

Escalations

Case Management Agency Procedure

PURPOSE

Developmental Pathways, Inc. (DP) is a designated Case Management Agency (CMA) for long-term care services. DP is committed to person-and-family-centeredness and strives to create and support an environment of inclusion and belonging for individuals and their families, our internal team members, and external community partners.

DP fosters a safe, respectful environment for raising concerns, and does not intimidate, threaten, coerce, or retaliate against anyone for escalating concerns.

PROTOCOL

Scope

- 1. This document will outline the overarching protocol for addressing escalations related to our long-term care programming branch. It applies to:
 - a. The scope of work outlined in our contract(s) with the Colorado Department of Health Care Policy & Financing (HCPF), Office of Community Living (OCL) for Designated Case Management Agency (CMA) work.
 - Individuals (and their families and care teams) who are receiving case management or service coordination from DP and/or are pursuing access to long-term care programming through DP.
- 2. This procedure covers general escalations on concerns or issues requiring additional support; it does not cover the following, which are covered by other procedural guidance:
 - a. Complaints, grievances, and/or disputes.
 - b. Concerns relating to critical incidents such as an actual or alleged event of mistreatment, abuse, neglect or exploitation.
 - c. Concerns related to privacy or protected health information such as those covered under Health Insurance Portability and Accountability Act (HIPAA) or the Family Educational Rights and Privacy Act (FERPA).

Escalation Process

DP's escalation process encompasses seven (7) main steps, as outlined below. Further detail on communication, timelines, prioritization, key contacts, etc. is outlined later in this document.

- Members and/or their designees, other community members, and/or DP staff members will submit escalations through one of the designated communication channels (outlined below).
- 2. Escalations will be assigned to an appropriate DP staff member; in most situations this will likely mean a supervisor or manager with a wider scope of responsibility and/or authority than those currently involved in the situation.
- 3. The assigned staff member will review materials related to the escalated situation and identify possible solutions and/or next steps to address the issue, including assigning out or completing additional research to inform possible solutions.
- 4. Possible solutions will be presented and/or acted upon as appropriate to resolve and/or improve the situation.

- 5. Communication(s) will be shared with all key parties explaining the solution(s) and/or next steps and key case documentation will be updated to reflect the outcome(s).
- 6. All escalations will be tracked within an internal tracking system and monitored through resolution.
- 7. A designated Member and Family Liaison will be assigned with contact information readily available and posted to our DP website.

Communication Channels

DP is committed to ensuring we have ample and diverse communication channels available for seeking support with escalations, which include, but are not limited to:

- 1. **Through the Case Manager/Service Coordinator:** Contact the assigned case manager or service coordinator by phone or by email and request support.
- 2. **Through the Program Manager/Supervisor:** Contact the assigned supervisor by phone or by email and request support with the escalation; their contact information should be in the signature line on emails from the care team.
- 3. **Through another contact at DP:** Contact another individual working at DP and request support with the escalation.
- 4. **Phone**: Call 303-360-6600; press 3, then press 2 and identify the need for support with an escalation.
- 5. **Web**: Visit https://www.dpcolo.org/contact-us/ and review the options linked on the "Contact Us" page.
- 6. **Case Management Care Team (CMCT)**: Contact the CMCT by phone or by email and request support with the escalation.
 - a. Hours: Monday Thursday: 9am 4pm, Friday: 8am 5pm
 - b. Phone: 303-360-6600, press 3, then press 3
 - c. Email: CMCareTeam@dpcolo.org
- 7. **After Hours Support Line**: After regular business hours, call 303-360-6600, press 3, then press 1 and request support with the escalation.
- 8. **Email Key Leadership**: Use the links on our webpage to email one of our key executive leaders to request support with the escalation: https://www.dpcolo.org/about-us/key-leadership/
- 9. Attend a designated open house, listening session, or other support event: During designated events, let a DP staff member know that you have a concern that needs to be escalated.
- 10. **Schedule an appointment** in the office during our regular business hours to meet with someone to discuss your concerns.
- 11. **Internal messaging:** DP team members who wish to escalate an issue may use our inagency messaging systems such as Zoom to initiate support with the appropriate resource(s).
- 12. **Text messaging**: If/when there are no other communication options available, escalations can be initiated by text message.

We recommend, when submitting an escalation, providing the following information:

- 1. The individual's full name and at least one unique identifier [the date of birth and/or the Medicaid ID are best]
- 2. The program area and the nature of the issue.

3. The name of the person making the call (if not the individual) and the best contact information for that person (both email and phone are recommended, when possible).

We also recommend submitting an escalation via a single communication method whenever possible to limit duplication of efforts and/or confusion.

