

**DIVISION CIRCULAR
#52
(N/A)**

**DEPARTMENT OF HUMAN SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES**

EFFECTIVE DATE: March 1, 2002

DATE ISSUED: March 1, 2002

I. TITLE: COMMUNITY SERVICES SYSTEM OF CASE MANAGEMENT

II. PURPOSE: To establish minimum standards for the provision of case management services to individuals eligible for Division services.

III. SCOPE: This circular applies to Division staff as well as agencies under contract with or regulated by the Division. In addition, this circular applies to provider agencies that contract with the Division to provide case management services.

IV. POLICIES: All individuals shall have an Individual Habilitation Plan completed within 30 days of admission to services and reviewed annually thereafter, except for those individuals who receive family support under N.J.A.C. 10:46A.

All unusual incidents shall be reported in accordance with Division Circular #14.

All suspected violations of an individual's rights under the Developmentally Disabled Rights Act (N.J.S.A. 30:6D-1 et seq.) shall be referred to the Regional Human Rights Committee for review.

Every eligible individual shall be assigned a case manager.

James W. Smith, Jr.
Director

V. GENERAL STANDARDS:

A. Definitions

“Alternate Living Arrangement (ALA)” means a community residence as defined in N.J.A.C. 10:44A or a community care home as defined in N.J.A.C. 10:44B.

“Case Management” means the linking and coordination of services across family, agency and professional lines to develop and attain goals and objectives embodied in the Individual Habilitation Plan. It involves monitoring and advocating for the individual’s needs with the individual, the legal guardian and family’s participation.

“Challenge Grant” means funds provided to an agency which may be used in combination with other resources available to an individual, which will meet the individual’s needs sufficiently to allow that individual to be removed from the priority waiting list.

“Community Care Residence (CCR)” means a private home or apartment in which an adult person or family contracts to provide individuals with developmental disabilities with care and/or training. They are licensed under N.J.A.C. 10:44B.

“Community Residence for the Developmentally Disabled” means any community residential facility licensed under N.J.A.C. 10:44A housing up to 16 persons with a developmental disability which provides food, shelter, personal guidance and/or training for those individuals who require assistance, temporarily or permanently, in order to live independently in the community. Such residences shall not be considered health care facilities within the meaning of the “Health Care Facilities Planning Act” and shall include but not be limited to group homes, halfway houses, supervised apartments, supported living arrangements and hostels. Community Care Residences are also community residences, however, these owner-occupied living arrangements are governed by N.J.A.C. 10:44B.

“Community Services” means that component within the Division that provides services to individuals that reside in their own home or in Division funded residential placements in the community. Services are provided statewide from four regional offices and may include case management, day program, family support, residential placement, behavior intervention and assistance in assessing current and future service needs of the individual.

“Individual Habilitation Plan (IHP)” means a written plan of intervention and action that is developed by the Interdisciplinary Team. It specifies both the prioritized goals and objectives being pursued by each individual and the steps being taken to achieve them. It may identify a continuum of skill development that outlines progressive steps and the anticipated outcomes of services. The IHP is a single plan that encompasses all relevant components, such as an education plan, a program plan, a rehabilitation plan, a treatment plan and a health care plan. The complexity of the IHP will vary according to the needs, capabilities and desires of the person. For an individual who has been determined by an Interdisciplinary Team to require active treatment, the IHP shall address all needs identified. For an individual who makes only specific service requests, the IHP shall be a service plan that addresses only those specific requests.

“In-home Supports” means the individual may choose to have the Division provide services in his or her home as an alternative to accepting a residential placement.

“Interim Supports” means those services provided to an individual, who is included in a waiting list placement initiative, while he or she is waiting for the placement to be developed.

“Office of Licensing and Inspection (OLI)” means that component of the Division that licenses community residences for individuals with developmental disabilities and head injuries. This component also inspects private facilities for individuals with developmental disabilities in New Jersey, which are licensed by the New Jersey Department of Health.

