. The applicant, client, or legal representative shall have the right to object to the application of a policy or procedure, or any staff action that affects the client and may file a written appeal protesting such action.
3. The use of the dispute resolution process by an individual shall not prejudice the provision of appropriate services to the individual in need of and/or receiving services.
4. This policy shall be explained to all persons receiving services, or applicants for services and their legal representative at the time an application for services is made, when such persons are denied services, and/or upon request.

:

**PERFORMANCE INDICATOR (6)**

**All individuals using the service, their legal representatives, or other persons authorized by law, have access to the records of the individual using the service in accordance with state and federal laws and regulations.**

**POLICIES & PROCEDURES:**

Personnel who are authorized to have access to client files are limited to the following:

- a. The person receiving services, or their legal representative. Legal representative shall include, but is not limited to the parent of a minor, or a court appointed guardian.
- b. Staff of the Targeted Case Management agency, including volunteers and student interns.
- c. Staff from County Case Management Services shall have access to client files in order to complete their duties as identified in the County Case Management Services 28E Agreement.
- d. County Board of Supervisors.
- e. Employees of authorized external agencies whose responsibility is to license, accredit and monitor the program.
- f. Physicians, psychologists and other professional persons treating a client in an emergency situation.
- g. Other persons or agencies for whom the person receiving services has given authorization.
- h. Parent—the biological or adoptive parent, or person having legal custody of a minor.
- i. Legal guardian—person appointed by the court, charged with either limited or complete duties as ordered by the court.

**24.4(9) Case management services**

**“Case management services” means those services established pursuant to Iowa Code section 225C.20**

**PERFORMANCE BENCHMARK: Case management services link individuals using the service to service agencies and support systems responsible for providing the necessary direct service activities, and coordinate and monitor those services.**

**PERFORMANCE INDICATOR (1)**

**Staff clearly defines the need for case management and document it annually.**

**POLICIES AND PROCEDURES:**

In conjunction with the client, the case manager shall identify the specific supports they provide to the (e.g. coordinating, monitoring, linking crisis planning assistance, etc.). This will be reviewed annually and noted in the documentation.

### **PERFORMANCE INDICATOR (2)**

**At a minimum, the team shall be composed of the individual using the service, the case manager, and providers or natural supports relevant to the individual's service needs. In addition the team may include family members at the discretion of the individual using the service.**

### **POLICIES & PROCEDURES:**

In conjunction with the client and their legal representative the Case Manager shall identify the composition of the interdisciplinary team. At a minimum the team shall be comprised of the client, the case manager, and only those providers, organizations or natural supports that are relevant to the client's service needs. With the case manager's assistance, the client shall identify any other people whom they want on the team. The team shall remain in effect until the next annual review, or when the client requests a change in the composition.

### **PERFORMANCE INDICATOR (3)**

**The team works with the individual using the service to establish the service plan which guides and coordinates the delivery of the services.**

### **POLICIES & PROCEDURES:**

1. The Individual Comprehensive Plan shall be developed using an interdisciplinary team process.
2. The client shall decide on the time and location for the ICP meeting. Reasonable efforts shall be made to convene the ICP meeting at an agreeable time and place for all team members.
3. In the event that the legal representative is unable to attend the meeting, the case manager shall review the results of the ICP with them, and obtain their signatures.
4. In the event that any team member is unable to attend the meeting, the case manager may review the results of the ICP with them.
5. The interdisciplinary team shall have the following responsibilities:
  - a. Identify the person's current level of functioning.
  - b. Develop individualized goals and assign responsibilities.
  - c. Make recommendations regarding the least restrictive settings.
  - d. Identify and document any additional services, resources and/or supports that are desired.
  - e. Develop appropriate crisis and discharge plans.

### **PERFORMANCE INDICATOR (4)**

**The case manager advocates for the individual using the service.**

**POLICIES & PROCEDURES:**

1. All TCM staff shall provide services and make decisions based on what is in the "best interest" of the client.
2. The Case Manager shall advocate for the client without fear of reprisal or loss of employment status.
3. Case Managers shall, based on the Individual Comprehensive Plan, advocate for programs and services which best meet the client's strengths and needs.

**PERFORMANCE INDICATOR (5)**

**The case manager coordinates and monitors the services provided to the individual using the service.**

**POLICIES & PROCEDURES:**

1. The Individual Comprehensive Plan provides for coordination among services, resources and supports, along with a consistent and systematic focus among all services and supports.
  - a. The Case Manager shall assist the client in obtaining the services identified on the ICP, and in decision making among providers.
  - b. Case Managers shall request approval from the funding sources for identified services and supports.
  - c. The Case Manager shall make referrals to identified service providers and natural supports.
  - d. All efforts at arranging services shall be documented in the record.
2. Case managers shall monitor the services, service settings and living arrangements identified in the ICP to ensure that they continue to be necessary and appropriate.
  - a. In the event that it is determined that the services are not necessary and appropriate, the Case Manager shall convene a special ICP meeting to discuss the situation.
  - b. If it is determined by the interdisciplinary team that the client would benefit from an alternative service, the case manager shall advocate for the service.
3. Documentation of the above monitoring and coordinating activities shall be made in the progress notes section. Significant contact must occur at least one time per month in order to bill for Targeted Case Management services.

**PERFORMANCE INDICATOR (6)**

**Documentation of contacts includes the date, the name of individual, the name of the case manager, and the place of service.**

**POLICIES & PROCEDURES:**

**Each case manager is required to maintain records and progress notes on each client served. These documents will include date, time, name of individual, name of the case manager and the place of service and will be upgraded after each client contact with the client or his parent/guardian.**

**PERFORMANCE INDICATOR (7)**

**The case manager holds individual face-to-face meetings with the individual using the service at least quarterly.**

**POLICIES AND PROCEDURES:**

1. Case Managers shall, at a minimum, have face-to-face contact with the client every three months (for example, if you have a face-to-face contact in the month of January, the next face-to-face visit is due in the month of April) .
  - a. The purpose of the contact shall be to discuss progress, monitor continued appropriateness of service or level of service, and provide support to the client regarding any relevant issues. Through these contacts the Case Manager shall develop and maintain a relationship with the client.
  - b. The frequency of contact with the client and providers shall be determined by the interdisciplinary team based on the needs of the client and documented in the ICP plan.
2. The frequency of contact shall be reviewed whenever the ICP is reviewed.

**PERFORMANCE INDICATOR (8)**

**Case managers shall not provide direct services. Individuals using the service are linked to appropriate resources, which provide necessary direct services and natural supports.**

**POLICIES AND PROCEDURES:**

Case managers do not provide direct services as defined by the Department of Human Services in the clarification memo dated 12/19/96. A copy of this memo is in the Appendix.

