

**New Mexico DOH / DHI / QMB Case Manager Interview – Job Knowledge Interview Survey Tool**

Standard of Care	Surveyor Notes	MET	NOT MET	NA
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<b>Agency/Region:</b>	<b>Service: DD Waiver Case Management</b>
<b>Surveyor:</b>	<b>Date/Time:</b>
<b>Case Manager Interviewed / title (Identifier):</b>	<b>Interview Format:</b> <input type="checkbox"/> Telephone <input type="checkbox"/> In-Person
<b>Years of DDW Case Mgt:</b>	<b>What Individuals is the CM being interviewed for (document initials):</b>

*Surveyor Instruction: During the interview you must directly quote what is said by the CM and document it in the surveyor notes.*

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**GENERAL**

<p><b>1) What is the Agency’s process to ensure coverage when you take leave for the Individuals you serve?</b></p> <p><i>Surveyor Instruction: The Case Management Provider Agency must ensure a colleague or supervisor performs essential duties during the CM’s absence, including mandated face-to-face visits. For this to be met, the CM must explain the process. If not met, you must indicate why it was not met.</i></p>	<p>Tag #4C19</p>			
<p><b>2) What is your Agency’s system to ensure timelines are met for meeting Eligibility requirements?</b></p> <p><i>** Only ask question if Case Mgr. has been employed less than 1 year or issues were identified from DDSD.</i></p> <p><i>Surveyor Instruction: Case Management Provider Agencies shall have an established system for tracking key steps and timelines in establishing medical eligibility... for this to be met the CM must describe the agency’s tracking process. For further information the reference chapter 8 of DDW 2023 standards. The CM may refer to the agency’s process. This cannot be met and a potential CoP if they cannot describe process or does not know where to reference the process.</i></p>	<p>Tag #1A22.1 / 4C02.1 (CoP)</p>			

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<p><b>3) What is your Agency's system to ensure timelines are met for Budget approval?</b></p> <p><i>** Only ask question if Case Mgr. has been employed less than 1 year or issues were identified from DDSD.</i></p> <p><u>Surveyor Instruction:</u> Case Management Provider Agencies shall have an established system for tracking key steps and timelines in establishing medical eligibility... for this to be met the CM must describe the agency's tracking process. For further information the reference chapter 8 of DDW 2023 standards. The CM may refer to the agency's process. This cannot be met and a potential CoP if they cannot describe process or does not know where to reference the process.</p>	<p>Tag #1A22.1 / 4C02.1 (CoP)</p>			
<b>Interdisciplinary Team Process (IDT)</b>				
<p><b>4) How do you ensure the Individual and their guardian (if applicable) are involved in developing their ISP?</b></p> <p><u>Surveyor Instruction:</u> The CMS requires a person-centered service plan for every person receiving HCBS. The DD Waiver's person-centered service plan is the ISP. The CM is required to meet with the person and guardian prior to the ISP meeting to review current assessment information, prepare for the meeting, create a plan to facilitate or co-facilitate the meeting if the person wishes, and to facilitate greater informed participation; during the discussions - with the guardian it is important the CM ask the guardian to communicate any medical, behavioral or psychiatric information as part of an individual's routine medical or psychiatric care. 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. For this to be met the CM must describe how the individual / guardian were involved in the ISP development.</p>	<p>Tag #1A22 / 4C02 (CoP)</p>			

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<p><b>5) What do you do when an Individual has a significant life change? (such as the death of a loved one; transition to a new agency, or a substantiated ANE etc.)</b></p> <p><i><b>Surveyor Instruction:</b> The Case Manager shall convene the IDT to discuss and modify the ISP, as needed, to address a significant life change, including a change in medical condition or medication that affects the individual's behavior or emotional state; situations where an individual is at risk of significant harm. In this case the team shall convene within one working day, in person or by teleconference; if necessary, the ISP shall be modified accordingly within seventy-two (72) hours; situations where it has been determined the individual is a victim of abuse, neglect or exploitation...see NMAC 7.26.5.12.9 for complete list. The Case manager response must include that they convened a meeting in person, via phone, email, etc. within required time frame for this to be met. If they do not state convene an IDT meeting this would be not met and a potential CoP.</i></p>	<p>Tag #1A22.1 / 4C02.1 (CoP)</p>			
<p><b>6) How do you ensure and monitor a Meaningful Day for individuals in CCS?</b></p> <p><i><b>Surveyor Instruction:</b> A primary role of the CM is to facilitate self-advocacy and advocate on behalf of the person, which includes, but is not limited to... Ensuring that a discussion on individualized Meaningful Day activities occurs in the ISP meeting and is reflected in the ISP. For this to be met, the case manager would need discuss how they ensure this and where it is documented.</i></p>	<p>Tag #1A22.1 / 4C02.1 (CoP)</p>			
<b>Service Monitoring</b>				
<p><b>7) How do you monitor the Implementation of the ISP?</b></p> <p><i><b>Surveyor Instruction:</b> The CM is responsible for monitoring implementation of the ISP by conducting visits, review of documentation, calls, emails, etc. from IDT members. For this to be met the Case Manager must be able to discuss site visits and documentation review. If the CM does not visit (as required), review documents or follow-up as required this cannot be met and would be a potential CoP.</i></p>	<p>Tag #1A22.1 / 4C02.1 (CoP)</p>			

