

Eastern Nebraska Office on Aging

Care Management Plan of Operation

In accordance with Title 15 of the Nebraska Administrative Code (NAC) for Aging Services
Chapter 3 Care Management Units Section 004

Statement of Philosophy

The Eastern Nebraska Office on Aging (ENOA) Care Management (CM) Program provides a consistent structured process to assess clients' strengths and needs using a participant-centered approach for comprehensive and/or supportive care management services. The program believes the older adult population and their representatives within Cass, Dodge, Douglas, Sarpy, and Washington counties have the right to be informed consumers of services within the continuum of care accessible in their respective communities, as well as, informal supports that may be available. The program also believes an older client should have assistance available to navigate in and out of inter-related systems which offer services to enhance their independence, sense of well-being and quality of life to ensure their level of care best meets their assessed needs.

ENOA is committed to assisting clients in exercising their right to choose the least restrictive environment to safely meet their needs through coordinating efforts under the CHOICES Division. The Care Management Unit, through its CHOICES Division Director, aka CM Unit Supervisor, program coordinator and care managers, assist clients with long-term care services as specified in Title 15 NAC 3 and Nebraska Revised Statutes Section 81-2229 through 81-2236, R.R.S. 1943, including continuous assessment, long term care planning, referral for clients in need of long term care services, coordination and review of long term care plans, monitoring service delivery, and ongoing consultation. *(15 NAC 3-004; 15 NAC 3-004.01; 15 NAC 3-004.02 A-E.)*

Citizen Input

ENOA incorporates input from local citizens in the formulation and implementation of the Plan of Operation for Care Management services based on public feedback obtained during or through:

1. ENOA's Governing Board monthly meetings;
2. ENOA's Advisory Council quarterly meetings;
3. Q.A. responses
4. Public presentations;
5. Health Fairs;
6. Academic partnerships with local colleges;
7. Professional partners within the Aging and Geriatric fields and;
8. Community committees with care management representation.

It is standard practice that the ENOA Governing Board Members and Advisory Council approve this plan prior to submission for recertification.

ENOA's Care Management program works closely with the ENOA's Information and Assistance Program and ENOA's Public Information/New Horizons Division to ensure comprehensive coverage of the service area with accurate and current information in respect to care management services. *(15 NAC 3-004.03)*

Program Evaluation

ENOA's Care Management program uses performance standards according to ENOA's Care Management Policies and Procedures as measurement indicators to enhance the accountability of care managers, quality of service delivery, and the consistency of goals and objectives attainment as related to both, the client and program.

Measurement indicators and performance standards ensure a systematic method of evaluating Care Managers individually and collectively for the purpose of:

1. Maintaining quality standards for the aged population served; providing a balance of choice and safety;
2. Ensuring ENOA's Care Management Unit is an accountable entity among cohort agencies and the Nebraska Department Health and Human Services State Unit on Aging;
3. Assisting Care Managers on an individual level to expand their knowledge base in care management;
4. Teaching Care Managers time saving measures, consistency, individual professionalism, autonomy, accuracy and as needed, collaboration.

The Care Management Program Coordinator is responsible for completing quarterly quality assurance reviews using a multifaceted approach to quality assurance including random client file reviews and participant satisfaction surveys.

The ENOA Choices Division performance-based management philosophy is grounded on a strength-based approach and the Division's quality assurance process is reflective of this approach as well. Our process is not designed to identify weaknesses as this type of approach is detrimental to staff morale, however, it does emphasize a staff development approach to quality performance. Typical results of quality assurance reviews focus on strengths and areas for improvement based on factual findings. The majority of findings fall into the following categories:

1. Commendations – Acknowledgement for demonstrating quality workmanship based on caseload, consistency in exhibiting quality practices, Division Performance Standards and the use of Best Practices.
2. Recommendations – Provide information regarding areas that have the potential for improvement but do not result in a quality assurance finding.
3. Staff Discovery – A finding occurs after staff initiated appropriate resolution which results in no needed follow-up.
4. Staff Oversight – Staff is requested to make simple corrections such as date error or update living status.
5. Training Issue Identification – Similar findings occur with various staff indicating a Division training need.