**PERFORMANCE INDICATOR (9)**

**Individuals using the service participate in developing an individualized crisis intervention plan that includes natural supports and self help methods.**

**POLICIES AND PROCEDURES**

The crisis intervention plan may include, but is not necessarily limited to: potential emergencies; how to access emergency services and supports when needed; telephone numbers of emergency services and persons to contact; and client specific symptom management information. The crisis intervention plan means a personalized,

individualized plan developed with the client that identifies potential personal psychiatric, environmental, and medical emergencies. This plan shall also include those life situations identified as problematic and the identified strategies and natural supports developed with the client to enable him/her to self-manage, alleviate, or end the crisis. This plan shall also include how the client can access emergency services that may be needed.

### **PERFORMANCE INDICATOR (10)**

**Documentation shows individuals using the service are informed about their choice of providers as provided in the county management plan.**

#### **POLICIES AND PROCEDURES:**

1. The case manager will become familiar with the county management plan and document discussions about service provider options and the client's choice in the progress notes.
2. The case manager will make appropriate referrals based upon the client's informed choice of providers.
3. The case manager shall not be the decision-maker of the interdisciplinary team. The team shall attempt to reach consensus among its members. In no instance shall the team make a decision against the guardian, or client's wishes.
4. The case manager shall discuss options in client-friendly terms.

### **PERFORMANCE INDICATOR (11)**

**Within an accredited case management program, the average caseload shall be no more than 45 individuals per each full time case manager.**

#### **POLICIES & PROCEDURES:**

1. The case manager to client ratio shall never exceed 1 FTE staff person for each 45 individuals
2. The governing body shall be informed of the need for an additional case manager at any point that the case managers' average caseload reaches a level of 40 individuals receiving service or 90 % of the average caseload size..
3. The ratio shall be based on the current filled positions, which are positions that have not been vacant for more than 45 calendar days.

### **PERFORMANCE INDICATOR (12)**

**The case manager communicates with the team and then document in the individual's file a quarterly review of the individual's progress towards achieving the goals.**

**POLICIES & PROCEDURES:**

1. The case manager shall complete a quarterly progress review on all individuals who receive targeted case management services (3 per year).
  - a. Quarterly reviews shall begin 3 calendar months following the month of the current ICP (e.g. if the ICP was held in December, the first quarterly review would be held in March, the second in June, and the third in September).
  - b. The Annual Review (Assessment review) shall constitute the fourth quarterly review.
  - c. Copies of the quarterly reviews are shared with the interdisciplinary team (IDT).
2. The case manager may base the quarterly review on information provided by any of the following sources: the individual receiving service, guardian, and providers of service (community-based and clinical).
  - a. The review shall document the individual's progress toward achieving the goal/objectives and action steps identified in the current ICP. (Information regarding diagnosis/symptoms may also be summarized here).
  - b. Duties/Responsibilities of all interdisciplinary team (IDT) members (individual receiving service, service providers, case manager, etc.) are reviewed.
  - c. In the event an individual is not making progress on goals, the case manager will contact the IDT to discuss the situation. Any changes in plan (e.g. new ICP, Addendum to the ICP, minor changes in Action Steps, etc.) will be noted.

## Appendix A.

### 2004 Survey Results –Consumer/CPC Process

	# responding	
<b>Getting Started:</b>		
25% found the process <i>very easy</i>	2	
75% found the process to be <i>easy</i>	6	
<b>Getting Funding:</b>		
25% found the process <i>very easy</i>	2	
63% found the process <i>easy</i>		5
12% found the process to be <i>the usual</i>	1	
<b>Referral Source:</b>		
44% were referred by the <i>family/friends</i>	3	
56% were referred by <i>other-MHC, DHS, probation, CPC</i>		4
<b>Respected:</b>		
100% reported that they were <i>always</i> treated with respect by the staff.		8
<b>Professional and knowledgeable:</b>		
100% reported that the staff was <i>always</i> knowledgeable and professional		8
<b>Timely response:</b>		
100% reported that staff <i>always</i> responded in a timely manner	8	
<b>Control of planning:</b>		
38% reported that they <i>always</i> felt in control of the planning for their goals	3	
62% reported that they <i>usually</i> felt in control of the planning for their goals	5	
<b>Choosing necessary services:</b>		
50% felt they were <i>always</i> in charge of choosing services		4
38% felt they were <i>usually</i> in charge of choosing services		3
12% felt they were <i>sometimes</i> in charge of choosing services	1	
<b>Provider choice:</b>		
75% felt they <i>always</i> had a choice in provider	6	
25% felt they <i>usually</i> had a choice in provider	2	
<b>Advocacy:</b>		
75% felt staff <i>always</i> advocated for their needs	6	

25% felt staff <i>usually</i> advocated for their needs	2	
<b>Unmet needs:</b>		
75 felt they had <i>no unmet needs and wants</i>		6
25% felt they were <i>unsure</i>	2	

**Communication between county staff, providers, consumers, families:**

63% felt communication was <i>excellent</i>	5
25% felt communication was <i>good</i>	2
12% felt communication was <i>fair</i>	1

**Written Comments:**

- “I really appreciate the assistance I received from Poweshiek County Community Services and I hope to become a productive citizen because of this assistance.”
- “No downstairs offices or an elevator.” (specific to the Poweshiek County Mental Health Center)
- “I received same day assistance.”
- “not a thing – I feel they do an excellent job.”
- “Tell them to keep up the good job!”
- “Very good service and staff, wouldn’t change anything.”
- “Everything has been great. Thank you for all your help.”
- “Need to get some type of Medical Aid.”
- “Find some type of medical aid for physical problems. So far I have been disqualified for every avenue I have applied for except Mental Health.”

