

Virginia Department of Behavioral Health and Developmental Services  
 Enhanced Case Management Criteria  
 Instructions and Guidance  
 (April 2014)

As a result of feedback from meeting with ID CM CSBs last May, DBHDS requested 3 adjustments to Enhanced Case Management (ECM) criteria:

The first change included moving the 5 day grace period to 10 days to coincide with DMAS regulations and was approved effective May 1, 2014.

The second change requested establishing criteria to exclude those individuals currently considered stable in group homes of 5 beds or more from automatically requiring ECM.

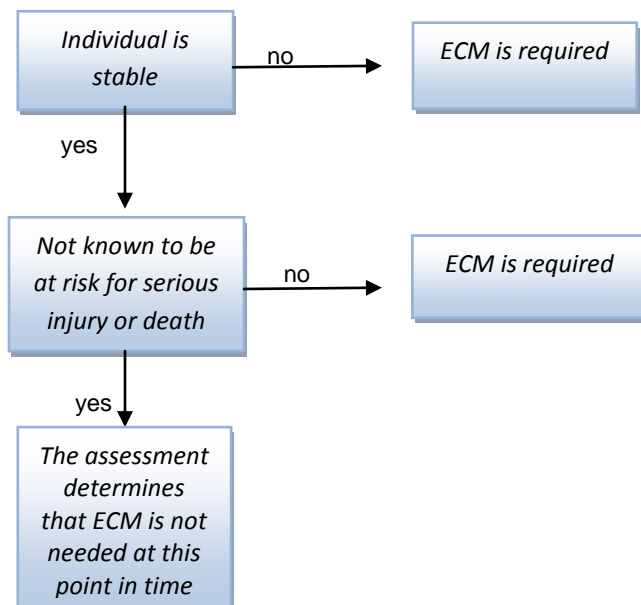
Prior to an individual being designated as not needing enhanced case management visits, an individual has to be stable for at least one year. Stable is defined as living in the same placement for at least one year prior to the ECM determination without significant events that threaten serious injury or death such as founded abuse and/or neglect; bowel obstruction; aspiration pneumonia; falls resulting in serious injury; or encounters with the crisis system for a serious crisis or for multiple less serious crisis within a three month period.

For those individuals who are currently living in a congregate setting with 5 or more beds, the Case Manager/Support Coordinator needs to determine:

- *Whether the individual is known to be at risk for serious injury or death*
- *Whether the individual has been stable for one year (living in the same place for one year without significant events that threaten serious injury or death)*

**Decision Tree**

**Starting Point for Assessment** – Lives in a congregate setting of 5 or more individuals



If the individual were to encounter any of these triggers, then enhanced case management visits would be provided and continue until the person was stable, as defined above.

There are individuals living in congregate settings of 5 or more who have been identified as being at risk for serious injury and/or death due to a specific condition or event. Some of these individuals are stable as defined above due in part to safety protocols being in place. When they experience any event or significant changes in the condition(s) related to their risk, enhanced case management visits would be required and would continue until the individual is once again stable. In addition, the safety protocols will be reviewed by staff when increased risks are identified and revised as needed. Examples of significant changes in conditions or events related to an individual's risk include any change in medications especially as the side effects may impact the risk (dizziness may contribute to falls), dental work as it relates to someone who is already at risk for choking, and constipation as it may lead to bowel obstruction.

