Performance Standards of Independent Service Coordinators

1.0 Introduction

These performance standards define the minimum standards of care Independent Service Coordinators are to provide to consumers under the NH Nursing Home Transition Project. These Performance Standards may be updated from time to time to ensure that they reflect the current procedures that govern the Independent Service Coordinators responsibilities to the New Hampshire Nursing Home Transition Project.

2.0 Mandatory Qualifications for Independent Service Coordinators (ISCs)

2.1 Registered Nurse or Social Worker with current licensure in field preferred, individuals with other human service degrees will be considered.
2.2 Minimum two years of field experience in case management required, five (5) years or greater in case management experience preferred.
2.3 ISC must obtain and maintain current case management licensure form the Bureau of Health Facilities
2.4 ISCs must carry a minimum insurance policy of one million dollars per claim, two million dollars per incident of general liability coverage, which will cover ISC actions under this sub-contract.
2.5 ISC must attend a 32 hour mandatory training provided by the project.

3.0 Initial Contacts and Prioritization of Consumers

3.1 Background for identifying potential consumer-participants (ISC does not perform this task)
Consumers are identified three ways:

1. Self-selection after presentation explaining the project at the nursing facility
2. Nursing facility staff recommends participants
3. List of strong candidates provided based upon data (Acuity based reimbursement system).

3.2 Recommended prioritization of potential consumer-participants (final prioritization formula determined by DEAS)

1. Consumers who self-select will receive top priority to participate in the program
2. Facility identified consumers are secondarily considered for program participation
3. Consumers identified via data will be considered third.
4. Length of stay in a nursing facility is an important factor considered when prioritizing participants (as consumers with shorter lengths of stay appear to have better success rates for reintegrating into the community), but this should not be the primary determining factor. Other factors will include acuity level and Medicaid eligibility.

4.0 ISC Initial Contact with Consumer

ISCs will receive from the project or its outreach sub-contractor a list of interested potential consumers to contact.

Timing

4.1.1 ISC shall make initial contact with consumer and the authorized representative, if one exists, to confirm interest in participating in the project and to schedule an appointment for an initial face to face meeting within 7 business days of receiving list of interested potential consumers
4.1.2 An appointment must be made with a potential consumer-participant within 7 business days of initial contact and must be a face-to-face meeting

4.2 Initial Contact

4.2.1 Initial contact is defined as scheduling the first fact-to-face meeting with the potential consumer
4.2.2 Phone contact is sufficient for this initial scheduling contact
4.2.3 ISC shall ask the consumer at this time if the consumer wishes to have any family members present at the face-to-face meeting.
4.2.4 If consumer would like family members present, the ISC shall offer to notify the family members (if consumer agrees that ISC should contact family members). ISC should obtain the necessary information to contact family members directly from the consumer.

5.0 Mandatory Tasks of ISC at Initial Face-to-Face Meeting with Consumer

5.1 Time Frame

5.1.1 ISC shall ask consumer how long they would like this initial meeting to last, and document the time frame identified by the consumer. ISC may suggest an initial meeting of 1 hour as long as the ISC seeks input from the consumer as to whether the initial meeting should be longer or shorter than the suggested one-hour.

5.1.2 ISC shall respect time frame, when time limit is reached ISC shall ask consumer if they wish to continue or schedule a second appointment. Any extensions approved by the consumer shall be noted in the ISC s records.

5.1.3 This time frame process shall be followed by the ISC for every subsequent meeting with the consumer.

5.2 ISC Identification

5.2.1 ISC shall wear identification at all times during meetings with consumers

5.2.2 ISC shall have business cards with name, phone numbers etc. with them at each meeting with consumer

5.3 Information Covered at Initial Meeting

5.3.1 ISC shall give the potential consumer-participant a standard handout/brochure (the outreach brochure approved by IHLE and DEAS) that details the key features of the project. The ISC will review it with the individual, assess the individual s level of understanding of the material and solicit questions in order to enhance the individual s understanding of the material and the project.

