

Attachment 4

Section 6654.16 EISEP case management

(a) Case management complying with this section must be provided to all clients receiving in-home services, ancillary services, or noninstitutional respite under EISEP. Case management consists of the following functions: screening, assessment, care planning, determining eligibility for program subsidy, arranging and authorizing service delivery, services follow-up and client monitoring, reassessment and discharge. The conduct of screening, assessment, care planning and eligibility determination in compliance with this section is a prerequisite for the provision of in-home services, ancillary services, or noninstitutional respite under EISEP.

(b) EISEP case management shall not be provided to individuals eligible to receive the same or similar services under title XVIII, XIX, or XX of the Federal Social Security Act or any other governmental program or services provided to residents in adult residential care facilities which had previously been provided by the facility or which by law are required to be provided by such facility, provided that an EISEP case manager shall provide sufficient case management services to verify eligibility of or to assist such individuals in applying for such other program or services and to determine a need for and, if necessary, arrange for the receipt of EISEP ancillary services not available from such program or facility.

(c) Only persons meeting the qualifications and training requirements specified under subdivision (y) of this section shall conduct assessments or reassessments, do care planning, authorize services, or terminate or discharge clients from the program.

(d) A designated case manager must be assigned to each client. In situations where the case management functions for any one client are performed by more than one staff person, the designated case manager shall be responsible for coordinating the conduct of the various case management functions and for acting as the primary contact for the client.

(e) Case management may be provided to individuals who are not receiving any other EISEP service.

(f) All potential EISEP clients must be screened using the standardized process and instrument prescribed by the office, unless the area agency has received approval from the office to use a different instrument.

(g) An assessment shall be conducted for each EISEP service applicant:

(1) identifying the older person's problems and care needs in the major functional areas, including information necessary to determine the individual's functional level and to identify unmet care needs;

(2) no later than 10 working days after completion of the screening process unless EISEP services are not then available, in which case an assessment shall be conducted when such services become available;

(3) prior to providing any in-home services, ancillary services, or noninstitutional respite services or, if the record documents an emergency, within five working days after the start of service delivery;

(4) which includes the requirements prescribed by the office and promulgated by program instructions 97-PI-1 and 97-PI-20;

(5) face-to-face with the older person and, if requested by the older person, his or her authorized representative;

(6) in the older person's usual living environment, except that it may be conducted in another setting if the older person is institutionalized or will be temporarily residing in another residence, in which case, a home visit shall be conducted within five working days of the individual's return to his or her usual residence; and

(7) involving informal caregivers if the older person does not object to the involvement of such caregivers.

(h) The case manager shall arrange for additional medical, nutritional, mental health or housing assessments to be conducted if the assessment pursuant to subdivision (g) of this section indicates a need for such additional assessments; provided, however, that:

(1) no nursing or other medical assessment shall be required for EISEP participation unless the office has approved the area agency's procedure for providing such nursing assessments required and financed by another program; and

(2) this paragraph shall not be deemed to indicate that medical, nutritional, mental health, or housing assessments are allowable EISEP costs.

(i) All information relating to the older person is confidential and is shared only with others involved in the arrangement or provision of services to the client pursuant to written consent from the client or authorized representative.

(j) A service plan based on the overall care plan shall be developed as specified by the office for each EISEP client within six working days of the completion of the assessment, in consultation with the client and, if authorized by the client, in consultation with the primary informal caregivers or authorized representative.

(k) For each client, an assessment shall be made and documented in the service plan on a form prescribed by the office regarding the extent of care that can be provided by informal caregivers.

(l) The agreed upon service plan shall be signed by the case manager and the client or his or her authorized representative. A copy of the service plan shall be given to the client or his or her authorized representative and, if requested by the client, informal caregiver. Formal service providers involved in the provision of in-home services shall receive, at a minimum, a summary of the service plans. Other formal providers identified in the care plan shall receive, at a minimum, a complete list of the services identified in the service plan.

(m) A care plan may be in effect for no longer than 12 months before reassessment.

(n) Area agencies must establish written procedures for arranging and authorizing service delivery for EISEP clients.

(o) Verbal authorizations of service delivery shall be confirmed in writing within five working days by case management workers using standard forms approved by the area agency on aging for use with formal and informal service providers.

(p) A schedule of services to be provided by both formal and informal providers shall be given to the client and, to the extent appropriate, service providers.