**2004 Survey Results – Provider Survey – TCM/CPC**

<b>Getting Started:</b>		# responding
65% found the process <i>very easy</i> or <i>easy</i> .		13
25% found the process to be <i>the usual</i>	5	
10% found the process <i>a little difficult</i> or <i>very difficult</i> .	2	
<b>Getting Funding:</b>		
68% found the process <i>very easy</i> or <i>easy</i> .		15
32% found the process <i>the usual</i> .	7	
<b>Referral Source:</b>		
83% were referred by the <i>CPC/case management</i> .		15
17% were referred by <i>other</i>	3	
<b>Respected:</b>		
70% reported that they were <i>always</i> treated with respect by the staff.	16	

30% reported that they were <i>usually</i> treated with respect by the staff.	7	
<b>Professional and knowledgeable:</b>		
70% reported that the staff was <i>always</i> knowledgeable and professional		16
30% reported that the staff was <i>usually</i> knowledgeable and professional		7
<b>Timely response:</b>		
65% reported that staff <i>always</i> responded in a timely manner	15	
35% reported that staff <i>usually</i> responded in a timely manner	8	
<b>Control of planning:</b>		
20% reported that they <i>always</i> felt in control of the planning for their goals	3	
80% reported that they <i>usually</i> felt in control of the planning for their goals	12	
<b>Choosing necessary services:</b>		
40% felt they were <i>always</i> in charge of choosing services		6
60% felt they were <i>usually</i> in charge of choosing services		9
<b>Advocacy:</b>		
54% felt staff <i>always</i> advocated for their needs	7	
46% felt staff <i>usually</i> advocated for their needs	6	
<b>Unmet needs:</b>		
78% felt they had <i>no unmet needs and wants</i>		11
8% felt they had <i>unmet needs and wants</i>	1	
14% felt they were <i>unsure</i>	2	
<b>Communication between county staff, providers, consumers, families:</b>		
48% felt communication was <i>excellent</i>	11	
48% felt communication was <i>good</i>	11	
4% felt communication was <i>fair</i>	1	
<b>Cooperation between county staff, providers, consumers, families:</b>		
46% felt cooperation was <i>excellent</i>	11	
50% felt cooperation was <i>good</i>	12	
4% felt cooperation was <i>fair</i>	1	
<b>Reimbursement</b>		
24% felt reimbursement was <i>excellent</i>	5	
67% felt reimbursement was <i>good</i>	14	
9% felt reimbursement was <i>fair</i>	2	
<b>Written Comments:</b>		
Suggestion – “quarterly meeting to discuss client needs with providers.”		
“Thanks for being a great partner.”		

“We have always had good communication with your county. It is a pleasure to work with your system.”

“I believe your staff are very knowledgeable and caring toward people served.”

“Our agency has only worked with your County for a short time, but has never experienced a problem communicating with case management. We look forward to a continued positive working relationship and to assist your consumer with necessary services.”

## POWESHIEK COUNTY

### Consumer Survey

**One of our county’s aims is to fund services for you that create opportunities for you to fully enjoy the rights, responsibilities, and benefits of living, working, and participating in your community. To fulfill this aim, Poweshiek County is continually seeking ways to better meet the needs of consumers, family members, and providers. Your opinion is valuable to us, and we count on you to help shape the services system in Poweshiek County.**

Check the answer, which most closely represents your opinion. If you are unsure, you may leave the question blank. Feel free to provide written comments at the end.

Remember this survey is asking about the central point of coordination process, only.

1. How did you find “getting started” with Poweshiek County? Where to go? What to do?

very easy                       easy               the usual               a little difficult               very difficult

**25%**                      **75%**

**8 respondents**

2. How did you find “getting funding” from Poweshiek County? How fast did it happen? Did it go the way you hoped?

very easy               easy               the usual               a little difficult               very difficult

**25%**                      **63%**                      **12%**

**8 respondents**

3. How did you find out about services/funding available through Poweshiek County?

school system               CPC/case managers               provider               family/friends

**14%**

**44%**

other              **PCMHC 14%**                      **Parole 14%**

**DHS 14%**

**7 respondents**

4. Does the staff from the Poweshiek County Community Services (cpc/case management) office treat you with respect?
- |                                 |                                  |                                    |                                 |
|---------------------------------|----------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> always | <input type="checkbox"/> usually | <input type="checkbox"/> sometimes | <input type="checkbox"/> rarely |
|---------------------------------|----------------------------------|------------------------------------|---------------------------------|
- 100%**  
**8 respondents**
5. Is the staff from the Poweshiek County Community Services office professional and knowledgeable?
- |                                 |                                  |                                    |                                 |
|---------------------------------|----------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> always | <input type="checkbox"/> usually | <input type="checkbox"/> sometimes | <input type="checkbox"/> rarely |
|---------------------------------|----------------------------------|------------------------------------|---------------------------------|
- 100%**  
**8 respondents**
6. Does the staff from the Poweshiek County Community Services office respond to your needs in a timely manner?
- |                                 |                                  |                                    |                                 |
|---------------------------------|----------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> always | <input type="checkbox"/> usually | <input type="checkbox"/> sometimes | <input type="checkbox"/> rarely |
|---------------------------------|----------------------------------|------------------------------------|---------------------------------|
- 100%**  
**8 respondents**
7. To what degree do you feel you control the planning for your goals?
- |                                 |                                  |                                    |                                 |
|---------------------------------|----------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> always | <input type="checkbox"/> usually | <input type="checkbox"/> sometimes | <input type="checkbox"/> rarely |
|---------------------------------|----------------------------------|------------------------------------|---------------------------------|
- 38%**                      **62%**
- 8 respondents**
8. To what degree do you feel you are in charge of deciding what services you want and need?
- |                                 |                                  |                                    |                                 |
|---------------------------------|----------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> always | <input type="checkbox"/> usually | <input type="checkbox"/> sometimes | <input type="checkbox"/> rarely |
|---------------------------------|----------------------------------|------------------------------------|---------------------------------|
- 50%**                      **38%**                      **12%**
- 8 respondents**
9. To what degree do you feel you are in charge of deciding which provider to use?
- |                                 |                                  |                                    |                                 |
|---------------------------------|----------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> always | <input type="checkbox"/> usually | <input type="checkbox"/> sometimes | <input type="checkbox"/> rarely |
|---------------------------------|----------------------------------|------------------------------------|---------------------------------|
- 75%**                      **25%**
- 8 respondents**
10. To what degree do you feel the county staff help you and advocate for you to get what you need and want?
- |                                 |                                  |                                    |                                 |
|---------------------------------|----------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> always | <input type="checkbox"/> usually | <input type="checkbox"/> sometimes | <input type="checkbox"/> rarely |
|---------------------------------|----------------------------------|------------------------------------|---------------------------------|
- 75%**                      **25%**
- 8 respondents**
11. Do you feel you have needs and wants that aren't being addressed?
- |                              |                             |                                       |
|------------------------------|-----------------------------|---------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> I'm not sure |
|------------------------------|-----------------------------|---------------------------------------|
- 75%**                      **25%**
- 8 respondents**

12. How would you rate communication between county staff, providers, consumers, and family members?

excellent                       good                                       fair                                       poor

**63%**                                      **25%**                                      **12%**

**8 respondents**

13. Do the services or funding that you receive from Poweshiek County help you reach your goals?

always                       usually                       sometimes                       rarely

**63%**                                      **37%**

**8 respondents**

14. Poweshiek County may be paying for some of the services you receive and would like to hear what you think about your provider. Please write in the name of your provider and rate them. \_\_\_\_\_

(optional)

1      2      3      4      5      6      7      8      9      10

Worst -----okay-----greatest

PCMHC 9,10,8,8,8,8,9

Amy 10

15. Please list anything you would like changed or improved within Poweshiek County Community Services.

16. Please offer any additional comments in the space below.

Thank you for taking time to complete this survey!

