



Case Management Agency Certification Procedures
For
Older Americans Act Programs & Choices for Care

December 2010

*Addendum to Revised Case Management Standards & Certification
Procedures – June 2009*

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Case Management Standards & Certification Procedures

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I. INTRODUCTION

The Division of Disability and Aging Services (DDAS) within the Department of Disabilities, Aging and Independent Living (DAIL) recognizes that quality case management is a critical part of our long-term care system and is crucial to the fulfillment of DAIL's mission. The mission of DAIL is to make Vermont the best state in which to grow old or to live with a disability – with dignity, respect and independence.

In order to ensure the statewide quality of case management services offered under Older Americans Act (OAA) programs and Choices for Care (CFC), DDAS published the *Revised Case Management Standards & Certification Procedures for Older Americans Act Programs & Choices for Care*, June 2009 (Case Management Standards). Subsequently, and in accordance with these standards, DDAS has developed the *Case Management Agency Certification Procedures for Older Americans Act Programs & Choices for Care*. The purpose of this document is to outline the process in which DDAS will verify agencies' compliance with the case management standards and the provision of quality services.

DAIL's authority to establish service standards and to certify providers of case management services under OAA programs and CFC is established in Vermont state statute, the Center for Medicare and Medicaid Services (CMS) approved Choices for Care Procedural Manual, and the Older Americans Act. *See Appendix A.*

II. CERTIFICATION

A case management agency is deemed certified for up to three years by the DDAS when the following components have been met:

- a. An Area Agency on Aging have a current approved area plan on file with the DDAS or a Home Health Agency has received designation to provide Medicare home health services in the State of Vermont by Division of Licensing and Protection (DLP) through the designation or survey process.
- b. The agency has implemented and practices all requirements found in the Case Management Standards. DDAS has completed a quality review citing standards as "met" or "unmet".
- c. The agency has shown progress that is acceptable to DDAS towards resolving unmet case management standards at time of initial certification or re-certification.
- d. The agency's internal quality management and improvement plan establishes measurable outcomes to assist the agency to meet the case management outcomes for CFC and OAA programs as set by DDAS.

III. MAINTAINING CASE MANAGEMENT AGENCY CERTIFICATION

A case management agency must continue to provide services within the parameters of the approved area plan or continue to have designation status from DLP to provide Medicare home health services in the State of Vermont. All case management agencies must demonstrate on-going implementation and compliance with the Case Management Standards and continue to have no unmet case management standard(s).

1. DDAS may perform a scheduled and announced quality management review at a previously certified case management agency no more than once a year, but reserves the right to perform an unannounced agency visit at any time to verify that the agency is operating in compliance with the Case Management Agency Certification requirements.
2. Case management agencies must participate in DDAS quality review process as deemed necessary by the state.
3. DDAS shall review the agency's internal quality management and improvement plan related to case management services.
4. If any standard is unmet, the case management agency shall develop and submit to DDAS a plan of action, including timelines for completion, to comply with all of the Case Management Standards, within 15 working days of receiving written notification of the unmet standard.
5. DDAS shall respond to the written plan of action within 10 working days.
6. If the plan of action is not accepted in full, the case management agency shall submit a revised plan within 15 working days of notification. DDAS shall respond in writing to the revised plan within 10 working days of receipt.
7. If the revised plan of action is not accepted, DDAS and agency representatives will meet within 5 working days in an attempt to resolve outstanding issues and come to a mutually agreeable plan of action.
8. If the revised plan of action is not accepted in full, DDAS may take one or more of the following actions upon written notification from the commissioner to the agency:
 - a. Suspend Certification. This includes suspension of the agency's ability to provide case management services and its ability to claim Medicaid reimbursement as stated in the CFC provider agreements.
 - b. Decertification. Termination of certification may occur when an agency demonstrates repeated or serious lack of compliance with case management standards, including but not limited to putting individuals' health and welfare at risk or a substantiated case of fraud. A termination of certification will result in the inability to claim Medicaid reimbursement as stated in CFC provider agreements.

