



SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU

HOME AND COMMUNITY BASED WAIVER Policy Manual

Section: CASE MANAGEMENT SYSTEM

Subject: Reporting Requirements

PURPOSE

Reporting requirements for Case Management Teams (CMTs) were developed to provide a single source of reference for all quality assurance reporting activities and replace all previously issued instructions. These requirements are the only mechanism for collecting and reporting this information to the Department of Public Health and Human Services (DPHHS). CMTs can supplement these requirements by reporting additional information for internal purposed.

The required reports include the Intake Sheet, (DPHHS-SLTC-136), Discharge Sheet (DPHHS-SLTC-137), the Case Management Internal QA, the monthly utilization reports, the waiting list, nursing facility transfers, and the CMS QA Performance Measures. Refer to instructions for each form in HCBS 899 appendix.

USE OF THE REPORTS

The reports are used to:

1. Collect and report data for federal requirements.
2. Collect and report data for legislative requests.
3. Monitor contractor performance.
4. Evaluate program status and future directions.
5. Provide data for internal monitoring by the contractor.
6. Monitor expenditures; and
7. Track the waiting list.

DEPARTMENT RESPONSIBILITIES

The Department is responsible for:

1. Developing the format for reporting requirements.

2. Providing technical assistance in the preparation of the reports; and
3. Upon request, make available summary information based on the information reported by the contractor or gathered by the Department through the Medicaid Management Information System.

**CONTRACTOR
RESPONSIBILITIES**

The contractor is responsible for:

1. Developing a system to collect data for completing the reports.
2. Ensuring the accuracy of the information reported.
3. Ensuring that all information reported is documented.
4. Submitting reports in a timely manner.

**MONTHLY
REPORTS**

Report 2 Monthly Utilization Report (HCBS 899-2)

**QUARTERLY
REPORTS**

The quarterly reporting requirements include the following:

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| Report 1 | Provider Prepared Standards (HCBS 899-2) |
| Report 3 | Nursing Facility Transfers (HCBS 899-2) |
| Report 4 | Waiting List Report (HCBS 899-25) |
| Report 5 | CMS QA Performance Measures (899-3) |