

Case Management Quality Assurance Evaluation Tool

Helena Industries, Inc. (Region 2) October 28, 2009

AT THE AGENCY: Helena Industries October 2009	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	+	+	+	+	+	+	+	+
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 (+ = Documentation of Personal Support Plan (PSP) training, first available training after hire. Montana Resource Allocation (MONA) training, first available MONA training after hire; - = Standard not met)	Contract	+	+	+	+	+	+	+	+
Case Manager Annual Training, Includes Abuse Prevention and MONA Recertification annually (Refer to Case Management Training List) (+ = 20 hours/year of Developmental Disabilities Program approved training; - = less than 20 hours/year of Developmental Disabilities Program approved training)	Contract, Waiver, ARM 37.86.3606	+ 24.5	+ 24	+ 24.5	+ 21.5	+ 24	+ 26	*Started 4/09	+ 27
Comments: The Quality Assurance Review for Helena Industries (HI) primarily focuses the time frame from July 2008 through June 2009. HI staff training is completed in a calendar year. The staff training reviewed was for the time period from January 2008 to January 2009. * EC's employment started in April 2009 and she has completed MONA and PSP training. All other information sampled the time period from July 2008 through July 2009. As indicated above HI has met hiring, training requirements, caseload requirements and IM attendance training requirements. HI is to be commended for these practices. A ten percent sample (24) of waiver service and general fund recipients along with Case Management only was reviewed.									

+ = Evidence waiver services information is 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	DDS 7.1	DDS 7.2	DDS 7.3	CM 8.1	DDS 8.1
Assess and Assure Training in Abuse, Neglect & Exploitation Reporting is provided as needed	Contract			+	+			+	+			+	+			+	+			+	+			+	+		+	+	+		12 08 na
+ = 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)	Contract, CM Handbook			+	+			+	+			+	+			+	+			+	+			+	+		+	+	+		+
+ = Evidence of ICP development; - = Evidence of significant change in need but no follow-up by Case Manager to revise ICP.																															
Plan of Care (PSP)	PSP Manual, ARM 37.86.3605 & 37.86.3606			+	+			+	+			+	+			+	+			+	+			na	na		na	na	na		na
+ = 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) (individual waiting for services and receiving Case Management only)	ARM 37.86.3305, Case Management Handbook	+				+				+				+				+								+				+	
+ = 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.																															
Coordination for Annual Plan of Care (PSP)	PSP Manual; PSP Policy			+	+			+	+			+	+			+	+			+	+			+	+		+	+	+		+
+ = TCM assures Plan of Care information gathering and dissemination meets timelines; - = Timelines exceeded information gathering & dissemination.																															
Annual Plan of Care (PSP)	PSP Manual, ARM 37.86.3605 & 37.86.3606			+	na			-	+			-	+			+	+			+	+			+	+		+	+	+		+
+ = Plan developed and all forms completed and up-dated within 365 days of previous plan; - = Plan date exceeds of 365 days from previous plan, no follow-up to areas identified on PSP Checklist.																															
Plan of Care Supporting Documents Annual Health & Safety Checklist, Vulnerability Assessment	PSP Manual; PSP Policy			+	+			+	+			+	+			+	+			+	+			+	+		+	+	+		+
+ = Forms complete, - = Incomplete forms,																															

	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	DDS 7.1	DDS 7.2	DDS 7.3	CM 8.1	DDS 8.1
PSP Follow-Up Quality Assurance Checklist Completed by QIS	PSP Manual; PSP 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 -= lack of Documentation of review or follow-up.																													
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 Developmental Disabilities Program-Funded Services)	Contract			+	+			+	+			+	+			+	+			6	6			8	8		9	10	12		8
		+=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	0	3	6	2	+				6				3				7				6				2				4	
		+=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: * Please use consumer identifiers in completing the rating. Consumers are identified by initial on the Personal Support Plan (PSP) Follow-up Quality Assurance Checklist. "Case Management" (CM) identifiers are for those files reviewed of individuals receiving Case Management only. The "Developmental Disability Service" (DDS) identifiers are to be used for files reviewed of individuals receiving 0208 Waiver defined services by a qualified Developmental Disabilities Provider. A maximum of four (4) identifiers will be used per individual Case Manager review.

