

New Mexico DOH / DHI / QMB Case Management: Individual Record Review Survey Tool

Standard of Care	Surveyor Notes	MET	NOT MET	NA
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Agency/Region: []

Surveyor: [] **Date/Time:** []

Individual Name and Identifier: []

- Services** (Circle those that apply to Individual):
- **Living Care Arrangement:** Supported Living – Family Living - Intensive Medical Living Supports - Customized In-Home Supports
 - **Community Inclusion:** Customized Community Supports – Community Integrated Employment Services
- Other Services: PT - OT - SLP - BSC - Adult Nursing Services other: _____

Surveyor Instruction: Item(s) which are required in THERAP system, must be in Therap and will be accessed via Therap, unless specified to be a printed copy. Other items that are required, may be accessed via the Agency's electronic system or hardcopy file.

Standard of Care Questions	(Tag #) Surveyor Notes / Deficiency Description	MET	NOT MET	NA
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BUDGET							
1) Approved MAD 046 / Budget Worksheet (BWS)							
<p>Surveyor Instruction: This document is used to verify the DDW Services the individual receives. The Surveyor must document:</p> <ol style="list-style-type: none"> 1. Term of the budget; 2. Services received by the Individual, i.e. LCA, CI, therapies, etc. and; 3. Agency responsible for each service. <p>This ensures that correct documents are in the file from the correct provider. This information will guide the Surveyor to determine what is applicable to the person and what the surveyed agency is responsible for. This is "MET" if there is a current budget. If there is not a current BWS this cannot be met and is a potential CoP.</p>		<p>Tag #4C10 CoP</p> <p>Budget Term: []</p> <p>List Services (ex: CCS-I – Apple's – H2021 HB U1)</p> <p>[]</p>					

INFORMED CHOICE/FREEDOM OF CHOICE

2) Primary Freedom of Choice or Waiver Change Form (PFOC or WCF)							
<p>Surveyor Instruction: People receiving DD Waiver funded services have the right to choose any qualified provider of case management services listed on the PFOC (Primary Freedom of Choice) or CM Agency Change Form. The applicant completes the PFOC form to select between DD Waiver and a Case Management Agency or the Mi Via Self-Directed Waiver and a Consultant Agency. Individuals who have changed waivers will not have a PFOC, but will have a Waiver Change Form (WCF). For this to be "MET" the PFOC or WCF or CACF must be in the CM file and signed by the guardian or individual if self-guardian.</p>		<p>Tag #4C02</p> <p>[]</p>					

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<p>3) Secondary Freedom of Choice (SFOC)</p> <p><u>Surveyor Instruction:</u> People receiving DD Waiver funded services have the right to choose any qualified provider of any other DD Waiver service listed on SFOC form. The CM Agency must have SFOC for each service listed on the individual's budget. NOTE: Family Living & Sub care are bundled services, a separate SFOC is <u>not</u> required for sub care. Additionally, a SFOC is needed for individuals in CIHS, CIES and CCS-I who elect to have Adult Nursing services. The SFOC must be signed at the time of the initial service selection and reviewed annually by the CM and the person and/or guardian. For this to be "MET" SFOC's must be maintained in the CM file for agency / services listed in on the Budget Worksheet (BWS) and signed by guardian or individual if self-guardian.</p> <p>Surveyor you must document the total # of SFOCs as indicated by the budget and how many were found</p>	<p>Tag # 4C09 FOC must match service and agency on budget. List service and agency:</p> <p><input type="checkbox"/> _____</p> <p>Total # of SFOCs required per budget: { _____ }</p> <p>Total # of SFOCs found: { _____ }</p>			
ISP REQUIREMENTS				
<p>4) Annual ISP:</p> <p><u>Surveyor Instruction:</u> All Individuals receiving DDW must have a current ISP. The ISP must all contain the following must also be present to be considered "MET."</p> <ul style="list-style-type: none"> • Individual Specific Training (IST) Section of the ISP • Addendum A (which includes notice of ANE reporting and acknowledgement) • ISP contain evidence of the Employment 1st Principle • ISP contain evidence of the Individual's Meaningful Day • DDSD Assessment Tracking Sheet - Assessment Checklist (AKA ISP Assessment Checklist) <p><i>**If the ISP is not current or 1 or more of the items above is not present this cannot be met and is a potential CoP.</i></p>	<p>Tag #1A08.3 (CoP)</p> <p>Term of ISP { _____ }</p>			