Please note: For life-threatening health, safety, medical, and/or mental health needs (and other emergencies), individuals and their teams are encouraged to:

- 1. Call 911 or visit the nearest emergency room (ER)
- 2. And/or contact Colorado Crisis Services by:

Calling 1-844-493-8255

Texting TALK to 38255

Visiting www.coloradocrisisservices.org

Key Agency Contacts

As one of the largest CMAs in Colorado, DP has a sizeable, diverse, and committed team of case management professionals supporting programmatic work across the agency. We post a link to our organizational chart online along with links to connect directly with key executive leadership, which can be found on our "Contact Us" page: https://www.dpcolo.org/contact-us/

Escalations for CMA work may be assigned (internally) to staff members such as:

Senior Case Managers/Senior Coordinators

Senior case managers and senior coordinators provide leadership and mentoring to case management team members and are relied upon to problem-solve difficult situations; these roles have additional position elements and duties including additional experience requirements.

Liaisons

DP staffs a variety of liaison roles such as county liaisons and crisis navigation liaisons. Liaison roles are specialized and are relied upon to coordinate supports and/or interventions, in partnership with external partners, to ensure continuity of care across multiple support areas including state staff, families, advocates, provider agencies, schools staff, etc. Liaisons typically report into program managers.

Program Managers (PMs) / Supervisors

PMs supervise teams of case managers, coordinators, liaisons, and other staff. PMs are relied upon to be well-versed in their areas of work (intake, enrollment, active, etc.) and are the best immediate escalation points for work on their teams. They provide direct supervision, coaching, and feedback and are responsible for the overall performance management of their teams.

Associate Directors (ADs)/ Managers

ADs manage, monitor, and oversee multiple teams. PMs will generally report into ADs. Like PMs, ADs are relied upon to be well-versed in their areas of work (intake, enrollment, active, etc.) and have increased authority and responsibility in their sections of work.

Directors

DP currently has four (4) directors in our long-term care section. Two (2) Directors of Case Management; a Director of Systems Navigation; and a Director of Program Quality. Each director plans, organizes, and directs the functions of their section and teams while working in collaboration with one another to create seamless outcomes for members through intake,

enrollment, and active case management. Directors are high level programmatic leaders supervising the outcomes of ADs and their teams.

Vice Presidents (VPs)/ Executives

VPs are executive level positions that provide high level oversight, planning, and direction. VPs work in direct collaboration with our senior executives and our board of directors to ensure programmatic priorities and goals are met. VPs generally supervise director-level team members.

Expectations for Handling Escalations

The following expectations are in place for supporting our community with case management escalations:

Timelines, Communication, Reporting, and Resolution(s)

Our commitment is to respond to correspondence within two (2) business days. And, in urgent situations, within one (1) business day or as prescribed by Health Care Policy and Financing (HCPF).

Here is what you can expect from DP when handling escalations:

- 1. When an escalation is received, the original recipient and/or a proxy will respond to the sender within two (2) business days.
- 3. Typically, the request for escalation will be acknowledged in the same communication channel it was received; preferred methods include phone and email.
- 4. If available, the acknowledgement will include the team member(s) and/or sections assigned to supporting the escalation.
- 5. If known, the acknowledgement will also include information about if outside parties, such as a local Department of Human Services (DHS), HCPF, advocacy organizations, or other parties will need to be contacted for support in resolving the escalation.
- 6. If/when response times may be delayed, multiple communication channels will be utilized to inform senders including automatic replies on emails; updates on our website homepage; etc.

After receipt of an escalation, assigned staff members are responsible for:

- 7. Timely and appropriate updates to all key parties; updates should be provided at least weekly if not more frequently.
- 8. Ensuring signature lines have information on further points of contact for additional escalation needs (such as the name and contact information of their supervisor).
- 9. Ensuring escalations are reported up and out appropriately, which may include providing regular updates to internal teams and/or leaders.
- 10. Coordinating with outside parties such as DHS, HCPF, Regional Accountable Entities (RAEs), advocacy organizations, etc.
- 11. Ensuring escalations are tracked, as required by agency protocols; contract requirements; rules and regulations; and/or operational requirements set forth by HCPF.
- 12. Completing all required case documentation within established timelines and systems as set forth by agency protocols; contract requirements; rules and regulations; and/or operational requirements set forth by HCPF.

Timelines for resolutions will vary based on the issue, the number of agencies involved, the complexity of the situation and action(s) needed to resolve the concern.

Prioritization

DP supports a large and diverse community, serving thousands of individuals and families — some of whom have incredibly complex care needs.

While escalations are often managed in the order they are received, escalations that meet the following criteria will be prioritized first:

- 1. **Imminent medical and health needs** that require case management interventions to ensure the individual's ongoing care needs can be met.
- 2. Crisis situations in which individuals are a danger to self and/or others which require case management interventions to ensure the individual's ongoing care needs can be met.
- Crisis situations in which individuals are at risk of losing programmatic placement and/or housing which require case management interventions to ensure the individual's ongoing care needs can be met.