IV. APPEAL

The decision to suspend certification or to decertify may be appealed to the Commissioner of the Department of Disabilities, Aging and Independent Living.

1. The agency shall file for an appeal within 10 working days of a notice of suspension or decertification.
2. The Commissioner shall hear the appeal within 45 days of notice from the agency.
 - a. The Commissioner shall issue her or his decision in writing within 30 days of the hearing.
 - b. The agency's certification shall remain in place during the appeal process.
 - c. These deadlines may be increased if agreed to by both DAIL and the case management agency.

V. RECERTIFICATION

Certified case management agencies will be re-certified every three (3) years or as deemed necessary by the State. Recertification will be granted when all requirements outlined in Section II Certification are met as well as all requirements of the corrective action plan have been accepted by DDAS.

VI. INITIAL AND RECERTIFICATION PROCESS

Initial certification and recertification process for case management agencies includes the following components.

1. An Area Agency on Aging has a current approved area plan on file with DDAS or a Home Health Agencies has received designation to provide Medicare home health services in the State of Vermont, by Division of Licensing and Protection (DLP) through the designation or survey process.
2. The policies required in the Case Management Standards have been approved by DDAS.
 - a. Policies shall be submitted in a manner which allows DDAS to maintain an electronic file for each agency.
 - b. Those policies which have been approved as part of the AAA Area Plan process or as part of the Home Health Agency designation do not have to be resubmitted at the time of the initial or recertification process. (See Appendix D for a list of

those policies which are included in the Agency on Aging Area Plan or Home Health designation process.)

- c. Any policies relating to case management services which have been updated or altered since the previous certification review must be submitted to DDAS for approval prior to the initial or recertification process.
3. DDAS may consult with the following community partners regarding the quality of case management services provided by the agency:
 - d. Adult Day providers
 - e. Waiver Team Members
 - f. Public Guardians
 - g. Field Directors
 4. DDAS will conduct an on-site Quality Review at the case management agency. The focus of the review will be on compliance to the case management standards and program guidelines for CFC and/or OAA individuals.
 - a. Each agency will be notified of the review within one (1) week of the pending on-site visit. DDAS reserves the right to make unannounced agency site visits with the intention to conduct a targeted review.
 - b. The on-site portion of the review will last for three (3) days but may be extended at the discretion of DDAS.
 - c. The review sample will be limited to 4 to 6 individuals participating in High/Highest Needs CFC and/or OAA programs. The sample selection will be announced during day one of the review and may be expanded at the discretion of DDAS. Records of other recipients of services may be reviewed as required.
 - d. The discovery period of the review process will last no more than fourteen (14) consecutive days. This timeframe may be extended by mutual agreement between DDAS and the agency.
 - e. A written report addressing the results of the quality review will be available to the agency within thirty (30) days from the end of the review process.
 - i. The written report will consist of a brief letter which states the date of the review under discussion and the review grid (Appendix C) completed at the time of the review.
 - ii. A brief statement of particular areas of strength of the agency.
 - iii. A statement of whether all of the Standards were met or not. If any area was not met, the letter will refer the reader to the Review Grid.

- f. Any corrective action plan required from the agency must be received by DDAS within 15 days from the date the agency received the DDAS written report of the results of the quality review.
5. The on-site review portion of the Quality Review process will include the following to determine implementation of all of requirements found in the Case Management Standards by the agency:
 - a. Review of individual CFC and/or OAA case management files.
 - b. Home-based interviews with individuals who receive case management services through CFC or OAA programs. Interviews may also include family members, surrogates and/or caregivers.
 - c. Individual interviews with case management staff.
 - d. Interviews with the Agency Director, Long Term Care Director, and/or Case Management Supervisor(s) to discuss the quality of case management services, the implementation of policies and procedures, and program understanding within the agency.
 - e. An exit interview with the agency director and others the director may choose to invite. This interview will summarize the preliminary findings of the review.
6. Review Outcomes: The final review report will have one of the following recommendations.
 - a. Three year certification with no corrective actions or recommendations.
 - b. A two year certification may be granted at the discretion of DDAS if within a month of submittal the agency's corrective action will bring an unmet standard into full compliance.
 - c. One year certification, granted upon receipt and acceptance of a corrective action plan with a follow-up review visit.
 - d. Suspension of certification pending corrective action plan acceptance and follow-up review.
7. Certified Case Management agencies will be listed on the DAIL website. A redacted copy of the certification documents will be available to the public upon request.
8. The following documents will be used as technical references during the Quality Review process:

