

**Policy:** It is the policy of the Division that all persons accepted for services from Developmental Services Regional Centers will have Service Coordination that enhances self-determination and choice, assists people to access services and supports consistent with their needs and vision, assesses satisfaction and effectiveness of services continually over time, and assures quality in the provision of purchased services and supports from private providers.

**Purpose:** To define the scope of Developmental Services Service Coordination services. The Service Coordinator is responsible for the overall coordination of services and resources for the person and family, providing health and welfare assurances, and meeting federal and state regulations and requirements for Title XIX or other sources of funding.

**Definitions:**

**Service Coordination** - The doorway through which support services are identified, accessed and purchased. The Service Coordination function also assists people to access generic services from the community and other agencies, as well as to build natural support networks.

**Service Coordinator** - a partner who supports people to define their preferences and priorities and provides health and welfare assurances so people can access supports that move them toward their vision. This is accomplished through the person-directed planning process.

**Procedures:**

**I. Responsibilities of the Service Coordinator:**

- A.** The primary role of Service Coordination is to support the person to have the quality of life to which he or she aspires. This is accomplished through a process of interaction and discovery. The Service Coordinator has a responsibility to learn about each individual supported so that preferences, priorities, and needs for supports are discovered. During this on-going process of discovery, the Service Coordinator assists the person to define preferred outcomes (vision) and develop outcome-based support plans to address barriers and help the person make progress toward their vision.
- B.** The Service Coordinator continually assists the person to reassess their vision based on their experiences, changes in life circumstances and preferred outcomes, assessment information, and satisfaction with and effectiveness of services. This reassessment is the basis for modifications in the individual support plan that is updated at least annually.

- C. Service Coordinators are responsible for quality management activities and providing health and welfare assurances for each person on their caseload. Supports and services contracted from providers of residential and jobs and day training providers are monitored at least monthly. Service Coordinators must see all individuals in DS funded residential settings at least quarterly to assure their well being and satisfaction with services.
- D. Service Coordinators act as a resource for emergency response planning as needed. This may involve contact with other agencies, including schools, law enforcement or mental health services and coordinating resources to provide a response that provides proactive supports.

## II. Targeted Case Management:

- A. Service Coordinators provide Medicaid Targeted Case Management (TCM) for people with intellectual disabilities and related conditions. TCM activities are billable to Nevada Medicaid and include 11 billable codes (see attached).
- B. Service coordinators are responsible for billing a minimum of 1300 hours per 1.0 FTE each fiscal year.
- C. The Service Coordinator documents all targeted case management activities in DS-NOW. DS-NOW notes are the primary record of service coordination on behalf of a person. Service Coordinators are responsible for documenting home and job visits, meetings, conversations, assessments, reviews, monitoring, and follow up activities in the DS-NOW system.
- D. Medicaid guidelines advise that consumers shall not exceed 30 hours of TCM per calendar month. If an excess of 30 hours is required for any person, an exception may be requested from Medicaid. The exception must be clearly documented in the DS-NOW case notes and the Service Coordinator must notify DHCFP's targeted case management coordinator of the exception within 30 days of receipt of the service.
- E. Service Coordinators are required to code their TCM services as non-billable (Code "99") when the person is admitted to a hospital, rehabilitation program, intermediate care facility, nursing home, or other 24-hour facility reimbursed by Medicaid.

## III. Planning for Supports and Services:

- A. Development of the Individualized Support Plan (ISP) is an on-going process involving assessment, understanding, defining supports, and developing a plan for implementation of support strategies. ISP's are developed with the person and the person's support team within 30 days of assignment of a service

coordinator after intake determination is completed. ISPs are reviewed and updated at least annually thereafter.

