**SUPERVISOR TRAINING GUIDE**

**Position:** Case Management Supervisor

**Reports Directly To:** Quality and Compliance Officer

**Our Vision:** Inspire Case Management will be dedicated to being an advocate and fundamental resource to creating the most independent life for the individuals we serve.

**Our Mission:** Inspire Case Management Inc. strives to be part of a world without barriers, where everyone has the opportunity and the right to make choices. We aim to recognize and give our participants the tools and resources to successfully navigate each transition in life, including building social connections and independence: employment preparation, training and experience; and fun and engaging activities that offer families an opportunity to refresh and recharge. Inspire Case Management Inc. will work in a team approach to improve individual’s quality of life.

NOTE: All Inspire employees receive a copy of our Employee Handbook. The Employee Handbook outlines all Policy and Procedures implemented with all employees of Inspire Case Management. This guide is specifically to address the Roles and Responsibilities of our Case Management Supervisors.

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**Supervisor’s Initial 90-days of Training/Shadowing:**

All new employees to Inspire or to a new position within Inspire will automatically start in our process called the “Working Test Period”. The length of this Working Test Period is six months. The working test period may be extended for the same amount of time as the original working test period. The purpose of the working test period is to determine whether the new employee (Case Manager or Supervisor) has been satisfactory and whether or not Inspire will continue their employment. At least once during each working test period your appointing Supervisor shall prepare an initial 90-day performance evaluation. If the employee does not successfully complete the Working Test Period, one or more of the following actions will be taken:

* 1. Their Working Test Period maybe be extended an additional six months and employee is put on a Quality Improvement Plan.
  2. They may be demoted to another position within the organization.
  3. They could be dismissed from employment with Inspire Case Management.

Supervisors new to Inspire will complete the following:

* 2-day Orientation process same for all Inspire Employees.
* All initial internal trainings and state required trainings required.
* 1-day additional Orientation for all Inspire Case Management Supervisors.
* Review the Policies and Procedures of this Training Guide.
* Computer training – how to run all the required audits.
* Quality Monthly Audit Training – Training on the Quality Monthly Audit Training Rubric.

Supervisors will also be assigned a “mentor”. These are typically current Supervisors with Inspire and have been employed as a Supervisor with Inspire for a minimum of at least 1 year.

Supervisors will have weekly touch points with their direct report, the Quality and Compliance Officer. These can be held in-person or virtually. Inspire’s Quality Compliance Officer is responsible for the ongoing training and oversight of all Case Management Supervisors. Supervisor will meet weekly with the Quality Compliance Officer for a minimum of 90 days. Any additional training needs after the initial 90 days will be reviewed and discussed during the Supervisor’s initial 90-day evaluation.

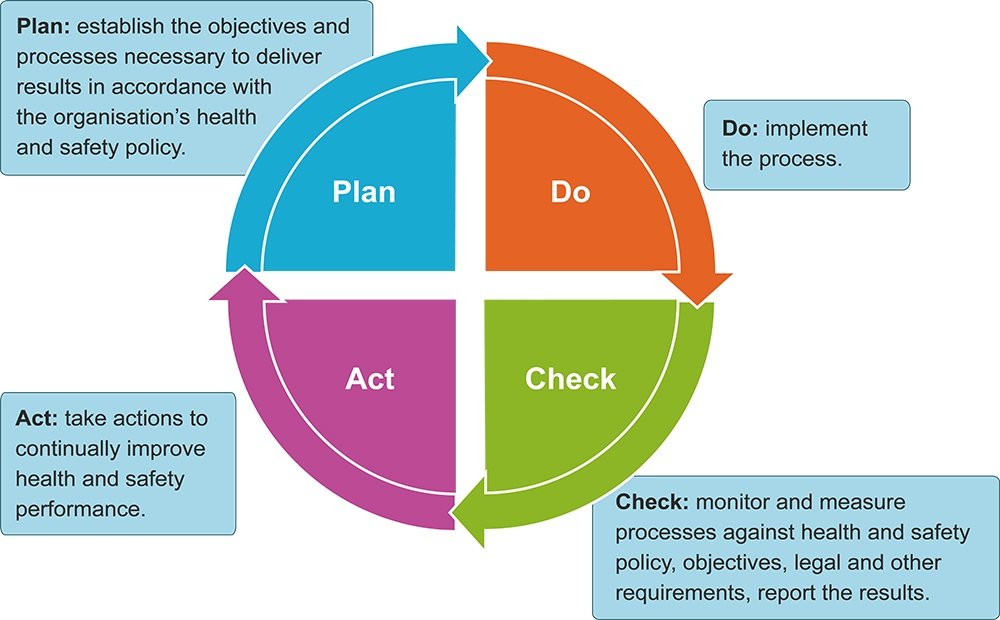
Shadowing of all Supervisory Duties are required and will be completed with either the Quality Compliance Officer, CEO or by the Supervisor’s assigned mentor.

**The Plan-Do-Check-Act Procedure**

1. Plan: Recognize an opportunity and plan a change.
2. Do: Test the change. Carry out a small-scale study.
3. Check: Review the test, analyze the results, and identify what you've learned.
4. Act: Take action based on what you learned in the study step.

**Why the Plan-Do-Check-Act Procedure**

1. It provides a simple and effective approach for solving problems.
2. Helps to manage change.
3. Is useful for testing improvement measures on a small scale before updating procedures and working practices agency wide.
4. Provides continuous quality improvement.



## **What is "Management"? What Do Managers Do?**

### **What is "Management"?**

#### **Traditional Interpretation -** There are a variety of views about this term. Traditionally, the term "management" refers to the set of activities, and often the group of people, involved in four general functions, including planning, organizing, leading, and coordinating activities. (Note that the four functions recur throughout the organization and are highly integrated.)

#### **Another Interpretation -** Some writers, teachers and practitioners assert that the above view is rather outmoded, and that management needs to focus more on leadership skills, e.g., establishing vision and goals, communicating the vision and goals, and guiding others to accomplish them. They also assert that leadership must be more facilitative, participative, and empowering in how visions and goals are established and carried out. Some people assert that this really isn't a change in the management functions, rather it's re-emphasizing certain aspects of management.

### **What Do Managers Do?**

Both of the above interpretations acknowledge the major functions of planning, organizing, leading and coordinating activities -- they put different emphasis and suggest different natures of activities in the following four major functions. They still agree that what managers do is the following:

1. **Planning -** including identifying goals, objectives, methods, resources needed to carry out methods, responsibilities, and dates for completion of tasks. Examples of planning are strategic planning, business planning, project planning, staffing planning, advertising and promotions planning, etc.
2. **Organizing Resources -** to achieve the goals in an optimum fashion. Examples are organizing new departments, human resources, office and file systems, re-organizing businesses, etc.
3. **Leading -** Including to set direction for the organization, groups and individuals and also influences people to follow that direction. Examples are establishing strategic direction (vision, values, mission and/or goals) and championing methods of organizational performance management to pursue that direction.
4. **Controlling, or Coordinating -** This occurs with the organization's systems, processes, and structures to effectively and efficiently reach goals and objectives. This includes ongoing collection of feedback, and monitoring and adjustment of systems, processes and structures accordingly. Examples include use of financial controls, policies and procedures, performance management processes, measures to avoid risks etc. Another common view is that "management" is getting things done through others. Yet another view, quite apart from the traditional view, asserts that the job of management is to support employee's efforts to be fully productive members of the organizations and citizens of the community.

## **What is "Supervision"? What Do Supervisors Do?**

### **What is "Supervision"?**

There are several interpretations of the term "supervision", but typically supervision is the activity carried out by Supervisors to oversee the productivity and progress of employees who report directly to the Supervisors. For example, first-level Supervisors supervise entry-level employees. Depending on the size of the organization, middle-managers supervise first-level Supervisors, chief executives supervise middle-managers, etc. Supervision is a management activity and Supervisors have a management role in the organization.

### **What Do Supervisors Do?**

Supervision of a group of employees often includes

1. Conducting basic management skills (decision making, problem solving, planning, delegation, and meeting management)
2. Organizing their department and teams
3. Noticing the need for and designing new job roles in the group
4. Hiring new employees
5. Training new employees
6. Employee performance management (setting goals, observing, and giving feedback, addressing performance issues, firing employees, etc.)
7. Conforming to personnel policies and other internal regulations

## **Core Skills in Management & Supervision**

## Problem Solving and Decision Making

Much of what managers and Supervisors do is solve problems and make decisions. New managers and Supervisors, in particular, often solve problems and decisions by reacting to them. They are "under the gun", stressed and very short for time. Consequently, when they encounter a new problem or decision they must make, they react with a decision that seemed to work before. It's easy with this approach to get stuck in a circle of solving the same problem over and over again. Therefore, as a new manager or Supervisor, get used to an organized approach to problem solving and decision making. Not all problems can be solved, and decisions made by the following, rather rational approach. However, the following basic guidelines will get you started. Don't be intimidated by the length of the list of guidelines. After you've practiced them a few times, they'll become second nature to you -- enough that you can deepen and enrich them to suit your own needs and nature.

(Note that it might be more your nature to view a "problem" as an "opportunity". Therefore, you might substitute "opportunity" for "problem" in the following guidelines.)

1. **Define the problem -** This is often where people struggle. They react to what they think the problem is. Instead, seek to understand more about why you think there's a problem. **Defining the problem: (with input from yourself and others) -** Ask yourself and others, the following questions:
   1. What can you see that causes you to think there's a problem?
   2. Where is it happening?
   3. How is it happening?
   4. When is it happening?
   5. With whom is it happening? (HINT: Don't jump to "Who is causing the problem?" When we're stressed, blaming is often one of our first reactions. To be an effective Supervisor, you need to address issues more than people.)
   6. Why is it happening?
   7. Write down a five-sentence description of the problem in terms of "The following should be happening, but isn't ..." or "The following is happening and should be: ..." As much as possible, be specific in your description, including what is happening, where, how, with whom and why. (It may be helpful at this point to use a variety of research methods.

#### **Defining complex problems:** If the problem still seems overwhelming, break it down by repeating steps a-f until you have descriptions of several related problems.

#### **Verifying your understanding of the problems:** It helps a great deal to verify your problem analysis for conferring with a peer or your Quality Compliance Officer.

#### **Prioritize the problems:**

#### If you discover that you are looking at several related problems, then prioritize which ones you should address first.

#### Note the difference between "important" and "urgent" problems. Often, what we consider to be important problems to consider are really just urgent problems. Important problems deserve more attention. For example, if you're continually answering "urgent" phone calls, then you've probably got a more "important" problem and that's to design a system that screens and prioritizes your phone calls.

