CSHCN CASE MANAGEMENT TOOL MONITORING INSTRUCTIONS AND STANDARD STATEMENTS

Standards are based on Title V values and CSHCN Performance Measures related to Family/Professional partnership and Family Satisfaction, Medical Home, Access to Adequate Health Insurance/Financing, Organization of Community Services for Easy Use by Families, Transition to Adult Health Care, Work, and Independence, and Family/Community Support, and CSHCN RFP requirements.

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I. Eligibility	
1. Services are provided for children ages birth to age 21 who have or are at risk for chronic physical, developmental, behavioral or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally.	Contractors determine that the child meets this definition of CSHCN at the time of intake and includes documentation in the child's record. DSHS regional staff may also assign appropriate children to contractor caseloads, including children on the CSHCN waiting list, if applicable. *Client records – intake documentation, contact notes, medical records.* *Program procedures.* *Staff interviews.*
2. Services may be provided for adults with Cystic Fibrosis.	Contractors determine that the adult meets this criteria at the time of intake and includes documentation in the adult's record. DSHS regional staff may also assign appropriate adults with Cystic Fibrosis to contractor caseloads, including adults with Cystic Fibrosis on the CSHCN waiting list, if applicable. *Client records – intake documentation, contact notes, medical records.* *Program procedures.* *Staff interviews.*
3. Children eligible for case management through Medicaid, Early Childhood Intervention (ECI), or other state programs are referred to and served through those funding resources.	Contractors determine the child's funding resources at the time of intake. If the child has Medicaid, their case management should be provided through CPW Case Management. A child with Medicaid may be served through CSHCN Case Management if the CPW Case Management Provider does not have the capacity to serve the child, or if other factors prevent the provision of case management services through CPW. Similarly, an infant or toddler receiving Early Childhood Intervention (ECI) should be served through that system unless factors prevent the provision of case management (service coordination) services through ECI. *Client records – intake documentation, contact notes, medical records.* *Program procedures.* *Staff interviews.*

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II. Case Management Services	
1. Contractor provides a single point of access to services for comprehensive care and support and acts as liaison between the individual/family and the providers of services, when necessary.	Families and children may not be aware of services through community agencies and programs and/or may be confused by the complexity of eligibility and program requirements, resulting in challenges to access. The case manager serves as a primary contact person to assist families in accessing needed services for their children to ensure comprehensive care and support. The case manager serves as a link with providers of community services when needed. *Client records – intake documentation, contact notes, referrals.* *Program procedures.* *Staff interviews.* *Observation of staff/family/child interaction.*
2. Contractor has mechanisms to promote family focused and family directed processes.	Respect for family priorities should be demonstrated by the contractor's policies, procedures, and processes, including encouraging family input during the initial contact, the assessment, service planning, service coordination, and throughout the course of services, involving families in advisory boards, as employees, or as consultants, and demonstrating Title V values in contractor services, i.e., comprehensiveness, sensitivity to culture and heritage, respect for family preference, and provision of family support activities such as formal support groups or more informal networking opportunities, resource libraries and material, educational presentations and workshops, access to crisis assistance, and permanency planning or future planning. *Program policies and procedures.* *Array of services provided.* *Staff interviews.*
3. Services support the family in assuming primary responsibility for their child's case management.	Family-centered practices recognize the family as the expert in their child's care. As such, family members will be involved in accessing and managing services for their child over the long run. A key role of the case manager is to promote and support the family to feel comfortable in this role. *Client records – intake documentation, contact notes, training and education provided for family.* *Program procedures.* *Staff interviews.* *Observation of staff/family/child interaction.*
4. The child and family are linked with an appropriate medical home to ensure comprehensive, coordinated, and high quality medical care.	A Medical Home is a respectful partnership between a child, the child's family, and the child's primary health care setting. A Medical Home is family-centered health care that is accessible, continuous, comprehensive, coordinated, compassionate, and culturally competent. When a child has a Medical Home, the child's family may be confident that they are partnering with knowledgeable and caring professionals who provide quality health care services and care coordination. *Client records – intake documentation, documentation identifying the medical home, contact notes.* *Program procedures.* *Staff interviews.*