“Primary Case Management” means the level of case management assigned to an individual based on his or her level of need for comprehensive coordination of services. Other considerations for being assigned to this level of service include individuals living in Community Care Residences and individuals living with family who are also on the priority waiting list for community placement. Additionally, any individual receiving services may be assigned to this level at the discretion of a Community Services supervisor.

“Program Case Management” means the level of case management assigned to an individual based on his or her level of need. For coordination of services, individuals assigned to this level of service include but are not limited to: individuals living in arrangements which are funded by the Division; individuals who have Self-Determination Plans; individuals either living in Sheltered Boarding Homes (licensed by the Department of Health and Senior Services) or boarding homes (licensed by the Department of Community Affairs); individuals living in arrangements funded by an agency which are actually in privately owned homes; individuals living at home who are attending a Division funded day program; individuals living at home receiving in-home or interim supports; and individuals who are assigned to this level at the discretion of a Community Services supervisor.

“Provider Agency” means an organization that is licensed, regulated and/or contracted to provide a range of services including residential, day or other support programs to eligible individuals.

“Resource Case Management” means the level of case management assigned to an individual based on his or her level of need. For coordination of services, individuals assigned to this level typically live at home and are not receiving either Primary or Program Case Management, or may be assigned to this level at the discretion of a Community Services supervisor. Services offered in this level typically include responding to requests from individuals and their families and linking individuals and their families to internal and external resources.

“Self-Determination Process” means a service delivery system which allows an individual with a developmental disability, in conjunction with his or her legal guardian, if any, family and selected friends to identify appropriate services and supports and determine how an individual budget, as well as persons, family and community resources, can be used to develop a service plan. The Self-Determination process is based upon the principles of freedom to plan one’s own life, authority to utilize and manage resources, build one’s own support system and responsibility to contribute back to the community and the appropriate stewardship of public funds.

“Sheltered Boarding Home” means a facility that provides food, shelter and personal guidance and is licensed by the New Jersey Department of Community Affairs.

“Special Response Unit (SRU)” means that component of the Division responsible for investigating and monitoring unusual incidents involving allegations of abuse, neglect or exploitation in community programs licensed, contracted or regulated by the Division.

- B. When an individual is found eligible for services from the Division, the Intake Worker or his or her supervisor shall notify him or her in writing. The written notice shall:
1. Confirm eligibility;
 2. Identify the case manager and his or her supervisor and provide the telephone number and address of the office where each individual can be reached;
 3. Include service recommendations; and
 4. Be signed by the intake worker or his or her supervisor
- C. Each eligible individual shall be assigned a case manager who may be either an employee of the Division or of an agency under contract with the Division to provide case management services.
- D. When there is a change in the assigned case manager, the caseload will be assigned to another case manager or supervisor who will carry out the case management responsibilities. In such instances:
1. The individual or his or her legal guardian will be advised in writing of the name, address and telephone number of the new person providing case management.
 2. The provider agency shall receive a copy of this notice.
- E. Case Managers in their role as advocates shall ensure that the needs, desires and potentials of the individuals on their caseload are addressed.

VI. PROCEDURES

A. Training

1. A standard core curriculum is mandatory for new case managers.

- a) Orientation to the Division

A regularly scheduled Central Office orientation for new case managers is provided to introduce the various components of the Division and how they interrelate with each other.

- b) Orientation to Community Services addressing the following:

- (1) Intake Process
- (2) Family Support Services
- (3) Day Programs
- (4) Community Placements
- (5) Self-Determination

- (6) Fiscal Operations
 - (7) Purchase of Care
 - (8) Regional Assistant Director's Office
 - (9) Contracted Medical Service Programs
 - (10) Contracted Behavioral Services
 - (11) Unusual Incident Reporting System
 - (12) Orientation to MIS
 - (13) Role/Major Responsibilities of Case Manager
 - (14) Integrated Therapeutic Network
 - (15) Community Care Waiver
 - (16) Quality Enhancement
- c) Orientation to major service systems used by people with disabilities that include:
- (1) SSI/SSA
 - (2) Medicaid/Medicare/Managed Care
 - (3) DYFS
 - (4) Mental Health
 - (5) Division of Vocational Rehabilitation (DVR)
 - (6) Adult Protective Services
 - (7) Generic community supports
 - (8) The Division of Disabilities Services
- d) Training in the development of an IHP.
2. Throughout their employment, case managers shall attend and participate in training to meet their responsibilities that include:
- a) Developing a functional knowledge of the New Jersey Social Services system;
 - b) Assisting the individual and his or her family to navigate the system of services within the Division and the broader community;

