

# Case Management Monitoring Activities and Documentation

DD Waiver Program

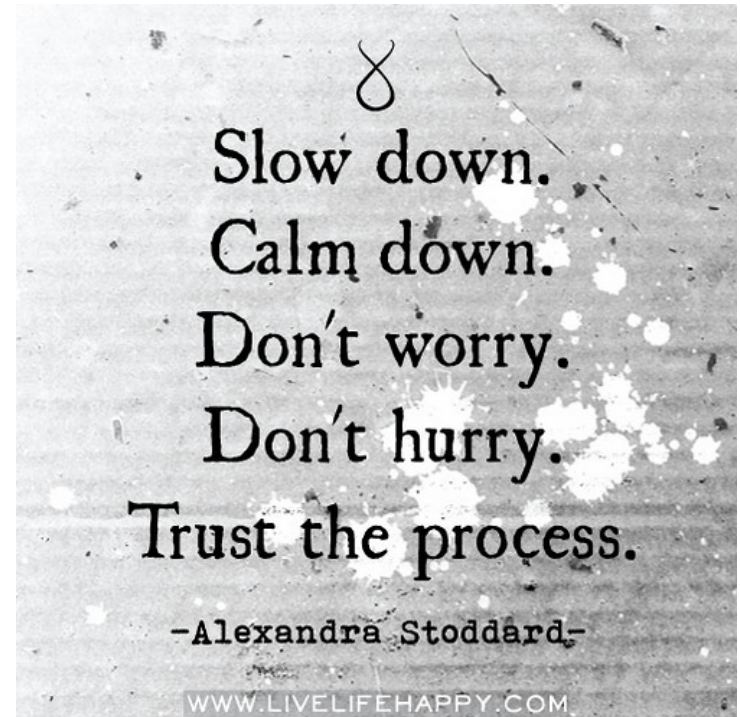
12/1/2018

# Learning Objectives

- Describe the range and scope of monitoring activities expected in case management through the DD Waiver program for adults
- Describe the areas of emphasis for case management monitoring in the DD Waiver and how these relate to quality of service and the CMS Final Rule
- Understand specific instructions on how to complete the Monthly Site Visit Form including the intent of each question and basis for responding
- Identify characteristics of meaningful documentation
- Search for and create Monthly Site Visit Forms in Therap
- Use Therap search and export features to track workflow around completed Site Visit Forms by location, individual and date

# Fair Warning –There is a Quiz

- Straightforward
- Emphasizes monitoring and use of site visit form in Therap
- 85% pass rate
- Must be completed on Survey Monkey before using new form in Therap
- Contact Christina Hill if you have problems



# Range and Scope of Monitoring Activities

- Hallmarks of Monitoring in Case Management
  - Documentation
  - Ongoing assessment
  - Measure of response to interventions is reviewed
  - Awareness of circumstances necessitating revisions
  - Evidence of informed choice
  - Ongoing collaboration with the person in services, family, providers, and other pertinent stakeholders regarding any revisions to the plan of care.

# Range and Scope of Monitoring Activities

## Federal Influences

### CMS Requires Service Plan Implementation and Monitoring

- Direct, in-person contact with the participant;
- Prompt follow up of identified problems, including problems identified by participants, service providers and others; and
- Information compiled and reported to the state.

# Range and Scope of Monitoring Activities

## CMS Requires Service Plan Implementation and Monitoring

- Services are furnished in accordance with the service plan;
- Participants have access to waiver services identified in the service plan;
- Services meet the needs of the participant;
- Back-up plans are effective;
- Participant health and welfare is assured;
- Participants exercise free choice of providers; and,
- Participants have access to non-waiver services identified in the service plan, including access to health services.



## CMS Final Rule-Promoting rights and responsibilities for people receiving waiver services

1. Person-centeredness
2. Inclusion
3. Access
4. Integration
5. Informed choice
6. Satisfaction with services
7. Achieving desired outcomes



# Important Rights Highlighted in CMS Final Rule

- choose where you live
- privacy, respect and dignity
- decorate your room the way you want
- have access to all areas of your home
- have freedom and support to control your schedule
- choose your roommate
- have visitors





# Important Rights Highlighted in CMS Final Rule

- choose your providers and change them if you're not happy with them
- have friendships and romantic relationships
- have food when you want in your home
- be respected and staff should not talk about you as if you were not there
- you (and your guardian) have the right to make decisions about your health



# Important Rights Highlighted in CMS Final Rule

- Opportunity to access and be part of your community
- Opportunities to work and be paid fairly
- Control of your money
- Responsibilities/protections from eviction (lease or residency agreement)
- Physically accessible settings





# Values Behind the CM Monthly Site Visit Project

- Individual satisfaction;
- Case management empowerment, efficiency, and continuous professional growth;
- Person-centered practice;
- Individual growth and development;
- Assurance of health and safety;
- Accountability and continuous quality improvement;
- Informed choice and protection of rights;
- Prevention and evidence -based intervention; and
- Simplicity, accountability, and transparency.

