

New Mexico DOH / DHI / QMB Supports Waiver: CSC Participant Record Review Survey Tool

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

Surveyor: _____ **Date/Time:** _____

Participant Name and Identifier:

Agency Based **Self-Directed**

Standard of Care Questions	(Tag #) Surveyor Notes / Deficiency Description	MET	NOT MET	NA
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REQUIRED DOCUMENTS:				
<p>1) Is there a document which verifies an Individual can act as a Power of Attorney (POA), guardian, or legal representative for the Participant?</p> <p><i><u>Surveyor Instruction:</u> The CSC provider shall maintain HIPAA compliant primary records for each participant including, but not limited to: Copy of legal guardianship or representative papers and other pertinent legal designations, such as a Power of Attorney. For this to be met, there must be a document indicating POA or Guardianship in the file, if applicable.</i></p>	<p>Tag # SWP01</p> <p>List Name of Guardian, Power of Attorney (POA), authorized representative and/or personal representative:</p> <p>_____</p>			
<p>2) Is the Participant listed as their own EOR? If yes, verify that the Participant does not have a court appointed guardian or they are not a minor. (Participant - directed service models only)</p> <p><i><u>Surveyor Instruction:</u> The Employer of Record (EOR) is the director of goods and service vendors and the employer of directly hired employees. An eligible recipient may be their own EOR unless the eligible recipient is a minor or has a plenary or limited guardianship or conservatorship over financial matters in place. If the participant is not their own EOR, the EOR must be a legal representative of the recipient. For this to be met there must be an established EOR, if the participant is not their own EOR.</i></p>	<p>Tag # SWP01</p>			

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<p>3) Is there a completed Employer of Record (EOR) Questionnaire? (Participant - directed service models only)</p> <p><i>Surveyor Instruction: The CSC provider shall maintain HIPAA compliant primary records for each participant including, but not limited to: discussion of the Employer of Record (EOR) identification of an EOR and completion of the EOR information form. If an EOR is identified, for this to be met there must be a completed EOR questionnaire for the current EOR serving the participant in the EOR role.</i></p>	<p>Tag # SWP01</p> <p>Date: _____</p>			
<p>4) Is there a Primary Freedom of Choice (PFOC), on file showing that the Participant has selected this agency as their Community Support Coordination Agency?</p> <p><i>Surveyor Instruction: The CSC provider shall maintain HIPAA compliant primary records for each participant including: Primary Freedom of Choice form (PFOC) or Community Support Coordinator Agency Change Form (CAC) and or the Waiver Change Form (WCF) as applicable. For this to be met, the file must contain a PFOC, CAC or WCF for the Participant.</i></p>	<p>Tag # SWP03</p> <p>PFOC Signed Date: _____</p> <p>CSC Agency Change Form Signed Date: _____</p> <p>WCF Agency Change Form Signed Date: _____</p> <p>Date PFOC Received by Agency: _____</p>			
<p>5) Secondary Freedom of Choice (SFOC) (For Agency Based Service Delivery Model)</p> <p><i>Surveyor Instruction: In the agency-based service delivery model, the participant works with their selected Circle of Support to identify services through the person-centered planning process. Agency-based services are provided by a qualified provider agency with an approved agreement to provide supports waiver services. Participants have the right to choose any qualified provider of any other Support Waiver service listed on SFOC form. This document must be maintained in the CSC agency file. The CSC Agency must have SFOC for each service listed on the individual's budget. Refer to services and agencies documented on the budget and determine if the CSC file contains SFOC forms for all services the person has.</i></p> <p><i>For this to be met the SFOC must be signed by guardian or participant if self-guardian and for agency / services listed in the Budget.</i></p> <p><i>Surveyor you must document the total # of SFOCs as indicated by the budget and how many were found.</i></p>	<p>Tag # SWP04</p> <p>SFOC must match service and agency on budget. List service and agency:</p> <ul style="list-style-type: none"> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <p>Total # of SFOCs required per budget:</p> <p>Total # of SFOCs found:</p>			

