

Case Manager Introduction Training Manual

COLORADO LONG-TERM SERVICES AND SUPPORTS
(LTSS) ASSESSMENT TOOL



COLORADO

Department of Health Care
Policy & Financing

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Case Manager Introduction Module - Training

Purpose

The purpose of the Introduction and Decision Supports module is to provide the participant with information about his/her rights and responsibilities with regards to the Assessment and Support Plan; set expectations for completing the Assessment; and provide the participant with information about the Basic and Comprehensive Assessments so **the participant** can make an informed decision.

Overview of Contents

The Case Manager Introduction module contains two sections.

- 1. Discussion About the Assessment Process** – This section includes a brief introduction and explanation of the assessment process.
- 2. Assessment Pathway-** This section provides the participant with information about the Basic and Comprehensive Assessment allows him/her to make a decision about which Assessment he/she would like to receive.

General Instructions for Completing the Module

This module is intended to provide the participant with sufficient information to determine if the Basic or Comprehensive Assessment is more appropriate to meet his/her goals, preferences, and needs. The case manager should only present information; the case manager **should not** attempt to direct the participant to either Assessment.

While the Basic Assessment may be a quicker process, it may not explore all areas that the participant is interested in and help him understand how Medicaid waiver, State Plan, and other supports can assist him/her with meeting goals. It is important to provide all information to the participant and let him/her choose.

Section Instructions

This portion of the manual provides specific discussion and guidance for sections and items in the module.

Section 1: Introduction to the Assessment

This section includes information the assessor should review with the participant.

- For new participants, it is important for the assessor to cover all the information.
- For participants going through a reassessment, the assessor should offer to review any areas in which there are questions. The assessor may want to list the main areas and ask if the participant has any questions. For example: *Betty, do you have any questions or concerns about the time we've set aside to walk through your assessment today?* **Note:** During the initial implementation of the new Assessment tool, it will be important for the assessor to introduce the new Assessment. Participants going through a reassessment will be used to the previous ULTC-

100.2. The assessor will need to review changes between the new Assessment and the previous one. Some highlights to cover include:

- The new Assessment Tool covers additional areas, and these are designed to help in planning services.
- The new Assessment Tool may seem longer but it is actually eliminating some of the time spent later to ask more questions and reduces the number of times the participant must tell his/her story.
- The participant can choose to skip over many of the items if not interested.

Below is more detailed guidance about what to include in the Introduction:

The Assessor should review the following items with the participant. This review can occur in a variety of ways. For example, some individuals prefer to receive a written check list. Others may do better with an informal conversation. Check to provide assurance that the information has been offered.

When the participant is being reassessed, the assessor must review all the mandatory items with the participant and re-code each item as needed. Although there may not be any coding changes, it is important for the assessor to verify these items, as they are essential for re-determining eligibility and for the support planning process. The assessor may review voluntary items with the participant if the participant and/or assessor feels a change in coding may occur, however each voluntary item does not have to be re-coded. **Note:** *If changes with the participant have occurred in any of the areas, this is a good opportunity for the assessor to discuss the circumstances and determine what should occur after the reassessment.*

- Roles and Responsibilities (check to provide assurance that conversation occurred)
 - Participant (Parent/Guardian) Roles and Responsibilities-
 - Give accurate information to the case manager regarding the participant’s ability to complete activities of daily living.
 - Assist in promoting the participant’s independence.
 - Cooperate with the participant’s providers and case management agency.
 - Notify the case manager of changes in the participant’s support system, medical condition and living situation including any hospitalizations, emergency room admissions, nursing home placements, or Intermediate Care Facility for Individuals with Intellectual and Developmental Disabilities (ICF/IDD) placements.
 - Notify the case manager if the participant has not received Home and Community Based Services (HCBS) in accordance with the service plan.
 - Notify the case manager of any changes in care needs and/or problems with services.
 - Notify the case manager of any changes that may affect Medicaid eligibility.
 - Notify the case manager of any critical incidents that the participant may experience or witness.
 - Work with the case manager to ensure that responses and goals that are developed reflect the participant’s preferences and objectives.
 - **Child’s Roles and Responsibilities (age 8-18):**
 - Give accurate information to my case manager regarding my ability to complete activities of daily living.