#### **Understand your role in the problem:** Your role in the problem can greatly influence how you perceive the role of others. For example, if you're very stressed out, it'll probably look like others are, too, or you may resort too quickly to blaming and reprimanding others. Or you are feeling very guilty about your role in the problem, you may ignore the accountabilities of others.

#### **Look at potential causes for the problem**

#### It's amazing how much you don't know about what you don't know. Therefore, in this phase, it's critical to get input from other people who notice the problem and who are affected by it.

#### It's often useful to collect input from other individuals one at a time (at least at first). Otherwise, people tend to be inhibited about offering their impressions of the real causes of problems.

#### Write down what your opinions and what you've heard from others.

#### Regarding what you think might be performance problems associated with an employee, it's often useful to seek advice from a peer or your direct report in order to verify your impression of the problem.

#### Write down a description of the cause of the problem and in terms of what is happening, where, when, how, with whom and why.

### **Identify alternatives for approaches to resolve the problem -** At this point, it's useful to keep others involved (unless you're facing a personal and/or employee performance problem). Brainstorm for solutions to the problem. Very simply put, brainstorming is collecting as many ideas as possible, then screening them to find the best idea. It's critical when collecting the ideas to not pass any judgment on the ideas -- just write them down as you hear them.

### **Select an approach to resolve the problem -** When selecting the best approach, consider:

### Which approach is the most likely to solve the problem for the long term?

### Which approach is the most realistic to accomplish for now? Do you have the resources? Are they accessible? Do you have enough time to implement the approach?

### What is the extent of risk associated with each alternative? (The nature of this step, in particular, in the problem solving process is why problem solving and [decision making](https://managementhelp.org/personalproductivity/problem-solving.htm) are highly integrated.)

### **Plan the implementation of the best alternative (this is your action plan)**

### Carefully consider "What will the situation look like when the problem is solved?"

### What steps should be taken to implement the best alternative to solving the problem? What systems or processes should be changed in your organization, for example, a new policy or procedure? Don't resort to solutions where someone is "just going to try harder".

### How will you know if the steps are being followed or not? (These are your indicators of the success of your plan)

### What resources will you need in terms of people, providers, and facilities?

### How much time will you need to implement the solution? Write a schedule that includes the start and stop times, and when you expect to see certain indicators of success.

### Who will primarily be responsible for ensuring implementation of the plan?

### Write down the answers to the above questions and consider this as your action plan.

### Communicate the plan to those who will be involved in implementing it and, at least, to your immediate Supervisor.

### (An important aspect of this step in the problem-solving process is continual observation and feedback.)

### **Monitor implementation of the plan -** Monitor the indicators of success:

### Are you seeing what you would expect from the indicators?

### Will the plan be done according to schedule?

### If the plan is not being followed as expected, then consider: Was the plan realistic? Are there sufficient resources to accomplish the plan on schedule? Should more priority be placed on various aspects of the plan? Should the plan be changed?

### **Verify if the problem has been resolved or not -** One of the best ways to verify if a problem has been solved or not is to resume normal operations in the organization. Still, you should consider:

### What changes should be made to avoid this type of problem in the future? Consider changes to policies and procedures, training, etc.

### Lastly, consider "What did you learn from this problem solving?" Consider new knowledge, understanding and/or skills.

### Consider writing a brief memo that highlights the success of the problem-solving effort, and what you learned as a result. Share it with your Case Managers, peers and subordinates.

## **Planning**

### **Quick Look at Some Basic Terms -** Planning typically includes use of the following basic terms.

### NOTE: It's not critical to grasp completely accurate definitions of each of the following terms. It's more important for planners to have a basic sense for the difference between goals/objectives (results) and strategies/tasks (methods to achieve the results).

### **Goals -** Goals are specific accomplishments that must be accomplished in total, or in some combination, in order to achieve some larger, overall result preferred from the system, for example, the mission of an organization.

### **Strategies or Activities -** These are the methods or processes required in total, or in some combination, to achieve the goals.

### **Objectives -** Objectives are specific accomplishments that must be accomplished in total, or in some combination, to achieve the goals in the plan. Objectives are usually "milestones" along the way when implementing the strategies.

### **Tasks -** Particularly in smaller organizations like ours, employees are assigned various tasks required to implement the plan. If the scope of the plan is very small, tasks and activities are often essentially the same.

### **Resources -** Resources include the people, materials, technologies, money, etc., required to implement the strategies or processes.

### **Guidelines to Ensure Successful Planning and Implementation -** A common failure in many kinds of planning is that the plan is never really implemented. Instead, all focus is on writing a plan document. Too often, the plan sits collecting dust on a shelf. Therefore, most of the following guidelines help to ensure that the planning process is carried out completely and is implemented completely or, deviations from the intended plan are recognized and managed accordingly.

### **Involve the Right People in the Planning Process -** Going back to the reference to systems, it's critical that all parts of the system continue to exchange feedback in order to function effectively. This is true no matter what type of system. When planning, get input from everyone who will be responsible to carry out parts of the plan, along with representative from groups who will be affected by the plan. Of course, the Quality Compliance Officer also should be involved if they will be responsible to review and authorize the plan.

#### **Write Down the Planning Information and Communicate it Widely -** New Supervisors, in particular, often forget that others don't know what all they are responsible for doing on a day-to-day. Even if Supervisors do communicate their intentions and plans verbally, chances are great that others won't completely hear or understand what the Supervisor wants done. Also, as plans change, it's extremely difficult to remember who is supposed to be doing what and according to which version of the plan. Key stakeholders (employees, management, board members, funders, investor, customers, clients, etc.) may request copies of various types of plans. Therefore, it's critical to write plans down and communicate them widely with all necessary parties involved.

#### **Goals and Objectives Should Be SMARTER -** SMARTER is an acronym, that is, a word composed by joining letters from different words in a phrase or set of words. In this case, a SMARTER goal or objective is:

1. Specific
2. Attainable/Acceptable
3. Realistic
4. Time Frame
5. Extending
6. Rewarding
7. **Build in Accountability (Regularly Review Who's Doing What and By When?) -** Plans should specify who is responsible for achieving each result, including goals and objectives. Dates should be set for completion of each result, as well. Responsible parties should regularly review status of the plan. Be sure to have someone of authority "sign off" on the plan, including putting their signature on the plan to indicate they agree with and support its contents. Include responsibilities in policies, procedures, job descriptions, performance review processes, etc.
8. **Note Deviations from the Plan and Replan Accordingly -** It's OK to deviate from the plan. The plan is not a set of rules. It's an overall guideline. As important as following the plan is noticing deviations and adjusting the plan accordingly. Just be sure that you are communicating these with your direct report.
9. **Evaluate Planning Process and the Plan -** During the planning process, regularly collect feedback from participants. Do they agree with the planning process? If not, what don't they like and how could it be done better? In large, ongoing planning processes (such as strategic planning, business planning, project planning, etc.), it's critical to collect this kind of feedback regularly.

During regular reviews of implementation of the plan, assess if goals are being achieved or not. If not, were goals realistic? Do responsible parties have the resources necessary to achieve the goals and objectives? Should goals be changed? Should more priority be placed on achieving the goals? What needs to be done?

Finally, take 10 minutes to write down how the planning process could have been done better. File it away and read it the next time you conduct the planning process.

1. **Recurring Planning Process is at Least as Important as Plan Document -** Far too often, primary emphasis is placed on the plan document. This is extremely unfortunate because the real treasure of planning is the planning process itself. During planning, planners learn a great deal from ongoing analysis, reflection, discussion, debates and dialogue around issues and goals in the system. Perhaps there is no better example of misplaced priorities in planning than in business ethics. Far too often, people put emphasis on written codes of ethics and codes of conduct. While these documents certainly are important, at least as important is conducting ongoing communications around these documents. The ongoing communications are what sensitize people to understanding and following the values and behaviors suggested in the codes.
2. **Nature of the Process Should Be Compatible to Nature of Planners -** A prominent example of this type of potential problem is when planners don't prefer the "top down" or "bottom up", "linear" type of planning (for example, going from general to specific along the process of an environmental scan, analysis, mission/vision/values, issues and goals, strategies, objectives, timelines, etc.) There are other ways to conduct planning.
3. **Critical -- But Frequently Missing Step -- Acknowledgement and Celebration of Results -** It's easy for planners to become tired and even cynical about the planning process. One of the reasons for this problem is very likely that far too often, emphasis is placed on achieving the results. Once the desired results are achieved, new ones are quickly established. The process can seem like having to solve one problem after another, with no real end in sight. Yet when one really thinks about it, it's a major accomplishment to carefully analyze a situation, involve others in a plan to do something about it, work together to carry out the plan and actually see some results. So, acknowledge this -- celebrate your accomplishment and the accomplishments of your Case Managers!

**COMMUNICATION**

Effective communication is the "life's blood" of an organization. Organizations that are highly successful have strong communications. One of the first signs that an organization is struggling is that communications have broken down. The following guidelines are very basic in nature, but comprise the basics for ensuring strong ongoing, internal communications.

1. All Inspire employees including Supervisors, have a 24-hour response time during working hours to return phone calls, email inquiries, state inquiries, reporting BDDS Incident Reports and responding to internal requests from management/co-workers. Even if an answer cannot be confirmed within 24 hours, a simple follow up response that “you received the message” and will follow up at a later time with specific information requested.
2. Hold monthly one-on-ones with your Case Managers. NOTE that newer Case Managers may require one-on-ones on a weekly/bi-weekly schedule until confident in their role. This could be 6 months to 1 year. It is the Supervisor’s responsibility to identify and meet the needs of their Case Managers.
3. Maintain open lines of communication. Don't hover over the subordinate, but sense what they're doing and support their checking in with you along the way.
4. Communicate as much as you can. Hold regular meetings with staff -- all of them in one meeting at least once a month. A common problem among new Supervisors (or among experienced, but ineffective ones) is not meeting unless there's something to say. There is always something to communicate, even if to say that things are going well and then share the health of your pets. New Supervisors often assume that their Case Managers know as much as they do. One of the first signs of an organization in trouble is that communications break down. Err on the side of too much communication, rather than not enough.

**CONFLICT RESOLUTION POLICY**

Inspire Case Management has a 24-hour response protocol. Inspire also has on-call management staff available 24/7 for Case Management Emergencies. Inspire also offers an open feedback channel through both their website and social media platforms. This information is provided to every individual starting services with Inspire, provided to them in their Intake Packet.

All employees have their direct report/Supervisor and emergency contact information provided on their voice mail in the case of an emergency or feedback on their services. Inspire’s website also has a “feedback and survey” tab and a “contact us” tab listed for additional feedback available at all times that is sent directly to management’s email.

