

CHAPTER 21  
CASE MANAGEMENT PROGRAM FOR FRAIL ELDER

[Prior to 1/27/10, see Elder Affairs Department[321] Ch 21]

**17—21.1(231) Authority.** This chapter implements the case management program for frail elders (CMPFE) as provided in Iowa Code section 231.23A.

[ARC 8489B, IAB 1/27/10, effective 1/7/10]

**17—21.2(231) Purpose.** This chapter sets out consumer eligibility, covered services, program administration and program standards to assist consumers in making appropriate use of the long-term care continuum which ranges from care in the home to institutionalization.

[ARC 8489B, IAB 1/27/10, effective 1/7/10]

**17—21.3(231) Definitions.** Words and phrases used in this chapter are as defined in 17 IAC 1 unless the context indicates otherwise. The following definition also applies to this chapter:

“*Case management program for frail elders*” or “*CMPFE*” means case management activities that assist an elder in gaining access to needed medical, social, and other appropriate services. Case management services are provided at the direction of the elder and include:

1. A comprehensive assessment of the individual’s needs;
2. Development and implementation of a service plan to meet those needs;
3. Coordination and monitoring of service delivery;
4. Evaluation of outcomes;
5. Periodic reassessment and revision of the service plan as needed; and
6. Ongoing advocacy on behalf of the elder.

[ARC 8489B, IAB 1/27/10, effective 1/7/10]

**17—21.4(231) Program administration.**

**21.4(1)** Each AAA shall use the forms and data processing software systems specified by the department for all program requirements.

**21.4(2)** The department shall have complete access to all case management records maintained by the AAA.

**21.4(3)** Consumer-specific case management records shall be maintained by the department and the AAA as confidential information.

**21.4(4)** Appeals of decisions by the AAA shall follow the procedures given in 17—2.9(231).

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**17—21.5(231) Eligibility for CMPFE services.** A person meeting all the following criteria shall be eligible for CMPFE services:

1. Resides in Iowa;
2. Is aged 60 or older;
3. Needs two or more services;
4. Does not live in, or is within 30 days of discharge from, a nursing facility as defined in Iowa Code section 135C.1(13); and
5. Is in need of case management services based on a standardized assessment of needs.

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**17—21.6(231) Admission into the case management program.** The date of admission into the case management program for consumers shall be the date of the assessment.

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**17—21.7(231) Discharge from CMPFE.**

**21.7(1)** A consumer shall be discharged from CMPFE when the AAA has determined that any one of the following situations has occurred:

- a. The consumer dies;
- b. The consumer moves out of state;

- c. The consumer moves into a nursing facility and is expected to stay in the facility for more than 90 days;
- d. The consumer or the consumer's legal representative requests termination from CMPFE;
- e. The consumer is unwilling or unable to adhere to the agreed-upon service plan;
- f. The consumer or the consumer's legal representative refuses to provide access to information necessary for the development or implementation of the service plan;
- g. The consumer's needs cannot be met in a way that ensures the consumer's health, safety and welfare; or
- h. The consumer's goals are achieved and the consumer no longer needs case management.

**21.7(2)** The CMPFE coordinator shall approve all recommendations for discharge prior to initiation of discharge action.

**21.7(3)** If the discharge is due to the circumstances given in subrule 21.7(1), paragraphs "e" through "h," the case manager shall provide a written notice to the consumer or the consumer's legal representative stating the reasons for the discharge from case management and include the process for appealing the decision.

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#### **17—21.8(231) Organizational requirements.**

**21.8(1)** Each AAA shall develop and adhere to written procedures regarding the prevention and management of conflicts of interest. Such procedures shall at a minimum include:

- a. The process for delegating case management responsibilities to a case manager;
- b. Identification of where conflicts do, or could, exist;
- c. Procedures to eliminate or minimize those conflicts;
- d. A process for conflict resolution with the consumer's best interest as the priority.

**21.8(2)** Each AAA shall have a designated CMPFE coordinator responsible for administering and monitoring the program at the local level.

**21.8(3)** Each AAA shall ensure that all CMPFE staff complete mandatory reporter training requirements in accordance with Iowa Code chapter 235B.

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**17—21.9(231) Personnel qualifications.** After July 1, 2006, the following are minimum training, education and work history requirements for AAA and contract personnel in the CMPFE program:

##### **21.9(1) Case manager qualifications for employment.**

a. The case manager shall hold a bachelor's degree in the human services field. The case manager may substitute up to two years' full-time equivalent work experience in a human services field involving direct contact with people in overcoming social, economic, psychological or health problems for two years of the educational requirement; or

b. The case manager shall be currently licensed as a registered nurse in Iowa.

##### **21.9(2) CMPFE coordinator qualifications for employment.**

a. The CMPFE coordinator shall hold a bachelor's degree in the human services field and have one year of full-time equivalent work experience in a human services field involving direct contact with people in overcoming social, economic, psychological or health problems; or

b. The CMPFE coordinator shall be a licensed registered nurse and have one year of full-time equivalent experience in a health care field involving direct contact with people in overcoming social, economic, psychological or health problems.

