**Inspire Case Management’s**

**Handbook for individuals served**



**Table of Contents**

1. **Services**
2. **Inspire Services and Practice**
3. **Values/Beliefs**
4. **Case Manager’s responsibilities**
5. **Individuals that receive services**
6. **Waiver services steps**
7. **Person Centered Process**
8. **Consumers Rights and Responsibilities**
9. **Complaint Procedures**
10. **Waiver Services**
11. **Types of Waivers**
12. **BDDS**
13. **Provider Services**
14. **Participants and Guardians role**
15. **Helpful Hints**
16. **Choice**
17. **How the waiver will meet consumer needs**

**Services**

**Inspire Services and Practice:**

Inspire Case Management is a Waiver Provider for participants in Indiana’s Home and Community-Based Services (HCBS) program. Case managers are required for oversite for the individual’s health and safety needs in the home and in the community. We are dedicated to helping those with developmental disabilities to live their life to the fullest.  
Inspire Case Management comes with more than 30 years of experience in advocating and compiling meaningful resources for individuals served. Many connections have been established through other certified provider agencies in the state of Indiana to provide the best care.

**Values and Beliefs:**

Mission Statement:

Inspire Case Management strives to be part of a world without barriers, where everyone has the opportunity and rights to make choices. To recognize and give our participants the tools and resources to successfully navigate each transition in life, including building social connections and independence; employment preparation, training and experience; and fun and engaging activities that offer families an opportunity to refresh and recharge. Inspire Case Management will work in a team approach to improve individual’s quality of life.

Vision Statement:

Inspire Case Management will be dedicated to being an advocate and fundamental resource to creating the most independent life for the individual we serve.

**Case Managers Responsibilities:**

The Inspire Case Management practices have been developed to support people with disabilities in their pursuit of a person-centered, self-determined life. The case manager will assure the support team knows the individual based upon his/her strengths and preferences, and builds supports around that information. These practices require that integrity, creativity and human responsiveness be exercised in the context of a partnership with the person being served. The expectation for all Inspire Case Management Case Managers is to be an advocate in partnership with the individuals. There are many facets to be an active advocate. Advocating occurs when case managers successfully facilitate team meetings and interactions; link consumers to community-based resources; complete the tasks required to access and maintain waiver services; and assure each consumer has exercised the right to choose all service providers, including their case manager. The Inspire Case Manager should monitor each consumer’s basic health and safety, satisfaction with services, progress toward outcomes, and overall quality of life.

Case Management services also assists participants in gaining access to needed waiver and other Medicaid State Plan services, as well as needed medical, social, educational and other services, regardless of the funding source for the services to which access is gained. Case Management services must be reflected in the Person Centered Individual Support Plan (PCISP) and must address needs identified in the Person-Centered Planning process before developing and submitting to the State, the service plan known as the Plan of Care/Cost Comparison Budget (POC/CCB).

**Essential Functions**

* Monitor and document the quality, timeliness, and appropriateness of the care, services and products delivered to a consumer.
* Monitor the services and outcomes established for the consumer in the individual’s PCISP.
* Regular in-person visit.

**Individuals Receiving Services:**

Inspire Case Managers will support services that are available to participants through the Medicaid State plan and other federal, state and local public programs as well as the supports that families and communities provide. All participants are only eligible for services through a medical diagnosis and is monitored yearly through the LOC completed by BDDS and certified Case Managers.

The goals of Waiver services are to provide to the person meaningful and necessary services and supports, to respect the person's personal beliefs and customs, and to ensure that services are cost- effective.

Specifically, waivers for individuals with an intellectual/developmental disability assist a person to:

* Become integrated in the community where he/she lives and works Develop social relationships in the person's home and work communities.
* Develop skills to make decisions about how and where the person wants to live.
* Become as independent as possible.

Individuals meeting the state criteria for an intellectual/developmental disability and meeting the criteria for an ICF/IID level of care determination are eligible to receive waiver services when approved by the state, individual that meets all of the following conditions:

* intellectual disability, cerebral palsy, epilepsy, or autism; or
* any other condition (other than a sole diagnosis of mental illness) found to be closely related to intellectual disability, because this condition results in similar impairment of general intellectual functioning or adaptive behavior or requires treatment or services similar to those required for a person with an intellectual disability.
* Is manifested before the individual is twenty-two (22) years of age. Is likely to continue indefinitely.
* Results in substantial functional limitations in at least three (3) of the following areas of major life activities:
  + Self-care.
  + Understanding and use of language. o Learning.
  + Mobility.
  + Self-direction.
  + Capacity for independent living. o Economic self-sufficiency.

