



An Overview of Enrolling in CLASS

You've just received notice that you have come off the waiting list for CLASS. You are asked to pick a **case management agency (CMA)** and a **direct service agency (DSA)**. You're not even sure what these two organizations do, but you're supposed to call them, interview them and make an intelligent choice. Oh yes – and do it quickly!

So what questions do you ask? Some come immediately to mind: How long have you been doing this? How many years of experience do your case managers or program directors have? But what else?

To the case management agencies, ask: What is the average size caseload per case manager?

To the direct service agencies ask: What percentage of attendant care shifts is filled? What kind of staff do you have for attendant recruitment, scheduling, HR? Are you able to offer CPR classes in house? What kind of training programs do you have for attendants?

These are the kinds of questions that any agency should be able to answer. Once you select your case management agency and your direct service agency, you notify DADS. Make sure you keep a copy of this notification. When DADS receives your decisions, they send out a notification to the CMA and DSA.

Your first contact will be from the case management agency. They will meet with you within 7 business days of receiving the referral from DADS. This meeting is to review eligibility criteria and determine your service needs and preferences. If you do not have Medicaid the CMA will assist you in obtaining benefits.

Then the nurse from your direct service agency will come out within 20 days to complete the pre-enrollment assessment. This will include a nursing assessment, a related conditions screening and a functional behavior test. Expect this to take some time – maybe as long as 3 hours. The nurse will take this information and use it to complete the level of care. Once the nurse has met with you, your program director will sit down with you to complete the habilitation plan. This is a six page document that details what kind of attendant assistance you or your child needs on a daily basis.

Once the DSA and CMA receive a copy of your approved level of care from DADS, which should be within 45 days, then your CMA will set up an Interdisciplinary Team meeting where you, your case manager and your DSA will

meet to complete the Individual Program Plan (IPP) which will detail exactly what services you will receive under the CLASS Program and the Individual Service Plan (ISP) which will summarize the services.

The CMA sends all of this to the CLASS program consultant with the Department of Aging and Disability Services for their approval. Once they have approved it, they will forward it to have the funds associated with these approved services loaded into the DADS data base.

Services as authorized on the ISP must be initiated within 7 days after the direct service agency can verify that the funds are available.

This timeline assumes that Medicaid eligibility is in place. If it is not, services will be delayed until Medicaid eligibility is in place.