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5. Children who have Medicaid are informed of, and referred to, Texas Health Steps services.	Contractors will determine if children are enrolled in Medicaid or are potentially eligible for Medicaid. They will discuss Texas Health Steps primary and case management services with families whose children have Medicaid and ensure that these children are referred to Texas Health Steps for follow-up for primary health care or for case management services. *Client records – intake documentation, contact notes, referrals.* *Program procedures.* *Staff interviews.*
6. Case managers are in regular contact with the child and family to discuss progress, problems, and plans.	It is expected that things may change for a child and family over time. It is important that the case manager assumes the responsibility for tracking and follow-up with the child and family. Discussion of progress, problems, and any changes that are needed to services is an important component of maintaining quality case management services. *Client record –contact notes, Individual Service Plan.* *Program procedures.* *Staff interviews.* Observation of staff/family/child interaction.
7. Contractor maintains accurate and current documentation of evaluations, assessments, needs, services, progress, financial data, and all other categories of information required in each individual's record.	Accurate documentation in client records is essential to an adequate assessment of the contractor's adherence to contract standards. *Quality assurance - client record review documentation.* *Client records - intake documentation, contact notes, assessments, Individual Service Plan.* *Policies or program procedures specific to quality assurance.*
8. Information concerning diagnosis, treatment, prognosis, and resources is shared among all members of the service team, including the family and is documented.	In order for the team and family to be knowledgeable, effective partners in planning services for the child, information must be shared among team members. *Client records – contact notes, notes from team meetings and case conferences.* *Staff interviews.*
9. Contractor procedures allow levels of care and activities appropriate to the family's situation and their choices.	All families may not need comprehensive services. In recognition that there are limited resources and unmet needs, agencies may develop levels of care and procedures indicating services and record keeping requirements for the various levels. *Client records – intake documentation, contact notes.* *Program procedures.* *Staff interviews.*

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III. Cultural Competence	
1. Contractor delivers culturally competent services in such a way as to enhance existing community resources and natural supports and respect the values of the individual families.	The contractor's program policies and procedures should demonstrate the importance of acknowledging and respecting the cultural values of families and children. Inherent in this respect is the incorporation of family routines and other natural supports with the provision of services. *Client records – intake documentation, contact notes.* *Program policies and procedures.* *Array of services provided.* *Staff interviews.*
2. Contractor demonstrates the ability to provide services to culturally diverse populations (e.g., language translation, compliance with ADA requirements, and other means of assuring accessibility for the targeted population.)	Contractor policies and procedures should reference resources for obtaining language or sign language interpretation when needed, as well as providing other accommodations when needed. Service locations must be in compliance with ADA requirements. *Program policies and procedures.* *Client records – intake documentation regarding family/child's preferred language, contact notes (documentation of provision of language translation or sign interpretation if needed).* *Staff interviews.* *Observation of staff/family/child interaction.* *Facility review/observation.*
IV. Assessment	
1. A comprehensive needs assessment is completed by the family and case manager that:	The family/child participates in team decision-making regarding the health care services to be provided and the development of the service plan. The family is provided with information so that they have the resources and understanding to participate fully. The underlying assumption is that increased participation by the child and family will result in more effective care. Medical: A comprehensive assessment will include medical information, including whether a child with Medicaid is current with Texas Health Steps services. If the child is not current with these services, the record will document that the case manager provided information and referral. For children who are not eligible for Medicaid, the case manager should assess whether they are receiving well-child check-ups. Their families should be provided information regarding the importance of well child check-ups and this activity should be documented. The records of all children should document a medical home or the assistance/education provided by the case manager in selecting one. The assessment documents the child's current health insurance coverage. Developmental: The assessment will review the child's development and achievement relative to developmental milestones.
a. Includes at a minimum, the child, his/her family or guardian, and other individuals who have been/are involved in the child's care.	
b. Includes an assessment of medical, developmental, social, educational, financial, and other domains.	

