Washington State Department of Social & Health Services
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DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: ENHANCED CASE MANAGEMENT PROGRAM POLICY 4.17

Authority: Title 71A RCW — *Developmental Disabilities*
RCW 71A.12.320 — *Risk of Abuse and Neglect—Process—Home Visits*

Reference: E2SSB 6564 (2016) — *Providing Protections for Persons with Developmental Disabilities*

BACKGROUND

During the 2016 legislative session, Senate Bill 6564, *Providing Protections for Persons with Developmental Disabilities*, was signed into law. The Legislature allocated funds to the State Operating Budget for the Developmental Disabilities Administration (DDA) to increase home visits for clients who may be at higher risk of abuse and neglect.

PURPOSE

This policy establishes DDA's criteria and operating procedures for the Enhanced Case Management Program (ECMP).

SCOPE

This policy applies to DDA Headquarters and Field Services staff.

DEFINITIONS

Ability to supervise caregiver refers to whether the client can instruct a provider how to meet their needs and whether the client can notify someone when their needs are not being met.

Adult Protective Services (APS) means the ALTSA Home and Community Services (HCS) Division office that conducts investigations of reported incidents of abuse and neglect that may offer protective services to the alleged adult victim.

CARE means the comprehensive assessment reporting evaluation tool under chapter 388-106 WAC.

CARE Assessment means an inventory and evaluation of a client's strengths and limitations based on an in-person interview in the client's home or place of residence, using the comprehensive assessment reporting evaluation (CARE) tool.

Caregiver means a contracted provider who provides services to DDA clients.

Child Protective Services (CPS) means those services provided by the Department of Social and Health Services that protects children from abuse and neglect, safeguards such children from future abuse and neglect, and investigates reports of child abuse and neglect.

Client means a person eligible for DDA services.

Collateral contact means a person or agency that is involved in the client's life, such as a legal guardian, family member, provider, or friend.

CRM means a DDA case resource manager, social worker, or social service specialist.

ECMP Committee means a committee of ECMP regional supervisors, ECMP coordinators, and headquarters program managers who review, prioritize, and process transfers on and off the program, based on policy criteria and program capacity.

SER means a service episode record in the case management system, Comprehensive Assessment Reporting and Evaluation (CARE).

POLICY

A. The CRM must:

1. Refer all clients who have an ECMP critical indicator referral in CARE to their supervisor and the regional ECMP coordinator for enrollment consideration; and

2. SER the results of the referral.

B. A client is eligible for the ECMP if the client lives with or is largely dependent on a paid caregiver in their home and:

1. The client's CARE assessment indicates all of the following:

a. The client has a limited ability to supervise their caregiver (CARE Cognitive Functioning screen);

b. The client has a limited ability to communicate their needs and few documented collateral contacts; and

c. The client lacks additional, independent, routine supports that would help the client supervise the care being provided in their home; or

2. Any of the following apply:

    a. The client is a minor living with a paid caregiver with a history of CPS involvement;

    b. The client is an adult with a screened-in referral to Adult Protective Services;

    c. DDA has concerns that the home environment or quality of care may jeopardize the client's health or safety; or

    d. The caregiver status is "very stressed" and the continuity of care is assessed as being a "serious risk of failure."

GENERAL CASE RESOURCE MANAGER PROCEDURES

A. The CRM must identify any clients they believe meet eligibility criteria for the ECMP. A case resource manager may refer a client to the enhanced case management program at any time.

B. The CRM must record supporting information in CARE and the DDA Assessment as follows:

1. Document in the Collateral Contacts screen if the client lives with a paid provider;

2. Document in the Cognitive Functioning screen if the client has a limited ability to supervise their caregiver;

3. Document whether the client has communication barriers or limited collateral contacts. Supporting information includes:

    a. The client's support needs related to Protective Supervision, Social Activities, and Protection and Advocacy;

    b. The client's Service Level Assessment responses regarding relationships, interests, and speech or hearing comprehension;

    c. The client's goals in the Person-Centered Service Plan; and

    d. Collateral contacts;

4. Document whether the client has a limited ability to supervise their caregiver. Supporting information includes:

    a. The availability of additional paid service providers or unpaid collateral contacts who might help supervise the caregiver in the client's home;

b. Whether or not DDA has consent to discuss the client's care needs with the person identified to supervise the caregiver in the client's home;

c. Whether or not the person identified to supervise the caregiver is able to visit the client's home at least monthly; or

d. Credible reports that raise concern about the character, competence, or suitability of the person supervising the caregiver in the client's home; and

5. If the client lives with a paid provider, the CRM must document any of the following:

a. The client is a minor with a history of CPS involvement;

b. The client has a history of screened-in referrals to APS; or

c. DDA has documented concerns that the home environment or quality of care may jeopardize the client's health or safety.

