

PARC

Action Plan

For Community Services



PENNSYLVANIA ASSOCIATION FOR RETARDED CITIZENS
1500 N. 2ND STREET HARRISBURG, PA 17102



PARC ACTION PLAN FOR COMMUNITY SERVICES

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TABLE OF CONTENTS

| | |
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| SUMMARY CHARTS OF ACTION PLAN | |
| LIST OF ABBREVIATIONS | |
| PARC RESOLUTION | |
| INTRODUCTION | i |
| SERVICE DELIVERY SYSTEM | 1 |
| CASE MANAGEMENT | 13 |
| PREVENTION AND HEALTH CARE | 21 |
| HOME CARE | 47 |
| PRESCHOOL PROGRAMS | 61 |
| PUBLIC EDUCATION | 71 |
| HABILITATION AND JOB OPPORTUNITIES | 85 |
| RESIDENTIAL SERVICES | 95 |
| RECREATION, SOCIAL AND LEISURE ACTIVITIES | 109 |
| RELIGIOUS ACTIVITIES | 117 |
| TRANSPORTATION | 127 |
| ACCOUNTABILITY | 137 |
| PERSONNEL DEVELOPMENT | 149 |
| COMMUNITY EDUCATION | 159 |
| PERSONAL AND LEGAL RIGHTS | |
| FREEDOM OF ACCESS | |
| CONTRIBUTORS | |

CASE MANAGEMENT

INTRODUCTION

One of the most important and vital needs of the mentally retarded population is to be assisted in the choice of appropriate programming and in securing adequate public support when requested by or in behalf of the retarded person. To insure continuity of quality services and progression in the development of the individual, as well as the best use of the public dollar in behalf of the individual, an organized system of case management is essential. It is evident that an effective, efficient and beneficial program can be realized only through a competent and identifiable case management component. It is important that case management be seen from the outset as a program component standing free of any diagnostic label (MH, MR, etc.). A pre-labeled case management system runs the risk of a priori decision making and referrals that can have life-long effects on an individual.

The description of case management must include the following elements as a minimum:

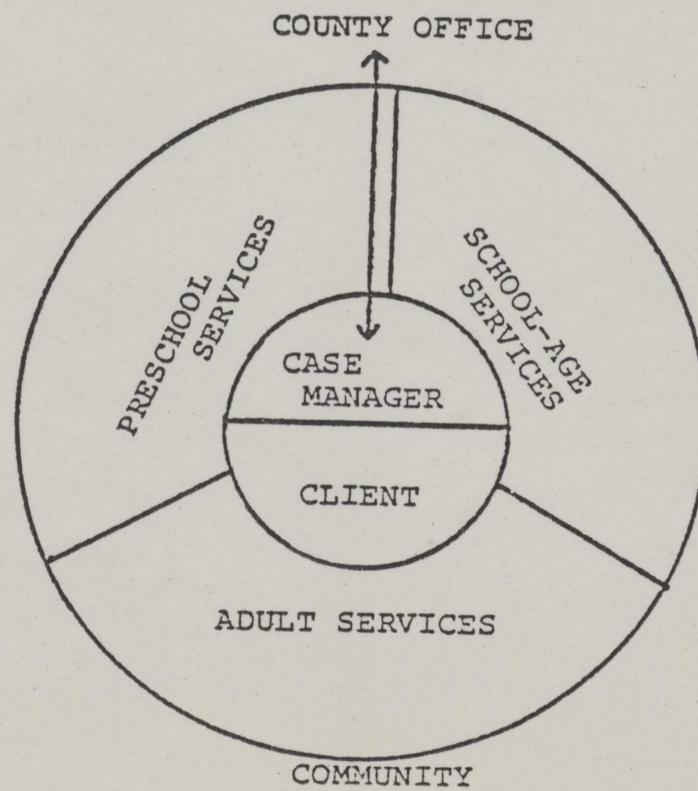
1. Intake: to determine whether and what kind of service is needed and to enter one into the program system rendering them eligible for public support. Included as elements of intake are: the gathering of technical information such as medical, social and educational data; personal information; liability determination where appropriate; and supportive counseling. Emphasis must be placed, at this point of contact between individual and/or family and the case manager, on the importance of attitudes projected by the case manager in the intake interview. It is at this time that persons needing assistance are most sensitive and anxious and are in need of solid support and understanding.
2. Arrangement for diagnosis and evaluation: to insure accurate determination of needs and appropriate evaluation that would provide a base for the individual program plan, including goal plans and appropriate service referral.
3. Formulation of Individual Program Plan: to be based on the current need assessment and to be formulated in a timely fashion in conjunction with the person needing service and, where and when appropriate, with family and other concerned individuals, e.g. guardians, personal advocates, agency personnel, public school administrators and teachers, etc.
4. Service referral: to result from an evaluation of service options by individual and/or family with the assistance of the case management staff.