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<p>6) Is there evidence that the SW Service Model Form was completed?</p> <p><i>Surveyor Instruction: The CSC provider shall maintain HIPAA compliant primary records for each participant including: the Support Waiver Service Model Form. For this to be met, there must be a Service Model Selection Form signed by the participant and/or legal representative.</i></p>	<p>Tag #SWP06</p> <p>Service model chosen: _____</p> <p>Signed by: _____</p> <p>Date: _____</p>			
LOC / ASSESSMENTS				
<p>7) Is there a Long-Term Care Assessment on file (annually)?</p> <p><i>Surveyor Instruction: The CSC provider shall maintain HIPAA compliant primary records for each participant including: The Approved Long-Term Care Assessment Abstract with level of care determination. For this to be met, there must be a current LOC in the file.</i></p>	<p>Tag # SWP08</p> <p>Date: _____</p> <p>Term: _____</p>			
BUDGET				
<p>8) Is there a budget on file? If not received, is there documentation that the agency contacted the TPA?</p> <p><i>Surveyor Instruction: The CSC provider shall maintain HIPAA compliant primary records for each participant including, but not limited to: Current budgets. This form should accompany the approved abstract and comes from TPA. If not in file, it could be that this information is now available to the CSC Agency in the FMA portal. The FMA Portal is a web-based system that is used by participants and CSCs to develop and submit ISP/budgets for TPA review. For this to be met there must be a current budget on file.</i></p>	<p>Tag #SWP07</p>			
<p>9) Did the CSC submit participant’s ISP, goals, and budget online for TPA review at no later than thirty (30) days prior to the end of the current ISP / budget year for <u>on-going participants</u>?</p> <p><i>Surveyor Instruction: CSC services and supports are delivered in accordance with the participant’s identified needs. Based upon those needs, the CSC shall ensure the completion and submission of the annual ISP to the Third-Party Assessor (TPA) at least thirty (30) days prior to the expiration of the plan so that sufficient time is afforded for TPA review. For this to be met, the ISP and budget must have been submitted at least 30 calendar days prior to expiration.</i></p>	<p>Tag # SWP07</p> <p>Date: _____</p>			

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<p>10) Did the CSC submit participant's ISP and budget online for TPA review to assure an approved plan is in place within 90 days of COE approval for <u>new allocations</u>?</p> <p><i>This is for participants who are in their first year of service otherwise mark NA.</i></p> <p><u>Surveyor Instruction:</u> CSC services and supports are delivered in accordance with the participant's identified needs. Initial ISP / budget requests should be completed and submitted so that the ISP/budget is in effect within ninety (90) calendar days of eligibility determination (COE). Any CSC who is assisting a participant who has not established Medicaid eligibility in 90 days will need to receive an extension from DDS prior to the expiration of the 90 days. ISP and Budget will be submitted through JIVA for agency based and FOCoS for self-directed service models. For this to be met the ISP and budget must be submitted within 90 days or there is a DDS exception on file.</p>	<p>Tag # SWP07</p> <p>Submission Date: _____</p> <p>COE Approval: _____</p>			
PARTICIPANT INDIVIDUAL SERVICE PLAN (ISP)				
<p>11) Does the Participant have a current ISP?</p> <p><u>Surveyor Instruction:</u> The CSC provider shall maintain HIPAA compliant primary records for each participant including: Current and historical ISPs and budgets. For this to be met, there must be a current ISP.</p>	<p>Tag # SWP09</p> <p>Date: _____</p>			
<p>12) Does the ISP contain a completed backup plan section with all mandatory elements as applicable?</p> <p><u>Surveyor Instruction:</u> This section lists who the participant will contact in an emergency or if regularly scheduled employees or service providers are unable to report to work. The Emergency Back-Up Plan is mandatory and must be completed in the ISP. The individuals or agencies who provide back-up services if regularly scheduled employees who are not available are responsible for ensuring continuity of services and providing care while new employees are being on-boarded. An agency who is providing services is required to be listed on the emergency back-up plan and to provide back-up employees. For this to be met there must be an emergency back-up plan in the ISP.</p>	<p>Tag # SWP09</p>			

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NEW ALLOCATIONS / WAIVER CHANGES