C. If a CRM identifies a client on their caseload that appears to meet eligibility criteria for the ECMP, the CRM must complete DSHS 11-121 form, *Enhanced Case Management Referral Consideration*, and email the referral form to their Supervisor and the Regional ECMP Coordinator.

D. The Supervisor and Regional ECMP Coordinator will discuss the case with the CRM, determine if the case meets ECMP eligibility, and inform the CRM of the decision.

E. The CRM must document in the Service Episode Record the results of the enrollment discussion and any necessary next steps.

F. For cases deemed appropriate by the region, the Regional ECMP Coordinator will complete a *Prior Approval for "Enhanced Case Management Program – Enrollment"* and submit the request to the ECMP Committee for approval.

G. The Regional ECMP Coordinator will inform the Supervisor and CRM of the committee's decision.

H. The Regional ECMP Coordinator will maintain a list of clients determined eligible, but who remain unenrolled due to program capacity.

I. The ECMP Committee conducts final reviews and processes transfers onto the program as referrals are received.

ECMP CASE RESOURCE MANAGER AND COORDINATOR PROCEDURES

A. The ECMP Coordinator must send DSHS 10-588, *ECMP Enrollment Letter*, to the newly enrolled client and legal representative.

B. The CRM must visit an ECMP client at least once every four months, including unannounced visits when appropriate.

1. Each of the required visits must not occur more than four months apart.
2. An unannounced visit may replace a scheduled visit.

C. If the CRM is unable to meet with the client for a scheduled visit, the CRM must schedule a follow-up visit. Reasons for a declined visit could include: the client, the client's family, or the individual provider are unavailable during scheduled time; or the CRM was unable to enter home.

1. If a client declines a visit, scheduled or unannounced, the case manager must document the reason for the declined visit in an SER in CARE.

2. The follow-up visit must occur no more than thirty days after the declined visit and may be unannounced.

3. If the case manager is unable to complete an in-home visit, they may contact local law enforcement, APS, or CPS to coordinate a wellness check.

4. As required under WAC 388-71-0540 (10), an individual provider must cooperate with monitoring visits.

D. To determine whether more frequent visits are necessary, the CRM may consider any of the following:

1. The client is the subject of a current APS or CPS investigation;

2. The client was recently referred for an APS or CPS investigation;

3. The CRM's documented concerns about the client's safety, home environment, physical appearance, exploitation, health, or the caregiver's ability to deliver quality services;

4. The CRM has learned of a destabilizing event involving the client, such as an arrest, hospitalization, or victimization;

5. The client or caregiver has not followed through with two or more scheduled visits; or

6. The CRM has attempted to schedule a visit, but neither the client nor the provider has responded via telephone or email.

E. For each home visit, a CRM must document in the ECMP node:

1. If a client refuses to allow a home visit and the client's reason for refusing the visit;

2. Specific concerns, any referrals made, and outcomes from previous referrals or assistance provided;

3. Observations, including data tracking regarding CRM level of concern related to:

a. Isolation;
b. Home environment; and
c. Quality of care;

4. Rapport with the client and caregivers, including whether or not the client is currently requesting services, and whether or not the caregiver is supportive of the client having additional services at this time; and

5. Specific issues, concerns, and referrals addressed during the visit.

F. In between visits, the CRM must enter into the ECMP node any milestones that occur, such as authorizing new services, waiver approvals, guardian appointments, etc.

G. Caseload Transfers Off of the ECMP

1. A client may transfer off of the ECMP if:

a. The client no longer meets eligibility criteria; or

b. After two in-home visits in an eight-month period, the case manager has indicated "no concern" or "slight concern" (as defined in the F1 screen) in the ECMP node in CARE regarding quality of care, the home environment, and isolation.

2. The CRM must discuss potential transfers off of the ECMP with the ECMP supervisor. The region reviews clients who may transfer off of the ECMP to ensure the:

a. Client no longer meets the ECMP eligibility; and

b. CRM has accurate information to submit a *Prior Approval for "Enhanced Case Management Program – Disenrollment"* or an *"Enhanced Case Management Program – Archive File."*

3. The ECMP Committee conducts final reviews and processes disenrollment off of the program. The CRM must send DSHS 10-597, *ECMP Disenrollment Letter* to the client and the client's legal representative.

COMPLAINTS AND GREIVANCES

If a case resource manager, supervisor, regional administrator or central office employee receives a complaint or grievance from a client, the employee must follow DDA 5.03, *Client Complaints*.

EXCEPTIONS

Any exception to this policy must have written prior approval from the Deputy Assistant Secretary or designee.

SUPERSESSION

DDA 4.17
Issued August 20, 2018

Approved: */s/: Debbie Roberts* Date: April 1, 2020
Deputy Assistant Secretary
Developmental Disabilities Administration