SECTION IV. 1. Case Management Services

A. Definition

"Case Management Services" assist individuals in accessing Choices for Care (CFC), VT Long-Term Care Medicaid services as well as other medical, social, and educational services, regardless of the service funding source. Case Management Services provide detailed needs assessment and assist the individual in creating a comprehensive CFC person centered plan. Case Management Services provide ongoing assessment and monitoring. Case Management Services assist the Department of Disabilities, Aging and Independent Living (DAIL) in monitoring the quality, effectiveness and efficiency of CFC services.

B. Case Management Standards

Case Management providers shall be authorized by the DAIL and comply with the following:

1. DAIL Case Management Standards & Certification Procedures

2. DAIL Case Management Agency Certification Procedures (December 2010)

3. CFC Universal Provider Qualifications and Standards (*Section III.)*

4. CFC Services Principles (*Section IV*.)

C. Provider Types

The following provider types are approved to provide Case Management Services when authorized by DAIL and identified on the individuals Service Plan:

1. Area Agencies on Aging

2. Home Health Agencies *(as defined by State statute)*

D. Approved Activities

Case Management Services includes tasks associated with the following reimbursable activities:

1. Assessment: A comprehensive review of the individual circumstances, including, but not limited to, social, medical, functional, financial and environmental needs.

2. Care-Planning: A person centered process of identifying the goals, strengths and needs of the individual, including those identified in the assessment process. A plan is then developed to identify the services and supports to be delivered in order to meet the individual's needs and goals.

3. Service Coordination: The process by which services are obtained for the individual through coordination with multiple resources and providers.

4. Information and Referral: The process by which the individual is fully informed of available options and assisted with referrals.

5. Monitoring: Ongoing review of the individual's health and wellbeing, functional needs, service utilization, goals and outcomes.

6. Participant & Surrogate Employer Certification: The process of assessing and reassessing an employer's certification for the home-based participant or surrogate directed option.

7. Documentation: Documentation includes all required CFC forms, person centered plan, applications for other services or public benefits and the documentation of ongoing case management activities.

8. Travel: Travel time includes getting to and from participant home-visits (or other face-to-face participant visit) and care-planning meetings related to individual service coordination.

E. Limitations

1. Case Management Services are limited to the "approved activities" for individuals authorized by DAIL for Choices for Care in the Home-Based or Enhanced Residential Care (ERC) setting.

2. Case Management Services are limited to a maximum of 48 hours per individual per calendar year.

3. Case Management Services for are limited to a maximum of 24 hours per individual per calendar year for participants in Adult Family Care.

4. Case Management Services may not be delegated to another case manager except under short-term, temporary situations.

5. Case Management Services may be provided and billed for up to 180 days after admission and/or preceding discharge from a nursing facility or hospital, when such services are clearly documented as facilitating the individual's return to the community.

F. Additional Case Management

If a participant needs additional case management services the case manager must submit a completed Services Variance Request Form (CFC 813A) requesting a variance to the service volume limit. The request must describe the case management activities provided to the participant and the unique circumstances that led to the utilization of a high volume of hours. It must be demonstrated that the participant's health or welfare may be at risk without additional case management. Case Management services are limited to approved activities only. Activities such as accounting services (banking & bill paying) and transportation are not approved case management activities. Non-approved activities must be provided by other services and supports. Retroactive requests will not be approved unless the request adequately demonstrates there was an immediate need to provide case management services to the individual in excess of the maximum prior to requesting a variance. Case managers are responsible for managing and tracking the volume of case management services allowed.