

Case Management Quality Assurance Evaluation Tool

(Case Management Agency). (Region #) FY 2010											
AT THE AGENCY:		CASE MANAGER:									
		Criteria Reference:	1	2	3	4	5	6	7	8	9
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	+	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	30 LOW	19 LOW	33	34	30 LOW	33	22	26 HIGH	10 HIGH
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	n/a	n/a	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) (+ = 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	+	+	+	+	+	+	+	+	+
Comments: All CMs attended the 16 hour Person Centered Thinking training this month (1/10) and have attended various regional, webinar and ICP trainings. Caseload sizes for three employees are above/below required size. Additionally, discussion has occurred in regard to changing case loads for a more even distribution of workload. In light of this, case loads will need to be adjusted.											

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.	Criteria Reference:	CM 1 #1	CM 1 #2	CM 1 #3	CM 1 #4	CM 2 #1	CM 2 #2	CM 3 #1	CM 3 #2	CM 3 #3	CM 3 #4	CM 4 #1	CM 4 #2	CM 4 #3	CM 4 #4	CM 5 #1	CM 5 #2	CM 5 #3	CM 5 #4	CM 6 #1	CM 6 #2	CM 6 #3	CM 6 #4	CM 7 #1	CM 7 #2	CM 7 #3	CM 8 #1	CM 8 #2	CM 8 #3	CM 9 #1	CM 9 #2	
Referral for DD Case Management	Contract, CM Handbook, Referral Manual;	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.)	Contract, CM Handbook, Referral Manual	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)	Referral Manual, ARM 37.86.3605	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)	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	n/a	+										
+ = Annual Update (365 days or less); - = Update exceeds 365 days; ** the referrals for CM 2.2 and CM 7.2 need to be updated annually, these consumers are not currently OKd for screening opportunities /40% of sample*																																
Facilitate Consumer Choice (provider selection and enrollment)	Contract, Waiver	+	-	-	+	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. *33% of Waiver 5 forms missing*																																
Inform Consumer/Guardian of Available Waiver Services	Waiver	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	-	n/a	-	+	+
+ = Evidence waiver services information is made available to Consumer/Guardian; - = Lack of documentation available. *One required form has available Waiver service info, this form was not included in PSPs for CM 8*																																

	CONSUMER:	CM 1.1	CM 1.2	CM 1.3	CM 1.4	CM 2.1	CM 2.2	CM 3.1	CM 3.2	CM 3.3	CM 3.4	CM 4.1	CM 4.2	CM 4.3	CM 4.4	CM 5.1	CM 5.2	CM 5.3	CM 5.4	CM 6.1	CM 6.2	CM 6.3	CM 6.4	CM 7.1	CM 7.2	CM 7.3	CM 8.1	CM 8.2	CM 8.3	CM 9.1	CM 9.2	
Assess and Assure Training in Abuse, Neglect & Exploitation Reporting is provided as needed	Contract	+	+	+	+	-	-	+	+	-	+	+	+	+	+	+	+	-	+	+	-	+	-	+	+	-	-	-	-	+	+	
+=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). * - =no info 30% cases*																																
Individual Cost Plans (ICP)	Contract, CM Handbook	+	+	+	+	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.																																
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 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". **50% compliance for new folks**																																
Annual Plan of Care (PSP) (individual waiting for services and receiving Case Management only)	ARM 37.86.3305, Case Management 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	-											
+=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. **Only 50% compliance with PSP/ISP for CM only or WL only consumers **																																
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. *These "-="also include lack of clear on Impl. Strat. developed and shared*																																
Annual Plan of Care (PSP)	PSP Manual, ARM 37.86.3605 & 37.86.3606	+	+	+	+	-	-	+	n/a	+	n/a	+	+	+	+	+	+	-	+	+	-	+	n/a	-	+	+	+	+	n/a	-	+	n/a
+=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. +* = within 395 dys, - = over 395 dys																																
Plan of Care Supporting Documents Annual Health & Safety Checklist , Vulnerability Assessment	PSP Manual; PSP Policy	+	+	+	+	-	-	+	+	+	+	+	+	+	+	+	+	-	+	+	-	+	+	+	+	+	+	-	n/a	-	+	+
+=Forms complete, -=Incomplete forms, *20% of sample missing forms*																																

	CONSUMER:	CM 1.1	CM 1.2	CM 1.3	CM 1.4	CM 2.1	CM 2.2	CM 3.1	CM 3.2	CM 3.3	CM 3.4	CM 4.1	CM 4.2	CM 4.3	CM 4.4	CM 5.1	CM 5.2	CM 5.3	CM 5.4	CM 6.1	CM 6.2	CM 6.3	CM 6.4	CM 7.1	CM 7.2	CM 7.3	CM 8.1	CM 8.2	CM 8.3	CM 9.1	CM 9.2	
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. **CM 1.1 – no MONA, CM 1.2 no IS or follow up on IS, CM 5.3 no current PSP, CM 6.2 no IS or info on quarterlies, CM 7.1 no IS **																																
Quarterly Report Review	Case Management Handbook, PSP Manual	+	+	+	+	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. ***+/- indicates no info of CM review of quarterly or no information noted that the quarterly exists and no follow up by CM noted**																																
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	8	13	6	20	n/a	n/a	2*	n/a	6	n/a	5*	3*	4*	4*	14	14	11	8	12	n/a	14	n/a	8	11	6	10	n/a	16	1*	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. **This continues to be an issue for at least 3 CMs.**																																
Face-to-face Contacts (Individuals Receiving Case Management Services Only)	Contract	n/a	n/a	n/a	n/a	4	3*	n/a	1*	n/a	2*	n/a	6	n/a	3*	n/a	n/a	n/a	n/a	11	n/a	n/a	0*									
+=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. ** This continues to be an issue for at least 3 CMs.**																																

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: The Region V DDP case managers bring a wealth of information to their jobs. Most staff have significant tenure and have rolled with many changes to the service system. There are some areas that need specific attention; these are detailed on the Quality Assurance Observation Sheets (QAOS). These areas include: caseload size and distribution of cases, referral updates, notification of consumer choice and available services, education on freedom from abuse, Intake and annual PSPs, PSP follow up, and Face-to-Face contacts. The CM Supervisor and Regional Manager continue to meet with CMs regularly.