Contents

Introduction

Monitoring is an essential component of case management. Monitoring includes:

- Documentation of ongoing collaboration with the person, guardian, family, providers, and other pertinent stakeholders, to evaluate service delivery and the appropriateness of the Individual Service Plan (ISP);
- Awareness of circumstances necessitating revisions such as changes in the person's condition, lack of progress on Desired Outcomes, changes in the person's preferences, transitions in services, and barriers to care and services;
- Looking for evidence of ISP implementation and if the ISP is appropriate, understood, accepted by the person and/or person's guardian;
- Awareness of the DD Waiver Service Standards and evaluating service delivery as it is applicable to the person in services;
- Actively following and supporting annual recertification and the budget approval process;
- Monitoring for health and safety, respect of individual rights, informed choice, access to the community, and freedom from Abuse, Neglect, and Exploitation (ANE).

A site visit alone cannot accomplish effective monitoring and appropriate follow up actions. Monitoring activities must include preparation for site visit; actual site visits including observations, interviews, and document reviews; and other monitoring activities.

Values and Guiding Principles

There are an infinite number of monitoring activities that a case manager may engage in. DDSD underscores and requires certain activities based on the following values and guiding principles:

- Individual satisfaction;
- Case management empowerment, efficiency, and continuous professional growth;
- Person-centered practice;
- Individual growth and development;
- Assurance of health and safety;
- Accountability and continuous quality improvement;
- Informed choice and protection of rights;
- Prevention and evidence-based intervention; and
- Simplicity, accountability, and transparency.

Key Areas to Monitor

- Rights,
- Individual Satisfaction,
- Environment,
- Equipment,
- Health,
- Behavior,
- Service Delivery,
- Individual Service Plan (ISP),

- Abuse, neglect, and exploitation (ANE), and
- Key Performance Indicators.

Preparation for a Site Visit

Below are the instructions and guidelines to prepare for a site visit. Case managers should review the following in preparation for the site visit to make the visit as meaningful and person centered as possible:

1. Review General Events Reporting in Therap.
     Therap Tip: Conduct *unified* searches per individual.
2. Check previous site visit forms for anything that remains unresolved.
3. Check recent Interdisciplinary Team (IDT) meeting minutes.
4. Check for important annual activities that need conversation and planning, e.g., annual ISP meeting, pre-ISP meeting, Level of Care (LOC) renewal, review of Secondary Freedom of Choice forms (SFOC), Income Support Division (ISD) recertification, etc.
     Data sources: Episodes in Qualis Health portal with 90 and 45-day notices, 1915C list, agency data, and Therap case notes/reports.
5. Research previously recommended or upcoming medical appointments.
     Data source: Appointments section of Health Tracker.
6. Know the services and the plans which support the person.
     Data sources: Health Care Plans (HCPs) in Therap, other plans in case management file, Qualis Health portal for budget status, and Medicaid portal for prior authorization (PA) and utilization reports.
7. Review Desired Outcomes and meaningful day in the ISP.
8. Check findings from Individual Quality Review (IQR) to inform monitoring during the site visit.
9. Check records for ANE reports, related individual action and safety plan (IASP), Incident Management Bureau (IMB) letters, and IDT meeting minutes.
10. Confirm the time/location to ensure visits are completed as desired by the person and according to DD Waiver Service Standards.
11. Talk with service providers, guardian, and family as needed.

Observations

The case manager must start "where the person is". Case managers are in a key position to notice how a person's life is going. Case managers must be observant during the site visit. Some issues may be identified directly through deliberate, focused observations; some issues may be captured indirectly through the practice of noticing. Because individuals may not always feel comfortable bringing up certain things, case managers should build rapport, ask open ended questions, and explore through observations and conversation.

In addition, questions to keep in mind when observing are:

1. How does the person interact with Direct Support Personnel (DSP) and peers?

2. Are there non-verbal cues indicating something is wrong?
3. Does the setting and service promote maximum independence and choice?

Case managers are not expected to be experts in every area, but they do need to determine what observations may be reasonable, normal, or routine for the person and what may prompt further action. For example, case managers do not need to know the technical aspects of an accessible ramp but do need to notice whether the ramp is functional for the person and do need to conduct or request follow-up if an issue is noted.

Case managers should exercise professional judgement, act when indicated, while also respecting individual needs, preferences, choices, and dignity of risk. Professional judgement incorporates the case manager's:

1. Knowledge base in field of intellectual and developmental disability including person centered planning, informed choice, healthcare, rights, and dignity of risk;
2. Knowledge base of DD Waiver program, local health care system and generic resources;
3. Knowledge base of unique health and safety needs of the person;
4. Training and experience; and
5. Ability to building trusting relationships with the person and his/her family and circle of support.

