

**New Mexico Department of Health / Division of Health Improvement
Core Field Tool
Case Management Services**

Agency/Region:	Service: DD Waiver Case Management	Met	NOT Met	n / a
Surveyor:	Date/Time:			
** DDSD DDW Service Std. CHAPTER 1. II. D. - Does the Agency have a complete primary client records for each individual served by the agency (use Agency Case File Spreadsheet) – (all applicable plans according to the ISP must be present in file to be considered complete)		1A08		
**NMAC 7.1.9 (CCHS) addressed in DDW Std. 1.IV.D Letters from DOH/CCHS on file showing no disqualifying convictions is present in each employee's file **Surveyor: CCHS letter must be addressed to Agency, not Individual staff member. Additionally, if Agency Personnel has documentation indicating CCHS Application has been submitted, verify with CCHS. If verified it is not a deficiency.		1A25 CoP		
**NMAC 7.1.12 (Employee Abuse Registry) addressed in DDW Std. 1.IV.D Consolidated Online Registry check has been completed and proof is in each employee's file. (Eff. 1/2006) **Surveyor: Verify Agency Personnel cited with COR/EAR deficiencies were not cited in previous surveys. This is a one time deficiency if personnel were cited in a previous survey.		1A26 CoP		
For Agencies receiving a routine survey, has the Agency continued to follow through with their previous QMB Plan of Correction. DATE OF LAST QMB POC:				
NMAC 7.1.13 Incident Management System: <ul style="list-style-type: none"> • Policy and procedure for training and reporting A,N&E; (get copy and have administrator describe below) 		1A28 CoP		
<ul style="list-style-type: none"> • Does Agency have DHI Incident Management Guide (Current Version) - CoP 		1A28 CoP		
<ul style="list-style-type: none"> • Does Agency have Failure To and/or Late Reporting of Incidents (See IMS report) (Confirmed Incidents Only) 		1A27 CoP		
<ul style="list-style-type: none"> • While on-site did Surveyors have to file State incident reports related to any suspected Abuse, Neglect, Exploitation or any other reportable incidents, which were found during the survey process and not reported by the Agency? 		1A27 CoP		
<ul style="list-style-type: none"> • Does Agency have doc. proving parents or guardians have rec'd training in reporting procedures (i.e. orientation packets, statement with signature acknowledging receipt, etc. - CoP 		1A28 CoP		
<ul style="list-style-type: none"> • Are the posters (2) located in a conspicuous place (Administrative Location) - CoP 		1A28 CoP		
<ul style="list-style-type: none"> • Did Agency documentation verify Agency Personnel received IMS training (Abuse, Neglect & Exploitation) on an annual basis? - CoP 		1A28 CoP		
7 NMAC 26.4.12.2 – The complaint procedure shall be available to individuals and their legal guardians (signature acknowledging receipt)		1A29		
DDSD DDW Service Std. CHAPTER 4 IV. H.1. Case Management Provider Agency Supervision Requirements Does the Case Management Agency have written procedures for training, supervision and corrective action for Case Management staff and/or subcontractors? Documentation of above needs to be maintained in personnel files.		4C20 (CoP)		

