



## Monthly Quality Audit

Case Manager Name: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Reviewer Name: \_\_\_\_\_

CM Annual Goals: *(Enter CM Annual goals here and review at least quarterly. Progress on goals needs noted at least quarterly.)*

CM Progress on Annual Goals: *(This can be completed during face-to-face with CM. Progress must also include date discussion held with CM.)*

**Client #1 HIPAA Name:** \_\_\_\_\_

**Case Note Quality** (Use of SMART, minimum of 1 case note per month, entered within 7 days of activity). *Is the case note of good quality and is there follow along until completion?*

\_\_\_\_ YES      \_\_\_\_ NO

**Document Library** current (All required documents uploaded in consumer file within 30 days of CM receipt, ex: BSP, Risk Plans, and PCISP agreement, pick lists, HIPAA forms):

\_\_\_\_ YES      \_\_\_\_ NO

If NO, what is missing:

**Unannounced Visit** (if applicable, at minimum 1 per year):

\_\_\_\_ YES      \_\_\_\_ NO      \_\_\_\_ NA

**Monitoring Checklist** (case note, meeting signature form, checklist completed, PCISP updates as needed). Checklists are to be completed and entered from the 15<sup>th</sup> of month in which the Service Plan quarter ends through the 15<sup>th</sup> of the month following the end of the Service Plan quarter. *Actual review of most recent Monitoring Checklist to ensure congruency across all consumer documents (current BSP, CCB, Risk Plans and PCISP are up to date and reflect the most accurate information on behalf of the individual served.)*

\_\_\_\_ YES      \_\_\_\_ NO

**PCISP Review:** Current PCISP must be person-centered to support the individual and to provide a clear picture of their vision for their future and current circumstances using first person language. Demographics, Dates, and Service Providers are current and reflective of the CCB. Utilizes "Important to/Important for" language used to describe needs in a strengths-based way. Outcomes use "I want, I need, I will" language and contain a variety of integrated supports. Risks are assessed and addressed



with risk plans attached. Reviewed at least semi-annually and updated at least annually for the same 365 day cycle as the CCB.

☐ YES ☐ NO

***Congruency:*** All the documents PCISPs, BSPs, Risk Plans, CCBs, etc. need to be reviewed and compared to one another to make sure that supervision levels, restrictions, risk mitigation, and any special instructions are congruent/addressed in all documents.

☐ YES ☐ NO

**Client #2 HIPAA Name:** \_\_\_\_\_

**Case Note Quality** (Use of SMART, minimum of 1 case note per month, entered within 7 days of activity). *Is the case note of good quality and is there follow along until completion?*

☐ YES ☐ NO

**Document Library** current (All required documents uploaded in consumer file within 30 days of CM receipt, ex: BSP, Risk Plans, and PCISP agreement, HIPAA forms):

☐ YES ☐ NO

If NO, what is missing:

**Unannounced Visit** (if applicable, at minimum 1 per year):

☐ YES ☐ NO ☐ NA

**Monitoring Checklist** (case note, meeting signature form, checklist completed, PCISP updates as needed). Checklists are to be completed and entered from the 15<sup>th</sup> of month in which the Service Plan quarter ends through the 15<sup>th</sup> of the month following the end of the Service Plan quarter. *Actual review of most recent Monitoring Checklist to ensure congruency across all consumer documents (current BSP, CCB, Risk Plans and PCISP are up to date and reflect the most accurate information on behalf of the individual served.)*

☐ YES ☐ NO

**PCISP Review:** Current PCISP must be person-centered to support the individual and to provide a clear picture of their vision for their future and current circumstances using first person language. Demographics, Dates, and Service Providers are current and reflective of the CCB. Utilizes "Important to/Important for" language used to describe needs in a strengths-based way. Outcomes use "I want, I need, I will" language and contain a variety of integrated supports. Risks are assessed and addressed with risk plans attached. Reviewed at least semi-annually and updated at least annually for the same 365 day cycle as the CCB.



\_\_\_\_ YES      \_\_\_\_ NO

***Congruency:*** All the documents PCISPs, BSPs, Risk Plans, CCBs, etc. need to be reviewed and compared to one another to make sure that supervision levels, restrictions, risk mitigation, and any special instructions are congruent/addressed in all documents.

\_\_\_\_ YES      \_\_\_\_ NO

**ACTION ITEMS/FOLLOW UP REQUIRED:**

**Plan To Address:**

**Other Feedback:**

**Noticeable Trends:**

**Previous QA Closed:** \_\_\_\_ YES      \_\_\_\_ NO

Case Manager Signature \_\_\_\_\_ Date: \_\_\_\_\_

Reviewer Signature \_\_\_\_\_