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CASE MANAGEMENT

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ADULT SERVICES CASE MANAGEMENT

3.1 Case management

The case management process is a systematic approach essential to effective service delivery that actively involves the service worker, the adult, and the adult's family in developing, achieving, and maintaining meaningful goals. The purpose of case management is to structure the service worker's focus and activities to assist the adult in reaching his or her goals and to assure that the adult receives appropriate services in a timely manner.

3.2 Definitions

Most of the following words and terms are defined in state regulation and the Code of Virginia. When used in this chapter, they shall have the following meaning, unless the context clearly indicates otherwise:

Term	Definition
Adult	An individual 18 years of age or older, or under the age of 18 if legally emancipated (§ 51.5-144 of the Code of Virginia).
Adult Services	Services that are provided by local departments of social services to an adult with an impairment (§ 51.5-144 of the Code of Virginia).
Adult with an impairment	An adult whose physical or mental capacity is diminished to the extent that he needs counseling or supervisory assistance or assistance with activities of daily living or instrumental activities of daily living (§ 51.5-144 of the Code of Virginia).

Term	Definition
Auxiliary Grants Program	Cash payments made to certain aged, blind, or disabled individuals who receive benefits under Title XVI of the Social Security Act, as amended, or would be eligible to receive these benefits except for excess income (§ 63.2-100 of the Code of Virginia).
Department	Department for Aging and Rehabilitative Services (§ 51.5-116 of the Code of Virginia).
Direct Service	Services provided to adults directly by local social services staff (22 VAC 40-780-10).
Eligibility Determination	The process of deciding whether an individual or family meets the criteria for receiving a service (22 VAC 40-780-10).
Home-based Services	Companion, chore, and homemaker services that allow individuals to attain or maintain self-care and are likely to prevent or reduce dependency (22-VAC 30-120-10).
Local Department (LDSS)	Any local department of social services in any county or city in this Commonwealth. (§ 63.2-100 of the Code of Virginia).
Purchased Service	Services provided by paid resource other than local social services staff (22 VAC 40-780-10).
Service Worker	The worker responsible for case management or service coordination and meeting the Department's requirements for the provision of services.
SSI (Supplemental Security Income)	A federal cash transfer program to help assure individuals a minimum income. Begun in 1974, SSI replaced the federal-state assistance program for the low-income aged, blind, and disabled that was originally established under the Social Security Act of 1935.
Universal Access	The provision of services without regard to income or membership in an income maintenance group (22 VAC 40-780-10).

3.3 Confidentiality

The Code of Virginia and federal laws and regulations require that LDSS keep an individual's information confidential. With certain Adult Protective Services (APS) program exceptions, the adult shall give written permission before information may be obtained from other sources or shared with another person or agency. The form, entitled "Consent to Exchange Information" is located on the VDSS internal website and shall be used when sharing information. See Chapter 6, "Confidentiality" for additional information on confidentiality.

3.4 Adult services intake

Intake services provide an initial access point for services provided by the LDSS. Upon determining that there is no valid APS report, the worker proceeds with the adult services intake process. The initial contact may be made by telephone, office visit, and/or through a referral from another agency. Services provided may include information and referral, initial screening and assessment, crisis intervention, and assistance with emergency needs if indicated by the case situation or assessment.

3.4.1 Information and referral

Information and referral is one way to handle a request for services that are not arranged or provided by the LDSS. Providing information and referral helps the individual locate and use resources to meet his or her needs. Any adult is eligible for information and referral assistance, regardless of income or eligibility for benefit or service programs.

A worker is not required to register a client in PeerPlace for information and referral. If assistance is needed beyond information and referral, the adult shall complete a Service Application.

3.4.1.1 Information

The service worker provides information on the availability, accessibility, and use of resources. This may be all the individual needs to make his or her own arrangements to access a resource.

3.4.1.2 Referral

The service worker contacts a resource and helps the adult arrange to receive the needed service. This is appropriate for individuals who are unable to use the information without additional help.

The Statewide Information and Referral (I&R) System, also known as 211, provides citizens of the Commonwealth with free and confidential information

and referral to health and human service resources. To access 211, individuals may dial “211” on their phone or visit the 211 website.

3.5 Application for adult services

Anyone may apply for services. There shall be no requirement as to citizenship or length of residence in the jurisdiction. The adult may request an application in person, by mail, or by telephone. Telephone calls to the LDSS are not considered an “application” unless the request is for a screening (formerly referred to as “preadmission screening”). A Service Application, which includes the consent form, is available on the VDSS website public and internal websites.

3.5.1 LDSS responsibilities

- LDSS shall accept all applications.
- Eligibility shall be determined as promptly as possible. LDSS shall notify the individual of its decision or lack of decision promptly but no later than 45 days after the application is received in the LDSS. **Note:** A request for a screening shall be processed as quickly as possible, but no later than 30 days from the date the screening was requested. It is appropriate to complete the service application during the screening visit.
- The LDSS shall give the adult the opportunity to complete an application in-person at the LDSS. An application requested by mail or telephone shall be mailed to the adult the same day. The individual should be informed that applications are also available on the VDSS public website.
- The LDSS shall assist the individual with completing the application is assistance if the individual requests assistance. A home visit may be necessary if the individual is unable to get to the LDSS. If the individual is capable, the worker shall discuss the service request with the individual to ensure that the services requested or applied for are desired by the individual.
- The following shall be explained at intake:
 - How eligibility is determined.
 - Rights and responsibilities of the individual applying for services. Rights and responsibilities are listed on the service application.
- The individual shall be referred to public assistance programs or other financial assistance when appropriate.