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<p>5) ISP Signature Page: Does the ISP Signature Page Show Evidence of a Fully Constituted IDT?</p> <p><u>Surveyor Instruction:</u> <i>The Interdisciplinary Team (IDT) membership and meeting participation varies per person. IDT member participation can occur in person/face-to-face or remotely. If a required participant is not able to attend the meeting in person or remotely, their input should be obtained by the CM prior to that meeting. Within 5 business days following the meeting, the CM needs to follow-up with that participant and document accordingly. The ISP is written by the CM with the IDT input and must be completed according to standards and NMAC, which includes a signature page and/or documentation of participation... Review the signature sheet to determine if required IDT Members are present at the ISP meeting, i.e. Individual, Guardian, DSP, Therapists, etc. If they did not sign the document, is there evidence that they participated in other ways? (i.e. phone calls, remotely, emails, reports, etc.). This is "MET" if there is a Signature sheet with the fully constituted IDT and / or evidence of their participation if not present.</i></p>	<p>Tag #1A08.3 (CoP)</p> <p>Individual Yes No Guardian Yes No N/A Case Mgr. Yes No Nurse Yes No N/A Ser. Coord. Yes No (DSP from each provider agency, as applicable, i.e. LCA and CI) DSP Yes No DSP Yes No OT Yes No N/A PT Yes No NA SLP Yes No N/A BSC Yes No N/A Other Natural Support Yes No N/A Other: Yes No N/A</p>			
<p>6) Teaching & Support Strategies (TSS)</p> <p><u>Surveyor Instruction:</u> <i>After the ISP meeting, IDT members conduct a task analysis and assessments necessary to create effective TSS and WDSI to support those Action Plans that require this extra detail. The CM is required to maintain documentation for each person supported including the TSS, as required in the ISP. To determine if a TSS is required review the ISP "action plan for desired outcome in the" section and determine if the box is checked "yes: under strategies / WDSIs needed. If checked "yes" this indicates a TSS is required. If there is no separate TSS document for the specific action step then this cannot met and is a potential CoP. Surveyors must document the specific Outcome area, and Action Plans which require Teaching & Support Strategies.</i></p>	<p>Tag #1A08.3 (CoP)</p>			

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<p>7) Does the ISP have an outcome for all paid supports through the DDW?</p> <p><i>Surveyor Instruction: A Desired Outcome is required for each life area (Live, Work, Fun) for which the person receives paid supports through the DD Waiver. Each service does not need its own, separate outcome, but should be connected to at least one Desired Outcome. This cannot be met and is a potential CoP if there is no outcome tied to a paid service .</i></p>	<p>Tag #4C07.1 (CoP)</p> <p>[]</p>			
<p>8) Are outcomes tied to the person’s vision statement?</p> <p><i>Surveyor Instruction: The long-term vision statement describes the person’s major long-term (e.g., within one to three years) life dreams and aspirations in the following areas: 1) Live; 2) Work / Education / Volunteer; 3) Develop Relationships / Have Fun, and 4) Health and / or Other (Optional). A Desired Outcome is required for each life area (Live, Work, Fun) for which the person receives paid supports through the DD Waiver. Each service does not need its own, separate outcome, but should be connected to at least one Desired Outcome. Desired outcomes must:</i></p> <p>1. be directly linked to a Vision;</p> <p><i>Review each outcome and ensure it is related to the Individual’s vision. If it is not related you must document the long-term vision and the outcome indicating why it is not related. This cannot be met if outcomes are not tied to the Vision and is a potential CoP.</i></p>	<p>Tag #4C07 (CoP)</p> <p>[]</p>			
<p>9) Are Outcomes Measurable?</p> <p><i>Surveyor Instruction: Desired outcomes must:</i></p> <p>1. be measurable;</p> <p><i>You are to review each outcome and ask yourself: Will you know when they are achieved? What are the Criteria for Completion of each Outcome?; Is there an end to the outcome? If you cannot answer these questions for each outcome it is not measurable, this cannot be met and is a potential CoP. You must document the outcomes which are not measurable.</i></p>	<p>Tag #4C07 (CoP)</p> <p>[]</p>			

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BSC & Therapy Documentations				
<p>13) Positive Behavior Support Plan (PBSP)</p> <p>Date(s) of Plan: []</p> <p><i>Surveyor Instruction: Per the 2023 DDW Standards Appendix A Client File Matrix the CM is required to maintain a current copy (if applicable) of the PBSP. If the individual receives BSC services, you must ensure the plan is current for the ISP year and it is developed by the BSC provider listed in the Budget Worksheet. If the plan is current for the ISP year and is developed by the BSC provider listed on the budget; this would be met.</i></p>	<p>Tag #1A08</p> <p>[]</p>	<p align="center"> </p>	<p align="center"> </p>	<p align="center"> </p>
<p>14) Behavior Crisis Intervention Plan (BCIP) (Note: this may not always be required, it is based on PBSP)</p> <p>Date(s) of Plan: []</p> <p><i>Surveyor Instruction: Per the 2023 DDW Standards Appendix A Client File Matrix the CM is required to maintain a copy (if applicable) of the BCIP. If the individual receives BSC services, review the plan to determine if a BCIP is required? If required, the BCIP must be current for the ISP year and developed by the BSC provider listed on the budget for this to be met.</i></p>	<p>Tag #1A08</p> <p>[]</p>	<p align="center"> </p>	<p align="center"> </p>	<p align="center"> </p>
<p>15) Positive Behavior Support Assessment (PBSA)</p> <p>Date of Annual Assessment: []</p> <p><i>Surveyor Instruction: Per the 2023 DDW Standards Appendix A Client File Matrix the CM is required to maintain a copy (if applicable) of the PBSA. If the individual receives BSC services, PBSA Individual assessments are conducted at minimum on an annual basis, when there has been a change in the status of either the person, or the BSC Provider Agency, or when the new BSC deems it necessary to ensure the assessment accurately reflects current situation and fulfills all requirements. For this to be met there must be a current PBSA.</i></p>	<p>Tag #1A08</p> <p>[]</p>	<p align="center"> </p>	<p align="center"> </p>	<p align="center"> </p>