# Ways to Monitor

- Monthly site visits (variety of settings with different service providers)
- Ongoing collaboration with the person, guardian, family, providers and others (emails, phone calls, meetings, etc.)
- Document review (paper and electronic: Therap)
- IDT meetings
- Utilization review
- Follow allocations
- Follow budget submissions throughout entire approval process
- Follow Category of Eligibility status and annual recertification including LOC approvals
- FOLLOW UP!

# Instructions and Guidelines for Case Management Monitoring Activities

[Introduction](#)

[Values and Guiding Principles](#)

[Key Areas to Monitor](#)

[Preparation for a Site Visit](#)

[Observations](#)

[Interviews](#)

[Completing the Monthly Site Visit Form](#)

[Follow Up Action](#)

[Conducting and Documenting Other Monitoring Activities](#)

[Using Data to Improve Service \(For Case Management Agency Directors/QA Leads\)](#)

# Content of the CM Monthly Site Visit Form

Input from CM Task Force, DDSD, other state examples, plaintiffs

1. Preparation
2. Rights
3. Individual Satisfaction
4. Environment
5. Equipment
6. Health (including related KPI-Medical Appointments)
7. Behavior
8. Service Delivery, including related KPI- CCS in non-disability specific setting
9. Individual Service Plan (ISP), including related KPI- ISP Implementation
10. Abuse, neglect, and exploitation (ANE)
11. Actions

# Do the best you can...at a point in time...with available data

- Be observant
  - Determine what observations may be reasonable, normal, or routine for the person and what may prompt further action
  - Exercise professional judgement (What did you see and hear? Does it align with the Service Standards? What did you do about it?)
  - Case managers are not expected to be experts in every area ( e.g. notice if a tire looks flat but don't need check air pressure according to the car manual)
- \* Expectations about respect for the individual remain the same



# More about Professional Judgement

- Knowledge base in field of IDD including person centered planning, informed choice, healthcare, rights and dignity of risk
- Knowledge base of DD Waiver program, local health care system and generic resources
- Knowledge base of unique health and safety needs of the person
- Training and experience
- Ability to build trusting relationships with the person and his/her family and circle of support

Use critical thinking skills to apply above to monitoring and follow up action.

# Professional Growth and Development – Case Manager Code of Ethics

## VII COMPETENCE

- Case managers shall establish and maintain their professional competencies at such a level that their recipients receive the benefit of the highest quality of services the profession is capable of offering.
- The case manager shall strive to become and remain proficient in professional practice and in the performance of case management functions.
- The case manager shall not misrepresent professional qualifications, education, experience or affiliations.
- The case manager shall retain responsibility for the quality and extent of the service that individual assumes, assigns or performs.
- The case manager shall take responsibility for identifying, developing and fully utilizing knowledge of professional practice, including training as mandated by the Human Services Department and the Department of Health.

# Prepare for the Site Visit

- Contact with providers
- Review of GER
- Medicaid portal
- ANE reporting
- Status of IQR Findings/Recommendations, assessments/pans,
- MARS
- Health tracking
- Budget status
- HRC approvals
- Important annual deadlines (e.g., pre-ISP, ISP, LOC, ISD recertification, etc.)

*Daily contact notes should contain details of preparation.*

# Stay Person Centered

- Tool represents a guided interview and is intended to document observations –(i.e. not standardized and scripted)
- Tool relies on CM experience with people with IDD and the DD Waiver as well as professional judgement
- Face to face visit includes engagement with person in services, focused information gathering, interviews with DSP, observations, etc.

# Content of Site Visit Form-Prompts to Action

- **Rights-** Question(s) focus on protection of individual rights and relate rights restrictions or use of emergency physical restraint without adequate Human Rights Committee (HRC) review. Questions(s) also focus on Direct Support Personnel's (DSP) understanding and respect for rights, informed choice, community integration and privacy. **Observations may prompt request for HRC review.**

# Questions & Hints



Rights: List any rights restrictions you observed or learned about during the site visit.

