

Department of Behavioral Health and Developmental Services
Revised Proposal for Changing Criteria for Enhanced Case Management
April 2, 2014

1. If an individual qualifies for enhanced case management, face-to-face visits must occur every 30 days. We already agreed to a 5 day grace period for these visits. We now would like to institute a 10 day grace period which is consistent with DMAS requirements and would give CSBs more flexibility as to when to conduct the visits so the timing does not become predictable.
2. We propose that for individuals who qualify for enhanced visits solely because they live in a congregate setting of 5 or more and are known not to be at risk for serious injury and/or death, enhanced visits not be required. Prior to an individual being designated as not needing enhanced case management visits, an individual has to be stable for at least one year. We define stable as living in the same placement for at least one year without significant events that threaten serious injury or death such as founded abuse and/or neglect; bowel obstruction; aspiration pneumonia; falls resulting in serious injury; or encounters with the crisis system for a serious crisis or for multiple less serious crisis within a three month period. If the individual were to encounter any of these triggers, then enhanced case management visits would be provided and continue until the person was stable, as defined above.

There is a subset of individuals living in a congregate setting of 5 or more who have been identified as being at risk for serious injury and/or death due to a specific condition or event. The individual is stable as defined above due in part to safety protocols being in place. When these individuals experience any event or significant changes in the condition(s) related to their risk, enhanced case management visits would be required and would continue until the individual is once again stable. In addition, the safety protocols will be reviewed and revised as needed. Examples of significant changes in conditions or events related to an individual's risk include any change in medications especially as the side effects may impact the risk (dizziness may contribute to falls), dental work as it relates to someone who is already at risk for choking, and constipation as it may lead to bowel obstruction.

Compliance with this standard will be through routine Licensing reviews of case management services and as part of investigation review process for both Licensing and Human Rights.

3. We propose that for individuals who live in their family's homes and have more intensive behavioral or medical needs as defined by the SIS, enhanced visits not be required if their medical/behavioral condition is well-controlled and well-managed and the individual is stable (living in the family home for at least one year without significant events that threaten serious injury or death such as founded abuse and/or neglect; bowel obstruction; aspiration pneumonia; falls resulting in serious injury; or encounters with the crisis system for a serious crisis or for multiple less serious crises within a three month period). Case managers would be required on a quarterly basis to assess whether the family member/caregiver is following medical orders and/or behavior treatment plan recommendations. If the individual were to encounter any of these triggers then

enhanced case management would be provided and continue until the person was stable, as defined above.

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