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<p>16) Speech Therapy Plan (Therapy Intervention Plan TIP)</p> <p>Date(s) of Plan: []</p> <p><i>Surveyor Instruction: Per the 2023 DDW Standards Appendix A Client File Matrix the CM is required to maintain a copy (if applicable) of the SLP Therapy Documentation Form (TDF) which includes the Therapy Intervention Plan (TIP). If the individual receives SLP services, you must ensure the plan is current for the ISP year and it is a plan developed by the SLP provider listed on the Budget Worksheet. If the plan is current for the ISP this would be met. Note: the TIP will be found in the Therapy Documentation Form (TDF).</i></p>	<p>Tag #1A08</p> <p>[]</p>	<p align="center"> </p>	<p align="center"> </p>	<p align="center"> </p>
<p>17) Speech Therapy Initial Evaluation (as budgeted) or Re-Evaluation Report (annually)</p> <p>Date of Evaluation: []</p> <p><i>Surveyor Instruction: An Initial or targeted Therapy Evaluation Report is required when a new therapy service is initiated. If the Individual is new to therapy (within the year) surveyors will determine if an evaluation was completed within the required 30 calendar days of budget approval. If the individual receives on-going therapy services, Therapists are responsible for conducting an annual re-assessment and must be distributed no more than 45 days and no less than 14-calendar days prior to the annual IDT meeting. For this to be met, an initial evaluation or the re-evaluation must be completed and in the CM file.</i></p>	<p>Tag #1A08</p> <p>[]</p>	<p align="center"> </p>	<p align="center"> </p>	<p align="center"> </p>
<p>18) Occupational Therapy Plan (Therapy Intervention Plan TIP)</p> <p>Date(s) of Plan: []</p> <p><i>Surveyor Instruction: Per the 2023 DDW Standards Appendix A Client File Matrix the CM is required to maintain a copy (if applicable) of the OT Therapy Documentation Form (TDF) which includes the Therapy Intervention Plan (TIP). If the individual receives OT services, you must ensure the plan is current for the ISP year and it is a plan developed by the OT provider listed on the Budget Worksheet. If the plan is current for the ISP this would be met. Note: the TIP will be found in the Therapy Documentation Form (TDF).</i></p>	<p>Tag #1A08</p> <p>[]</p>	<p align="center"> </p>	<p align="center"> </p>	<p align="center"> </p>

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<p>19) Occupational Therapy Initial Evaluation (as budgeted) or Re-Evaluation Report (annually)</p> <p>Date of Evaluation: []</p> <p><i>Surveyor Instruction: An Initial or targeted Therapy Evaluation Report is required when a new therapy service is initiated. If the Individual is new to therapy (within the year) surveyors will determine if an evaluation was completed within the required 30 calendar days of budget approval. If the individual receives on-going therapy services, Therapists are responsible for conducting an annual re-assessment and must be distributed no more than 45 days and no less than 14-calendar days prior to the annual IDT meeting. For this to be met, an initial evaluation or the re-evaluation must be completed and in the CM file.</i></p>	<p>Tag #1A08</p> <p>[]</p>	<p>[]</p>	<p>[]</p>	<p>[]</p>
<p>20) Physical Therapy Plan (Therapy Intervention Plan TIP)</p> <p>Date(s) of Plan: []</p> <p><i>Surveyor Instruction: Per the 2023 DDW Standards Appendix A Client File Matrix the CM is required to maintain a copy (if applicable) of the PT Therapy Documentation Form (TDF) which includes the Therapy Intervention Plan (TIP). If the individual receives PT services, you must ensure the plan is current for the ISP year and it is a plan developed by the PT provider listed on the Budget Worksheet. If the plan is current for the ISP this would be met. Note: the TIP will be found in the Therapy Documentation Form (TDF).</i></p>	<p>Tag #1A08</p> <p>[]</p>	<p>[]</p>	<p>[]</p>	<p>[]</p>
<p>21) Physical Therapy Initial Evaluation (as budgeted) or Re-Evaluation Report (annually)</p> <p>Date of Evaluation: []</p> <p><i>Surveyor Instruction: An Initial or targeted Therapy Evaluation Report is required when a new therapy service is initiated. If the Individual is new to therapy (within the year) surveyors will determine if an evaluation was completed within the required 30 calendar days of budget approval. If the individual receives on-going therapy services, Therapists are responsible for conducting an annual re-assessment and must be distributed no more than 45 days and no less than 14-calendar days prior to the annual IDT meeting. For this to be met, an initial evaluation or the re-evaluation must be completed and in the CM file.</i></p>	<p>Tag #1A08</p> <p>[]</p>	<p>[]</p>	<p>[]</p>	<p>[]</p>

