

**RULES AND REGULATIONS  
DEPARTMENT OF HEALTH  
DIVISION OF DEVELOPMENTAL DISABILITIES**

**CHAPTER 1**

**Rules For Individually-selected Service Coordination**

Section 1. Authority. The Department of Health, through its Division of Developmental Disabilities, pursuant to W.S. 9-2-102, W.S. 35-1-620, and the Settlement Agreement in Civil Action C90-0004 is authorized to establish minimum standards for programs and personnel providing services to persons with developmental disabilities.

Section 2. Definitions.

(a) “Division” means the Division of Developmental Disabilities of the Wyoming Department of Health (DD).

(b) “Eligible person” means a person with mental retardation, a developmental disability, or a related condition, for whom individually-selected service coordination is applicable as described in 4(a) below, and who meets the following eligibility criteria:

- (i) Developmental Disability - The person has a confirmed diagnosis of Mental Retardation, or a related condition as defined in 42 CFR 435.1009.
- (ii) Mental Retardation means significantly subaverage general intellectual functioning as evidenced by an IQ score of 70 or below on a standardized measure of intelligence; and existing concurrently with deficits in adaptive behavior; and manifested during the developmental period (prior to age 22).
- (iii) Persons with related conditions include individuals with a severe, chronic disability attributable to autism, cerebral palsy, a seizure disorder or any other condition other than mental illness that is found to be closely related to mental retardation because this condition results in impairments of general intellectual functioning or adaptive behavior similar to that of persons with mental retardation and requires treatment or services similar to those required for these persons. Further elements of a related condition include:
  - 1. It is manifested before the person reaches age 22; and
  - 2. It is likely to continue indefinitely; and
  - 3. The person has substantial functional limitations in three or more of the following areas of major life functions:

Self-care  
Understanding and use of language  
Learning  
Mobility  
Self-direction  
Capacity for independent living

(c) “Individually-selected service coordination” means a service which helps an eligible person with a developmental disability to identify, select, obtain, coordinate and use both paid services and natural supports which enhance independence, productivity, and integration consistent with his or her capacity and preferences. Individually-selected service coordination supports, but does not substitute for, the responsibility of providers of other services to assure adequate internal service coordination, including internal provider case management, as necessary to effectively deliver the services offered by that provider.

(d) “Individually-selected Service Coordinator (ISC)” means a person certified by the Division of Developmental Disabilities as qualified and able to provide individually-selected service coordination.

(e) “Informed choice” means a decision based upon sufficient information, experience, or knowledge of the alternatives and consequences of the options available.

(f) “Integration” means active participation and inclusion in the mainstream of community life.

(g) “Interdisciplinary” means a cooperative approach to the assessment of needs, development of, and implementation of services by persons from a variety of educational and professional disciplines.

(h) “Program evaluation” means a systematic procedure for determining the effectiveness and efficiency of the results achieved by the person served following the implementation of a planned program of intervention.

(i) “Program evaluation report” means a written analysis of the program evaluation.

(j) “Service referrals” means the practice of arranging for a person to receive the services provided by a service organization or provider, including referrals as appropriate to other providers.

(k) “Support” means activities, training, materials, equipment, assistive technology, or services designed and implemented with the active participation of the person served to assist him or her to function as independently as his or her capacities and preferences allow.

(l) “Team” means the group of persons who develop a plan for the provision of supports and services and assist in its implementation. The team shall include the person served, guardian (if applicable), the Individually-selected Service Coordinator (ISC), and representatives of persons or organizations providing direct supports or services. The team may include family members, peers, employers,

and other persons as requested by the person served or his or her guardian.

Section 3. Administration.

(a) Individually-selected Service Coordination shall be provided as a service administered by the Wyoming Department of Health through its Division of Developmental Disabilities. The system shall be designed to promote individual choice and effective delivery and coordination of needed services.

(b) The Division shall be responsible for recruitment and certification of a roster of Individually-selected Service Coordinators who meet the eligibility and certification requirements, and for establishing the training and certification requirements of ISC personnel.