Amy Murray

Poweshiek County CPC Administrator

## Family Survey

**One of our county's aims is to fund services for you that create opportunities for you to fully enjoy the rights, responsibilities, and benefits of living, working, and participating in the community. To fulfill this aim, Poweshiek County is continually seeking ways to better meet the needs of consumers, family members, and providers. Your opinion is valuable to us, and we count on you to help shape the services system in Poweshiek County.**

*Please complete and return this survey to the CPC office in the enclosed stamped, addressed envelope by May 1, 2004.*

Check the answer, which most closely represents your opinion. If you are unsure, you may leave the question blank. Feel free to provide written comments at the end.

**Remember this survey is asking about county funding (the CPC process) and the case management program, only.**

17. How did you find "getting started" with Poweshiek County? Where to go? What to do?

- very easy                       easy                       the usual                       a little difficult                       very difficult

18. How did you find "getting funding" from Poweshiek County? How fast did it happen? Did it go the way you hoped?

- very easy                       easy                       the usual                       a little difficult                       very difficult

19. How did you find out about services/funding available through Poweshiek County?

- school system                       CPC/case managers                       provider                       family/friends  
 other \_\_\_\_\_

20. Does the staff from the Poweshiek County Community Services (cpc/case management) office treat you with respect?

- always                       usually                       sometimes                       rarely

21. Is the staff from the Poweshiek County Community Services office professional and knowledgeable?

- always                       usually                       sometimes                       rarely

22. Does the staff from the Poweshiek County Community Services office respond to your needs in a timely manner?

- always                       usually                       sometimes                       rarely

23. To what degree do you feel you control the planning for your goals?

- always                       usually                       sometimes                       rarely

24. To what degree do you feel you are in charge of deciding what services you want and need?  
 always                       usually                       sometimes                       rarely
25. To what degree do you feel you are in charge of deciding which provider to use?  
 always                       usually                       sometimes                       rarely
26. To what degree do you feel the county staff help you and advocate for you to get what you need and want?  
 always                       usually                       sometimes                       rarely
27. Do you feel you have needs and wants that aren't being addressed?  
 Yes                       No                       I'm not sure
28. How would you rate communication between county staff, providers, consumers, and family members?  
 excellent                       good                       fair                       poor
29. Do the services or funding that you receive from Poweshiek County help you reach your goals?  
 always                       usually                       sometimes                       rarely
30. Please list anything you would like changed or improved within Poweshiek County Community Services.
31. Please offer any additional comments in the space below.

Thank you for taking time to complete this survey!

Amy Murray

Poweshiek County CPC Administrator

# POWESHIEK COUNTY

## Provider Survey

**One of our county's aims is to fund services for you that create opportunities for you to fully enjoy the rights, responsibilities, and benefits of living, working, and participating in the community. To fulfill this aim, Poweshiek County is continually seeking ways to better meet the needs of consumers, family members, and providers. Your opinion is valuable to us, and we count on you to help shape the services system in Poweshiek County.**

*Please complete and return this survey to the CPC office in the enclosed stamped, addressed envelope by June 22, 2004.*

Check the answer, which most closely represents your opinion. If you are unsure, you may leave the question blank. Feel free to provide written comments at the end.

**Remember this survey is asking about county funding (the CPC process) and the case management program, only.**

32. How did you find "getting started" with Poweshiek County? Where to go? What to do?

very easy                       easy                       the usual                       a little difficult                       very difficult

**30%                      35%                      25%                      10%**

**20 respondents**

33. How did you find "getting funding" from Poweshiek County? How fast did it happen? Did it go the way you hoped?

very easy                       easy                       the usual                       a little difficult                       very difficult

**36%                      32%                      32%**

**22 respondents**

34. How did you find out about services/funding available through Poweshiek County?

school system                       CPC/case managers                       provider                       family/friends

**83%**

other **17%**

**18 respondents**

35. Does the staff from the Poweshiek County Community Services (cpc/case management) office treat you with respect?

always                       usually                       sometimes                       rarely

**70%                      30%**

**23 respondents**

36. Is the staff from the Poweshiek County Community Services office professional and knowledgeable?

always                       usually                       sometimes                       rarely

**70%                      30%**

**23 respondents**

37. Does the staff from the Poweshiek County Community Services office respond to your needs in a timely manner?

always                       usually                       sometimes                       rarely

**65%**                      **35%**

**23 respondents**

38. To what degree do you feel you control the planning for your goals?

always                       usually                       sometimes                       rarely

**20%**                      **80%**

**15 respondents**

39. To what degree do you feel you are in charge of deciding what services you want and need?

always                       usually                       sometimes                       rarely

**30%**                      **60%**

**15 respondents**

40. To what degree do you feel you are in charge of deciding which provider to use?

always                       usually                       sometimes                       rarely

**9%**                      **91%**

**12 respondents**

41. To what degree do you feel the county staff help you and advocate for you to get what you need and want?

always                       usually                       sometimes                       rarely

**54%**                      **46%**

**13 respondents**

42. Do you feel you have needs and wants that aren't being addressed?

Yes                       No                       I'm not sure

**8%**                      **78%**                      **14%**

**14 respondents**

43. How would you rate communication between county staff, providers, consumers, and family members?

excellent                       good                       fair                       poor

**48%**                      **48%**                      **4%**

**23 respondents**

44. How would you rate cooperation between county staff, consumers, family members, and your agency staff?

excellent                       good                       fair                       poor

**46%**                      **50%**                      **4%**

**24 respondents**

45. Do the services or funding that you receive from Poweshiek County help you reach your goals?

always                       usually                       sometimes                       rarely

**44%**

**50%**

**6%**

**16 respondents**

46. Do you feel the reimbursement you receive to provide services to Poweshiek County consumers is adequate? (i.e. covering the cost of business, we understand that most would prefer additional moneys)

excellent                       good                       fair                       poor

**24%**

**67%**

**9%**

**21 respondents**

47. Please list anything you would like changed or improved within Poweshiek County Community Services.

48. Please offer any additional comments in the space below.

Name (optional):

---

Thank you for taking time to complete this survey!

Amy Murray

Poweshiek County CPC Administrator

## Appendix B

### **PERFORMANCE IMPROVEMENT SYSTEM:**

Poweshiek County Case Management identifies, collects, and assesses information to measure our level of performance, identify need for improvement, review current systems and evaluate need for development of new ones.