3.5.2 Service application initiated by the individual

If the individual or authorized representative applies for services, a service application shall be completed.

The LDSS shall consider an application as “pending” until the LDSS has determined eligibility for the service.

3.5.3 LDSS-initiated service application

The LDSS may initiate a service application on behalf of an adult when the applicant is unable to sign the application or is incapacitated;

Service applications are not required when the only service provided is the annual reassessment or guardian report review. If additional services are requested beyond the reassessment or guardianship report review, a signed service application shall be obtained.

3.5.4 Date of application

The date of application is one of following:

- The day the completed and signed Service Application is received by the LDSS.
- The date of the receipt of a valid Adult Protective Services (APS) Report. The report serves as the application until a disposition is made. If the disposition is “Needs Protective Services and Accepts,” the worker will obtain a signed and dated application from the individual or his representative or the worker will complete a department-initiated application.
- The date an individual requests a screening. See examples below:
 - Mrs. Williams calls the LDSS on May 3, 2018 and requests a screening. May 3, 2018 is entered as the application date by the LDSS worker. The application is taken to the screening visit and completed in the home by the LDSS screening team member.
 - Mr. Smith’s daughter calls the LDSS on May 15, 2018 and requests a screening for her father. The application is completed in the home during the screening visit. If the date of the request was not entered on the application when his daughter called, the date of the application must be backdated to reflect the date of her request.

3.5.5 When a new application is needed

A new application is needed only when a case is properly closed and the individual wishes to reapply for services. A new application is not needed when a new service is added to the service plan.

3.6 Determining eligibility and opening a case

A service case is opened based on eligibility, determination of need, and the availability and intent to deliver the service. Financial eligibility requirements as designated by local social services boards in local policy shall be considered.

3.6.1 Service population and criteria

Adult Services (e.g., companion, chore, or homemaker services, adult day services, or adult foster care) are provided to adults with an impairment as defined in § 51.5-144 of the Code of Virginia.

An individual does not need to be determined eligible for SSA, SSI, or SSDI benefits prior to receiving services from the LDSS.

See Chapter 2 for Adult Protective Services service criteria.

3.6.2 Case opening procedures

Register the individual in the appropriate PeerPlace Program according to the adult's needs. The worker may register an individual in multiple programs depending on the individual's situation.

- Adult Services Program: Individual is requesting services such as home-based care, screening, ALF assessment, adult foster care, or another service such as LDSS monitoring.
- APS Program: Individual is the subject of an APS report. If report is valid, an investigation is conducted and if services are accepted, APS Program service plan is used.
- Guardianship Tracking Program: Individual has a guardian who is submitting an annual report.

3.6.3 Notification

The LDSS shall notify the individual of application decisions promptly, but no later than 45 days after the application is received. Processed applications shall be uploaded to the AS Registration screen in PeerPlace. See Section 3.5.1 for

information on application for screening. Section 3.20 describes Notice of Action procedures for Adult Services cases.

3.7 Financial eligibility

Eligibility for services shall be determined by a service worker or a volunteer under the supervision of a service worker. Eligibility shall be documented in PeerPlace.

To receive services an individual shall meet one of three financial eligibility categories:

- Universal Access
- Income Maintenance
- Eligibility Based on Income

3.7.1 Universal access

Individuals receiving services under universal access are eligible for services without regard to income. The LDSS may elect to provide all direct services on a universal access basis. Certain purchased services are universal access, depending on APS program requirements and local board policy.

An individual who requests a screening is not required to apply for Medicaid prior to the screening. Therefore, the worker shall select universal access for screenings.

3.7.2 Income maintenance

Individuals are eligible for services in this category because they receive SSI or Auxiliary Grant. The applicable direct and purchased services available in this category are those provided by the LDSS within the limits set by the local board.

3.7.2.1 Verification of receipt of income maintenance

- The service worker views written verification or verifies the SSA income information by accessing SVES, SOLQ, or the SDX listing.
- Auxiliary Grant eligibility should be verified by Benefit Programs staff at the LDSS that processed the individual's AG application.

3.7.3 Eligibility based on income

Eligibility in this category is determined by measuring the gross income and the number in the family unit against the State Median Income (SMI) chart. The APS Division announces the updated Federal Fiscal Year (FFY) SMI by a broadcast each year prior to September 1. The SMI chart is available in PeerPlace and the VDSS

internal website. The local board of social services selects the percentage cut-off point used and records this decision in the board minutes. The applicable direct and purchased services available to this broad category are those provided by the LDSS within limits set by the local board.

3.7.3.1 Verification of income eligibility and determination of monthly income

- Count only income (not resources). Income counted or excluded is listed in Appendix B. Income shall be verified, and the individual is expected to assist with the verification process. To obtain a monthly income, multiply a weekly income by 4 and 1/3.
- To verify income, viewing of recent written verification is acceptable.
 - If income fluctuates, the amount should be averaged over a period sufficient to take fluctuations into consideration. Usually three (3) months is sufficient; however, for farm income or seasonal employment, a year may be necessary.
 - Accept an individual's statement (preferably in writing) that he or she has no income unless there is reason to doubt the statement.

