
Date: 8/1/2018**DDSD-DDW Numbered Memo 2018-15**

To: DD Waiver Providers and Interested Parties

From: Jim Copeland, Director Developmental Disabilities Supports Division (DDSD) 

CC: Christina Hill, Developmental Disabilities (DD) Waiver Manager

Subject: Case Management Monitoring Activities and Pilot of a DDSD Case Management Monthly Site Visit Tool

DDSD issues a template/tool to case managers to document monthly (bi-monthly for Jackson Class members) site visits. Periodically, DDSD issues revisions to the DDSD Case Management Monthly Site Visit Tool.

DDSD together with input from a Case Management Task Force and other stakeholders has drafted revisions to the DDSD Case Management Monthly Site Visit Tool related to the 2018 DD Waiver Service Standards. A pilot of the proposed changes to the tool is beginning on August 3, 2018. A sample of the revised tool is attached.

The pilot involves documentation in Therap by a sample of case managers from multiple case management agencies across the state. Case managers in the pilot may conduct visits using their mobile devices or may request guest WIFI access if this is possible. At this point, some providers may experience the piloted site visit tool; some may not. Regardless, requirements of case managers to observe, review required documentation, and to interview the individual and direct support personnel on site remain the same.

As always, please cooperate with case managers during site visits and follow up timely with any requested action for the benefit of the person in services.

If you have any questions regarding the pilot of the DDSD Case Management Monthly Site Visit Tool, please contact Christina Hill, DD Waiver Manager at 505-476-8836 or christina.hill@state.nm.us.

1. Preparation for Visit: Summarize any individual issues which should be addressed at this visit based on preparatory work.

2. Rights: Did you observe any rights restrictions? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> 1. Interventions being implemented contain rights restrictions not approved by the HRC | <input type="checkbox"/> 5. Limited or denied access to non-disability specific settings/people |
| <input type="checkbox"/> 2. Does not have access to all areas of the setting (except based on safety and confidentiality) | <input type="checkbox"/> 6. Limited or no privacy |
| <input type="checkbox"/> 3. Limited or denied community inclusion | <input type="checkbox"/> 7. Use of EPR without HRC approval. |
| <input type="checkbox"/> 4. Accessibility issues or concerns | <input type="checkbox"/> 8. Other rights restrictions (explain). |
| | <input type="checkbox"/> 9. No observable rights restrictions |

3. Rights: Do DSP show awareness of important rights issues for the person?

- | | |
|--|---|
| <input type="checkbox"/> 1. DSP are aware of guardianship status. | <input type="checkbox"/> 5. DSP did not identify other important rights issues (explain). |
| <input type="checkbox"/> 2. DSP are aware of applicable DCF. | <input type="checkbox"/> 6. Other (explain) |
| <input type="checkbox"/> 3. DSP are aware of the person's relationships and desired relationships. | <input type="checkbox"/> 7. Not applicable-No DSP are present. |
| <input type="checkbox"/> 4. DSP are aware of applicable TJF | |

4. Rights Summary: Based on the above responses and any additional information gathered during the site visit, did you identify concerns with the person's protection of rights?

1. Yes 2. No

5. Rights Summary: Overall Summary (detail).

6. Individual Satisfaction: Are there any concerns identified regarding individual satisfaction? (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> 1. Person is not satisfied with living care arrangement or other services or supports. | <input type="checkbox"/> 5. Person has complaints about providers. |
| <input type="checkbox"/> 2. Person is not satisfied with the level of choice offered in shopping for clothes, groceries, or other personal preferences. | <input type="checkbox"/> 6. Person is not satisfied with level of involvement in meal planning & choice of meals. |
| <input type="checkbox"/> 3. Person is not satisfied with choice of housemates. | <input type="checkbox"/> 7. Person is not satisfied with his/her current relationships. |
| <input type="checkbox"/> 4. Person is not satisfied with level of choice offered in determining personal schedule. | <input type="checkbox"/> 8. Person is not satisfied with his/her community access and involvement. |
| | <input type="checkbox"/> 9. Person is not satisfied with level of access to personal money. |

10. Person is not satisfied with access to transportation.

12. No concerns were identified during the site visit.

11. Other concerns are identified about choice or satisfaction (explain).

7. Individual Satisfaction: Is the person currently satisfied with his/her job status?

1. Currently working and satisfied.

2. Currently not working but wants to work.

3. Currently not working and does not want to work.

8. 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?

