



PROGRAM INSTRUCTION

SUA-21-PI-10

January 6, 2021

TO: Area Agency on Aging Directors
Care Management Unit Supervisors

FROM: Cynthia Brammeier, Administrator, State Unit on Aging

BY: Ben Stromberg, Program Manager, State Unit on Aging

SUBJECT: Care Management Unit Recertification

CONTENT: Certification for all Care Management Units expires on June 30, 2021. This Program Instruction describes the process to be used by Care Management Units to become recertified for the period beginning July 1, 2021 and ending June 30, 2023.

Each application for recertification will be reviewed by the Department. The review will be on the basis of the results of an on-site inspection including but not limited to a review of files and records and visits with clients and cooperating agencies. The review is to determine compliance with the rules and regulations and the Plan of Operation.

Notice of approval or denial of recertification will be issued by the Department prior to June 30, 2021.

The recertification application must be submitted on the attached form entitled "Application for Recertification of a Care Management Unit." The application form requests the name and address of the applicant, the name of a contact person, and a certification of intent to seek recertification approved by the governing unit of an applicant which is incorporated or the authorized agent of a sole proprietorship or a partnership.

Please submit your current Care Management Unit Plan of Operations and the enclosed application for approval, noting any changes or revisions along with explanation supporting the reasons for any proposed change. The attached checklist represents, in part, the required content for a Care Management Plan of Operation as defined in 15 NAC 3. It is recommended that 15 NAC 3 be reviewed during the application for recertification.

The Application for Recertification is due no later than March 31, 2021. Failure to file for recertification will cause Certification to expire at the end of the two-year Certification period.

If you have any questions regarding this year's recertification process, please contact Ben Stromberg at 402-471-4555, or ben.stromberg@nebraska.gov.

This guidance document is advisory in nature but is binding on an agency until amended by such agency. A guidance document does not include internal procedural documents that only affect the internal operations of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Administrative Procedure Act. If you believe that this guidance document imposes additional requirements or penalties on regulated parties, you may request a review of the document.

CARE MANAGEMENT PLAN OF OPERATION PARTIAL CHECKLIST

1. A statement of the philosophy, goals and objectives of the Care Management Unit.
 - a. The approach to be used by the Unit
 - i. involving all support systems of a client, including family members, neighbors, or friends;
 - ii. utilizing all available care resources including community-based services and institutionalization;
 - iii. coordinating the delivery of a continuum of services; and
 - iv. assuring that persons are receiving, when reasonably possible, the level of care that best matches their level of need.
2. A statement of the procedures to receive input from local citizens in the formulation and implementation of the Plan of Operation, and the procedures to be used to inform eligible individuals on a regular schedule and in a comprehensive manner about Care Management Unit services.
3. A statement of methods to evaluate the attainment of program goals and objectives for the Care Management Unit, and how the evaluation findings will be documented and resolved.
4. A written representation that the Care Management Unit shall be operated separately from Direct Care Programs of an Area Agency on Aging.
5. An outline of procedures for utilizing an interdisciplinary approach to care management.
6. A statement of criteria to be used to determine the priority of service to eligible clients in the event funds are insufficient to meet all the client needs of a Care Management Unit.
7. A statement detailing the grievance procedure available to clients of the Care Management Unit and the process to be used to resolve client complaints.
8. An annual budget of income and expenses for the Care Management Unit which coincides with the State fiscal year and shall include units of services to be provided, and details of costs of a casework time unit.
 - a. Please include the procedure for recording actual casework time units and Care Management Unit services that are provided to each client.
9. Written policies and procedures for the administrative and programmatic operation of the Care Management Unit:
 - a. A job description for each position as well as written personnel policies and procedures for hiring and selection, compensation, evaluation, disciplinary action and grievance, and supervision and training of employees, contractors, volunteers, students and/or interns.
 - b. Designation of a Care Management Unit Supervisor responsible to implement the Plan of Operation and to supervise the activities of the staff and contractors.
 - c. Provide information about the organization of the Care Management Unit.
 - d. Written policies and procedure on client rights, which are given to the client prior to the assessment.
 - e. Written policies and procedures which govern confidentiality of case records and information including the following.
10. Policies and procedures for establishment of client files and records which shall include all documents relating to the client.

11. A training plan.
12. Provide for the use of the standardized long-term care assessment document issued by the Department.
13. Written policies and procedures concerning Long-Term Care Plan development.
 - a. Written policies and procedures which detail the Care Management Unit's system for periodic monitoring of the delivery of services to the client. The purpose of which is to reasonably insure the continued appropriateness and effectiveness of the services being delivered as outlined in the Long-Term Care Plan.
14. Provide for development of a comprehensive directory 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 Unit.
15. Provide for use of a data entry system identified by the State Unit on Aging, currently the Nebraska Aging Management Information System (NAMIS).
16. Understanding that the Department shall conduct periodic review of each Care Management Unit for the purpose of evaluation the Unit's compliance with the Act and State rules and regulations.
17. Understanding that the Unit shall not change its Plan of Operation or its practice under such plan unless the proposed amendment has been submitted to and approved by the Department.



NEBRASKA STATE UNIT ON AGING

APPLICATION

FOR RECERTIFICATION OF A CARE MANAGEMENT UNIT

Applicant Name:

Street Address:

City/State/Zip:

Contact Person (Include Address and Telephone if different from above):

DIRECTIONS FOR APPLICATION FOR RECERTIFICATION

- 1) Complete this form, attach necessary information, and submit no later than March 31, 2021 to:
DHHS.Aging@nebraska.gov
- 2) A. If the Provider is a corporation, attach a resolution that has been adopted by the Governing Unit of the Care management Unit's Provider Organization approving Application for Recertification; and

Provide for the signature of the chairperson of the Governing Unit to the statement below:

I, **(Name of Chairperson)**, chairperson of the **(Name of Agency)**, certify that the Governing Board has authorized application for recertification of the Care Management Unit with Planning and Service Area (**PSA Letter**).

Date: _____ Signature: _____
Title: _____

B. If the Provider of a Care Management Unit is a sole proprietorship or partnership. Provide for the signature of the duly authorized person to the statement below:

I, **(Name and Title)**, of **(Name of Agency)**, certify that I am the authorized agent of the above organization and am authorized to apply for recertification of the Care Management Unit within Planning and Service Area (**PSA Letter**).

Date: _____ Signature: _____
Title: _____

- 3) Attach to this application form your current Care Management Unit Plan of Operations as well an attachment indicating any change proposed to the Care Management Unit's current certified Plan of Operation which is to be effective with Recertification, along with explanation supporting the reasons for any proposed change.