

Case Management Quality Assurance Evaluation Tool

A.W.A.R.E., Inc. (Region 1) FY 2009

AT THE AGENCY:	CASE MANAGER:	1	2	3	4	5	6	7	8
	Criteria Reference:								
Case Manager attendance at Incident Management Committee meetings for previous 12 months (+ = 90% to 100% attendance of scheduled meetings; - = Less than 90% attendance)	DDP Incident Mgmt Policy	+	-	-	+	+	-	-	-
Caseload average size per FTE (prorated for less than full time employees, 2 files for Case Management Supervisor). (+ = Individual Case Manager has caseload of 35 or below; or Corporation's average CM caseload is 35 or less; - = Corporation's average CM caseload exceeds 35)	Contract	33	37	38	32	33	41	38	16
Case Manager Qualifications (+ = Exceeds Standard qualifications; BA or BS in Social Work or related field + 1 year experience, or 5 years DD-like experience; - = Standard qualifications not met)	Contract, ARM 37.86.3606	+	+	+	+	+	+	+	+
Case Manager Experience (Review once per individual Case Manager, Not Applicable if reviewed in a previous year) (+ = More than 1 year DD experience upon hire; or 1 yr DD exp. upon hire, or 40 hrs of DDP approved training within 3 months of hire; - =Standard qualifications not met)	Contract, ARM 37.86.3606	+	+	+	+	+	+	+	+
Case Manager New Hire Training (+ = Documentation of PSP training with 30 days of hire, 1 st available MONA training; - = Standard not met)	Contract	n/a	n/a	n/a	n/a	+	n/a	n/a	n/a
Case Manager Annual Training, Includes Abuse Prevention and MONA Recertification annually (Refer to Case Management Training List) (+ = More than 20 hours/year of DDP approved training; or = 20 hours/year of DDP approved training; - = less than 20 hours/year of DDP approved training)	Contract, Waiver, ARM 37.86.3606	+	+	+	+	+	+	+	+
<p>Comments:</p> <p>Incident Management: #'s6,7,8 have individuals at EMI – Miles City; usually the same CM (mostly #7) will attend the meetings and copies of the minutes are forwarded onto CM's. The rate of attendance with this provider is at 72% based on the last 6 months. #2 is never in attendance at DEAP's Incident Management Meetings but this is due to the provider having few IR's to review, the provider agency located in another city 70 miles away and the provider not being diligent in notifying the CM when the meetings are to be held. #2 also has individuals in EMI's Glendive programs but those IR's are sent through the EMI - Miles City Committee. #1 and #3 have individuals at ROI; rate of attendance with this provider is at 23% with #3 attending 5 meetings and #1 attending 2 meetings. #4 and #5 have individuals at MRI; attendance is at 100% with this provider. #4 also has individuals at MOI and attended 78% of the meetings. #1 also has individuals at GWI and attended 88% of meetings. Overall, Region 1 Incident Management Committee meetings are attended on the average of 60% of the time. While 90% maybe an ambitious goal to reach, I would suggest that A.W.A.R.E., Inc. set a goal for improvement in this area as it is so important for CM's to be a part of the Incident Management System.</p> <p>Caseload Size: Caseloads are listed for comparison purposes only as A.W.A.R.E., Inc. provides Case Managements services in 2 other regions and the average is based on the whole corporation which does meet the under 35 requirement.</p> <p>Please see additional comments on bottom on page 4</p>									