5.3.2 ISC shall offer consumer a journal to assist in organizing future appointments, business cards, questions for the next meeting etc. (if consumer already has some form of a daily organizer ISC shall offer to assist the consumer in recording the above information in the consumer s own system)

5.3.3 ISC shall obtain a three (3) signed consent form**s** from the consumer-participant. The first states the consumer s consent to enroll in the project and to share records with the project. The second states the consumer s desire to work with that ISC and provides permission for the ISC to release consumer s records to the project, providers and payers. The third provides the ISC access to all records, including medical and financial records, and files that exist with the nursing facility, the State of New Hampshire or any other community based care providers. The consent form**s** shall also permit disclosure of ISC records to the IHLE project staff, DEAS, other ISCs in the project and to service providers and funding sources to arrange needed/desired services.

5.4 ISC shall use a standard check form to document that all areas required by section five (5) were covered at the initial meeting.

5.5 The ISC shall ask the consumer if they are interested in participating and pursuing a transition plan but explain to the consumer that their decision to proceed can be changed at any time and their eligibility for services will not be effected by proceeding or by deciding not to proceed. .

5.6 If the consumer is interested in pursuing a transition plan the ISC must contact the Assessment and Counseling coordinator to arrange a mutually convenient time to meet with the client to complete sections I — III of the CAF to determine level of care. The Service Plan meeting should be scheduled far enough in advance give the consumer and ISC time to complete the assessment and initial care planning process, but no more than 30 days after the initial face to face meeting.

6.0 Initial Assessment

6.1 Form

6.1.1 ISC shall use the standard draft Comprehensive Assessment Form (CAF) currently in use in the counties employing the assessment and counseling process.

6.1.2 The process for use of the CAF in the Nursing Home Transition Project will be:

Step 1. The Assessment and Counseling Coordinator will meet with the consumer and the ISC to complete the first three sections of the CAF for a level of care (LOC) determination. The ISC name and fax number will be placed on the CAF so that the HCBC nurse can fax the LOC decision to the ISC once the decision is made.

Step 2. The ISC and the consumer will complete the Care Plan Working Document which includes Assessment of Consumer Strengths, Challenges and Preferences in thirteen key areas as well as the Family and Friends Worksheet (see Sections 8-10 of the

performance standards). The ISC and the consumer will also complete relevant sections of CAF not completed by the Assessment and Counseling Coordinator.

Step 3. The ISC and the client will draft a Care plan which builds on consumer strengths to meet consumer preferences.

Step 4. This plan of care will be submitted by the ISC to the HCBC nurse who will then meet with the ISC and the client to discuss the Service Plan and complete the planning process.

6.1.3 Use of previously completed CAF form:
Some of the nursing home residents interested in the project may have had a CAF completed prior to nursing home placement. If that is the case the Assessment and Counseling coordinator may get a copy of the completed CAF. A CAF that was done previously, particularly one done prior to NF admission, would provide valuable background information, but it should be remembered that this document is a point in time snapshot of the individual, and so a new CAF must be completed for the project.

6.2 Time Frame

6.2.1 Assessment must be completed in no more than two (2) visits after initial meeting (within the first three meetings)

6.2.2 If assessment is to be conducted at first face-to-face meeting, prior to starting assessment ISC must ask participant if they wish to continue now or begin assessment at a second appointment.

6.3 Exploration of Reasons for Currently Residing in Nursing Facility

6.3.1 ISC must determine all factors and causes that led to current nursing facility admission rather than community placement.

6.3.2 ISC shall seek the explanation of current admission from the consumer as well as family and friends involved in the assessment process.

6.3.3 Documentation of these reasons and adequate solutions must be made as they are crucial issues for the ISC as part of the assessment and care planning process.

7.0 Determination of Competency

7.1 ISC shall determine and document competency as part of the assessment

7.2 Required forms:

7.2.1 ISC shall use the Mental Status Questionnaire (MSQ), which is included as the Cognitive Assessment portion of the Comprehensive Assessment Form (CAF).

