

**STATE OF CONNECTICUT
DEPARTMENT OF DEVELOPMENTAL SERVICES**

Procedure No.: I.C.1.PR.001.c

Subject: Frequency of Case Management Contact

Section: Services and Supports, Case Management/Broker Services

Issue Date: July 30, 2003

Effective Date: Upon release

Revised: November 30, 2008

A. Purpose

The purpose of this procedure is to establish a consistent standard for frequency of case management contact with individuals, based on the type and amount of supports and services received.

B. Applicability

This procedure shall apply to all individuals who are eligible for DDS services and have been assigned a case manager.

This procedure shall apply to all DDS case managers and case management supervisors.

C. Definitions

See Case Management Definitions at the beginning of this section.

D. Implementation

All individuals who are assigned a DDS case manager will be contacted as often as necessary to accomplish all case management tasks, but with a minimum frequency determined by the type and amount of supports and services an individual receives. At a minimum, case managers shall have at least one face-to-face contact with each individual on their caseloads annually. An exception is children who live in out of state residences and who are the primary responsibility of an LEA, DCF, or another agency. These children do not require annual DDS case manager visits.

The frequency of case management contact will be specified in each person's Individual Plan (IP), or Individual Plan – short form (IPS). All contacts will be documented in the master file/individual record. Individuals who receive Targeted Case Management (TCM) will have the TCM contacts recorded in the electronic system as described in the TCM procedure. Specific expectations for case manager contact are as follows:

1. One visit per year.

A minimum of one face-to-face case manager visit per year at any location applies to individuals who receive minimal supports and who live in:

- a. Their own home or family home and:
 - I. Are not on Medicaid or on a Home and Community-Based Services (HCBS) waiver
 - II. Do not receive DDS funded in-home support such as individualized home support, including qualified provider supports or self-directed supports.

Case Managers shall develop an Individual Plan – short form (IPS) and update the LON for these individuals every three years, at a minimum. The first LON should be developed when the individual is age 18 or earlier if the individual requests waiver services. Case Managers are not required to do Quality Service Reviews for individuals with this minimal level of supports and services.

Exceptions to an annual visit by DDS case managers are children in out of state placements who are the primary responsibility of DCF, an LEA or another state agency. Case managers are not required to visit out of state children who are the primary case management responsibility of another agency until the time of transition to DDS as the primary agency.

2. **One visit per year and quarterly contact.**

A minimum of one face-to-face case manager visit per year at any location and quarterly case management contact applies to individuals who receive minimal supports from the department and who live in:

- a. Own home or family home and who:
 - I. Are enrolled in Medicaid
 - II. Are **not** enrolled in a HCBS waiver
 - III. Do not receive DDS funded in-home support, such as personal support or individualized home support through a qualified provider supports or self-directed supports.
 - IV. May receive a DDS funded day program that is **not** an HCBS waiver day program.
- b. Long Term Care settings
- c. Private Intermediate Care Facilities (ICF/MR)

Case Managers shall develop an Individual Plan – short form (IPS) and LON and update the plan and LON for these individuals every year, at a minimum. Case Managers are not required to do Quality Service Reviews for individuals who live in their own home, family home or LTC settings and have this minimal level of supports and services. Case Managers are not required to develop an Individual Plan – short form for individuals in Private ICF/MR settings, however they shall update a Level of Need assessment annually, and shall participate in the provider’s planning process.

3. **Two visits per year and quarterly contact.**

A minimum of two face-to-face case manager visits per year and quarterly case management contact applies to:

- a. Individuals who live in their own home or family home and who:
 - I. Are enrolled in Medicaid
 - II. Are enrolled in a HCBS waiver
 - III. Receive a HCBS waiver day program and
 - IV. Do **not** receive DDS funded in-home support, such as personal support or individualized home support through a qualified provider or self-directed supports.
- b. Individuals who live in their family home and who:
 - I. Receive DDS funded in-home support (HCBS waiver or non waiver) such as personal support or individualized home support through qualified providers. (Does not include self-directed in-home supports).
 - II. Do **not** receive DDS funded day supports.
- c. Children in the DDS Voluntary Services Program (VSP) who live in out of state residential schools and treatment programs.
- d. Adults in out of state or in state residential schools or treatment programs.

Case Managers shall develop an Individual Plan and LON for these individuals and update them every year, at a minimum. Case Managers are required to conduct Quality Service Reviews (QSR) once a year at the location where the individual receives waiver supports or services. QSRs are not conducted in residential schools or treatment facilities.

4. **Three visits per year and quarterly contact.**

A minimum of three face-to-face case manager visits per year and quarterly case manager contact applies to:

- a. Individuals who live in family homes and who receive both:
 - I. DDS funded in home supports (HCBS waiver or non waiver)
 - II. DDS funded day program (HCBS waiver or non waiver).
- b. Individuals who live in family homes and who receive self-directed supports (HCBS waiver or non waiver)

- c. Individuals who live in Community Living Arrangements (CLA), includes children in VSP who live in CLAs. Does not apply to individuals in Private Intermediate Care Facilities (ICF/MR) settings.
- d. Children in VSP who live in in-state residential schools or residential treatment facilities
- e. Individuals who live in Public Centers

Case Managers shall develop an Individual Plan and LON for these individuals and update them every year, at a minimum. Case Managers are required to conduct Quality Service Reviews once a year in each location where the individual receives DDS funded waiver supports or services. QSRs completed for all individuals in CLAs (including non-waiver) and are not completed in residential schools or treatment facilities.

5. Four visits per year and quarterly contact.

A minimum of four face-to-face case manager visits per year and quarterly case manager contact apply to:

- a. Individuals who live in their own home and who receive:
 - I. DDS funded in-home supports (includes individualized home support whether qualified provider supports or self-directed supports.)
- b. Individuals who live in Community Training Homes (CTH) – the more stringent licensing requirements of quarterly reviews apply.
- c. Children in DDS Voluntary Services (VSP) who live in their family homes.

Individuals may also receive a DDS funded day program (HCBS waiver or non-waiver). Case Managers shall ensure an Individual Plan and LON are developed and are updated for these individuals every year, at a minimum. Case Managers are required to conduct Quality Service Reviews once a year in each of the above locations where the individual receives DDS funded supports or services, including waiver or non-waiver services. Case Managers shall have monthly contact each month during the first quarter after an individual moves into their own home and receives individualized home supports.

E. References

- 1. Targeted Case Management Procedure
- 2. Master File/Individual Record Policy and Procedure
- 3. Case Manager Quality Service Review Procedure

F Attachments

- A. Guidelines for Out of State Visits