HINT

(Hint: Respond based on interview and observations as well as your awareness of what constitutes rights restrictions and HRC review requirements. Refer to DD Waiver Standards Chapter 2 and 3.)

Interventions that contain rights restrictions not approved by the HRC

Use of EPR without HRC approval

In an agency operated building, the person does not have access to all areas of the setting (except based on safety and confidentiality)

Accessibility issues or concerns

Limited or denied access to non- disability specific settings/people

Limited or no privacy

No observable rights restrictions

Check all that apply. Caution with last option!

# Content of Site Visit Form-Prompts to Action

- **Individual Satisfaction**-- Question(s) focus on the person's satisfaction with provider agencies, DSP, Individual service Plan(ISP), employment status, living situation and choice. **Observations may prompt request for provider action, revisions to ISP or choice of new provider.**

# Questions & Hints



Individual Satisfaction Summary: Based on above responses and any additional information gathered, does the balance of evidence indicate that the person is satisfied with current services, choices, providers, relationships, and supports?

HINT

T

(Hint: This response is the case manager's overall judgement based on the site visit.)

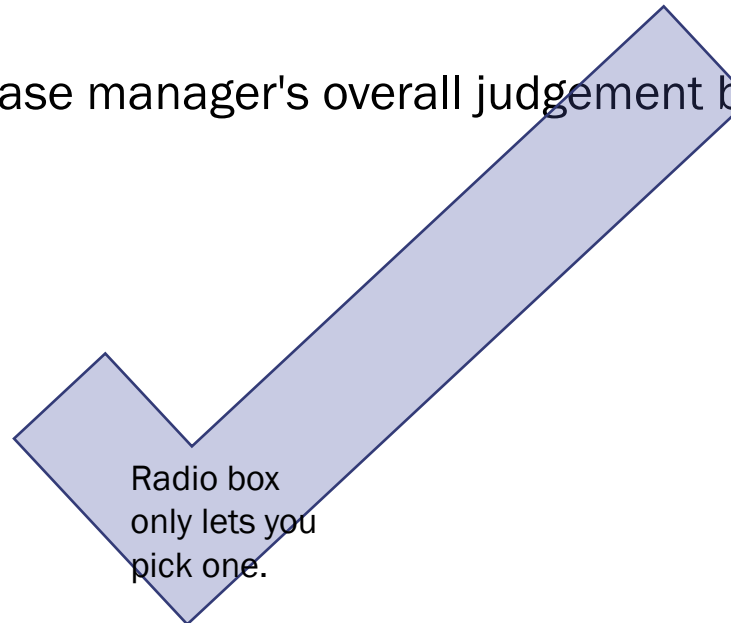
Very satisfied

Mostly satisfied

A little satisfied

Not at all satisfied

Cannot determine





# Content of Site Visit Form-Prompts to Action

- **Environment-** Question(s) focus on environmental safety in the setting. **Observations may prompt request for provider action or requesting environmental modification on the individual budget.**

# Summary Questions – Text Boxes



Environment Summary: Provide detail of any additional concerns, important information which provides evidence for responses, and/or important detail needed to explain responses.



Hint: Use this text box to provide details supporting your responses in this section. Be sure to include explanation of all responses marked “Other” and necessary follow up actions. If more space is needed, use overall notes section of the case note located outside of this Questionnaire. If no further explanation is needed, please indicate “NA” for not applicable.

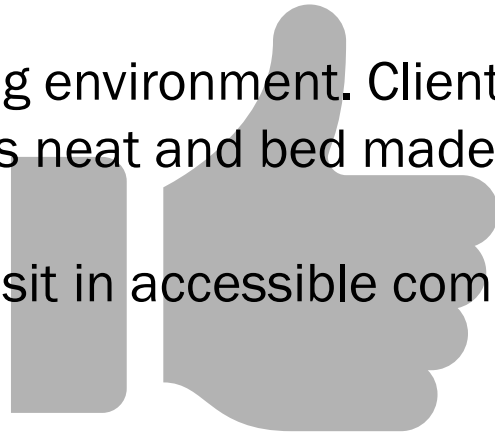
# Summary Questions – Text Boxes

- Brief
- Selective
- Thorough
- Explain what is important in the section
- Use overall summary notes if more space is needed
- Tell a full story
- Avoid contradictions

# Characteristics of Meaningful Documentation

No concerns regarding environment. Client has a clean and tidy home. Her bedroom is neat and bed made when she is not in it.