**Waiver Services Steps:**

1. Once a participant has chosen Inspire Case Management, he/she will be contacted by a Case Manager within 48 hours of the date that we receive the referral from BDDS. The CM will set a time to meet, typically within two weeks of the initial contact.
2. At the first meeting, the participant and CM will engage in an initial Person-Centered Planning process and discuss services allocated. It ensures that the participant is accorded the respect that you deserve, and are given the tools to make progress toward the life you would like to create.
3. As part of the PCISP process, the CM will educate participants about the waiver program and about available waiver services, especially those that would support the outcomes that have be defined by the team. The team can make decisions about the types and amounts of services the participant would like to utilize, aided by the CM and by any guidelines inherent in the waiver program. The CM will also create with you a Person Centered Individualized Support Plan (PCISP) that the waiver service providers will use as a guide when training their staff to work with the participant.
4. Once plans have been designed, the CM will create a Cost Comparison Budget (CCB) that outlines our request for monies for the services you desire.
5. On an ongoing basis, the Inspire case manager’s role will be to provide the participant with the support, education and resources needed to make decisions about how to achieve desired life outcomes. In addition to all mandated State trainings, our case managers also participate in training to increase their overall level of waiver knowledge, advocacy skills, person-centered thinking and professionalism.

**Person Centered Process:**

Person Centered Planning is an ongoing problem-solving process used to help people with disabilities plan for their future. In person centered planning, groups of people focus on an individual and that person's vision of what they would like to do in the future. This "person-centered" team meets quarterly to identify opportunities for the focus person to develop personal relationships, participate in their community, increase control over their own lives, and develop the skills and abilities needed to achieve these goals. Person Centered Planning depends on the commitment of a team of individuals who care about the focus person. These individuals take action to make sure that the strategies discussed in planning meetings are implemented. The process includes participants chosen by the individual or guardian who assist the individual to identify personally meaningful life outcomes, as well as goals or stepping stones toward achieving those outcomes. The results of this process are then translated into a Person Centered Individualized Support Plan (PCISP) that is used to identify waiver services as well as community and natural supports.

**Consumer Rights and Responsibilities:**

All Inspire participants are encouraged to participate in planning all services.

* To choose your providers for your services
* To work on achieving your goals
* To keep appointments.
* To inform your case manager about any changes that are pertinent to your participation in your program, such as changes in benefits or how you feel about your plan

**Complaint Procedures:**

All Inspire Case Management participants can file a complaint in person, on the phone, via email, or by letter. Participants can contact the case manager, Supervisor, CEO, or BDDS to file a complaint. Inspire Case Management will do an investigation of the situation, will talk to anyone who has knowledge of the event, and will review all related emails, letters and files. Participants will be informed of the findings in a timely manner. Bureau of Developmental Disabilities Services (BDDS), the Bureau of Quality Improvement Services (BQIS), Adult Protective Services (APS), or Child Protective Services (CPS) may be contacted and brought in to the investigation if needed or required.

**Waiver Services**

**Types of Waivers:**

Inspire Case Management will cover all counties in the state of Indiana.

The Medicaid Waiver and Case Management services assists individuals in receiving community supports and residential services using a person-centered plan approach to help determine which services are needed and who can best provide them. Participants may choose to live in their own home, family home, or community setting appropriate to their needs. Participants develop a Person Centered Individualized Support Plan using a person-centered planning process guided by an Individual Support Team. The IST includes the participant, their case manager and anyone else of the partisan’s choosing but typically family and/or friends.

There are two waiver services that Inspire Case Management will serve.

1.Community Integration and Habilitation Waiver: This waiver provides Medicaid Home and Community Based Services to participate in a range of community settings as an alternative to care in an intermediate care facility for individuals.

2.Family Supports Waiver: This waiver provided to participate in a range of community settings as an alternative to care in an intermediate care facility for individuals. The participants, with the Team selects services, identifies service providers of their choice and develops a plan of care and is subject to an annual waiver service cap of $17,300.

**BDDS:**

The Division of Disability and Rehabilitative Services (DDRS) Bureau of Developmental Disabilities Services (BDDS) provides services for individuals with developmental disabilities that enable them to live as independently as possible in their communities. BDDS assists individuals in receiving community supports and residential services using a person-centered plan to help determine which services are needed and who can best provide them. BDDS also monitors the quality of care and the facilities of those who are approved to provide these services in Indiana.