- B. Service Coordinators assure each person (and family, if appropriate) has the supports necessary to explore and define their vision for the future. This is accomplished through an identification of preferences, priorities, and preferred outcomes.
- C. Service Coordinators conduct a thorough assessment of the individual as part of the planning process. The assessment is completed by gathering and coordinating information from a variety of sources, including but not limited to: observation and interaction with the person, professional evaluations and assessments, school records, communication with the person (and family or guardian, if appropriate), provider records, and support staff from provider agencies.
- D. The Service Coordinator is responsible for sharing assessment information with the person and members of the support team so that appropriate supports and services can be identified that will assist the person to make progress toward their vision.
- E. The Service Coordinator documents the social assessment and individualized support plan using the ISP format. The ISP defines the person's priority goals, the timeline for reaching the goal, the supports needed to assist the person to achieve each goal, who is responsible to provide the support, and how progress will be monitored. The SC assures that copies of the ISP are provided to all support providers of services (i.e., SLA, JDT).
- F. For individuals receiving Medicaid Waiver services, the Service Coordinator is responsible to identify all waiver services to be provided, including their type, frequency, amount or duration, in the ISP.

#### IV. Accessing Services and Supports:

- A. The Service Coordinator assists each person or family to access services and supports identified in the ISP. This is accomplished by supplementing the person's or family's own resources through referral to generic services from the community and other agencies, through the purchase of services from private providers, and through building natural support networks.
- B. The Service Coordinator assures each person (and family, if appropriate) has a choice among services and qualified providers of services available within the person's community.
- C. If a desired service is not available within the person's community, the Service Coordinator will collaborate with their supervisor, other agencies, and

community resources to assist the person to access the needed support. Traditional and non-traditional means of providing supports will be explored.

- D. The Service Coordinator develops service contracts with contracted providers for services provided through the regional center. Service contracts must be coordinated with the ISP and be completed and approved prior to the initiation of the service. A contract is approved when it has been signed by the person, the provider, the agency director/community services director and the business manager or business office representative and approved for funding.
  - E. Service contracts may be written for up to one year. The Service Coordinator reviews and may develop a revised contract as the person's situation and needs change and as indicated in the updated ISP. Contract revisions for services paid by the Medicaid Waiver require notification of Medicaid if the service is reduced.
  - F. The Service Coordinator assures the development, revision, or renewal of service contracts are only done as the result of support team collaboration and consent of the person.
- V. Monitoring and Quality Assurance:
- A. Service Coordinators, in partnership with contracted provider agencies and individuals, assure the reporting of incidents, denials of rights and use of restrictive procedures to the regional center QA department within timelines established by the agency and Division of Mental Health and Developmental Services (MHDS) policies.
  - B. Service Coordinators, in partnership with contracted provider agencies and individuals, assure the due process review of rights restrictions and restrictive interventions by constituted committees as scheduled by those committees in accordance with all related policy, regulations, and standards.
  - C. Monthly:
    - 1. Recipients of Nevada Medicaid waiver services are contacted monthly. This monthly contact includes an assessment of the person's condition, progress towards goals, any changes in providers or services, and satisfaction with services.
    - 2. Service Coordinators conduct a monthly home visit to assess services and health and welfare assurances for persons receiving intensive residential support arrangements (ISLA) for Waiver or state-funded placements.
    - 3. Each month the Service Coordinator reviews contract provider billings for individualized residential services identified in the person's ISP. The billing review verifies accuracy of billing against supporting documentation from the residential provider, assures that services identified in the ISP are

being provided as planned and assure only approved services are billed to Nevada Medicaid.

4. For individuals whose representative payee is a contract provider, Service Coordinators assure financial records meet established standards and clearly document how the person's personal income was managed and how it was used.

D. Quarterly:

1. Service Coordinators contact each person on their caseload and review their individualized support plan (ISP) at least every 90 days in accordance with NRS 433.494. The quarterly review includes a review of goals, an evaluation of the effectiveness of supports in assisting the person or family to reach their goals, and updating or revising the ISP, if needed.
2. Service Coordinators are responsible for assuring the continuity and security of individuals on their caseload by reviewing their benefit status during quarterly ISP reviews and following up to assure that applications or re-determinations for eligible benefits are made by the person, family, and/or service provider, as appropriate.
3. Service Coordinators are responsible for monitoring the health and safety of people receiving services. Safe living and work environments are assessed by the Service coordinator during the quarterly face to face visits for recipients of Nevada Medicaid Waiver services.
4. At least quarterly, the Service Coordinator reviews written progress reports from providers of jobs and day training services, assuring that the services are being provided as specified in the ISP and that progress is being made toward measurable goals.