3.7.3.2 Family size and income

- For the AS or APS program, the family is the basic unit for social services delivery. Family means any individual adult, spouses or adult(s) who function as a family unit.
- For purposes of determining financial eligibility, base the family size on the number of family members in the case (see Section 3.7.3.3).
- Count the income from those family members as well as income received from any legally responsible adult who may not be living in the family. Count income from family members temporarily absent from the household for whom the family claims financial responsibility for tax purposes.

3.7.3.3 Case composition

For purposes of opening a case in PeerPlace, each individual has a separate case. For example, if one spouse needs companion services and the other spouse does not, a case would only be opened on the spouse needing services. If both spouses needed services, two separate cases would be opened in PeerPlace.

However, when determining eligibility, spouses are considered a family of two and this should be reflected in the section “Number in Family Unit” in the Financial Eligibility section.

Adult children are always considered a family of one.

3.7.3.4 Use of the Median Income Chart

The State Median Income (SMI) Chart identifies the maximum income levels by family size by percentage of median income. Except for special condition groups, the maximum percentage of median income is 50 percent. If a local board decides to limit the incremental percentage below 50 percent for any service, the percent selected shall be documented in local board minutes or in local board approved policy.

3.7.3.5 Effective dates and annual redetermination dates

The effective date is the date that the service began for the current eligibility period. The effective date for Universal Access is usually the date of the service application and the date that financial eligibility conditions are established for Income Maintenance and Eligibility Based on Income cases. The annual redetermination date is one year and one day less than the effective date.

See Section 3.18 for information on redetermination of eligibility.

3.8 Fraud

The LDSS shall explain to individuals applying for Adult Services the importance of providing accurate and thorough information and of notifying the LDSS of changes during service delivery. Anyone who causes the LDSS to make an improper vendor payment by withholding information or by providing false information may be required to repay the amount of the improper payment. Section 63.2-522 of the Code of Virginia deems any person guilty of larceny who obtains assistance or benefits by means of a willful false statement or who knowingly fails to notify the LDSS of a change in circumstances that could affect eligibility for assistance. Individuals deemed guilty of larceny, upon conviction, are subject to penalties as specified in the § 18.2-95 of the Code of Virginia.

3.9 Assessment process

3.9.1 Basis

The assessment process is a mutual process between the service worker and the adult that begins at intake. Completing the assessment is the first step in service planning. The purpose of assessment is to determine whether the adult is in need of

services, and, if so, to identify what services are needed. Assessment should take place throughout the entire case management process and is essential to service planning. When an individual applies for a service, a preliminary assessment shall be made to determine the presenting issue(s) or immediate need(s). The assessment is to continue on a mutual basis between the individual and service worker in order to document further service needs as a basis for the setting of long-range service objectives, the selection of services to fulfill those objectives, and the choices of resources to be used. These activities will be reflected in the completed service plan.

3.9.2 The Virginia Uniform Assessment Instrument (UAI)

The UAI is used by public human services agencies in the Commonwealth to assess adults for service needs and service eligibility. The definitions used and procedures for completing the UAI are found in the User's Manual: Virginia Uniform Assessment Instrument. The User's Manual and the UAI are available on the VDSS internal website.

The following are guidelines for use of the UAI by an LDSS:

- The entire UAI shall be completed for when the adult is being assessed for companion, chore, homemaker, or adult day services purchased by the LDSS.
- In an APS case, an assessment to determine the need for protective services is required (see Chapter 2). If services are provided after the determination of the protective services needs, the entire UAI shall be completed.
- The UAI shall be completed in its entirety for a screening and entered into the ePAS system. LDSS workers who are part of a screening team are not required to enter the UAI into PeerPlace as long as the individual is seeking screening only and not receiving other services (e.g. homemaker or adult protective services). However, the LDSS worker is still required to register the adult in the Adult Services program in PeerPlace. A brief case note should document that the individual's UAI is located in ePAS as well as the ePAS Assessment Reference Number (ARN). **Note: Do not enter case documentation for screenings for individuals under age 18 (child screenings) into PeerPlace.** The LDSS may establish their own method to track child screenings.
- The UAI shall be completed for ALF assessments per guidance in the ALF Assessment Manual. For ALF assessments, the UAI is used for the initial assessment and one reassessment. The UAI shall be entered into PeerPlace. A PeerPlace UAI may be copied for purposes of the ALF reassessment and then updated.

The UAI is not required for Guardianship Report Tracking case if review of the guardian report is the only reason the LDSS is following the adult.

3.9.3 Assessment areas

There are five assessment areas of the UAI.

3.9.3.1 Physical environment (section 1 of UAI)

An assessment of the individual's physical environment provides information about safety and health risks. When assessing the physical environment, the worker should consider:

- An evaluation of the dwelling for structural soundness, safety hazards, utilities, cleanliness, and barriers to mobility or use.
- Identification of type and feasibility of needed improvements or changes to the individual's environment.

3.9.3.2 Functional status (section 2 of UAI)

An assessment of the individual's ability to manage activities of daily living (ADLs) and instrumental activities of daily living (IADLs) shall be made when assessing an individual's need for services. Some areas to consider when assessing functional capacity include:

- The physical, emotional, and cognitive status of the individual, assessing how well he or she performs the various ADL tasks including bathing, dressing, eating/feeding, toileting, transferring in and out of a bed or chair, and maintaining continence.
- The physical, emotional, and cognitive status of the individual, assessing how well he or she performs the various IADL tasks which include meal preparation, housework, laundry, shopping, transportation, money management, using the telephone, and/or home maintenance.

