



State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES

DIVISION OF AGING AND COMMUNITY SERVICES

PO BOX 807

TRENTON, N.J. 08625-0807

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

www.nj.gov/health

POONAM ALAIGH, MD, MSHCPM, FACP
Commissioner

DATE: March 15, 2011

NUMBER: 2011-7, VII - 5

TYPE: Policy Memorandum

SUPERSEDES: N/A

SUBJECT: Care Manager Standards

DISTRIBUTION CODE: IX c, d, e, f;
X a

EFFECTIVE: March 15, 2011

APPLICABILITY: Aging and Disability Resource Connection sites, Area Agencies on Aging, Care Management Agencies

BACKGROUND: It is incumbent on the Division of Aging and Community Services (DACS) to ensure uniformity and consistency for all individuals receiving the service of care management. To do this DACS reached out to the various providers of care management services to determine Care Manager standards that ensure professionalism, set a baseline of education and/or experience, and provide a scope of activities performed by the Care Manager.

The work group of providers determined standards based on group discussion, provider experience and mutual agreement. Providers also had the opportunity to submit questions in response to the final draft standards. Those questions and answers are attached to this policy memorandum.

PURPOSE: The Division of Aging and Community Services (DACS) recognized that the service of care management was being provided in different ways, by different workers, with different qualifications and for different constituents. Participants, in all DACS administered programs, should receive a constant and uniform level of service, regardless of the program the individual is enrolled in. This policy sets a benchmark of minimum standards an individual would have to meet to become a Care Manager for DACS administered programs.

POLICY:

This policy establishes the minimum standards for Care Managers in all DACS administered programs.

The policy creates standards that address the educational requirements, work experiences, programmatic training, and continuing education requirements needed to be a DACS program Care Manager.

The standards list core activities a Care Manager will be required to provide to all participants based on program requirements. The following are examples of these activities, but the list is not all inclusive as program requirements may be different:

- Time frames for making contact with the participant;
- Documentation of activities on behalf of the participant;
- Arranging and monitoring services provided;
- Communication with the participant, provider and others;
- Financial accountability; and
- Enrollment and disenrollment notification.

JUSTIFICATION:

DACS Approved Providers

DACS Provider Contract

Par. 15. The Contractor agrees to comply with all federal, state and municipal statutes, laws, rules, regulations and policies applicable to the provision of services hereunder, including but not limited to the following: Anti-discrimination - N.J.S.A. 10:5-1 et seq., Civil Rights Act of 1964, with amendments, 42 U.S.C.A. 2000a et seq., Americans with Disabilities Act - 42 U.S.C.A. 12101 et seq., Rehabilitation Act of 1973 with amendments - 29 U.S.C.A. 794(a), 42 U.S.C.A. 6101; New Jersey Conflicts of Interest Law - N.J.S.A. 52:13D-12-27; Lobbying - 31 U.S.C. 1352; and all state and federal Medicaid laws, regulations and policies. The list of laws cited herein is not intended to be an exhaustive list and is available for review at the State Library, 185 W. State Street, Trenton, New Jersey 08625, or

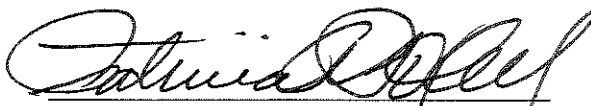
Office on Aging Grantees

45 CFR §1321.11 State agency policies

(a) The State agency on aging shall develop policies governing all aspects of programs operated under this part, including the ombudsman program whether operated directly by the State agency or under contract. These policies shall be developed in consultation with other appropriate parties in the State. The State agency is responsible for enforcement of these policies, or

NJ Medicaid Approved Providers

The Provider Agreement between the NJ Division of Medical Assistance and Health Services and the approved Medicaid Provider states that the provider agrees to comply with all applicable State and Federal laws, policies, rules, and regulations promulgated pursuant thereto.



Patricia A. Polansky, Assistant Commissioner
Division of Aging and Community Services



DACS Care Management Standards

Care Management is a collaborative process or activity that includes, but is not limited to, care planning, service coordination, Plan of Care monitoring, and advocacy to meet an individual's care needs.

Care Manager Competency Standards

- Care Managers must be a:
 - Licensed or certified social worker, NJSA 45:1-15 OR
 - Licensed, registered nurse, NJSA 45: 11-26, OR
 - Graduate from an accredited college or university with a Bachelor's degree, or higher, in a health related or behavioral science field.

Experience: 1,600 hours (46 months working 35 hours per week) of paid work or internship experience (non-volunteer) with the elderly or physically disabled in an institutional or community setting.

- Care Managers will complete an agency-provided, or arranged, orientation to the Aging and Disabilities Resource Connection (ADRC) process within 30 days of working as a Care Manager.
- Care Managers will begin the mandatory Division of Aging and Community Services (DACs) Basic Care Management Training within 12 months of hire, completing all modules within 18 months and successfully passing a competency examination on care management. Medicaid waiver Care Managers will be required to complete the Center for Medicare and Medicaid Services (CMS) Home and Community Based Services (HCBS) Quality Assurance training within 12 months of hire.
- Annually, Care Managers will attend at least one (1) continuing education training related to the elderly or physically disabled.

Scope of Care Management Activities

1. Care Manager must contact participant within 3 business days of receipt of complete case referral.
2. Care Manager must have an in-home visit with participant within 7 business days of receipt of complete case referral.
3. Care Manager must have Plan of Care (POC) signed and completed within 30 calendar days of receipt of complete case referral.
4. Care Manager will develop the POC with the participant, based on the participant's assessed needs as per program requirements. This shall include unmet needs, personal goals, risk factors, and back-up plans when warranted. Any changes to the POC during the year must be reviewed and initialed by the participant.
5. Care Manager will arrange POC services using both formal and informal supports or as per program requirements.
6. Care Manager must document all participant activities in a Monitoring Record as per program requirements.
7. Care Manager must report all Critical Incidents as per program requirements.
8. Care Manager will monitor ongoing participant needs and services as per program requirements. For Waiver and JACC participants a minimum of a monthly contact and an in-person visit every 3 months. A home visit must be completed every 6 months.
9. Care Manager must authorize participant services through appropriate forms as per program requirements, i.e., such as Individual Service Agreement (ISA), Special Request, and Prior Authorization.
10. Care Manager will communicate with service providers as per program requirements.

11. Care Manager will maintain service cost cap through appropriate forms as per program requirements, i.e., Service Cost Record.
12. Care Manager will submit requests to the appropriate entity to increase service cost as per program requirements.
13. Care Manager must participate in the Inter-Disciplinary Team (IDT) process as assigned and as per program requirements.
14. Care Manager must notify the appropriate agencies of case disenrollment/withdrawal and transfers as per program requirements.