INDIVIDUAL CONSUMER FILES: Review 10 % sample per Case Manager. If available, review equal number of files of individuals receiving Case Mgmt only, and of individuals receiving Residential and/or Day/Work services for a total of 4 files per FTE for the average caseload of 35. Pro-rate for part-time Case Managers and Case Mgmt Supervisor.	CONSUMER:	CM 1.1	DDS 1.1	DDS 1.2	DDS 1.3	CM 2.1	CM 2.2	DDS 2.1	DDS 2.2	CM 3.1	CM 3.2	DDS 3.1	DDS 3.2	CM 4.1	CM 4.2	DDS 4.1	DDS 4.2	CM 5.1	CM 5.2	DDS 5.1	DDS 5.2	CM 6.1	CM 6.2	DDS 6.1	DDS 6.2	CM 7.1	CM 7.2	DDS 7.1	DDS 7.2	CM 8.1	DDS 8.1
Referral for DD Case Management	Criteria Reference: Contract, CM Handbook, Referral Manual;	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
+ = Initial contact with 6-10 working days from date of referral; - = Initial contact in excess of 10 working days from date of referral																															
Request for DDP Eligibility (Complete referral includes recent psychological with standard IQ scores, adaptive assessment or documentation of coordination with QIS to complete Vineland II, cover letter requesting eligibility.)	Contract, CM Handbook, Referral Manual	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
+ = Complete eligibility information submitted to QIS, - = Incomplete referral information																															
Initial Referral for Services (Gather information throughout the year using the Referral File Checklist)	Referral Manual, ARM 37.86.3605	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	+	+	n/a	n/a	n/a	n/a	n/a	n/a	+	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
+ = Complete Referral Packet submitted to QIS; - = Referral Packet returned to CM for additional information																															
Referral Updates (Gather information throughout the year using the Referral File Checklist, also reference Case Notes and Plan of Care)	Referral Manual, CM Handbook	-	-	n/a	n/a	+	+	n/a	n/a	-	-	n/a	-	+	+	-	+	-	-	n/a	n/a	n/a	-	n/a	-	n/a	+	n/a	n/a	n/a	n/a
+ = Annual Update (365 days or less); - = Update exceeds 365 days																															
Facilitate Consumer Choice (provider selection and enrollment)	Contract, Waiver	n/a	+	-	+	n/a	n/a	+	+	+	+																				
+ = Completed Waiver 5 with 365 days of previous Waiver 5, documentation of follow-up if needed; - = Signed Waiver 5 exceeds 365 days of previous Waiver 5, lack of needed follow-up																															
Inform Consumer/Guardian of Available Waiver Services	Waiver	n/a	+	+	+	n/a	n/a	+	+	n/a	+																				
+ = Evidence of definition of waiver services made available to Consumer/Guardian; - = Lack of documentation available.																															
Assess and Assure Training in Abuse, Neglect & Exploitation Reporting is provided as needed	Contract	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
+ = Pre-Plan of Care information documents individual's ability to recognize and report A/N/E & training, as needed, addressed in Plan of Care; - = No documentation of assessment, or training, if needed in Plan of Care.																															
Individual Cost Plans	Contract, CM Handbook		+	+	+		+	+		+	+		+	+		+	+		+	+		+	+		+	+		+	+		+

+=Evidence of Initial ICP development; -=Evidence of significant change in need but no follow-up by CM to ICP																															
Initial Plan of Care (ISP or PSP)	PSP Manual, ARM 37.86.3605 & 37.86.3606	n/a	+	n/a	n/a	n/a	n/a	+	+	n/a	n/a	n/a	n/a	n/a	n/a	+	n/a	+	n/a	n/a	n/a	n/a	+	+							
+=Initial Plan of Care developed within 30 days of enrollment of services; -=Plan of Care exceeds 30 days, or is not based on documented needs																															
Annual Plan of Care (ISP—individual receiving Case Management only)	ARM 37.86.3305, Case Management Handbook	+																													
+=ISP developed within 365 days of previous plan with goals for referral/access of needed services; -=ISP development exceeds 365 days from previous plan, does not address identified needs.																															
Coordination for Annual Plan of Care (PSP)	PSP Manual; PSP Implementation Policy	?	-	-	-	?	?	+	+	?	?	-	-	?	?	-	-	?	?	-	-	?	?	-	-	?	?	-	-	?	-
+=TCM assures Pre-Plan of Care information gathering and dissemination meets timelines; -=Timelines exceeded for info gathering & dissemination																															
Annual Plan of Care (PSP)	PSP Manual, ARM 37.86.3605 & 37.86.3606		+	-	+																										
+=Plan developed within 365 days of previous plan, follow-up required per PSP Checklist addressed within 30 days; -=Plan date exceeds of 365 days from previous plan, no follow-up to areas identified on PSP Checklist																															
Plan of Care Supporting Documents (Interview with Individual/People Who Know Individual Best/Support Staff, Personal Finance, Risk Factors for Health & Safety, Health & Safety Checklist & any by DD providers.	PSP Manual; PSP Implementation Policy	?	+	+	+	?	?	+	+	?	?	+	-	?	?	+	+	?	?	+	+	?	?	+	-	+	+	+	+	?	+
+=Forms complete, concerns addressed in Plan; -=Incomplete forms, not addressed in Plan																															
PSP Follow-Up Quality Assurance Checklist Completed by QIS	PSP Manual; PSP Implementation Policy		+	+	+																										
+=Standards in items 1-6 are met; -=Any standard in items 1-6 are not met.																															
Quarterly Report Review	Case Management Handbook, PSP Manual		+	+	+																										
+=Documentation of review & follow-up within 1 month; -=Documentation of review or follow-up exceeds 1 mo.																															
Crisis Management	DDP Incident Management Policy, ARM 37.86.3605	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
+=Evidence of follow-up to incidents, trend data; -=Lack of documentation or follow-up																															
Face-to-Face Contacts (Individuals Receiving DDP-Funded Services)	Contract		+	+	+																										
+=6 or more PDV /year in 6 separate months; -=less than 6 PDV/year or visits in less than 6 separate months																															
Face-to-face Contacts (Individuals Receiving Case Management only)	Contract	-																													