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c. Determines the appropriate home and community-based services to meet the child's and family's needs in the community. d. Documents if the child has health insurance and what type, e.g. Medicaid, CHIP, CSHCN Services Program, or other. e. Identifies the child's medical home. f. Identifies if transition services are being provided or if transition planning is needed. g. Identifies if permanency planning is needed. h. Is updated as needed, at least annually.	Social: The assessment will also detail social services utilized and needed including community and informal supports and activities. Case managers should explore with the family whether the child participates in activities similar to those of his/her age peers (hobbies, after-school activities, play, family activities, etc.). The aim is to encourage the CSHCN and family to have as "typical" a life as possible given the child's condition and the community resources. Educational: Educational services are reviewed and documented. The plan will identify any transition services currently being provided or if these services are planned. Other: The assessment will also include other areas, such as permanency planning, transportation, nutritional needs, and exercise or physical activities. A child and family's needs change over time, therefore, the Individual Service Plan must be updated as needed, but at least annually. *Client records.* *Staff interviews.* *Observation of staff/family/child interaction. (including how staff educate families of the importance of THSteps services and medical home).* *Quality assurance - record reviews.* *Program policies and procedures.*
V. Individual Service Plan	
1. The plan is developed in collaboration with the family, and if appropriate, with the child and other providers. The plan and services incorporate natural supports and networks, including family, friends, community resources, etc. already utilized by the family, as appropriate and available. The plan is dated and signed by the case manager and a family member prior to implementation.	Contractors ensure that families participate in developing their child's service plan. Evidence of this process includes a signature on the service plan stating they participated and agree with the plan. A copy of the plan is provided to the family and case record contains documentation that this occurred. *Staff interviews.* *Client records.* *Program policies and procedures.*
2. The plan is family centered, community based, and culturally sensitive.	Case managers must be flexible and adaptable in meeting the unique needs of a diverse population of children who differ in diagnosis, severity, care, and the need for community resources. Care coordination should ensure that services in the plan are coordinated for the convenience and participation of the family. These may include scheduling multiple appointments (if needed) on the same day to decrease trips to the clinic if this is helpful for the child's family. Case managers also ensure that children and families are referred for assistance with educational,

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	social, and other needs if they do not provide this assistance. *Staff interviews.* *Client records – Individual Service Plan.* *Program policies and procedures.*
3. The plan specifies the type of services required by the child and family (and specifically addresses plans related to obtaining a medical home, transition services, and health insurance, as necessary), the individual(s) responsible for delivery of specific services, and their frequency and duration. The plan identifies the primary individual assigned to ensure coordination of services.	A detailed service plan facilitates the coordination of services provided through multiple programs by specifying the services to be provided, individual responsible, frequency and duration of services. The plan will document an individual who has been assigned as the primary contact responsible for ensuring coordination of services. *Client records – Individual Service Plan.*
4. A revised plan is developed if the case manager, child, and family or guardian determines that the plan needs a change in the type, amount, frequency, or cost of services. The plan is updated at least annually.	Families should be able to request a service plan update as appropriate. Families will often request changes in services when there is a change in the child's condition or as a crisis resolves. The case manager also needs to be cognizant of such changes so that services can be adjusted as needed.
VI. Coordination of Services	
1. Contractor offers children and their families access to an array of health/medical, social, educational, and other services through working relationships with a variety of agencies, programs, and providers.	Contractor personnel are expected to participate in interagency groups aimed at coordination of services and program planning. The contractor must also coordinate with the DSHS regional office as defined in the Request for Proposal and the approved application. Contractors must be able to access the full range of support services available in the community and are able to effectively advocate for individual families without conflict of interest and advocate for systems change, including the development of new services. Collaboration agreements may exist that facilitate joint provision of services, coordination of services/case management, and sharing of resources and information *Client records.* *Program policies and procedures.* *Collaborative agreements, if available.* *Staff interviews.* *Observation of staff/family/child interaction.*
2. Appointments are coordinated and services are scheduled to minimize inconveniences to the child and family and to facilitate the family's	Services need to be arranged so that parents or family members can participate. The underlying assumption is that increased participation by the child and family will result in more effective care. *Client records.*