7.2.2 If the consumer scores a six (6) or below on the MSQ, then the ISC shall complete a Mini Mental Status Examination, otherwise known as a full Folstein evaluation.

7.2.3 If the consumer scores a twenty-two (22) or below, unless otherwise provided for in this section or section 7.2.4., he or she is not eligible to participate in the program as a result of concerns regarding his/her ability to consent. A consumer who scores below the cutoff is eligible to participate in the program, if he or she has a surrogate decision maker (guardian, or active Durable Power of Attorney) that consents to the consumer s participation in the program and actively participates in the program.

7.2.4 If someone scores below the cutoff score identified in 7.2.3. but still wishes to participate in the program without the use of a surrogate decision maker, he/she may submit a request to DEAS to participate in the program. Any such request must include an independent medical professional opinion regarding the consumer s competency to participate. DEAS will then decide whether the consumer will be permitted to participate in the program.

7.2.5 The use of the assessment tools of memory and orientation referenced in 7.2.1, 7.2.2. and 7.2.3 are not appropriate to use with individuals whose diagnosis includes developmental disabilities, mental retardation, acquired brain disorders, traumatic brain injury or other similar diagnosis. Appropriate indicators, such as individualized medical assessments, shall be used instead of those listed in 7.2.1, 7.2.2. and 7.2.3 for these populations.

7.3 Guardianship of Consumer

7.3.1 ISC must determine if consumer has a guardian or active Durable Power of Attorney (DPOA).

7.3.2 This information can be garnered from a review of the facility records after obtaining consumer consent

7.3.3 If a guardian or DPOA does exist all activities for which a surrogate decision maker exists must be done with consent and approval of the appropriate surrogate decision maker.

7.3.4 ISC shall obtain copies of all documents that establish a guardian or DPOA and understand the extent of the surrogate decision making power that exists.

7.4 If no consumer representative/surrogate decision maker exists, the ISC should advocate for the care plan, as directed by the participant,

7.5 If the ISC feels the plan is insufficient, he/she should discuss this with the consumer, and work through the issues with the consumer to reach a mutually acceptable resolution. If unsuccessful, the ISC should advocate for a plan based on the consumer s choices, but the plan should document the ISCs concerns. The ISC should then complete the process.

7.6 If the plan is indeed insufficient, the service plan may be denied by DHHS or its designee as inadequate pursuant to the HCBC eligibility process. If appropriate, the ISC may work with the consumer, the state, and providers in addressing the concerns that resulted in the denial.

7.7 Nothing in this section shall negate the ISCs legal duties to report abuse and neglect including self-neglect to DEAS.

8.0 Evaluation of Family / Friends

8.1 ISC should evaluate and document the extent of support network with consumer as part of the assessment.

8.2 ISC shall meet with individuals whom consumer identifies as part of the support system.
If the consumer will not allow ISC to meet with any individual, then that individual may not be included as part of the care plan.

8.3 Evaluation of family / friends:
Evaluation of support givers must be face to face to ensure realistic inclusion in the care plan.
ISC shall obtain input from family and friends as to consumer s needs and existing support possibilities, reasons for existing nursing facility placement and extent and limit of the relative or friend s availability to act as caregiver or support in the community

8.4 ISC shall develop as part of the care planning, a written Acknowledgement of Understanding of Support Role setting forth the relative or friend s role, responsibilities and limits in the consumer s care plan and seek to obtain the relative and friends written consent on the acknowledgement as well as the consumers.

9.0 Identification of Consumer s Goals and Desires

9.1 ISC shall identify and document consumer s goals and desires to be accomplished by transitioning back into the community as part of the assessment process.

10.0 Educating the Consumer Regarding Their Options and Developing a Care Plan

10.1 Care Plan working document:

10.1.1 After completing the assessment , the ISC must prepare a summary working document that includes the following information:

A. Consumer s strengths
B. Consumer s weaknesses
C. Consumer s personal preferences, and
D. A set of multiple potential recommendations to address the consumer s strengths and weaknesses and achieve the preferences.