(q) Area agencies must establish written procedures for following up on service delivery to the client and for monitoring the client. These procedures must specify the type and frequency of client contact by the designated case manager and other appropriate staff and shall take into account the need to vary the types and frequency of contact for clients with different care needs and shall include, at a minimum, personal contact with the client by the designated case manager or by a staff member under the case manager's supervision:

(1) no later than the first working day after each service was scheduled to begin to confirm that the service has begun;

(2) within 15 working days of service initiation to verify adequacy, appropriateness, and satisfaction with the services being provided. This contact must be in the form of an in-home visit if the client is receiving in-home services as specified in section 6654.17 of this Part; and

(3) at least every two months.

(r) Any problems noted during services follow-up or client monitoring shall be immediately followed up with the service provider and documented in the case record.

(s) Any situation posing a possible severe or imminent threat to the health or safety of the client or any indication of possible abuse, mistreatment, or neglect of the client shall be documented in the client case record and reported to the local social services district, public health office, police or other appropriate agency immediately.

(t) All substantive contact between case management workers and the client, authorized representative, family, and formal or informal service providers shall be noted in the client record, including the date and the person with whom there was contact, a summary of the discussion, and any actions to be taken and by whom.

(u) A reassessment meeting the requirements of this section shall be conducted for each EISEP client at least every 12 months from the date that the client was most recently assessed or reassessed or within five working days from the time the case manager becomes aware of circumstances raising questions regarding the appropriateness of the current care plan, except that a reassessment may be temporarily delayed if requested by the client or his or her authorized representative or if the client is institutionalized and there is a temporary change in his or her condition which will affect the information collected.

(v) A client shall be discharged from EISEP if the client or his or her authorized representative requests discharge or if the client:

(1) no longer meets the eligibility requirements of section 6654.15 of this Part;

(2) refuses to undergo an assessment, to agree to a care plan, to allow for in-home visits by the case manager or other staff under the direction of the case manager, to agree to validate income information if requested to do so for purposes of determining Medicaid eligibility or cost sharing, or to provide cost sharing as required pursuant to section 6654.6 of this Part; or

(3) is not expected to need services within the next 90 days.

(w) If it appears that a client being discharged has need of services, the client shall be assisted in seeking appropriate care.

(x) Each client who is being involuntarily discharged or that client's authorized representative shall be informed in writing of the reason or reasons for discharge at least five working days prior to discharge. The written explanation shall include information regarding how to obtain a local hearing on the discharge.

(y) A designated case manager or case management supervisor or staff responsible for conducting assessments and/or reassessments, developing care plans, authorizing services, or terminating or discharging clients from the program shall, at the time of assuming such responsibilities:

(1)

(i) be graduated from a regionally accredited college or university, or a New York State registered four-year college or university, with a bachelor's degree and, to be a case management supervisor, have two additional years of related experience; or

(ii) be a registered nurse with one year of satisfactory full-time paid experience in that profession and, to be a case management supervisor, have two additional years of related experience; or

(iii) possess the full-time equivalent of four years and, to be a case management supervisor, have two additional years of satisfactory experience:

(a) in social casework;

(b) in social work in a community or social action program;

(c) teaching in an accredited school; or

(d) as a community services worker or case aide in a human services agency;

(iv) possess a satisfactory equivalent combination of the foregoing training and experience; or

(v) until six months following the effective date of this regulation, in the case of staff responsible for conducting assessments and/or reassessments, have been employed for a period of at least one year by an aging services agency to conduct client assessments. Nothing herein, however, is intended to change the qualifications of a designated case manager or case manager supervisor who carries out the responsibilities specified elsewhere in this section;

(2) participate in any training required by the office and receive an orientation by the area agency regarding local program administration, management, policies and procedures; client rights; and the program's service area in terms of the characteristics of the community and the service delivery system;

(3) participate in at least 16 hours of locally arranged in-service training per program year; and

(4) have or be a designated case management supervisor.

(z) Case management supervisors shall review the client case records of each case manager at least annually.