6. Individual Staff Development – Similar findings occur within various files of an identified staff. The identified staff is responsible for developing short-term goals that will ensure his/her ability to meet Division Performance Standards and/or ensure compliance with identified policies and procedures.
7. Personnel Issues – Findings or trends that may result in disciplinary actions are handled by the Division Director. *(15 NAC 3-004.04)*

Assurance of Separate Operation

The ENOA Care Management Program operates under the Choices Division with well-established boundaries separate from other Direct Care Programs of ENOA and/or authorized direct care providers. This program is a separate and recognized neutral component within the planning and service plan area to provide participants with the freedom to choose direct care providers without bias. The Care Management program maintains fiscal accountability through a separate program budget that is prepared, approved and executed annually. All expenses and revenues are accounted for in this budget; with revenues used to defray operational costs and the delivery of care management through the Care Management program. *(15 NAC 3-004.05)*

Interdisciplinary Approach

ENOA believes utilizing an interdisciplinary approach in care management has a specific impact on achieving positive outcomes for the clients served by the Care Management program. The process begins with the completion of the comprehensive Long-Term Care Assessment. This assessment helps identify other professional and informal representatives that are currently involved with the client or candidates so that ENOA can solicit involvement from that party, with the client's permission, to better meet the client's identified needs. (Please Note: Care Managers are mandatory reporters in accordance with the Nebraska Revised Statutes and *473 NAC 7-001.02* which can be in lieu of the client's consent.) The Care Manager begins coordinating and opening the lines of communication, utilizing the interdisciplinary approach in comprehensive care management cases, to develop a holistic care plan for clients according to the client's assessed level of need. The Care Manager continues to serve as the communication hub through monitoring activities and can facilitate formal team meetings, as well as, participating in other team meetings such as a geriatric assessment findings/recommendations conference. *(15 NAC 3-004.06)*

Service Priority Determination

ENOA has designated staff responsible for receiving and triaging referrals for assignment to care managers. Referrals received from Adult Protective Services, and Healthcare providers are given urgent priority and are responded to within 2 business days regardless of funding. In the event funds are insufficient to meet

the number of referrals for care management services the priority will be based on the client's potential needs vs. date of referral or income as follows:

1. Clients at risk for immediate nursing home placement;
2. Referrals from physicians, hospital discharge planners, home health care agencies, or the Department of Health and Human Services;
3. Referrals indicating family/caregivers are in crisis/high stress situations;
4. Clients with no known informal support networks to meet needs;
5. Clients with no telephone and/or suspected utility shut offs;
6. Clients with suspected cognitive issues placing the client at risk of harm or negative consequences;
7. Clients taking 10 or more medications or those with vision impairments or sliding scale insulin;
8. Clients over the age of 85 or who may be able to leave nursing home and return to a more independent living environment;
9. Client lacks support services and/or resources which could become detrimental to the client's health and/or welfare in the future. (15 NAC 3-004.07)

Grievance Procedure

ENOA strives to generate satisfied consumers and foster positive public relations. However, due to the complexity of the Care Management program and the need to be fiscally responsible and accountable with government funding, disagreements or other concerns may arise. A copy of ENOA's "Complaint/Grievance Policy for Care Management" is attached to this document see **Appendix I** for the complete policy. (15 NAC 3-004.08)

Please Note: This policy does not address incidents related to allegations of suspected vulnerable adult abuse and/or neglect including financial exploitation. These issues are immediately directed to Adult Protective Services (APS) as ENOA staff is held accountable to the Department of Health and Human Services (DHHS) mandatory reporting policies. (473 NAC 7-001.02)

Annual Budget

Please see ENOA's Area Plan for complete information. (15 NAC 3-004.09)

Recording of Services

ENOA is using PeerPlace to document casework time units and Care Management Unit services provided to each client. Service delivery amounts are calculated to the nearest quarter hour. (15 NAC 3-004.10)

Operations Procedures-Personnel Policies

ENOA is part of the regional administration known as the Eastern Nebraska Regional Agency on Human Services which is responsible for and oversees the implementation of personnel policies and procedures. (15 NAC 3-004.11) ENOA's Care Management Unit has provided the Personnel Department with detailed job descriptions and the applicable policies to ensure compliance with the minimum standards. Please refer to **Appendix II** for the applicable personnel policies and procedures. (15 NAC 3-004.11A)

ENOA's Organizational Chart has been attached to this document as **Appendix III**, as well as, the Care Management program under the "Choices Division". (15 NAC 3-004.11Aii)

The delivery of quality care management services for the five counties served by ENOA are the exclusive responsibility of the Choices Division Director (aka Care Management Unit Supervisor) assigned to ensure the integrity of the Care Management Program. The Choices Division Director is responsible for implementing the Plan of Operations and is accountable for ensuring comprehensive training and supervision of Care Managers. (15 NAC 3-004.11Aiii)

Designation of Supervisor - Qualifications

Each Care Manager must provide documentation of possessing minimum qualifications including: (15 NAC 3-004.11B-C)

1. A current Nebraska license as a registered nurse, or baccalaureate or graduate degree in the human services field, or certification as a social worker or master social worker under the Mental Health Practice Act; and
2. At least an equivalency of two years of related, professional experience; paid or unpaid; (employment; college internships; volunteering at philanthropic, community and social organizations) in long-term care, gerontology, or community health. Candidates will receive credit for all qualified experience; and

In addition to the above qualifications the Choices Division Director shall have at least two years of related, professional supervisory or management experience.