Not applicable- site visit in accessible community setting – neighborhood park



# Content of Site Visit Form-Prompts to Action

- **Equipment-** Question(s) focus on access, function and utilization of assistive technology, personal support technology, augmentive communication devices, and durable medical equipment (DME).  
Observations may prompt coordination with managed care organization for DME under state plan.

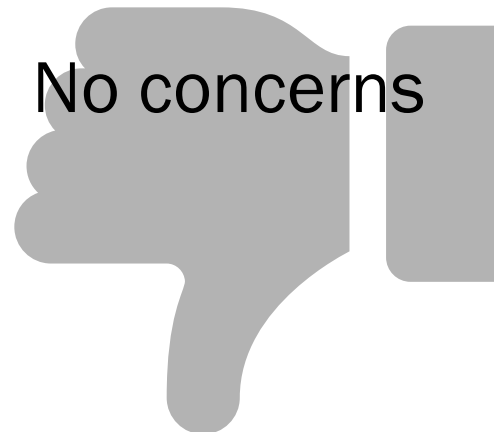
# Characteristics of Meaningful Documentation

## Equipment Summary (Text)

All AT and DME is present in the home and in good working order however the bed pad alarm is broken which was identified at my visit last month. \_\_\_ has been aware of this and will order a new pad before the end of next week.

# Characteristics of Meaningful Documentation

## Equipment Summary (Text)



## Content of Site Visit Form-Prompts to Action

- **Health-** Question(s) focus on presence and DSP awareness of healthcare plans and the person's health status. Questions related to the KPI about medical appointments are also included in the section. **Observations may prompt consultation with DD Waiver provider agency nurse and/or coordination with managed care organization for services under state plan. KPI data should be reviewed by the case management agency Quality Assurance/Quality Improvement review committee and reported annually to DDSD.**



# Health Monitoring

- Revisions to timelines in DD Waiver Standards for provider data entry in the Health Tracker to cue timely follow up
- Use tool to list appointments missed/not scheduled to help with follow up
- Monitoring of medical follow up does not all occur during the site visit and should also be a focus of other monitoring activities and documentation

# Characteristics of Meaningful Documentation

\_\_\_ remains in stable health and staff deny any changes in health status since my last contact.

\_\_\_'s last seizure was 7/10/18 and 7/26/18.

Current weight is 170 lbs. 3 incontinence accidents reported (2 in July and 1 in August.)

PCP scheduled 8/20, pulmonary 8/24, vision 9/26, dental 9/12, hearing 10/1. Needed clearance from PCP due to recent hospitalizations with pneumonia dx.

# Content of Site Visit Form- Prompt to Action

- **Behavior** – Question(s) focus on presence and implementation of behavior plans as well as any behavioral circumstances that may need assessment. **Observations may prompt collaboration the DD Waiver Behavior Support Consultant or referral for behavior support services.**

# Characteristics of Meaningful Documentation

Q. Are there any concerns with the presentation of the person?

A. Signs of pain including dental pain

Q. Based on above responses and any additional information gathered during the site visit, does the balance of evidence indicate that there are any health related concerns?

A. No

## Content of Site Visit Form- Prompt to Action

- **Individual Service Plan (ISP)-** Question(s) focus on ISP implementation and DSP awareness of role in ISP implementation as well as circumstances that may prompt revision to the ISP. Questions related to the KPI about ISP implementation are also included in the section. **Observations may prompt request for DD Waiver provider action or consideration of ISP revision. KPI data should be reviewed by the case management agency Quality Assurance/Quality Improvement review committee and reported annually to DDSD.**

# Monitoring ISP Implementation

- Analysis of progress goes beyond the scope of the site visit
- Service providers should be demonstrating progress through analysis of data and semi-annual reports
- Case management analysis of progress should also occur and be documented through other monitoring activities such as review of semi annual reports, IDT meetings, ISP revisions and pre- ISP meetings
- IQR reviewers also look at semi-annual reports for overall progress

# ISP Implementation at the Site Visit

Focus on:

- What the person says and what you observe during your visit
- DSP understanding of ISP and role in implementing ISP
- Presence of ISP at service site
- Evidence of work on Desired Outcomes

Remember: Individual Satisfaction is dependent on the meaningfulness of the ISP to the person. Responses to questions on Individual Satisfaction and ISP Implementation taken together may prompt further action!