1. Very satisfied

2. Mostly satisfied

3. A little satisfied

4. Not at all satisfied

5. Cannot determine

9. Individual Satisfaction Summary: Overall Summary (detail).

10. Environment: Are there any concerns with the environment identified at the site visit? (Check all that apply.)

1. Unhealthy conditions (e.g., excessive dirt, stale food, bugs, mold, rodent droppings, etc.)

2. Unsafe medication storage

3. Obvious need for environmental modification

4. Setting unsafe

5. Lack of access to adequate food

6. Other (explain)

7. No concerns identified during the site visit

11. Environment Summary: Based on above responses and any additional information gathered during the site visit, does the balance of evidence indicate that there are any issues with the environment?

1. Yes

2. No

12. Environment Summary: Overall Summary (detail).

13. Equipment: Are there any concerns with equipment that were identified at the site visit? (Check all that apply.)

- 1. Durable Medical Equipment
- 2. Assistive Technology
- 3. Augmentive Communication Device
- 4. Personal Support Technology
- 5. Other (explain)
- 6. No concerns identified during the site visit

14. Equipment Summary: Based on above responses and any additional information gathered during the site visit, does the balance of evidence indicate that there are concerns with the equipment?

- 1. Yes
- 2. No

15. Equipment Summary: Overall Summary (detail).

16. Health: Are there any concerns with the presentation of the person?

- 1. Observable unmet physical needs (injury, sickness)
- 2. General appearance (clothing, grooming, etc.)
- 3. Odor (indicating sickness, hygiene, high blood sugar, etc.)
- 4. Signs of pain including dental pain
- 5. No concerns identified during the site visit

17. Health: Has there been a change in health status?

- 1. Changes in seizure frequency
- 2. Changes in aspiration frequency or new signs/symptoms of aspiration
- 3. Changes in sleep patterns
- 4. Changes in bowel/bladder function
- 5. Changes in activity level, mood, or other typical behavior/routines that may indicate a health concern
- 6. Unexpected weight gain or loss
- 7. Other (explain)
- 8. No noted concerns

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

- | | | |
|--|--|--|
| <input type="checkbox"/> 1. HCP | <input type="checkbox"/> 5. Mealtime and/or feeding tube protocols | <input type="checkbox"/> 8. MAR, including PRN medications |
| <input type="checkbox"/> 2. MERP | <input type="checkbox"/> 6. Oral care plans | <input type="checkbox"/> 9. Other (explain) |
| <input type="checkbox"/> 3. CARMF | <input type="checkbox"/> 7. Hospital discharge plan or physician order | <input type="checkbox"/> 10. No plans missing |
| <input type="checkbox"/> 4. Dietary instructions | | |

19. Health Summary: 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?

1. Yes 2. No

20. Health Summary: Overall Summary (detail).

21. Service Delivery: Are DSP interactions with the person appropriate, e.g., dignity and respect for the person are demonstrated?

- | | |
|--|---|
| <input type="checkbox"/> 1. DSP offer adequate choice in shopping (e.g., clothes, groceries, other). | <input type="checkbox"/> 5. DSP provide the person with information to make informed choices. |
| <input type="checkbox"/> 2. Person is not adequately involved in meal planning and choice of meals. | <input type="checkbox"/> 6. DSP communicate appropriately with the person, showing respectful tone. |
| <input type="checkbox"/> 3. DSP allow the person privacy. | <input type="checkbox"/> 7. NA- No DSP present. |
| <input type="checkbox"/> 4. DSP include the person in developing his/her schedule. | <input type="checkbox"/> 8. DSP interactions with the person do not consistently demonstrate dignity and respect. |

22. Service Delivery: Does the person have the level of support needed at the setting?

1. Yes 2. No

23. Service Delivery Summary: Based on above responses and any additional information gathered, does the balance of evidence indicate that there are concerns with service delivery?