(c) The Division shall be responsible for monitoring ISC services to assure compliance with standards and quality of service outcomes.

(d) The Division shall establish reimbursement and payment methods, subject to available appropriation, to adequately support the provision of ISC services in a cost-effective manner.

(e) The ISC system will support, but not substitute for the responsibility of providers of other services to assure adequate internal service coordination, including internal provider case management, necessary to effectively deliver the services offered by that provider.

(f) The Division shall develop and implement such procedures, requirements and standards as are necessary to accomplish the purposes of these rules.

Section 4. Applicability.

(a) Individually-selected Service Coordination, as identified herein, applies to all individuals with a developmental disability (ies) who are approved to receive services funded through the Wyoming Medicaid DD Home and Community Based (HCB) Waivers (adult and child) or through regional contracts with adult service providers.

(b) Children served through the DD preschool programs (birth to 5 years of age) receive service coordination in accordance with the provisions and requirements of those programs.

(c) Individuals residing at the Wyoming State Training School receive service coordination through the identified Qualified Mental Retardation Professional (QMRP) in accordance with ratios specified in the Settlement Agreement, and in accordance with federal ICF/MR regulations, subject to the following:

(i) Monitoring is provided by Wyoming Protection and Advocacy, Inc. (P&A) in accordance with the Settlement Agreement in Civil Action C90-0004.

(ii) A community-based ISC shall be identified and made part of the team for persons served who are referred for placement and are engaged in the transition process. An appropriate Area Resource Specialist employed by the Division will be as-

signed to fulfill this function for persons in transition until such time as the development of a specific placement plan makes identification of an ISC feasible.

Section 5. Individually-selected Service Coordinator Qualifications and Caseload.

(a) Each ISC is required to meet current qualifications identified in federal standards for Qualified Mental Retardation Professional (QMRP), or,

(i) Meet qualifications identified in Medicaid DD HCB Waivers, including an appropriate Associate Degree or equivalent and two years of experience in the field of developmental disabilities, and be under the direct supervision and oversight of a person who meets the qualifications for QMRP.

(b) For purposes of reimbursement, the ISC may not be the parent, spouse or sibling of the person served.

(c) Each ISC must have a working knowledge of community resources, an ability to communicate with and work effectively with the person served, an ability to

elicit and respect the values and preferences of the person served, an ability to work cooperatively and effectively with other team members, and understand the disabilities of persons served and methods for overcoming barriers to productivity and integration.

(d) Caseload ratios shall be established so as to allow the ISC to effectively coordinate services. Allowable ratios shall be based upon geographic location, complexity of needs, intensity of support required, cost effectiveness, and provider experience, and shall be determined by the Division.

Section 6. Provider Requirements.

Each self-employed ISC or organization providing ISC services shall:

(a) Have policies and procedures that identify

(i) Who is served,

(ii) Criteria for the order of acceptance,

(iii) The person(s) responsible for making the decision to accept a person for ISC services,

(iv) The criteria by which acceptance decisions are made,

(v) A means for appealing the denial of ISC services, and

(vi) How referrals will be made by the ISC to other providers of services as appropriate, which may include another ISC provider or the Division;

- (b) Provide opportunities for persons served to learn about the ISC provider, its mission, programs, and services;
- (c) Provide written notification, including reasons for denial, to any person denied ISC services;
- (d) Evaluate the quality of its ISC services in keeping with applicable standards;
- (e) Meet CARF (Commission on Accreditation of Rehabilitation Facilities) Standards and/or other requirements as identified by the Division.

Section 7. Roster of Individually-selected Service Coordinators

- (a) Persons served may only select an ISC from the roster of ISC providers

maintained by the Division. Individuals may apply to the Division to be included on the ISC roster by written application to the Division including supporting documents to demonstrate educational and professional experience and compliance with all requirements.