This qualification also applies to any Care Manager with delegated responsibility for supervision of care management services or staff.

Organization

Please refer to **Appendix III** for information related to ENOA's Organizational Structure. (15 NAC 3-004.11D)

ENOA does not use independent contractors to provide care management services. (15 NAC 3-004.11Diii)

The Choices Division Director, in cooperation with the ENOA Fiscal Officer, will maintain accounting records as necessary for presentation of financial statements in accordance with generally accepted accounting principles. The Care Management Unit will obtain and file with the State Unit on Aging an annual audit report by September 30th of each year. The annual audit report will be in compliance with the Office of Management and Budget (OMB) Code of Federal Regulations (CFR) 200 Part F. The audit will be conducted in accordance with generally accepted auditing standards resulting in an opinion of the financial statements. (15 NAC 3-004iv-v)

Client's Rights

Each staff member within the Care Management Unit recognizes and advocates for clients' rights to be acknowledged, preserved and in some cases restored. Care Management recognizes the client has the right to be:

1. Treated with dignity and respect;
2. Valued as decision makers and to accept or reject care management services in addition to choosing available services along with selecting providers of those service-es;
3. Active participants in the development of and the ability to approve or disapprove his/her personalized Long-Term Care Plan;
4. A recipient of care management services regardless of race, color, sex, national origin, religion or disability;
5. An informed participant to include being provided:
 - a. The name of the care manager assigned to his/her case;
 - b. A description of available care management services, fees/contributions, and billing mechanisms;
 - c. Information regarding accessibility of his/her care management service file;
 - d. Rights to confidentiality and client information protected under HIPAA.
6. Informed of ENOA's Care Management complaints and grievances policy and procedures;

7. Aware a complaint can be registered and/or a grievance can be filed without discrimination or reprisal from the Care Management Unit.
(15 NAC 3-004.F)

Confidentiality

ENOA's "Care Management Training Manual" provides written policies and procedures which govern confidentiality of case records and information. At the time of assessment, the consent form includes the client's authorization to release information to appropriate agencies for the purpose of obtaining needed benefits and services. This release also authorizes Care Managers to obtain and exchange health, financial, and social information related to service provision or needed services for the client.

As a covered entity under HIPAA, reasonable efforts are utilized to limit access of protected health information to the minimum necessary standard to accomplish an intended purpose according to the Office for Civil Rights HIPAA Privacy "Uses and Disclosures for Treatment, Payment and Health Care Operations". Health Care Operations as defined by the Privacy Rule 45 CFR 164.501 include: "Conducting quality assessment and improvement activities, population-based activities relating to improving health or reducing health care cost, and case management and care coordination." This dictates the parameters of disclosure by which Care Managers can participate in Long-Term Care Plan conferences and consultation involving outside agencies or professionals.

Release forms and/or other documents legally approving the release of information are properly stored in the respective client's file under Section 9 "Legal/Release of Information".

Care Management client records not in use, are stored properly in file cabinets. Compliance issues regarding security for client files in the main office at 4780 South 131st St., Omaha, Nebraska are met by security entrances into the building. Care Managers are responsible for maintaining the confidentiality of records and client information when in use and ensure security of computerized data according to the "Care Management Training Manual". See **Appendix IV**. (15 NAC 3-004.F)

Client Files

Once a client is found to be eligible for and elects to receive care management services a client file is established. Every client will have an individual file, even if, more than one individual in a household is receiving care management services such as husband/wife or parent/adult child. Each client file will include documents according to the "Care Management File Order" see **Appendix V**.
(15 NAC 3-004.12)

All Care Management files are available for inspection and review by the State Unit on Aging or other designated representative of the Department. (15 NAC 3-004.12A)

Training

New Care Managers complete the orientation phase of training at a pace he/she are comfortable, but a minimum of two weeks is allowed before a referral would be assigned to new staff. Once orientation is completed, the new Care Manager continues ongoing training and monitoring to ensure he/she has the needed information and support to succeed with continuous review of client file documentation and care management monthly billing throughout ENOA's probationary period of six-months. The Choices Division Director meets with the new Care Manager as he/she approaches the completion of the probationary period to review strengths and areas for continued professional growth development. At the conclusion of this meeting it is determined what, if any, additional oversight is needed to ensure performance standards are met. (15 NAC 3-004.13A)

The Choices Division Director will attend training provided by the Department of Health and Human Services State Unit on Aging for Care Management. (15 NAC 3-00413B)

The Choices Division Director ensures ongoing training opportunities and in-services for Care Managers to review the policies and procedures of Care Management and enhance techniques, methods, and research on Care Management. Each January a written schedule of monthly staff meetings dates and times are provided to Care Managers. The monthly staff meetings include periodic in-services trainings and incorporates information on resources and aging trends. The Care Management monthly staff meeting are held on the last working day of the month, excluding November and December. In addition to Care Management monthly staff meetings, ENOA conducts all staff meetings every second Wednesday of the month excluding December. The all-agency staff meetings provide in-service training and 1 CEU, if applicable. (15 NAC 3-004.13C)

