**Section 125.130 Case coordination**

a) Case coordination is a mechanism for assuring and coordinating services to meet the needs of those recipients who require this service. It provides the necessary advocacy function to facilitate the linkage of a recipient who has identified service needs to the available resources. The case coordinator principally focuses on the service delivery system from the vantage point of the individual recipient in need of the service, and engages in resource identification and linkage.

b) Case coordination attends to the practical level of synchronizing the efforts of multiple service providers and other supportive resources which enable the recipient to live successfully in a community setting. However, the case coordination function does not displace the responsibility of other service providers to work directly with the recipient or with the family, community supportive resources or other service organizations as provided for in the individualized services plan. Rather, the case coordinating function complements and integrates the usual services for those recipients whose need is so substantial so as to require an extraordinary level of service attention. Case coordinators rely, in large part, on:

1) Working knowledge of the nature and consequences of the recipient's disability;

2) Functional knowledge of the service delivery system, recipient eligibility requirements and procedures;

3) A working understanding of potential recipient resources, particularly those available through federal, State and local governmental agencies; and

4) The ability to work cooperatively with the many individuals and organizations which can provide services and assistance to the recipient.

c) Typical settings – Case coordination shall be provided through various organizational entities:

1) By the Department;

2) Through an entity which also provides direct recipient services or other indirect services; or

3) Through a free-standing entity whose sole function is the provision of case coordination services.

d) Typical activities – Activities a case coordinator engages in may include:

1) Assessment of service need: Participates with direct service staff in assessing an individual's needs and readiness to move into alternate services or settings, utilizing clinical evaluation of intellectual, emotional and functioning levels. Where appropriate, standardized assessment instruments, such as the Illinois Client Information System (ICIS) for developmentally disabled recipients, will be used in conjunction with the professional evaluation of need.

2) Development of recipient individualized services plan: Participates with responsible program staff in developing a plan for the most effective and appropriate continuum of generic and specialized services.

3) Arrangement for service delivery: Assists recipient in identifying appropriate providers of care, screening and assistance in the eligibility process for Department or Department-supported programs as well as other public or private programs, and facilitating the linkage of recipients to service provider(s), and case coordination in a new location, if appropriate.

4) Coordination and advocacy with service providers: Is responsible for enabling continuity, accessibility and the most effective delivery of services as prescribed in the individualized services plan including the facilitation of coordination activities among multiple providers.

5) Follow-up: Conducts scheduled activities to monitor and evaluate the recipient's progress toward established service goals, and the need for continuing services. While follow-up activities focus on recipient status, they also may provide commentary on service irregularities or deficiencies and provide recommendations on the status and quality of care provided by the service delivery system.