1. Yes 2. No

24. Service Delivery Summary: Overall Summary (detail).

25. ISP: Is the complete, current ISP, including TSS and WDSI's, present or accessible at the site to the DSP?

1. Yes 2. No

26. ISP: Can DSP describe important elements of the ISP?

1. Yes 2. No 3. NA- No DSP present

27. ISP: Can DSP describe their role in implementing TSS and WDSI's?

1. Yes 2. No 3. NA- No DSP present

28. ISP: Is the person receiving services in an amount and frequency currently approved on the budget and outlined in the ISP?

1. Yes 2. No

29. ISP: Does the balance of evidence gathered during the site visit indicate that the person's Desired Outcomes are being worked on?

1. Yes 2. No 3. No with explanation

30. ISP: Explain how work on Desired Outcomes is documented and demonstrated.

31. ISP Summary: Are there any significant health, behavior or other life changes or other notable issues that may suggest the need to revise the ISP?

1. Yes 2. No

32. ISP Summary: Overall Summary (detail).

33. Behavior: Are any applicable behavior plans missing from the service setting or electronically accessible, as applicable to the person?

- | | |
|----------------------------------|--|
| <input type="checkbox"/> 1. PBSP | <input type="checkbox"/> 4. PPMP |
| <input type="checkbox"/> 2. BCIP | <input type="checkbox"/> 5. No plans missing |
| <input type="checkbox"/> 3. RMP | |

34. Behavior: Are DSP aware of behavior plans applicable to the person?

- | | |
|---|---|
| <input type="checkbox"/> 1. Unaware of PBSP | <input type="checkbox"/> 5. DSP aware of all plans |
| <input type="checkbox"/> 2. Unaware of BCIP | <input type="checkbox"/> 6. Not applicable - no DSP present or no behavior plans apply. |
| <input type="checkbox"/> 3. Unaware of PPMP | |
| <input type="checkbox"/> 4. Unaware of RMP | |

35. Behavior Summary: Are there any observable, documented or reported behaviors that indicate a referral to an existing or new BSC is needed?

1. Yes 2. No

36. Behavior Summary: Overall Summary (detail).

37. ANE: Are there any reportable incidents identified during the site visit?

1. Yes 2. No

38. ANE: Do DSP know how to report ANE?

1. Yes 2. No

39. ANE: Is IASP being followed (when applicable)?

1. Yes
 2. No
 3. NA- DDW responsible provider has not provided IASP
 4. NA- No known ANE report

40. ANE: If an ANE investigation was opened, check all that apply since last site visit.

- | | |
|---|--|
| <input type="checkbox"/> 1. A Decision Letter: SUBSTANTIATED was received, and an IDT meeting was held that covers all areas in the decision letter. | <input type="checkbox"/> 4. A Decision Letter: UNSUBSTANTIATED was received. No further action needed until closure letter received. |
| <input type="checkbox"/> 2. A Decision letter: SUBSTANTIATED was received, and an IDT meeting is still needed to cover all the areas in the Decision Letter. | <input type="checkbox"/> 5. No Decision Letter received so far. |
| <input type="checkbox"/> 3. A Decision Letter: SUBSTANTIATED was received, and an IDT Meeting minutes were sent to IMB within 10 days of receipt of the letter. | <input type="checkbox"/> 6. Not applicable - No open ANE investigation. |

41. ANE: If an ANE investigation was opened, check all that apply since last visit.

1. A Closure Letter: SUBSTANTIATED was received, and I verbally notified the victim of the outcome from the closure letter during this visit.
2. A Closure Letter: UNSUBSTANTIATED was received, and I verbally notified the alleged victim of the outcome from the closure letter during this visit.
3. No Closure Letter has been received so far.
4. Not applicable- No open ANE investigation.

42. ANE Summary: Based on above responses and any additional information gathered during the site visit, does the balance of evidence indicate that there are any concerns with ANE?