Standardized Long-Term Care Assessment

The ENOA Choices Division Director ensures all Care Managers are trained to conduct ongoing comprehensive assessments and document complete information utilizing the standardized Long-Term Care Assessment in its entirety as issued by the Department of Health and Human Services State Unit on Aging. The Division Director ensures the integrity of the form is maintained when computerized user-friendly forms have been developed. The Care Managers utilize PeerPlace to record the standardized Long-Term Care Assessment. (15 NAC 3-004.14A, B)

Long-Term Care Plan

Care Managers utilize a client-driven approach in the development of the Long-Term Care Plan which focuses on empowering the client and/or the client's designee to be an active participant. The plan is developed based on the results of the client's Long-Term Care Assessment according to the Care Plan sections which include:

- Health Status
- Nutrition/Other
- Environmental
- Financial/Legal
- ADL's
- IADL's. (See **Appendix VI**)

Care Managers will collaborate with existing professionals/agencies working with the client and will explore informal supports such as family, neighbors, or church before turning to formal resources when addressing the client's assessed needs. The Care Manager will encourage the client to exercise the client's right to choose a qualified service provider available to meet the identified needs in a cost-effective manner that achieve a level of care that best matches the client's level of need. While the finalized written Care Plan may not be completed during the initial home visit, the components of the final draft must be verbally agreeable with the client and/or the client's designee. The written Care Plan will designate "Interventions", which may include services, as follows:

- "P" = Pending, including services not available
- "A" = Accepted
- "R" = Rejected
- "N/A" = not applicable

(15 NAC 3-004.15A, B)

Please see **Appendix VI** for Long Term Care Plan and Delivery & Monitoring policies. *(15 NAC 3-004.15 C)* ENOA understands the importance for ongoing assessment and planning to ensure client's needs are met on an ongoing basis. Care Plans are reviewed and updated at least every 6 months unless the Care Manager is made aware of a change in the client's condition at which time the client would be reassessed and the Care Plan would be updated, if appropriate. *(15 NAC 3-004.15Cvii)* ENOA Care Managers utilize Peer Place to document the written Long Term Care Plan for each client.

Monitoring

Following the initial assessment and care plan development, home visits are made every 6 months; or more frequent as determined by the Care Manager and/or dictated by client need or change in condition. During these home visits, the Care Manager will review the Long-Term Care Plan with the client to ensure the plan:

1. Continues to meet the client's needs;
2. Mutually develop additional interventions through on-going consultation, if needed;
3. Monitor the client's satisfaction with service providers, as well as other formal and informal supports;
4. Maintains communication for successful integration of necessary professional disciplines to best meet the client's needs.

Care Managers will also monitor client satisfaction with services delivery, effectiveness of care plans and provide on-going consultation through regularly scheduled telephone contacts as needed and will document as appropriate either on the client's care plan or in the client narrative. *(15 NAC 3-004.1D, E, F, Fi, Fii)*

Accessibility of Services

ENOA's Care Management Unit has access to comprehensive directories of available public and private resources that documents Continuum of Care services, including both formal and informal community-based services and institutions for use in referral activities of the Care Management program. These directories are accessible electronically through the ENOA shared drive and the Network of Care. *(15 NAC 3-004.16)*

Uniform Data Collection

ENOA utilizes PeerPlace to record data on each Care Management client including all data from the Nebraska Long Term Care Assessment and Long-Term Care Plan. ENOA uses this system to record financial data to calculate reimbursement for casework time units as provided in Section 8 of the Department Health and Human Service rules and regulations and the Act. PeerPlace is also used for verification for quarterly and annual reports, as well as, additional reports needed to enhance ENOA's Care Management Unit. *(15 NAC 3-004.17, 17A)*

Periodic Review

ENOA understands that the State Unit on Aging shall conduct periodic reviews of each Care Management Unit to ensure compliancy with rules and regulations and during these reviews will have access to any requested files and/or records. *(15 NAC 3-004.18, 18A)*

Amendment of the Plan of Operation

ENOA understands it cannot change its Plan of Operation or its practice under such plan unless the proposed amendment has been submitted to and approved by the Department. *(15 NAC 3-004.19)*

Duration of Certification

ENOA understands that the approval of a Plan of Operation and Certification of Care Management Unit is valid for four years from the date granted unless revoked by the State Unit on Aging at an earlier date. Please note that ENOA understand this certification period is designated for July 1, 2021 and ending on June 30, 2023 according to SUA-21-PI-10. *(15 NAC 3-004.20)*