**Provider Complaint Procedure**

**NON-DISCRIMINATION / GRIEVANCE AND APPEAL PROCESS**

# **NON-DISCRIMINATION**

It is the policy of Inspire Case Management to provide services to all individuals regardless of age, race, color, national origin, religion, ancestry, marital status, physical or mental impairment, or military discharge status, or any other discriminating factor.

**GRIEVANCE AND APPEAL PROCESS**

It is the policy of Inspire Case Management to ensure eligible individuals may utilize either the Complaint Procedure or the Due Process to resolve issues or problems with services from Inspire Case Management. Initially and at least annually, Inspire Case Management will inform individuals and guardians in writing and in their preferred method of communication of the complaint procedure.

# **COMPLAINT RESOLUTION POLICY**

Inspire takes conflict and complaints from individuals, family members, Case Managers and stakeholders very seriously. Inspire’s process ensures the protections of the rights of individuals currently receiving services or if there is a disagreement with the admission process. Inspire Case Management will assist individuals with the administrative resolution of complaints or any other applicable appeal procedures and processes. Inspire will investigate internally any concerns and complaints and address these if found substantial. Action will be taken with all staff on client specific issues by additional training, corrective action plans through verbal and written reports and possible termination.

1. **TIMELINES FOR RESOLVING INDIVIDUAL COMPLAINTS**

* Immediately upon receiving a complaint, Inspire’s Quality Compliance Officer (QCO) determines if any immediate action needs taken. Example (temporary staff suspension, contact with APS/DCS, policy, BDDS/BQIS).
* The CEO/QCO has 5 calendar days to investigate.
* A written report is discussed with the complainant within 10 calendar days to include next step.
* The complainant has 10 calendar days to request a review.
* The CEO/QCO or designated representative meets with the complainant within 5 days of the review. A written report is then sent to the complainant.
* An appeal to the CEO/QCO must be made within 10 days of the report.
* A meeting will be held no earlier than 10 days and no later than 15 days. The participants for the meeting will be the Individual, Advocate, Case Manager, and CEO/QCO.
* Within 5 days of the meeting, a written report of the meeting and final decision is issued based on the finding and request of the complainant.
* Action will be taken with all staff on client specific issues by additional training, corrective action plans through verbal and written reports and possible termination.
* If a complaint results in a request by an individual to change Case Managers or CMCOs, Inspire will always offer choice to the individual. Inspire Case Management never “assigns” cases and believes when an Individual is paired with a Case Manager, that this is a mutually agreed upon arrangement. Inspire believes in offering choice of Case Manager to all individuals served. It is important for individuals served and their families, to feel comfortable, supported and that their Case Manager is there to listen to their wants, needs and struggles.
  + As with any CMCO transition of Individual’s files, Inspire implements the following policy: Within 24 hours of receiving a current CMCO pick list change request, Inspire Case Management (CMCO Site Coordinator) notifies (typically via email) the new CMCO designated representative that the individual has selected their agency.
  + CMCO Site Coordinator ensures that a new CMCO picklist and Freedom of Choice forms are signed, uploaded and copies provided to necessary team members. A complete file audit will also be completed to ensure no late and/or outstanding follow up is needed prior to this transition occurring. This includes but is not limited to the following: the Service Plan and PCISP updated to include the new case management company, a case note summarizing the transition to the new CMCO and closing out any open BDDS Incident Reports or coordinating follow up with the new CMCO as needed.
  + Once all follow up items are completed, Inspire schedules a transition meeting with individual, their team, and new CMCO. This meeting can be in person or via telephone, taking into consideration what is most appropriate for the waiver participant. Inspire Case Management takes Individual’s choice of providers very seriously. This complete transition process for a new CMCO typically occurs within 72 hours, but no later than 7 days (unless the individual has requested additional time/specific date for this to occur).

1. **PROCESS FOR IDENTIFYING AND ADDRSSING SYSTEMIC ISSUES**

* During Quarterly Management Reviews, all complaints for the agency are reviewed to not only discuss individual complaints but also to identify and discuss any identified systemic issues or needed changes company wide.
* Review and revising any needed internal policies and distribute to appropriate staff.
* Education and retraining provided to appropriate staff on key health and safety issues impacting individuals with intellectual disabilities.
* Revising the information required to report an incident and collaborating with provider groups to obtain better training for direct care staff.
* In collaboration with the Office of Medicaid Policy and Planning (OMPP), Inspire Case Management will share the data reviewed and remediation actions taken with BDDS/BQIS in the annual and requested reports and in periodic evidence-based reports.

# **DUE PROCESS**

* Inspire Case Management will notify in writing of any denial, reduction, or termination of service(s) 15 days before any service action occurs (the effective date of action).
* Inspire Case Management must provide documentation to the individual the reason(s) for the action and provide information on how to request an appeal process.

# **460 IAC 6-8-3 Promoting the exercise of rights**

Authority: IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1

Sec. 3. To protect an individual's rights and enable an individual to exercise the individual's rights, a provider shall do the following:

* Provide an individual with humane care and protection from harm.
* Provide services that: Indiana Administrative Code Page 33 SUPPORTED LIVING SERVICES AND SUPPORTS (A) are meaningful and appropriate; and (B) comply with:
  + Standards of professional practice.
  + Guidelines established by accredited professional organizations if applicable.
  + Budgetary constraints; in a safe, secure, and supportive environment.
* Obtain written consent from an individual, or the individual's legal representative, if applicable, before releasing information from the individual's records unless the person requesting release of the records is authorized by law to receive the records without consent.
* Process and make decisions regarding complaints filed by an individual within two (2) weeks after the provider receives the complaint.
* Inform an individual, in writing and in the individual's usual mode of communication, of:
  + the individual's constitutional and statutory rights using a form approved by the BDDS; and
  + the complaint procedure established by the provider for processing complaints.

**LEADERSHIP**

**Recognize accomplishments** - Our society promotes problem solvers. We solve one problem and quickly move on to the next. The culture of many organizations rewards problem solvers. Once a problem is solved, we quickly move on to the next to solve that one, too. Pretty soon we feel empty. We feel as if we're not making a difference. Our Case Manager do, too. So, in all your plans, include time to acknowledge accomplishments -- if only by having a good laugh over a cup of coffee, do take time to note that something useful was done.

* You should always have gift cards readily available to recognize and award your staff. These are supplied by Inspire. Requests for additional cards should be made to Mandy Trimble. Below are some examples of when you might want to highlight and reward one of your Case Managers.
  + They did something positive.
  + They went above and beyond their job duties to support one of their individuals.
  + They share a valuable resource to the entire Inspire team.
  + They share a tool they’ve created themselves with the entire Inspire team.
  + You’ve seen them have to work extra hard over a specific period of time. Maybe due to some unforeseen case issue or multiple things occurring at one time for that Case Manager.
  + They have volunteered for an event/activity in our community.

**Corporate Compliance Notice -** Inspire Case Management is committed to the delivery of case management services in an environment characterized by strict conformance with the highest standards ofaccountability. Inspire strives to provide services with quality by being committed to the prevention and detection of fraud, waste, abuse, fiscal mismanagement, andother wrongdoing.

In order to reach the goal, Inspire Case Management emphasizes:

* The prevention of wrongdoing- whether intentional or unintentional through training, account- ability, and ethical service-oriented leadership.
* Immediate reporting and investigation of questionable activities and practices without consequences to the reporting party.
* Appropriate and timely correction of any situation which could potentially put its consumers, Inspire its leadership, or employees at risk. Any person wishing to submit a report of any suspected case of waste, fraud, abuse, or other wrongdoing can do so confidentially and without fear of retaliation. Reports can be submitted in person or by mail, tele- phone, fax, or email to Inspire Case Manager’s Compliance Officer.

**Ethical Codes of Conduct Policy on Waste, Fraud, Abuse, and Other Wrongdoing -** Inspire Case Management includes an Ethical Code of Conduct within the Employee Handbook. The document clearly defines repercussions of any violation of ethical code. Inspire Case Management is committed to being in accordance with the accepted principles of right and wrong that govern the conduct of case management. The DDRS Policy is strictly adhered to and is included in the Inspire Employee Handbook.

The Inspire Case Management Compliance clearly addresses the following areas:

* The prevention of wrongdoing- whether intentional or unintentional through training, accountability, and ethical service-oriented leadership.
* Immediate reporting and investigation of questionable activities and practices without consequences to the reporting party.
* Appropriate and timely correction of any situation which could potentially put its consumers, Inspire, its leadership, or employees at risk.

Inspire Case Managemen**t** is dedicated to the delivery of services in an environment characterized by strict conformance with the highest standards of accountability for administration, service delivery, business, marketing, human resources, and financial management. The leadership of Inspire is fully committed to the need to prevent and detect fraud, fiscal mismanagement, and other wrongdoing. Inspire is committed to the establishment, implementation, and maintenance of a corporate compliance program to ensure ongoing monitoring and compliance with all legal and regulatory requirements. The program will emphasize:

All new staff receive training on these ethics policies during New Staff Orientation and annually thereafter.

**Personal Relationships with Leadership -** Inspire Case Management strives to provide a work environment that is collegial, respectful, and productive. This policy establishes rules for the conduct of personal relationships between employees, including Supervisory personnel, in an attempt to prevent conflicts and maintain a productive and friendly work environment. Personal Relationships (family members, significant other, etc.) will NOT be permitted to directly supervise one another. Inspire requires at least 2 levels of Leadership separating the Personal Relationship within the agency in order to attempt to prevent conflicts and maintain a productive and friendly work environment.

**INTERPERSONAL SKILLS**

Interpersonal relationships that you form at work serve a critical role in both your work success and career progress. Positive interpersonal relationships will allow effective communication and understanding among employees. Relating to your “boss” is one of the most important relationships you will establish as you begin your career, and with each new position you take in the future. Be sure what you do and how you perform supports the direction of your management team. Remember, you cannot become a good leader until you learn how to become a good assistant. Show your Case Managers and management team that you are a “team player.” Here are a few methods that you can use to help make your Case Managers and management team aware that you are dependable and confident in your abilities:

* Show respect.
* Give your best.
* Be honest.
* Keep lines of communication open.
* Maintain boundaries.
* Be positive.
* Manage your emotions.
* Be open to feedback.