Interviews

A case manager interviews the person in services, DSP, family, guardian, and others. Successful interviewing requires a positive rapport, knowing the person, and getting the information needed in a person-centered respectful way. Interviews occur primarily during the site visit, but phone calls may also supplement interviews conducted at the setting. Gathering information through interview may require checking with multiple people or other data sources for complete information and information that is as accurate as possible. Use the following guidelines for a successful interview:

1. Ask if this is an appropriate time to talk to and meet with DSP/family.
2. Ask questions through natural conversation, whenever possible.
3. Allow questions to lead to dialogue and/or let dialogue lead to answering questions on the form.
4. Always let the person know the case manager is his/her advocate and advocate for him/her and his/her needs. (A case manager is a critical advocate for the person.)
5. Show interest in and allow time for topics important to the person which may not always be on the site visit form.
6. Build upon previous conversation(s).
7. Respect boundaries and privacy.
8. Follow up on action items.
9. Ask how the DSP and person are doing since last visit.
10. Respect culture.
11. Follow the person's lead.

12. Ask the person what he/she may need/want that they are not getting.
13. Look for opportunities to follow up with questions and exploration.
14. Allow enough time to complete the interview and account for added conversation from the person, DSP or family; i.e. do not rush.

Completing the Monthly Site Visit Form

DDSD issues the template for the monthly site visit form. The site visit form is loaded in the Therap Case Notes templates titled with the start date of implementation, *Case Management Site Visit (mm-dd-yyyy)*. The site visit form in Therap is HIPAA compliant, routinely backed up, accessible by DOH (DDSD and DHI) and easily and securely emailed through Therap's S-comm, if needed. The site visit form serves as the basis for billing and aggregating important data points, including DDSD-mandated key performance indicators (KPI) to improve services for people on the DD Waiver at the individual, agency, and system level.

The case manager must complete the entire form, as thoroughly and accurately as possible, based on information gathered at the site visit. Case managers can access the form through their Therap account using a laptop on site with Wi-Fi access, using a mobile device (iPhone or iPad) or using a hard copy for reference on site and entering responses into Therap later.

Completing the site visit form in Therap is user friendly. Steps to access and edit the site visit form through Cases Notes in Therap are:

1. *Search* for previous or create *New* Case Note for an individual:

2. Choose the individual, and complete header data which includes date, time, activity, location, and individuals present. Complete the site visit form through the Questionnaire pop-up.

3. After completing the Questionnaire, there is a summary notes section which can be completed before submitting the entire case note. This section allows for context and

explanation. The case manager provides additional, essential information not adequately captured in the questionnaire. Details in the summary sections serve as a reference point when monitoring a person throughout the ISP year.

4. *Save* draft or *Submit* (electronic signature) before the end of the month the visit occurs. *Edit* as needed and see update history for electronic signature and date and time stamps for all edits.

Case Note Submitted ⓘ

Form ID : CN-CMDEMNM-GAQ55VZKW5QPT   ✕
Time Zone : US/Mountain
Entered By : Christina Hill, Provider Administrator **on** 08/22/2018 10:21 AM
Submitted By : Christina Hill, Provider Administrator **on** 08/22/2018 10:22 AM
Last Updated By : Christina Hill, Provider Administrator **on** 08/22/2018 10:22 AM

Update History

Template: CM Site Visit- NM

Case Note Details

5. *Scomm*, *print* or *create PDF* of submitted forms with a click of the button.

The substance of the site visit from is in the Questionnaire pop up. Questions are grouped in 11 key monitoring categories: *Preparation, Rights, Individual Satisfaction, Environment, Equipment, Health, Behavior, Service Delivery, ISP, ANE, and Actions*. While there is a logical order to the questions, it is easy to maneuver through the questions in any order. Each question has a *Hint* which serves as an important guide on how to consider and answer the question correctly. Responses to all questions are required unless the associated Hint indicates an allowable blank response. Response types include radio box, check box, and multiline text box options. Check boxes and radio boxes highlight data points that may be helpful when aggregated, to remind case managers of important considerations to make on the site visit, and to reduce time needed to provide the narrative response.

Follow Up Action

Monitoring brings awareness to circumstances that need follow up action. The case manager needs to document follow up action and persist with progressive steps until resolution for the person in services. Depending on the individual circumstances of the site visit, follow up action may include one or more of the following:

1. Collaborate, coordinate, and share information with other DD Waiver Service Providers;
2. Contact guardian;
3. Request provider action;
4. Request health tracking updates;
5. Seek scheduling confirmation from agency nurse, HCC, or responsible party;
6. Schedule an IDT meeting;
7. Review / provide SFOCs;
8. Refer to DVR;
9. Refer to Therapist or BSC;
10. Contact agency nurse;
11. Follow up with Aspiration Risk Management activities;

12. Request Human Rights Committee review;
13. Make an ANE report (DHI Hotline: 1-800-445-6242);
14. Link or refer to specialty clinic or community resource;
15. Contact MCO Care Coordinator;
16. File RORA about lack of access to specialty services for more than 2 months;
17. File RORA for lack of provider action or technical assistance;
18. Provide education about DNR or advanced directives;
19. Other (explained in Actions Summary question below);
20. No further action needed based on the site visit.