Complaint Management

When handling escalations, DP staff members will assess if the escalation should also be identified as a complaint or grievance.

- 1. This occurs when the escalation is due to poor performance and/or work outcomes by a DP staff member including poor work quality, lack of appropriate and timely communication, poor customer service, unprofessionalism, etc.
- 2. The person initiating the escalation can also request it be treated (and tracked) as a complaint or grievance.

If/when an escalation is also a complaint, the complaint/grievance procedure will also be followed which will include:

3. Tracking the complaint and action(s) taken to resolve the complaint.

Training, Awareness, and Competence

DP is committed to ensuring both our community and our staff are fully informed of policies and procedures related to supporting each person's right to have their concerns taken seriously and to receive consistent, timely, and fair attention in addressing their concerns.

Internally

- 1. New staff will receive training on requirements and related agency policies and procedures as required for their job functions including expectations related to managing escalations
- 2. As needed, DP will provide refresher training to staff on requirements as required for their job functions and/or based on performance trends and concerns.
- 3. Keep policies and procedures accessible to team members.

Externally

- 4. DP will post related policies and procedures on our website at www.dpcolo.org
- 5. Keep our "Contact Us" page reasonably updated

6. Share related policies and procedures with community partners.

RELATED POLICIES & KEY PROCEDURES

Complaint/Grievance Procedures
Confidentiality Policy
Discharge Procedures
Dispute Procedures
Escalation Policy
Employee Guidebook
Non-discrimination Policy
Person-Centered Policy

AUTHORITY

Case Management Agency Contract with the State of Colorado

10 CCR 2505-10 8.7200

DEFINITIONS

<u>DP Staff</u> includes: 1) Any full or part-time employee of DP; 2) Any contract employee of DP; 3) Any board member of DP

<u>Appeal</u> In the Colorado LTC system, an appeal is the required process to contest outcomes resulting from State actions and/or regulations and shall be handled in accordance with existing appeals regulations and operational guidance delineated by our state and/or federal partners.

<u>Case Management Agency</u> means a public or private not-for-profit or for-profit agency that meets all applicable state and federal requirements and is certified by the Department to provide case management services for specific Home and Community-Based Services waivers pursuant to Section 25.5-10-209.5, C.R.S. and pursuant to a provider participation agreement with the state department.

<u>Case Management Care Team (CMCT)</u>: The CMCT is a dedicated team of case management professionals under our Family and Community Relations teams. The CMCT provides responsive and prompt customer service support to individuals, families, providers, and staff to help ensure the needs of those in services and those who support them are met in a timely and supportive manner during set hours.

<u>Client/individual/member in services</u>: means an individual who 1) meets services and support eligibility requirements and has been approved for and agreed to receive Home and Community-Based Services (HCBS) and/or State-General Funded Services and/or Early Intervention and is receiving case management or service coordination from DP and/or 2) is pursuing access to those services and/or 3) is waiting for those services 4) and/or is receiving support via local funding/programming with DP.

<u>Community Centered Board</u> means a private corporation, for-profit or not-for-profit that is designated pursuant to Section 25.5-10-209, C.R.S.

<u>Community</u> means 1) Any individuals served also referred to as: members; clients; 2) Any member of an interdisciplinary team; 3) Any community partner including provider agencies, advocacy agencies, etc.

<u>Complaint</u> A complaint is an informal term, it generally applies to any criticism about supports such as poor quality, lack of communication, poor customer service. A complaint means a person disagrees with certain things DP does or does not do; complaints also cover instances

when someone feels DP has treated them in a manner they do not like or appreciate within the scope of this policy.

<u>Dispute</u> A dispute is a disagreement regarding a specific agency decision, adverse action, or other outcome, which include situations like 1) The approval or dial of certain funding; 2) The termination from specific programming. In Colorado's long-term care (LTC) system, a dispute is the path forward when disputing outcomes for locally funded programming and/or state-funded programming; it is not the process followed for appealing outcomes related to Medicaid service denials, determinations, etc.—those are covered under formal appeal actions.

<u>Escalation</u> An escalation is a request for support from someone in a higher position of authority (such as a supervisor or manager) to help resolve a situation or problem.

<u>Grievance</u> A grievance is, effectively, a more official version of a complaint and usually covers general processes and procedures and their specific outcomes; however, for purposes of this policy, "complaints" and "grievances" are interchangeable and are treated equally within most of our programming.

Change Log

Date	Revised By	Approved By	Revision Description
	(name, title)	(name, title)	
7/24/2024	Darcy Tibbles, Vice President of Community Affairs		Initial overarching draft policy
9/24/2024	Darcy Tibbles, Vice President of Community Affairs	Amy Grogan, Vice President of Case Management	Revised draft for publication
10/21/2024	Amy Grogan, Vice President of Case Management		Revised draft for publication

Policy Owner

Case Management & Community Affairs