Tips to review before completing a SC Request for Intensive Case Management (ICM)

**Call 911 for a life-threatening emergency, then alert your Supervisor**

Immediate health safety concerns should be escalated to DDD
(refer to the Communication Protocol for contacts)

When coordinating services for an individual whose family may be frustrated and struggling to manage the care of their loved one at home, the supports and services you introduce may make a significant impact on improving the life of the individual as well as relieving stress in the home. Caregiving can be challenging. As you work with the individual and their family please consider these tips:

1. Providing consistent, accurate, and realistic information is important in helping the individual/family to have clear expectations, especially when the circumstance may be stressful.

2. Reviewing the DDD- CCP FAQs with the individual/family during a routine home visit ensures that you are providing standardized information. Offer to give the individual/family a copy so they can follow the link for more detail.

3. If the individual/family mentions an interest in future placement, and the individual’s self-care needs are related to his/her intellectual or developmental disability, you can discuss adding the individual’s name to the CCP Waiting List for future planning.

4. Routine addition to the CCP is achieved after an individual’s name is reached on the waiting list and the individual has been determined to meet an institutional level of care. The ICM unit must seek approval for an individual’s request to access the CCP in an emergency. The process takes time.

5. If you feel unsure if an individual’s circumstance rises to the need for an ICM referral, please discuss the concern with your supervisor. Any change in need or discussion about a life circumstance should be documented in iRecord. Tell the individual/family that you want to give them the best possible direction and will get back to them. Set a date/convenient time to call them back. If your Supervisor is unsure, they should complete a SOS for guidance.

6. Caregivers who are frustrated with their loved one’s life choices will sometimes look for a restrictive environment in hopes of reducing the behavior. If alternate placement is requested but the individual’s mental health needs seem to be the primary concern, and/or the individual would likely not require a 24-hour plan of care to meet their self-care needs, a housing voucher with supports, a Boarding Home, or a Residential Healthcare Facility should be considered.

7. All generic supports and services must be explored and the outcome documented. Examples are the Personal Preference Program (PPP)/Personal Care Assistance (PCA) for assistance with self-care, and CARES or another external behavioral resource.
8. If the individual/family has requested placement or an in-home CCP budget, there is an emergent need related to the individual’s intellectual or developmental disability, and you and your supervisor agree that an ICM referral seems necessary, the individual’s legal representative must write an informal letter. The letter should describe:
   a. the emergent circumstance
   b. why the caregiver, despite any and all supports and services, can no longer meet the needs of the individual in the current home
   c. what they are seeking (in-home budget or out of home placement)

9. Staff at DDD will review the ICM Referral. Additional information may be needed; please respond promptly to all requests.

10. ICM may contact you and the individual/family to make a home visit. ICM will provide the family with information about next steps.

11. All supports and services should continue and the SC is encouraged to maintain contact with ICM for updates during the process, which will take time.

12. Document all efforts, conversations, changes. Convene the planning team if needs change and should result in revision to the plan. Consult your supervisor for guidance. The SC Unit is available via the SOS process if your supervisor is unsure of what to do.