

Appendix E

Instructions for the COMMUNITY OPTIONS ANNUAL CARE MANAGEMENT/SUPPORT AND SERVICE COORDINATION CAPACITY REPORT

Revised 10/2007

General Instructions

1. Complete one report for each county agency which provides care management/support and service coordination to COP, COP-Waiver or CIP II participants. Also include CLTS, CIP I and BIW participants who also receive some COP-funded services or for whom COP is used as match or overmatch for the waiver. Information about care management/support and service coordination you purchase from contract agencies is included in your report.
2. See "Calculating COP Care Management/Support and Service Coordination Time of Individual Workers" (attached) for instructions relevant to counting workers' time for the purposes of this report.
3. Return all completed forms as part of your COP Plan Update.
4. Direct questions to your Human Service Area Coordinator.

Part I: General Information

Information on the county agency completing the report.

Part II: Care Management/Support and Service Coordination Hours Available

- A. List by name each care manager/support and service coordinator who provides care management/support and service coordination to participants who receive any services funded by COP, COP-W or CIP II. Also include CLTS, CIP I and BIW participants who receive some COP-funded services or for whom COP is used as match or overmatch for the waiver. Copy and attach additional sheets if necessary.

Include care managers/support and service coordinators from other county agencies who provide CM/SSC to persons receiving such services but who are not under a contractual agreement with you for that care management. Failure to count these CM/SSCs will result in an undercounting of the agency's total annual COP care management/support and service coordination hours available in line 34 Column F.

- B. Enter the number of hours in the workday for this care manager/support and service coordinator.

- C. Enter the number of days this care manager/support and service coordinator works per year. Exclude vacation, holidays, personal days and sick days earned.
- D. Multiply column B by column C to get the number of annual work hours for this care manager/support and service coordinator.
- E. Enter the percent of each individual care manager/support and service coordinator's time spent on CM/SSC provided to participants in COP, COP-W or CIP II. Also include CLTS, CIP I and BIW participants who also receive some COP-funded services or for whom COP is used as match or overmatch for the waiver. Include time spent on travel related to CM/SSC, i.e., time spent traveling to and from site visits to see participants or service providers on behalf of a specific participant which can be billed as CM/SSC. Include staffings or time spent with supervisors or other CM/SSCs discussing specific clients' situations or strategies for funding/meeting needs of specific clients.

Do not count time spent on non-care management/support and service coordination activities including, training, personal time such as paid breaks or lunch time, activities spent on program administration, resource development or other activities that are not for the benefit of a specific individual. Do not count time spent on providing care management/support and service coordination or other services to participants in programs other than COP, COP-W or CIP II, including CLTS, CIP I and BIW participants who also receive some COP-funded services or for whom COP is used as match or overmatch for the waiver).

See the attached "Calculating COP Care Management/Support and Service Coordination Time of Individual Workers" for more discussion of what is counted as care management/support and service coordination.

- F. Multiply column D by column E to get the annual COP care management/support and service coordination hours available for this worker.

Total the individual worker amounts in column F on line 34 to get the total annual COP care management/support and service coordination hours available. Use this number to compare with needed hours reported in Part III line 49.

Part III: Care Management/Support and Service Coordination Hours Needed

In this section the amount of time needed by the Lead Agency to provide care management/support and service coordination to current participants is calculated. The "standard" of 7 hours for each assessment of care plan completed, and 2.5 hours per month of ongoing monitoring recommended by the COP Care Management Standards Development Work Group is applied. Hours of care management/support and service coordination monitoring, including assessments and care plans purchased from contract agencies are excluded from the hours needed by the lead agency.