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<p><b>8) How do you monitor the Individual's Health and Safety including their Healthcare / Medical / Therapy Services?</b></p> <p><i><b>Surveyor Instruction:</b> The CM is also responsible for monitoring the health, safety and abuse free environment of the person by conducting visits, reviewing documentation, calls, emails, etc. from IDT members, as well as conducting an online review in the Therap system to ensure that the e-CHAT and Health Passport are current: quarterly and after each hospitalization or major health event. The CM must monitor at least quarterly: a. That all applicable current HCPs (including applicable CARMP), , Health Passport, PBSP or other applicable behavioral plans...; b. The content of each plan is to be reviewed for accuracy and discrepancies; c. That applicable BCIPs are in place in the residence and at the day services location(s) for those who have chronic medical condition(s) with potential for life threatening complications, or for individuals with behavioral challenge(s) that pose a potential for harm to themselves or others. The BCIPs are determined by the critical behavioral needs as assessed by the BSC in collaboration with the IDT; d. A printed copy of Current Health Passport is required to be at all service delivery sites.</i></p> <p><i>For this to be met the Case Manager must be able to discuss how visits and documentation review is conducted and what is done when they identify concerns or lack of follow-up. If the CM cannot discuss how visits and documentation is reviewed this cannot be met and would be a potential CoP.</i></p>	<p>Tag #1A22.1 / 4C02.1 (CoP)</p>			
<p><b>9) How do you monitor the Living and Inclusion Services are being provided to the Individual, as required?</b></p> <p><i><b>Surveyor Instruction:</b> The CM is responsible for monitoring by conducting visits, reviewing documentation, calls, emails, etc from IDT members. For this to be met the Case Manager must be able to discuss how visits and documentation reviews are conducted and what is done when they find follow-up which needs to be completed. If the CM does not visit (as required), review documents or follow-up as required this cannot be met and would be a potential CoP.</i></p>	<p>Tag #1A22.1 / 4C02.1 (CoP)</p>			

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<p><b>10) What steps do you take when you <u>identify an issue or concern</u> regarding an Individual's health and safety / healthcare needs?</b></p> <p><i><b>Surveyor Instruction:</b> If there are concerns regarding the health or safety of the person during monitoring or assessment activities, the CM immediately notifies appropriate supervisory personnel within the DD Waiver Provider Agency and documents the concern. In situations where the concern is not urgent, the DD Waiver Provider Agency is allowed up to 15 business days to remediate or develop an acceptable plan of remediation. If the CMs reported concerns are not remedied by the Provider Agency within a reasonable, mutually agreed upon period of time, the CM shall use the RORA process. If CM does not report that they immediately notify appropriate supervisory personnel within the DD Waiver Provider Agency and documents the concern this cannot be met and would be a potential CoP.</i></p>	<p>Tag #1A22.1 / 4C02.1 (CoP)</p>			
<p><b>11) What steps do you take when the provider agency <u>does not resolve the issue or does not provide you with the needed documents</u> (i.e. appointment results, etc.)?</b></p> <p><i><b>Surveyor Instruction:</b> If the CMs reported concerns are not remedied by the Provider Agency within a reasonable, mutually agreed upon period of time, the CM shall use the RORA process detailed in the 2023 DDW Standards Chapter 19: Provider Reporting Requirements. If the CM's reported concerns are not acknowledged by the Provider Agency or through the RORA process within 5 business days, the CM shall contact the Statewide Case Management Coordinator. For this to be met the Case Manager must be able to discuss steps taken, up to and including DDSD involvement.</i></p>	<p>Tag #1A22.1 / 4C02.1 (CoP)</p>			
<p><b>12) How do you monitor GER reported in Therap for Individuals you serve?</b></p> <p><i><b>Surveyor Instruction:</b> The CM must use all available data sources to monitor for trends and issues and to determine appropriate follow up action, including prior monthly site visit forms, annual QMB Surveys, GER in Therap, DDSD quality assurance (QA) activities including ISP QA, and any other data provided by DOH. For this to be met the CM must be able to describe their process for monitoring GER.</i></p>	<p>Tag #1A43.2</p>			