Through individual supervision, surveys, committee meetings, and data collection, we will continually do self-assessments on our ability to support individuals with disabilities to live, work, and play in the community of their choice.

#### Case Reviews:

The consumer files will be reviewed on a regular basis. Consumer records will be monitored to determine the presence of documentation, timeliness of documentation, quality of documentation, consistency of chart organization, case management process outcomes, and consumer outcomes. The information for the reviews will be used to provide feedback to case managers about their documentation.

Monthly supervision meetings will be utilized for peer review of consumer records, feedback regarding documentation, and identification and presentation of on-going training needs..

#### Data Collection:

Information will be collected regarding demographics of the population served. Process timelines are collected reflecting the date of application to the date of the ICP. Information regarding goal completion, indicate the level of satisfaction and the appropriateness of goals and services provided.

#### Program Assessment:

An outside agency will complete an outcome-based survey at least biannually to determine if consumers are obtaining the desired outcomes and if there are processes to assist the consumer if determining outcomes. (For example: Linn County MH/DD Services in September 1999.)

The information provided from that assessment will be distributed and discussed as to how to improve outcomes. Case management goals will be distributed and discussed as to how to improve outcomes. Case management goals will be developed from that assessment and presented to the MH/DD Advisory Council for implementation.

#### Consumer Satisfaction:

Consumers will be given a consumer satisfaction survey biannually to complete. The survey will provide feedback to case managers about how consumers view their service and their overall satisfaction with the case management program. We will ensure that those consumers needing assistance completing the survey have that assistance, from someone outside this agency.

Parent Satisfaction:

Parents and/or guardians will be given a satisfaction survey biannually to complete. The survey will provide feedback to case managers about how families view their service and their overall satisfaction with the case management program. QWe will ensure that those individuals needing assistance completing the survey have that assistance, from someone outside this agency.

Provider Satisfaction:

Providers will be given a satisfaction survey biannually to complete. The survey will provide feedback to case managers about how providers view their service and their overall satisfaction with the case management program.

Compliments and/or complaints:

A written record of all compliments and/or complaints regarding a specific case manager will be recorded, placed in the personnel record, along with the accompanying corrective plan if indicated.

Monitoring complaints and compliments may assist with identifying strengths and needs of the case management program.

Human Resources:

Personnel job descriptions, staff training and the evaluation process will be reviewed. this review will be done with case managers and ISAC case management staff to identify needs the case managers may have which are not being addressed to improve the quality of the case management unit.

MH/DD Advisory Council:

The Council will become an integral part of the service delivery component in Poweshiek County. The Council will hold Poweshiek County Case Management accountable.

## FY 2006-2008 GOALS

**GOAL 1: Vocational opportunities will be expanded in Poweshiek County by June 2008.**

### **OBJECTIVE 1:**

To work in coordination with Goodwill Services offering a variety of employment opportunities to meet individual needs.

### **ACTION STEPS**

- a. Hold monthly or bimonthly meeting with DVRS, case management staff, and Goodwill staff to review progress/satisfaction.
- b. Make recommendations to the Advisory Council.
- c. Make recommendations to the Board of Supervisors.

**GOAL 2: Increase 24hr.supervised residential services within Poweshiek County.**

**OBJECTIVE:** To work in coordination with CIRSI to open an HCBS waiver home for 4 consumers.

### **ACTION STEPS:**

- a. Hold regular meetings with CIRSI and case management staff to staff to determine the consumers needs in housing.
- b. Make recommendations to the Advisory Council.
- c. Make recommendations to the Board of Supervisors.

**GOAL 3: People with disabilities will participate in community leisure/recreational activities by June 2008.**

**OBJECTIVE 1: Opportunities will be identified for people with disabilities.**

### **ACTION STEPS:**

- a. A survey will be conducted to other counties identifying leisure and recreational activities available to consumers in their communities.
- b. Case Managers and other interested service providers will explore barriers to participation and begin to develop solutions.
- c. After the results of the survey are evaluated and options are identified a brochure will be developed to identify what is available to consumers.

**GOAL 4: Too provide ongoing quality services to our consumers.**

**OBJECTIVE 1:**

An ongoing quality assurance process will be implemented.

**ACTION STEPS:**

- a. An outcome survey process will be continued in Poweshiek County.
- b. The process will track and monitor costs and satisfaction will be ongoing.
- c. Data will be maintained throughout the year.
- d. Data will be available in the annual report.

**Appendix D**

**BY-LAWS**

**Regular Meeting and Special Meetings**

The Board shall meet at least three times a year. Written notice shall be given to members at least five days prior to the meeting. The Board shall meet with the County Board of Supervisors at least once a year. Special meetings may be called by the CPC or upon request of at least three Board members. Written or oral notice shall be given to members at least three days prior to the meeting.

### **Public Notice**

Notice of the time, date, place, and tentative agenda of each meeting shall be given at least 24 hours in advance in a manner that will inform the general public. This shall be accomplished at a minimum by advising any news media who have filed a request for such notice from the Board and by posting the notice in a designated place accessible to the public at the Board's principal office or at the place where the meeting is to be held. Each meeting shall be held at a place reasonably accessible and at a time reasonably convenient to the public; Any exception due to good cause to the notice, place, and time requirements shall be noted in the minutes. All meetings shall be open to the public unless a closed session is called in accordance with Iowa Code §21.5 (1993).

### **Minutes**

The Board shall keep minutes of all its meetings showing the date, time and place, members present, the action taken at the meeting, and the results of each vote taken. The minutes shall show information sufficient to indicate the vote of each Board member present. The minutes shall be public records open to public inspection.

### **Quorum.**

A quorum shall be constituted by a majority of the members of the Board.

### **Voting.**

All questions at a meeting of the Board shall be decided by a majority vote of the quorum. The vote of each Board member present shall be made public at any Board meeting open to the public.

### **OFFICERS:**

#### **Designation.**

The officers of the Board shall be a Chairperson, a Vice-Chairperson. A secretary will be provided by the Board of Supervisors from the Central Point of Coordination Office.

#### **Election.**

Officers shall be elected by the Board at the first meeting held in a calendar year for terms of one calendar year. New officers shall take office immediately after the election. Upon an affirmative vote of a majority of the members of the entire Board, any officer may be removed and a successor elected at any regular meeting of the Board or any special meeting called for such purpose.

**Duties.**

The Chairperson shall preside at all meetings and shall appoint all committees. The Vice-Chairperson shall perform the duties of the Chairperson in the absence of inability of the Chairperson to discharge the duties of the office. The Secretary shall attend and keep minutes of all meetings of the Board and shall perform other duties as directed by the Board.