E. Annually:

1. Service Coordinators meet with the person to update the ISP based on a reassessment of the person's life vision and needs for supports and services at least annually.
2. At least annually during a home visit, Service Coordinators complete the Environmental QA Review form which monitors health and safety standards in the person's place of residence. Environmental QA Review forms are submitted to the agency QA department and are incorporated into the Provider QA review.

F. Related Monitoring Activities:

1. Record Reviews. Service Coordinators and Supervisors conduct record reviews using the approved Home and Community-Based Waiver for Persons with Mental Retardation and Related Conditions Review form. Reviews are conducted as assigned by the Service Coordinator Supervisor and/or the regional center QA department. Reviewers document any

problems or missing records on the Review form, which they submit to the agency QA department for monitoring of follow up.

2. Annual Medicaid Waiver Review. Nevada Medicaid (DHCFP) conducts a program and fiscal review of a sample of people receiving services and supports through the Medicaid Waiver for Persons with Mental Retardation and Related Conditions. Review forms and a corresponding guide approved by Nevada Medicaid are used for the program review. The program review addresses such areas as service coordination frequency of contacts and face-to-face visits, provider services, adequacy of documentation, medical and clinical needs requiring action for health and welfare, and other requirements of the Waiver. Findings of areas of strength and areas needing improvement are identified by Medicaid staff and submitted in a report to each regional center, which develops a plan for improvement. The plan is submitted to Nevada Medicaid for their approval.
  3. QA Reviews of Provider Agencies and Individuals. In order to become and remain certified providers of the Division of MHDS as required in NRS 435, regional centers will conduct QA Reviews that include, but are not limited to, a review of incident reports, investigation reports, oversight committee minutes, Environmental QA forms, information gathered from service coordinators, administrators, staff and individuals served by the provider, provider records, personnel files, observation, policies and procedures, and other relevant sources.
- G. For a more detailed description of the Provider QA process, see MHDS Policy #4.013 - Certification of Community Providers.



Administrator

ATTACHMENTS (*as samples*)

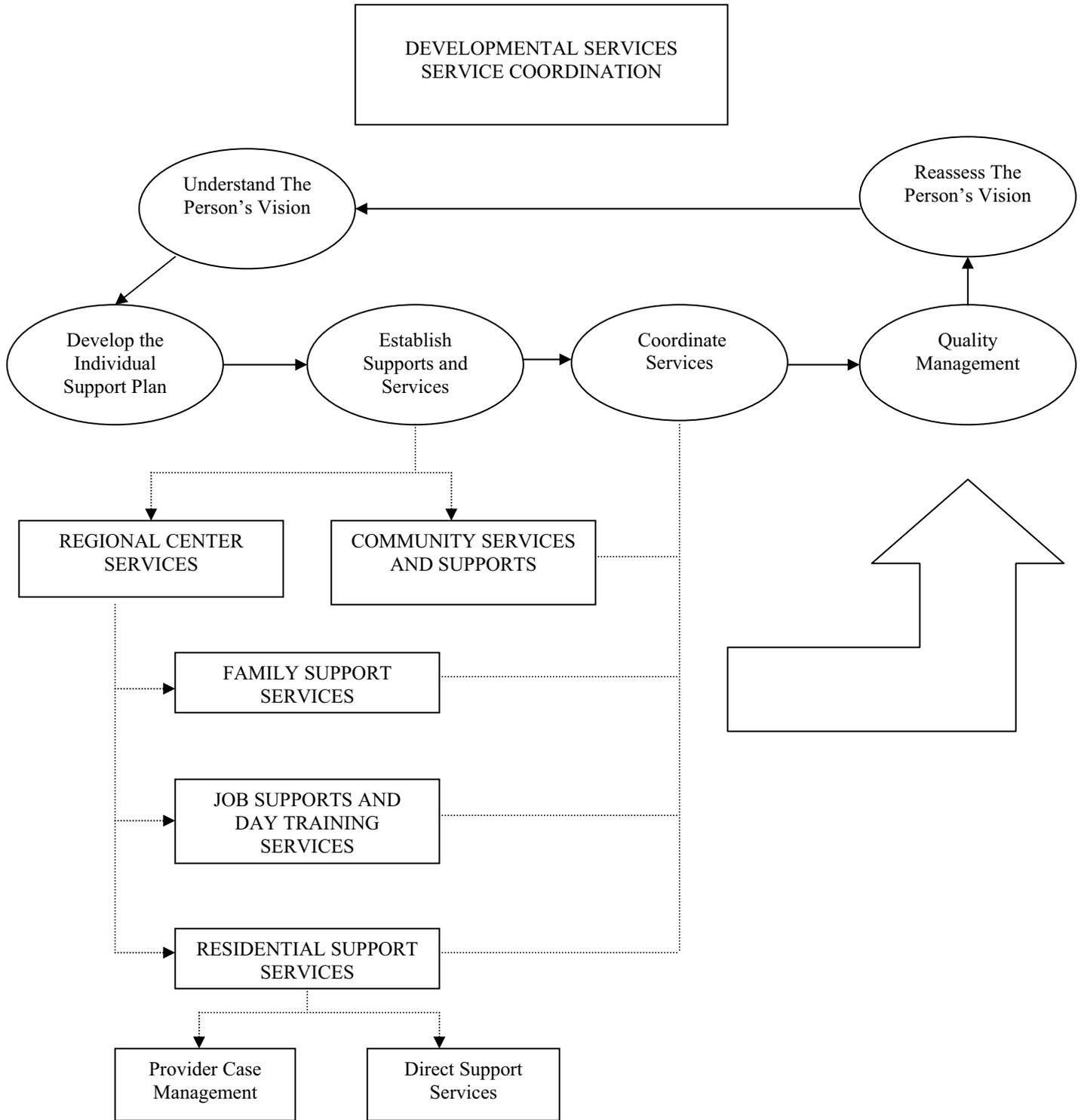
- A. Service Coordination Flowchart
- B. Service Coordinator Billing Codes
- C. SC Contact Requirements
- D. HCBS Waiver Review form