**Service Providers:**

Waiver Service Providers are agencies, companies, and individuals that the Division of Disability and Rehabilitative Services (DDRS) has approved and that are paid by Medicaid to provide direct services to Medicaid waiver program participants. All waiver participants must have Case Management services. Waiver participants are provided a choice from among all Case Management Companies (CMCOs) that have been approved by DDRS/BDDS. After the CMCO has been chosen, the waiver participant will then interview and choose an ongoing Case Manager. The waiver participant’s chosen Case Manager provides a list of available service providers at any time that the participant desires to select or change service providers, which includes changing providers of Case Management services upon request.

**ADULT DAY SERVICES:** Community-based group programs designed to meet the needs of adults through individualized plans of care. These non-residential programs provide health, social, recreational, and therapeutic activities; supervision; support services; and, personal care.

**ADULT FOSTER CARE**: A living arrangement in which a participant lives in the private home of a principal caregiver who is unrelated to the participant. Necessary support services are provided by the principal caregiver (a foster parent) as part of Adult Foster Care Services. Only agencies may be foster care providers.

**BEHAVIORAL SUPPORT SERVICES:** Training, supervision, or assistance in appropriate expression of emotions and desires; acquisition of socially appropriate behaviors; and, the reduction of inappropriate behaviors.

**COMMUNITY BASED HABILITATION**: Services provided outside of the home that support learning and assistance in the areas of: self-care, sensory/motor development, socialization, daily living skills, communication, community living, and social skills. Community based activities are intended to build relationships and natural supports. This service can be provided on an individual basis or in a group setting.

**ELECTRONIC MONITORING/SURVEILLANCE SYSTEM & ON-SITE RESPONSE**: The provision of oversight and monitoring within the residential setting of adult waiver participants through off-site electronic surveillance. Also included is stand-by intervention staff prepared for prompt engagement with the participant(s).

**EXTENDED SERVICES**: Extended Services are ongoing employment

support services which enable an individual to maintain integrated

competitive employment in a community setting. Individuals must be employed in a community-based, competitive job that pays at or above minimum wage in order to access this service.

**FACILITY BASED HABILITATION**: Services provided outside of the home in an approved facility that support learning and assistance in the areas of self-care, sensory/motor development, socialization, daily living skills, communication, community living, and social skills. This service can be provided on an individual basis or in a group setting.

**FACILITY BASED SUPPORT SERVICES**: Facility-based group programs designed to meet the needs of participants through individual plans of care. These non- residential programs provide health, social, recreational and therapeutic activities; supervision; support services; and, personal care. They may also include optional or non-work related educational and life skill opportunities. Participants attend on a planned basis.

**FAMILY AND CAREGIVER TRAINING**: Services that provide training and education to instruct a parent, other family member, or primary caregiver about the treatments and equipment specified in the Individualized Support Plan.

**INTENSIVE BEHAVIORAL INTERVENTION**: A highly specialized, individualized program of instruction and behavioral intervention. The primary goal of IBI is to reduce behaviors such as tantrums and acting out behaviors, and to increase or teach replacement behaviors that have social value for the individual and that increase access to their community. Program goals are accomplished by the application of research-based interventions. Must be at least 21 years of age to be eligible for this service.

**MUSIC THERAPY**: Services provided for the systematic application of music in the treatment of the physiological and psychosocial aspects of an individual’s disability, and focusing on the acquisition of nonmusical skills and behaviors.

**OCCUPATIONAL THERAPY:** Services provided under 460 IAC 6-5-17 by a licensed/certified occupational therapist.Must be at least 21 years of age to be eligible for this service.

**PARTICIPANT ASSISTANCE AND CARE**: Staffing and personal assistance in the home.

**PERSONAL EMERGENCY RESPONSE SYSTEM**: An electronic device which enables certain individuals at high risk of institutionalization to secure help in an emergency. The individual may also wear a portable help button to allow for mobility. The system is connected to the person’s phone and programmed to signal a response center, which is staffed by trained professionals, once a “help” button is activated.

**PHYSICAL THERAPY:** Services provided under 460 IAC by a licensed physical therapist. Must be at least 21 years of age to be eligible for this service.

**PREVOCATIONAL SERVICES**: Services that prepare a participant for paid or unpaid employment. Prevocational Services include teaching concepts such as compliance, attendance, task completion, problem solving and safety. Services are not job-task oriented, but instead, aimed at generalized result.