- a. Revised Case Management Standards & Certification Procedures for Older Americans Act Programs and Choices for Care
- b. Case Manager Training Process
- c. Choices for Care High / Highest Needs Program Manual
- d. Older Americans Act and Accompanying Regulations

APPENDIX A

State and Federal Statutory Authority

- A. **State Statute**: The Department of Disabilities, Aging and Independent Living has statutory authority to manage programs and protect the interests of older Vermonters and Vermonters with disabilities. (3 V.S.A. §3085a). The Commissioner has the authority to determine the policies and to exercise the powers and perform the duties required for the effective administration of the Department. (3V.S.A. §3052).
- B. **Choices for Care**: CMS requires Vermont to assure that “necessary safeguards have been taken to protect the health and welfare of the recipients of the service...to include adequate standards for all types of providers that provide services under the waiver” and that the “standards of any State licensure or certification requirements are met for services or for individuals furnishing services that are provided under the Waiver” (42 CFR §441.302(a)(1) & (2)). The approved Choices for Care application includes a requirement for case management certification. (Approved Choices for Care Procedural Manual, Section iv.1.B. Case Management Standards).
- C. **Older Americans Act**: The Older Americans Act (OAA) requires the State to be responsible for the planning, policy development, administration, coordination, priority setting, and evaluation of all state activities under the Act. Vermont is also responsible for setting specific objectives for each area for all services under the Act. 42 U.S.C. §3025 (a)(1)(c).

Vermont uses Title III-E funds to support case management activities. Vermont is required to establish standards and mechanisms designed to assure the quality of services, and to establish quality standards and mechanisms and accountability. 42 U.S.C. §3030s-1(e)(1).

OAA regulations require Vermont to develop policies governing all aspects of programs operated under Title III and to be responsible for the enforcement for these policies. (45C.F.R. §§1321.11 and 1321.17).

Appendix B

Case Manager Training Process 2009

When a case managing agency submits appropriate documentation, DAIL will provide the agency with a Certificate of Completion of Case Manager Training for those case managers who have successfully completed both the Case Manager Certificate Core Training and Agency Orientation.

A) *Successful completion* of the Case Manager Certificate Core Training requires:

1. Attending and participating in each training module and
2. Obtaining a certificate of attendance for each module.

B) *Successful completion* of Agency Orientation requires:

1. Completion within 18 months from the date of hire, and
2. Each topic within the Agency Orientation must be dated with a completion date and verified (initialed) by the Case Manager's supervisor.

The Case Manager Certificate Core Training includes the following 10 modules:

CFC 101;
APS/OPG/Self Neglect;
Community Health Care and State Health Care Programs;
Long Term Care Medicaid Part 1;
Long Term Care Medicaid Part 2;
Medicare and Supplemental Insurances with SHIP, SMP, MAP and Office of Long Term Care Ombudsman and or Health Care Ombudsman;
State and Federal Housing Programs;
SSI/SSDI;
Mental Health/Older Adult Mental Health Issues, and
Obtaining Comprehensive Assessments.