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SERVICE SPECIFIC DOCUMENTATION

<p>22) Person Centered Assessment (CCS and/or CIES Individuals)</p> <p><i>Surveyor Instruction: Per the 2023 DDW Standards Appendix A Client File Matrix the CM is required to maintain a copy (if applicable) of the PCA. A new or updated PCA is required for all individuals receiving CCS and/or CIE services. The Provider Agency must ensure that the PCA is reviewed and updated with the most current information, annually. A more extensive update of a PCA must be completed every five years. For this to be met, persons receiving community inclusion (CCS / CIES) must have a current PCA.</i></p>	<p>Tag # 4C07.2</p> <p>Date: _____</p> <p>Annual Review: _____</p>	<p align="center"> </p>	<p align="center"> </p>	<p align="center"> </p>
<p>23) Living Care Arrangements (SL, FL, IMLS, CIHS): Semi-Annuals</p> <p><i>Surveyor Instruction: Per the 2023 DDW Standards Appendix A Client File Matrix the CM is required to maintain a copy of the Semi-Annual reports (current and prior ISP year for all services). The semi-annual report provides status updates to life circumstances, health, and progress toward ISP goals and/or goals related to professional and clinical services provided through the DD Waiver. This report is submitted to the CM for review and may guide actions taken by the person's IDT if necessary. The first semi-annual report will cover the time from the start of the person's ISP year until the end of the subsequent six-month period (180 calendar days) and is due ten calendar days after the period ends (190 calendar days). The second semi-annual report is integrated into the annual report or professional assessment/annual re-evaluation when applicable and is due 14 calendar days prior to the annual ISP meeting. For this to be MET the Case Management file must contain the current semi-annual <u>if due</u> or the semi-annuals for the previous ISP year.</i></p>	<p>Tag #4C15.1</p> <p>List time frames of reports not found and ISP year:</p> <p>_____</p>	<p align="center"> </p>	<p align="center"> </p>	<p align="center"> </p>

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<p>24) Community Inclusion (CCS): Semi-Annuals</p> <p><u>Surveyor Instruction:</u> Per the 2023 DDW Standards Appendix A Client File Matrix the CM is required to maintain a copy of the Semi-Annual reports (current and prior ISP year for all services). The semi-annual report provides status updates to life circumstances, health, and progress toward ISP goals and/or goals related to professional and clinical services provided through the DD Waiver. This report is submitted to the CM for review and may guide actions taken by the person's IDT if necessary. The first semi-annual report will cover the time from the start of the person's ISP year until the end of the subsequent six-month period (180 calendar days) and is due ten calendar days after the period ends (190 calendar days). The second semi-annual report is integrated into the annual report or professional assessment/annual re-evaluation when applicable and is due 14 calendar days prior to the annual ISP meeting. For this to be MET the Case Management file must contain the current semi-annual <u>if due or the semi-annuals for the previous ISP year.</u></p>	<p>Tag #4C15.1 List time frames of reports not found and ISP year:</p> <p>[]</p>	<p align="center"> </p>	<p align="center"> </p>	<p align="center"> </p>
<p>25) Community Inclusion (CIES): Semi-Annuals</p> <p><u>Surveyor Instruction:</u> Per the 2023 DDW Standards Appendix A Client File Matrix the CM is required to maintain a copy of the Semi-Annual reports (current and prior ISP year for all services). The semi-annual report provides status updates to life circumstances, health, and progress toward ISP goals and/or goals related to professional and clinical services provided through the DD Waiver. This report is submitted to the CM for review and may guide actions taken by the person's IDT if necessary. The first semi-annual report will cover the time from the start of the person's ISP year until the end of the subsequent six-month period (180 calendar days) and is due ten calendar days after the period ends (190 calendar days). The second semi-annual report is integrated into the annual report or professional assessment/annual re-evaluation when applicable and is due 14 calendar days prior to the annual ISP meeting. For this to be MET the Case Management file must contain the current semi-annual <u>if due or the semi-annuals for the previous ISP year.</u></p>	<p>Tag #4C15.1 List time frames of reports not found and ISP year:</p> <p>[]</p>	<p align="center"> </p>	<p align="center"> </p>	<p align="center"> </p>

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IDT / PERSON CENTERED PLANNING