(b) Within 30 days of the receipt of the completed application, the Division will determine if the applicant meets the requirements and will provide a written statement to the applicant. If the applicant is not qualified, the Division will include in its response the specific reasons for the denial. If the Division determines that the applicant is qualified, a certificate will be issued attesting to the eligibility of this applicant to provide ISC services. This certificate must be made available upon request to any person inquiring about services.

(c) The Division will maintain a roster of certified ISC personnel organized by individual, ISC organization and the city in which the ISC will provide services.

- (d) The Division will update the roster monthly.

(e) The ISC roster is public information, which the Division will make available to anyone upon request.

(f) An ISC provider may request the Division to have his or her name, or the name of an ISC employed by the organization, removed from the roster by written request directed to the Division.

(g) The Division may remove the name of any ISC from the roster for unethical conduct after providing the ISC or ISC organization with written notice and the opportunity for a hearing conducted according to applicable Medicaid rules or the provisions of Division Contracts.

(h) The Division will periodically review the ISC roster deleting the names of persons known to have left the state or no longer providing services after sending a certified letter to his/her last known address.

(i) Removing an ISC's name from the roster terminates the individual from participation as a provider of ISC services. A terminated ISC may reapply for participation as specified in Section 7(a)

and 7(b).

Section 8. Selection of Individually-selected Service Coordinators

(a) If an eligible person does not have an ISC, he or she should contact the Division to request the name of the Area Resource Specialist assigned to his or her location for assistance in the selection of an ISC.

(b) Until the person served has the opportunity to select an ISC, the

appropriate Area Resource Specialist will serve in the capacity of ISC.

(c) Wyoming Protection & Advocacy, Inc. (P&A) will be notified by the Division of each request for the selection or change of an ISC. P&A may participate in providing information to the person served regarding ISC choices available to him or her so as to help assure informed choice.

(d) The person served or his or her guardian must select an ISC from the roster maintained by the Division, subject to Division approval of caseload limits as described in section 5(d).

Section 9. Change of ISC

(a) The person served or his or her guardian may request a change of ISC concurrent with the 6-month plan review or the annual update of the plan of care. The Division Area Resource Specialist should be notified of an intent to make such a change. Changes may be authorized by the Division at other times if there is evidence of unethical conduct, non-performance of duties, resignation of the ISC, significant conflict between the ISC and the person served, or other unusual circumstances. In such instances the Area Resource Specialist should be contacted for assistance. If the person served or his or her guardian disagrees with the decision of the Division, an appeal may be made utilizing the Medicaid DD HCB Waiver appeal procedures or the Division Contested Case procedure.

Section 10. Responsibilities of Individually-selected Service Coordinators

It is the responsibility of the ISC to:

(a) Gain an understanding of the needs, desires and preferences of the person served,

(b) Arrange, coordinate and be financially responsible for assessment, subject to applicable reimbursement guidelines,

(c) Coordinate the team in the development of the plan of care,

(d) Provide support and encouragement to the person served in the development of the plan of care,

(e) Advocate for the preferences and choices of the person served, unless such preferences and choices are clearly not in the person served's best interest,

- (f) Review and monitor overall service delivery in accordance with the plan of care,
- (g) Coordinate assistance in crisis intervention,
- (h) Assist in coordinating Transition Plans,
- (i) Assist the person served to achieve his or her highest level of independence and social integration within his or her capabilities and preferences,
- (j) Be available to the person served at times and locations most convenient to that person, including regular visits to the person served at home, work, day program, learning site, and recreational sites,
- (k) Assure that a qualified provider of ISC services is available to the person served when the ISC is unavailable for an extended period of time, such as vacations or extended illnesses. This may be accomplished by referral to another ISC, with permission of the person served or his or her guardian.
- (l) Prepare an exit summary for each person leaving ISC services,
- (m) Perform other duties as required by the Division related to provision of ISC services, and
- (n) Maintain a master record in accordance with Division requirements, and assure that information is disseminated to appropriate parties.

Section 11. Assessment.