Agency Orientation must include the following segments and topics:

• **Case Management Expectations**

- Referrals and office contact
- Case management functions
- Role of the case manager
- Boundaries and collaboration
- Record keeping

• **Self Neglect**

- Identifying at risk clients
- Competency
- Using community resources

• **Protective Services / Abuse /Exploitation – Agency policy/protocol**

• **Service and Programs** – It is preferred that case management agencies contact each of the entities below to arrange for case managers to receive training directly from each of the service and program providers.

- VT Senior Citizen Law Project
- VT Ethics Network
- Home Health Agency Services
- Hospice and Palliative Care
- Adult Day Programs
- Community Action Agencies
- VT Center for Independent Living (VCIL)
- Nursing Homes and Residential Care Homes
- Personal Emergency Response Systems
- Senior Employment Programs and Unemployment Benefits
- Mental Health Services / Eldercare Clinicians
- Transportation
- Veterans Services
- Senior Companion Program
- Dementia/Caregiver Support Services
- Private Duty Programs
 - Caregiver Registry - Local and Online
 - Non-medical providers
- Wellness Programs
 - Healthy Living
 - Bone Builders
 - Heart Association
 - Smoking Cessation

• **Community Living/ Disability Resource Connections**

- Senior Help line and VT-211
- VCIL Accessibility Funding
- ADRC

• **Housing – at a local level**

- Rural Housing,
- Local Land Trust,
- Subsidized Housing,
 - Section 8
 - Local and State Housing Authorities
- HASS

• **Nutrition Services**

- Nutritional Consults
- Food Shelves
- Commodities
- Meals on Wheels
- Congregate Meal Sites

• **Flex Funds and other localized funding**

- Local Waiver Teams / Long Term Care Coalition

• **Choices for Care Overview**

- Home based High / Highest Needs
- ERC,
- Flexible Choices,
- Moderate Needs

• **Attendant Services Program**

- General Fund
- PDAC funding

• **Gerontology 101**

- Chronic Conditions
- Aging Process
- Working with dementia and Alzheimer's disease and other related diseases
- Aging in a family system

• **Public Benefits**

- Fuel
- 3Squares VT
- Community Medicaid

• **Supervision, Training and Follow Up**

- In the office
- In the field
- Training

• **Overview of Department of Disability, Aging and Independent Living**

- Who's Who
- Website
- Programs
- Oversight responsibilities
- SAMS database
- Reporting

• **Other local formal Networks**

- Support Groups
- Church Groups

Mediation Programs

• **Home Accessibility/ Modifications**

- Reasonable Accommodations
- Local Network / resources
- Procedure for access

• **Durable Medical Equipment**

- Guidelines to obtaining Medicare coverage
- Lift Chairs,
- Local Vendors
- Procedures for access
- MAPS
- Assistive Technology – Vermont Assistive Technology Program

• **Low Cost Loans**

- USDA
- Opportunities Credit Union www.oppsvt.org

• **Legal Issues**

- Vermont Ethics Network
- DPOA
- Guardianship
- Advance Directives
- Financial Planning

Appendix C
Case Management Standards Review Grid
Agency Case Management Standards

Agency Case Management Standards:				Comments
Section III.				
III.	Case management agencies are expected to be knowledgeable of and in compliance with all relevant state and federal laws and requirements.	Met		
		Unmet		
III.	Case management agencies shall ensure the requisite case management agency policies are in place.	Met		
		Unmet		
III.	Case management agencies are responsible to ensure that all case managers providing services under the Older Americans Act and Choices for Care programs comply with the DDAS Case Management Standards & Certification Procedures and related case management policies.	Met		
		Unmet		
Case management agencies shall have the following written policies and protocols:				
A.	After Hour Coverage: Protocol shall at a minimum ensure that people are able to leave a message with the agency when it is closed.	Met		
		Unmet		
B.	Consumer Complaint and Grievance Policy and Procedures: The policies and procedures shall outline:			
	1. How the agency will respond to consumer complaints and grievances.	Met		
		Unmet		
	2. The policies shall address how consumers are informed about agency complaint and grievance policies.	Met		
Unmet				
3. The policies shall address how consumers are informed of how the complaint and grievance	Met			
	Unmet			