Effective Date: 4/19/02

Date Revised: 5/31/07

Approved by the Commission on MHDS: 4/19/02

Division of Mental Health and Developmental Services  
 Policy 4.050 - Service Coordination in Developmental Services  
 ATTACHMENT A



**SERVICE COORDINATOR BILLING CODES**

1. ASSESSMENTS
  2. INFORMING CONSUMER
  3. PLANS
  4. RESOURCE DEVELOPMENT
  5. ARRANGING SERVICES
  6. INFORMING PROVIDER
  7. MONITORING
  8. TEAM MEETINGS
  9. SUPPORTIVE INTERVENTIONS
  10. LEGAL
  11. RECORD KEEPING
- 99 NON-BILLABLE

**COMMUNITY REQUIREMENTS  
WAIVER**

	Monthly Face-To-Face Contact	Monthly Contact	Quarterly Face-To-Face Contact	Quarterly Contact	Quarterly Review	Face-to-Face Annual ISP
HSLA		X	X		X	X
SLAs		X	X		X	X
TFH		X	X		X	X
ISLA & ISLA PLUS	X				X	X
IN-HOME TRAINING		X	X		X	X
JOBS/DAY TRAINING		X	X		X	X

**MONTHLY CONTACT**

The contact can be with the provider, the individual, or the individual’s family and can be in person or by phone. Paper reviews of documents; e.g., progress reports, cannot be counted as a contact. The purpose of the contact includes monitoring, following-up, and on-going evaluation to determine if the individual is satisfied with the services; to assure that the services are being provided as recommended by the ISP Team; to assess current needs – have there been any changes that need to be addressed by the team such as health, safety and welfare; to determine if progress is being made and current supports are adequate. The monthly contact should be labeled “Monthly Contact” on DS-NOW and must include: (1) assessment of individual’s condition, (2) individual’s satisfaction with services, (3) assessment for changes in services or providers, and (4) should determine whether the services are promoting the individual’s goal(s) as stated in the ISP. SAMPLE ENTRY – MONTHLY CONTACT: TC to John. No change in status, progressing well with ISP. John continues to be happy with X provider and they continue to meet weekly for budgeting. He is still saving for a stereo and now has \$50 saved (Goal #1). John also continues to look for a job and Y provider is assisting him with job development services. Last month, John had two interviews. John is happy with Y provider’s services (Goal #2). No changes in services requested or needed at this time.