3.9.3.3 Physical health assessment (section 3 of the UAI)

The assessment of physical health may be based on the individual's reports of illness, disabilities, and symptoms, the individual's friends or family members, the individual's physician with an authorized release of information, other contacts or records, or based on worker observations. Some areas to consider when assessing physical health include:

- The individual's current medical condition, including any diagnosis or prognosis available, and any services being used.

- Symptoms observed by the worker that may not have been diagnosed or treated, including signs of physical injury.
- The number and type of medication(s) the individual is currently taking (prescription and non-prescription) and whether medication is being prescribed by multiple physicians. (**Note:** The worker may ask to see medication containers to get more accurate information.)
- Diet and eating habits (nutrition).
- The individual's general appearance and whether it is consistent with the adult's circumstances and environment.
- The adult's need for assistive devices (e.g., eyeglasses, hearing aids, dentures, mobility aid to compensate for physical impairments, etc.).

3.9.3.4 Psychosocial (mental health) assessment (section 4 of the UAI)

The worker's assessment of an individual's psychological functioning cannot take the place of a formal clinical evaluation. However, the worker's findings may suggest that a psychiatric problem is present and contributing to the individual's need for services. This assessment can also provide the worker with documentation for recommending a more complete assessment by health professionals to rule out organic and/or physical causes of psychological symptoms. Some areas to consider when assessing psychosocial status include:

- Evidence that the individual is lonely, isolated, or lacking stimulation.
- The individual's perceived emotional or behavioral condition(s).
- Any manifestations of emotional, mental, or behavioral problems (e.g., insomnia, nightmares, crying spells, depression, agitation, unusual fears, thoughts, or perceptions, delusions, hallucinations, etc.).
- Any major life change/crisis in the year (e.g., death of a significant person, divorce, loss of income, a move, an illness, institutional placement, etc.).
- A suspected untreated mental illness where the individual likely needs, but is not receiving, psychotropic medications or other appropriate treatment.
- Use of any psychotropic medication(s), who prescribed them, and for what purpose.

- The individual's orientation to person, place, and time as well as memory and judgment capacity.

3.9.3.5 Support systems (sections 1, 4, and 5 of the UAI)

The support systems assessment includes an assessment of the individual's family and community support system. It is important that the worker identify those family, friends, neighbors, faith-based, and other voluntary groups and formal supports that comprise the individual's social network. Some areas to consider when assessing support system(s) include:

- Any strong dynamics among family members/caregiver(s)/formal support systems as related to the care of the individual.
- Frequency and quality of contacts from informal and formal support systems.
- Social contacts and activities the individual has in the community and changes in the pattern of these contacts.

3.10 The service plan

Workers are required to create a service plan if:

- The LDSS will be providing or contracting for service provision (e.g. companion, homemaker, legal services).
- LDSS will arrange for services to be provided by another entity (e.g. AAA, CSB, etc.) and the worker will monitor service provision for a period of time.

A service plan includes the services to be provided, resources to be used to meet the presenting or immediate problem area(s), and an identification of initial target dates. The service plan may be printed from PeerPlace. It is recommended that the adult or the adult's representative sign a completed service plan.

3.10.1 Service plan requirements

- Within 15 days of the date of eligibility, the worker shall enter the service plan in PeerPlace.
- Service plans are not required when the only service provided is ALF reassessment, screening, or the review of the guardianship report. If the adult will be receiving other services, a service plan is required.

- The details in the service plan will vary according to the individual's situation and will be based on the assessment of the individual's strengths and needs.
- Service plans are formulated jointly between the individual and the service worker as well as the individual's family, when appropriate.
- The service plan shall address the long-term and short-term needs of the adult. Components of the plan include:
 - Goal(s).
 - Unmet need(s).
 - Objective(s).
 - Task(s) (e.g., services to be provided, service-related activities, resources to be used).
 - Target dates are estimated dates for task completion.
 - Dates resolved indicate when the objectives are met and closes out the services.
 - Evaluation of services once tasks are completed.

Goals and objectives are developed after the AS assessment (UAI) is completed and a determination made regarding the services needed and the adult's preferences.

3.10.2 Goals, unmet needs, objectives, tasks, and target dates

3.10.2.1 Goals

The following are goals for Adult Services cases:

- To assist the individual to remain in his or her own home as long as possible provided that this is the most appropriate plan of care.
- To restore or retain the individual's independent functioning to the greatest extent possible.
- To assist in arranging out-of-home placement when that is appropriate and the individual or the guardian consents.

The goal “other” may be selected as appropriate.

See Chapter 2 for service plan goals for APS cases.

3.10.2.2 Unmet needs

An unmet need is an identified need that is not currently being met in a way that assures the safety and well-being of the adult. Unmet needs appear in section 5 (Assessment Summary) of the UAI.

3.10.2.3 Objectives

- Objectives reflect the desired outcome(s) of service delivery. Objectives and services selected should be relevant to the goal.
- Each objective shall state clearly WHAT will happen in order to accomplish the goal(s).
- Objectives should be:
 - Identified by the individual or representative and worker to eliminate or diminish identified unmet need(s).
 - Supportive of the goal(s) selected.
 - Stated in terms of measurable result(s) to be achieved or desired outcome(s).
 - As behaviorally specific as possible.
 - Updated as the individual’s situation changes.
 - Example of an objective: To assist client in obtaining medical care to manage health issues.