	processes work.			
C.	Information and Referral Policy shall state that the case management agency will accept and respond to requests for information and/or assistance from individuals, caregivers and other third parties.	Met		
		Unmet		
D.	Mandated Reporting of Abuse, Neglect and Exploitation Policy: The policy shall address how the case management agency will respond in cases of suspected abuse, neglect, and/or exploitation of vulnerable adults. The policy must be consistent with the requirements of Vermont statute 33 V.S.A. § 6903 and DAIL policies.	Met		
		Unmet		
E.	Self-Neglecting Policy: This policy shall define how the agency will serve adults identified as self-neglecting: This may include a referral to the AAA (for adults age 60 or older) or APS (for adults under age 60).	Met		
		Unmet		
	In the case of CFC referrals, the case management agency selected by the person shall be responsible for serving the person identified as self-neglecting.	Met		
		Unmet		
	Definition of Self-neglect: as a result of an adult's inability, due to physical and/or mental impairments or diminished capacity, to perform essential self-care tasks including: providing essential food, clothing, shelter and medical care; obtaining goods and services necessary to maintain physical health, mental health, emotional well-being and general safety; and/or to manage financial affairs. This definition excludes people who make a conscious and voluntary choice not to provide for certain basic needs as a matter of life style, personal preference or religious belief and who understand the consequences of their decision.			
F.	Maximum Caseload Policy:			
	The policy shall state:			
	1. The maximum caseload size for case managers.	Met		
		Unmet		
	2. The prioritization process for people accessing case management services.	Met		
		Unmet		
	3. The management of waiting lists for people who cannot be	Met		
		Unmet		

	served at any given time.		
Case Management Supervision Policy:			
G.	The policy shall address:		
	1. How supervision is provided to case managers.	Met	
		Unmet	
	2. Accessibility of supervisors to case managers.	Met	
		Unmet	
	3. Review of client records	Met	
		Unmet	
	4. On-going feedback between the supervisor and case manager.	Met	
		Unmet	
	5. Timely performance evaluations of case managers.	Met	
		Unmet	
H.	Orientation Training Policy shall outline the orientation training for new case management staff.	Met	
		Unmet	
I.	Training Policy shall outline ongoing case management training designed to ensure case managers will have the necessary range of knowledge, skills and abilities to provide high quality case management services.	Met	
		Unmet	
J.	Quality Assurance/Quality Improvement Policy: shall outline the agency's on-going QA/QI process regarding case management services.	Met	
		Unmet	
	Definition of Quality Assurance/Quality Improvement: a set of integrated tools and practices used by an organization to maximize its effectiveness, efficiency and performance. It includes tools to determine the level of performance desired by its stakeholders, tools to assess the current level of performance within the organization, and improvement practices designed to achieve a determined level of performance.		
K.	Conflict of Interest Policy shall outline that case managers must discuss all potential conflicts of interest immediately with their supervisor and abide by the agency's procedures for addressing potential conflicts of interest.	Met	
		Unmet	
	Definition of Conflict of Interest: a situation in which someone in a position of trust has competing professional or personal interests. Such competing interests can make it difficult to fulfill his or her duties impartially or effectively. A conflict of interest exists even if no unethical or improper act results from it. A		

