

Case Management Quality Assurance Evaluation Tool

Agency Name : Opportunity Resources, Inc.

Review Date: Feb/March/April 2010

AT THE AGENCY:	CASE MANAGER:	9	10	11	12	13	14	15	16
	Criteria Reference:								
Case Management 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	+	+	+	+	+	+	+	n/a
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	+ 1 FTE	+ 1 FTE	1 FTE - too high	1 FTE - too high	1 FTE - too high	+ 1 FTE	+ 25 FTE	+ .25 FTE
Case Manager Qualifications (+ = Exceeds Standard qualifications; BA or BS in Social Work or related field + 1 year experience, or 5 years Developmental Disabilities-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 Developmental Disabilities experience upon hire; or 1 yr Developmental Disabilities exp. upon hire, or 40 hrs of Developmental Disabilities Program approved training within 3 months of hire; - = Standard qualifications not met)	Contract, ARM 37.86.3606	+	+	+	+	+	+	+	+
Case Manager New Hire Training (Review once per individual Case Manager) (+ = Documentation of Personal Support Plan (PSP) training, Montana Resource Allocation (MONA) training, CMS Waiver Case Management review, ICP training, HIPAA training, abuse prevention training annually; - = Standard not met)	Contract	n/a	n/a	n/a	n/a	n/a	n/a	n/a	+
Case Manager 20 hours of Advanced Annual Training (Review once per individual Case Manager) If contracted, Case Manager Supervisors approve and sign off on 20 hours of training annually. If state Case Managers, Central Office management approve and sign off on the 20 hours of advanced training. (+ = 20 hours/year of approved training; - = less than 20 hours/year of approved training)	Contract, Waiver, ARM 37.86.3606	- 7	+ 19.5	- 9.5	+ 15	- 11.75	- 7	+ 17.25	n/a
<p>Comments: ORI training calendar runs July to June. The hours of advanced training reported are from last July (2009) through May 4, 2010. Additional hours were requested, which may not yet have been submitted as of May 4th. CMs who were within close range of meeting the required 20 hours of advanced training in the coming 2 months were given a "+" for this standard. 100% of new hire CMs have met initial training (3 of 3); 8 of 13 long term CMs have not met 20 hours annual training 61.5%. #16 brand new CM not yet working a caseload not reviewed on the following pages</p>									

INDIVIDUAL CONSUMER FILES: Review 10 % sample per Case Manager, which includes files of individuals receiving Case Management only, and of individuals receiving Residential and/or Day/Work services.	Case Manager(CM)/ Developmental Disabilities Services(DDS)	CM 9.1	CM 9.2	CM 9.3	CM 9.4	CM 10.1	CM 10.2	CM 10.3	CM 10.4	CM 11.1	CM 11.2	CM 11.3	CM 11.4	CM 12.1	CM 12.2	CM 12.3	CM 12.4	CM 13.1	CM 13.2	CM 13.3	CM 13.4	CM 14.1	CM 14.2	CM 14.3	CM 14.4	CM 15.1	CM 15.2							
	CM initials																																	
	Consumer initials	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Referral for DD Case Management	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	n/a	n/a							
+ = 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.)	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							
+ = Complete eligibility information submitted to QIS; - = Incomplete referral information.																																		
Initial Referral for Services (Gather information throughout the year using the Referral File Checklist)	Screening Policy 02/12/10 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							
+ = Complete Referral Packet submitted to QIS; - = Referral Packet returned to Case Manager for additional information.																																		
Referral Updates (Gather information throughout the year using the Referral File Checklist, also reference Case Notes and Plan of Care)	CM Handbook Screening Policy 02/12/10	- late	-	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						
+ = Annual Update (365 days or less); - = Update exceeds 365 days ** ■ last referral update 11/08 ** ■ not updated according to current policy																																		
Facilitate Consumer Choice (provider selection and enrollment)	Waiver	n/a	n/a	+	+	+	+	+	+	n/a	n/a	+	+	n/a	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, no follow-up. ** ■ - w/PSP not dated																																		
Inform Consumer/Guardian of Available Waiver Services	Waiver	+	+	+	+	+	+	+	+	n/a	+	+	+	n/a	n/a	+	+	+	+	+	+	+	+	+	+	+	+	n/a						
+ = Evidence waiver services information is made available to Consumer/Guardian; - = Lack of documentation available.																																		