1. Yes 2. No

43. ANE Summary: Overall Summary (detail).

44. KPI: #1- ISP Implementation: Does the balance of the evidence suggest that the ISP is being implemented?

1. Yes 2. No

45. KPI #2: Medical Appointments: Enter how many appointments have been attended as recommended?

46. KPI #2: How many appointments were scheduled to be completed since last site visit?

47. KPI: #3- CCS in Non-Disability Specific Settings- Is the person accessing CCS in a non-disability specific setting?

1. Yes 2. No

48. Action Taken: What actions were taken during the site visit? (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> 1. Collaborate, coordinate, and share information with other DD Waiver Service Providers | <input type="checkbox"/> 7. Make an ANE report (DHI Hotline: 1-800-445-6242) |
| <input type="checkbox"/> 2. Request provider action | <input type="checkbox"/> 8. Link or refer to specialty clinic or community resource |
| <input type="checkbox"/> 3. Schedule an IDT meeting | <input type="checkbox"/> 9. Contact MCO Care Coordinator |
| <input type="checkbox"/> 4. Contact the agency nurse | <input type="checkbox"/> 10. Provide education about DNR or advanced directives |
| <input type="checkbox"/> 5. Follow up with Aspiration Risk Management activities | <input type="checkbox"/> 11. Other (explain) |
| <input type="checkbox"/> 6. Request for Human Rights Committee review | <input type="checkbox"/> 12. No immediate action taken based on this site visit |

49. Actions Needed: What follow-up actions are needed before the next site visit? (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> 1. Collaborate, coordinate, and share information with other DD Waiver Service Providers | <input type="checkbox"/> 6. Follow up with Aspiration Risk Management activities |
| <input type="checkbox"/> 2. Request provider action | <input type="checkbox"/> 7. Request Human Rights Committee review |
| <input type="checkbox"/> 3. Schedule an IDT meeting | <input type="checkbox"/> 8. Make and ANE report (DHI Hotline: 1-800-445-6242) |
| <input type="checkbox"/> 4. Review / provide SFOCs | <input type="checkbox"/> 9. Link or refer to specialty clinic or |
| <input type="checkbox"/> 5. Contact agency nurse | |

Pilot DDSD Case Management Monthly Site Visit Form

community resource

- 10. Contact MCO Care Coordinator
- 11. File RORA about lack of access to specialty services for more than 2 months
- 12. File RORA for lack of provider action or technical assistance

- 13. Provide education about DNR or advanced directives
- 14. Other (explain)
- 15. No further action needed based on the site visit

50. Actions Summary: Overall Summary (detail).

51. Quality Assurance: This document received a QA Check.

PILOT

Pilot DDSD Case Management Monthly Site Visit Form

1. Hint: Preparatory work should be documented in daily contact notes and include review of GER, Medicaid portal, contact with providers, ANE reporting status, new plans, MARS, medical appointment history, budget status, HRC approvals, and important annual deadlines (e.g., pre-ISP, ISP, LOC, ISD recertification, etc.).
2. Hint: Response must be based on an awareness of what constitutes rights restrictions and HRC review requirements. Refer to DD Waiver Standards Chapter 2 and 3. If the last option is marked, no other options can be marked.
3. Hint: Check all that apply and respond based on observations and interviews with those present. If the last option is marked, no other option should be marked.
4. Hint: Provide detail of any additional concerns, important information which provides evidence for responses, and/or important detail needed to explain responses. In determining what is important to consider, note what you or any other reviewer may need to know to more fully understand the responses in this section as well as to determine what follow up actions are needed. If no further explanation is needed, please indicate "NA" for not applicable.
5. Hint: Provide detail of any additional concerns, important information which provides evidence for responses, and/or important detail needed to explain responses. In determining what is important to consider, note what you or any other reviewer may need to know to more fully understand the responses in this section as well as to determine what follow up actions are needed. If no further explanation is needed, please indicate "NA" for not applicable.
6. Hint: If the last option is marked, no other options can be marked.
7. Hint: Supported employment activities are a planning priority for all working age adults. Respond based on information you gather at the site visit regarding the person's informed choice about employment. See DD Waiver Service Standards Ch. 4.5 regarding informed choice.
8. Hint: This response is the case manager's overall judgement based on the site visit. This response allows for aggregate reporting to be made on areas of concern.
9. Hint: Provide detail of any additional concerns, important information which provides evidence for responses, and/or important detail needed to explain responses. In determining what is important to consider, note what you or any other reviewer may need to know to more fully understand the responses in this section as well as to determine what follow up actions are needed. If no further explanation is needed, please indicate "NA" for not applicable.
10. Hint: You do not need to be a technical expert in these areas. Base your response on an overall sense of safety and what you notice that causes concern. When in doubt, document and explore further. If the last option is checked, no other options can be marked.
11. Hint: This response is the case manager's overall judgement based on observations, interviews and documents reviewed during the site visit. This response allows the CM to document issues acquired around areas of concern. Concerns should be significant enough that they cannot be easily and immediately addressed and resolved during the site visit. This response allows for aggregate reporting to be made on areas of concern.
12. Hint: Provide detail of any additional concerns, important information which provides evidence for responses, and/or important detail needed to explain responses. In determining what is important to consider, note what you or any other reviewer may need to know to more fully understand the