3.10.2.4 Tasks

Tasks describe the actual provision of services, identifying HOW to achieve each objective, WHO will be involved in accomplishing each objective, WHERE services will be provided, and WHEN services will be provided. Tasks shall be specific and measurable. All services types shall be selected from the drop down menu in the PeerPlace service plan. Services definitions are available under the AS heading on the APS Division site on FUSION.

Note: Expenditures of funds on behalf of an individual shall be documented in the service plan in PeerPlace. Identify the appropriate provider, funding source, rate of pay, and hours for each service task.

- Example of a service: Transportation.
- Example task: Worker will assist client in securing transportation to medical appointment.
- Example Provider: Yellow Cab
- Example funding source: 83306 Adult Services - Prevention Services
- Example hours per week: 4
- Example rate of pay: \$10.00

If a provider is being paid by public or private insurance, out of pocket, or some other means, "Other" should be chosen as the funding source.

3.10.2.5 Start and target dates

The service plan shall include dates for services to start and target dates for achievement of objectives. Target dates should be realistic. Target dates for ongoing tasks such as home based care, should not exceed the redetermination date.

3.10.2.6 Date resolved

The date resolved will indicate when the objective is met and closes out the service task in the service plan.

3.10.2.7 Evaluation of services

The evaluation of services will provide a brief description of the status of the task at its conclusion, and whether or not objectives were accomplished in a timely manner. When all services have been completed and evaluated, the worker shall close the service plan in PeerPlace.

3.10.2.8 Sample Service plan

The PeerPlace User Manual for LDSS contains example screen shots of service plans.

After you have added all the Unmet Needs and supporting Services, you can print the Service Plan. Click on one of the links under the **Print Options** section

of the Service Plan Summary screen. **DO NOT use the Print icon at the top of the screen.**

3.11 Resource appraisal and selection

The individual may require a service provider outside of the LDSS. Guidance manuals listed below provide references on resources and are available on the VDSS internal website:

Long-Term Care Services	Chapter 4
Adult Services Approved Providers	Chapter 5

The Local Finance Guidelines Manual is also available on the VDSS internal website.

Purchase of Services	Local Finance Guidelines Manual, Section 5.20 –Purchase of Services
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3.12 Service delivery

Services shall be provided directly, by referral, or by purchase as required in order to assure appropriate service delivery and resource utilization necessary for implementation of the service plan.

3.12.1 Direct services

Direct services are those services provided, arranged, monitored, and/or referred by the LDSS staff as outlined in the service plan.

3.12.2 Referrals

Referrals are made when the worker directs the adult to an outside source for assistance.

3.12.3 Purchased services

Purchased services are those services purchased for adults by LDSS from approved providers, including department-approved providers and providers with whom the LDSS contracts. A Purchase of Services Order is available on the VDSS internal website.

3.12.4 Ongoing service planning and delivery

Following the initiation of the service plan, the assessment is to continue on a mutual basis between the individual and worker in order to document further service needs as a basis for the setting of long-range service objectives, the selection of services to fulfill those objectives, and the choices of resources to be used.

3.13 Waiting lists

If department funds are inadequate to maintain the level of service to adults of an optional service or service mandated to the extent funds are available, localities should maintain a waiting list. A date-based methodology (e.g. date in which application is received) is just one example of how an LDSS may organize its wait list. The LDSS shall uniformly apply wait list criteria to all individuals requesting the service. The LDSS should review waiting list at least annually.

The service worker should indicate on the Service Plan if the services request is not available and the individual is on a waiting list.

3.14 Required contacts

For adult services and adult protective services, contact includes communication with the adult, the adult's legal representative or the adult's designated primary caregiver. More frequent contact should occur as needed. All contacts should be documented in the appropriate PeerPlace screen.

The worker shall make timely, regular contacts with providers to monitor the provision of services and the well-being of the individual. The worker should verify by observation or personal interview that the adult is receiving the planned services and identify any changes in his or her situation. Required provider monitoring contacts should be documented on the Compliance Form for Agency Approved Providers (See Chapter 5, Section 5.25).

3.14.1 Types of contact

In order to meet the requirement for appropriate contact with the adult, the contact shall occur with the adult, the adult's legal representative, or the adult's designated primary caregiver shall be in the form of face-to-face, home visit, office visit, phone to/from.

All contacts, including other types of contacts such as fax to/from and email to/from shall also be documented in the appropriate PeerPlace program registration notes. Contacts should be conducted for the purpose of determining the individual's progress toward achieving objectives stated in the service plan.

The following table identifies who is considered a legal representative or designated primary caregiver:

Legal Representative	Designated Primary Caregiver
Power of Attorney, guardian, and conservator	Father, mother, daughter, son, spouse, wife, and husband

3.14.2 Monthly versus quarterly contacts

In PeerPlace service plans, the worker shall select the intensity of the service that dictates the minimum frequency of contact. Services identified as “intense” require monthly contact. Services identified as a “less intense” require quarterly contact. The worker may make more frequent contact depending on the individual’s situation. Services listed in APS program service plans shall be designated as “intense.” Services listed in AS program service plans (e.g., homemaker or LDSS monitoring) shall be designated as “less intense.”

