

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

Standard of Care	Surveyor Notes	MET	NOT MET	NA
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Agency/Region: [ ]

Surveyor: [ ]

Date/Time: [ ]

Scope of services reviewed: [ Case Management ]

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

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**Administrative Requirements**

Does the Agency have a Quality Improvement Plan, which includes the Key Performance Indicators outlined by DDSO?

Tag #1A03  
[ ]

[ ]

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**Surveyor Instructions:** The QI plan is used by an agency 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:

KPI applies to the following provider types: **Living Supports service providers (SL, FL and IMLS), CIHS and Case Management**

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).

**CCS and Case Management agencies:**

% of people accessing Customized Community Supports in a non-disability specific setting.

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<p><b>Does the Agency have a Quality Improvement Committee that meets quarterly?</b></p> <p><i><b>Surveyor Instructions:</b> (Review 4 Quarters) A QI committee must convene on at least 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. QI Committee meetings must be documented and include a review of at least the following:</i></p> <ol style="list-style-type: none"> <li>1. <i>Activities or processes related to discovery, i.e., monitoring and recording the findings;</i></li> <li>2. <i>The entities or individuals responsible for conducting the discovery/monitoring process;</i></li> <li>3. <i>The types of information used to measure performance;</i></li> <li>4. <i>The frequency with which performance is measured; and</i></li> <li>5. <i>The activities implemented to improve performance.</i></li> </ol> <p><i>This will be met if there is evidence of four (4) quarterly meetings and there is evidence of review of data and remediation, as identified in 1 – 5 above.</i></p>	<p>Tag #1A03</p> <p>List Meeting Dates:</p>			
<p><b>Does the Agency have an office that maintains the following?</b></p> <ol style="list-style-type: none"> <li>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;</li> <li>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;</li> <li>c. an operational fax machine or electronic fax system that complies with HIPAA;</li> <li>d. internet and e-mail access, including use of secure e-mail systems for every CM employed or subcontracted.</li> <li>e. storage of records for each person supported by the Provider Agency consistent with Chapter 20 Provider Documentation and Client Records;</li> <li>f. a meeting room that can accommodate IDT meetings comfortably;</li> <li>g. an area where a CM is able meet privately; and</li> <li>h. a separate physical space and entrance when the office is connected to a residence.</li> </ol>	<p>Tag #4C14</p> <p>[ ]</p>	<p>[ ]</p>	<p>[ ]</p>	<p>[ ]</p>

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<p>i. Meets ADA accessibility requirements</p> <p>j. CM Agency is responsible for ensuring a private location in each Region that does not have an office. This private location must meet ADA accessibility requirements and can be used for private meetings.</p> <p><b><u>Surveyor Instructions:</u></b> <i>The Agency is required to maintain an office which meets the requirements listed above. For this to be met all areas above must be in place. If any area is not met you must circle the area deficient and document reason.</i></p>				