**Examples of strong interpersonal skills:**

1. **Active listener –** what motivates one Case Manager, may not be what motivates another. Listening to their needs and learning what motivates each of your Case Managers.
2. **Teamwork –** meeting face-to-face with your Case Managers each month, not only shows them you are there to support them, but it allows for “team” growth and “team support” of each other.
3. **Responsible** - The Supervisor's overall role is to communicate organizational needs, oversee employees' performance, provide guidance, support, identify development needs, and manage the reciprocal relationship between staff and the organization so that each is successful.
4. **Dependable -** Dependable Supervisors can be relied on in any given situation. This can include anything from being punctual to keeping promises. Employees highly value dependable Supervisors and trust them.
5. **Leadership -** You want to be able to set up an environment where your Case Managers feel the most motivated and empower themselves. The key is knowing how to set up the environment for each of your Case Managers.
6. **Motivated –** Enthusiasm is contagious. If you're enthusiastic about your job, it's much easier for others to be, too. Also, if you're doing a good job of taking care of yourself and your own job, you'll have much clearer perspective on how others are doing in theirs.
7. **Flexible –** Being flexible can help employees learn to stay abreast of change and continuing to produce their best work amid changes. In addition, flexible Supervisors are also better problem solvers, as they know that each problem is a unique situation that may call for a unique response.
8. **Patience -** Patience allows you to persevere and make more productive decisions, often leading to greater success as a Supervisor.
9. **Empathy -** A Supervisor’s emotional intelligence is how well they understand the needs and feelings of others. Supervisors who are empathetic or compassionate employees, create a positive, high-functioning workplace.

Recognize when your Case Managers appear stressed or are struggling. Different people show their stress in different ways. Some people have "blow ups". Some people get very forgetful. Some people lose concentration. For many people, they excel at their jobs, but their home life falls apart. Know your signs of stress. Tell someone else what they are. Ask them to check in with you every two weeks to see how you are doing. Every two weeks, write down how you are doing -- if only for a minute. Stick in it a file marked "%\*#)%&!!#$".

Keep perspective. Keep focused on meeting the needs of your Case Managers.

**TIME AND PRIORITY MANAGEMENT**

**Time management** is a technique for using your time more effectively. Organize your professional and personal tasks based on how urgent and important they are and take care of the most urgent and important first, followed by activities that are not urgent but still important. By prioritizing your workload, you can focus your time and energy where they matter most.

**Monitor your work hours** - The first visible, undeniable sign that things are out of hand is that you're working too many hours. Note how many hours you are working per week. Set a limit and stick to that limit. Ask your Quality Compliance Officer and/or Owners of Inspire for guidance.

**Recognize what's important from what's urgent -- fix the system, not the problem**  
One of the major points that experienced Supervisors make is that they've learned to respond to what's important, rather than what's urgent. Phone calls, sick employees, lost paperwork, disagreements amongst team members, all seem to suddenly crop up and demand immediate attention. It can seem like your day is responding to one crisis after another. As you gain experience, you quit responding to the crisis and instead respond to the problem that causes the crises. You get an answering machine or someone else to answer the phone. You plan for employees being gone for the day -- and you accept that people get sick. You develop a filing system to keep track of your paperwork. You learn basic skills in conflict management. Most important, you recognize that management is a process -- you never really "finish" your to-do list -- your list is there to help you keep track of details. Over time, you learn to relax.

To help you work more efficiently, we’ve provided some of the guidelines that drive successful time management skills.

* Start your workday early.
* Set priorities and goals when planning your day
* Categorize your tasks
* Focus on one task at a time
* Learn to delegate
* Apply the 80/20 rule - 20 percent of actions drive 80 percent of results.
* Pencil in some time for distractions and interruptions

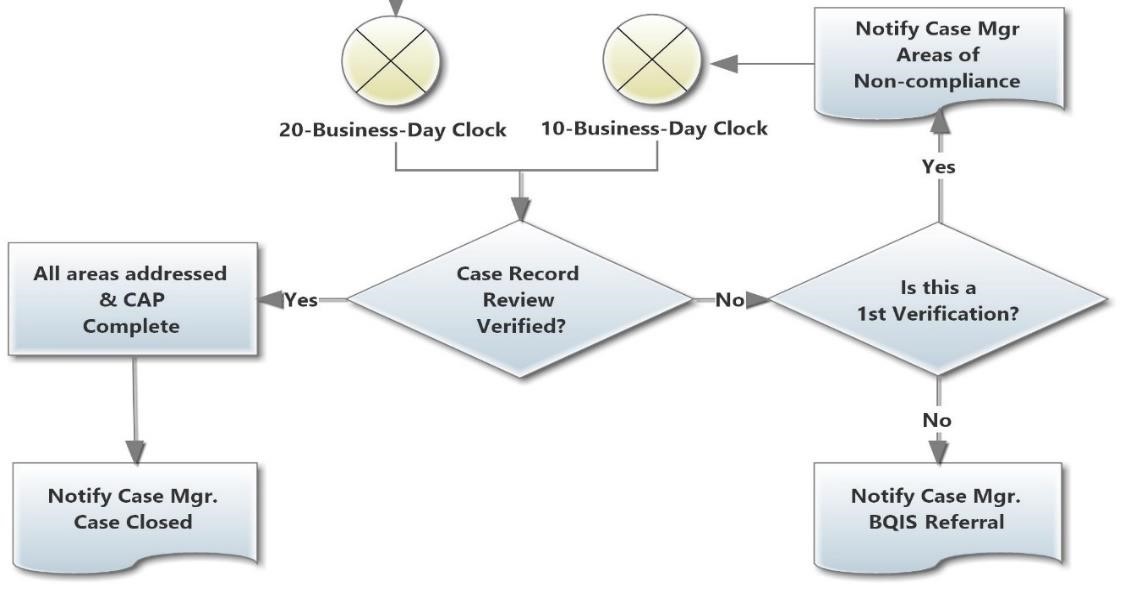
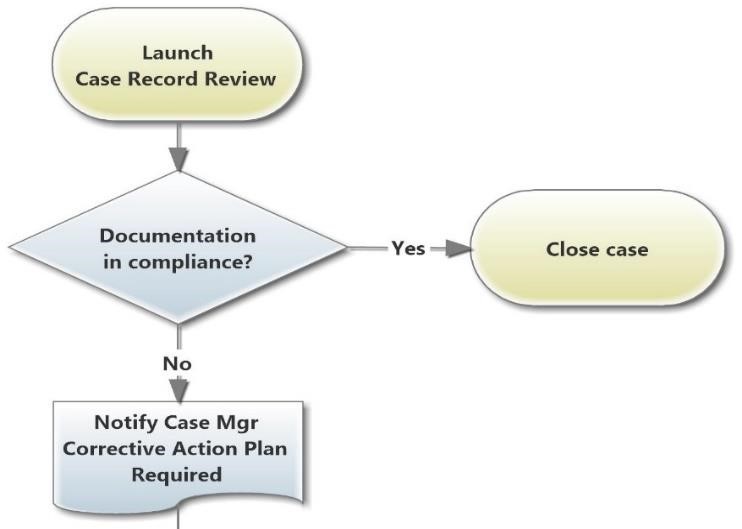
**PROBLEM SOLVING**

**\*Both Case Manager and Supervisor shall follow the processes outlined in their Employee Handbook. This section specifically addresses the “Supervisor’s additional role” for each of these items.**

**Case Record Reviews Interpretive Guidelines**

**Case Record Review (CRR)**

**Corrective Action Plan (CAP) Processing**



**CRR Supervisor Responsibility:**

1. The Supervisor will reach out to the Quality Compliance Officer for verification once notified by the Case Manager that they have been issued a CRR on a particular individual on their case load.
2. The Supervisor will review with the Case Manager what corrective action steps are required (in person or virtually) so it is clear what is being asked and required.
3. Supervisor will review timeline for completion with the Case Manager.
4. Case Manager is responsible for notifying the Supervisor once the corrective action items have been completed. It is the Supervisors responsibility to verify completion.
5. Once verified, the Supervisor will notify the Quality Compliance Officer to confirm completion prior to due date.
6. If the Supervisor has questions or concerns regarding the CRR request, they should immediately reach out to the Quality Compliance Officer to request additional support or clarification.

**BMR/BRQ Supervisor Responsibility**

1. The Supervisor is responsible for the submission of all BMR and BRQs needing submitted on behalf of the Case Manager’s they directly supervise.
2. The Case Manager is responsible for notifying their Supervisor when they have a BMR or BRQ ready for review.
3. The Supervisor is responsible for reviewing all areas in the request to ensure all fields have been completed correctly by the Case Manager and that it is ready to be submitted to the state for review.
4. If the Supervisor finds anything missing or incorrect on the request, it is the Supervisor’s responsibility to notify the Case Manager and confirm what is still needed. If updates need made, the Case Manager will complete the update and resubmit for Supervisor review and submission.
5. If requests for more information arise from the State after the submission of the BMR or BRQ, the Case Managers should speak with their Supervisor to assist with the requested information. If the Supervisor has any follow up questions they cannot answer, they should immediately reach out to the Quality Compliance Officer for support or clarification.

**Open Critical Incidents Supervisor Responsibilities**

1. Supervisors are responsible for auditing each Case Manager’s file on proper IR completion and follow up. This is a routine audit all Supervisors are responsible for monitoring.
2. The Supervisor should be immediately notified either by their Case Manager or the Quality Compliance Officer of an “Open Critical Incident Report”. The Supervisor is responsible to ensure timely submission of these Open Critical Reports and assist the Case Manager with any support or follow up actions needed by the Case Manager.
3. For Open Critical IRs labeled, Protective measures do not appear to be in place:
   1. Supervisor should ensure the Case Manager must follow-up within24 hours of the time the notice of critical event is communicated to the Case Manager to determine the individual’s current status and ensure his or her health and safety. This must be done via a live, person-to-person contact with the individual, guardian if applicable, and/or provider.
   2. Supervisor should ensure the Case Manager also Establishes person-to-person contact with the individual’s support team and the specific service provider within 24 hours of the date and time the notice of the critical event is communicated to the Case Manager.
   3. It is the Supervisor’s responsibility to ensure all of individual’s health and safety needs are being met and any supports have been implemented appropriately and in a timely manner by the Case Manager and support team.
   4. The Supervisor will ensure that the critical event follow-up report is submitted by the Case Manager to BQIS within72 hours of the time the notice of critical event is communicated.
   5. It is the Supervisor’s responsibility to ensure their Case Manager submits all applicable information from the critical event follow-up report, in the case notes for the individual within 72 hours.
   6. The Supervisor is responsible for monitoring Open Critical IR follow up submissions by their Case Manager until the State has declared them closed.

**Review of BDDS Transition Plans Supervisor Responsibility**

1. The Supervisors will review open transitions to ensure staff are submitting necessary updates within the appropriate timeframes. This includes the initial submission prior to the actual transition due date, the 7-day post, and 30-day post.
2. It is the role of the Supervisor to review and submit completed Transition Plans needing BDDS final approval.
3. It is the Supervisor’s responsibility to review the Transition Plan and ensure all required fields are documented and all required transition documents are uploaded in the Individual’s waiver file in the Portal.
4. Supervisor will either approve the Transition Plan and submit to BDDS for approval OR they will return the Transition Plan to the Case Manager for corrections.
5. Once the initial Transition Plan is approved by BDDS, the Supervisor will continue to monitor CM’s progress on the Transition Plan through the audit tool provided in the Portal, following up directly with the Case Manager when needed.