3.14.3 Collateral contacts

Collateral contacts with other interested parties, vendors of service, other community providers/agencies, volunteers working with the individual, and the court may include face-to-face, telephone conversations, and written or email correspondence.

3.14.4 Written correspondence

Written correspondences, including letter to/from, fax to/from, and email to/from and collateral contacts do not count as monthly or quarterly contacts.

3.14.5 Regular quarterly contact not required

Regular quarterly contacts are not required for ALF Reassessments only and Guardianship Tracking only cases.

3.14.6 When a contact is not made as required

The case record shall specify why a required contact was not made (e.g., the adult could not be located).

3.15 Monitoring

Monitoring is the process by which the service worker maintains contact with the individual, support systems, and service provider(s) to ensure the efficient and effective delivery of services relating to the achievement of the stated objectives. The monitoring

function shall begin upon delivery of service(s) and shall be continuous. The LDSS will be responsible for the monitoring of service delivery whenever it uses a vendor or non-agency provider to offer services to an individual. Move to services.

3.16 Redetermination

Eligibility redetermination shall be performed at least annually. Redetermination shall be conducted in the same manner as the initial determinations (the adult does not have to sign a new service application). Verification is recorded in the "Eligibility/Income" section on the General Information screen in PeerPlace. The effective date and redetermination dates on the Financial Eligibility screen in PeerPlace are updated to reflect the updated/new eligibility period.

If information is received in the interim that affects eligibility, redetermination shall be performed **within 30 days** of receipt of information.

3.17 Reassessment

The service worker shall reassess active cases when there is significant change in the individual's circumstances, but no less than once every 12 months. A significant change in an individual's condition occurs when the change is expected to last more than 30 days or appears to warrant a change in the individual's service plan or level of care. The reassessment shall include an updated UAI and an update of the service plan as appropriate.

Based on the UAI annual reassessment, the worker shall document:

- Service plan updates, with task completion dates, target dates, and evaluation of services adjusted as needed.
- A description of the individual's current situation in the AS registration notes with input from the individual and family, if applicable, to determine if there are needs which should be addressed.
- Whether additional services are needed. If so, the service plan shall be revised accordingly. If services are no longer needed, the service plan and the case shall be closed.

3.18 Closure of an adult services case

An adult services case shall be closed when any one of the following circumstances occurs:

- All service plan goals and objectives have been met and the individual no longer needs services.
- The individual requests closure, and, in the worker's professional judgment, the individual has the capacity to make that decision.
- The individual is no longer eligible for services for functional or financial reasons.
- The capable individual fails to follow the mutually agreed upon service plan, and the case record documents repeated attempts by worker to implement the plan.
- The time limit expires on a specific program.
- The LDSS is not able to maintain contact with the individual because the individual cannot be located.
- The LDSS's funding for a program has run out and the state is not able to provide additional funding.
- The individual dies.

If NOA is required, the client shall be permitted to exercise appeal options (if appealing is an option) before the case is closed. If adult is not entitled to an appeal, the worker shall close the service plan and the case registration.

3.19 Relocation

If a relocation is temporary, the original jurisdiction keeps the case, and depending on the distance, provides any needed services or requests the new jurisdiction to assist. Service payments are the responsibility of the original jurisdiction in this situation.

A permanent relocation means the individual will be residing in a new locality. When the individual no longer needs services, the LDSS previously providing services shall close the case. When services continue to be needed, the individual may apply for AS in the jurisdiction where the individual now resides, or the case may be transferred to the new jurisdiction for APS, Guardian Report Tracking, or ALF reassessment services. The Supervisor/Program Admin or APS regional consultant may assist with transferring a record in PeerPlace.

When an individual plans a permanent relocation to a facility in another jurisdiction and the individual will need services in the new jurisdiction, the LDSSs involved should assist each other with needs concerning the individual's admission. If services will be needed, the sending LDSS should notify the receiving LDSS of the expected date of the admission, the facility selected, and the services (e.g. ALF reassessment) needed.

The worker in the original jurisdiction may offer to assist in completing a service application for the new jurisdiction if one is needed.

3.20 Notice of action

Any applicant for or recipient of home-based services and adult foster care services may appeal an LDSS case action decision pursuant to § 51.5-147 of the Code of Virginia. The LDSS shall follow proper procedures to notify the individual regarding certain case actions and use the form Notice of Action for Service Programs, available on the VDSS internal website, to do so.

3.20.1 Notice of action (NOA) regarding an application

LDSS shall notify the individual of its decision or lack of decision on an application for home-based services or adult foster care services promptly but no later than 45 days after application is received.

3.20.2 Withdrawal of application

- The individual may withdraw an application. For special procedures on Adult Protective Services, see Chapter 2.
- If the withdrawal was done by letter, telephone call, or personal visit, an NOA shall be sent to acknowledge the withdrawal.
- The individual should be told that he or she may reapply at any time.

3.20.3 Failure to follow through or disappearance

If an individual disappears or fails to follow through with an application, the LDSS does not need to try to find the individual unless a valid APS report has been made. If there has been no valid APS report, an NOA terminating the application is sent 45 days after the application was received.