10.1.2 The working document must include the required information listed above for each of the following independent sections:

a. housing,
b. medical,
c. transportation,
d. finances/money management,
e. purchasing and delivery of necessities,
f. socialization,
g. mental health supports,
h. ADLs,
i. IADLS,
j. cognition,
k. environment,

l. summary description of the consumer s informal support network
m. legal/advance directives, and
n. back up coverage plans

10.1.3 Use of Worksheet

10.1.3.1 ISC shall then use the worksheet described in section 10.1 to discuss with the consumer their goals and preferences, as well as the risks and restrictions inherent in all the possibilities available.

10.1.3.2 ISC must document the consumer s preferences that result from the discussion and the substance of the discussions related to risks and restrictions associated with the choices.

10.2 ISC limitations

10.2.1 In developing the plan, the ISC is not to be a direct service provider; however, he/she is to develop and oversee the care plan addressing the consumer s identified needs

10.3 Finalization of Care Plan

10.3.1 ISC and consumer develop plan together, prior to the HCBC Nurse review.

10.3.2 Goals of care plan must be identified on standard care plan form.

10.3.3 The HCBC nurse must evaluate and approve the plan.

10.3.4 A consumer shall sign a consent form stating that he or she agrees with and approves of the care plan. If the consumer does not consent, the ISC shall document the refusal to consent and the reasons why the consumer refuses to consent. Where the consumer has a representative/surrogate decisionmaker, that person must consent in writing to the care plan.

10.3.5 Plan must include a detailed itemization of duties, responsibilities, expectations and limitations of each person included in the care plan, including informal supports, service providers and the consumer themselves.

10.3.6 The ISC should advocate for the care plan, as directed by the participant,

10.3.7 If the ISC feels the plan is insufficient, he/she should discuss this with the consumer, and work through the issues with the consumer to reach a mutually acceptable resolution. If unsuccessful, the ISC should reflect a plan based on the consumer s choices, but the plan should document the ISCs concerns. The ISC should then complete the process.

10.3.8 If the plan is indeed insufficient, the service plan may be denied by DHHS or its designee as inadequate pursuant to the HCBC eligibility process. If appropriate, the ISC may work with the consumer, the state, and providers in addressing the concerns that resulted in the denial.

10.3.9 Nothing in this section shall negate the ISCs legal duties to report abuse and neglect including self-neglect to DEAS.

10.4 Advance Directives

10.4.1 ISC must discuss the importance of and availability of advance directives with the consumer

10.4.2 ISC must review advance directive forms and or previous choices with the consumer.

10.5 Consent

10.5.1 ISC shall ensure that all care providers (formal or informal) involved with the care plan sign a Acknowledgement of Understanding of Support Role which details the care provider s role and responsibilities as described in this section.

10.5.2 ISC shall write a Acknowledgement of Understanding of Support Role that describes each individual care provider s specific duties setting forth the activity and timing of activity (by days and hours) and limits of his/her responsibilities to be signed by the care provider and the consumer. The description of responsibilities shall embody the consumer s goals and preferences. Each care support person, whether providing formal or informal services shall sign off on the Acknowledgement of Understanding of Support Role regarding their role.

10.5.3 ISC shall develop an Acknowledgement of Understanding of Support Role for the consumer that clearly establishes the consumer s responsibilities and expected action in implementing and overseeing their own care, including how to trigger back-up coverage, notifying scheduled care providers if the consumer can not make an appointment, obtaining transportation, and a list of important phone numbers.

10.6 Back-up Plan Development

10.6.1 ISC shall assist the consumer in arranging for alternate/informal care providers when formal care providers fail to appear or are unavailable.

10.6.2 ISC must educate consumer about triggering coverage (contacting ISC and alternate care provider) and provide the consumer with written instructions on how to trigger the backup care plan.