- Assist in promoting my own independence.
- Tell my case manager my preferences and goals.
- Case Manager Roles and Responsibilities-
 - Coordinate needed services.
 - Communicate with service providers regarding service delivery and concerns.
 - Review and revise services, as necessary.
 - Notify clients regarding any change in services.
 - Notify clients when services are denied, suspended, terminated, or reduced.
 - Document, report, and resolve client complaints and concerns.
 - Report abuse, neglect, mistreatment, and exploitation to the appropriate authority.
 - Notify participant of roles and responsibilities regarding the reporting of critical incidents.
- Assessment length-
 - The Assessment may take 2-3 hours to complete. It may be shorter or longer depending on our conversation.
 - The questions can be completed now or at a follow-up meeting so you can take your time to ask questions of people you trust, or invite other people to participate in the decision-making process.
 - If at any point you would like to take a break or stop, please let me know. I am happy to come back at a different time to complete the Assessment if you cannot continue.
- If you have any questions about anything that I ask during this process, please let me know and I will do my best to clarify. If you have questions or want to provide additional information after the Assessment, you can contact me during my agency hours. I will provide you with my contact information.
- Are you comfortable, do you understand the objectives of the meeting, and do you have any questions before we begin?

There is a notes/comments, open text-box included at the end of this section to allow the assessor to describe any additional information.

Section 2: Assessment Pathway

This section is used to facilitate a conversation about the appropriate Assessment pathway for the participant. The case manager should provide unbiased, factual information about both the Basic and Comprehensive Assessment process. If the case manager is asked which Assessment he/she recommends, the case manager should explain that this decision is up to the participant and his/her legal representative and family.

The Participant Handbook provides preliminary information about the two Assessment processes, however these still may be difficult for the participant to conceptualize. Case managers should be prepared to answer any questions that the participant has about the process, including the topics covered within the Basic and Core Assessments, how they differ, what the outcome of each option will be, and when each is most appropriate.

The sample script below provides case managers with guidance about the conversation that should occur.

There are two types of assessments that you may choose from. I will provide you with information about both assessments, however you must make the choice about which will best allow you to meet your preferences, needs, and goals

Comprehensive Assessment- *The Comprehensive Assessment is an in-depth assessment of a variety of areas of your life that will help me better understand what your goals, preferences, and strengths are. It allows us to examine areas that are not usually covered in a traditional assessment, such as employment, volunteering, and training; your preferences for how services to support your activities of daily living (e.g., bathing, dressing, eating) should be performed; your interest in becoming a self-advocate; how to help your caregiver; and many more.*

Many of the items within the Comprehensive Assessment are voluntary. If you do not wish to complete a module, section, or specific item, tell me and I will let you know if it is mandatory so we can determine your eligibility for services or if it is voluntary and we can skip the item.

The Comprehensive Assessment will help us develop a comprehensive Support Plan that covers many of your personal goals in addition to goals related to health and safety. We may discuss areas that you were not aware could be supported by State or local funds.

The Comprehensive Assessment is recommended for people who are new to the Long Term Services and Supports (LTSS) system and those who have more complex medical, behavioral, or other needs that would benefit from a careful examination of all relevant support areas.

Basic Assessment- *The Basic Assessment will go over only the items that are mandatory for us to discuss to determine your eligibility for services and develop your Support Plan. While this is a shorter assessment, we will not discuss in-depth your preferences for how services are delivered or talk about other areas that LTSS supports are available beyond those areas that address your personal goals and health and safety needs.*

The Basic Assessment will still result in a comprehensive Support Plan, however it will be limited to the topics that we cover within the mandatory items and information you choose to share.

Participants who may be appropriate to forego the Comprehensive assessment include:

- *Participants who are currently receiving services and are **very** familiar with the spectrum of LTSS offered in Colorado.*
- *Participants who are only looking for specific services and are not interested in any additional supports.*

After having this discussion, use **Item 1** to document the participant's and legally recognized representative's preference for which Assessment should be used. If opinions differ, the Comprehensive Assessment should be conducted to ensure that all areas are discussed.

If the participant chooses the Comprehensive Assessment in **Item 1**, complete Item 2 and proceed to the Personal Story module and complete this module before completing any others. If the participant would like to complete the Basic Assessment, complete Item 2 and proceed to the Basic Assessment.

Item 2 is intended to provide a brief summary of the conversation that occurred around the Assessment pathways and ensure that the participant and legally recognized representative made the decision about which Assessment to conduct. Briefly describe the conversation that was had, for example "Read from the Sample Script" or ,if not reading from the script, what was discussed; questions the participant had; and the reason the participant chose the Assessment pathway.