Conducting and Documenting Other Monitoring Activities

In addition to the site visit, other activities ensure thorough monitoring and provide ongoing awareness for the upcoming site visits. Other activities include:

1. Review of Therap/GERs;
2. A document and/or plan review;
3. Review of Medicaid Portal;
4. Phone calls and emails;
5. Following allocations (i.e., completing allocation reporting form);
6. Following budget submissions throughout entire approval process;
7. Following Category of Eligibility status and annual recertification including LOC approvals; and
8. Following IQR or any corrective action plans related to the individual to completion.

All questions on the site visit form may also be considered and documented during other monitoring activities. In addition, other questions should be answered through monitoring activities outside of the site visit including:

1. Are there any updates requiring a Client Information Update (CIU)? If so, what and when was it submitted?
2. Is support needed for medical and financial recertification appointments?
3. Is financial recertification due in 60 days?
4. Is the Level of Care due in the next 90 - 45 days? Has the LOC packet been timely submitted?
5. Is the annual ISP due in the next 90 days for adult non-JCMs or 60 days for children and JCMs?
6. If there has been a change of health status, was the person evaluated by a nurse or Health Professional to assess for underlying reasons (health, environment, relationships, etc.) for the changes? By whom? What was the outcome?
7. Has the person been in the hospital, ER, and/or Urgent Care since the last visit? If yes, was Post – Hospitalization planning completed? Are there any advanced directive or DNR changes after hospitalization?

8. Was the e-CHAT updated as applicable?
9. Health Care Plans Updated as applicable?
10. Are there GER reports that need follow-up action? If yes: describe.
11. Are there any plans or interventions requiring a Human Rights Committee (HRC) approval or review according to review schedule requirements?

Case managers should document other monitoring activities in the individual contact/case notes according to the following:

1. Include all elements in the note required for billing (See DD Waiver Service Standards Chapter 21 Billing Requirements.)
2. Include description and purpose of case management activity, result, or intended result, continued service planning needed, and content of contact/conversation and parties.
3. Document in chronological narrative any contacts with the person, guardian, and service providers.
4. Sign each entry or use case notes in Therap to verify and stamp date and time.

Using Data to Improve Service (For Case Management Agency Directors/ QA Leads)

All the data in the site visit forms can be exported and organized to provide a foundation for a case management agency's Quality Improvement Strategy, plans, and annual reporting on KPI. There are many reports available to the case management agency based on permissions assigned by the case management agency's Therap administrator. A multitude of reports can be accessed using the Report Library in the Agency Reports section. (See below.) Reports that can be exported to Excel from Therap specific to monitoring include:

- Case Notes Questionnaire Detail,

- KPI Report, and
- Other reports per DDSD request.
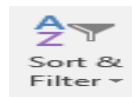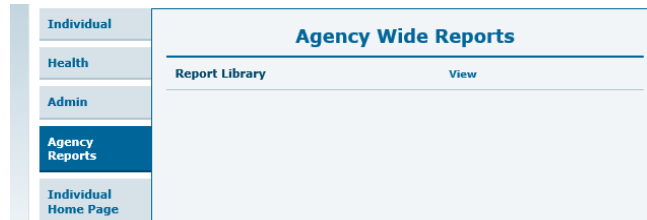
Reports are easy to filter by individual case manager or other data points found in the columns of the report workbook. The filter button in Excel can easily be applied to any header column to filter data making it easier to view and manage large data sets. Filtered data displays only the rows that meet the specified criteria and hides rows that are not wanted. After filtering data, a user can copy, find, edit, format, chart, and print the subset of filtered data without rearranging or moving it.

Additionally, pivot tables are a quick and efficient way to organize and visualize data in tables and charts that help a user to see and discover patterns, relationships, and trends. Therap Help

and Support found online at https://help.therapservices.net/app/new-mexico provides resources showing the basics about pulling data from Therap and creating a pivot table.

Organizing and analyzing data is an important aspect of any agency's Quality Improvement Strategy (QIS). There are many resources available to build skills in this area. Therap hosts routine Case Management Question and Answer webinars specifically for New Mexico. DDSD's Bureau of System Improvement and the DD Waiver Unit are also available for technical assistance, training, and guidance. Finally, there are infinite resources on the web including many "how to" videos on YouTube.

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