##### **21.9(3) Training required during employment.**

a. The case manager shall attend case management orientation required by the department within six months of beginning employment with an AAA.

b. All case managers shall:

(1) Receive formal training from the AAA CMPFE coordinator in completion of the CMPFE assessment tools; and

(2) Attend six hours of department-approved long-term care or aging-related training per year.

c. All CMPFE coordinators shall attend case management coordinator training provided by the department within three months of beginning employment with an AAA.

d. All CMPFE coordinators shall:

(1) Receive formal training from the department's CMPFE program manager in completion of the CMPFE assessment tools; and

(2) Attend six hours of department-approved long-term care or aging-related training per year.

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**17—21.10(231) Covered services.** Case management services may vary by consumer but shall include comprehensive screening and assessment of the consumer's needs, development and implementation of a written service plan, ongoing monitoring to ensure that services specified in the plan are being provided, and ongoing advocacy on behalf of the consumer.

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**17—21.11(231) Assessment of consumer needs.** The assessment of consumer needs shall be conducted in person and shall, at a minimum, consist of:

**21.11(1)** Obtaining the consumer's signature on a standard release of information form which documents the consumer's permission to share information for assessment and case management.

**21.11(2)** Conducting a comprehensive assessment using the assessment tool designated by the department.

**21.11(3)** Contacting sources for additional information to complete the assessment tool as needed.

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**17—21.12(231) Service plan development.**

**21.12(1)** Upon completion of the comprehensive assessment during the home visit, the case manager shall develop an initial service plan with the consumer which, at a minimum, shall take into consideration and address information identified during the assessment of the consumer's service needs, functioning level, strengths and available family or informal service providers and community resources. The case manager shall provide the consumer with a list of known service providers available in the consumer's community.

**21.12(2)** Following the initial plan, a more thorough, ongoing plan shall be developed. The completed written service plan shall include at a minimum:

a. A description of the level of care;

b. Goals to be obtained by the consumer;

c. Expected outcomes;

d. Services to be provided, providers of those services and the frequency and cost of services, if available; and

e. Exit and contingency planning.

**21.12(3)** The case manager shall explain to the consumer how to access assistance in situations of suspected dependent adult abuse.

**21.12(4)** The consumer or the consumer's legal representative and the case manager shall sign the service plan.

**21.12(5)** Each AAA shall have a written process in place to ensure that service plans meet all applicable standards.

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**17—21.13(231) Monitoring.** In order to ensure consumer health, safety and welfare, the case manager shall:

1. Monitor the provision of services on an ongoing basis;

2. Hold an individual face-to-face meeting with the consumer at least quarterly to review the service plan and services provided; and

3. Document in the consumer's case files all contacts and case management activities undertaken on behalf of the consumer.

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**17—21.14(231) Reassessment.**

**21.14(1)** A reassessment shall be conducted whenever there is a significant change in the consumer's status or at least every 12 months. The reassessment shall include review and modification of the information contained in the most recent assessment.

**21.14(2)** The service plan shall be revised to reflect changes, deletions or additions to services based on any changes in the consumer's needs.

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**17—21.15(231) Confidentiality.** Except by written consent of the consumer or the consumer's legal representative, the use or disclosure by any person of any information concerning a consumer for any purpose not directly connected with the administration of the responsibilities of the department, AAA or authorized service provider is prohibited.

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**17—21.16(231) Contracting for case management services.**

**21.16(1)** AAA may choose to contract with local provider agencies for delivery of case management services. If the AAA contracts for case management services, the AAA shall have written procedures established under 17—6.9(231) that create a framework for ongoing review of how the contract agency is meeting program standards and the terms of the contract. The department shall audit AAA procedures to ensure that the area agency's monitoring is sufficient and timely.

**21.16(2)** Provider agencies shall meet all program organization and personnel requirements of this chapter.

**21.16(3)** The following requirements shall be in place to ensure that service plan development is conducted in the best interest of the consumer:

*a.* When assigning a consumer to a case management entity under contract, the AAA shall make all reasonable efforts to assign the consumer to an agency not currently providing direct services to that particular consumer in an effort to avoid potential conflicts of interest.

*b.* If the case manager is employed by the same agency that provides other direct services to the consumer, the case manager shall discuss with the consumer or the consumer's legal representative the issue of potential conflict of interest. The case manager shall inform the consumer that the consumer has free choice of providers and that selection of any particular provider will not influence the services provided by the case manager. The conversation and the consumer's response shall be documented in the case notes.

*c.* When explaining provider options, the case manager shall include, at a minimum, the name, address, and telephone number of the potential provider agencies; the types of services provided; and the frequency and units of service the consumer would be able to receive if there is a cost differential between providers of the same service.

**21.16(4)** The AAA must have a written plan completed to monitor adherence by case management providers to the standards in subrule 21.16(3). Contracts must contain provisions that require case management providers to have written conflict of interest policies that include but are not limited to:

*a.* Specific procedures to identify where conflicts could exist;

*b.* Procedures to eliminate or minimize the conflicts upon identification of situations that might indicate that a conflict of interest could exist;

*c.* Steps that must be taken to resolve the issue when a conflict of interest arises or a complaint of conflict of interest is received; and

*d.* Written documentation or follow-up letters that show that the outcome was satisfactory to all parties involved.

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**17—21.17(231) Severability.** Should any rule, subrule, paragraph, phrase, sentence or clause of this chapter be declared invalid or unconstitutional for any reason, the remainder of this chapter shall not be affected thereby.

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These rules are intended to implement 2005 Iowa Acts, chapter 167, section 14, and Iowa Code section 231.23A.

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