35. Enter the unduplicated number of COP, COP-W/CIP II, CLTS, CIP 1 and BIW participants who on December 31, 2008, were receiving CM/SSC services provided by the lead agency or another county agency (regardless of the payment source for the CM/SSC service). Do not include participants whose care management/support and service coordination services are provided by a contract agency. Include all people who receive some services funded by COP, COP-W/CIP II, CLTS, CIP 1 and BIW regardless of whether they also receive services, including CM/SSC, funded through other waivers or programs. In order to obtain an unduplicated number count people who:
 - a. Receive only COP-funded services;
 - b. Receive only services funded through either COP-W/CIP II, but who receive no COP-funded services; or
 - c. Receive services funded through COP **and** any Medicaid Waiver or other programs including situations where COP is used as match or overmatch for federal Medicaid Waiver funds.
36. Using the methodology for question 35, enter the unduplicated number of participants on December 31, 2008, who are receiving CM/SSC services provided by contract agencies. Do not include participants whose CM/SSC services are provided only by the lead agency. Do not include participants whose CM/SSC services are provided only by another county agency unless such services are provided under a contract with the lead agency.
37. Add lines 35 + 36 to determine the unduplicated count of current COP, COP-W/CIP II, CLTS, CIP 1 and BIW participants receiving services from you or your contract agencies.
38. Multiply line 37 by 2.5 hours per month to determine the total number of care management/support and service coordination hours needed per month.
39. Enter the number of COP assessments completed by you or your contract agencies in a month. To obtain this number divide the total number of assessments completed during 2008 by 12 months.
40. Multiply line 39 by 7 hours per assessment.
41. Enter the average number of COP care plans completed by you or your contract agencies in a month. To obtain this number divide the total number of care plans completed during 2008 by 12 months.
42. Multiply line 41 by 7 hours per care plan.

43. Add lines 38 + 40 + 42 to determine the total monthly hours projected to be needed by the lead agency or its contract agencies for COP, COP-W and CIP II, CLTS, CIP 1 or BIW care management/support and service coordination.
44. Enter the number of hours of COP, COP-W/CIP II, CLTS, CIP 1 and BIW care management/support and service coordination you purchase per month from contract agencies.
45. Multiply the monthly number of assessments you purchase from contract agencies by 7 hours per assessment to determine the monthly contracted assessment hours needed.
46. Multiply the monthly number of care plans you purchase from contract agencies by 7 hours per care plan to determine the monthly contracted care plan hours needed.
47. Add lines 44 + 45+ 46 to determine the average monthly COP, COP-W/CIP II, CLTS, CIP 1 or BIW care management/support and service coordination purchased from contract agencies.
48. Subtract line 47 from line 43 to determine the average monthly hours the county agency needs to provide for COP, COP-W/CIP II, CLTS, CIP 1 and BIW care management/support and service coordination.
49. Multiply line 48 by 12 to determine the average annual hours the county agency needs to provide for COP, COP-W/CIP II, CLTS, CIP 1 and BIW care management/support and service coordination.

If line 49 is less than or equal to the total annual COP CM/SSC hours available reported in Part II line 34 column F, stop here. You are meeting or exceeding the caseload size standard. If line 49 is greater than available CM/SSC hours reported in Part II line 34 Column F, continue on to Part IV.

Part IV: Additional Care Management/Support and Service Coordination Needed

This section calculates the number of additional care management/support and service coordination hours needed by the lead agency. It also requires a plan by the lead agency to provide the additional hours.

50. Subtract the total annual COP CM/SSC hours available reported in Part II column F line 34 from the annual hours the county agency needs to provide for COP, COP-W/CIP II, CLTS, CIP 1 and BIW care management/support and service coordination in Part II line 49 to determine the number of additional CM/SSC hours needed.
51. Outline a plan for providing the additional CM/SSC hours needed.

Calculating COP Care Management/Support and Service Coordination Time of Individual Workers

Definition of Care Management/Support and Service Coordination:

“Care management/support and service coordination is the comprehensive assessment of an individual’s long term care needs, capacities and preferences, and the planning, authorizing, procuring, coordinating, and monitoring of appropriate services and supports to meet those needs.”

What to count/not count as COP, COP-W/CIP II, CLTS, CIP 1 and BIW care management/support and service coordination:

Count only **individual workers** who provide care management/support and service coordination to COP, COP-W/CIP II participants, including CLTS, CIP I and BIW participants who also receive some COP-funded services or for whom COP is used as match or overmatch for the waiver.