**Provider Closure Procedures Supervisor Responsibilities**

1. In the event that a provider closure occurs, BQIS will reach out to the Quality Compliance Officer with a grid addressing all individuals and the Case Managers that are needing a transition.
2. Quality Compliance Officer will email the list to the Case Manager and the Supervisor with the grid provided.
3. The Supervisor will work with the Case Manager to ensure all of the steps are completed and that the Case Manager is following up with the teams, case noting the information properly, uploading documentation, and completing all other administrative duties that will complete the transition process.
4. The Supervisor will ensure that the grid is completely filled out and sent to the Quality Compliance Officer in the timeframes provided by BQIS.
5. Supervisors are responsible for assisting those individuals/families that the Case Manager has identified as being “more resistant” to change providers. Supervisors should provide direct support to their Case Managers throughout this entire process.

**Mortality Review Supervisor Responsibility**

For any notification of a Mortality, the Case Manager, their direct Supervisor and the Quality Compliance Officer should all be notified within 24 hours.

The Supervisor will assist the Case Manager in a supportive role for gathering and obtaining required documents that are requested from the Quality Compliance Officer and/or BQIS throughout the duration of the Mortality Review process.

**When to include the Quality Compliance Officer.**

**Supervisors are to immediately contact the Quality Compliance Officer in the event of:**

* Significant wrongdoing, misconduct, or ethical lapses.
* Allegations and BQIS Formal complaints.
* Timelines and deadlines are not consistently being met by staff.
* Disciplinary action is needed, and a Work Improvement Plan is required.
* Breach of policy and procedure
* CRRs and CAPs issued from BQIS
* Whenever a Supervisor is unclear how to direct a Case Manager or a specific situation, they should immediately reach out to the Quality Compliance Officer first. If the Supervisor feels it needs escalated to the owners of Inspire, they have the authority to call either owner with their question/concern.
* When in doubt, reach out!

**No Response Policy Supervisor Responsibility**

If you have a Case Manager who cannot reach one of their individuals for more than 30 days, they are required to notify their Supervisor.

* The Supervisor should attempt to make contact with the individual/family and case note their attempts.
* If at 60 days, neither the Case Manager nor Supervisor still cannot make contact, the Supervisor shall do the following.
  + Notify the Quality Compliance Officer and request they send a “No Response Letter” via postal mail to the individual/family, requesting a response within 30 days.
  + Supervisor will also notify BDDS (including all the attempts made to contact individual/family including the letter sent by the QCO).
  + 30 days after the “No Response” letter has been mailed and no response yet from the individual/family, the Case Manager’s Supervisor will confirm with BDDS that it is okay to Terminate waiver status at this time.
  + Once BDDS confirms the termination of waiver services for that individual, that information is then forwarded to Leigh Ann Williams to complete DEW to terminate the waiver.

**INITIAL 90 DAYS WITH A NEW CASE MANAGER**

Inspire’s plan to train effective and meaningful Case Managers is through mentoring and leadership skills of Supervisors and through cross training from seasoned Case Managers within the organization. All Case Managers new to the organization undergo at least a 90-day extensive Orientation training curriculum in addition to being on a Working Test Period for at least 6 months. For the initial 90 days, Case Managers will have weekly touch points with their Supervisor at least weekly in person/virtually for ongoing on the job training needs and development. Case Managers will shadow seasoned Case Managers to individual and team meetings to get firsthand understanding of facilitating meetings and the proper use of Life course tools provided and used during these team meetings. This is used to develop an outstanding plan for persons served. All Case Managers are provided a Case Management Handbook that also provides the CM with helpful tools, resources, and important day to day documents.

The Supervisor will have weekly touch points with their Case Manager for at minimum, the first 90-days of the new Case Manager’s employment with Inspire. This will be reviewed at the new Case Manager’s initial 90-day evaluation and determined if this weekly touchpoint requirement should be extended further. The Supervisor will also use the following checklists to ensure Case Managers compliance and progress with all initial training requirements.

Insert Initial/Annual Training Grid

New Hire Checklist

Shadowing Form

**New Hire Checklist**

Table

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Table

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**Training Checklist**

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**Initial Training Verification**

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All Inspire Case Management employees and Case Managers are trained and supported with a “team approach” attitude and that is also reflected internally as well. Our Case Managers are encouraged to reach out to anyone on the management team for any reason and when simply asked for additional support, any member of the management team (no matter who your direct support is), will jump in and assist where needed. Whether this be to just help the Case Manager explore additional resources, to attending the individual’s next team meeting, etc. Case Managers are trained and observed for effective team meeting dynamics and a focus on shared outcomes amongst the support team. This is achieved through the following:

* + Being “Person-Centered” – ensuring the Individual is present for all team meetings.
  + Assisting the Individual with identifying their “good life”.
  + Ensuring the team recognizes the strengths and assets of the individual and their family (if one exists).
  + Foster skill building
  + Set Agenda and emphasize the importance of pre-meeting prep
  + Ensure that the Individual’s desires, cultural beliefs, and values are recognized, respected, and embraced by all team members.
  + Utilizing LifeCourse tools that encourage high expectations and having life experiences to move the trajectory in the desired direction.
  + Assisting Individuals and their family’s plan for the present and future life outcomes that consider all facets of life and have opportunities for life experiences that build self-determination, social capital, economic sufficiency, and community inclusion.

**INITIAL 90 DAY/ANNUAL EVALUATIONS**

“Evaluate and reward performance - Evaluate results more than methods. Address insufficient performance and reward successes.”

As the Supervisor, you are responsible for completing an initial 90-day evaluation on behalf of any new Case Manager you directly supervise.

As the Supervisor, you are responsible for completing an annual evaluation on behalf of any Case Manager you directly supervise.

All evaluations directly involve the Case Manager being evaluated, their direct Supervisor and an additional member of the management team (preferably the Quality Compliance Officer or CEO).

One of the common problems that Supervisors experience is no clear, strong sense whether their Case Managers are really being effective or not. The first step toward solving this problem is to establish clear performance goals. Some Case Managers have a strong negative reaction toward setting goals because they fear goals as "the law" that must be maintained and never broken. Some Case Managers fear they will not achieve the goals. Others have disdain for goals because goals seem to take the "heart" out their work. When discussing goals during a Case Manager’s evaluation, ensure you are stressing the advantages of goals.

* They provide clear direction to both Supervisor and employee.
* They form a common frame of reference around which the Supervisor and Case Manager can effectively communicate.
* They clearly indicate success and can facilitate strong sense of fulfillment for the Case Manager and Supervisor.
* They help clarify the roles of the Supervisor and the Case Manager.

**Goals for Performance Gaps, Growth Gaps, Opportunity Gaps and training Gaps** - Goals can be established for a variety of reasons, for example, to overcome performance problems, qualify for future jobs and roles, take advantage of sudden opportunities that arise and/or give direction to training plans.

1. **Performance gaps** are identified during the employee performance management process. Ideally, performance gaps are addressed by performance improvement plans. In these plans, goals are established to improve performance, and may include, for example, increased effort on the part of the Case Manager, support from the Supervisor, and certain training and resources to assist the Case Manager in their development. Dedicated employees can greatly appreciate having specific performance goals for them to achieve in order to keep their jobs, verify their competence to their Supervisor and accomplish overall professional development.
2. **Growth gaps** are identified during career planning. Case Managers perceive certain areas of knowledge and skills that they would like to accomplish in order to qualify for certain future roles and positions. Case Managers often appreciate having clear-cut goals that mark what they need to do to advance in their careers.
3. **Opportunity gaps** are identified when a sudden opportunity arises for the Case Manager. If the Case Manager is highly interested in taking advantage of the opportunity, then he or she will appreciate knowing exactly what they need to accomplish (what goals they need to achieve) to grab the opportunity.
4. **Training gaps** are identified when hiring a new Case Manager, during employee performance management or career planning. Gaps are usually in terms of areas of knowledge, skills, or abilities. Training plans can be designed with clear-cut training goals to give direction to the Case Manager and trainer.

Whatever the type of goal, it's critical that the employee have strong ownership and commitment to achieving the goal. If goals seem insurmountable to the Case Manager, then break goals down into smaller goals, or sub-goals or objectives. Case Manager goals are reviewed and discussed at least quarterly during their Quality Monthly Audit reviews. Progress on the Case Manager’s goals are recorded on their monthly audit. Each of these should be SMARTER, as well.

#### **Goals and Objectives Should Be SMARTER - SMARTER** is an acronym, that is, a word composed by joining letters from different words in a phrase or set of words. In this case, a SMARTER goal or objective is:

**Specific**:  
For example, it's difficult to know what someone should be doing if they are to pursue the goal to "work harder". It's easier to recognize "Write a paper".

**Measurable**:  
It's difficult to know what the scope of "Writing a paper" really is. It's easier to appreciate that effort if the goal is "Write a 30-page paper".

**Attainable/Acceptable**:  
If I'm to take responsibility for pursuit of a goal, the goal should be acceptable to me. For example, I'm not likely to follow the directions of someone telling me to write a 30-page paper when I also have five other papers to write. However, if you involve me in setting the goal so I can change my other commitments or modify the goal, I'm much more likely to accept pursuit of the goal as well.

**Realistic**:  
Even if I do accept responsibility to pursue a goal that is specific and measurable, the goal won't be useful to me or others if, for example, the goal is to "Write a 30-page paper in the next 10 seconds".

**Time frame**:  
It may mean more to others if I commit to a realistic goal to "Write a 30-page paper in one week". However, it'll mean more to others (particularly if they are planning to help me or guide me to reach the goal) if I specify that I will write one page a day for 30 days, rather than including the possibility that I will write all 30 pages in last day of the 30-day period.

**Extending**:  
The goal should stretch the performer's capabilities. For example, I might be more interested in writing a 30-page paper if the topic of the paper or the way that I write it will extend my capabilities.

**Rewarding**:  
I'm more inclined to write the paper if the paper will contribute to an effort in such a way that I might be rewarded for my effort.

**MONTHLY TEAM MEETINGS**

Supervisors shall facilitate In-person monthly team meetings. It is strongly encouraged that these meetings be held the same day/time each month to help with CMs’ future planning.

These meetings shall take place in a private location in your team’s geographical area. We encourage Supervisors and their CMs to collaborate together to identify these private locations. Examples would be the following: local libraries, community health pavilions, local nonprofits, restaurants with private meeting room space, provider facilities also often lend out their meetings rooms to CMCOs. Encourage your CMs to help identify these meeting locations. This helps expand the team’s resources and promotes teamwork amongst employees.