**QUARTERLY REVIEW**

*TICKLER SCHEDULE* - Find the annual (birth) month and use the row going across to determine the months that the quarterly reviews are due:

<i>JANUARY</i>	<i>APRIL</i>	<i>JULY</i>	<i>OCTOBER</i>
<i>FEBRUARY</i>	<i>MAY</i>	<i>AUGUST</i>	<i>NOVEMBER</i>
<i>MARCH</i>	<i>JUNE</i>	<i>SEPTEMBER</i>	<i>DECEMBER</i>

The quarterly review period for which you are reporting is the prior three months; therefore, if you are doing your quarterly review in May, you are reporting for the months of February, March, and April. Reviews must be specific as to the progress individuals have made on support plans. A notation must be made as to the status of items needing follow-up; i.e., medical appointments, purchase of equipment, etc. Changes in medical/health status including doctor appointments, hospitalizations, and medication changes should be noted. Assess and comment on any new concerns or issues and whether current supports are adequate to meet the individual’s needs. Additionally, add a comment on the level of satisfaction the individual has for current services and providers.

**ANNUALLY (during birth month for SRC and DRC)**

- Rights Assessment
- Identity & Affiliation Profile
- Statement of Choice
- Healthy History Update (or back of physical form)
- Level of Care Determination (must be completed every 12 months)
- Nursing Assessment
- Physical Examination (Team can waive. Waiver should be indicated on the ISP meeting minutes and well documents in the Social Assessment.)
- Social Assessment
- BIC/HRC Presentation (Placement Only)

**PSYCHOLOGICAL EVALUATIONS (must include adaptive test scores)**

- Every 3 years for children (Team can waive. Waiver should be indicated on the ISP meeting minutes and well documents in the Social Assessment.)
- Every 5 years for adults (Team can waive. Waiver should be indicated on the ISP meeting minutes and well documents in the Social Assessment.)

## NON-WAIVER

	Monthly Face-To-Face Contact	Monthly Contact	Quarterly Face-To-Face Contact	Quarterly Contact	Quarterly Review	Six-Month Face-To-Face contact	Year Face-To-Face Contact	Annual ISP
CTC/Day Services				X	X	X		X
SE, RESPITE, FPP, SERVICE COORDINATION				X	X		X	X
SLA, ISLAs, HSLAs			X		X			X
ICF-MR	X				X			X
PRIVATE SNF, ICF, RTC				X				

### QUARTERLY REVIEW

*TICKLER SCHEDULE* - Find the annual (birth) month and use the row going across to determine the months that the quarterly reviews are due:

<i>JANUARY</i>	<i>APRIL</i>	<i>JULY</i>	<i>OCTOBER</i>
<i>FEBRUARY</i>	<i>MAY</i>	<i>AUGUST</i>	<i>NOVEMBER</i>
<i>MARCH</i>	<i>JUNE</i>	<i>SEPTEMBER</i>	<i>DECEMBER</i>

The quarterly review period for which you are reporting is the prior three months; therefore, if you are doing your quarterly review in May, you are reporting for the months of February, March, and April. Reviews must be specific as to the progress individuals have made on support plans. A notation must be made as to the status of items needing follow-up; i.e., medical appointments, purchase of equipment, etc. Changes in medical/health status including doctor appointments, hospitalizations, and medication changes should be noted. Assess and comment on any new concerns or issues and whether current supports are adequate to meet the individual's needs. Additionally, add a comment on the level of satisfaction the individual has for current services and providers.

### **ANNUALLY** (*during birth month or annual month in rural*)

Statement of Choice  
Healthy History Update

# HOME AND COMMUNITY-BASED WAIVER FOR PERSONS WITH MENTAL RETARDATION OR RELATED CONDITIONS REVIEW

## Review Period:

A. Reviewer: \_\_\_\_\_ Date of Review: \_\_\_\_\_  
 Individual: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Assigned Service Coordinator: \_\_\_\_\_  
 Address: \_\_\_\_\_ Family Home  Yes  No

**WAIVER SERVICES** (check all that apply and circle appropriate placement):

- Counseling \* Provider: \_\_\_\_\_
  - Jobs & Day Training (CTC/SE) \* Provider: \_\_\_\_\_
  - In-Home Habilitation (In-Home Training) \* Provider: \_\_\_\_\_
  - SLA (ISLA, ISLA+, TSLA, In-Home, TFH) \* Provider: \_\_\_\_\_
- (\*Obtain information from Service Authorization or Summary of Services.)

