

DDS PROCEDURE FOR DESIGNATING CASE STATUS

The purpose of this procedure is to create a standard practice for designating case status, focusing specifically on Inactive status. This procedure will involve some or all of the following variables: assessment of risk, competence, eligibility for DDS supports, frequency of contact, and refusal of supports. Case status policy related to registered sex offenders cannot begin until a 12 month period of efforts to engage the individual has been documented.

Procedure

In situations where an individual refuses supports, the Department must make reasonable efforts to secure participation by the individual and to provide adequate follow up. In such situations, the following procedure should be followed.

1. When an individual/guardian rejects all supports and services offered by the Department, including service coordination, the service coordinator must inform the Area Director. Efforts must have already been made by DDS staff to inform the individual/guardian of the supports being offered and why it would be in the person's best interest to receive them. Such efforts must be documented in the individual's case file. The individual may then be referred to the Area Risk Management Team.
2. The Area Risk Management Team may review the situation in order to assist in the decision concerning termination of services (including service coordination). This review may include:
 - a. Examining risk factors in the context of the individual's capacity to make informed choices in activities of daily living;
 - b. Making a referral for a Clinical Team assessment of the need for guardianship, if appropriate ;
 - c. Analyzing potential harm in the areas of personal victimization, medical complications, and legal and public safety issues;
 - d. Assessing the level of risk to the individual if they refuse services, including the refusal of service coordination;
 - e. Considering issues that may require review by DDS legal counsel; and,
 - f. Reviewing other possible services for referral purposes.
 - g. Unsuccessful attempts to engage a registered sex offender for at least 12 months without success.

3. The Area Risk Management Team may make a recommendation to the Area Director concerning contact, including frequency, to be maintained with the individual/guardian when there has been a refusal of services. The Team will consider the degree of risk to personal and public safety in making its recommendation. If the recommendation is to maintain ongoing contact and the Area Director concurs with this recommendation, then the individual will be kept on **ACTIVE** status. If the Area Risk Management Team recommends no contact, and thus **INACTIVE** status, the Area Director will make the final decision. In some cases the Area Director may refer to the Regional Director and the Regional Risk Manager for a final disposition. The Regional Director makes the final decision and will inform the Area Director.

.For those with whom the Department will not maintain contact (designated **INACTIVE**), the individual/guardian will be informed that they may contact the Department at any time to request supports. At that time, if the request is made within 3 years of the written Inactive status notification date, the individual is considered to be eligible and may be assessed for DDS supports, when available. If the request is made after 3 years of the written Inactive status notification date, the individual will need to reapply for a determination of eligibility.

CASE STATUS DETERMINATION FORM
[For Individuals With A Risk Plan]

Area Office:

Region:

NAME:

Date of Meeting:

Service Coordinator:

Date of last ISP:

Section 1. (to be completed prior to meeting)

A. Guardian: Y N

If no, guardian recommended? Y N

If yes, brief statement of reason:

Clinical Team Report (CTR)? Y N

If no, demonstrate presumption of competence:

Entered into Legal Contracts? Y N

Legally Married? Y N

History of Community Employment? Y N

B. Date of most recent contact or attempt to contact:

Outcome:

C. Provide documentation of DDS services offered (ISP, letters, progress notes, risk plans, etc.).

Provide documentation of refusal of services (letters, progress notes, etc.).

D. Is this person AT RISK for any of the following reasons:

Medical: _____ Psychiatric: _____ Substance abuse: _____

Financial: _____

Caretaker: _____ Homelessness: _____ Victimization: _____

Other: _____

If yes, explain briefly:

E. Does this person PRESENT A RISK TO OTHERS for any of the following reasons:

Threats of violence: _____ Violent Behavior: _____ Substance Abuse: _____

Problematic sexual behavior: _____ Other: _____

F. Is this person listed on the Sex Offender Registry Board? Y N

G. Is this person receiving services from other public agencies? Y N
If yes, specify agency:

H. Would this individual accept a referral to other public agencies or services? Y N
If yes, specify:

Section 2. (to be completed at the meeting)

The _____ Risk Management Team has reviewed the information above and recommends that this individual be given the following status:

ACTIVE _____
INACTIVE _____

Area Director Signature: _____

I agree with the Area Risk Committee/Director Decision: Y
N

Comments _____

Regional Director Signature:

I agree with the Area Risk Committee Decision Y N

Central Office Risk Review