<p>29) IDT Meeting Minutes (as applicable or when significant event occurred)</p> <p><i>Surveyor Instruction: Based on documents reviewed was a meeting required? (Refer to NMAC 7.26.5 for complete list of when IDT is required to convene). IDT meetings are required (in-person or via phone) when there is a significant life change; situations where an individual is at risk of significant harm (In this case the IDT shall convene within one working day); situations where it has been determined the individual is a victim of abuse, neglect or exploitation (substantiation by IMB). If no IDT's were needed this would be N/A. If an IDT meeting was required (based on items outlined in NMAC 7.26.5) and no documentation of a meeting is found, this would be not met.</i></p>	<p>Tag #4C12.1</p> <p>If was IDT was required to convene and did not, identify reason:</p> <p>[]</p>			
<p>30) While on-site, did Surveyors file ANE reports related to any suspected ANE or any other reportable incidents, which were found during the survey process or identify any reportable IR's not reported by the Agency?</p> <p><i>Surveyor Instruction: Surveyor to review 12 months of ANE reports. While conducting the on-site survey if you suspect any type of ANE you are required to report to DHI/IMB immediately. You are to document what was seen and heard in detail and take pictures if necessary. You are to notify the agency that you are filing an ANE report. You will utilize the IMB responsible and reporting provider reports to review 1 years' worth of ANE reports to determine if an ANE report was filed. This cannot be MET if an ANE is filed by the survey team.</i></p>	<p>Tag #1A27.2</p> <p>[]</p>			

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CASE MANAGEMENT MONITORING				
<p>31) Monthly Site Visit Forms (Face-to-Face)</p> <p><u>Surveyor Instruction:</u> <i>You are to review monthly site visit forms for a one-year period. You must document the date, time, and location of each visit (home or site) or if it is an IDT meeting. Case Management site visit must be completed and documented on the DDSD Therap template case note and submitted in Therap by the last day of the month in which the visit was completed.</i></p> <p><i>Monitoring and evaluation activities include the following requirements:</i></p> <ol style="list-style-type: none"> 1. <i>The CM is required to meet face-to-face with adult DD Waiver participants at least 12 times annually (one time per month) to bill for a monthly unit...</i> 4. <i>No more than one IDT Meeting per quarter may count as a face-to-face contact for adults living in the community.</i> 5. <i>Face-to-face visits must occur as follows:</i> <ol style="list-style-type: none"> a. <i>At least one face-to-face visit per quarter shall occur at the person's home.</i> b. <i>At least one face-to-face visit per quarter shall occur at the day program for people who receive CCS and or CIE in an agency operated facility.</i> <p><i>If there is not a monthly site visit form as required for each month or there is not evidence of Living Support and Day Service Visits occurring quarterly as required then this cannot be met and a potential CoP.</i></p>	<p>Tag #4C12 (CoP)</p> <p>Document date/time/type of visit (HV or SV):</p> <p>[]</p>			
<p>32) Case Manager Monthly Contact Notes</p> <p><u>Surveyor Instruction:</u> <i>Per the 2023 DDW Standards Appendix A Client File Matrix the CM is required to maintain Case Manager Contact Notes monthly, per activity. You are to review monthly contacts notes for a one-year period. Is there a note for each month? If there is not this cannot be met. Additionally, you are to use the review of these notes to determine if the CM is monitoring services as required, which would include but is not limited to contact with IDT, follow-up for healthcare, identified issues / concerns. If no follow-up is found for concerns or issues, cite and indicate where information was found and what was not followed-up on.</i></p>	<p>Tag #4C12 (CoP)</p> <p>[]</p>			

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Level of Care (Healthcare Coordination)				
<p>33) Level of Care (Annually)</p> <p><u>Surveyor Instruction:</u> <i>The CM ensures that an initial evaluation for the LOC is complete, and that all participants are reevaluated for a LOC at least annually. CMs are also responsible for completing assessments related to LOC determinations and for obtaining other assessments to inform the service planning process. The assessment tasks of the CM include, but are not limited to:</i></p> <ol style="list-style-type: none"> 1. <i>Completing, compiling, and/or obtaining the elements of the Long-Term Care Assessment Abstract packet to include:</i> <ol style="list-style-type: none"> a. <i>a Long-Term Care Assessment Abstract form (MAD 378);</i> b. <i>a current History and Physical;....</i> <p><i>This is MET if there is a current LOC in the case manager file . If this is not current or not found, this cannot be met and a potential CoP.</i></p>	<p><i>Tag #4C04 (CoP)</i></p> <p>DATE: []</p>	<p align="center"> </p>	<p align="center"> </p>	<p align="center"> </p>
<p>34) Annual Physical Exam</p> <p><u>Surveyor Instruction:</u> <i>The CM ensures that an initial evaluation for the LOC is complete, and that all participants are reevaluated for a LOC at least annually. CMs are also responsible for completing assessments related to LOC determinations and for obtaining other assessments to inform the service planning process. The assessment tasks of the CM include, but are not limited to:</i></p> <ol style="list-style-type: none"> 2. <i>Completing, compiling, and/or obtaining the elements of the Long-Term Care Assessment Abstract packet to include:</i> <ol style="list-style-type: none"> a. <i>a Long-Term Care Assessment Abstract form (MAD 378);</i> b. <i>a current History and Physical;....</i> <p><i>This is MET if there is a current Annual Physical in the case manager file. If this is not current or not found, this cannot be met and a potential CoP.</i></p>	<p><i>Tag #4C04 (CoP)</i></p> <p>Date of Annual Physical []</p> <p><i>Document what follow-up and / or recommendation is required:</i></p> <p>DATE:[]</p>	<p align="center"> </p>	<p align="center"> </p>	<p align="center"> </p>