	conflict of interest can create an appearance of impropriety that can undermine confidence in the person, profession or system.			
L.	Client record policy shall include:			
	1. The procedure governing their use, storage and removal.	Met		
		Unmet		
	2. The conditions for release of information contained in the record.	Met		
		Unmet		
	3. The requirements of authorization in writing by the person or legal representative for release of information.	Met		
		Unmet		
	4. The maintenance of all records relating to the delivery and documentation of case management services for a minimum of 3 years.	Met		
		Unmet		
	5. The maintenance of all financial records for 7 years.	Met		
		Unmet		
	6. Compliance with the Health Insurance Portability and Accountability Act.	Met		
		Unmet		
M.	Background Check Policy shall outline the background checks required in order for a person to be employed as a case manager. The policy must be consistent with the DAIL Background Check Policy.	Met		
		Unmet		
N.	Emergency Management Plan that describes:			
	1. How the agency will identify the critical functions and services it performs that must continue in the event of an emergency.	Met		
		Unmet		
	2. How those functions and services will be provided during that time.	Met		
		Unmet		
	3. How the agency will collaborate and cooperate with local emergency planners and other local providers.	Met		
		Unmet		
	4. How the agency will identify persons who might require specific assistance during an emergency.	Met		
		Unmet		

	5. How the agency will provide information and encourage people to develop a personal emergency preparedness plan.	Met		
		Unmet		
	6. Provide assistance in developing the plan as necessary for needed assistance and support in the event of a natural or other emergency which may result in disruption of service and/or personal harm. Involvement and consideration of family caregivers, as well as other natural supports must be part of the process.	Met		
		Unmet		
O.	Agency Confidentiality Policy shall be no less stringent than the Agency of Human Service Consumer Information and Privacy Rule.	Met		
		Unmet		

Individual Case Manager Standards

Individual Case Manager Standards:				Comments
Section IV.				
A.	To the extent possible, the case manager shall ensure the person receives services in the least restrictive and most appropriate setting in accordance with his or her needs and preferences.	Met		
		Unmet		
B.	Case Manager shall respect the person's rights, strengths, values and preferences, encouraging the individual to create, direct and participate in their individualized written plan and services to the fullest extent possible.	Met		
		Unmet		
1.	The person may involve a caregiver or legal representative in decision making.	Met		
		Unmet		
2.	People make their own decisions and may involve those they wish to be involved in decision making. If the person has a guardian or agency the case manager will involve them in accordance with that individual's legal responsibility.	Met		
		Unmet		
3.	A case manager shall ensure that a person has the right to receive services under conditions of acceptable risk.	Met		
		Unmet		
<p>Definition of Acceptable Risk is the level of risk an individual and/or their guardian is willing to accept after the informed consent process. The case manager may work with the individual and service provider to develop a Negotiated Risk Agreement when necessary.</p>				
C.	A case manager shall be knowledgeable about the full range of services available to individuals in their region and ensure that individuals are informed of available resources and services. A case manager will make any needed referrals.	Met		
		Unmet		
D.	A case manager shall recognize self-neglecting behaviors and offer intervention, when such behaviors	Met		
		Unmet		

	jeopardize the person's well being. For adults under the age of 60 this may include a referral to Adult Protective Services.		
E.	A case manager shall provide service in an efficient, effective and collaborative manner to avoid duplication of services, unnecessary costs, and administrative tasks.	Met Unmet	
F.	A case manager shall respond to requests for information and/or assistance from individuals in a timely manner.	Met Unmet	
G.	Assessment: A case manager, with input and participation by the person and their support network, shall access the individual's strengths and needs using the assessment tool(s) approved by DDAS.	Met Unmet	
	1. The case manager shall update the assessment at least annually, or at anytime there is a significant change in the person's life that would alter the amount and type of formal and informal services and supports needed.	Met Unmet	
	2. A case manager shall make every effort to assure the completeness and accuracy of the initial assessment and any subsequent reassessments.	Met Unmet	
	3. Assessments need to be completed in compliance with Choices for Care and other program protocol.	Met Unmet	
H.	Goals: When a person requires case management assistance for complex issues, the case manager along with the individual and their support network shall identify short and long term goals.	Met Unmet	
	Long Term Goal refers to an objective or outcome an individual has identified and hopes to pursue over a period of time that may require additional incremental steps. An example: "Achieve better nutritional health."		