- (a) Prior to the development of a plan of care, the ISC shall arrange and coordinate the collection and collation of in-depth information about a person's situation and functioning. The assessment shall identify the person's strengths, current availability and potential capacity of natural supports, and need for service and financial resources if appropriate. The assessment shall include, as appropriate for the person served:
  - (i) Interests, preferences, desires, expectations, and strengths;
  - (ii) Health status, including medications, chronic and current conditions and treatments;
  - (iii) Functional performance, including activities of daily living, level of assistance needed, and assistive devices used or needed;
  - (iv) Behavior and emotional factors, including history, coping mechanisms, and stressors;
  - (v) Cognitive functioning, including memory, attention, judgment, and

general cognitive measures;

- (vi) Environmental factors, including architectural or transportation barriers,
- (vii) Social supports and networks, including natural supports such as families and friends, religious organizations or other organizations;
- (viii) Financial factors such as insurance, assets, or income, guardianship or conservatorships, or entitlements that influence the array of supports and services that are needed.

(b) The assessments may be based upon standardized instruments administered by persons other than team members provided one of more or the team members can explain the uses and limits of the instrument to other team members.

(c) If the ISC organization develops instruments, such instruments shall be used consistently.

(d) The ISC is financially responsible for assessment, in accordance with Medicaid reimbursement guidelines.

#### Section 12. ISC Responsibilities and the Plan of Care.

(a) Each person served receiving ISC services shall have a written plan of care based upon the findings of the comprehensive assessment and input from the team. The development and implementation of this plan will be coordinated and monitored by the ISC, with assistance as necessary from internal provider service coordinators/case managers and other team members.

(b) The duration of the plan will not exceed twelve (12) months. The team may alter the plan at any time as circumstances, needs, and preferences of the person served dictate.

(c) The plan shall encourage the highest level of independence and participation of the person served in keeping with the person's preferences.

(d) The plan shall:

- (i) Address the strengths and needs identified in the assessment,
- (ii) Identify the goals and objectives to be achieved,
- (iii) Specify the timing, type and amount of supports and services that will be mobilized to meet the objectives,
- (iv) Include the sources of funding for the supports and services,



- (v) Delineate the responsibilities of the ISC and other team members, and
- (vi) Include a schedule for periodic reviews of the relevance of the plan.

(e) The plan will be discussed with the team members in a manner that enables them to understand it and their respective roles in its implementation.

(f) If the person served is funded through a Medicaid DD Home and Community Based Waiver, the plan must meet applicable waiver standards, but may include additional items that reflect the person's need for supports. It is the responsibility of the ISC, working in coordination with service providers, to assure that plans are properly completed and submitted in a timely manner so as to prevent interruption of service or service reimbursement.

(g) Appeal of a decision of the team shall be made by utilizing appeal processes identified in the Medicaid DD HCB waiver, the Division Contested Case Procedure, or provider agreements, as applicable. It is the responsibility of the ISC to assure that the person served, and guardian if applicable, are made aware of these processes.

### Section 13. ISC Responsibilities in Implementation and Monitoring of the Plan

(a) Implementation of the plan shall take into account the person served's preferences and cultural beliefs.

(b) As much as possible, the plan shall be implemented according to the timetables in the plan. If lengthy delays occur in the implementation of the plan, the ISC will work with the person served and the team to determine if a change in plan is needed or whether the Division should be notified for assistance in achieving compliance.

(c) The ISC shall monitor the implementation of the plan and notify the Division if problems are encountered.

(d) Monitoring shall include a review of the timing, sequence, duration, efficiency and effectiveness of services and the person served's satisfaction with the supports and services provided. Results will be documented in the master record and provided to the Division.

### Section 14. Review of ISC Providers.

Staff of the Division will conduct annual on-site visits of all ISC providers to

monitor compliance with the Division rules applicable to the persons served by the individual or organization. If the ISC provider serves persons covered by different DD Division standards, the more stringent standards will apply. ISC providers accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) in the area of case management will be deemed to have met Division standards necessary for certification.