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Documents Supporting Healthcare Coordination (Therap & Required Plans):				
<p>35) Electronic Comprehensive Health Assessment Tool (e-CHAT) Summary</p> <p>eCHAT Acuity Level: _____</p> <p><i>Surveyor Instruction: Per the 2023 DDW Standards Appendix A Client File Matrix the CM is required to maintain a copy of the e-CHAT summary page (Annually, and updated as needed). An e-CHAT is required for persons in SL, FL, IMLS, or CCS-Group. All other DD Waiver individuals may obtain an e-CHAT if needed or desired by adding ANS hours for assessment and consultation to their budget. The e-CHAT Summary contains all the required and to be considered HCPs. Additionally, the narrative section of the e-CHAT Summary Report may be used to note any desired additional information related to care planning, and may be used to document when persons, or guardians, who reside with biological Family Living providers opt out of Ongoing Adult Nursing Services. These notes will indicate in the eCHAT the reason why the nurse did not proceed with plans that are required or were to be considered based on the e-CHAT. For this to be met, there must be a current e-CHAT summary in the case manager file or available for viewing in Therap.</i></p>	<p>Tag #1A15.2 (CoP) List required "R" HCP plans: []</p>			
<p>36) Aspiration Risk Screening Tool (ARST)</p> <p>Date of ARST: []</p> <p>Risk level: []</p> <p><i>Surveyor Instruction: Per the 2023 DDW Standards Appendix A Client File Matrix the CM is required to maintain a copy of the ARST (updated as required by standards). This is required for persons in SL, FL, IMLS, CCS-Group. Aspiration Risk Management (ARM) is a disease management program for minimizing the risk of aspiration and aspiration pneumonia in adults (21yrs. and older) and young adults (18-20 years old). Individuals at risk for aspiration are those determined to be at moderate or high risk by nurses using the DDSD Aspiration Risk Screening Tool (ARST). ARM screening is required for all adults and young adults on the DD Waiver who receive FL, SL, IMLS and CCS-Group. When the person is determined to have a low risk for aspiration the ARST is to be completed annually. For this to be met a current ARST must be present.</i></p>	<p>Tag #1A15.2 (CoP) []</p>			

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Standard of Care	Surveyor Notes	MET	NOT MET	NA
<p>37) Comprehensive Aspiration Risk Management Plan (CARMP)</p> <p>Date of CARMP: <input type="text"/></p> <p><i>Surveyor Instruction: Per the 2023 DDW Standards Appendix A Client File Matrix the CM is required to maintain a copy of the CARMP (updated Annually and per the standards). After the ARST is completed, the CARMP is developed. After the CARMP is developed the CM presents it to the person and guardian. The CARMP may be accepted entirely. Parts of the CARMP may be edited or the entire CARMP may be deferred by using the Decision Consultation Process (DCP). For this to be met, there must be a current CARMP or if CARMP is declined there must be a Decision Consultation Form.</i></p>	<p>Tag #1A15.2 (CoP)</p> <p><input type="text"/></p>			
<p>38) Health Care Plans (HCP)</p> <p><i>Surveyor Instruction: Per the 2023 DDW Standards Appendix A Client File Matrix the CM is required to maintain a copy of the Healthcare Plans (HCPs) (updated Annually and per the standards). Review required HCP listed in the eCHAT summary and IST section of the ISP. Surveyors must review required HCPs and determine if all required plans are in place and current. The Comprehensive Aspiration Risk Management Plan (CARMP) is the HCP for aspiration, oral hygiene, tube feeding, etc. At the nurse's sole discretion, based on prudent nursing practice, HCPs may be combined where clinically appropriate. For this to be met, there must be current HCPs in place as required by the e-CHAT and / or IST section of the ISP.</i></p>	<p>Tag #1A15.2 (CoP)</p> <p><input type="text"/></p>			
<p>Healthcare Documentation and Follow-up: Case Manager is not required to have the actual exam/evaluation (unless it is specifically called for in the client file matrix). Monitoring of this may be found in monthly case notes or site visit forms. Include date completed; what document indicated it was required.</p>				
<p>39) Nutritional Evaluation (Annually and as needed)</p> <p><i>Surveyor Instruction: The CM is required to complete a formal, ongoing monitoring process to evaluate the quality, effectiveness, and appropriateness of services and supports provided to the person as specified in the ISP. The CM is also responsible for monitoring the health and safety of the person. When applicable to the individual the Case Management file must contain a copy of the Nutritional eval. This cannot be met, and is a potential CoP, if there is no evidence of the evaluation or the Decision Consultation Form when there is a decision not to complete.</i></p>	<p>Tag #1A08.2 (CoP)</p> <p>Date of Eval: <input type="text"/></p>			