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participation in the child's care.	*Program polices and procedures.* *Observation of staff/family/child interaction.*
3. Coordination of services is under family control and direction, to the extent that is reasonable and appropriate.	Consideration should be given to the family's situation. The family may choose to assume a more or less active role at different times. *Program policies and procedures.* *Client records.* *Observation of staff/family/child interaction.*
VII. Tracking/Follow-up	
1. Comprehensive planning is provided for all transitions, including home-to-hospital, hospital-to-home, home-to-school, pediatric-to-adult, and at death.	Services should include assistance with arrangement for services as well as an awareness of emotional needs during transitions. Contractors also should provide anticipatory guidance/counseling regarding developmental issues. When death is the anticipated outcome, the child and family are assisted in preparing for this situation through appropriate referral to family support groups and other services. Services and service plans should support family integration in the community and discourage isolation. The contractor ensures that follow-up services are available to the family after death. Ethnic and cultural customs are respected throughout this transition. *Program policies and procedures.* *Client records.*
2. Linkages to health, educational, and community resources are ensured through tracking and are documented.	*Program policies and procedures.* *Staff interviews.* *Client records.*
3. Contractor has an organized system to schedule contacts according to program protocols, to monitor missed appointments so they may be rescheduled, and to alert staff for follow-up conditions as priorities for care.	The contractor should demonstrate use of an organized tracking and follow-up system used by all case management staff. *Program policies and procedures.* *Client records.*
4. Contractor has a system for referral if the child moves out of the area, including providing the child/family with information and referrals for services in the area where they are relocating,	*Program policies and procedures.* *Closed client records.*
VIII. Staff/Personnel	
1. Contractor staff meet the minimum requirements for program directors of case	*Personnel policies.* *Job descriptions.*

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management projects: A master's degree in social work, nursing, education, or related field and two years of experience in case management services within community programs serving CSHCN; OR a bachelor's degree and four years of experience in community programs serving CSHCN, two of which were in the capacity of case manager.	*Personnel files.*
2. Contractor staff meet the minimum qualifications for case managers: • Licensed Master Social Worker (LMSW) with a master's degree in Social Work and one year of experience in case management services within community programs serving CSHCN; • Licensed Baccalaureate Social Worker (LBSW) and two years of experience in case management services within community programs serving CSHCN; • Registered Nurse with a master's degree in nursing and one year of experience in case management services within community programs serving CSHCN; • Registered Nurse with a bachelor's degree in nursing and two years of experience in case management services within community programs serving CSHCN; • Family members of a CSHCN with successful and extensive experience serving as the child's case manager; OR • Other qualified individuals with extensive and successful experience working in community programs serving CSHCN	*Personnel policies.* *Job descriptions.* *Personnel files.*