- c) Providing access to services for eligible individuals;
- d) Ensuring that the supports in place for each individual will safeguard his or her health and safety and promote independence; and
- e) Ongoing opportunities to attend conferences and training. These opportunities include training sponsored by the Division as well as training offered by other organizations.

B. Levels of Case Management Services

In order to make the most effective use of case management services and to insure that case management is individualized as much as possible to each consumer, three levels of case management services have been developed. Assignment to one of the three levels is determined by the individual's need and spans a range of case management services. The three levels are Primary, Program and Resource Case Management.

1. Primary Case Management provides services to individuals who require a comprehensive coordination of services. Those individuals assigned to primary case management include:
 - a) All individuals who are living in Community Care Residences. The case manager is required to visit the home of each individual monthly and to visit the individuals face to face in the sponsor's home every other month.
 - b) All individuals who are living with family members and assigned to the Priority Waiting List for Community Placement as described in Division Circular #8. The case manager is required to have an annual face to face visit with each individual. The individual or family may initiate contact with the case manager at any time.
 - c) Any individual, regardless of living arrangement or day program, who needs comprehensive coordination of services can be assigned to Primary Case Management at the discretion of the case management supervisor. For individuals assigned to this level, the case management supervisor shall establish the required level of visitation.

Responsibility of the Primary Case Manager

- a) The case manager is responsible to identify and coordinate resources for the individual and must be responsive and give consideration to the inquiries and concerns of the eligible individual.
- b) The case manager is responsible to ensure that each eligible individual on his/her caseload has a current IHP and that a new IHP is developed each year.
 - (1) For individuals living in CCR's, the case manager acts as the Plan Coordinator and has the lead role in the development of the IHP.

- (2) For individuals assigned to the priority waiting list and are living with family members, the case manager is responsible to ensure that an annual IHP is developed for the individual.
- (3) The case manager is responsible to ensure that copies of the IHP are sent to the following parties within 30 days of the IHP meeting:
 - (a) CCR provider
 - (b) Legal guardian or family member
 - (c) Day Program
 - (d) Client Record
 - (e) Others (as indicated in the IHP)
- c) Subsequent to the development of the IHP, the case manager is to monitor the implementation of the IHP and to ensure that all services identified as needed are being delivered. As part of the IHP, the case manager is responsible to work with the individual and his or her legal guardian or family to develop the individual's annual budget if he or she is residentially placed.
- d) The case manager is responsible to report Unusual Incidents in accordance with Division Circular #14 and to complete Follow-Up Reports.
- e) The case manager will take action as necessary to safeguard the health and safety of the individual and to promote the individual's well being.
- f) The case manager will work with the Office of Licensing and Inspections and the Special Response Unit.
- g) The case manager makes timely referrals for needed services.
- h) During monthly visits to the CCR the case manager will:
 - (1) Privately discuss the current situation with individual with regard to his or her happiness, needs, and level of outside activity.
 - (2) Observe interaction between CCR provider and individual.
 - (3) Observe physical environment and appearance of individual.
 - (4) Monitor individual's living quarters (bedroom, etc.).
 - (5) Review progress of current IHP goals.
 - (6) Read logs regarding individuals' daily activities.