Consumer identifiers must be used. Consumers are identified by initial on the PSP and the Follow-up Quality Assurance Checklist. CM identifiers are for individual's files receiving Case Management only. DDS identifiers are for individual's files receiving Waiver Services. A maximum of four identifiers per CM review.	Case Manager (CM)/Developmental Disabilities Services (DDS)	CM 9.1	CM 9.2	CM 9.3	CM 9.4	CM 10.1	CM 10.2	CM 10.3	CM 10.4	CM 11.1	CM 11.2	CM 11.3	CM 11.4	CM 12.1	CM 12.2	CM 12.3	CM 12.4	CM 13.1	CM 13.2	CM 13.3	CM 13.4	CM 14.1	CM 14.2	CM 14.3	CM 14.4	CM 15.1	CM 15.2				
	CM initials																														
	Consumer initials	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Assess and Assure Training in Abuse, Neglect & Exploitation Reporting is provided as needed	Waiver	+	+	+	+	+	+	+	-	+	+	+	+	+	n/a	+	+	+	+	+	+	+	-	-	+	-	+	+			
+=Plan of Care documents individual's ability to recognize and report A/N/E & training, as needed, addressed in Plan of Care(PSP); -=No documentation of assessment, or training in Plan of Care(PSP).																															
Individual Cost Plans (ICP)	CM Handbook Policy on Relationship of MONA,PSP and ICP processes 8/13/07	n/a	n/a	+	+	n/a	n/a	+	+	n/a	n/a	+	+	n/a	+	+	+	n/a	n/a	+	+	n/a	n/a	+	+	n/a	+				
+=Evidence of ICP development; -=Evidence of significant change in need but no follow-up by Case Manager to revise ICP.																															
First Plan of Care (PSP)	PSP Guide, PSP 7/20/09, 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	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a		
+= Plan of Care developed within 30 days of enrollment of services and supports the persons "Vision Statement"-=Plan of Care exceeds 30 days, or is not based on persons "Vision Statement".																															
Annual Plan of Care (PSP)	ARM 37.86.3305, CM Handbook, Waiver	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	n/a	-14 mo	n/a	n/a	-**	+	+	-26 mo	n/a	n/a				
+=PSP developed within 365 days of previous plan with goals for referral and completed "General Information Page", "Vision Page" "Personal Introduction Page" "Signature Page" -=PSP development exceeds 365 days from previous plan, does not have referral and required PSP Forms completed. ** See QAOS																															
Coordination for Annual Plan of Care (PSP)	PSP Guide, PSP Policy7/20/09	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	n/a	+	+	+	-	+	+	+	+	+				
+=TCM assures Plan of Care information gathering and dissemination meets timelines; -=Timelines exceeded information gathering & dissemination. ** see QAOS																															
Plan of Care Supporting Documents Annual Health & Safety Form & Checklist , Vulnerability Assessment	PSP Guide; PSP Policy7/20/09	+	+	+	+	-	+	+	-	+	+	+	+	+	+	+	+	n/a	+	+	+	-	+	+	+	+	+				
+=Forms complete, -=Incomplete forms, ** Checklist available in file																															

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	CM initials																															
	Consumer initials	██	██	██	██	██	██	██	██	██	██	██	██	██	██	██	██	██	██	██	██	██	██	██	██	██	██	██	██	██	██	
PSP Quality Assurance Checklist Completed by QIS	QA Process 7/1/08	+	+	+	+	+	+	+	-	+	+	+	+	+	n/a	+	+	+	+	+	+	-	+	+	-	-	+					
+=Standards in items 1-6 are met; -=Any standard in items 1-6 are not met.																																
Quarterly Report Review	Case Management Handbook, PSP Policy 7/20/09	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				
+=Documentation of review & follow-up -= lack of Documentation of review or follow-up.																																
Crisis Management	DDP Incident Management Policy 7/1/08 ARM 37.86.3605	+	+	+	+	+	+	+	+	+	+	+	+	+	+	n/a	+	+	+	+	+	+	n/a	+	+	+	+	+				
+=Evidence of follow-up to incidents, trend data; -=Lack of documentation or follow-up.																																
Face-to-Face Contacts (Individuals Receiving Developmental Disabilities Program-Funded Services)	Contract	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					
+=6 or more Personal Direct Visits /one per month in 6 separate months; -=less than 6 Personal Direct Visits one per month 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	+	-	n/a	n/a	+	+	n/a	n/a	+	+					
+=4 Personal Direct Visits / one per quarter in four separate quarters; -=less than 4 Personal Direct Visits more than one per quarter for the four quarters of the year.																																

Comments:

Case Management Evaluation Summary: PSP checklist concerns – 25%: MONAs not in MONA system, Impl Strategies not available, Quarterlies not always present or followed up on; Referral updates: 16% out –of-date, Abuse/Neglect education 15 % missing documentation in file; Annual PSP (w/in 365 dys) 17% over 365 days; necessary paperwork/assessment paperwork to demonstrate coordination of PSPs – 12% missing required assessments;