<p>13) Did this Community Support Coordinator Agency contact with the new Supports Waiver Participant within five (5) working days of the receipt of the Primary Freedom of Choice or CSC Agency Change Form to schedule an orientation/enrollment meeting?</p> <p><i>This will be N/A if at agency longer than a year.</i></p> <p><u>Surveyor Instruction:</u> <i>CSC pre-eligibility / enrollment services are delivered in accordance with the individual's identified needs. Based upon those needs, the CSC provider selected by the individual shall: Assign a CSC and contact the individual within five (5) working days after receiving the PFOC to schedule an initial orientation and enrollment meeting. This may be documented in CSC notes. For this to be met, the orientation / enrollment meeting needs to be scheduled within 5 working days.</i></p>	<p><i>Tag # SWP03.1</i></p> <p>Date agency received PFOC: _____</p> <p>Date of initial contact: _____</p> <p>Date orientation / enrollment meeting was scheduled: _____</p>			
<p>14) Did the assigned CSC conduct the waiver enrollment meeting within 30 days of the PFOC being received?</p> <p><i>This will be N/A if at agency longer than a year.</i></p> <p><u>Surveyor Instruction:</u> <i>The actual enrollment meeting should be conducted within thirty (30) days of receiving the PFOC. For this to be met, there must be evidence the meeting was conducted within 30 days of receipt PFOC.</i></p>	<p><i>Tag # SWP03.1</i></p> <p>Date of PFOC: _____</p> <p>Initial Meeting Date: _____</p>			

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CSC MONITORING

<p>15) Is there documentation demonstrating that mandatory quarterly face to face visits, and monthly contacts (phone or face to face) are being provided to this participant? (At least 2 visits per plan year must be in the participant’s residence.)</p> <p>No. of quarterly visits = No. of face-to-face visits = No. of monthly contacts =</p> <p><i>Surveyor Instruction: The CSC provider shall maintain HIPAA compliant primary records for each participant including, but not limited to: Contact log that documents all communication with the participant; Community Support Coordinator providers contact the participant at least monthly to discuss items identified on the Supports Waiver contact form. This contact can either be face to face or by telephone. Contact may be more frequent as identified in the ISP or as requested by the participant. CSC providers shall meet in person with the participant at a minimum quarterly based on the participants budget dates. At least two visits per year must be in the participant’s residence. For this to be met, visits must be completed on DDSD required forms and cover 12 months.</i></p>	<p><i>Tag # SWP10</i></p> <p>(4 Quarterly Face to face visits and two must be in home): (Review at least four quarters) Date/Time/Location: _____ Date/Time/Location: _____ Date/Time/Location: _____ Date/Time/Location: _____</p> <p>Monthly: Date/Time: _____ Date/Time: _____ Date/Time: _____ Date/Time: _____ Date/Time: _____ Date/Time: _____ Date/Time: _____ Date/Time: _____</p>			
<p>16) Did the Supports Waiver Participant receive a hard copy of their completed/approved ISP?</p> <p><i>Surveyor Instruction: CSC services and supports are delivered in accordance with the participant’s identified needs. Based upon those needs, the CSC shall provide a copy of the final approved ISP and budget documents to participants. This is met if there is evidence the ISP was provided. Evidence may be found in note in contact log, in monthly visit form, mail note, or receipt that CSC gave plan to participant.</i></p>	<p><i>Tag # SW1A10</i></p>			

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<p>17) Is there evidence that the CSC provided information on reporting ANE to the participant?</p> <p><i>Surveyor Instruction: CSC providers are required to provide documentation that the Community Support Coordinator has provided information on reporting abuse, neglect and exploitation, suspicious injuries, environmental hazards, and death and how to report suspected ANE. For this to be met, there must be evidence of education provided to the participant. Evidence may be found in the form of an acknowledgement of ANE information in the ISP.</i></p>	<p>Tag # SW1A28</p>			
<p>18) Is there evidence that the Supports Waiver participant received the agency's Grievance Procedure?</p> <p><i>Surveyor Instruction: CSC providers are required to provide the participant with information regarding how to file a grievance or complaint during initial and annual program meetings. For this to be met, there must be evidence of acknowledgement of the grievance / complaint process in the participant's record.</i></p>	<p>Tag #SWP11</p>			