Meeting Agendas for these monthly meetings will be created during the weekly management meetings. A set agenda will be identified and approved by the Quality Compliance Officer and used for all Supervisor’s monthly team meetings.

**Opening Meetings**

* Always start on time; this respects those who showed up on time and reminds late-comers that the scheduling is serious.
* Welcome attendees and thank them for their time.
* Review the agenda at the beginning of each meeting, giving your Case Managers a chance to understand all proposed major topics, change them and accept them.
  + Meeting Agendas for these monthly meetings will be created during the weekly management meetings. A set agenda will be identified and approved by the Quality Compliance Officer and used for all Supervisor’s monthly team meetings.
* Note that you will be taking meetings notes and assigning follow up actions.
* Model the kind of energy and participation needed by meeting participants.

**Establishing Ground Rules for Meetings -** You don't need to develop new ground rules each time you have a meeting, surely. However, it pays to have a few basic ground rules that can be used for most of your meetings. These ground rules cultivate the basic ingredients needed for a successful meeting.

* Five powerful ground rules are: participate, get focus, maintain momentum, and reach closure and confidentiality.
* List your primary ground rules on the agenda.
* If you have new attendees who are not used to your meetings, you might review each ground rule.

**Closing Team Meetings -** Always end meetings on time and attempt to end on a positive note.

* At the end of a meeting, review follow ups and action items needed, and set the time for completion.
* Clarify that meeting notes and attendance sheet will be reported back to the upper management team, in at most a week (this helps to keep momentum going).
* Confirm with your team, the next team meeting date/time/location.

Use these meetings for each Case Manager to briefly give an overview of how things have been going for them. Facilitate the meetings to support exchange of ideas and questions. Again, for clarity, focus and morale, be sure to use the agenda, take notes and ensure necessary follow ups.

Ensure each Case Manager brings their calendar to ensure scheduling of future meetings accommodates each person's calendar.

Attendance to these monthly team meetings is mandatory of all staff both Case Managers and Supervisors. Attendance is recorded. Any Case Manager absence must be made up at a different date.

It is highly recommended (but not required) that the Supervisor plans to complete their in-person Monthly Quality Reviews at these monthly team meetings.

**QUALITY MONTHLY AUDIT REVIEWS**

These reports may seem a tedious task, but they're precious in ensuring that the employee and their Supervisor have mutual understanding of what is going on, and the reports come in very handy for planning purposes. They also make otherwise harried employees stand back and reflect on what they're doing.

All Inspire Supervisors are required to complete training on how to complete a Quality Monthly Audit on behalf of each Case Manager they are responsible for. Supervisors are required to use the following Rubric:

**Quality Monthly CASE MANAGER Audit Rubric**

**Policy:** At least 1 Quality Monthly Audit Review Form completed per Case Manager per month.

* This Review will then be reviewed with the Case Manager in-person and uploaded to their HR file.
* This Review should be completed between the 18th through 28th of each month.
* Review successes, concerns and trends at least monthly with the management team to determine ongoing/additional actions needed (additional CASE MANAGER specific training and/or companywide training identified).
* This Rubric should be used as a tool for Management staff on how to complete these Quality Audit Reviews as well as to ensure consistency between reviews.

**CM Annual Goals:**

* The Case Manager’s current annual goals (as documented from their Initial 90 day or Annual evaluation) listed here.

**CM Progress on Annual Goals:**

* Review of employee’s annual goals should occur at least quarterly.
* This discussion on progress should be noted in this section.
* Any identifying follow up/action items needing taken are documented.
* Progress should also include date discussion held between the Supervisor and Case Manager.

**Case Notes:**

* Review of at least the previous 90 days of documented case notes.
* Use of SMART (Specific, Measurable, Achievable, Realistic, and Timely)
* Minimum of 1 case note entered on behalf of client per month.
* Case Note entered within 7 days of Case Manager activity.
* Is the case not of good quality and is there follow along noted by the Case Manager until completion?
* Person-Centered approach being implemented.
  + Is the waiver participant actively involved in their meetings?
  + Is the waiver participants wants and needs being addressed?
  + And when the Case Manager is describing the individuals wants and needs, is it being described in a strengths-based format?
  + Follow along noted until goal/task completed.

**Document Library:**

* Documents uploaded within 30 days of receipt.
* Refer to Inspire’s Document Requirements Tool for a full list of required documents to be uploaded and maintained for each waiver participant.
* Risk Plans (when needed) remain current (within 1 year, updated as needed). If missing/late, documentation in case notes to reflect Case Manager has requested this from provider responsible as well as noted on Monitoring Checklist.
* BSP (when needed) remain current (within 1 year, updated as needed). If missing/late, documentation in case notes to reflect Case Manager has requested this from provider responsible as well as noted on Monitoring Checklist.
* All HIPAA forms and current Provider Pick lists present.
* At least 1 completed BDDS signature form completed annually.
* At last, 1 LifeCourse Tool within 1 year.
* Current BDDS signature form for most recent PCISP/CCB.
* Individual/guardian (team if present) signature required for every meeting (at least quarterly) between the Case Manager and the individual and/or their guardian.

**Unannounced Visit:**

* Unannounced Visits are required for all individuals residing in a provider owned/operated setting.
* At least 1 Unannounced Visit per year for individuals that meet this requirement.
* Verifying the content of the case note associated with the Announced Visit and any necessary follow up actions completed by the Case Manager are also documented as a result of the Unannounced Visit.
* If a Case Manager is Past Due on an Unannounced Visit, that this is documented in case notes, explanation of why this is Past Due and a plan to complete the Unannounced Visit in the future.

**Monitoring Checklist:**

* Checklists are to be completed and entered from the 15th of each month in which the Service Plan quarter ends through the 15th of the month following the end of the Service Plan quarter.
* Meeting Case Note, meeting signature form and Monitoring Checklist verified for documentation congruency.
* Actual review of most recent Monitoring Checklist to ensure congruency across all individual’s documents (current BSP, CCB, Risk Plans and PCISP are up to date and reflect the most accurate information on behalf of the individual served.
* Review of any Incomplete CAPs and confirm the Case Manager’s follow up and efforts to complete CAPs.

**PCISP Review:**

* Initial PCISP must be developed and finalized within forty-five (45) days of BDDS on-boarding an individual’s file to a case management company, even if Case Management is the only service at that time.
* The Annual PCISP is written for the same 365-day cycle as the individual’s Cost Comparison Budget (CCB).
* An Update to the PCISP is required when:

• The needs or circumstances of the individual changes.

• Services are added or removed.

• Requested by the individual and/or guardian; or

• For non-annual team meetings to record team discussion on outcomes and any related plan changes.

* 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.
* Reviewed at least semi-annually and updated at least annually for the same 365-day cycle as the CCB.
* Demographics, Dates, and Service Providers are current and reflective of the most current 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.
* At least one completed LifeCourse Tool uploaded to the document library and linked to PCISP.
* Risks are appropriately assessed and addressed with correlating provider risk plans attached.
  + Identify the risk.
  + Clarify the problem they are trying to solve
  + Describe what would happen if nothing was done; and
  + Identify the action the team decided to take to manage the risk.
  + IST discussion held (date) and agree that a Risk Assessment Plan is needed to further address this risk. This team discussion must also be documented within each life domain as applicable.
* BDDS Signature Page uploaded with the Freedom of Choice section signed by the individual/guardian with the corresponding CCB Serial Number associated with the Annual PCISP and/or the most recent PCISP/CCB update.

**Congruency:** All the signature documents, PCISPs, BSPs, Risk Plans, CCBs, Monitoring Checklists, 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 and addressed in all documents.

**ACTION ITEMS/FOLLOW UP REQUIRED:**

**Plan To Address:**

* This section is where the Supervisor will add specific tasks needing follow up from the Case Manager.
* Supervisors should give clear guidance on what the expectation is for completing the work and timeframe for completion. For example: Case Manager is missing specific language requirements in the PCISP. The Supervisor will discuss this with the Case Manager to ensure they understand what needs updated and why it needs updated. During this conversation, the Supervisor can also decide if additional disciplinary action is needed. This could include re-training of the Case Manager, staff reprimand, the need for a work improvement plan or increased support/oversight needed by the Supervisor.

**Other Feedback:**

* This is where the Supervisor can highlight progress or areas of strength for the Case Manager.
* This is where the Supervisor can make suggestions to the Case Manager whether this be to improve overall quality or their approach to person-centeredness.
  + For example, if while reading case notes, the Supervisor notices that the individual is not actively engaged in their team meetings, the Supervisor may make suggestions to the Case Manager for ways to incorporate the individual’s involvement in their planning meetings.

**Noticeable Trends:**

* This is where the Supervisor can document any noticeable trends for this specific Case Manager and their quality of work (both positive and negative trends can be identified in this section).
  + For example, if a Case Manager is repeatedly struggling to complete Unannounced Visits on time due to ongoing COVID concerns, the Supervisor would record that information in this section.
* Items documented in this section are also reviewed with the entire management team on a monthly basis. This allows the management team to determine if this trend is specific to this Case Manager or is it a trend, we are seeing across multiple Case Managers. The management team will use this information to determine next steps and follow up action items to address. This could mean continued monitoring, specific staff reprimand, re-training needs or more information/guidance is needed from State staff.

**Previous QA Closed: \_\_\_ Yes \_\_\_ No**

* This is where the Supervisor will review previous “Items needing Addressed” and document completion of the task by the Case Manager.

**Case Manager Signature/Date:**

* Case Manager signature and date of In-person review documented here.

**Reviewer Signature:**

* Supervisor signature recorded here.

Once the tool is completed, reviewed In-person with the Case Manager and signatures obtained, a copy of this Monthly Quality Audit is uploaded to the Case Manager’s HR file.

***Sample 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 15th of month in which the Service Plan quarter ends through the 15th 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 15th of month in which the Service Plan quarter ends through the 15th 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MONTHLY CASELOAD AUDITS**

Supervisors will run a full Caseload Audit on behalf of each of the Case Manager’s they directly supervise. The most important purpose of this audit is to confirm that your Case Manager is meeting necessary timelines for completion of required tasks/documents. Supervisors will complete the process as follows.

1. Supervisor will run a Caseload Audit from the BDDS Portal for each Case Manager.
2. These audits are then sent to the Case Managers at least monthly. (Please note that some Case Managers require more frequent caseload audits. Possibly weekly/bi-weekly).
3. A screenshot of the caseload audit is then uploaded to the CM’s HR file.
4. Any Past Due/Late Work identified on these audits, requires follow up actions by the Supervisor.
   1. Further file review to determine cause of late/past due work.
   2. Conversation with Case Manager to determine cause of late/past due work.
   3. CAP to be included on Case Manager’s upcoming monthly quality audit.
   4. Possible full file review requested by Quality Compliance Officer.
   5. Additional action items determined by the Quality Compliance Officer.
5. The caseload audits uploaded to Case Manager’s HR file are to be referenced when completing Case Manager Monthly Quality Audit Form and annual evaluations.

