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| department of health services  Division of Care and Treatment Services  F-01627 (10/2016) | |  | | state of wisconsin | | |
| **OARS PROVIDER CASE MANAGER CHECKLIST** | | | | | | |
| Participant Name | DOC # | | Date of Birth | | | Scheduled Release Date |
|  |  | |  | | |  |
| Agent Name | Agent Number | | Agent Phone Number | | Institution Social Worker | |
|  |  | |  | |  | |
| **Pre-Release Process** | | | | | | |
| **Requirement** | **Date** | | **Notes** | | | |
| Receive referral from DHS OARS Specialist |  | |  | | | |
| Initiate contact with participant within two weeks of receiving referral |  | |  | | | |
| Obtain records from institution |  | |  | | | |
| Distribute copies of the institution records to agent (as requested) |  | |  | | | |
| Obtain and Review CIB |  | |  | | | |
| Schedule and participate in initial conference call with core team |  | |  | | | |
| Face to face meetings with participant (minimum of twice before release) |  | |  | | | |
| Thorough assessment, including risk factors and clinical needs |  | |  | | | |
| Have participant sign necessary ROI’s (51.42 board, Utility Companies, DOES Benefit Specialist, collaterals) |  | |  | | | |
| Meet with participant to complete the ACE and TAA-R screening tools |  | |  | | | |
| Share numerical results/pertinent information from the ACE and TAA-R with core team |  | |  | | | |
| Coordinate and secure release plans, with team input by **30 days before release** (Housing, Mental Health, Medication, Supports, etc.) |  | |  | | | |
| Schedule and lead pre-release ISP staffing (including the agent, inst. SW, and participant) |  | |  | | | |
| Submit finalized ISP to OARS Specialist, Agent, SW, and participant. |  | |  | | | |
| Obtain signed rules of supervision from agent |  | |  | | | |
| Contact the DOES Benefit Specialist approx. 30 days from release |  | |  | | | |
| Obtain Discharge Paperwork from institution |  | |  | | | |
| **WRC ONLY**: Obtain a copy of the OARS participant’s AWARE plan |  | |  | | | |

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| **Post Release Process** | | |
| The post release process for each OARS participant may be tailored based on individualized treatment and programming needs, this list covers the minimum expectations for post release case management activities. | | |
| **Requirement** | **Date** | **Notes** |
| Help participant obtain needed health care coverage and other basic needs (food, clothing, medicine, furniture, etc.) |  |  |
| Assist participant with notifying SSA or the DOES Attorney re: current contact information and inquire about status of benefits (as applicable, complete SSA-3288 and SSA-1696) |  |  |
| Conference call with agent and OARS specialist two weeks after participant’s institution release date |  |  |
| Provide participant with Client Rights notification within 30 days after release |  |  |
| Schedule and lead ISP staffing with participant and community team 30 days post release. (Future ISP staffings occur quarterly, or more frequently if significant changes occur) |  |  |
| Submit updated, finalized ISP’s to all team members |  |  |
| Complete individualized crisis/safety plan with OARS participant. Share with team. Routine updates are also shared with team. |  |  |
| Within the first week of release administer the Client Satisfaction Survey and submit to DHS |  |  |
| Discuss finances and develop budget with participant (update quarterly/as changes occur) |  |  |
| Conference call with agent and OARS specialist 60 days post release |  |  |
| Conference call with agent and OARS specialist 90 days post release |  |  |
| Six months re-administer the Client Satisfaction Survey and submit to DHS |  |  |
| Update signed informed consent annually |  |  |
| Update Client Rights notification annually |  |  |
| Schedule Core Team Discharge Staffing and assist with plan development for ongoing treatment and support. |  |  |
| At discharge, re-administer the Client Satisfaction Survey and submit to DHS |  |  |