- (7) Review finances as indicated on the ALA Monthly Report and insure all monies were expended for the items/purpose requested.
 - (8) Review medication administration sheets, review of medical and dental status and follow-up as needed.
 - (9) Review the Fire Drill Record to insure that licensing standards are being met.
 - (10) Review the CCR provider's Monthly Report.
- i) The case manager will provide assistance to CCR providers as needed in maintaining their Community Care Residence License.
 - j) Documentation shall be completed by the case manager:
 - (1) Completion of "ALA" (Alternate Living Arrangement) reports on a monthly basis. A copy of the ALA report will remain with the CCR provider following the visit.
 - (2) Completion of the sign-off sheet in the Community Care Residence.
 - (3) Review and initialing of monthly report prepared by the CCR provider. This report documents activities of the individual and progress and efforts toward reaching the goals of the IHP.
 - (4) Completion of on-going progress notes to document significant events in the individual's life including but not limited to, referrals to additional services, case management contacts with others (family, guardians, etc.), contacts with the individual.
 - (5) Review and renewal of contract in Community Care Residence including "Request for Service" form".
2. Program Case Management provides services to individuals who reside in community living arrangements and are engaged in an appropriate day activity or are employed. Those individuals assigned to Program Case Management include:
- a) Those living in DDD funded living arrangements such as community residences including group homes, supervised apartments and supportive living placements, or those funded under challenge grants. Case managers are responsible to conduct quarterly face to face visits to the individuals in their community living arrangements.
 - b) The case manager will conduct a quarterly face to face visit to the individual participating in Self-Determination in his/her living arrangement.

- c) The case manager will conduct a quarterly face to face visit to those living in Sheltered Boarding Homes licensed by the NJ Department of Health and boarding homes licensed by the NJ Department of Community Affairs.
- d) The case manager will conduct a quarterly face to face visit to those individuals being served by agencies that provide housing in private homes.
- e) The case manager will conduct an annual visit to those individuals attending a Division funded day program and living at home. At the time of the visit, the IHP will be developed.
- f) The case manager will make an annual face to face visit to the individual living in their home and receiving In-Home or Interim Supports.
- g) Individuals may also be assigned to Program Case Management at the discretion of the supervisor. For individuals assigned to this level, the case management supervisor shall establish the required level of visitation.

Responsibility of Program Case Manager

- a) The case manager must be available to identify and coordinate resources for the individual and must be responsive to his or her inquires and concerns.
- b) The case manager is responsible to insure that each individual on the caseload has an annual IHP. The case manager is responsible to insure that the annual meeting is held and that a new IHP is developed each year.
 - (1) For those individuals living in Division funded living arrangements such as group homes, etc., the agency operating the living arrangement designates a staff member to act as the Plan Coordinator for the IHP.
 - (2) For individuals living in all other ALA's not funded by the Division and served by Program Case Management, the DDD case manager acts as the Plan Coordinator and has a major role in the development of the IHP.
 - (3) The case manager is responsible to attend all IHP meetings.
 - (4) The case manager is responsible to ensure that there has been a timely distribution of the IHP to:
 - (a) The individual's living arrangement
 - (b) Day Program
 - (c) Client Record
 - (d) Legal Guardian
 - (e) Others (as indicated in the IHP)

- (5) For individuals in Self-Determination, the Self-Determination Plan and cover sheet constitute the IHP and the case manager attends and participates in review meeting.
- c) Subsequent to the development of the IHP, the case manager is to monitor the implementation of the IHP and to ensure that all services identified as needed are being delivered.
- d) The case manager is responsible to report Unusual Incidents in accordance with Division Circular #14 and to complete Follow-Up Reports.
- e) The case manager will exercise protective services to ensure the health and safety of the individual.
- f) The case manager will work with the Office of Licensing and Inspections and the Special Response Unit.
- g) The case manager will make timely referrals for needed services.
- h) The case manager serves as a member of a committee that has input into the annual Annex "A" contract renewal process.
- i) Documentation shall be completed by the case manager:
 - (1) Privately discuss the current situation with the individual with regard to his or her happiness, needs, and level of outside activity.
 - (2) Observe interaction between the agency staff and the individual.
 - (3) Observe physical environment and appearance of individual.
 - (4) Monitor individual's living quarters (bedroom, etc.).
 - (5) Review the progress toward current IHP goals.
 - (6) Is responsible to complete "ALA" (Alternate Living Arrangement) report on a quarterly basis. A copy of the ALA report will remain with the provider agency following the visit.
 - (7) Is responsible to complete case manager sign-off sheets maintained in the community residence.
 - (8) Is responsible to review and initial the monthly report prepared by the provider agency. This report documents activities of the individual and progress and efforts at reaching the goals of the IHP.

