3.1 Case Management Services

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3.1 Case Management Services

3.1.1 Introduction and Definition

Case management (CM) consists of providing assistance in access and coordination of information and services to older customers and/or their caregivers to support the customers in the living environment of their choice. CM services funded by Older Americans Act (OAA) Title III B and by Senior Care Act (SCA) through the Kansas Department for Aging and Disability Services (KDADS) are subject to an annual grant and/or contract process.

Case managers providing CM services shall comply with KDADS regulations and policies, both current and as amended in the future.

3.1.2 Targeted Population

A. Older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). [OAA Section 305(a)(2)(E)]

B. Individuals assessed and referred pursuant to KSA 39-968 (CARE Program) who reside in the community and can function independently with the assistance of community based services;

C. Individuals to be discharged from hospitals and nursing homes to the community and needing services; and

D. Residents of long term care facilities who are able to return to their home or other community-based setting if services are provided to them.

3.1.3 Customer Eligibility

A. Individuals must meet the following requirements to be eligible for CM funded by OAA and SCA:

1. The customer must be 60 years of age or older;

2. The customer must have been assessed using the form designated by KDADS;

3. For SCA customers only, the customer must meet Long Term Care Threshold criteria established for SCA;

4. The customer has a need identified by the state designated assessment form for CM to be funded by the OAA and/or SCA funding sources.
5. Short term CM services are available for customers receiving one time services for a period of 90 days. CM services beyond the 90 day period for customers receiving one time services can be provided with approval from KDADS SCA/OAA Program Manager.

6. The customer is unable to obtain, coordinate, and monitor the required services for himself or herself without assistance; and

7. The customer does not have a designated person acting on their behalf that is able and willing to provide adequate coordination and monitoring of services.

### 3.1.4 Case Manager Qualifications

A. CM funded by OAA or SCA shall be provided by either employees or contractors of an Area Agency on Aging (AAA) recognized by KDADS.

B. Case management shall be provided by individuals that have participated in all training stipulated in Section 3.1.6, Training and Certification Requirements, to ensure proficiency of the program, services, rules, regulations, policies and procedures set forth by the state agency administering the program.

C. A case manager employed by, or under contract with, an AAA cannot also be employed by, or under contract with, any entity which creates a conflict of interest by providing OAA and/or SCA services.

D. A Case Manager must meet the following qualifications:

1. An individual with a four-year degree from an accredited college or university with a major in gerontology, nursing, health, social work, counseling, human development, or family studies, or related area as approved by KDADS SCA/OAA Program Manager, and that individual has at least one (1) year experience in the aging and/or disability field; or

2. A Registered Professional Nurse licensed to practice in the State of Kansas with at least one (1) year experience in the aging and/or disability field; or

3. An individual providing CM services through an AAA prior to September 30, 2015 shall be deemed as meeting education and experience requirements.

A Junior I Case Manager must meet the following qualifications:

4. An individual with a High School or General Education Diploma and four (4) years work experience in the human services field with an emphasis in aging services; or a combination of work experience in the human services field and post-secondary education, with...
one (1) year of work experience substituting for one (1) year of education (an individual that meets the senior case manager qualifications must supervise this person).

A Junior II Case Manager must meet the following qualifications:

5. An individual with a High School or General Education Diploma and one (1) year work experience (an individual that meets the senior case manager qualifications must supervise this person).

3.1.5 Components of Case Management:

<table>
<thead>
<tr>
<th>Component</th>
<th>Senior Case Manager Qualification Required</th>
<th>Junior Case Manager Qualification Allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Assess an eligible individual to determine service needs, including:</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>a) taking customer history;</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>b) identifying the individual’s needs and completing the assessment instrument designated by KDADS and related documentation; and</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>c) gathering information, if necessary, from other sources such as family members, medical providers, social workers, and educators, to form a complete assessment of the individual.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2. Documenting all pertinent information related to tasks completed.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>B. Development of a Plan of Care (POC)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Develop a plan of care that:</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>a) is based on the information collected through the assessment via a completed Customer Service Worksheet (CSW);</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>b) specifies the goals and actions to address the medical, social, education, and other service needs of the individual;</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>c) includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual’s authorized</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
d) health care decision maker) and others to develop such goals, and identify a course of action to respond to the assessed goals and needs of the eligible individual; and

e) includes time spent discussing service options and alternatives, needs, and preferences of the customer, services to be provided, authorized costs, and the implementation dates.