**AMENDMENTS:**

These Bylaws may be amended by a majority vote of the entire Board at any regular meeting or at any special meeting called for that purpose, provided that such proposed amendments are plainly stated in the notice for the meeting in which they are to be considered. Notice of such proposed amendments shall be mailed to all Board members at least 30 days prior to said vote.

**SEVERABILITY:**

If any portion of these Bylaws or the application of these Bylaws to any person or circumstances is held invalid, such invalidity shall not affect other provisions or applications of these Bylaws which can be given effect without the invalid provisions or applications; and to this end, the provisions of these Bylaws are declared to be severable.

**RATIFICATION:**

These Bylaws shall be in full force and effect from and after the date of adoption by the Board, and shall not be repealed, altered or amended except as provided in **Amendments.**

The Advisory Board is responsible to review and develop policies, organizational plans, budget, quality improvement, annual review, ongoing public education on local MH/DD issues, and strategic planning. Minutes of Advisory Board meetings are available upon request.

The Poweshiek County Board of Supervisors has appointed the Poweshiek County County Central Point of Coordination to manage the MH/DD Funds. This office collaborates with the advisory board in the ongoing development of the Poweshiek County MH/DD Managed Care Plan and acts as support staff to the Advisory Board. Public hearings are held at least three times per year to allow for input to the managed care plan.

Appendix E

**Poweshiek County Case Management**

Summary of Information Checklist

Date: \_\_\_\_\_

- Section 1       Face sheet
- Discharge Summary
  
- Section 2       Progress Notes
  
- Section 3       Assessment/ICP

ELP  
Annual Assessment

- Section 4  Quarterly Reports
- Section 5  Provider report  
Incident reports
- Section 6  Medication
- Section 7  Evaluation  
Medical  
Psychological
- Section 8  Releases
- Section 9  Correspondence
- Section 10  Social History
- Section 11  Legal  
Consumer rights  
Guardian papers  
Conservatorship papers
- Section 12  Eligibility  
Service request  
Application  
Supporting documentation  
Enhanced Services Report
- Section 13  HCBS/ARO
- Section 14  Funding request & NOD

**appendix F**

**CASE MANAGEMENT CODE OF ETHICS**

As a Case Manager, I.....

- Am bound to keep confidential all matters concerning the individuals I serve.
- Am committed to each individual's right to self-determination and the person's right to make their own life choices.
- Am committed to seek and provide culturally appropriate services to the best of my ability.
- Do not allow my words or actions to reflect prejudice or discrimination concerning

- any race, culture, creed, gender or lifestyle.
- Am committed to embarking hopefully on a recovery journey with every person I serve letting them direct their own healing process.
- Am obliged to work from a strengths perspective, seeing and maximizing the recovery assets of each person I serve.
- Support my colleagues and keep their confidences.
- Am honest with myself, the people I serve and my colleagues.
- Am committed to a regular assessment of my service recipients' expectations of me and to consistently improving my practice to meet their expectations.
- Understand the power of self-help and peer support and encourage the people I serve to participate in those activities.
- Am committed to fight stigma wherever I find it and promote community integration for the people I serve.
- Have a duty to report physical, emotional and verbal abuse to the appropriate person in authority.
- Have a duty to warn anyone I believe to be in danger of physical harm.
- Have a duty to urge impaired colleagues to seek help for their problems and failing this, to discuss the situation with my supervisor.
- Have an obligation to use opportunities for continuing education in my field or profession.
- Have an obligation to advocate for the people I serve, for their rights, for equal treatment and for resources to meet their needs.
- Have a commitment to prevent crisis situations with the people I serve, to present and support crisis alternatives and to avoid forced treatment unless there is clear and present danger to the person served or another.

---

Case Manager \_\_\_\_\_

---

Date \_\_\_\_\_

*From the National Association of Case Managers*

## Appendix G

### Poweshiek County Case Management Incident Report

120 West St.  
Grinnell, IA 50112  
641-236-9199 phone  
641-236-0299 fax

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\_\_\_\_\_

name of client involved in incident



**RESOLUTION:**

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\_\_\_\_\_  
Case Manager Signature

forwarded to: Case Management Supervisor on \_\_\_\_\_  
guardian (if applicable) on \_\_\_\_\_  
provider (if appropriate) on \_\_\_\_\_

## Appendix H

### GRIEVANCE PROCEDURE

Poweshiek County Case Management will utilize the Complaint Resolution Procedure as outlined in the Poweshiek County Personnel Handbook, under 7.1.

#### COMPLAINT RESOLUTION PROCEDURE

7.1

Misunderstandings, conflicts, problems, or other questions about your job can arise in any workplace. To ensure effective working relations, it is important that such matters be resolved before serious problems develop. If your concern relates to sexual harassment or another type of workplace harassment, follow the procedure in the sexual harassment policy contained in this handbook. Also, certain complaints may fall under resolution procedures established by state law. For other complaints, the County has adopted the following procedure to respond to your concerns.

#### **STEP ONE: IMMEDIATE SUPERVISOR**

First see your immediate supervisor. He or she is in the best position to resolve your problems or concerns. In an effort to resolve the problem, your immediate supervisor will consider the fact and conduct an investigation, if necessary. You will normally receive a response regarding your problem within five working days of meeting with your supervisor. If you are not satisfied with the response of your immediate supervisor, or if the supervisor fails to respond to your complaint within five working days, you may proceed to Step 2.

#### **STEP TWO: ELECTED OFFICIAL, BOARD OF SUPERVISORS OR GOVERNING BODY**

You may prepare a written summary of your concerns and request that the appropriate Elected Official, Board of Supervisors or the appropriate governing body review the matter. Employees of the Auditor, Treasurer, Recorder, Sheriff or County Attorney may direct their complaint to the appropriate elected official. Covered employees in the Secondary Road Department, Transfer Station, Relief/Zoning/Emergency Management, Central Point of Coordination and Weed Commission Departments, may direct their complaint to the Board of Supervisors. Employees of the Assessor, Conservation Department, Board of Health and Veteran Affairs Commission may direct their complaint to the appropriate governing body.

**After a full examination of the facts (which may include a review of the written summary of your statement, discussions with all individuals concerned, and a further investigation if necessary) the elected officials, Board of Supervisors, or appropriate governing body will normally advise you of its decision within fifteen days. The decision of the elected official, Board of Supervisors, or governing body shall be final.**

State of Iowa  
Department of Human Services  
Des Moines

**Informational Letter No. 135**

DATE December 19, 1996

TO: All Targeted Case Managers

FROM: Division of Medical Services

**SUBJECT Policy Statement on the Issue of Medicaid Targeted Case Management and Direct Service Provision**

In attempting to clarify policy regarding appropriate activities of targeted case managers The Iowa Department of Human Services conducted a survey and used the input from this survey for administrative meetings and discussions with HCFA. In summary, it was concluded that:

**Case Managers are:**

- Managers of cases
- Professionals
- to assist the consumer become as independent as possible
- to foster the use of natural supports
- to take an active role in developing resources to enhance consumer's abilities to live independently
- to promote development of needed services

Case Managers are not:

- to deliver services
- to take the role of friends
- to foster dependence

Following are specific areas, which are addressed in more detail.

