

case management; and one year of this experience must be in providing direct consumer services to the targeted population to be served; or

b. a bachelor's degree in social work from a social work program accredited by the Council on Social Work Education; and three years of paid post-degree experience in a human services related field providing direct consumer services or case management. Two years of this experience must be in providing direct consumer services to the targeted population to be served; or

c. a licensed registered nurse; and three years of paid post-licensure experience as a registered nurse in public health or a human services related field providing direct consumer services or case management. Two years of this experience must be in providing direct consumer services or case management to the target population to be served; or

d. a bachelor's degree in a human services field including but not limited to psychology, education, rehabilitation counseling, or counseling from an accredited institution; and four years of paid post-degree experience in a human services related field providing direct consumer services or case management. Two years of this experience must be in providing direct consumer services to the targeted population to be served;

e. thirty hours of graduate level course credit in the human services field may be substituted for one year of experience.

B. Training. Case managers must receive necessary orientation and periodic training on the provision of case management services arranged or provided through their agency.

1. Orientation of at least 16 hours shall be provided by the agency to all staff, volunteers and students within five working days of employment which shall include, at a minimum:

- a. policies and procedures of the provider;
- b. confidentiality;
- c. documentation in case records;
- d. consumer rights protection and reporting of violations;
- e. abuse and neglect policies and procedures;
- f. professional ethics;
- g. emergency and safety procedures;
- h. infection control including universal precautions.

2. For newly hired or promoted case managers who will provide services primarily to a specific population or sub-group, a minimum of eight hours of the orientation training must cover orientation to each target population to be served including but not limited to specific service needs and resources.

3. Routine supervision cannot be considered training.

Chapter 49. Case Management

§4901. Personnel Standards

A. Staff Qualifications

1. Case managers hired or promoted on or after August 20, 1994 must meet the following criteria for education and experience:

a. bachelor's degree in a human services related field including but not limited to psychology, education, rehabilitation counseling, or counseling from an accredited institution; and one year of paid experience in a human services field providing direct consumer services or case management or

b. a licensed registered nurse; and one year of paid experience as a registered nurse in public health or a human services related field providing direct consumer services or case management; or

c. a bachelor's or master's degree in social work from a social work program accredited by the Council on Social Work Education;

d. thirty hours of graduate level course credit in a human services related field may be substituted for the one year of required paid experience. Experience may be obtained before or after completion of the degree or obtaining licensure;

e. all case managers must be employees of the provider. Contracting for case managers is prohibited.

2. Case management supervisors hired or promoted on or after August 20, 1994 must meet the following qualifications for education and experience:

a. a master's degree in social work, psychology, nursing, counseling, rehabilitation counseling, education with certification in special education, occupational therapy, speech or physical therapy from an accredited institution; and two years of paid post-degree experience in a human services related field providing direct consumer services or

4. In addition to the minimum 16 hours of orientation, all case managers must receive a minimum of 16 hours of training during the first 90 calendar days of employment which is related to the target population to be served and specific knowledge, skills and techniques necessary to provide case management to the target population. This training must be provided by an individual with demonstrated knowledge of the training topic and the target population. This 16 hours of training must include, at a minimum:

- a. assessment techniques;
- b. service planning;
- c. resource identification;
- d. interviewing techniques;
- e. data management and record keeping;
- f. communication skills.

5. No new case manager employee can be given sole responsibility for a consumer until this training is satisfactorily completed and the employee possesses adequate abilities, skills and knowledge of case management.