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Standard of Care	Surveyor Notes	MET	NOT MET	NA
<p>40) Recommended or Required Exam / Evaluation: (As required in the ISP Assessment Checklist or Other Documentation):</p> <p>Name of Exam / Evaluation: [] Date: []</p> <p><i>Surveyor Instruction: The CM is required to complete a formal, ongoing monitoring process to evaluate the quality, effectiveness, and appropriateness of services and supports provided to the person as specified in the ISP. The CM is also responsible for monitoring the health, safety and abuse free environment of the person. The CM must use all available data sources to monitor for trends and issues and to determine appropriate follow up action....The CM is not required to keep a hardcopy or electronic copy of the exam(s) or evaluation(s) in the CM file unless required in the DDW Standards Appendix A Client File Matrix, however the CM must maintain monitoring evidence in notes and / or site visit forms. When an exam or eval is required or recommended, the surveyor must document the name of the exam or eval, where it was found and determine if it was completed or if follow-up is needed. This cannot be met, and is a potential CoP, if there is no documented evidence of exam / eval being completed or the Decision Consultation Form when there is a decision not to complete.</i></p>	<p>Tag #1A08.2 (CoP) Recommendation or follow-up required: []</p> <p>Was follow-up or recommendation completed? [] If, not was Decision Consultation Form (Medical) completed? []</p>	<p align="center"> </p>	<p align="center"> </p>	<p align="center"> </p>
<p>41) Recommended or Required Exam / Evaluation: (As required in the ISP Assessment Checklist or Other Documentation):</p> <p>Name of Exam / Evaluation: [] Date: []</p> <p><i>Surveyor Instruction: The CM is required to complete a formal, ongoing monitoring process to evaluate the quality, effectiveness, and appropriateness of services and supports provided to the person as specified in the ISP. The CM is also responsible for monitoring the health, safety and abuse free environment of the person. The CM must use all available data sources to monitor for trends and issues and to determine appropriate follow up action....The CM is not required to keep a hardcopy or electronic copy of the exam(s) or evaluation(s) in the CM file unless required in the DDW Standards Appendix A Client File Matrix, however the CM must maintain monitoring evidence in notes and / or site visit forms. When an exam or eval is required or recommended, the surveyor must document the name of the exam or eval, where it was found and determine if it was completed or if follow-up is needed. This cannot be met, and is a potential CoP, if there is no documented evidence of exam / eval being completed or the Decision Consultation Form when there is a decision not to complete.</i></p>	<p>Tag #1A08.2 (CoP) Recommendation or follow-up required: []</p> <p>Was follow-up or recommendation completed? [] If, not was Decision Consultation Form (Medical) completed? []</p>	<p align="center"> </p>	<p align="center"> </p>	<p align="center"> </p>

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Standard of Care	Surveyor Notes	MET	NOT MET	NA
<p>42) Recommended or Required Exam / Evaluation: <i>(As required in the ISP Assessment Checklist or Other Documentation):</i></p> <p>Name of Exam / Evaluation: [] Date: []</p> <p><i>Surveyor Instruction: The CM is required to complete a formal, ongoing monitoring process to evaluate the quality, effectiveness, and appropriateness of services and supports provided to the person as specified in the ISP. The CM is also responsible for monitoring the health, safety and abuse free environment of the person. The CM must use all available data sources to monitor for trends and issues and to determine appropriate follow up action....The CM is not required to keep a hardcopy or electronic copy of the exam(s) or evaluation(s) in the CM file unless required in the DDW Standards Appendix A Client File Matrix, however the CM must maintain monitoring evidence in notes and / or site visit forms. When an exam or eval is required or recommended, the surveyor must document the name of the exam or eval, where it was found and determine if it was completed or if follow-up is needed. This cannot be met, and is a potential CoP, if there is no documented evidence of exam / eval being completed or the Decision Consultation Form when there is a decision not to complete.</i></p>	<p>Tag #1A08.2 (CoP) Recommendation or follow-up required: []</p> <p>Was follow-up or recommendation completed? [] If, not was Decision Consultation Form (Medical) completed? []</p>	<p align="center"> </p>	<p align="center"> </p>	<p align="center"> </p>
<p>43) Recommended or Required Exam / Evaluation: <i>(As required in the ISP Assessment Checklist or Other Documentation):</i></p> <p>Name of Exam / Evaluation: [] Date: []</p> <p><i>Surveyor Instruction: The CM is required to complete a formal, ongoing monitoring process to evaluate the quality, effectiveness, and appropriateness of services and supports provided to the person as specified in the ISP. The CM is also responsible for monitoring the health, safety and abuse free environment of the person. The CM must use all available data sources to monitor for trends and issues and to determine appropriate follow up action....The CM is not required to keep a hardcopy or electronic copy of the exam(s) or evaluation(s) in the CM file unless required in the DDW Standards Appendix A Client File Matrix, however the CM must maintain monitoring evidence in notes and / or site visit forms. When an exam or eval is required or recommended, the surveyor must document the name of the exam or eval, where it was found and determine if it was completed or if follow-up is needed. This cannot be met, and is a potential CoP, if there is no documented evidence of exam / eval being completed or the Decision Consultation Form when there is a decision not to complete.</i></p>	<p>Tag #1A08.2 (CoP) Recommendation or follow-up required: []</p> <p>Was follow-up or recommendation completed? [] If, not was Decision Consultation Form (Medical) completed? []</p>	<p align="center"> </p>	<p align="center"> </p>	<p align="center"> </p>