<table>
<thead>
<tr>
<th>Task</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Documenting all pertinent information related to tasks completed.</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Task</th>
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<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Documenting all pertinent information related to tasks completed.</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
### C. Referral and Related Activities
1. Help an individual obtain needed services, including:
   a) activities that help link the individual with medical, social, or educational providers; or
   b) activities that help link the individual with other programs and services that are capable of providing needed services, such as making referrals to providers for needed services.
   c) assist with application(s) for other programs, such as but not limited to QMB, LMB, SNAP, and HCBS.

2. Report to Department of Children and Families (DCF) Adult Protective Services (APS) and/or law enforcement any suspected abuse, neglect, or exploitation of the individual.

3. Expanding the service options available by encouraging the informal supports and formal service providers to be more flexible, and also seeking new or non-traditional resources and services.

4. Promoting the enrollment of new providers on behalf of individuals.

5. Documenting all pertinent information related to tasks completed.

### D. Monitoring and Follow-up Activities
1. Activities and contacts that are:
   a) necessary to ensure the POC is implemented and adequately addresses the individual’s needs, and which may be with the individual, family members, providers, or other entities; and

<table>
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<tbody>
<tr>
<td>C. Referral and Related Activities</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>1. Help an individual obtain needed services, including:</td>
<td></td>
<td></td>
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<td>a) activities that help link the individual with medical, social, or educational providers; or</td>
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<td>No</td>
</tr>
<tr>
<td>b) activities that help link the individual with other programs and services that are capable of providing needed services, such as making referrals to providers for needed services.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>c) assist with application(s) for other programs, such as but not limited to QMB, LMB, SNAP, and HCBS.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2. Report to Department of Children and Families (DCF) Adult Protective Services (APS) and/or law enforcement any suspected abuse, neglect, or exploitation of the individual.</td>
<td>Yes</td>
<td>Junior I and Junior II Case Manager</td>
</tr>
<tr>
<td>3. Expanding the service options available by encouraging the informal supports and formal service providers to be more flexible, and also seeking new or non-traditional resources and services.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4. Promoting the enrollment of new providers on behalf of individuals.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>5. Documenting all pertinent information related to tasks completed.</td>
<td>Yes</td>
<td>Junior I Case Manager only</td>
</tr>
<tr>
<td>D. Monitoring and Follow-up Activities</td>
<td>Yes</td>
<td>Junior I Case Manager only</td>
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Revision: 2015-01

### Component

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</table>
| b) conducted as defined in Section 3.1.8.B to determine whether:  
  - services are being furnished in accordance with the individual’s POC;  
  - the services in the POC are adequate; and  
  - there are changes in the needs or status of the individual, and if so, making necessary adjustments in the POC and service arrangements with the providers. | Yes | No |
| 2. Ensuring public and private resources are used efficiently to meet the health and welfare needs of the individual as set forth in the POC. | Yes | No |
| 3. Documenting all pertinent information related to the tasks completed. | Yes | Junior I Case Manager Only |

#### 3.1.6 Training and Certification Requirements

A. All case managers must meet the training and certification requirements for assessors (Section 2.7) prior to completing any component of the assessment designated by KDADS.

B. All case managers must complete the following:

1. Comprehensive Case Management (CCM) training provided by the KDADS within three (3) months of the start of their employment or contract or first available KDADS training;

2. All KDADS mandated CCM, UAI, and Kansas Aging Management Information System (KAMIS) training programs on an ongoing basis; KAMIS training requirements shall be waived upon KDADS receipt of a letter from the AAA’s director stating the case managers will not be required to enter information into KAMIS; and
3. A total of 15 hours of continuing education on an annual basis (the 15 hours includes CCM training), with an emphasis in aging and/or disability topics.