Case Management Evaluation Summary:

Sections marked NA is because consumers have been receiving services for many years and the information is unavailable or the agency inherited referral information from other CM entities. Case Managers have been working with the Quality Improvement Specialists (QIS) to ensure consumer's referral information is complete and up to date.

Commendations:

1. Face to Face Contacts – QAOS1-Indicative of sample reviewed that at least the minimum requirements were met for contacts and more.

2. **Case Manager-** Note a CM has done a nice job with a consumer who has cancer with his placement and Plan of Care needs.
3. **Referral for DD CM services only-** HI has developed a form that shows contacts have been made within 6-10 days from the date of referral.
4. **Files –** They were neat and information was organized and accessible.
5. **CM's-** Training, qualifications, caseload requirements and IM meeting attendance.

Recommendations:

1. **Referrals and MONA's -** Case Managers need to be sure to include the referral checklist with the necessary documentation attached. Some have had to be requested by the QIS. The waitlist change form needs careful review to ensure the information is current and accurate. MONA amounts do not always match the service requested on the waitlist change form when updated. Be sure to make sure the MONA needs reflect waitlist request as best as possible. Example: When making a change from SL to GH both service needs to match on the documents. Please be mindful to review MONA's carefully and get information back to QIS' in a timely manner.
2. **ICP's -**Thoroughly review ICP's and check work before submitting. There were five ICP's submitted on consumers who were funded through GF XX. The CM had them listed in XIX and they had to be re-done at least once and sometimes twice.
3. **PSP Content-** Consumer's should have opportunity to sign/mark the signature page and if it's refused this should be documented. There was a PSP signature page that had the consumers named typed on the signature line. There were provider documents such as Rights and Responsibilities and assessments in PSP Plan that had a place for staff and consumer signatures that were not signed. If there is a place for a signature it should be signed.
Not all PSP's sampled had dissemination dates to determine whether it was distributed within timelines. The PSP's reviewed were completed within 365 days with the exception of a day late for two and one that was a week late that did have documentation as to why it was late. One group of PSP's had multiple revisions and sent dates (up to six dates within three weeks of the meeting). This was not typical of most CM's. Information gathered for the section on Coordination for Annual Plan of Care (information gathering by CM) was based on a conversation with the CM supervisor. She states that the information is received and if it's not it's documented and forwarded to the QIS. There are times an additional request or two is required, but felt overall the information is coming in as needed.
4. **Eligibility referrals-** A psych evaluation prior to age 18 along with the cover page is what is basically required. Any additional information obtainable is greatly appreciated (and may be requested) for tough to call cases.
5. **Incident Management-** HI Case Managers take turns attending IM meetings. All CM have not been receiving and reviewing the notes from the meetings. CM's were not getting any notes from ES. Case Managers should have these notes to review and provide feedback as needed. (Note: Attending CM does take his/her own notes while at the meetings.) Trends are reviewed at monthly IM meetings or as needed throughout the year which CM's attend but are not always part of the PSP document. Because case manager's share IMC duties, the only place to address individual incidents and their impact on supports for the consumers is in the planning document.

Conclusion:

Helena Industries case managers strive to provide quality services to consumers served and this is demonstrated throughout the year and through this review with criterion being consistently met. I want to thank HI for their help during this review and all their work and commitment to ensure consumer's needs are being met.

Information on specifics is available upon request. Two documents have been generated. One with CM and consumer initials on it and one without. The CM supervisor will receive a copy of both and the one without initials will go to the DDP Central Office.

Review completed by Chris Kleinsasser and Lori Wertz