**WEEKLY AUDITS**

Each Supervisor is responsible for running their own team’s audits and ensuring timely submission of all required documentation. This includes but is not limited to the following.

* Case Notes
* New Case Assignments
* PCISPs
* BDDS Transitions
* Monitoring Checklists and incomplete CAPS.
* Open Onboard/Intakes
* Open IRs/Open Criticals
* Rep Payee Actions Needed
* Missing Documents including guardianship documentation.
* Full caseload audits
* Unannounced Visits
* Service Plans/CCBs
* LOCSIs
* Inactive Medicaid individuals
* Facility Placement Individuals
* Out of the normal requests. Ex. Provider closures, covid, etc. that need monitored.

Supervisors are responsible for monitoring completion of these required items, following up with Case Managers that need additional support or are coming close to their due dates.

Trends from the results of these audits are not only documented on the Case Manager’s quality monthly audit but they are also discussed at the Weekly and Monthly management meetings to determine necessary follow up action items. Sometimes this is re-training for specific Case Manager or tighter audit requirements for that specific Case Manager. If it is identified as an issue or area of needed support for multiple Case Managers within the agency, then the management team will review and discuss the need for a companywide training or policy update.

Inspire’s Quality Compliance Officer is also running these same reports/audits weekly and follows up with Case Manager and Supervisor accordingly. The Quality Compliance Officer also looks to identify specific areas of concern as well as trends amongst the Supervisor and their team’s audits.

**Supervisor Quarterly Quality Audit Review**

The Quality Compliance Officer is responsible for completing Quarterly Quality Audit Reviews with each of the Supervisors. After the Quality Compliance Officer completes a review, they will then meet in-person with the Supervisor to review the Quarterly Quality Audit. This ultimately produces more efficient time management and supervision. You will review overall status of work activities, hear how it's going with both the Supervisor and their Case Managers, exchange feedback and questions about current client specific situations and services, and discuss career planning, etc. Consider these meetings as interim meetings between the more formal, yearly annual evaluations.

**SUPERVISOR QUARTERLY QUALITY AUDIT RUBRIC**

**Policy:** At least 1 Quarterly Quality Audit Review Form completed for each Case Management Supervisor with Inspire.

* This Review will then be reviewed with the supervisor in-person and uploaded to their HR file.
* This Review should be completed on a quarterly basis, minimum of 4 per year.
* Review successes, concerns and trends identified with the supervisor to determine ongoing/additional actions needed (additional case manager specific training and/or company wide training identified).
* This Rubric should be used as a tool for the Quality Compliance Officer on how to complete these Quality Audit Reviews as well as to ensure consistency between reviews.

**Supervisor Annual Goals:**

* The supervisor’s current annual goals (as documented from their Initial 90 day or Annual evaluation) listed here.

**Supervisor Progress on Annual Goals:**

* Review of supervisor’s annual goals should occur at least quarterly.
* This discussion on progress should be noted in this section.
* Any identifying follow up/action items needing taken are documented.

**Case Notes:**

* Review of at least the previous 90 days of documented case notes.
* Use of SMART (Specific, Measurable, Achievable, Realistic, and Timely)
* Minimum of 1 case note entered on behalf of client per month.
* Case Note entered within 7 days of case manager activity.
* Is the case not of good quality and is there follow along noted by the case manager until completion?
* Person-Centered approach being implemented.
  + Is the waiver participant actively involved in their meetings?
  + Is the waiver participants wants and needs being addressed?
  + And when the case manager is describing the individuals wants and needs, is it being described in a strengths-based format?
  + Follow along noted until goal/task completed.

**Document Library:**

* Documents uploaded within 30 days of receipt.
* Refer to Inspire’s Document Requirements Tool for a full list of required documents to be uploaded and maintained for each waiver participant.
* Risk Plans (when needed) remain current (within 1 year, updated as needed). If missing/late, documentation in case notes to reflect case manager has requested this from provider responsible as well as noted on Monitoring Checklist.
* BSP (when needed) remain current (within 1 year, updated as needed). If missing/late, documentation in case notes to reflect case manager has requested this from provider responsible as well as noted on Monitoring Checklist.
* All HIPAA forms and current Provider Pick lists present.
* At least 1 completed BDDS signature form completed annually.
* At least 1 LifeCourse Tool within 1 year
* Current BDDS signature form for most recent PCISP/CCB.
* Individual/guardian (team if present) signature required for every meeting (at least quarterly) between the case manager and the individual and/or their guardian.

**Unannounced Visit:**

* Unannounced Visits are required for all individuals residing in a provider owned/operated setting.
* At least 1 Unannounced Visit per year for individuals that meet this requirement.
* Verifying the content of the case note associated with the Announced Visit and any necessary follow up actions completed by the case manager are also documented as a result of the Unannounced Visit.
* If a case manager is Past Due on an Unannounced Visit, that this is documented in case notes, explanation of why this is Past Due and a plan to complete the Unannounced Visit in the future.

**Monitoring Checklist:**

* Checklists are to be completed and entered from the 15th of each month in which the Service Plan quarter ends through the 15th of the month following the end of the Service Plan quarter.
* Meeting Case Note, meeting signature form and Monitoring Checklist verified for documentation congruency.
* Actual review of most recent Monitoring Checklist to ensure congruency across all individual’s documents (current BSP, CCB, Risk Plans and PCISP are up to date and reflect the most accurate information on behalf of the individual served.
* Review of any Incomplete CAPs and confirm the case manager’s follow up and efforts to complete CAPs.

**PCISP Review:**

* Initial PCISP must be developed and finalized within forty-five (45) days of BDDS on-boarding an individual’s file to a case management company, even if Case Management is the only service at that time.
* The Annual PCISP is written for the same 365 day cycle as the individual’s Cost Comparison Budget (CCB).
* An Update to the PCISP is required when:

• The needs or circumstances of the individual changes;

• Services are added or removed;

• Requested by the individual and/or guardian; or

• For non-annual team meetings to record team discussion on outcomes and any related plan changes.

* 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.
* Reviewed at least semi-annually and updated at least annually for the same 365 day cycle as the CCB.
* Demographics, Dates, and Service Providers are current and reflective of the most current 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.
* At least 1 LifeCourse Tool uploaded to the document library and linked to the PCISP.
* Risks are appropriately assessed and addressed with correlating provider risk plans attached.
  + Identify the risk;
  + Clarify the problem they are trying to solve
  + Describe what would happen if nothing was done; and
  + Identify the action the team decided to take to manage the risk.
  + IST discussion held (date) and agree that a Risk Assessment Plan is needed to further address this risk. This team discussion must also be documented within each life domain as applicable.
* BDDS Signature Page uploaded with the Freedom of Choice section signed by the individual/guardian with the corresponding CCB Serial Number associated with the Annual PCISP and/or the most recent PCISP/CCB update.

**Congruency:** All the signature documents, PCISPs, BSPs, Risk Plans, CCBs, Monitoring Checklists, 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 and addressed in all documents.

**SUPERVISOR RESPONSIBILITIES**

**CM Quality Audits**:

* Are Monthly Audits uploaded for each month and for each CM?
* Is Feedback being provided to CM via one-on-one conversation?
* Are trends being identified?
* Is CM progress on goals documented?

**Initial 90 Day and Annual Evaluations:**

* Are Evaluations (initial/annual) being uploaded to HR files timely?
* Is the Supervisor providing quality feedback?
* Is the Supervisor highlighting the Case Manager’s strengths?
* Are goals written using “SMARTER”?
* Are resources and tools being shared with the Case Manager for areas needing improvement?

**Oversight Provided:**

* Evidence to support that the Supervisor is sending out necessary audits to Case Managers?
* Are the Supervisor’s CMs meeting required timelines for tasks?
* A caseload audit from the BDDS Portal (after being sent to the CM), uploaded to the CM’s HR file at least monthly?

**Clients Without Services**

* This includes clients we cannot reach
* Clients who have lost Medicaid
* Clients in facility placements
* DEW (Interrupt statuses)
* Confirm Supervisor aware and providing necessary support to the CM.

**ACTION ITEMS/FOLLOW UP REQUIRED:**

**Plan To Address:**

* This section is where the Quality Compliance Officer will add specific tasks needing follow up from the Supervisor.
* Quality Compliance Officer should give clear guidance on what the expectation is for completing the work and timeframe for completion. For example: Supervisor is missing specific language requirements in the PCISP. The Quality Compliance Officer will discuss this with the case manager to ensure they understand what needs updated and why it needs updated. During this conversation, the Quality Compliance Officer can also decide if additional disciplinary action is needed. This could include re-training of the Supervisor, staff reprimand, the need for a work improvement plan or increased support/oversight needed by the Quality Compliance Officer.

**Other Feedback:**

* This is where the Quality Compliance Officer can highlight progress or areas of strength for the Supervisor.
* This is where the Quality Compliance Officer can make suggestions to the Supervisor whether this be to improve overall quality or their approach to person-centeredness.
  + For example, if while reading case notes, the Quality Compliance Officer notices that the individual is not actively engaged in their team meetings, the Quality Compliance Officer may make suggestions to the case manager for ways to incorporate the individual’s involvement in their planning meetings.

**Noticeable Trends:**

* This is where the Quality Compliance Officer can document any noticeable trends for this specific Supervisor and their quality of work (both positive and negative trends can be identified in this section).
  + For example, if a Supervisor is repeatedly struggling to complete Unannounced Visits on time due to ongoing COVID concerns, the Quality Compliance Officer would record that information in this section.
* Items documented in this section are also reviewed with the entire management team on a monthly basis. This allows the management team to determine if this trend is specific to this Supervisor or is it a trend, we are seeing across multiple case managers. The management team will use this information to determine next steps and follow up action items to address. This could mean continued monitoring, specific staff reprimand, re-training needs or more information/guidance is needed from State staff.

**Previous QA Closed: \_\_\_ Yes \_\_\_ No**

* This is where the Quality Compliance Officer will review previous “Items needing Addressed” and document completion of the task by the Supervisor.

**Supervisor Signature/Date:**

* Supervisor signature and date of In-person review documented here.

**Reviewer Signature:**

* Quality Compliance Officer signature recorded here.

Once the tool is completed, reviewed In-person with the Supervisor and signatures obtained, a copy of this Quarterly Quality Audit is uploaded to the Supervisor’s HR file.

