

Section
Case Management System

Subject
Case Management Responsibilities

RESPONSIBILITIES

The Case Management Team (CMT) is responsible for the following:

- **Person-Centered Recovery Plan**

The initial Person-Centered Recovery Plan is developed within 10 days of enrollment in the waiver. This initial Person-Centered Recovery Plan is for the purpose of initiating services. The annual Person-Centered Recovery Plan is to be completed within 30 days of the initial Person-Centered Recovery Plan. (For more information see 809-1). The purpose of the annual Person-Centered Recovery Plan is to establish the member's goals. This time is allowed for the member to become comfortable with the case management team and the waiver. If more time is needed to complete the Person-Centered Recovery Plan, the CMT should contact the Community Program Officer (CPO) for approval. This should be documented in the member's record.

The Person-Centered Recovery Plan should be strength based and in first person language when articulating the member's goals. It is important that the Person-Centered Recovery Plan be recovery focused with particular attention given to the member's goals and crisis plan. These are to be specific to the member and in the person's own words. Should the member have difficulty with goal setting keep it very simple until the member gains confidence in himself or herself and the CMT.

The member receiving services will need to sign the Person-Centered Recovery Plan and will receive a signed copy for their records. If a representative is involved, the representative will sign the Person-Centered Recovery Plan and will be given a copy of the signed plan. The CPO will need to review and sign the Person-Centered Recovery Plan within 30 days of the signed copy.

Person-Centered Recovery Plans must be reviewed and/or updated with the member at least quarterly or when the member's needs, goals and/or condition warrant the change. A new Person-Centered Recovery Plan will be completed annually with the member.

The member's crisis plan needs to be reviewed and updated quarterly with the member for any changes. The CMT must review each of the components of the crisis plan with the member to determine and document any changes. Please see SDMI HCBS 809-2.

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- **Monthly Contact**

Monthly contact with the member is a requirement. The contact can be by phone in conjunction with a face-to-face contact once every three months where the Person-Centered Recovery Plan is reviewed. It is important to document all efforts to make contact with the member.

- **Providers**

The CMT will make referrals to agencies for services identified in the Person-Centered Recovery Plan. The CMT will coordinate with these agencies and ensure the services are appropriate and delivered properly. The CMT will meet with the providers on a monthly basis to help ensure appropriate delivery of services. This is an opportunity for the CMT to discuss any issues and/or concerns of the member or providers. The health and safety of each member is the responsibility of each CMT.

- **Recovery Markers**

Recovery Markers are to be completed *with* the member on a quarterly basis. This should be done during the initial intake process and at the quarterly PCRCP review. Recovery Markers should be entered on the Eleanor website. Eleanor is a website for mental health providers and AMDD staff to maintain client evaluation data and to perform state and federal reporting. It allows data to be entered manually or through flat file upload on the Eleanor website: <https://ejs.hhs.mt.gov:8448/amdd-mhrs/login>. For further information about flat file upload, please contact AMDD. For information on how to navigate through the program, please refer to the “Eleanor Manual Online Entry Instructions.”