6. A case manager must complete a minimum of 40 hours of training per calendar year. For new employees, the orientation training cannot be counted toward the 40 hour minimum annual training requirement. The 16 hours of training for new case managers required in the first 90 days of employment may be counted toward the 40-hour minimum annual training requirement. Appropriate updates of topics covered in orientation and training for a new case manager must be included in the required 40 hours of annual training. The following is a list of suggested additional topics for annual training:

- a. the nature of the illness or disability, including symptoms and behavior;
- b. pharmacology;
- c. potential array of services for the population/available local resources;
- d. building natural support systems;
- e. family dynamics;
- f. developmental life stages;
- g. crisis management;
- h. first aid/CPR;
- i. signs and symptoms of mental illness, alcohol and drug addiction, and mental retardation/ developmental disabilities, head injuries and/or HIV;
- j. recognition of illegal substances;
- k. monitoring techniques;
- l. advocacy;
- m. behavior management techniques;

- n. developmental life stages;
- o. value clarification/goals and objectives;
- p. stress management/time management;
- q. accessing special education services;
- r. cultural diversity;
- s. pregnancy and prenatal care;
- t. health management;
- u. team building/interagency collaboration;
- v. transition/closure;
- w. age-appropriate preventive health care;
- x. facilitating team meetings;
- y. computer skills;
- z. legal issues.

7. A case management supervisor must satisfactorily complete 40 hours of training per year. A new supervisor must satisfactorily complete a minimum of 16 hours on all of the following topics prior to assuming case management supervisory responsibilities:

- a. professional identification/ethics;
- b. process for interviewing, screening, and hiring staff;
- c. orientation/in-service training of staff;
- d. evaluating staff;
- e. approaches to supervision;
- f. managing caseload size;
- g. conflict resolution;
- h. documentation.

8. Documentation of all training must be placed in the individual's personnel file. Documentation must include an agenda and the name, title, agency affiliation of the training presenter(s) and other sources of training.

C. Supervision

1. Each case management provider must have and implement a written plan for supervision of all case management staff. Supervision must occur at least once per week per case manager. Supervisors must review at least 10 percent of each case manager's case records each month for completeness, compliance with these standards, and quality of service delivery.

2. Supervision of individual case managers must include the following:

- a. direct review, assessment, problem solving, and feedback regarding the delivery of case management services;

b. teaching and monitoring of the application of consumer centered case management principles and practices;

c. assuring quality delivery of services;

d. managing assignment of caseloads;

e. arranging for or providing training as appropriate.

3. Supervision must be accomplished by a combination of more than one of the following means:

a. individual, face to face sessions with staff to review cases, assess performance and give feedback;

b. sessions in which the supervisor accompanies an individual staff member to meet with consumers. The supervisor assesses, teaches and gives feedback regarding the staff member's performance related to the particular consumer;

c. group face to face sessions with all case management staff to problem solve, provide feedback and support to case managers.

4. Each supervisor must maintain a file on each case manager supervised and hold supervisory sessions on at least a weekly basis. The file on the case manager must include, at a minimum:

a. date and content of the supervisory sessions; and

b. results of the supervisory case review which shall address, at a minimum, completeness and adequacy of records, compliance with standards, and effectiveness of services.

5. Case managers must be evaluated at least annually by their supervisor according to written policy of the provider on evaluating their performance.

AUTHORITY NOTE: Promulgated in accordance with R. S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, LR 20:885 (August 1994).

§4903. Caseload Size Standards

A. Each full-time case manager may only have a maximum of 60 consumers in a caseload unless a lower ratio exists in DHH or other applicable controlling state or federal regulations.

B. Each case management supervisor may only have a maximum of five full-time case managers or a combination of full-time case managers and other human service staff under their direct supervision.

C. A supervisor may carry one-fifth of a caseload for each case manager supervised less than five. For example, a supervisor of three case managers may carry two-fifths of the maximum caseload.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, LR 20:887 (August 1994).

§4951. Records—Administrative and Consumer

A. All provider records must be maintained in an accessible, standardized order and format and must be retained and disposed of in accordance with state laws.

B. A provider must have sufficient space, facilities and supplies for providing effective record keeping services.

C. Upon agency closure, all provider records must be maintained according to applicable laws, rules and regulations.

D. A provider must have a written record for each consumer which must minimally include:

1. identifying data recorded on a standardized form including the following:

- a. name;
- b. home address;
- c. home telephone number;
- d. date of birth;
- e. sex;
- f. race or ethnic origin;
- g. closest living relative;
- h. education;
- i. marital status;
- j. name and address of current employment, school, or day program, as appropriate;
- k. date of initial contact;
- l. court and/or legal status, including relevant legal documents;
- m. names, addresses, and phone numbers of other persons or providers involved with the consumer's service plan. This shall include the consumer's physician;
- n. other identifying data as indicated;
- o. date the information was gathered;
- p. signature of the staff member gathering the information.

