

VIII.7.2 State SLS Case Management and Waitlist

Policy

All individuals interested in participating in the State SLS program will have a Case Manager working with them. As a CCB, MVDS shall ensure that all Case Management services and supports are conducted according to statutory, regulatory, contractual, and procedural requirements. Such oversight will support the successful adherence to quality case management standards, the fidelity of service delivery, and satisfaction of individuals enrolled. MVDS will comply with requests for information, documentation and action from HCPF within the timeframe, format and modality required. MVDS will manage State SLS funds to support the contractual minimum number of participants and will strive to meet the needs of additional participants when possible.

Case Management

1. It is the role of MVDS Case Managers to assist and support individuals who are interested in utilizing the State SLS program. As such, Case Managers shall:
 - a) Develop, coordinate, authorize, and monitor services based on the State SLS ISP;
 - b) Verify State SLS funds are available prior to completing the planning process;
 - c) Complete face to face or telephone contact once per month with the participant, based on his/her preference;
 - d) Assist participants in gaining access to other resources as requested or needed;
 - e) Obtain the participant's or guardian's agreement prior to deciding to modify, reduce, or deny services or supports available within the State SLS program.
2. The State SLS ISP will be developed & reviewed through an in-person fact to face meeting (unless otherwise directed by HCPF due to potential safety risks) including the participant and the Case Manager. The participant can invite additional attendees, or authorize the Case Manager to invite others.
3. When developing the State SLS ISP, the Case Manger will ensure the following required information is included:
 - a) Attempts to utilize all other public benefits and available and accessible community resources prior to using State SLS funds;
 - b) Documentation demonstrating if other public or community resources have been utilized and why State SLS funds are being utilized instead of or in combination with other resources;
 - c) Supports and services authorized, the participants' identified needs and how the supports and services will address the needs;
 - d) The scope, frequency, and duration of each service;
 - e) The total cost of the supports being authorized;
 - f) Information to support authorization of services under "Supports for Temporary Hardships", including: description of the hardship; the reason for the hardship; the length of time the support will be authorized, including the start of the hardship onset and date it is expected to end; the total amount needed to support the individual and what other community resources are contributing; a plan to reasonably ensure the hardship is temporary; a plan to reasonably ensure that dependence on the State SLS funds will be temporary; the dates of when the longer-term solution will be in place and when the temporary hardship is expected to end; documentation demonstrating how

the participant will gain more independence or maintain their independence within the community by using State SLSL funds.

- g) Additional information about the total amount of funding needed to support the individual and what other community resources are contributing when the Case Manager authorizes funds for the purpose of “Supporting Independence in the Community”
 - h) Additional information for the purchase of “On-going “ State SLS supports including documentation of why the participant is not eligible for or enrolled in a HCBS Medicaid waiver or documentation showing which HCBS waiver the participant is enrolled in; and documentation demonstrating how authorized services are not duplicative or comparable to other the participant is eligible for or has access to.
4. When developing the State SLS ISP, the Case Manger will ensure the following required procedures are included:
- a) The ISP is signed and authorized by the MVDS Case Manager and the participant, or his/her guardian;
 - b) The ISP is effective for no longer than one year and is reviewed and updated by the MVDS Case Manger at least every 6 months;
 - c) When additional supports are requested by the participant or changes are needed to the ISP, the plan will be reviewed and updated by the Case Manager prior to any changes in authorized services and supports.
 - d) Any changes to the provision of services and supports identified in the ISP are subject to available funds with MVDS’ service area;
 - e) Any decision to modify, reduce, or deny services and supports identified in the ISP without the participants consent is subject to MVDS’s Dispute Resolution policy.

Waitlist

5. When sufficient state funding is unavailable for services and supports, MVDS will uniformly administer a waitlist for individuals eligible for the State SLS program.
- a) Eligible individuals living in the MVDS Catchment area will be placed on the waitlist, using the date in which the individual is determined eligible for the State SLS program through the DD Determination process and the identification of need;
 - b) Waitlisted individuals will be considered for funding based on their order of placement on the waitlist;
 - c) Waitlisted individuals with no other State or Medicaid funded services or supports will be given priority for enrollment including those who lost prior Medicaid eligibility or waiver services;
6. Emergency exceptions to the above waitlist procedures are situations in which the health safety, and welfare of the person or others is greatly endangered, and the emergency cannot be resolved in another way. Emergencies are defined as:
- a) Homelessness: the individual will imminently lose their housing as evidenced by an eviction notice; or whose primary residence during the night is a public or private facility that provides temporary living accommodations; or any other unstable or non-

- permanent situation; or is discharging from prison or jail; or is in the hospital and does not have a stable housing situation to go upon discharge;
- b) Abusive or Neglectful Situation: the individual is experiencing ongoing physical, sexual, or emotional abuse or neglect in his/her present living situation and his/her health, safety or well-being are in serious jeopardy;
 - c) Danger to Others: the individual' behavior or psychiatric condition is such that other In the home are at risk of being hurt by him/her. Sufficient supervision cannot be provided by the current caretaker to ensure the safety of persons in the community;
 - d) Danger to Self: an individual's medical, psychiatric or behavioral challenges are such that he/she is seriously injuring/harming himself/herself or is in imminent danger of doing so.
 - e) Loss of Incapacitation of Primary Caregiver: an individual's primary caregiver is no longer in the individual's primary residence to provide care; or the primary caregiver is experiencing a chronic, long-term, or life threatening physical or psychiatric condition that significantly limits the ability to provide care; or the primary caregiver is age 65 years or older and continuing to provide care poses an imminent risk to the health and welfare of the individual or primary caregiver; or, regardless of age and based on the recommendation of a professional, the primary caregiver cannot provide sufficient supervision to ensure the individual's health and welfare.
7. Documentation demonstrating how the individual meets the emergency criteria will be kept on file at MVDS.
 8. The Case Manager may need to act quickly to secure safety or stability for the individual in the event there are no identified service providers or other natural supports able to assist.