10.6.3 ISC shall ensure that each consumer has a File of Life (small folder containing such information as: doctor s phone number, medications, diagnosis, contact numbers etc.).

10.7 Time Frame

10.7.1 Plan must be completed within thirty (30) days from first meeting**,** if possible (with the exception of the housing component, which may require additional time)

11.0 Assistance in Obtaining and Applying for Desired Services:

11.1 ISC duties regarding HCBC authorization

11.1.1 Offer, at the first face-to-face meeting, to start the process by scheduling the Assessment and Counseling Coordinator, but explain to the consumer that the application can be withdrawn at any time.

11.1.2 Contact Assessment and Counseling Coordinator to schedule CAF assessment within 3 business days of client s desire to proceed with HCBC application.

11.1.3 Provide HCBC nurse with relevant care plan summary as developed by consumer with ISC assistance at least five days prior to the HCBC nurse s appointment with the client.

11.1.4 Attend the HCBC nurse meeting with the client to review and approve the HCBC care plan.

11.2 ISCs responsibilities regarding aiding consumer in obtaining housing and housing assistance:

11.2.1 Assist with all housing applications and act as liaison to NH Housing Finance Authority,

11.2.2 Arrange for all needed housing benefits within 30 consecutive days, of first face to face meeting, if possible,

11.2.3 Assist the consumer by finding, applying, and securing (if necessary) actual housing, prior to care plan approval (preferably within 30 consecutive days). If housing can not be secured within 90 days, the consumer may not continue to be served by the project.

11.3 ISCs responsibilities regarding aiding consumer in obtaining financial assistance.

11.3.1 Assist consumer in identifying all services or funding for which they may be eligible.

11.3.1.1 ISC should utilize Wired Wizard (or other funding/benefits analysis) for consumer.

11.3.2 Educate consumer about all potential program options identified as part of care analysis and planning process.

11.3.3 Assist consumer in completing and filing all applications for services or benefits that consumer desires as part of care plan.

11.3.4 Assist the consumer in advocating for the approval of pending applications.

12. Ombudsman

12.1 ISC, with consent of the consumer, shall notify the New Hampshire Office of Ombudsman with the identity of the consumer-participant and assistance in scheduling an initial meeting between the ombudsman volunteer and the consumer.

12.2 The ISC shall assist in setting up the meeting before the consumer transitions into the community and after HCBC plan approval.

12.3 Consumers will be offered community based volunteer ombudsman services. The volunteer ombudsman will provide additional monitoring of the quality of services received by the consumer as well as the consumer s safety . The volunteer ombudsman will be introduced to the consumer while in the nursing facility and will offer to maintain connection to the consumer once he or she returns to

the community. Community based volunteer ombudsman services are voluntary and the consumer can reject them at any time without any impact on his or her eligibility for services or participation in the Nursing Home Transition Project.

13.0 Use of Flexible Funding (up to $2500 per person)

13.1 Consumer Requisition Form

13.1.1 Consumer and ISC must submit a requisition for to IHLE to request the use of flexible funding.

13.1.2 Consumer and ISC must document on the form that the need is not covered by any other funding source.

13.1.3 Consumer/ ISC must provide an explanation of how this meets a need relating to the care plan to support community placement and quality of life

13.1.4 ISC must insure that these additional funds do not jeopardize any other funding utilized by the consumer

13.1.5 Form must be signed by consumer

13.2 Review Committee

13.2.1 Submitted requisition forms are to be reviewed by review committee

13.2.2 Review committee may make its decision by conducting a series of one on one phone conversations or in person meetings.

13.2.3 Three of four affirmative votes are necessary for approval

13.2.4 Guiding principal for reviewing shall be does the request meet a need identified in the care plan to support consumer s community placement & quality of life?

13.2.5 The Committee will consist of four members as follows:

1. One a IHLE or FPLC representative (e.g. David Frydman or other).
2. One a Representative from the State Committee on Aging (at least two identified individuals to be available for this role at any one time).
3. One a DHHS Employee or other relevant State employee (at least two identified individuals to be available for this role at any one time).
4. One an uninvolved ISC.