### 3.1.7 Skills Requirements

A. Case managers must have the following knowledge, skills and abilities:

1. Conflict resolution;
2. Time management skills;
3. Ability to effectively communicate with customers, family members, service providers, and co-workers;
4. Ability to initiate and sustain effective interpersonal relationships;
5. Knowledge of community resources and available funding sources;
6. Knowledge of quality of services recommended;
7. Have a thorough and current knowledge of the community based service system in their service area;

### 3.1.8 General Case Management Standards

A. Personnel

1. Only qualified individuals may provide CM services.
2. Case managers must receive the required number of training hours.
3. AAAs must have procedures that address how case managers will be supervised and their work monitored.
4. Volunteers and family members may not receive reimbursement for CM services.

B. Case Management Services

1. Only eligible customers per 3.1.3.A may receive CM services.
2. Implementation of services shall occur within seven (7) working days following the determination of eligibility and referral for the services, unless otherwise requested by the customer or their family.
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3. There shall be evidence that the customer and the customer’s family members are educated on how to manage their own needs, with an ultimate goal of empowering customer/family independence to advocate for themselves, whenever possible.

4. Case managers shall make every effort to utilize/access all available services to meet the needs of their customers, not just those funded by the AAA.

5. Ongoing evaluation and monitoring shall occur on a regular basis to assure services are being provided according to the POC and CSW, timely referrals are made on behalf of the customer; and

   a. CMs are required to make contact with the customer or the customer’s representative for monitoring purposes on a quarterly basis, at a minimum, including two face-to-face visits with each customer annually or as otherwise required to meet customer’s needs or as related to policy changes.

6. Utilization of informal and formal resources is coordinated in a cost-effective manner so that there is a continual decrease in the number of unmet service needs experienced by the customer.

7. Documentation accurately reflects customer health status, service provision, choice of providers and coordination of services in accordance with the POC and CSW. Documentation also adheres to KDADS policies as set forth in the Field Services Manual and state and federal rules, regulations, and requirements.

8. Each suspected incidence of abuse, neglect, or exploitation (ANE) must be reported to DCF Adult Protective Services (APS) or KDADS Licensure, Certification, and Evaluation (LCE), as appropriate. The report date and appropriate ANE taxonomy code must be documented on the KAMIS POC within 3 working days of making the report. Once the determination is received from APS or LCE, the applicable closure code must be entered on the KAMIS POC.

9. Documented travel time is a reimbursable expense for CM services rendered under SCA only.

10. Transfer of customer files between AAAs within Kansas;

    a. Transferring AAA shall, upon notification of customer relocation from PSA and desire of customer to continue services, contact receiving AAA to determine availability of services and notification of customer relocation.

    b. Transferring AAA shall provide receiving AAA, at minimum, last 6 months of case file and complete customer transfer in state designated MIS.
c. Receiving AAA shall make contact with customer and set up service or discuss waitlist procedures within 7 working days of customer transfer.

11. Quality Assurance

a. Customer case files will be randomly monitored by KDADS quality review staff quarterly to determine compliance with customer-based performance criteria.

b. Customers must be informed of their rights and responsibilities at every face to face customer/family visit and on every Notice of Action. This must be documented in each customer’s case file.


d. Activated Durable Power of Attorney (DPOA) and/or Legal Guardianship shall be documented in customer case file.

e. The AAA shall develop and implement an independent complaint mechanism; this shall be available upon request in a written document.

12. CM shall be available in the entire Planning and Service Area (PSA) for the OAA and SCA programs.

13. Customers shall receive OAA or SCA CM services from the AAA responsible for the PSA in which the customer resides. When possible, each AAA shall provide the customer choice of case manager within the agency.