Waiver Admit Date \_\_\_\_\_ Date of 30-Day ISP Meeting \_\_\_\_\_

B. Face Sheet is current and accurate  Yes  No  
 If no, changes required: \_\_\_\_\_

C. Certified ICF/MR Level of Care (annually), DRC-CS-ISP (b)  Yes  No  
 Current LOC Date: \_\_\_\_\_  
 Prior LOC Date: \_\_\_\_\_

D. Documentation of Informing Recipient of Choice  Yes  No  
 Date: \_\_\_\_\_

E. Documentation of Mental Retardation  Yes  No  
 (Psychological Evaluation) Date: \_\_\_\_\_

Related Condition (Medical Records)  Yes  No  
 Date: \_\_\_\_\_

F. ASSESSMENTS	YES	NO	WAIVED	COMMENTS
1. Annual Social Services Assessment	<input type="checkbox"/>	<input type="checkbox"/>		_____
2. Annual Nursing Assessment (Team Decision)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Annual Physical Exam (Team Decision)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Psychological Evaluation (Team Decision)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Other Needed Assessments (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		_____

(NOTE: Waived assessments should be indicated on the ISP Meeting Minutes Sign-In Sheet, DRC-CS-ISP-9(a), and in the minutes, DRC-CS-ISP-7, and well documented in the Social Assessment.)

**G. REVIEWS AND CONTRACTS**

1. Monthly Contact  Yes  No  **O N D J F M A M J J A S**

\* Monthly contact should be labeled "Monthly Contact" on DS-NOW and **must** include: (a) assessment of individual's condition, (2) individual's satisfaction with services, (3) assessment for changes in services or providers, and (4) should determine whether the services are promoting the individual's goal(s) as stated in the ISP.

2. Quarterly Face-to-Face Contact  Yes  No  **O N D J F M A M J J A S**

3. Quarterly Review  Yes  No  **O N D J F M A M J J A S**

*Should specify case management activity and indicate progress towards meeting goal(s).*

4. Date of Annual Individual Support Plan Meeting \_\_\_\_\_

Signed By:  Consumer  Parent/Guardian  QMRP

H. List individual's goals/dreams/wishes \_\_\_\_\_

I. PERSON CENTERED	YES	NO	N/A	COMMENTS
1. Action/Service Plans				
a. Relate to Personal Goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Measurable, Specific, Realistic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Time Limited/Updated As Needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Day Habilitation (Jobs and Day Training)				
a. Related to Personal Goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Measurable, Specific, Realistic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Time Limited/Updated As Needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Health & Safety Issues Addressed	<input type="checkbox"/>	<input type="checkbox"/>		_____
4. Health History Updated (completed back of H&P form counts)	<input type="checkbox"/>	<input type="checkbox"/>		_____
5. Counseling/Therapy Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Follow-Up Needed for Unmet Needs _____				_____

J. PROVIDER REQUIREMENTS	YES	NO	N/A	
1. Are the Service Agreements Current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Counseling
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jobs and Day Training
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-Home Training
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SLA
2. Documentation of Services				
a. Training/Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Counseling
(Provider's Reports/Summaries)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jobs and Day Training
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-Home Training
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SLA
b. Case Management Logs				
<input type="checkbox"/> SLA ONLY	<input type="checkbox"/>	<input type="checkbox"/>		
Are the provider reports/summaries descriptive of case management activity provided?				

Date BVR Statement \_\_\_\_\_

ANNUAL DRC REQUIREMENTS:	Are these included in the chart?	YES	NO
Rights Assessment		<input type="checkbox"/>	<input type="checkbox"/>
Identity & Affiliation Profile		<input type="checkbox"/>	<input type="checkbox"/>
BIC/HRC Presentation (Out-of-Home Placement Only)		<input type="checkbox"/>	<input type="checkbox"/>

Reviewer Comments \_\_\_\_\_

Service Coordinator Comments \_\_\_\_\_

Routing: Original to Assigned Service Coordinator, Copy to Waiver Coordinator