**PSYCHOLOGICAL THERAPY**: Services provided under 460 IAC 6-3-56 by a licensed psychologist with an endorsement as a health service provider in psychology, a licensed marriage and family therapist, a licensed clinical social worker, or a licensed mental health counselor.Must be at least 21 years of age to be eligible for this service.

**RESIDENTIAL HABILITATION AND SUPPORT:** Services that provide up to a full day (24-hours) of services and/or supports which are designed to ensure the health, safety and welfare of the participant, and assist in the acquisition, improvement, and retention of skills needed to support participants to live successfully in their homes.

**RECREATIONAL THERAPY**: Services provided under this article and consisting of a medically approved recreational program to: restore, remediate, or rehabilitate an individual in order to improve the individual’s functioning and independence; and, to reduce or eliminate the effects of an individual’s disability.

**RESPITE:** Services provided to participants that are furnished on a short-term basis in order to provide temporary relief to those unpaid persons normally providing care. Respite Care can be provided in the participant’s home or place of residence, in the respite caregiver’s home, in a camp setting, in a DDRS approved day habilitation facility, or in a non- private residential setting (such as a respite home).

**SPECIALIZED MEDICAL EQUIPMENT AND SUPPLIES**: Includes devices, controls, or appliances, specified in the plan of care, which enable individuals to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live and without which the individual would require institutionalization.

**SPEECH/LANGUAGE THERAPY**: Services provided by a licensed speech pathologist under 460 IAC 6. Must be at least 21 years of age to be eligible for this service.

**TRANSPORTATION**: Services that enable waiver participants to gain access to non-medical community services and resources, maintain or improve their mobility within the community, increase independence and community participation and prevent institutionalization.

**WORKPLACE ASSISTANCE**: A range of personal care services and/or supports during paid competitive community employment hours and in a competitive community employment setting to enable waiver participants to accomplish tasks that they would normally do for themselves if they did not have a disability.

**Participant and Guardian role:**

Inspire Case Management supports and encourages individual choice in the selection of the participant’s Case Management service provider, in the development of an Person Centered Individualized Support Plan (PCISP) and in the selection of all other service providers.

**Helpful Hints:**

Selecting good providers is critical. A list of certified Waiver providers for each county is available through your case manager. You will be able to make an informed choice by reading information, such as the DDRS Waiver Manual, or by discussing alternatives with the case manager, or an advocate. You may want to visit an individual who is currently receiving Waiver services or meet with various service providers. Case managers can assist in setting up visits or meeting with service providers.

When meeting with providers or Case Managers, it is important to take notes because it is easy to forget details later. Ask for copies of any written materials, write down names, titles, telephone numbers, email addresses, and so on, and the date of the meeting. It’s important to maintain accurate information. On the following pages are some questions to consider when selecting waiver providers. The questions you ask depend on what kind of service it is, and whether you will be served in your family home, or in your own home or apartment, with or without housemates. Many of the questions are applicable to any setting, and others can be skipped or modified as needed.

Below are the BBDS Helpful Tips:

Here are some tips on what to discuss with a service provider:

1. Discuss all areas of service that are absolute requirements for you and your family member, such as medications being administered on time, direct supervision, sign-language training, and so on.

2. What makes you and your family member happy? What causes pain? How will the provider maximize opportunities for happiness, and minimize or eliminate the things that cause pain?

3. What do you/your family member want to happen? To find a job? To attend or become a member of a church or local group? To live within a half-hour drive of family? How many housemates would you/ your family member like? Anything else? Are these wishes or requirements?

4. What are the risks for you/your family member? Examples might include daily seizures, a lack of street-safety skills, the inability to talk or use sign language, forgetfulness, a tendency to hit others when angry, and so on. How will the provider deal with those risks?

**Questions to Ask Prospective Service Providers**

The following are good questions to ask a prospective service provider:

1. What is the provider’s mission? (Does it match the intent you are seeking?)

2. Is the provider certified, accredited, or licensed? What are the standards of service?

3. What kind of safety measures does the provider have in place to protect and assure treatment?

4. How does the provider assure compliance with the person’s rights? Did you (and family members and advocates) receive copies of your rights as a consumer of services, as well as have these rights explained?

5. What is the provider’s experience working with children and adults with disabilities, or adults who are elderly?

6. How would the provider ensure the implementation of the person-centered plan?

7. What connections has the provider established in the community? How would the provider assist in building a support system in the community?

8. Is the provider interested in what you/your family member want or dream about?

9. Is the provider connected to other programs that you may need, such as day support, local school and education services, or work programs? How is the provider connected? Ask for specific contacts.