5. Supervision of continuity of care: to insure that adequate and appropriate services are being delivered at all times in behalf of the individual and/or family and to concretize the lines of accountability between the County Program and the private and public service providers from whom services are being purchased. This includes ongoing contact with individuals, families and service providers.

6. Arrangement for discharge from program system: to involve all appropriate parties and to result from an agreement that such an arrangement is appropriate. This is to include a plan for adaptation in the community including degree and kind of support, by whom, and how frequently.

Responsibility for the provision of case management services should rest with the governmental agency responsible for the provision of services since case management is one means by which this agency is to be held accountable. If the County is to have responsibility for providing services, it is also to be held accountable to the public for the kinds and quality of services purchased. The County must have clear responsibility for and control over the case management component of the program. The case manager, therefore, should be the agent of the County Office in the community, whose responsibility is to ensure the provision and continuance of needed programs. In this way, all case management responsibilities are carried out for the County Office and in behalf of the consumer, and not for any provider agency. It is, therefore, imperative that case management be separated from provider of service agencies in those programs where such a union exists.

Services are purchased in and from the community by the case manager for the County and can be graphically stated as follows:



Accountability will be realized through an effective reporting system between the County Office and the case manager, and between the case manager and service providers. Accountability is both fiscal and programmatic. The case manager, as agent of the County Office, should have the authority either to authorize or submit to the County Administrator authorizations for services based on the need assessment and individual program plan, as well as an evaluation of the quality of service being authorized. All purchase-of-service dollars should pass through and be controlled by the County through the case management system which should consequently be accountable for the expenditure of those funds.

To make sure that the services being purchased are of good quality and of benefit to the individual, there must also be program accountability on the part of the County Office through the case manager. A systematized reporting system must exist that flows from the provider agency to the case manager and back, with authorizations of service being renewed on the basis of those reports. Such reports should be done on each individual in a program at least once every six months. The context of the report, to take the general form of progress reporting and goal planning, is to provide the base for the continual updating of the individual program plan.

Various options should be available to each individual County as to the determination of the best method of carrying out its case management responsibility. Currently this is being done differently throughout Pennsylvania. In one County, case management for the County program is totally centralized, both administration and staff, and it is carried out by the centralized provider agency for the County. In another County, case management is totally decentralized and is carried out by several independent private provider-of-service agencies, each one covering a defined geographical area. In still another County, case management is totally a County operation.

For the proper and orderly fulfillment of the case management responsibility, however, the administrative and managerial function should be performed centrally while maintaining a deployed staff in the community, assigned to specific geographic areas. In this way, focus is sharpened on the community in its role of providing services for its members, accessibility to service is heightened, and adequate fiscal and programmatic control for accountability purposes is maintained.

Whether this centralized case management function is carried out by staff in the County or by staff employed by a central private agency accountable to the County Office can be determined by the County.

ACTION PLAN FOR CASE MANAGEMENT

COMPLETION BY END OF FIRST YEAR

Goals:

1. Each County in the Commonwealth shall have decided how case management responsibilities are to be separated from provider agencies and administratively and managerially centralized.
2. Based on the decision to operate with County staff or through a private agency, a plan shall have been drawn to implement changes.

Actions Required:

1. Immediate discussions between the County MH/MR Office and the County MH/MR Board with involvement of provider agencies.
2. Immediate consideration by the County Office of needed staff and formulation of job descriptions for administrative and front line staff. Provision should be made for personnel capable of performing in all areas of case management but who are specialists in one or another program area (e.g., adult programs, school, preschool, residential, etc.)

ACTION PLAN FOR CASE MANAGEMENT

COMPLETION BY END OF SECOND YEAR

Goals:

1. The County shall have hired a case management director.
2. Staff shall have been hired and assigned to geographic areas as well as to an area of program speciality.
3. The transfer of case management responsibilities to a separate agency or into the County Office shall have been accomplished.
4. A comprehensive system of record keeping shall be created to include program plans for each individual receiving services.

Action Required:

1. County Office shall consult with program providers and other appropriate parties with a view to filling the position of Case Management Directors.
2. Case Management Director shall consult with County Administrator on selection of case management front line staff and administrative personnel.
3. In-service training must be provided to the case management staff by the Case Management Director in conjunction with the County Office. Training is to encompass knowledgeability in appropriate laws and regulations, program availability and community resources, and methods of record keeping and service authorization.

ACTION PLAN FOR CASE MANAGEMENT

COMPLETION BY END OF THIRD YEAR

Goals:

1. Every person in programs shall have an up-dated individual program plan based on initial needs assessment and on progress and goal plan reports received from the provider agency.
2. A reporting system shall have been established whereby a semiannual program review will be possible for each individual receiving services.

Actions Required:

1. The case management agency shall initiate meetings with all agencies providing services to establish an acceptable method of program reporting.
2. The Case Management Director shall establish a schedule for case reviews so that every individual and provider shall be involved to the extent possible.
3. The Case Management Director shall review files to see that such reviews result in a continual update of the individual program plans based on the progress and goal plan report submitted semi-annually by the provider agencies.