CABINET FOR HEALTH AND FAMILY SERVICES	Subject: Participant Directed Services SOP Title: Case Manager Monthly Visit Requirements PDS-SOP-6.28
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PURPOSE

The case manager monthly visit requirements standard operating procedures (SOP) outlines the person-centered planning oversight and monitoring that the case manager must conduct on a monthly basis with the participant. The goal of this section is to detail how case managers conduct person-centered monthly visit requirements with participants in accordance with the applicable regulations.

POLICY

Case Manager Monthly Visit Requirements

1. The case manager is responsible for the coordination and ongoing monitoring including non waiver services of the participant's waiver services included in the Person-Centered Service Plan (PCSP) as well as monitoring effectiveness of the participant's PDS Emergency Back-Up Plan.
2. The case manager shall conduct a visit with the participant at least every month for the Acquired Brain Injury-Long Term Care (ABI-LTC) waiver, Home and Community Based (HCB,) waiver, Michelle P (MP) waiver, and Supports for Community Living (SCL) waiver and twice per month for the Acquired Brain Injury (ABI) waiver.
    a. The monthly visit must include the participant.
    b. The participant's legal guardian, authorized representative, and PDS representative, when applicable must be afforded the opportunity to be present and/or provide input to the monthly visit.
    c. If the participant has a PDS representative, the PDS representative must be present every three months.
    d. The visit must include the participant and may include input from others, such as the legal guardian, authorized representative, PDS representative, when applicable, and other natural supports. Other than those required to be present, the participant may choose whomever they want to be present at the visit.
3. The monthly visit may be a telehealth visit using a HIPAA compliant platform. When the virtual visit option is elected by the participant, the election must be documented on the Person-Centered Service Plan (PCSP) or in a separate document uploaded to the Medicaid Waiver Management Application (MWMA). An in-person visit must still occur every other month. A telehealth visit must meet the following criteria:
    a. Be the participant's choice and documented in the visit case note;
    b. Allow for the participant to participate i.e. if the participant is nonverbal, the virtual visit must be such that the case manager can visually verify the participant's health, safety, and welfare;
    c. Be person-centered, meaningful and advance the participant's established goals;
    d. Utilize a HIPAA compliant platform;
    e. Allow participant the option to change back to in-person face-to-face visits; and

a. Be documented as a virtual contact in the MWMA.

4. The monthly visit must be conducted in a location outlined in the administrative regulation for the appropriate waiver program as outlined below:
    a. **ABI** – Two (2) monthly visits with participant at a covered site* with at least one quarterly visit in the participant's residence. For participants receiving supervised residential care, at least one of the two monthly visits must occur at the participant's supervised residential care provider site.
    b. **ABI-LTC** – One (1) monthly visit with participant at a covered site*, with at least one quarterly visit must in the participant's residence.
    c. **SCL** – One (1) monthly visit with the participant at a location where the participant is engaged in services. For participant's receiving a residential service, at least one quarterly visit must occur in the participant's residence.
    d. **HCB** –One (1) monthly visit with participant, with at least one visit at the participant's residence every three (3) months.
    e. **MP** –One (1) monthly visit with participant at a covered site* with at least one quarterly visit in the participant's residence.
5. A covered site is a location where waiver services are being delivered by a waiver provider.

Expectations of Case Manager During Monthly Visits

1. The case manager must take steps during the visit to ensure the conversation with the participant is conducted in a way that is accessible. This may include, but is not limited to, arranging for an interpreter, sign language or a communication device.
2. During the monthly visit the case manager is expected to gather information on the following:
    a. Checking participant health, safety, and welfare, and providing risk mitigation if needed;
    b. Corroborating with participant and PDS representative, if applicable, that services are being received as reported;
    c. Reviewing participant satisfaction with services and service delivery method via the PCSP.
    d. Monitoring for any changes in the PDS participant's needs;
    e. Discussing with participant or PDS representative, if applicable, progress towards PCSP goals, including any changes in goals or objectives;
    f. Reviewing utilization and cost of utilization;
    g. Providing regular contact between the PDS participant and the PDS representative, if applicable, and the case manager to address any issues or concerns such as:
        i. Implementation and compliance of any Corrective Action Plans (CAP).
        ii. Follow-up regarding any recent Incident Reports.
    h. Reviewing EVV reports provided by the FMA to identify and discuss any PDS employee service delivery issues with the participant or PDS representative, if applicable;

   i. Reviewing access to any additional community-based supports, including non-Medicaid funded services; and
   j. Completing incident report (refer to PDS-SOP 6.26).

1. During any in-person visit the case manager shall document the following:
   a. Name and relationship of all persons present and present in the residence if the visit occurs at the residence;
   b. Appearance and health of participant;
   c. Condition of living spaces; and
   d. Whether a paid PDS employee is present and working.
2. The visit shall be documented in a case note and include, at a minimum, the following:
   a. Documentation that the participant's service authorization was reviewed and discussed;
      i. Ensure there is no duplication or overlap of services.
   b. Documentation that health and safety issues were discussed;
   c. Documentation of participant's general wellbeing;
   d. Documentation that progress toward Person-Centered Service Plan goals and outcomes were identified;
   e. Case Manager's signature and date (month/day/year) located on the monthly summary note; and
3. The case note must be either entered directly into MWMA or uploaded in the case note section of MWMA. within ten (10) calendar days of the face-to-face visit.
4. Hospitalizations should be documented and uploaded in case notes including admission date, discharge date, and reason for hospitalization.
   a. Confirm that an incident report has been filed and if one has not been entered, enter an incident report in MWMA.
   b. If waiver services are not received longer than 60 days, the case manager should complete the "inability to access services" tab in MWMA.