Comments: * Please use consumer identifiers in completing the rating. Consumers are identified by initial on the PSP Follow-up Quality Assurance Checklist. "CM" identifiers are for those files reviewed of individuals receiving Case Management only. The "DDS" identifiers are to be used for files reviewed of individuals receiving 0208 Waiver defined services by a qualified DD Provider. A maximum of four (4) identifiers will be used per individual Case Manager review.

Case Management Evaluation Summary: continued from page 1

-- A.W.A.R.E., Inc. in Region 1 has highly qualified case managers who receive on-going training above what is required by contract.

-- Individual CM 1.1 is difficult to get pegged down for direct visits; however she has also had 6 different Case Managers in 5 years (she did move away for a short period of time then moved back causing 1 of the shifts in CM's.). Overall, a total of 11 direct contacts were made in the past five years. Of these 4 were made at the school (CM1 graduated in May 2006) and 7 at her home (3 during the time she moved away from the area). There are numerous indirect contacts documenting the difficulty in meeting her directly and she does live in a small rural town away from the beaten path. Given the infrequent contacts made, it is highly doubtful she has ever had the opportunity to develop any meaningful relationship with any one case manager. Individuals CM 6.1 & 6.2 also are difficult in getting pinned down for direct visits. In each case, documentation exists for trying to get them to meet however due to the rural-ness and family particulars, direct visits were not easily followed up.

-- In a couple of instances, PSP information gathering from people who know the individual did not occur. Individual DDS 6.2 was a particularly difficult case to even get a meeting in as the individual and family live 84 miles away from the provider and there were circumstances that threw up roadblock after roadblock to getting a PSP in. Documentation was clear all along how much effort the CM put into getting the PSP. In another case, the individual only received work services and information gathering did not occur at the residential level...not clear if this was an oversight and that CM has since resigned. Most PSP's and ISP's were accomplished within 365 days. The couple times they were not, there was ample documentation showing the families needing to reschedule, etc. The PSP timelines were generally not met according to the various PSP timelines out there at this review. It is difficult to discern what timelines apply to which scenarios. Mostly, CM's are close to timelines and there is evidence of huge efforts being made to gather and disseminate PSP information. Some of the barriers exist due to providers unable to respond to requests to information in a timely manner as well as the rural nature of this part of the state impeding information gathering in person along with unclear timelines and policy for PSP.

-- Referral Updates: This was a huge problem this year where in years past it was never a problem. This reviewer believes it was the myriad of changes to various systems that generated confusion and gaps in updating referrals. During this review, it's clear that referral updates are being addressed through the new waiting list and screening procedures with the outcome that nearly all referrals are now complete and up-dated.

-- Conclusion: This years review was expanded and more detailed compared to the previous years and this reviewer continues to be impressed with the commitment and quality of services A.W.A.R.E., Inc. provides in case management. Individuals and families are content and enjoy relationships with their Case Managers. Several CM's from Region 1 were honored with achieving 15 years in service this year. That says much for the level of experience we have in our area. I want to thank A.W.A.R.E., Inc. for their assistance in this years review and thank them for their dedication and hard work in serving individuals with disabilities.