10. If you are to live in a home shared with other people, can families drop in whenever they wish?

11. How are birthdays, vacations, and special events handled?

12. How would family money issues be handled? What is the policy on personal finances of the waiver participant?

13. How would minor illnesses and injuries be handled? What about major illnesses and injuries?

14. What information is routinely reported to families?

15. Can you get a copy of the provider’s complaint policies and procedures? Is there someone else whom family members can talk to if there is a disagreement?

16. How are behavior problems handled? Are staff allowed to contact a behavioral support provider? How are new staff trained on the behavior support plan? Are they trained before working with waiver participants? What is the relationship between residential provider and behavioral provider?

17. How is medication handled? What happens if medication is refused?

18. What is the smoking policy?

19. How are planning meetings scheduled and conducted, and who attends? Can a family member call a meeting? How does the provider assure that what is agreed on in the meeting is actually provided?

20. Who would be the provider’s contact person, how will that contact occur, and how often? Is someone available 24 hours a day in case of emergencies?

21. How many people with disabilities has the agency terminated or discontinued from services? Why? What happened to them?

22. Has the agency received any abuse or neglect allegations? Who made these allegations? What were the outcomes? What is the process for addressing allegations of abuse or neglect?

23. What challenges does the provider think the waiver participant will create for him or her?

24. As a provider of waiver services, what are the provider’s strengths and weaknesses?

25. What is the process for hiring staff? Are background checks conducted and training given? What happens to the waiver participant while a new staff person is hired and trained?

26. How is direct staff supervised? What training does the staff receive? What is the average experience or education of staff?

27. How is staffing covered if regular staff is ill? What happens if staff does not show up for the scheduled time? How often does it happen?

28. What is the staff turnover rate? How are staff’s respite needs handled?

29. What kind of support does staff have? Who can staff call if a problem develops?

**What to Look for and Ask During Visits to Supported Living Settings**

Consider these issues when looking for a supported living setting:

1. How do the staff and housemates interact? Do they seem to respect and like each other?

2. Does the environment look comfortable? Is there enough to do? Are there regular activities happening in the home?

3. What kind of food is available and who selects it? Are choices encouraged and available? Are diets supervised?

4. Do people have access to banks, shops, restaurants, and so on? How is transportation handled? Are trips to access these resources planned or do they occur as needed?

5. Is there a telephone available to housemates (with privacy)? Is the telephone accessible (equipped with large buttons, volume control, other access features) if needed?

6. Does each person have his or her own bedroom? Is each person allowed to individually decorate the bedroom?

7. Do housemates seem to get along well? What happens when they don’t?

8. Are there restrictions on personal belongings? What are the procedures for lost personal items? Are personal items labeled? Are lost items replaced?

9. Are pets allowed? What are the rules regarding pets?

10. How much time is spent in active learning (neighborhood, home, or community) and leisure activities? Is there a good balance with unstructured time?

11. Is there evidence that personal hygiene and good grooming (hair, teeth, nails, and so on) are encouraged?

12. How are personal items, clothing, and so on, paid for?

13. Does each person have privacy when he or she wants to be alone or with a special friend?

14. Does each person have the opportunity to belong to a church, club, community group, and so on?

15. Do staff knock on doors and wait for a response before entering a private room?

16. What kind of rules are there within the living situation? What are the consequences for breaking rules?

17. Does each housemate have opportunities to pursue his or her own individual interests, or do they travel in a group with everyone doing the same thing, attending the same movie, and so on?

**Choice:**

Inspire Case Management supports and encourages individual choice in the selection of the participant’s Case Management service provider, in the development of an Person Centered Individualized Support Plan (PCISP) and in the selection of all other service providers. Successful service delivery is dependent upon the collaboration of the Individual Support Team (IST) and entities with oversight responsibilities, including the Bureau of Quality Improvement Services (BQIS). The individual receiving services is the most prominent member of the IST, making their participation and cooperation in waiver service planning and administration essential.

When selecting a Case Management provider, the individual/participant (or the individual’s legal representative when indicated) shall participate in:

* Choosing a Case Management Company (provider agency) from a pick list of approved Case Management Companies.
* For newly approved applicants preparing to enter into waiver services, the Case Management pick list is generated by the DDRS/BDDS.
* For individuals already active on the waiver, the Case Management pick list may be generated by the DDRS/BDDS or by their current provider of Case Management services.
* Interviewing and choosing a permanent case manager.
* Completing the service planning process.