3.20.4 NOA for other case actions

- The NOA shall be mailed or given to the individual or his representative when a home-based services case or adult foster care case is approved, reduced, suspended, or terminated.
- Mail the NOA approximately **14 days before** the date the action is to become effective so that the individual has a 10-day notice. See Section 3.22.5 regarding early notification regarding home-based services.

- Notices are not required for fluctuations in purchased service payments when the Purchase Order authorization remains the same.

3.20.5 Early notice due to reduction in funding for home based services

If the adult appeals the action within 10 days of the effective date of the NOA, services must continue. The LDSS is encouraged to provide notice earlier than the recommended 14 days before the action becomes effective, particularly when the action is due to lack of or reduction in funding to provide a particular service (e.g., companion services). Providing early notice of the intent to reduce or discontinue services due to funding constraints will provide sufficient time for services to continue during the appeal before funding is exhausted.

3.20.6 When notice of action not needed

The NOA is not issued for screening cases either at the conclusion of the screening or when the case is closed in PeerPlace. The screening decision letter, issued by the screening team after the screening has been completed, serves as proper notice to the adult. The decision letter contains information about the screening results and appeal rights.

If the LDSS receives reliable information of an individual's death, the LDSS closes the case. The NOA is not issued upon notification of an adult's death.

3.21 Appendix A: Forms

The following forms may be used for case management purposes. Unless otherwise indicated, these forms are located on the DARS Adult Services forms page on the VDSS internal website.

Notice of Action-Adult Services & Adult Protective Services Programs

This form is used to notify an individual about certain actions that have been taken or will be taken on his or her case. This form is also available in Spanish.

Purchase of Services Order

This form is used to order services from vendors. This form is also used for unscheduled termination of, or change to, an existing POS Order.

Application for Adult Services

This form should be used by an individual to apply for adult services and adult protective services. This form is also available in Spanish.

3.22 Appendix B: Income eligibility determination

Income, not resources, is counted in determining if an individual meets the category of Eligibility Based on Income. All income, except items listed below, is to be counted.

Net income from self-employment, farm or non-farm, is to be counted. This is gross receipts minus expenses. The value of goods consumed by the client and his/her family is not to be counted.

The gross amount in wages or salary received is the figure to be used. However, if the wage earner voluntarily has additional amounts taken out for savings such as bonds, these amounts shall be counted as income.

Do count income from Social Security, but do not count income from Supplemental Security Income (SSI).

Income to be excluded

- Per capita payments to or funds held in trust for any individual in satisfaction of a judgment of the Indian Claims Commission or the Court of Claims.
- Money received from sale of property, such as stock, bonds, a house, or a car (unless the person was engaged in the business of selling such property in which case the net proceeds would be counted as income from self-employment).
- Earnings of less than \$25.00 a month.
- Withdrawals of bank deposits.
- Money borrowed.
- Tax refunds.
- Gifts.
- Lump sum insurance payments.
- Capital gains.
- The value of Supplemental Nutritional Assistance Program (SNAP) benefits.
- The value of USDA donated foods.

- The value of supplemental food assistance under the Child Nutrition Act of 1966 and the special food service program for children under the National School Lunch Act as amended.
- Earnings of a child under 14 years of age.
- Any benefits received under Title III, Nutrition Program, of the Older Americans Act, as amended.
- Any grant or loan to any undergraduate for educational purposes made or insured under any program administered by the Commissioner of Education.
- Any other scholarship loan or grant obtained and used under conditions that preclude its use for current living costs.
- Home produce used for household consumption.
- Earnings received by any youth under the Youth Employment Demonstration Program of the Comprehensive Employment and Training Act of 1973 (CETA).
- Payment to Americorp/VISTA volunteers.
- Payment to vendors for services to recipients. These are not to be considered income for the recipient.
- Garnished wages.
- The portion of income paid for child support, if being paid, whether court-ordered or not. The child support payment is income for the person receiving it.
- SSI.

3.23 Appendix C: Expenditures for services

3.23.1 Funding allocations

Each LDSS receives funding to purchase services needed by an adult to meet the goals of the adult's service plan. LDSS are encouraged to make maximum use of this funding in providing services to adults and shall be aware of the number of cases their allocations will support throughout the year. During the course of the fiscal year, if the LDSS realizes that it has been allocated more funds than are needed to serve adults, the LDSS shall return the funds in a timely manner to the state for reallocation to other LDSS.

3.23.2 LASER

LASER (Locality Automated System for Expenditure Reimbursement) is an automated system used to allocate funding.

3.23.3 Budget lines, cost codes descriptions

Budget lines and cost code descriptions including examples of reimbursable expenses are available on FUSION.

21704 GUARDIANSHIP PETITIONS

Provides for the costs of petitioning the court for appointment of a guardian for a Medicaid applicant who is unable to apply for himself or herself.

Note: VDSS does not provide a local budget allocation for this cost code, all expenditures entered in 21704 will be funded using 100% state General Funds.

LDSS should complete page two of the Response to Medicaid Referral form located on the VDSS internal website. Expenses shall be itemized, attached to the form, and retained by the LDSS as documentation for reimbursement.

Localities should submit a BRS to request funds to cover the expenditures. The request will be reviewed and acted on by the APSD Director.

Reimbursable examples

Expenses incurred during a guardianship proceeding for a Medicaid applicant who is unable to apply for himself or herself:

- Evaluation.
- Guardian ad litem legal fees.
- Attorney legal fees.

- Court filing fees.
- Other costs (itemized).