# Characteristics of Meaningful Documentation

Q: Explain how work on desired outcomes is documented and demonstrated

A: Outcome: six new kitchen appliances 1x/week 0 to 100% independence: blender and can opener. He needs verbal prompts and hand over hand with can opener. Outcome: shop for house 1x/week to 50 trips: Progress is stalled to 1x/month. He writes the list. He will get 1-2 items at Circle K.

A: LIVE: \_\_\_\_\_ works on this outcome Tues and Saturdays. He is able to fold and put away his laundry- some with prompts and some independently.

WORK/LEARN: \_\_\_\_\_ is shutting off water valves and cleaning dryer lint 5 days per week with verbal prompt.



# Characteristics of Meaningful Documentation

Discussed progress with dance teaching/reviewed progress notes

See other questions about the outcome not being worked on

No concerns other than the ISP isn't here



# Content of Site Visit Form- Prompt to Action

- **Service Delivery-** Question(s) focus on appropriateness of DSP interactions with the person in services and level of support being provided. Questions related to the KPI about CCS in non-disability specific settings are also included in the section. **Observations may prompt request for provider action, changes to level of support, or consideration of ISP revision. KPI data should be reviewed by the case management agency Quality Assurance/Quality Improvement review committee and reported annually to DDSD.**

# Characteristics of Meaningful Documentation

Current approved ISP in not in the file nor is the tracking in Therap for the staff to documents on. CM addressed this with the supervisor to get current info in the home.

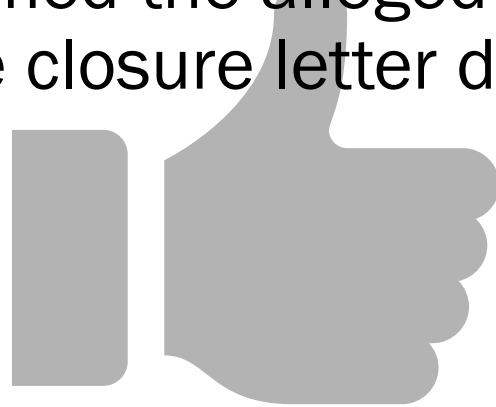
\_\_\_ complains he isn't taken grocery shopping. Issue is he wants to smoke at the store and he is 1:1 and cannot be left out front while the staff shops. He wants to be alone so he can request drug access from other customers. BCS may need to be consulted.

# Content of Site Visit Form- Prompt to Action

- **Abuse Neglect and Exploitation (ANE)-** Question(s) focus on follow up from ANE reports and DSP awareness of how to report. **Observations may prompt review of Individual Action and Safety Plans and collaboration with Division of Health Improvement – Incident Management Bureau.**

# Characteristics of Meaningful Documentation

A Closure Letter: UNSUBSTANTIATED was received, and I verbally notified the alleged victim of the outcome from the closure letter during this visit.



# Characteristics of Meaningful Documentation



ANE Summary: There is still an open IR from last year due to bruises.



Actions Needed:

No further action needed based on the site visit.

# Content of Site Visit Form- Prompt to Action

- **Actions-** Question(s) focus on actions needed before the next site visit. All noted actions should have documented follow-up.



# When Should Monitoring Lead to Action?

Q. Are there any missing or outdated health related documents that belong at the setting or are not electronically accessible to DSP?

A. HCP, MERP, CARMP, MAR, including PRN medications

Q: Actions Needed: List follow-up actions needed before the next site visit. Check all that apply. (Hint: This list should flag for you the essential items needing follow up before or during the next site visit.)

A: No further action needed based on the site visit



# Finishing the Site Visit Form

- Review your form
- Check for accuracy
- What follow up is needed
- Entire form should tell a story
- Close the loop
- Continue to monitor...

# Continuous Monitoring



# Closing the Loop

- Monitoring is a continuous process
- Specific recommendations and follow up must occur
- CMs are responsible for making sure the loop gets closed for recommendations and follow up action is taken
- RORA is CM resource when you face barriers
- Document all activities (not all documentation is on site visit form)



# Q & A on Content of Form

I do not believe you can do today's job with yesterday's  
methods and be in business tomorrow

— *Horatio Nelson Jackson* —


# Rationale for an Electronic Form in Therap

- Immediate -No Cost Solution
- Decreases hard copy document production
- Provides clear record for billing and audits
- Provides foundation for agency and statewide use of data to improve service
- Easy to issue changes to form

# How It Works in THERAP

- Log In
- Agency Administrator must turn on *case notes* in Super Role
- Use Internal profile for individual caseload
- Use Supervisor profile for agency caseload

# Therap Help Site



Help and Support

[Support Home](#)
[States](#)
[Training](#)
[Troubleshooting](#)
[Events](#)
[Programs](#)
[Request for Demo](#)
[Logi](#)

## Search for all support materials

Detailed searches get better results, indicate state name for state specific results.  
Do not use protected health information in search.



