**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 company wide 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.
* 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.
* 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_