New Mexico DOH / DHI / QMB Case Management: Administrative Requirements Survey Tool

Standard of Care	Surveyor Notes	MET	NOT MET	NA

Agency/Region:

Surveyor: **Date/Time:**

Scope of services reviewed: Case Management

Sample size *(List total sample):* **# of Non-JCM** **# of JCM**

Surveyor Instruction: *This tool is used to determine the Agency's compliance with Agency requirements not associated with other survey tools.*

Standard of Care	Surveyor Notes	MET	NOT MET	NA
Administrative Requirements				
Does the Agency have a Quality Improvement Plan? ***Surveyor Instructions:*** *The Agency must have a QI plan to continually determine whether the agency is performing within program requirements, achieving goals, and identifying opportunities for improvement. The QI plan describes the processes that the Provider Agency uses in each phase of the QIS: discovery, remediation, and sustained improvement. It describes the frequency of data collection, the source and types of data gathered, as well as the methods used to analyze data and measure performance. The QI plan must describe how the data collected will be used to improve the delivery of services and must describe the methods used to evaluate whether implementation of improvements is working. The QI plan shall address, at minimum, three key performance indicators (KPI). The KPI are determined by DOH-DDSQI on an annual basis or as determined necessary. The plan must cover these areas to be met, including the following KPIs:* *This KPI applies to the following provider types:* ***Living Supports service providers (Supported Living, Family Living and Intensive Medical Living), Customized In-Home Supports and Case Management agencies:*** 1. *% of Individuals whose Individual Support Plans (ISP) are implemented as written.* 2. *% of appointments attended as recommended by medical professionals (physician, nurse practitioner or specialist).* ***Customized Community Supports and Case Management agencies:*** 1. *% of people accessing Customized Community Supports in a non-disability specific setting.*	*Tag #1A03*			

Standard of Care	Surveyor Notes	MET	NOT MET	NA
Does the Agency have a Quality Improvement Committee that meets quarterly? *Surveyor Instructions: The QI committee must convene at least once a quarterly basis and more frequently if needed. The QI Committee convenes to review data; to identify any deficiencies, trends, patterns, or concerns; to remedy deficiencies; and to identify opportunities for QI. For this to be met the committee must met quarterly and have evidence of review of data and remediation.*	*Tag #1A03* ***List Meeting Dates:***			
Does the Agency have the required accreditation? ***Surveyor Instructions:*** *Provider Agencies of Case Management, CIE, CCS, CIHS, Living Supports (Family Living, Supported Living, and IMLS), and Respite are required to become accredited by CARF International or The Council on Quality and Leadership. Accreditation requirements include:* 1. *obtaining accreditation for each required service;* 2. *meeting initial accreditation requirements within 18 months of becoming a provider;* 3. *obtaining accreditation for any required service added to a Provider Agreement during the next accreditation survey or no later than 18 months after adding the service; and* 4. *keeping accreditation current unless a waiver of accreditation is granted by meeting any of the following criteria:* a. *The Provider Agency has not provided services to any individuals within nine months of being placed on the SFOC form.* b. *The Provider Agency has three or fewer individuals, and/or received an annual sum of less than $100,000 of Medicaid funding from the prior year, specifically for the DD Waiver.* c. *The Provider Agency has received two consecutive, three-year accreditation terms.* d. *Quality review and quality assurance activities conducted by state agencies do not result in DDSD revocation of the exemption.* *For this to be met the agency must have a current accreditation, waiver from DDSD or if a new provider must be obtained it within 18 months.*	*Tag #1A40* ☐ **CARF** ☐ **The Council** ☐ **Other** ☐ **DDSD waiver of requirement (*Agency must show verification of this*)**			

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Does the Agency have an office that maintains the following? a. a 24-hour local telephone answering system, which indicates regular office hours and expected response time by the end of the following business day or within 48 hours in routine, non-critical situations; b. confidential voicemail indicating the expected response time in accordance with these standards when CMs use their home office or cell number as primary contact for the individuals on their caseload; c. an operational fax machine or electronic fax system that complies with HIPAA; d. internet and e-mail access, including use of a secure email systems for every CM employed or subcontracted; e. storage for client records for each person supported by the Provider Agency; f. a meeting room that can accommodate IDT meetings comfortably; g. an area where a CM is able meet privately; and h. a separate physical space and entrance, when the office is connected to a residence. ***Surveyor Instructions:*** *The Agency is required to maintain at least one office in each region served by the agency that meets the ADA accessibility requirements. This office is also required to maintain the items listed above for business operations. For this to be met you must ensure that all areas addressed above are kept as required. If any area is not met you must circle the area deficient and document reason.*	*Tag #4C14*			
Did the Agency have billing deficiencies? ***Surveyor Instructions:*** *Surveyor is to review billing tools completed. If no documentation is found for billed units the agency has until the time of the exit to provide documentation, otherwise they are required to complete a void/adjust for repayment. For other billing deficiencies cite they agency may complete a void/adjust, however it will still appear on the ROF. Based on findings identified in the billing tools you will document if this is met or not.*	*Tag #1A12 (Used for no billing deficiencies) or 4C21 (if billing deficiencies are found)*			