

Case Management Quality Assurance Evaluation Tool

(AWARE, Inc.-Case Management Agency). (Region #3) FY 2009

AT THE AGENCY:	CASE MANAGER:	1	2	3	4				
	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	NA	NA	+	+				
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	39	42	37	36				
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	NA	ok	ok	NA				
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>-The overall average statewide for case load size is at 35.35. This is being addressed with the contract manager as required.</p> <p>-All Region 3 AWARE TCMs meet education qualifications, experience and are participating in the training requirements.</p>									

INDIVIDUAL CONSUMER	CONSUMER:	CM 1.1	CM 1.2	DDS 1.1	DDS 1.2	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	
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:																															
Referral for DD Case Management	Contract, CM Handbook, Referral Manual;	+	na	NA	NA	+	NA	NA	NA	NA	+	NA	NA	+	NA	NA	NA															
+= 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	+	na	na	NA	-	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA															
+= 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	+	-	NA	NA	NA	+	+	NA	+	+	NA	NA	+	+	NA	NA															
+= 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	+	-	NA	+	NA	+	1-08 to 3-09 (-)	NA	NA	NA	NA	NA	NA	NA	NA	+															
+= Annual Update (365 days or less); -= Update exceeds 365 days																																
Facilitate Consumer Choice (provider selection and enrollment)	Contract, Waiver	NA	na	+	+	NA	NA	+	+	NA	NA	+	NA	NA	NA	+	+															
+=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	na	na	+	+	NA	NA	+	+	NA	NA	+	+	NA	NA	+	+															
+=Evidence of definition of waiver services made available to Consumer/Guardian; -=Lack of documentation available.																																

	CONSUMER:	CM 1.1	CM 1.2	DDS 1.1	DDS 1.2	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
Assess and Assure Training in Abuse, Neglect & Exploitation Reporting is provided as needed	Contract	+	+	N A	+	N A	N A	+	+	N A	+	N A	N A	N A	+	X X X	+														
+=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	na	na	+	+	N A	N A	C S	+	N A	N A	+ C S	+	N A	N A	+	+														
+=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														
+=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	11-06 to 12-08	9-07 to 6-09	N A	N A	+	+ 3-09	N A	N A	N A	N A	N A	N A	N A	N A	N A	+														
+=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) what are timelines for psp/isp?	PSP Manual; PSP Implementation Policy	N A	na	+	+	N A	N A	+	+	N A	N A	+	+	N A	N A	+	+														
+=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	N A	N A	+	-	N A	N A	+	+	N A	N A	+	+	N A	N A	+	+														
+=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	N A	N A	+	+	N A	N A	+	+	N A	N A	+	+	N A	N A	+	+														
+=Forms complete, concerns addressed in Plan; -=Incomplete forms, not addressed in Plan																															

		CM 1.1	CM 1.2	DDS 1.1	DDS 1.2	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
PSP Follow-Up Quality Assurance Checklist Completed by QIS	CONSUMER: PSP Manual; PSP Implementation Policy	na	N A	+	+	N A	N A	+	+	N A	N A	+	-	N A	N A	X X X	+														
+=Standards in items 1-6 are met; -=Any standard in items 1-6 are not met.																															
Quarterly Report Review	Case Management Handbook, PSP Manual	na	N A	+	+	N A	N A	+	+	N A	N A	+	+	N A	N A	+	+														
+=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	na	N A	+	+	N A	N A	+	+	+	+	+	+	N A	N A	+	+														
+=Evidence of follow-up to incidents, trend data; -=Lack of documentation or follow-up																															
Face-to-Face Contacts (Individuals Receiving DDP-Funded Services)	Contract	na	N A	+	+	N A	N A	+	+	N A	N A	+	+	N A	N A	+	+														
+=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 Services Only)	Contract	+	+	N A	N A	-	-	N A	N A	-	+	N A	N A	+	+	N A	N A														
+=4 PDV/year 3 months apart; -=less than 4 PDV/year or visits more than 3 months apart																															

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:

- In all cases reviewed, contact was made within the timelines when a referral for DD Case Management was received.
- Of the two cases where DDP eligibility was requested, one was sent as a referral rather than a request for eligibility. The case manager involved at that time had contact with the QIS who was to meet with the individual and their family to complete a Vineland. The former CM and the QIS set up a time to meet with the individual without success.
- Eighty eight percent of the files reviewed evidenced the initial referral for services being complete. Updates for referrals within the 365 day criteria were completed at 66%. In order for persons to be considered for screenings, referrals no need to be updated within the year. Again with this a fairly new requirement, I fully expect this to improve this year.
- Region 3 AWARE Targeted Case Managers had documentation in 100% of the sample files, where applicable, of facilitating Consumer choice and informing individuals and their guardians of available waiver services.
- The new requirement on Assess and Assure Training in Abuse, Neglect and Exploitation Reporting was evidenced in 100% of the sample files. The data form here

indicates one was a minus but I noted that the persons plan had not yet come up this year when the training will occur.

-Each of the sample files for folks in services reviewed had a cost plan or a Community Supports Agreement.

-Initial Individual Service Plans were developed for 86% of the applicable files reviewed. On the one that was not completed, the case manager had good documentation of attempts to schedule with the family. However, only 60% of the annual ISP's were completed within the 365 day criteria. The timelines on plans of care are more closely monitored than in years past for falling within the 365 day year and I expect within the year this will be improved.

-Pre-PSP information was available on 100% of applicable cases and 88% of the Annual PSP's occurred within the 365 time lines. The one that did not make criteria was within the month of the previous year. Each of the files in this category also had the supporting documents.

-In completing the PSP Follow-up Quality Assurance Checklist, 88% of the files meet all standards. The one case not meeting criteria in this category was due to the lack of updating the MONA every three years. On file was an original MONA!

-Region 3 AWARE case managers had on file 100% of the Quarterly Reports initialed off as having reviewed and followed up. Case notes also reflected follow-up and/or crisis management or the lack of need for it.

-As noted in the QAOS sheet, Region 3 AWARE Case Managers are exceeding the number of face to face contacts with individuals!

-With folks not in service, only 62% of the sample had 4 direct contacts spread 3 months apart as per criteria. In once of the cases, 4 contacts were made but not spread out, another had 3 of the contacts and the third was the case the person requesting eligibility yet doesn't keep appointments.

QAOS Summary:

#1-Insufficient PSP-action statements are not measurable-The response of further training in PSP as well as an AWARE curriculum on writing measurable goals was accepted on 9-3-08. The PSP training occurred on 9-11-08. The Case Managers training records submitted for this review the training occurred from the AWARE curriculum on behavioral strategies for three of the four TCMs here in Region 3. The fourth TCM is slated to receive this training at the next offered session.

#2-No protocols for meeting medical needs. Actions to correct this issue were accepted as written on 9-3-08.

#3-TCM training exceeds criteria. Commendation.

#4-Direct client contact exceeds criteria in most cases reviewed. Commendation.