responses in this section as well as to determine what follow up actions are needed. If no further explanation is needed, please indicate "NA" for not applicable.

13. Hint: Check if concern with presence, ability to use, frequency of use, basic functioning or person's observable needs. If the last option is checked, no other options can be marked.

14. Hint: This response is the case manager's overall judgement based on observations, interviews and documents reviewed during the site visit. This response allows the CM to document issues acquired around areas of concern. Concerns should be significant enough that they cannot be easily and immediately addressed and resolved during the site visit. This response allows for aggregate reporting to be made on areas of concern.

15. Hint: Provide detail of any additional concerns, important information which provides evidence for responses, and/or important detail needed to explain responses. In determining what is important to consider, note what you or any other reviewer may need to know to more fully understand the responses in this section as well as to determine what follow up actions are needed. If no further explanation is needed, please indicate "NA" for not applicable.

16. Hint: Check all that apply, If the last option is checked, no other options can be marked.

17. Hint: Check all that apply. If last option is checked, no other options can be marked.

18. Hint: Be sure to come to the site visit with a knowledge of the plans and dates of plans that must be present or accessible. Check all that apply. A plan can only be checked as missing if it actually applies to the person i.e., each person does not require each of these plans. If last option checked, no other checks can be marked.

19. Hint: This response is the case manager's overall judgement based on the site visit. Concerns should be significant enough that they require formal follow up by the case manager and cannot be easily and immediately addressed and resolved during the site visit. This response allows for aggregate reporting to be made on areas of concern.

20. Hint: Provide detail of any additional concerns, important information which provides evidence for responses, and/or important detail needed to explain responses. In determining what is important to consider, note what you or any other reviewer may need to know to more fully understand the responses in this section as well as to determine what follow up actions are needed. If no further explanation is needed, please indicate "NA" for not applicable.

21. Hint: Respond based on observations of DSP and whether DSP are engaged in person centered practices and communication that allow the person to learn, gain independence, make choices, and self-direct.

22. Hint: Respond based on observation, interview and document review. Consider whether there is sufficient support from DSP to implement the ISP and other applicable plans for the person. Consider staffing ratio as applicable to the person e.g., Is 1: 3 people appropriate at meal time when 3 people have CARMPs? Is person in bed or isolated while others are receiving intensive hands on support? Note that AT and PST may be present to provide support that reduces staff time.

23. Hint: This response is the case manager's overall judgement based on observations, interviews and documents reviewed during the site visit. This response allows the CM to document issues acquired around areas of concern. Concerns should be significant enough that they cannot be easily and

immediately addressed and resolved during the site visit. This response allows for aggregate reporting to be made on areas of concern.

24. Hint: Provide detail of any additional concerns, important information which provides evidence for responses, and/or important detail needed to explain responses. In determining what is important to consider, note what you or any other reviewer may need to know to more fully understand the responses in this section as well as to determine what follow up actions are needed. If no further explanation is needed, please indicate "NA" for not applicable.