[Advanced Search](#)

[View Release Notes and Report Library Updates](#)

## New Mexico



Therap has partnered with NM DDS since 2010. The partnership began with supplying providers in New Mexico a HIPAA compliant electronic Comprehensive Health Assessment Tool (eCHAT).

In addition to the health assessment, providers in New Mexico also use the Individual Data Forms, General Event Report, Secure Communications, ISP Programs, Medication Administration Record, and Health Tracking Modules. This makes New Mexico a national leader in tracking individual health records and completing high quality documentation in Therap.

[New Therap Account Requests in Mexico](#)

[New Mexico Specific User Guides](#)



# How It Works in THERAP

- *Search* for previous or *Create* new
- Complete Header Data (required items – options for agencies)
- Complete the Site Visit Form through the Questionnaire pop-up
- *Save* draft or *Submit* (electronic signature) before the end of the month in which the unit is billed
- *Edit* as needed -See update history for all edits stored
- *Scomm, print* or *create PDF* of submitted forms by click of a button
- Options for documenting agency QA (Billable field – last question- text box)

# Case Notes

- Search for or create Case Note

To Do	Care	
Individual	T-Log	New   Search
Health	Case Note	New   Search   Archive

- DDSD Issues Case Note Template Name : *Case Management Site Visit 12-01-18*

# How It Works in Therap

- Electronic Signatures and Drafts, Edits and Update history

Case Note **Submitted** ⓘ

Template: CM Site Visit- NM

Case Note Details

Form ID : CN-CMDEMNM-GAQ55VZKW5QPT

Time Zone : US/Mountain

Entered By : Christina Hill, Provider Administrator on 08/22/2018 10:21 AM

Submitted By : Christina Hill, Provider Administrator on 08/22/2018 10:22 AM

Last Updated By : Christina Hill, Provider Administrator on 08/22/2018 10:22 AM

[Update History](#)

# Agency Preferences

To Do	<b>General</b>	
Individual	<b>Provider</b>	<a href="#">Preferences</a>   <a href="#">Password Policy</a>   <a href="#">Archive Preference</a>
Health	<b>User</b>	<a href="#">New</a>   <a href="#">List</a>   <a href="#">Import from Excel</a>   <a href="#">Titles</a>   <a href="#">New Title</a>   <a href="#">Assign External System ID</a>
Agency	<b>Physician Information</b>	<a href="#">List</a>   <a href="#">Physician List</a>
Billing	<b>Change Password</b>	<a href="#">User List</a>
Admin		

## Provider Preference

Session Timeout (Minutes)

[Jump to](#)

Session Timeout (Minutes)

30 ▾

# Where's the Data?

**Case Note Search**

Individual

Service Provider

Form ID

\* Service Date From

To

Status

Template Name

- CM Contact Notes ( optional) - NM Pilot / CMDEMO-NM
- CM Site Visit- NM Pilot / CMDEMO-NM

Use Therap search and export features to track workflow around completed Site Visit Forms by location, individual and date.

# Q & A on Use of Therap

# Important SurveyMonkey Links

- Webinar Evaluation Link:

<https://www.surveymonkey.com/r/25V7Q2M>

Competency Quiz Link:

<https://www.surveymonkey.com/r/2JHWR6G>

Check DOH website for updated links by 1/1/2019

<https://nmhealth.org/about/ddsd/train/ddwtr/>

# References

Centers for Medicare and Medicaid Services (CMS) Instructions, Technical Guide and Review Criteria ( 2015)

<https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/Technical-Guidance.pdf>

Advocate Rights and Responsibilities Advocate Town Halls 2018-2019  
[https://www.nmddpc.com/know\\_your\\_rights\\_campaign](https://www.nmddpc.com/know_your_rights_campaign)

Commission for Case Management Certification  
<https://ccmcertification.org/about-ccmc>

Case Management Code of Ethics (New Mexico Case Management Advisory Board 1997)

Case Management Society of America <http://www.cmsa.org>