## Section 15. Program Evaluation.

Each ISC provider or organization shall prepare an annual report on Individually-selected Service Coordination, to include an evaluation of its program. The provider may conduct the program evaluation or may contract to have the program evaluation conducted and report developed.

(a) The program evaluation may address a variety of issues, but must include measures of at least two of the following indicators of how persons served have benefitted during the report year:

- (i) Social integration,
- (ii) Independence of vocational or day placement,
- (iii) Independence of residential placement.

(b) The program evaluation report shall also include:

- (i) Measures of satisfaction of the person served, and
- (ii) Demographic information on the persons served, including age, primary and secondary diagnoses, and level of functioning.

(c) The program evaluation report may be based upon a random sample of the persons served, but in no case less than ten percent of those persons served or 10 people, whichever is greater.

## Section 16. Unethical Conduct.

(a) Persons who provide services to vulnerable populations incur special responsibilities. The more dependent the population, the greater the responsibility. ISC's are expected to support the choices and preferences of the person served unless doing so is either illegal or clearly not in the best interests of the person served. Unethical conduct includes but is not limited to the following:

- (i) Flagrant violations of the person served's preferences without justification,
- (ii) Abandonment of services,
- (iii) Sexual contact with the person served, whether such contact is consensual or not,
- (iv) Misappropriation of property or funds,
- (v) Violations of confidentiality,
- (vi) Verbal or physical abuse,
- (vii) Failure to carry out ISC responsibilities identified in the plan of care,

- (viii) Failing to properly account for and document services provided, and/or billing for undocumented services,
- (ix) Offering premiums, gifts, cash or other inducements as a means of influencing ISC selection. Advertising, without promises of inappropriate inducements is not itself unethical.

(b) Any person believing that unethical conduct has occurred, should report the alleged misconduct immediately to the Division and, as appropriate, to the DD Client Rights Specialist. The Division Administrator will assign appropriate personnel to investigate. During the period of the investigation, the Area Resource Specialist or another ISC may be assigned by the Division to perform the functions of ISC.

(c) An ISC organization or individual ISC provider found by the Division to have engaged in unethical conduct will be required to take corrective action and/or be terminated as an eligible certified provider of ISC services.

(d) The Administrator of the Division shall determine the remedy, including the length of the termination. The remedy shall be based on the seriousness of the unethical conduct.

(e) ISC providers found to have engaged in unethical conduct and subject to Division action may utilize appeal processes under the Medicaid DD HCB waivers or provider contract.

#### Section 17. System Implementation

In order to assure effective and orderly implementation of the system identified in these rules, the following provisions will apply:

- (a) All individuals or organizations authorized by the Division to provide case

management services under the provisions of the Child or Adult Medicaid DD HCB Waiver or a Regional Provider Contract as of June 30, 1995 will be added to the Division roster of ISC providers effective July 1, 1995, and will be deemed to meet the eligibility requirements of an ISC through June 30, 1996 as long as they continue to meet applicable certification standards for those programs during that period.

- (i) Any individuals or organization(s) desiring to be maintained on the ISC roster after June 30, 1996 must meet all qualifications, make application, and be certified by the Division in accordance with Section 7(a) (b) prior to that date.
- (ii) Individuals who have served in either a staff or contract capacity as an Independent Case Manager during the tenure of that system, and who apply, qualify, and are certified as HCB Waiver providers prior to June 30, 1995, will be included under the provisions of section 17(a) and 17(a)(i) above.

- (b) All eligible persons receiving case management services from an individual or organization

identified in 17(a) as of June 30, 1995 will receive ISC services from the same individual or organization after July 1, 1995, subject to the following:

- (i) Beginning with plans of care effective September 1, 1995, an ISC selection shall be made at the time of the first biannual or annual plan of care review after that date. Subsequent ISC selections shall be made in accordance with the provisions of Section 9.
- (ii) In the case of persons served who have been receiving both HCB Waiver/regional provider case management services and Independent Case Management, the person served or their guardian may elect to have either the current waiver/provider case manager or the current Independent Case Manager (if on the ISC roster) serve as ISC effective July 1, 1995.