3.1.9 Service Limitations

A. SCA and OAA CM cannot be provided in conjunction with any other case management service.

B. CM does not include the direct delivery of an underlying medical, educational, social, or other service to which an eligible individual has been referred.

C. The case manager may assist the customer with the appeal process, as requested. The case manager may explain how a customer seeks review of a program decision or may provide an appropriate form for the customer to use when requesting a hearing. During the hearing, the customer may be represented by any person or attorney as long as the representative is not the case manager or any other individual employed by, or under contract with, the AAA.

D. Customer eligibility as defined by FSM 3.1.3.
3.10 Billing

A. Accounting For and Recording Time

1. AAAs shall accurately account for their time spent working on, and recording in, individual customer’s case records.

2. AAAs shall not submit bills claiming payment for time not actually spent in providing CM services or time spent during the Quality Review process.

3. A unit of service for CM is 15 minutes.

4. CM shall be billed by units or partial units of service as outlined below:
   a. 0.5 unit = 0.1 through 7.50 minutes of CM services
   b. 1 unit = 7.51 through 15.00 minutes of CM services

   Time performing CM services beyond one unit shall be recorded and billed in the same way.

5. If multiple case managers consult on a customer’s case, their total units of service may be billed.

6. When an individual is employed in a CM supervisory capacity and is current with all training and certification requirements, they may bill their consulting time with case managers.

B. Required Documentation

1. Each AAA shall develop and implement a systematic customer case file organization within their agency and maintain that same system of organization for each individual case file.

2. Providers of CM services are required to maintain individual case files that indicate all contacts with and on behalf of customers. These case files shall include the following information and shall be available for review by state and federal agencies:
   a. The complete legal name of the individual receiving the service;
   b. The date the service was provided (mm/dd/yyyy);
   c. The name of the AAA;
   d. The name of the case manager providing the service;
   e. The name of the contact and relationship to customer;
   f. The location of the service provided;
   g. The component of case management service provided under Section 3.1.5;
h. Documentation content must include description of discussion and/or action taken with or on behalf of customer and include any follow up required;

i. The amount of time provided, in units or partial units, per customer;

j. The individual providing the CM services must initial each case log entry and sign each page of the case log.

3. Using these records as documentation, the AAA shall then bill the KDADS, as directed. The CM shall only bill for documentation to one case file.

3.1.11 Case Manager Safety and Welfare

A. Each case manager should be able to work in an environment free from threats, threatening behavior, acts of violence, or any other related conduct which disrupts the ability to execute the performance of his or her duties.

B. Each customer shall annually agree to sign and abide by the “Customer Code of Conduct”.

C. The AAA’s response to safety offenses shall depend on the nature and degree of the offense.

D. This policy does not supersede statutory and regulatory licensure requirements for licensed nurses, licensed social workers, or other professionals licensed in Kansas.

E. The AAA shall establish criteria to determine if the case manager is to be accompanied by another employee or a law enforcement official. If another employee is sent, only one may bill for CM services.

F. Level I Safety Offense

1. The following are considered Level I Safety Offenses. If an offense occurs, the case manager shall document the offense in the customer’s case log. In addition, the case manager may choose to file a written report with their AAA for further action:

   a. Verbal harassment toward the case manager, including yelling or demanding behavior;
   b. Making inappropriate remarks or physical actions toward the case manager that may be considered racist, discriminatory, or sexual in nature;
   c. Possession of unauthorized materials such as explosives, illegal weapons, or other similar items while in the presence of the case manager;
   d. Manufacturing, use, or distribution of illegal drugs while in the presence of the case manager; or
   e. Possession of a legal firearm in the presence of the case manager, when that firearm is not securely stored in a safe location.
2. A written report of a Level I Safety Offense shall result in the following actions:

   a. The AAA shall provide the case manager with alternative solutions to address the inappropriate behavior or circumstances.
   b. The AAA shall then attempt to resolve the situation by consulting with the case manager and the customer.
   c. If the situation remains unresolved, the AAA and the case manager shall develop a written action plan, taking customer input into consideration, as appropriate.
   d. If the customer fails to comply with the action plan and the situation remains unresolved, CM services may be terminated following a timely notice of action to the customer. Loss of CM services shall result in the following:
      i. Termination of all OAA/SCA services;
      ii. Option to self-direct SCA services will no longer be available; and
      iii. Possible termination of services funded by other sources.
   e. At the time of service termination, a copy of the written report identifying the offense, the action plan, documentation in the customer’s case log, and the customer’s notice of action shall be submitted to the KDADS OAA/SCA Program Manager.