(aa) There shall be compiled and maintained a case record for each EISEP client containing all documents required to record the activities related to the performance of all components of case management: screening assessment, care planning, arranging and authorizing service, service follow-up and client monitoring, reassessment, client cost-sharing determinations, and client discharge if appropriate. Each case record shall contain:

(1) the completed screening instrument;

(2) the completed assessment instrument and all subsequent reassessments;

(3) both approved service plans, based on the overall care plan and overall care plans current and past, containing all the information required by subdivisions (h), (i) and (j) of this section;

(4) copies of all service request and authorization forms;

(5) documentation of the provision of any emergency service provided;

(6) copies of any consent forms signed by the client authorizing the sharing of otherwise confidential information;

(7) a case narrative that includes all ongoing activities and their dates;

(8) a form signed by the client or authorized representative indicating that he or she has been informed, understands and has received a written copy of the client's rights; and

(9) a copy of the completed instrument used to determine the client cost-sharing amount. (If a client wishes to participate in the program but not reveal his or her financial situation, this instrument shall say so and include a statement signed by the client or his or her authorized representative acknowledging that he or she understands that as a consequence the client will pay the full cost of in-home, noninstitutional respite, and ancillary services received.)

(ab) Client case records shall be:

(1) available only to the client, his or her authorized representative, designated case manager, other authorized staff, and authorized program and fiscal monitoring agents;

(2) updated in a timely manner; and

(3) maintained for six years from the end of the State fiscal year in which the client was discharged from the program.

(ac) Case management staff shall ensure that EISEP client rights are protected in all aspects of the program.

(ad) The case management agency shall have written policies and procedures regarding the rights of clients, including client complaints.

(ae) All case management staff shall be trained on the rights of clients.

(af) Each client or authorized representative shall:

(1) be informed of his or her rights in writing, at the time of admission into the program;

(2) participate in the development, revision and termination of the care plan, and be informed of all services to be provided and, when and how services will be provided;

(3) be given the name, address, telephone number and functions of any person and affiliated agencies providing care or services;

(4) be given the name, address and telephone number of the designated case manager in order to ask questions, express complaints, report absences of workers, and seek aid in emergencies;

(5) have the right to refuse any portion of the plan, except case management, without loss of other services after being fully informed of and understanding the consequences of such actions;

(6) have the right to recommend changes in policies and services to program staff, area agency on aging staff and office staff;

(7) be encouraged and assisted to exercise his or her rights to voice complaints and to seek protection from mental, physical and financial abuse, mistreatment or neglect;

(8) be informed both verbally and in writing of the agency's complaint procedures and of the right to seek the assistance of outside representatives of his or her choice to resolve complaints, free from interference, coercion, discrimination or reprisal;

(9) be informed of his or her right to review his or her case record;

(10) be discharged from the program only in accordance with the requirements set forth in subdivisions (v), (w) and (x) of this section;

(11) be treated with consideration, respect and full recognition of his or her dignity and individuality;

(12) be shown proper and current identification by any person providing services in the home;

(13) have his or her wishes regarding his or her home environment, furnishings and possessions respected;

(14) be entitled to expect that any person coming into the home will exhibit appropriate standards of behavior;

(15) be assured of confidential treatment of his or her case records;

(16) be notified in writing of his or her right to a hearing and a review under sections 6651.3 and 6654.4 of this Title;

(17) be entitled to receive EISEP services without regard to race, creed, color, gender, sexual orientation, marital status, political affiliation or handicapped status (provided, however, that all requirements for program eligibility are met); and

(18) not be required to pay any money beyond the cost-sharing amount.

(ag) The case management agency shall have procedures to protect the safety of the client and confidentiality of the information about the client contained in the record.

(ah) Monitoring of case management must include reviews of client files maintained at and by the case management agency.

(ai) An applicant or client shall be assisted in applying for Medicaid and cannot receive case management, in-home services, noninstitutional respite services or ancillary services unless such application is made if such applicant or client reports, during any procedure pursuant to this section or section 6654.6 of this Part:

(1) income and assets equal to or below the levels specified for Medicaid eligibility; or

(2) assets equal to or below the level specified for Medicaid eligibility and qualifying medical expenses equal to or exceeding the amount by which such person's income exceeds the level specified for Medicaid eligibility, providing that no such application shall be required if such person does not have available, prior to paying such medical expenses, funds equal to or exceeding the amount by which such person's income exceeds the level specified for Medicaid eligibility.

(aj) The case manager shall assist the area agency in obtaining reimbursement for covered services provided to clients during any period during which such clients were eligible for Medicaid, including assistance in obtaining and presenting materials required under an agreement between the area agency and the local department of social services governing such reimbursement.

(ak) The case manager shall assist the area agency in ensuring that applicants who appear to be eligible for Medicaid receive services in as timely manner as applicants who do not appear to be eligible for Medicaid.