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<p>**DDSD DDW Service Std. Chapter 4.IV.E.2 Case Mgt. Orientation and Training Requirements:</p> <ul style="list-style-type: none"> • Have Case Managers completed all required trainings as required by DDSD? 	4C17 (CoP)	
<ul style="list-style-type: none"> • Do Case Managers exhibit competencies for the individuals, which they serve? 	1A22	
<p>NMAC 26.6.14 Accreditation – Has the Agency acquired accreditation with 18 months of the signing of the original contract with DDSD <input type="checkbox"/> CARF <input type="checkbox"/> The Council <input type="checkbox"/> Other <input type="checkbox"/> DDSD waiver of requirement (<i>Agency must show verification of this</i>)</p>	1A40	
<p>DDSD DDW Std. Chapter 4.IV.C.1 Continuous Quality Management System: Agency shall have an Internal Quality Assurance and Improvement Plan with annual updates. At a minimum does the Agency’s Internal Quality Assurance & Improvement Plan address the following: Ask to see examples.</p> <ul style="list-style-type: none"> • A monitoring protocol that provides for the evaluation of quality, effectiveness and continued need for services and supports provided to the individual. • Assure that reports and ISPs meet required timelines and include required content. • Annual satisfaction surveys with individuals regarding case management services. • How the Agency will maintain regular communication with all providers delivering services and products to the individual. 	4C15	
<p>DDSD DDW Std. Chapter 4.IV.B.2 (a - c: i - viii): A. Does the Case Management Agency have an established system for tracking key steps and timelines in establishing eligibility, service planning, budget approval and distribution of records to IDT Members? (<i>any exception by DDSD must be presented in writing</i>)</p>	4C14 (CoP)	
<p>B. Does the Case Management Agency have a local telephone answering system during off hours that indicates regular office hours and required response time of not more than forty-eight (48) hours?</p>	4C14 (CoP)	
<p>C. Does the Case Management Agency maintain at least one (1) office that meets Americans with Disabilities Act (ADA) accessibility requirements in <u>each geographic region served by the Provider Agency that includes:</u> (Ask this during interview & note observations)</p> <ol style="list-style-type: none"> i. A 24-hour local telephone answering system. The answering system must indicate regular office hours and expected response time by the end of the following business day. ii. An operational fax machine iii. Individual internet and email access for every CM employed by or contracted with. (<i>get copy</i>) iv. Stores master files on site, in compliance with HIPAA requirements. v. A meeting room that can accommodate team meetings comfortably (<i>at least 12 according to DDSD</i>) vi. An area where a CM can meet privately with an individual vii. A separate physical space and entrance, if the office is connected to a residence. 	4C14 (CoP)	
<p>**DDSD DDW Service Std. Chapter 4.V.A-C. Billable activities All services and supports within the Case Management Scope of Services...</p>	4C21	

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Administrator Interview

Interviewee & title:

Surveyor:

Date/Time:

1. Explain how your Agency monitors and oversees the eligibility process for new allocations and for re-determinations? (4C20) (CoP)

2. Describe your Agency's system for tracking the key steps and timelines for establishing:

- Eligibility: (4C04 - CoP)
- Service planning: (4C07)
- Budget approval: (4C10 - CoP)
- Distribution of records to team members: (4C16 - CoP)

3. Who oversees the quality of the ISPs? How is this documented & where? (4C20 - CoP)

4. How does your Agency evaluate the quality of monitoring conducted by the Case Manager, including ISP implementation and the health and safety of the individual served? (4C20 - CoP)

5. How does your Agency ensure coverage to Individual's Served when a Case Manager is on Leave (*i.e. Illness, vacation, etc.*) (4C19)

6. Describe your Agency's Internal Quality Assurance & Improvement Plan: At a minimum does the Agency's Internal Quality Assurance & Improvement Plan address the following: 4C15 - **Ask to see examples.**

7. Based on the questions already asked, are there any other systems you have in place to ensure the quality of case management services, that you would like us to be aware of? (4C20 - CoP)

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8. How do you make your agency's complaint procedure available to individuals and their guardians? (1A29)
9. How does your Agency make the Case Manager's Code of Ethics available to individuals and their guardians? (4C08 - CoP)
10. How do you make sure individuals are reminded that they may change providers at any time, as well as change types of services they receive? (4C09 - FOC)
11. Describe how your Agency/Case Managers ensures: <ul style="list-style-type: none">• The "Employment First Principle" for each individual served (4C08 - 6. - CoP): • A "Meaningful Day" for each individual served (4C08 - 7. - CoP) • The IDT explores the least restrictive Community Living Setting appropriate for the Individual. (4C07)
12. Describe your Agency's policy & procedure for informing Individual's parents or guardians how to report suspected abuse, neglect or exploitation. (1A28 - CoP)
13. Describe your Agency's policy & procedure for training staff to report Abuse, Neglect & Exploitation; (including who trains and the timelines involved) (1A28 - CoP)
14. What is your process for completing State Incident Reports as it relates to Abuse, Neglect, Exploitation and other reportable incidents? Do you conduct investigations?
15. Who is your Incident Management Coordinator? How do you oversee the, that all reportable incidents are reported, tracked & trended by the Incident Management Coordinator?
16. (Surveyor: If the agency has incidents on the late and failure report, explain the report to them and then go through the incidents. Then ask the following: As the Administrator, Do you receive notification from the Incident Management Bureau informing you this has occurred? If this does occur, what process do you have in place to ensure that late reporting or failure to report does not occur again?