13.3 Payment of Funds

13.3.1 Funds are paid directly to the third party identified in the requisition form either in the form of purchase orders for goods or for services, after IHLE receives an invoice for services rendered.

14.0 ISC s Duties to Arrange Services and Housing

14.1 Housing:

14.1.1 If desired by consumer, ISC shall assist in locating and securing housing,

14.1.2 If suitable housing can not be obtained for the consumer within 90 days of consumer s sign off on the proposed care plan, consumer loses eligibility to participate in the program (care plan is based on living accommodations, need to secure housing prior to care plan approval).

14.2 Services:

14.2.1 ISC shall contact consumer s preferred service providers.

14.2.2 ISC shall draft an Acknowledgement of understanding of Support Role (AOU) for each service and care provider relating consumer s expectation of services to be rendered (signed by all interested parties). AOU shall detail with specificity timing and duties of the care and service provider.

14.2.3 If the service provider fails to provide services pursuant to AOU, ISC negotiates for better coverage or makes appropriate changes by submitting addendum to HCBC Nurse to change service provider (ISC needs HCBC Nurse s prior approval to all changes in service providers).

14.2.4 ISC shall assist consumer in finding a physician in the community (one accepting Medicaid patients, if applicable) and work with consumer to arrange for initial visit with physician.

14.2.5 ISC shall work with consumer to obtain needed medications and insuring that at the time of discharge an adequate supply of medications are available (not all pharmacies honor nursing home prescriptions).

14.2.6 ISC shall educate consumer as to possibility of service provider failing to provide services and consumer s responsibility to contact the backup care provider and the ISC to trigger back up plan as developed in the care plan. ISC shall use the Acknowledgement of Understanding of Backup Plan form for this purpose.

14.2.7 ISC must insure all services are in place prior to the consumer moving into the community.

15.0 **Monitoring Quality of Services**

15.1 Routine Consumer Contacts —Frequency

15.1.1 ISC shall offer to meet the consumer, at a minimum:

15.1.1.1 Once per week (or as necessary PRN) for the first month after transition.

15.1.1.2 Once every two (2) weeks for the second month (or as necessary PRN) after transition.

15.1.1.3 Once per month (or as necessary PRN) for the third and subsequent months.

15.2 Routine Consumer Contacts — Responsibilities

15.2.1 ISC must address the following issues at the consumer contacts prescribed by section 15.1:

15.2.1.1 Does Consumer feel safe?

15.2.1.2 Are services actually being provided?

15.2.1.3 Are medications being taken and an adequate supply available?

15.2.1.4 How is the care plan functioning in addressing the individual problem list, service plan and preferences summary developed as part of the care plan process as set forth in Section 10.1?

15.2.1.5 Is the client attending medical appointments?

15.2.1.6 Is the consumer satisfied with the care plan,

15.2.1.7 Does the consumer want to make any changes regarding services, service providers or the care plan in general.

15.3 Emergency Contacts (without activation of lifeline)

15.3.1 ISC shall maintain a beeper / answering service to be accessible 24 hours per day, 7 days per week.

15.3.2 If contacted by consumer via answering service or beeper, ISC shall respond to the consumer within two (2) hours.

15.4 Emergency Contacts (Lifeline Activated)

15.4.1 In actual emergencies, the consumer should use a lifeline or other emergency response system, such as 911. Note, that consumer s decision as to whether to have a lifeline service is voluntary. The ISC can not require that a consumer subscribe to a life-line service.