**Sample Quarterly Quality Supervisor Audit**

**Supervisor Quarterly Quality Audit**

**CM Supervisor Name:** \_\_ \_ \_\_\_\_\_\_\_\_\_\_\_\_\_ **Date Completed:** \_\_\_\_\_\_\_\_

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

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

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

**Additional Management Duties:**

**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, 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 15th of month in which the Service Plan quarter ends through the 15th 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

**SUPERVISOR RESPONSIBILITIES**

**CM Quality Audits:** Monthly Audits uploaded for each month and for each CM. Feedback provided to CM via one-on-one conversation, trends identified and CM progress on goals documented.

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

**Initial 90 Day and Annual Evaluations:** Submitted timely, quality feedback provided and uploaded to HR files.

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

**Oversight Provided:** Audits completed ongoing to ensure timeliness of CM required tasks. This includes Portal caseload audit (LOCSI, Monitoring Checklists, Unannounced, PCISPs, Service Plans), BDDS IRs, BDDS Transition Plans and Case Notes.

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

**Clients w/o services:** This includes clients we cannot reach, clients who have lost Medicaid, Clients in facility (DEW actions/communication). Confirming Supervisor aware and providing necessary support to CM.

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

**ACTION ITEMS/FOLLOW UP REQUIRED:**

**Plan To Address:**

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

CM Supervisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**WHO DOES WHAT**

Inspire has created an environment in which its employees not only follow quality guidelines, but also consistently see each other taking quality-focused actions, hears talking about quality and feels quality all around them. A systemic culture of quality includes a shared understanding of trust and learning. Inspire encourages and promotes feedback from all staff and provides a platform for Case Managers to have access to any member of the management team and not just their direct Supervisor. Shared responsibility amongst the entire management team is absolutely necessary for the ongoing improvement of systemic culture of quality.

Inspire has also been able to identify “key” staff with specific expertise (whether through experience or education) with specific Case Manager needs/tasks. These “key” staff are identified in our “Who Does What” resource document and is accessible to all staff through our website and through our Employee Handbook. This gives our Case Managers a quick and efficient resource guide to a specific team member who they know will be able to help them with that specific need/task. If a “key” staff member cannot be identified and you as the Supervisor do not have an answer or feels they need additional support, they should contact the Quality Compliance Officer, Kara Judson or CEO, Mandy Trimble.

***Example****: A Case Manager is working on an RFA request and needs help walking through adding it on the Service Plan/CCB. Their specific Supervisor has only ever experienced one RFA request and it was 3 years ago. The Supervisor would typically then have to find someone who could assist the CM with this task. This takes time and involves more staff than it should. Our solution is that we have a specific staff who is familiar with the RFA process and can quickly and more efficiently assist the Case Manager.*

**WEEKLY MANAGEMENT MEETINGS**

Supervisors are required to attend weekly management meetings. These weekly meetings are typically held virtually either via Webex or through Google Meet.

Typical discussion topics for these required weekly meetings:

* Review the overall condition of the organization and review recent successes.
* Address any Case Manager specific issues/concerns for that week and identify any follow up or action items needed for the following week.
* Address any client specific issues/concerns for that week and identify any follow up or action items needed for the following week.
* Address any State information/updates/policies released that week and identify any follow up or action items needed for the following week.
* Review of any outstanding auditing issues/concerns, CAPs, CRRs, Provider Closure notice reports, training deadlines, etc. due and identify any follow up or action items needed for the following week.
* Planning and discussion of upcoming monthly team meetings and Agenda items discussed.
* Review and discussion of upcoming training needs identified.
* Review employees with IT issues or system lock out issues and identify any follow up or action items needed for the following week.

**MONTHLY MANAGEMENT MEETINGS**

Supervisors shall attend all In-person monthly management team meetings. It is strongly encouraged that these meetings be held the same day/time each month to help with Supervisors’ future planning.

These meetings shall take place in a private location in our communities. We encourage the Supervisors and upper management team to collaborate to identify these private locations. Examples would be the following: local libraries, community health pavilions, local nonprofits, restaurants with private meeting room space, provider facilities also often lend out their meetings rooms to CMCOs. Supervisors are strongly encouraged to help identify these meeting locations. This helps expand the team’s resources and promotes a “team approach”.

Attendance to these monthly management meetings is mandatory of all Supervisors. Attendance is recorded. Any Supervisor absence must be made up at a different date.

It is highly recommended (but not required) that the Quality Compliance Officer plans to complete each Supervisor’s quarterly quality audit review at these monthly team meetings.

Supervisors are expected to come to these Monthly Management Meetings prepared. The Quality Compliance Officer will send the management team an agenda and request to add additional items prior to the management meeting taking place.

Follow up Action Items – Attendance and meeting notes are recorded at each of these monthly management meetings. Action items are documented along with who is responsible and a completion date identified. These follow up items are added to next months (or next week’s management call depending on the specifics of the action item) to ensure follow through and to determine any additional actions/retraining needing taken as a result.

Topics covered during these routine weekly and monthly management meetings:

Clients:

* Client-specific issues/concerns
* Brainstorming resources/solutions to support client needs
* Connecting clients with services/providers/openings
* Incident reports/ANE/Contact with BQIS or APS/CPS
* Past due tasks
* Interrupts/DEW's
* Medicaid issues
* Billing issues/CCB support
* Provider specific issues
* Transitions
* Non-response

Staff:

* Case manager-specific personal issues/concerns
* Case manager-specific caseload issues/concerns
* Audits/Trends
* Support/Training needs
* Less common CM tasks: BMR's/transitions/RFA's/DEW's
* Non-response follow up
* Meeting with small groups/individual staff
* Monthly team meetings

Management:

* Development of team meeting agendas congruent across all teams
* Monthly Quality Audits
* Ongoing quality assurance
* Performance reviews
* Training topics
* Changes at the state level
* Changes at the management level
* Changes across the organization
* Development and growth of assigned roles
* Tracking trends
* Caseload audits
* Incident report/case note/transition tracking
* Intakes: assigning/monitoring
* Documentation standards
* JIRA tickets
* Communication with BDDS/State staff
* Intentional growth/adding clients/adding staff/county and state-wide expansion
* Interviewing/Hiring/Monitoring of new staff
* Development of Orientation/HR processes

Training:

* Tracking annual external and BDDS assigned
* Completion of Success Factors
* Information to stay current in the field
* Life Course/PCISP
* Retraining as needed
* Meeting with small groups/individual staff
* Monthly team meetings
* Google classroom
* Orientation process/binder
* CM Binder/Resource and task reference
* Who Does What
* Less common CM tasks: BMR's/transitions/RFA's/DEW's/Acute Care
* Documentation standards

**QUARTERLY COMPANY WIDE MEETINGS**

All Inspire employees are required to attend and participate in Inspire’s quarterly companywide team meetings. These meetings are held in-person at various locations across the state. These meetings occur 4 times each year. Typically these meetings offer various training opportunities for all staff including internal and external resource trainings. These companywide meetings also allow employees to meet the people they communicate with every day. These in-person interactions make email and other contact more meaningful in the future. These meetings have proven to build bonds, and virtual employees often don't get this opportunity otherwise. Our company wide meetings also demonstrate cohesiveness and deliver a compelling message that keeps our Case Manager base engaged in the company's direction, mission, and vision.

**RESOURCES & TOOLS**

Inspire Case Management will ensure and continue to provide resources and education for all employees to stay current in the field of Case Management. Leadership will assist with tools and training access for a total of 20 hours per year through:

* The staff website.
* On-line training.
* Onsite training (through guest speakers, sponsoring educational events, in-service programs, collaborative resources, or education efforts with other area organizations.
* State provided and required trainings yearly (a total of 20 hours). IU Training portal provided by BDDS.
* Monthly Team Collaboration and Brainstorming sessions.
* CMCO bi-weekly webinar touchpoints and collaboration of documentation standards and COVID updates.
* Shadowing and Cross training with seasoned Case Managers when needed.
* Examples of further resources are available on evidence-based practices, clinical practice guidelines, accepted practices and peer-reviewed publications. Inspire has an ongoing working relationship with providers inside and outside of waiver services. It is our mission to continue this partnership to be able to support each individual’s needs in a person-centered approach.
  + Family Voices <http://www.fvindiana.org/training/>
  + About Special Kids <https://www.aboutspecialkids.org/training/ask-webinars/>
  + American Association on Intellectual and Developmental Disabilities <https://aaidd.org/publications/newsletters/fyi_subscribe>
  + IN\*Source <http://insource.org/training/>
  + ARC of Indiana: <https://www.arcind.org/events/>
  + Life Course Tools: [www.lifecoursetools.com](http://www.lifecoursetools.com/)
  + Score trainings: [indyscore@gmail.com](mailto:indyscore@gmail.com)

Also included in this section are copies of tools, rubrics and resources included in the “Supervisor Training Binder” and are implemented and utilized for training of all Inspire employees as well as to provide needed support to our Case Managers and Supervisors specifically as it relates to Inspire’s person-centered and strength-based approach to service delivery.

Tools and Rubrics - To see actual copies of these tools, rubrics and resources, please see attached zip file. (*Attachment A*)

* Helpful Quality Assurance Tools
  + Assessing Risks in the PCISP
  + Blank CCB Grid
  + Caseload Checklist Example
  + CM Tasks Workbook
  + Life Stages by Domain Conversation Topic Examples
  + PCISP-About Me
  + PCISP Life Domains
  + PCISP outcome Examples
  + PCISP Team Meeting Content Coverage
  + Risk Assessment Tool
  + Risk Assessment and Planning
* LifeCourse Tools and Assessments
  + What am I communicating to you
  + Exploring Life Possibilities
  + Four plus one
  + Integrated Support Options Guide
  + My LifeCourse – Initial
  + My LifeCourse Ongoing
  + Outcomes Daily Life
  + Person Centered Planning Tools
  + PROFILE
  + Profile- No Staff
  + Tool for Exploring Decision Making
  + Tools for Developing a Vision- Individual
  + Working not working
* Monthly Quality Audit Rubric and supporting documents
  + Agenda and Meeting Notes Template
  + Building Relationships through Face-to-Face
  + Case Note Quiz
  + Case Note Reference Sheet
  + Document Naming Reference Guide
  + Documents Required
  + Facilitator Score card
  + Inspire Meeting Form
  + Meeting Ground Rules Example
  + Monthly Quality Audit Rubric
  + Risk Assessment Tool
* PCISP Tools and Resources
  + About Me Example
  + Completing a Domain
  + Jane 1
  + Jane 2
  + Jane 3
  + PCISP Competency Check
  + PCISP Guidelines
  + PCISP Guidelines Simplified
  + PCISP Requirements Checklist
  + PCISP Training June 2021 Documents
  + PCISP myth fact
  + Replacement Words Phrases
  + Strengths based language examples
  + Updated waiver rate chart July 2021