A. Purpose
The purpose of this procedure is to establish a consistent process for the implementation of service coordination.

B. Applicability
This procedure shall apply to all individuals eligible to receive supports and services from the department.

This procedure shall apply to all DDS staff who provide case management services.

C. Definitions
See Case Management Definitions at the beginning of this section.

D. Implementation
The DDS case manager or designee will coordinate services as identified in the person’s individual plan or individual plan – short form.

Service coordination includes activities that involve assisting individuals to identify needs, develop a plan, gain access to services and supports, coordinate support providers, and monitor supports and services. Service coordination encompasses utilization of federal, state, local, community, and informal supports.

Service coordination includes, but is not limited to, the following:
   a. Assessment
   b. Individual Planning
   c. Referrals and Service Selection
   d. Service Coordination and Advocacy
   e. Monitoring

Assessment
Case managers or support brokers shall complete assessments and periodic reassessments of individuals to determine service needs, including the Level of Need Assessment and Screening Tool (LON). Assessment activities may include:
   • Completing an initial Intake Summary that includes a brief history of the individual and his or her presenting issues.
   • Identifying the needs of the individual and completing the LON or related documentation
   • Gathering information from the individual and other sources such as family members and providers.

Individual Planning
Case managers or support brokers shall develop and update individual plans, or individual plan – short forms that:
   • are based on the information collected through assessments, including the LON and LON Summary Report
• specify the goals and action steps to address the individual’s needs
• includes the active participation of the individual, his or her family and others who are important in his or her life
• identifies the services to be provided to the individual.

**Referral and Service Selection**
Case managers or support brokers shall support individuals to obtain supports and services identified in their individual plans, or individual plan – short forms from individuals, agencies and community resources. Based on the individual’s plan, the case manager or support broker may assist the individual to apply for supports and services from the department (ex. residential, day, or clinical supports, individual and family (IFS) grants, IFS resource team supports, family support worker assistance, respite, and housing subsidies), or from other sources (ex. BRS, DHMAS, SSA, DSS, local social services agencies, home health agencies, and self advocacy groups).

Individuals enrolled in a Home and Community Based Service (HCBS) Waiver will be offered a choice to self-direct, to choose qualified providers of waiver supports and services, or to receive supports through an agency of choice. Case managers shall ensure that individuals have sufficient information about qualified providers to make informed choices. Case managers will refer individuals who request supports and services from agencies to the list of qualified providers that provide supports within the region. The list is located on the DDS website.

Case managers shall ensure that all necessary referral information is forwarded to the qualified providers or service providers that individuals select. This information may include clinical documentation, demographic information, personal profiles and desired outcomes. Case managers may make arrangements for individuals to interview providers or tour services as requested. Case managers may assist individuals to evaluate several different options and providers to ensure the best service selection. Sharing of “protected health information” shall be in accordance with the department’s policies and procedures implementing HIPAA.

**Service Coordination and Advocacy**
Case managers and brokers shall assist individuals to coordinate the services identified in the individual plan such as residential, day, and clinical, and ancillary supports and shall promote integration of services, information sharing and communication among support providers. Case managers will actively work to enable individuals to make their preferences known, to ensure the smooth flow of information among providers, to obtain or assist the individual to gain access to needed services, and to ensure the individual’s rights are protected. Case managers advocate on behalf of individuals and may bring system and service needs to the attention of regional, community, and statewide planning efforts.

**Monitoring**
Case managers shall engage in activities to evaluate whether supports and services are being delivered as described in the Individual Plan or Individual Plan – short and are adequate to meet the desired outcomes for the individual and address his or her needs. Case managers shall work with the individual and his or her family, guardian or legal representative to make adaptations to plans and service arrangements as needed. Monitoring of supports and services will include visits to service locations and gathering input from the individual, family or support providers including review of individual progress reviews and other documentation. Case managers will document ongoing monitoring in the case manager case notes and/or Quality Service Review system.

When a case manager identifies or is notified that an individual may be in need of additional support, is at risk, or may be entering a crisis, the case manager shall take steps to notify appropriate parties, convene the planning and support team to make needed support changes, make referrals to the region’s
Planning and Resource Allocation Team (PRAT), implement appropriate practices or procedures, or manage the crisis as appropriate to respond to the situation.

E. References
   1. Individual Planning Policy
   2. Components of an Individual Plan Procedure
   3. Planning and Support Team Procedure
   4. Case Manager Quality Service Review Procedure

F. Attachments
   None