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<p><b>13) How do you monitor an Individual's Utilization of Services (Is the Individual using the services identified in the budget)?</b></p> <p><i><b>Surveyor Instruction:</b> The CM must monitor utilization of budgets by reviewing in the Medicaid Web Portal monthly in preparation for site visits. The CM uses the information to have informed discussions with the person/guardian about high or low utilization and to follow up with any action that may be needed to assure services are provided as outlined in the ISP... For this to be met the Case Manager must discuss they review the Medicaid Portal for utilization of services.</i></p>	<p>Tag #4C01.1</p>			
<p><b>14) What steps do you take when the Individual is not utilizing the services identified in the budget or is not able to access the services? Who do you contact?</b></p> <p><i><b>Surveyor Instruction:</b> The CM must monitor utilization of budgets by reviewing in the Medicaid Web Portal monthly in preparation for site visits. The CM uses the information to have informed discussions with the person/guardian about high or low utilization and to follow up with any action that may be needed to assure services are provided as outlined in the ISP with respect to: quantity, frequency and duration. Follow up action may include, but not be limited to:</i></p> <ul style="list-style-type: none"> <li><i>a. documenting extraordinary circumstances;</i></li> <li><i>b. convening the IDT to submit a revision to the ISP and budget as necessary;</i></li> <li><i>c. working with the provider to align service provision with ISP and using the RORA process if there is no resolution from the provider; and</i></li> <li><i>d. reviewing the SFOC process with the person and guardian, if applicable.</i></li> </ul> <p><i>For this to be met the Case Manager must be aware of how to monitor utilization of services on the budget and be able to discuss the RORA process when issues are around accessing services.</i></p>	<p>Tag #4C01.1</p>			

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<b>ANE Requirements</b>				
<p><b>15) What State agency do you report to if you suspect Abuse, Neglect and/or Exploitation?</b></p> <p><i>Surveyor Instruction: CM must be able to identify DHI or APS as the agency where ANE is reported. If they do not know the name of the State agency, they can also show the surveyor the ANE card, poster, or another document which contains the 1-866-654-3219, including their cell phone. This will be met, if they can identify DHI or APS or show the 1-866 #.</i></p>	<p>Tag #1A22.1 / 4C02.1 (CoP)</p>			
<p><b>16) Can you give one example of each of the following,?</b></p> <p><input type="checkbox"/>Abuse  <input type="checkbox"/>Neglect  <input type="checkbox"/>Exploitation</p> <p><i>Surveyor Instruction: CM only need to give one example of each for this to be met. If CM is unable to give an example of each this cannot be met.</i></p>	<p>Tag #1A22.1 / 4C02.1 (CoP)</p>			
<p><b>17) NEW: Do you receive a copy of the Immediate Action and Safety Plans (IASP) from the DD Waiver Provider Agency when there is any alleged Abuse, Neglect or Exploitation?</b></p> <p><b>What is your role as the Case Manager regarding the Immediate Action and Safety Plans (IASP)?</b></p> <p><i>Surveyor Instruction: CM must be able to describe that they are required to receive copies from the provider agency and the CM will distribute to the IDT. This cannot be met if the agency does not know their role in the IASP process.</i></p>	<p>Tag #1A27.0</p>			

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<p><b>18) What steps are you required to take if there is a substantiated allegation of ANE?</b></p> <p><i>Surveyor Instruction: In situations where DHI substantiates the ANE report, the CM must:</i></p> <ul style="list-style-type: none"> <li>a. Convene the DD Waiver participant's IDT to review the DHI findings detailed in the DHI issued Decision Letter: Substantiated;</li> <li>b. Modify the person's ISP, if necessary, to address any concerns identified in the investigation; and</li> <li>c. Submit the IDT meeting minutes with a signature page to DHI within 10 business days of receiving the Decision Letter.                             <ul style="list-style-type: none"> <li>i. The IDT meeting minutes must address all the concerns identified in the IMB Decision letter.</li> <li>ii. If the IDT already met and addressed all the concerns identified in the letter, there is no need to hold another meeting. If the IDT meeting did not address all concerns identified, then the CM may need to hold another IDT meeting.</li> </ul> </li> </ul> <p><i>For this to be met the CM must be able to describe the steps taken.</i></p>	<p>Tag #1A28.4</p>			
<p><b>19) Additional Notes:</b></p>				