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Standard of Care	Surveyor Notes	MET	NOT MET	NA
<p>44) Recommended or Required Exam / Evaluation: (As required in the ISP Assessment Checklist or Other Documentation):</p> <p>Name of Exam / Evaluation: [] Date: []</p> <p><i>Surveyor Instruction: The CM is required to complete a formal, ongoing monitoring process to evaluate the quality, effectiveness, and appropriateness of services and supports provided to the person as specified in the ISP. The CM is also responsible for monitoring the health, safety and abuse free environment of the person. The CM must use all available data sources to monitor for trends and issues and to determine appropriate follow up action....The CM is not required to keep a hardcopy or electronic copy of the exam(s) or evaluation(s) in the CM file unless required in the DDW Standards Appendix A Client File Matrix, however the CM must maintain monitoring evidence in notes and / or site visit forms. When an exam or eval is required or recommended, the surveyor must document the name of the exam or eval, where it was found and determine if it was completed or if follow-up is needed. This cannot be met, and is a potential CoP, if there is no documented evidence of exam / eval being completed or the Decision Consultation Form when there is a decision not to complete.</i></p>	<p>Tag #1A08.2 (CoP) Recommendation or follow-up required: []</p> <p>Was follow-up or recommendation completed? [] If, not was Decision Consultation Form (Medical) completed? []</p>	<p align="center"> </p>	<p align="center"> </p>	<p align="center"> </p>
<p>45) Recommended or Required Exam / Evaluation: (As required in the ISP Assessment Checklist or Other Documentation):</p> <p>Name of Exam / Evaluation: [] Date: []</p> <p><i>Surveyor Instruction: The CM is required to complete a formal, ongoing monitoring process to evaluate the quality, effectiveness, and appropriateness of services and supports provided to the person as specified in the ISP. The CM is also responsible for monitoring the health, safety and abuse free environment of the person. The CM must use all available data sources to monitor for trends and issues and to determine appropriate follow up action....The CM is not required to keep a hardcopy or electronic copy of the exam(s) or evaluation(s) in the CM file unless required in the DDW Standards Appendix A Client File Matrix, however the CM must maintain monitoring evidence in notes and / or site visit forms. When an exam or eval is required or recommended, the surveyor must document the name of the exam or eval, where it was found and determine if it was completed or if follow-up is needed. This cannot be met, and is a potential CoP, if there is no documented evidence of exam / eval being completed or the Decision Consultation Form when there is a decision not to complete.</i></p>	<p>Tag #1A08.2 (CoP) Recommendation or follow-up required: []</p> <p>Was follow-up or recommendation completed? [] If, not was Decision Consultation Form (Medical) completed? []</p>	<p align="center"> </p>	<p align="center"> </p>	<p align="center"> </p>

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Standard of Care	Surveyor Notes	MET	NOT MET	NA
<p>46) Recommended or Required Exam / Evaluation: <i>(As required in the ISP Assessment Checklist or Other Documentation):</i></p> <p>Name of Exam / Evaluation: []</p> <p>Date: []</p> <p><u>Surveyor Instruction:</u> <i>The CM is required to complete a formal, ongoing monitoring process to evaluate the quality, effectiveness, and appropriateness of services and supports provided to the person as specified in the ISP. The CM is also responsible for monitoring the health, safety and abuse free environment of the person. The CM must use all available data sources to monitor for trends and issues and to determine appropriate follow up action....The CM is not required to keep a hardcopy or electronic copy of the exam(s) or evaluation(s) in the CM file unless required in the DDW Standards Appendix A Client File Matrix, however the CM must maintain monitoring evidence in notes and / or site visit forms. When an exam or eval is required or recommended, the surveyor must document the name of the exam or eval, where it was found and determine if it was completed or if follow-up is needed. This cannot be met, and is a potential CoP, if there is no documented evidence of exam / eval being completed or the Decision Consultation Form when there is a decision not to complete.</i></p>	<p><i>Tag #1A08.2 (CoP)</i></p> <p>Recommendation or follow-up required:</p> <p>[]</p> <p><i>Was follow-up or recommendation completed?</i> []</p> <p><i>If, not was Decision Consultation Form (Medical) completed?</i> []</p>	<p align="center"> </p>	<p align="center"> </p>	<p align="center"> </p>