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with appropriate qualifications.	
3. Contractor staff will have expertise in the following: (a) normal and atypical infant, child, and adolescent development and (b) family assessment and intervention. Contractor staff will also have knowledge of prevalent conditions, disabilities, and illnesses in the CSHCN population.	Contractors must assure that their case managers are knowledgeable in the above areas. For new staff or staff who need additional knowledge/skills the contractor should demonstrate plans and activities to ensure that staff develop needed expertise. All staff should be able to access resources such as printed materials, on-line information, and supervision/consultation. *Personnel policies, specifically plans for ongoing training.* *Staff interviews.* *Personnel files.* *Training record.*
IX. Policies and Procedures	
1. Contractor's program and personnel policies and procedures are accessible and available to all staff.	*Policies and procedures.* *Staff interviews.*
X. Coordination with DSHS and Other Case Managers	
1. Contractor has established a process of coordinating activities with the Regional Director of Social Work Services and other DSHS regional staff, and other CSHCN funded projects (if applicable).	*Policies and procedures.* *Staff interviews.* *Meeting records.*
2. Contractor meets quarterly with the Regional Director of Social Work Services or his/her designee to exchange information on project activities.	The purpose of the quarterly meeting with the DSHS Regional Director of Social Work Services is to assure regional input in the implementation of contractor services and coordination with other services. Additionally, the DSHS Regional Director of Social Work Services and other DSHS staff may provide technical assistance to contractor as needed. Meeting may be in person or by phone contact. *Quarterly performance reports.* *Meeting records.*
3. Contractor has established a process/practice to coordinate with other case management providers who serve children with special health care needs to prevent duplication of services.	*Policies and procedures.* *Staff interviews.* *Meeting records.*

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XI. Program Evaluation/Quality Assurance	
1. Contractor has established and implemented a plan for an internal quality assurance program that includes:	The contractor has a written and implemented internal Quality Assurance Plan that is used to evaluate all services, processes and operations within the agency. QA Committee should consist of appropriate staff or staff and consultants. They should meet formally at least once a year or more often as the need arises. The committee shall track and monitor trends regarding grievances and complaints. In addition, the committee shall evaluate the entity's case management internal quality assurance plan at least annually and revise as necessary. *Policies and procedures.* *QA Committee meeting records.* *Client record reviews documentation.* *Staff/family/child interaction observation records.* *Training records.*
a. A process for monitoring staff/family/child interactions.	Observation of staff/family/child interactions should be part of the QA plan, should be documented and should be conducted annually. This is to assure that the staff is complying with standards and protocols. The contractor should utilize a tool to assure standardization of this activity. These can be conducted at the time of the employees' performance evaluation or in the case of a new employee, it may be done at another time. *Policies and Procedures.* *Documentation of data collection process.*
b. A system to identify and monitor the Maternal and Child Health Bureau National Agenda for Children with Special Health Care Needs (Title V) CSCHN Performance Measures in order to evaluate the effectiveness of services provided.	The QA Plan should address how the Maternal and Child Health Bureau National Agenda for Children with Special Health Care Needs (Title V) Performance Measures will be monitored to evaluate the effectiveness of services provided. *Policies and Procedures.* *Documentation of data collection process.*
2. Contractor has implemented mechanisms for external feedback from families, children, providers, organizations, etc. served, including measures of satisfaction and suggestions for program improvement.	*Family surveys.* *Policies and Procedures*

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3. Contractor has implemented a process to collect data to measure progress.	*Job descriptions.* *Policies and Procedures.* *Documentation of data collection process.*
4. Contractor has implemented mechanisms for applying results of QA activities to improve the case management program through appropriate staff training and other activities	*Policies and procedures.* *QA Committee meeting records.* *Client record reviews documentation.* *Staff/family/child interaction observation records.* *Training records.*
XII. Reporting	
1. Contractor submits quarterly performance reports in the format determined by DSHS and in a timely manner (no later than 30 calendar days following the close of the reporting period).	*Quarterly Performance Reports.*
2. Performance reports detail actions taken by the contractor to achieve project objectives, and/or progress made toward objectives.	*Quarterly Performance Reports.*
3. Performance reports include documentation of any barriers, challenges, and/or successes encountered.	*Quarterly Performance Reports.*
4. Performance reports include data on the DSHS-required contract performance measures. (Case Management FY06 Quarterly Report: Part II Data Collection – New Clients, Part III Data Collection – All Enrolled Clients, Part VI – Evaluation Data)	*Quarterly Performance Reports.*
5. Performance reports include information regarding services and supports provided that address one or more of the Title V CSHCN Performance Measures. (Case Management FY06 Quarterly Report: Part V – Narrative Progress Report)	*Quarterly Performance Reports.*