**QUARTERLY QUALITY SUPERVISOR 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_