15.4.2 ISC must arrange to be notified by lifeline provider in the event lifeline is activated.

15.4.3 As ISC is not a direct service provider ISC should not be used as a lifeline response contact.

15.4.4 ISC must respond to consumer within _ hour of activation of lifeline,

15.4.5 ISC must respond as needed, to adjust care, schedule services, notify service providers of changes and insure proper linkages to acute care if a medical emergency occurred

15.4.6 ISC must identify reason consumer activated lifeline and outcome,

15.4.7 ISC shall maintain a log detailing lifeline activation for each consumer consisting (but not limited to) consumer name, date, reason for activation and outcome, follow-up care as needed

16.0 **Changing Service Providers**

16.1 ISC must submit a care plan addendum to HCBC Nurse for HCBC care plan changes and obtain HCBC Nurse approval prior to changing any HCBC reimbursed service providers. Proposed changes to the HCBC service plan must be submitted to the HCBC nurse using the standard amendment form.

17.0 **Reevaluation of Service Needs/Service Plan**

17.1 Initial Reevaluation

17.1.1 ISC must work with consumer to evaluate the consumer s desire / need to return to the nursing facility by the end of the business day on day seven (7) of the consumer living in the community (must be done while nursing home bed is being held).

17.2 Subsequent Reevaluations — Timing

17.2.1 ISC must conduct formal reevaluations at least every month or more frequently, as needed.

17.3 Subsequent Reevaluations — Tasks, At each formal reevaluation ISC must:

17.3.1 Review care plan summary with consumer related to strengths / weaknesses/ and preferences and service plan arrangements for addressing these issues.

17.3.2 Evaluate consumer dependence via ADL s or IADL s by completing Module 8 of the CAF form.

17.3.3 Evaluate support system with the consumer.

17.3.4 Make desired adjustments to the care plan and submit addendum to HCBC or implement accordingly.

18.0 **Documentation / Recordkeeping**

18.1 Documenting Contacts

18.1.1 ISC must document each consumer-related contact within 24 hours of said contact and include the following information:

18.1.1.1 Name of Client/Representative
18.1.1.2 Type and name of contact
18.1.1.3 Length of contact
18.1.1.4 Progress note

18.2 Storage Requirements

18.2.1 ISC must store records in a secure, locked location.

18.2.2 ISC shall develop a written disaster recovery plan for all computerized records. This disaster recovery plan should, at a minimum, include a provision to back-up all computer files and store back up copies of the files at a secure, off-site location (back-up files must be updated once per week).

18.2.3 Records must be retained for Six (6) years.

18.3 Quality Review

18.3.1 ISCs shall bring documents to monthly project meeting for peer and project review.

19.0 **Confidentiality**

19.1 As required by Section 5.3.3, ISC must obtain a consumers signature on a consent form which shall permit disclosure of ISC records to the IHLE project staff, DEAS, other ISCs in the project, other staff in the ISC s business organization and to service providers and funding sources to arrange needed/desired services.

19.2 Training shall be provided for ISCs regarding their duties/restrictions.

19.3 ISCs may not share client information with family members or others without consumer consent.

20.0 **ISC Availability**

20.1 ISC must be available to the consumer twenty-four (24) hours per day by emergency beeper or arrange for round the clock coverage by another qualified individual.

20.2 Each ISC shall have a beeper or answering service and provide the number to consumers and project staff.

20.3 If contacted by consumer via answering service or beeper, ISC shall respond to the consumer within two (2) hours.

21.0 Billing

21.1 Pre-Transitions Billing

21.1.1 Each ISC shall use specified time and activity log detailing client name, activity (including type and goal of activity), date, time of day and total length of time expended on activity.

21.1.2 ISC shall submit monthly invoices to FPLC which notes the amount billed for (a) training (b) pre-transition consumer services, and (c) project activity. Invoices must include a copy of the billing log as described in 21.1.1 to IHLE once per month.

21.1.3 ISC shall be paid $40/hour for direct activity related to the consumers and for other project related activity, but not including driving time. ISCs shall be paid $25 an hour for time attending mandatory training.

21.1.4 Each ISC shall be responsible for his/her own expenses, including but not limited to telephone and travel expenses.

21.2 Post-Transition Billing

21.2.1 ISC shall submit their claims to the Medicaid fiscal agent, and be reimbursed for Medicaid/HCBC case management at the established Medicaid rate for such services.