ADULT SERVICES (833)

83301 Adult Services – Home-Based Care -- Chore

Chore services are the performance of non-routine, heavy home maintenance for adults unable to perform such tasks themselves. Chore services are provided only to adults living in an independent situation who are responsible for maintenance of their own home or apartment and have no one available to provide this service without cost. Chore services include yard maintenance, painting, chopping wood, carrying wood and water, snow removal, and minor repair work in the home.

83303 Adult Services – Home-Based Care--Homemaker

Homemaker services are provided by an individual or agency provider who gives instruction in, or where appropriate, performs activities to maintain a household. The activities may include personal care, home management, household maintenance, nutrition, consumer education, and hygiene education.

83302 Adult Day Services

Program funds are used to purchase adult day services from approved/licensed providers for a portion of a 24-hour day. Adult day services assess the needs of participants and offer services to meet those needs. Participants attend on a planned basis. Services include: personal supervision of the adult and activities that promote physical and emotional well-being through socialization.

83304 Adult Services- Home-Based Care--Companion

Companion services are performed by an individual or an agency provider who assists adults unable to care for themselves without assistance and where there is no one available to provide the needed services without cost. Services may include dressing, bathing, toileting, feeding, household and financial management, meal preparation, and shopping. Companion services shall only be provided to an eligible adult who lives in his or her own home.

83305 Guardianship Services

Provides for the purchase of guardianship services from a Virginia guardianship program for adults who have been adjudicated incapacitated by a court and no willing or suitable adult is available to serve as a guardian. Services promote the adult's independence; ensure the adult's physical, emotional, medical, and financial needs are met; and prevent destabilization of the adult's living situation. The need

must be documented in the case record service plan. Payments shall not be made to family members or friends of the adult who volunteer to become the adult's guardian.

83306 Prevention Services

Provides for the purchase of goods or services to prevent disruption of or to stabilize the adult's situation, provided that the need is documented in the case record. These services may include the purchase of short-term support until more permanent arrangements can be made. It may also include items such as clothing, food, utilities, or rent when no other resources are available and the lack of these goods and services become life threatening or may result in institutionalization. These services shall only be provided to adults who may need a temporary intervention to prevent an adult protective services response.

ADULT PROTECTIVE SERVICES (895)

89501 Adult Protective Services

This budget line is used to fund the APS program. This funding may be used for reimbursable expenses of providing protective services at the local level.

Protective services to adults consist of the receipt and thorough investigation of reports of abuse, neglect or exploitation of adults and of reports that adults are at risk of abuse, neglect or exploitation.

The purchase of goods or services is appropriate under the following circumstances:

- An APS report has been taken and the investigation has determined that an adult needs protective services and the service to be purchased is part of the service plan to protect the adult from ongoing abuse, neglect or exploitation; or
- An APS report has been taken and the protective services investigation has found an adult to be at risk of abuse, neglect or exploitation and the service to be purchased is part of the service plan to prevent abuse, neglect or exploitation from occurring.

Guardianship Fees

Section 64.2-2020 of the Code of Virginia requires a guardian to complete and submit an annual report, on the incapacitated adult for whom a guardian has been appointed, to the LDSS in the jurisdiction in which the adult resides. Section 64.2-2020 requires that the annual report, when filed, be accompanied by a filing fee of \$5.00. The \$5.00 filing fee that accompanies annual guardianship report shall be

used in the provision of services to protect vulnerable adults and prevent abuse, neglect or exploitation of vulnerable adults.

To record the receipt of guardianship fees, the LDSS should enter the amount collected as a credit, using Account Code 40895 Receipt of Guardianship Fees.

Admin Adult Protective Services

Administrative costs of operating the APS program are included in Services Staff and Operations or Services Staff and Operations pass-Thru (budget lines 855 and 857). Reimbursable examples include on-call coverage for staff who provide coverage for APS on nights, holidays, weekends, and other times outside of regular office hours; costs of staff travel for investigating, for ongoing service delivery, for training/education purposes, or other travel costs related to the APS program; office supplies and equipment dedicated to the operation of the APS program; and costs of community outreach to increase awareness of the problem of adult abuse.

At any point in the budget year, LDSS may request that 895 funding be transferred to BL 855. The two-part request must be entered into the LASER system and approved by the APS Division Director and a DSS budget analyst. **Note:** Though the \$5.00 guardianship fees are entered into BL 895, these fees can't be transferred to 855. The filing fee is considered a credit to the LDSS and credits may not be transferred. The filing fee must remain in BL 895 to support victims of adult abuse, neglect, and exploitation.

REIMBURSEMENT THROUGH RANDOM MOMENT SAMPLING (RMS)

Screenings

Individuals who are Medicaid eligible or will be Medicaid eligible within 180 days of placement and who are seeking Medicaid coverage for nursing facility care or community-based services shall be screened to determine their need for the service (§ 32.1-330 of the Code of Virginia). LDSS are reimbursed for screenings through the RMS process.

Assisted Living Facility (ALF) Assessments

LDSS assess individuals receiving AG in ALFs using the UAI to determine the level of care (residential or assisted living). A short or full assessment is completed depending on the adult's condition or level of assistance he needs. LDSS also reassess individuals receiving AG annually to determine if the adult continues to meet the level of care that is required in an ALF. LDSS are reimbursed for ALF assessments and reassessments through the RMS process.