For each individual worker, count only the time s/he spends providing care management/support and service coordination to COP, COP-W/CIP II participants, including CLTS, CIP I and BIW participants who also receive some COP-funded services or for whom COP is used as match or overmatch for the waiver. Do not count the time an individual CM/SSC spends providing care management to participants of other programs.

When calculating the amount of time a worker spends providing care management/support and service coordination to COP, COP-W/CIP II participants, including CLTS, CIP I and BIW participants who also receive some COP-funded services or for whom COP is used as match or overmatch for the waiver, count only those job responsibilities specifically included in the above definition of care management/support and service coordination.

In general, unless otherwise instructed, count any activity that a CM/SSC performs for an individual program participant other than direct hands on service as care management/support and service coordination. Direct hands-on services provided to participants or activities that are not related to specific program participants, but are performed to benefit participants or the program in general should not be counted as care management/support and service coordination.

Examples:

A “staffing” meeting to discuss care planning for an individual participant is care management/support and service coordination; a “staff” meeting of CM/SSC to discuss program policies and practices is not. Time spent recruiting, hiring and scheduling a personal care provider, verifying the delivery of services and authorizing payments to that

provider, for a specific participant is care management/support and service coordination, recruiting and hiring providers, contracting, processing billing in general, as opposed to for an individual participant, is not. Count time spent traveling to and from site visits to see participants or service providers on behalf of a specific participant.

Do not count the time an individual CM/SSC spends in activities other than care management/support and service coordination. Do not count time spent on the following activities which are not counted as care management/support and service coordination for the purpose of this report: direct hands-on services, intake, resource development and general recruiting of providers, processing general invoices, maintaining management information systems, providing services to clients of other program, or other assigned duties.

**Community Options Annual Care Management/Support and Service
 Coordination Capacity Report**

Part I: General Information						
County: Sample			Lead Agency:			
Name of Person Reporting:				Phone:		
Part II: Care Management/Support and Service Coordination Hours Available						
	A	B	C	D	E	F
	Worker	Hours/Day	Days/Year	Hours/Year	COP CM/SSC%	COP CM/SSC Hrs.
1	Worker 1	7.50	218.00	1,635.00	0.62	1,013.70
2	Worker 2	7.50	228.00	1,710.00	0.95	1,624.50
3	Worker 3	7.50	223.00	1,672.50	0.04	66.90
4	Worker 4	7.50	228.00	1,710.00	0.06	102.60
5	Worker 5	7.50	228.00	1,710.00	0.29	495.90
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34	Total:					3,303.60

Part III: Care Management Hours/Support and Service Coordination Needed		
35	Participants receiving CM/SSC from the county agency	125.00
36	Participants receiving CM/SSC services from subcontract agencies	0.00
37	Total participants (line 35 + line 36)	125.00
38	Monthly direct CM/SSC hours needed (line 37 x 2.5)	312.50
39	Average monthly assessments	6.50
40	Monthly assessment hours needed (line 39 x 7)	45.50
41	Average monthly care plans	5.60
42	Monthly care plan hours needed (line 41 x 7)	39.20
43	Total monthly CM/SSC hours needed (line 38 + line 40 + line 42)	397.20
44	Direct CM/SSC hours subcontracted monthly	0.00
45	Multiply monthly subcontracted assessments by 7 hours/assessment	0.00
46	Multiply monthly subcontracted case plans by 7 hours/case plan	0.00
47	Total monthly subcontracted CM/SSC (line 44 + line 45 + line 46)	0.00
48	Total monthly agency CM/SSC hours needed (line 43 – line 47)	397.20
49	Total annual county agency CM/SSC hours needed (line 48 x 12)	4,766.40
Part IV: Additional Care Management/Support and Service Coordination Needed		
If total COP CM/SSC hours available from Part II line 34, column F is greater than CM/SSC hours needed from Part III line 49 stop here. Otherwise complete Part IV		
50	Additional CM/SSC hours needed (Part III line 49 – Part II line 34 column F)	1,462.80
51	If there is a number entered in line 50, please outline a plan for providing the additionally needed CM/SSC hours	