21.2.2 ISC will be trained in Medicaid billing procedures as part of obtaining its Medicaid provider number.

22.0 **Reporting and Oversight to State and Project**

22.1 ISC must keep their records up to date and available for inspection/review by project staff and the state as permitted in client consent form.

22.2 ISC must provide project with his/her time logs.

22.3 ISC must attend monthly management meetings and bring copies of consumers files to meetings.

23.0 **Sharing Information and cooperating with Other ISCs**

23.1 ISCs must participate in monthly peer/management review meetings.

23.2 ISCs must participate in intranet site or list serve to share information and assist in problem solving.

23.3 ISCs must participate on review committees of requisitions for the use of flexible funding by consumers who are working with other ISCs.

24.0 **Linkages to Informal Supports**

24.1 ISC shall conduct two discussion groups or meetings with potential volunteer resources to expand the volunteer network that may be available for project participants.

24.2 ISC should invite to these meetings representatives of local community organizations, volunteer organizations, faith communities, boards of selectmen and representatives of local government, among others.

24.3 At these meetings, the ISC shall inform those present about the project and develop a list of potential contacts or leads for future assistance in identifying needed or wanted volunteers.

24.4 These meetings shall be held in December 2000, and May 2001.

25.0 **Conflict Resolution**

25.1 Once a consumer decides to participate in the project, the IHLE must inform the consumer of the project s policies for resolving complaints as provided for in this section. At the time of reviewing the policy, the ISC must provide the consumer with a list of names and phone numbers to call if the consumer wants to raise a specific complaint pursuant to this policy. The ISC must let the consumer know that if they can not resolve a complaint between themselves, the consumer is encouraged to call others about the conflict and that the consumer should not fear doing so.

25.2 The first action when a conflict occurs is for both the ISC and the consumer to attempt to resolve it on their own. If both the ISC and the consumer cannot resolve the conflict then the following steps are available.

25.3 During the conflict the ISC must inform the consumer again that if they are unable to resolve the conflict between themselves, the consumer is encouraged to call the ISC s supervisor and let them

know about the conflict and try to resolve it with the supervisor. The ISC must document any conflicts in the consumer s file.

25.4 When the ISC s supervisor receives a call from the consumer they must call the consumer back within 3 business days from the time they left the message. If it is an emergency the supervisor must call the consumer back as soon as possible. The supervisor must attempt to resolve the conflict and file a Conflict Resolution Form with the project. The supervisor must also inform the consumer that if she/he is still not satisfied with the outcome, he/she is welcome to notify the project manager at the Institute for Health Law and Ethics about the complaint (currently David Frydman).

25.5 If the consumer contacts the project manager at the Institute for Health Law and Ethics about the ongoing conflict, the project manager is to respond within 3 business days or as soon as possible if it is an emergency.

25.6 The project manager at the Institute for Health Law and Ethics must document the complaint by the consumer and help the consumer resolve the conflict. The project manager at the Institute for Health Law and Ethics must also complete a Conflict Resolution Form. The project manager at the Institute for Health Law and Ethics must also inform the consumer that if she/he is still not satisfied with the outcome, he/she is welcome to notify the project director at the Division of Elderly and Adult Services (currently Lloyd Farnham) about the complaint.

25.7 The decision of the project director at Division of Elderly and Adult Services shall be final and shall be recorded by completing a Conflict Resolution Form.

25.8 Copies of all Conflict Resolution Forms shall be maintained in the consumer s file as well as with the project manager at the Institute for Health Law and Ethics.

25.9 At any point in the process the consumer has the right to fire their ISC and they will have the opportunity to hire another if one exists. The ISC also has the right to withdraw from the project at any time.

26.0 Disposition Policy

26.1 If a consumer decides not to participate in the project, whether at the initial contact or later in the process after having previously decided to participate, the ISC shall fill out a Disposition form. The disposition form shall be filed in the consumer s file and a copy provided to the project manager at the Institute for Health Law and Ethics.