**Transportation:** Transportation is not an allowable Targeted Case Management activity. Targeted Case managers are not transportation providers under the Medicaid program. The case manager may assist in finding transportation but is not the direct provider. If an emergency situation occurs, emergency providers need to be utilized, i.e., 911, police, ambulance service etc. Targeted case managers may assist in finding an escort for the individual to be transported.

There are situations, however, where accompanying a consumer may be appropriate. This could include a variety of situations where the targeted case manager and consumer are going to the same locations such as where the targeted case manager and the consumer need to have a joint meeting with a service provider. In these situations, it is acceptable for the consumer to accompany the targeted case manager. Each targeted case management provider will need to determine if liability considerations will allow this type of ride sharing.

The rate paid for case management should include the ordinary overhead costs of performing the function, including travel. While nothing would preclude the case manager from traveling to the distant site with the consumer, the purpose of traveling with the client would not be to provide transportation, and therefore no additional payment should be made

**Financial/Budgeting:** Assistance with financial budgeting is an allowable activity if it is infrequent for example quarterly. This would be to **assess** the consumers financial needs and determining what services to arrange for the consumer. This would not include balancing checkbooks, investments, guardians, payees, and not day to day financial assistance. It is acceptable for a targeted case manager to review a consumer's work in order to assess the need for additional financial services such as a financial advisor or conservator.

**Housing:** Assisting a consumer in obtaining a **residence** is an allowable targeted case management activity. The **assisting** would be in gaining **access** to the housing, i.e. assistance with filling out low **income** housing applications, rental *forms*, and loan applications and referral to a CSALA or CSP program. **This would** not include searching for an apartment, or moving the individual.

**Home Management Skills:** Home management skills are not allowable services as these involve direct service and teaching. A targeted case manager may need to visit a consumers living environment in order to **assess** service needs. The targeted case manager would need to find an individual, agency etc. to link the person to the correct service.

**Application for Services:** This is an allowable **activity for** both Medicaid and Non Medicaid funded programs.

**Shopping:** This is not an allowable activity **as this is a** direct service.

**Service Employment/Vocation:** Assisting the consumer with job applications taking to job interviews, and filling out tax forms, are not allowable targeted case management services. A job is not a service. The case manager however, may assist in linking the consumer with vocational rehabilitation **as** they would be helping gain access to employment.

**Nutritional Education:** This is a direct service and not a targeted case management activity. There are Medicaid providers available to help with this service including clinics, doctors, etc. Talking with the consumer about their overall well being, their goals, assisting in linking to resources are all allowable targeted case management activities.

**Pet Care:** This is not an allowable targeted **case** management activity.

**Social Skill Development:** These areas are not allowable targeted case management activities but are provided by other sources. Clearly a targeted case manager can meet a consumer in the kind of environment conducive to carrying on a discussion but should not provide instruction

**Crisis Intervention:** Crisis intervention is a direct service. Targeted case managers are not the resource, they are the linkage to providers for this service. A targeted case manager will assist in getting the service for the crisis but not provide the service. If the individual is in the Mental Health Access Plan program, they currently have a crisis intervention service. The targeted case manager may talk through the crisis situation with the consumer and get them linked to the appropriate service.

**Problem Solving:** Problem solving is an allowable targeted case management activity. This includes assessing the situation, and pulling resources together for the consumer. The targeted **case** manager must not become involved in providing therapy.

**Teaching/Counseling/Family Support:** This is a direct service and not an allowable targeted case management activity. The targeted case managers role should be to assess consumer need and then make a referral to other community resources.

**Coordination with Other Providers/Treatment Team:** The targeted case manager needs to provide all appropriate materials to service providers including case notes, medical information etc. In many situations, the targeted case manager may not need to be at the appointment if all information is submitted in advance to the provider. If it is relevant for the targeted case to attend the staffing this is an allowable activity but this should be on a periodic basis (i.e. no more than quarterly on an annualized basis.)

**Physical Care:** This is not an allowable targeted case management activity.

**Monitoring Medication:** Monitoring **medication** is not an allowable targeted case management activity. This is a direct service. Medication management is a service that is provided by MERIT. Dropping by and checking **on** the consumer several times a week is a direct service. Resources need to be linked for this service. If an individual is coming from MHI, intensive monitoring, immediately post-hospitalization is acceptable.

The targeted case manager may have daily contacts at first to assess their needs, and linking them up to services. If the consumer needs continuing phone support, a service resource needs to be provided.

**Holding Possessions for a Consumer:** This is not an allowable targeted case management activity and is really not a case management issue.

**Recognition Activities:** This is not an allowable targeted case management activity and should not be done during time being charged to targeted case management.

**Advocacy:** This is allowable only to the extent of gaining access to needed services but should not involve mediation on the part of the targeted case manager in family or legal problems. Referral should be made to appropriate community resources or necessary resources should be developed by the targeted case manager. Development of the resource should be done in response to a specific need and not as general advocacy. . The general development of services **as** an activity goes beyond the statutory definition of targeted case management services.

If you have questions **regarding this** policy, **please contact Gary Gesaman** at (515) 281-5586

GG:EC:ec

# **CONSUMER GRIEVANCE PROCEDURE**

## **POLICY:**

A copy of this appeal and grievance procedure shall be provided to each consumer and consumer representative upon acceptance for Case Management service.

## **CONSUMER RIGHTS:**

Every consumer has the right to express grievances and recommendations concerning his/her programming, and is encouraged to do so.

When a consumer is dissatisfied with a situation or procedure, or disagrees with a decision made by staff regarding the provision of service, the consumer has the right and responsibility to make these concerns known and to attempt to resolve the difficulty.

All requests for grievance hearings will be routinely granted as a matter of organizational responsibility.

Consumers will be assisted, if necessary, at every stage of the procedure.

Any employee or the agency who is found to be obstructing the grievance procedure, or to be engaging in intimidation of or reprisal against consumers for exercising the rights set forth above will be subject to disciplinary action.

## **PROCEDURE:**

The following procedure is in effect to resolve grievances:

- 1) The consumer should attempt to solve the problems with the person(s) involved. Many problems occur as the result of a misunderstanding and can often be resolved by the directly affected parties.
- 2) If the problem cannot be resolved to everyone's satisfaction, the consumer shall, within 5 working days notify the case management supervisor in writing that she/he has a grievance.