- (9) Is responsible to complete on-going progress notes to document significant events in the individual's life; referrals to additional services; case management contacts with others (family, guardians, etc.) and contacts with the individual.
3. Resource Case Management is primarily an information and referral service in which the case manager is responsible to link individuals and/or families to Division and non-Division services and to respond to their requests. The Resource Case Manager is responsible to provide information for individuals and/or families as requested regarding resources, Division procedures, SSI information and to complete service referrals. On an annual basis, the case manager contacts the individual and/or family (via phone or letter) and updates the IHP. Those individuals assigned to Resource Case Management include:
- a) Individuals living in their own home who are not served in Primary or Program Case management.
 - b) Individuals assigned at the discretion of the case management supervisor and documented in the IHP.

Responsibility of Resource Case Manager

- a) The case manager will be available on a regular basis at the Community Services office to take calls and respond promptly to service and information requests.
 - b) The case manager will complete one annual case management contact via phone or correspondence. During this contact, the IHP should be developed with the individual and the individual's family. If the guardian cannot be contacted at the time the IHP is developed, he or she shall be consulted.
 - c) The case manager will make referrals for services needed by the individual or his or her family
 - d) The case manager will report Unusual Incidents in accordance with Division Circular #14 and to file Follow-Up Reports.
 - e) Documentation shall be completed by the case manager:
 - (1) To maintain the annual IHP in the client record.
 - (2) To record progress notes which document the services requested and actions taken by the case manager as well as other significant events in the life of the individual.
- C. Case management responsibilities for eligible individuals living in nursing homes will be assigned to the Community Services Regional Nurse. Individuals on the Priority Waiting List who live in nursing homes will be transferred to Primary Case Management once funds are appropriated to them for placement.

1. Responsibility of Nurse Case Manager:
 - a) The Nurse Case Manager will visit, at the nursing home every 6 months.
 - b) During the visit, the nurse will review the nursing home treatment plan and will verify the individual's continued appropriateness for nursing home placement.
2. Documentation completed by Nurse Case Manager:
 - a) The Nurse Case Manager will document on a progress note, the individual's desire regarding continued placement in the nursing home and will document any significant events in his or her life.
 - b) The Nurse Case Manager will report Unusual Incidents in accordance with Division Circular #14 and will complete Follow-Up Reports.
 - c) The Nurse Case Manager is responsible for completing an IHP annually. The IHP shall consist of the DDD/IHP cover sheet and the nursing home's treatment plan.

D. Responsibility of Case Management Supervisor: The primary job of the case management supervisor is to ensure that case management services are provided to individuals in an effective and efficient manner. The supervisor's responsibilities include:

1. Arranging for orientation and training of new staff.
2. Developing needed skills for individual case managers through the Performance Assessment Review (PAR) process.
3. Having a functional knowledge of the Division system of services, policies and regulations as well as the broader social service system in New Jersey. The supervisor is responsible to share this knowledge and information to assure that case managers are knowledgeable about available resources to assist eligible individuals.
4. On a quarterly basis, meeting with each case manager to review individuals on his or her caseload.
5. On a quarterly basis, conducting an audit of the categories indicated in Item #7. The audit shall be based on the records of 5% of each Primary or Program Case Manager's caseload.
6. On a semi-annual basis, conducting an audit of randomly selected records of 5% of each Resource Case Manager's caseload.

7. The audit includes but is not limited to the following:

- a) Review of current IHP on file.
- b) Review of ALA Report.
- c) Review of Provider Monthly Reports.
- d) Review of case management progress notes.
- e) Review of actions taken as a result of individual/family request, the IHP, or other professional recommendations.
- f) Review of actions taken as a result of Unusual Incident Reports and subsequent recommendations.
- g) Review of actions taken as a result of Human Rights Committee recommendations.

E. The County Director is responsible for supervising the case management supervisors and is ultimately responsible for the delivery of case management services.

Date

James W. Smith, Jr.
Director