25. Hint: Answer yes if documents are physically present or DSP can demonstrate how to access them electronically.

26. Hint: Respond based on DSP being able to describe important elements of the ISP for the person such as Vision, Desired Outcomes, Health and Safety concerns and Meaningful Day description.

27. Hint: Respond based on DSP awareness of and ability to describe his/her role in implementing the ISP-TSS and WDSI's. Also, use information gathered from documentation and interview of DSP as applicable.

28. Hint: Respond based on preparatory work including review of the Medicaid portal and based on documentation and interview with the individual, family, and/or guardian during the visit.

29. Hint: Respond based on observation, interview, document review, and your professional judgement as to whether there is enough evidence from this site visit to indicate that Desired Outcomes are being worked on.

30. Hint: Explain how work on Desired Outcomes is documented and demonstrated.

31. Hint: Consider changes detailed in DD Waiver Services Standards Chapter 6.5.2 ISP revisions.

32. Hint: Be sure to come to the site visit with a knowledge of the plans and dates of plans that must be present or accessible. Note presence of ISP - action steps and WDSIs are captured elsewhere.

33. Hint: Be sure to come to the site visit with a knowledge of the plans and dates of plans that must be present or accessible. Note presence of ISP - action steps and WDSIs are captured elsewhere.

34. Hint: Respond based on whether DSP are aware of plans as applicable and can demonstrate knowledge of how to implement the plan by describing their role and key components of the plan as applicable. This is a general observation. The BSC trains and monitors exact implementation of behavior plans. If either of the last two options are checked, no other options can be marked.

35. Hint: Respond based on knowledge of the person's routine behaviors, whether a medical assessment has been made for non-routine behaviors and whether DSP appear to adequately support the person to prevent to any behaviors of concern.

36. Hint: Provide detail of any additional concerns, important information which provides evidence for responses, and/or important detail needed to explain responses. In determining what is important to consider, note what you or any other reviewer may need to know to more fully understand the responses in this section as well as to determine what follow up actions are needed. If no further explanation is needed, please indicate "NA" for not applicable.

37. Hint: Respond based on your observations, document review and interviews during the site visit. When in doubt, document and report ANE. DHI Hotline: 1-800-445-6242.

38. Hint: Respond based on checking with DSP present and their awareness of their agency policy and DHI hotline.

39. Hint: "Yes" or "No" answers are only applicable if an IASP is in place. Otherwise, mark NA.

40. Hint: The case manager is not responsible for late letters from DHI, but should reach out to DHI-IMB if aware of an investigation and no letter has been received according to established timelines.

41. Hint: The case manager is not responsible for late DHI letters but should reach out to DHI-IMB if aware of an investigation and no letter received according to established timelines.

42. (Hint: This response is the case manager's overall judgement based on observations, interviews and documents reviewed during the site visit. This response allows the CM to document issues acquired around areas of concern. Concerns should be significant enough that they cannot be easily and immediately addressed and resolved during the site visit. This response allows for aggregate reporting to be made on areas of concern.

43. Hint: Provide detail of any additional concerns, important information which provides evidence for responses, and/or important detail needed to explain responses. In determining what is important to consider, note what you or any other reviewer may need to know to more fully understand the responses in this section as well as to determine what follow up actions are needed. If no further explanation is needed, please indicate "NA" for not applicable.

44. Hint: Respond based on "yes" responses to #26 and #27 (if DSP present) and "yes" response to 28, AND a "yes" response to 29.

45. Hint: Base the response on the appointments section of the health tracker and an interview of person, guardian and/or natural or paid supports at the site visit. Do not count scheduled appointments which now have a DCF in place.

46. Hint: Respond based on review of the appointments which were scheduled to occur since the last site visit.

47. Hint: Respond yes only if the person receives CCS and either (1) the person can describe community activities in non-disability specific settings and/or (2) the agency has documentation of community activities in non-disability specific settings.

48. Hint: Respond based on any immediate actions taken on site.

49. NA

50. Hint: Provide detail of any important information which provides evidence for responses, and/or important detail needed to explain responses. List to whom information or requests were made when applicable. If no further explanation is needed, please indicate "NA" for not applicable.

51. Hint: If your agency samples site visit forms for QA include date and person completing QA.