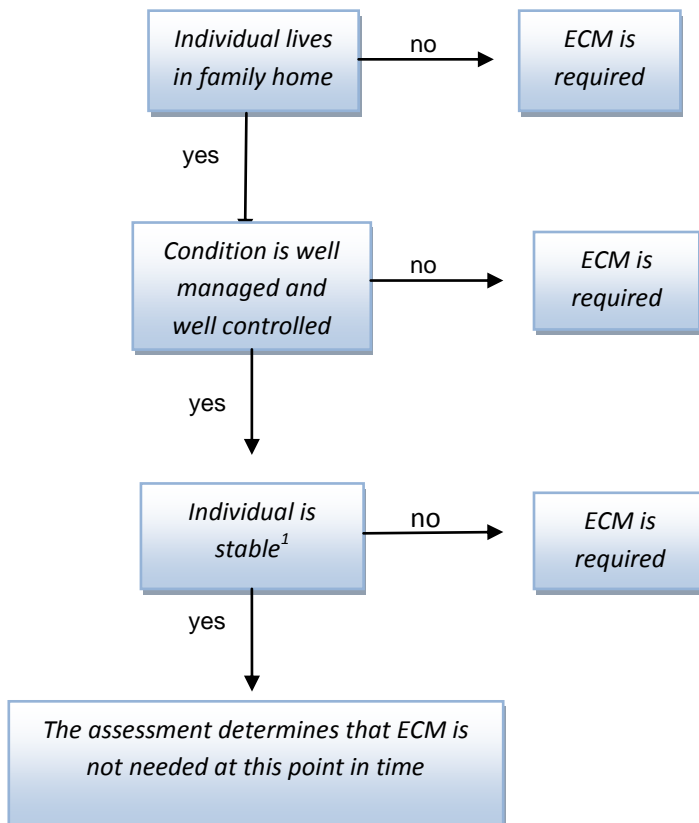
The third change included establishing criteria for those who have more intensive behavioral or medical needs as defined by SIS when they live in the family home and their medical/behavioral condition is well-controlled and well-managed and the individual is stable (living in the family home for at least one year without significant events that threaten serious injury or death such as founded abuse and/or neglect; bowel obstruction; aspiration pneumonia; falls resulting in serious injury; or encounters with the crisis system for a serious crisis or for multiple less serious crises within a three month period).

For those individuals having more intensive behavioral or medical needs as defined by the SIS, the case manager/service coordinator needs to determine:

- *Whether the individual lives in their family's home with care and supports provided primarily by family members, and*
- *Whether medical/behavioral condition(s) is well controlled and well managed, and*
- *Whether the individual is stable (living in the family home for at least one year without significant events that threaten serious injury or death)*

**Decision Tree:**

**Starting point:** Has at least one “yes” on the SIS Supplemental Risk Assessment or a score of 2 or higher in 3a or 3b on the SIS Exceptional Medical and Behavioral Supports Needs



If it is determined that ECM is not needed at this point in time, Case Managers/Support Coordinators would be required on a quarterly basis to assess whether the family member/caregiver is following medical orders and/or behavior treatment plan recommendations. If the individual were to encounter any of these triggers then enhanced case management would be provided and continue until the person was stable, as defined above.

There are individuals living with family who have been identified as being at risk for serious injury and/or death due to a specific condition or event. Some of these individuals are stable as defined above due in part to safety protocols being in place. When they experience any event or significant changes in the condition(s) related to their risk related to their risk, enhanced case management visits would be required and would continue until the individual is once again stable. In addition, the safety protocols would be reviewed by a provider or the CM/SC with family when increased risks are identified and revised as needed. Examples of significant changes in conditions or events related to an individual's risk include

any change in medications especially as the side effects may impact the risk (dizziness may contribute to falls), dental work as it relates to someone who is already at risk for choking, and constipation as it may lead to bowel obstruction.

### **Expectations**

The importance of on-going assessing of individuals needs cannot be stressed enough. Assessments are “snapshots in time” and the level of risk and conditions can change very quickly. When determining whether an individual should be receiving enhanced case management (based on the change in criteria) assessing the risk and potential of risk is necessary. Each individual who is moving in or out of enhanced case management should be assessed and the outcome of the assessment should be well documented either in a progress note or on an assessment “form”.

This instruction and guidance does not specify a specific assessment, but it is suggested that a review of current medical conditions, current medications, and any recent changes to medications, falls, recent changes in behaviors and recent medical procedures be reviewed. Upcoming medical procedures or any changes in living arrangements should also be reviewed. As previously stated the assessment needs to be clearly documented as this will demonstrate to Licensing and Human Rights in their reviews, that appropriate action was taken.