	Short Term Goal refers to an objective or outcome an individual has identified and hopes to pursue in a relatively short period of time. An example: "Attend the senior meal site for lunch twice weekly."		
I.	Planning: Using information from assessments and in consideration of the individuals' long and short term goals, the case manager will discuss all available options with the individual and their support network and agree upon strategies built upon the strengths of the individual to achieve these goals.	Met	
		Unmet	
	1. Strategies shall describe specific service or supports to be provided, the person responsible for carrying out the strategies and a target date as agreed upon by the person.	Met	
		Unmet	
	2. The initial goal and strategy identification shall be completed within 60 days of completion of the assessment.	Met	
		Unmet	
J.	Monitoring and reviewing: A case manager shall monitor the delivery of formal and informal services and supports to ensure that services are being provided as planned, to ensure that the person's identified needs are being met and goals are being pursued.	Met	
		Unmet	
	1. Monitoring shall include regular contact with the individual, caregivers and service providers.	Met	
		Unmet	
	2. The individual's goals and strategies shall be updated to reflect the annual reassessment or more frequently if there is a significant change in the person's life that would alter the amount and type of formal and informal services and supports needed.	Met	
		Unmet	

Case Management Documentation Standards

Documentation Standards:		Comments	
K.	Case Manager shall maintain current, complete and accurate files for each person including but not limited to:		
	1. Written release of information or documentation of why a written release could not be obtained.	Met	
		Unmet	
	2. The appropriate assessment form designated by DAIL.	Met	
		Unmet	
	3. Documentation of the individual's short and long term goals and strategies.	Met	
		Unmet	
	4. Case notes that focus on the individual's progress and any emergent issues that need to be addressed.	Met	
		Unmet	
	5. Other correspondence received or sent which is relevant to the individual.	Met	
		Unmet	
6. Other documents required by specific programs and services, such as copies of applications, notice of decisions, etc.	Met		
	Unmet		
7. Guardianship/Power of Attorney and other advanced directives should be documented in the assessment.	Met		
	Unmet		
8. If the case manager is taking direction from a legal representative, there must be a copy of the legal documentation maintained in the individual's case management file. E.g. Guardianship or Power of Attorney documents.	Met		
	Unmet		
9. Documentation of Negotiated Risk Agreement (if applicable).	Met		
	Unmet		
10. Documentation of required reporting of suspected abuse, neglect and exploitation.	Met		
	Unmet		
L.	Case managers must be knowledgeable of and comply with all agency policies and standards including, but not limited to:	Met	
		Unmet	
	1. A person's confidentiality		
	2. Third party referrals		
	3. Conflict of interest		
M.	Case managers shall inform all individuals of the agency's grievance procedures.	Met	
		Unmet	

APPENDIX D

Case Management Agency Standards Review Chart

Case Management Agency Standard	Reviewed by	
	AAA	HHA
A. After Hour Coverage	*DDAS	*DDAS
B. Consumer Complaint and Grievance Policy	SUA	DLP
C. Information and Referral Policy	*DDAS	*DDAS
D. Mandated Reporting of Abuse, Neglect, and Exploitation Policy	*DDAS	DLP
E. Self-Neglect Policy	*DDAS	*DDAS
F. Maximum Caseload Policy	*DDAS	*DDAS
G. Case Management Supervision Policy	*DDAS	*DDAS
H. Orientation Training Policy	*DDAS	*DDAS
I. Training Policy	*DDAS	*DDAS
J. Quality Assurance/Quality Improvement Policy	*DDAS	DLP
K. Conflict of Interest Policy	*DDAS	*DDAS
L. Client Record Policy	*DDAS	DLP
M. Background Check Policy	*DDAS	DLP
N. Emergency Management Plan	SUA	DLP
O. Agency Confidentiality Policy	*DDAS	DLP

KEY:

SUA = State Unit on Aging via the Area Agency on Aging State Plan review process.

DLP = Division of Licensing and Protection via the licensing review process.

*DDAS = Division of Disability and Aging Services via the quality management Agency Certification Process, as outlined in this document.