2. Interdiction Status. A notation on the inside of the front cover that the consumer has been interdicted if this information is known.

3. Limited health records including a description of any serious or life threatening medical condition of the consumer. This must include a description of any current treatment or medication necessary for the treatment of any serious or life threatening medical condition or known allergies.

E. A provider must ensure that all entries in records are legible, signed by the person making the entry and accompanied by the date on which the entry was made.

F. Entries must be made in consumer records when services are provided to and/or on behalf of consumer in accordance with the following:

1. All entries and forms in the consumer's record that are completed by the provider must be in ink, are legible, be dated, be signed and shall include the functional title of the person making the entry.

2. An error in the consumer's record made by staff must be corrected by drawing a line through the erroneous information. The word "error" must be written beside the correction, and the correction must be initialed.

3. Correction fluid must never be used in a consumer's record.

G. Consumer record material must be organized in a manner which encourages staff to use it as a communication tool.

1. The location of documents within the record must be consistent among all the provider's records.

2. The record must be appropriately thinned so that current material shall be easily located in the record.

H. Each record must document the need for case management services and the following, at a minimum:

1. medical, social, psychiatric, psychological and other pertinent information regarding the consumer's disability, illness, or condition which will document eligibility for case management services for the targeted population;

2. necessary assessments and other information concerning the consumer's medical, social, familial, cultural, developmental, legal, educational, vocational, psychiatric and economic status, as appropriate, to support the initial service plan, and modifications in the service plan;

3. documentation of the need for ongoing case management and other identified services;

4. written service plan signed and dated by the case manager and the consumer and/or guardian shall be placed in the consumer's record;

5. description of all contacts, services delivered and/or action taken identifying the persons involved in service

delivery, the date and place of service, the content of service delivery and the duration of the contact;

6. progress notes written at least monthly to document progress towards specified goals;

7. summary of services provided and progress towards goals, as well as the reason for the closure of the case at the time of termination; and,

8. any joint agreement with the consumer for closure.

I. The provider must utilize the tracking and/or data system for the Program Office of the targeted population being served or a comparable system which tracks the same data elements and allows reporting of data to the program office.

J. The provider must sign an agreement with the appropriate Program Office regarding the exchange of consumer-related data.

K. The record must contain at least six months of current information.

L. Information older than six months may be kept in storage but shall be available for review.

M. The records are maintained until audited and all audit questions answered or for three years from the time of payment, whichever is longer.

N. When a consumer transfers to another provider, at a minimum, copies of the following information must be sent to the requesting provider upon receipt of a release of information signed by the consumer:

1. most current service plan;

2. current assessments upon which service plan is based;

3. number of services used in the calendar year; and

4. last quarter's progress notes;

O. A nonredisclosure clause must accompany all information released to the requesting provider on all Office of Alcohol and Drug Abuse consumers;

P. The receiving provider must bear the cost of copying which shall not to exceed the community's competitive copying rate.

Q. A written policy must govern the disposal of consumer records and confidentiality of consumer information must be protected at the time of disposal.

R. A provider must have a written record for each employee which includes:

1. the application for employment and/or resume'

2. references

3. any required medical examinations

4. all required documentation of appropriate status which includes:

a. valid driver's license for operating provider vehicles or transporting consumers.

b. verification of professional credentials/certification required to hold the position including the following:

- i. current licensure
- ii. relevant licensure
- iii. relevant education
- iv. relevant training
- v. relevant experience

5. periodic, at least annual, performance evaluations.

6. employee's starting and terminations dates along with salary paid.

S. An employee must have reasonable access to his/her personnel file and must be allowed to add any written statement he/she wishes to make to the file at any time.

T. A provider must not release a personnel file without the employee's written permission except in accordance with state law.

AUTHORITY NOTE: Promulgated in accordance with R. S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, LR 20:891 (August 1994).