G. Level II Safety Offenses:

1. The following are considered Level II Safety Offenses. If an offense occurs, the case manager shall document the offense in the customer’s case log. In addition, the case manager shall provide a written report to their AAA for further action:

   a. Verbal threat or other behavior toward the case manager that insinuates physical harm;
   b. Sexual assault of the case manager;
   c. Physical contact with the case manager resulting in bodily harm; or
   d. Use of a firearm or other weapon in a threatening manner toward the case manager.

2. A written report of a Level II Safety Offense shall result in the following actions:

   a. The case manager shall contact appropriate authorities, including law enforcement officials or Adult Protective Services staff.
   b. CM services shall be terminated following timely notice of action to the customer. Loss of CM services shall result in the following:
      i. Termination of all SCA/OAA services;
      ii. Option to self-direct SCA services will no longer be available; and
      iii. Possible termination of services funded by other sources.
   c. At the time of service termination, a copy of the written report identifying the offense, documentation in the customer’s case log, and customer notice of action shall be submitted to the KDADS OAA/SCA Program Manager.
H. The customer must show steps have been taken to correct the Level I or Level II offense through counseling, rehabilitation for the behavior, or other appropriate action before CM services may be re-instated.

3.1.12 Reasons for Discharge from Case Management Services

A. The following are reasons for service discharge and numbering correspond to data entry codes in state designated MIS. Reserved codes not available for use included: 1, 8, 12, 16, 22, 24, 26, 27, 28, and 30:

2. Death of Customer;
3. Customer moved out of planning service area, but remains in Kansas;
4. Customer moved to adult living facility with supportive services
5. Customer moved to nursing facility;
6. Customer chose to terminate services, including revoked their release of information or moving out of state;
7. Service is not available to meet customer service need, including critical services for customer’s health and welfare needs;
   a. Customer is determined to be no longer safe in his or her own home; (Note: Data entry code is 7 in State MIS; Notice of Action require designation of why service is not available.
   b. Customer condition deteriorated and service discontinued; (Note: Data entry code is 7 in State MIS; Notice of Action require designation of why service is not available.
9. Customer failure to pay his or her co-pay (SCA only)
11. Customer no longer meets AAA’s OAA or SCA functional criteria;
   a. Customer condition improved and service is discontinued (Note: Data entry code is 11 in State MIS; Notice of Action allows for discontinue of one service based on improvement and continuance of other services based on customer need and functional criteria).
13. Program or service ended or terminated due to funding change;
14. One time service delivered, such as assessment or installation, includes short term CM services available for one time services.
15. Service(s) discontinued/not available due to lack of service provider and/or staff.

20. Customer or family interfere with service delivery to the point that it interferes with the AAA’s/CME’s or provider’s ability to provide services;

21. Customer transferred to another funding source for the service;

23. Customer refused to sign or failed to abide by the POC or the customer service worksheet;

25. Customer whereabouts is unknown;

32. Customer, family member, or other person present in the household committed a Level I Safety Offense as specified in Section 3.1.11 and did not comply with the action plan to correct the problem; or

a. Customer, family member, or other person present in the household committed a Level II Safety Offense as specified in Section 3.1.11. (Note: Data entry code is 32 in State MIS; Notice of Action requirements require designation between Level 1 and Level 2 Safety Offenses)

b. The customer refuses to sign the “Customer Code of Conduct” (SS-043). (Note: Data entry code is 32 in State MIS; Notice of Action requires designation of case closure due to no Customer Code of Conduct.