At this point, the Supervisor\* shall serve as the Grievance Officer. The Supervisor shall schedule a grievance meeting with the consumer and staff involved as soon as possible, but within a time period not to exceed 5 working days.

- 3) The Supervisor and the persons involved will meet in an attempt to resolve the dispute. This meeting will be chaired by the Supervisor. After reviewing all relevant

information, the group will attempt to reach a consensus. If a consensus cannot be reached, the Supervisor will determine and detail in writing what actions are necessary to settle the grievance. A decision will be made and presented in writing by hand-delivered or first class registered mail to the persons involved within 5 working days from the date of the grievance hearing.

- 4) If the consumer is still dissatisfied, he/she may appeal to the Governing Board of the agency within 5 working days of the date of receipt of the previous response. The staff should review the following guidelines concerning the Appeal Procedure with the Governing Board.

### **APPEAL PROCEDURE WITH THE GOVERNING BOARD:**

Hearings shall be held at the Poweshiek County Courthouse, Board of Supervisors Room, Montezuma, Iowa, unless otherwise specified by the Chairman of the Board of Supervisors.

Duties of the Board of Supervisors:

- 1) The Chairman shall send a notice of hearing.
- 2) The Chairman shall open the record and note appearances.
- 3) The Chairman shall receive testimony and exhibits.
- 4) The Supervisors may at their discretion question witnesses.
- 5) The Chairman shall issue a written decision.

### **HEARING PROCEDURE:**

A. Presence of consumer/consumer representative: The consumer/consumer representative shall have the right to appear in person before the Governing Board and present evidence in support of his/her position. If a consumer/consumer representative fails to appear for the scheduled hearing, the Governing Board may proceed and issue a decision.

B. Waiver of hearing: Any consumer may waive the right to hearing before the Governing Board and present their case by documents only.

C. Manner of hearing: The hearing shall be conducted in as informal a manner as is consistent with orderly procedure. The Board shall receive all relevant and material evidence which may be offered and need not be bound by formal rules of evidence or procedure.

D. Recording: The hearing shall be recorded by mechanical means.

E. Continuance/rescheduling of hearing: The Governing Board may change the time and place for the hearing, either on the Hearing Officer's own motion or for good cause shown

by a party. The Chairman, of the Poweshiek Board of Supervisors, may adjourn or postpone the hearing or may reopen the hearing for the receipt of additional evidence at any time prior to the mailing of the Chairman's decision to the parties. Notice of change in time or place of hearing or of an adjournment or reopening of hearing shall be given to the parties by either mail or telephone.

F. Presentation: The following order of presentation shall be followed:

- 1) Consumer/consumer representative presents evidence.
- 2) Representative from the case management program being grieved may ask questions of any witnesses presented by the consumer/consumer representative.
- 3) Hearing Officer may ask questions of any witnesses.
- 4) Representative from the case management program being grieved presents evidence.
- 5) Consumer/consumer representative may ask questions of any witnesses presented by the Case Management Program Representative.
- 6) The Board may ask questions of any witnesses.
- 7) Rebuttal evidence may be permitted at the discretion of the Chairman, Board of Supervisors.

G. Exparte communications: Except as to administrative matters, the Board shall not communicate substantive facts relating to the appeal to any party, nor shall any party communicate such facts to Board, outside of the hearing. If such a communication takes place or is attempted, the Chairman shall make the communication a part of the hearing record.

**GOVERNING BOARD DECISION:**

Within ten (10) working days of the appeal hearing, the Chairman of the Poweshiek County Board of Supervisors, shall issue a written decision which shall include a statement of reasons supporting the decision. Additionally, the written decision shall inform the consumer/consumer representative of any further appeal rights to which he/she is entitled.

\_\_\_\_\_

Date: \_\_\_\_\_

SSN: \_\_\_\_\_

Effective Date: \_\_\_\_\_

NOTICE OF DECISION  
of Assignment/  
SERVICES  
Acceptance Date)

(Date

ACTION

A

- 
- Denial
- Review
- Change in Service
- Reduction
- Cancellation

Reapplication:

If your application has been denied or your funding has been canceled, you have the right to reapply any time.

Right of Appeal/Appeal Process:

You may appeal any decision identified above by sending a written request to: Poweshiek County CPC Administrator, P.O. Box 936, Grinnell, IA 50112. The request must be received within 15 days from the above date. See backside for the complete appeal procedure.

_____	<u>Poweshiek County Case</u>
<u>Management</u>	_____
Worker's Signature	120 West St.
_____	_____
cc: County of Legal Settlement	<u>P.O.Box 936</u>
_____	_____
Provider(s)	<u>Grinnell, IA 50112</u>
_____	_____
236-9199	<u>641</u>
_____	_____

### Appeal Procedure

The applicant, consumer, or legal representative shall have the right to immediately object to the proposed action and may file a written appeal protesting such action.

The written appeal must be presented by hand delivery or by first class mail within fifteen (15) days after notice is mailed, or within 15 days of the alleged event or action which is being appealed. The written appeal must include the following:

1. The name, address, and telephone number of the petitioner.
2. The name, address, and telephone number of the person on whose behalf the petition is being filed.
3. The specific action which gives rise to the appeal.
4. The statute, rule, policy, or decision that has been or will be violated by any action or intended action.
5. A concise statement of issue, the reason for the petition, pertinent facts, people involved, and efforts made to resolve the dispute prior to the appeal.

The Case Management Director shall, within five days from the receipt of the appeal, make a determination as to whether or not the written appeal meets the criteria of the case management policy and therefore presents an appealable issue. Within said five day time period, the Case Management Director shall mail his/her written determination of appealability to the petitioner.

1. If the Case Management Director determines that no appealable issue exists, the Dispute Resolution process shall be deemed concluded.

If the Case Management Director determines that an appealable issue has been presented, the Case Management Director shall verbally communicate with the petitioner and schedule a negotiation meeting for the purpose of attempting to resolve the appeal.

1. The meeting shall be conducted at the case management office at a date and time agreeable to the petitioner and the Case Management Director, however, said meeting shall not be conducted more than fifteen (15) days after the date of the presentation of the appeal; unless the petitioner and Case Management Director mutually agree to an extension of such deadline.

In the interest of resolving disputes, the following persons shall be entitled to attend the negotiation meeting:

1. The petitioner.
2. The applicant or consumer.
3. The applicant or consumer's legal representative.
4. Case Management staff.
5. The County Board of Supervisors.
6. A representative from the State Division of MH/MR/DD, at the request of the petitioner.