

**New Mexico DOH / DHI / QMB Case Management: Individual Record Review Survey Tool**

<b>Standard of Care</b>	<b>Surveyor Notes</b>	<b>MET</b>	<b>NOT MET</b>	<b>NA</b>
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**Agency/Region:**  
**Surveyor:** **Date/Time:**

**Individual Name and Identifier:**

**Services** (Circle those that apply to Individual):

- **2018 Living Care Arrangement:**    **Supported Living – Family Living - Intensive Medical Living Supports - Customized In-Home Supports**
- **2018 Community Inclusion:** **Customized Community Supports – Community Integrated Employment Services**

**Other Services:** PT - OT - SLP - BSC - Adult Nursing Services other:

**Surveyor Instruction:** *Item(s) which are required in THERAP system, must be in Therap and will be accessed via Therap, unless specified to be a printed copy. Other items that are required, may be accessed via the Agency's electronic system or hardcopy file.*

<b>Standard of Care Questions</b>	<b>(Tag #) Surveyor Notes / Deficiency Description</b>	<b>MET</b>	<b>NOT MET</b>	<b>NA</b>
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<b>BUDGET</b>				
<b>Approved MAD 046 / Budget Worksheet (BWS)</b>	<i>Tag #4C10 CoP</i>			
<p><b>Surveyor Instruction:</b> <i>This document is used to verify the DDW Services the individual receives. The Surveyor must document:</i></p> <ol style="list-style-type: none"> <li><i>1. Term of the budget</i></li> <li><i>2. Services received by the Individual, i.e. LCA, CI, therapies, etc. and modifier</i></li> <li><i>3. Agency providing the service</i></li> </ol> <p><i>This ensures that correct documents are in the file from the correct provider. This information will guide the Surveyor to determine what is applicable to the person.</i></p> <p><i>This is "MET" if there is a current budget.</i></p>	<p><i>Budget Term:</i></p> <p><i>List Services (ex: CCS-I – Apple's – H2021 HB U1):</i></p>			

**INFORMED CHOICE/FREEDOM OF CHOICE**

<b>Primary Freedom of Choice or Waiver Change Form (PFOC or WCF)</b>	<i>Tag #4C02</i>			
<p><b>Surveyor Instruction:</b> <i>People receiving DD Waiver funded services have the right to choose any qualified provider of case management services listed on the PFOC. This document must be maintained in the CM agency file. Initial allocations will have a PFOC, Individuals who are already allocated and have change waivers will have waiver change form (WCF). Either document must be signed by guardian or individual if self guardian. This is "MET" if the PFOC is signed by correct person and contains the current Case Management Agency's information.</i></p>				

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<p><b>Secondary Freedom of Choice (SFOC)</b></p> <p><b>Surveyor Instruction:</b> People receiving DD Waiver funded services have the right to choose any qualified provider of any other DD Waiver service listed on SFOC form. This document must be maintained in the CM agency file. The CM Agency must have SFOC for each service listed on the individual's budget. Refer to services and agencies documented on the budget and determine if the CM file contains SFOC forms for all services the person has. <b>NOTE:</b> Family Living &amp; Sub care are bundled therefore a separate SFOC is not required for sub care. Additionally, Individuals in CIHS, CIES and CCS-I who elect to have nursing services will be required to have a SFOC for Adult Nursing.</p> <p>For this to be met the SFOC must be signed by guardian or individual if self-guardian and for agency / services listed in the Budget Worksheet (BWS).</p> <p>Surveyor you must document the total # of SFOCs as indicated by the budget and how many were found</p>	<p>Tag # 4C09  <b>FOC must match service and agency on budget. List service and agency:</b></p> <p><input type="checkbox"/> _____  <input type="checkbox"/> _____  <input type="checkbox"/> _____  <input type="checkbox"/> _____  <input type="checkbox"/> _____  <input type="checkbox"/> _____  <input type="checkbox"/> _____  <input type="checkbox"/> _____  <input type="checkbox"/> _____  <input type="checkbox"/> _____</p> <p><b>Total # of SFOCs required per budget:</b></p> <p><b>Total # of SFOCs found:</b></p>			
<b>ISP REQUIREMENTS</b>				
<p><b>Annual ISP</b></p> <p><b>Surveyor Instruction:</b> You are to ensure the Individual has a current and complete ISP. The surveyor is to review the cover sheet of the ISP to determine if information related to the individual is current, i.e. address, phone number, services, etc. The ISP document must contain Addendum A, IST section, Assessment Checklist, TSS, Signature (see areas below). For this to be met, there must be a current and complete (all pages) ISP. If ISP is not current, not found, not revised as needed or incomplete then this is not met and a potential CoP. If there are missing components follow instructions specific to that area. Services and providers should match SFOC and budgets. If does not match ask case manager if there is a revised ISP.</p>	<p>Tag #1A08.3 (CoP)</p> <p>Term of ISP _____</p> <p>ISP Meeting Date:</p>			
<p><b>Was the ISP revised as needed during the ISP year?</b>  <b>Yes                      No</b></p> <p><b>Surveyor Instruction:</b> You are to ensure the Individual has a current and complete ISP. The surveyor is to review file documentation and the CM Site Visit tool (SV form has question that references possibility of need for revision, currently question #35) to determine if a revision was needed. If ISP was not revised as needed then this is not met and is a potential CoP.</p>	<p>Tag #1A08.3 (CoP)</p> <p>Revision Date(s), if needed and reason for revision:</p>			

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<p><b>ISP Assessment Checklist</b></p> <p><b><u>Surveyor Instruction:</u></b> Per the client record matrix the ISP must contain an Assessments checklist which is must be updated annually or as needed. This checklist contains that last appointment required by the individual and the next due date. For this to be met the assessment checklist must exist. Surveyors will use the checklist to determine what assessments / exams are needed and determine if follow-up is complete. This information will be documented in other areas of the survey tool.</p>	<p>Tag #1A08.3 (CoP)</p> <p>Term of ISP: _____</p>																																																											
<p><b>Addendum A (which includes notice of ANE reporting and acknowledgement).</b></p> <p><b><u>Surveyor Instruction:</u></b> This is also known as the Dispute Resolution. You are to ensure that there is an Addendum A that corresponds with the current ISP and meeting date. The Addendum A must be completed annually and signed by the guardian and/or individual. If the Addendum A is not found or not current then this is not met and a potential CoP. For individuals who have transitioned into the 2018 standards after June 1<sup>st</sup> the Addendum A must also contain the ANE acknowledgement to be met.</p>	<p>Tag #1A08.3 (CoP)</p> <p>Date signed by guardian: _____</p> <p>If not, you must follow up to determine when(if)Case Manager followed up with guardian</p>																																																											
<p><b>ISP Signature Page: Does the ISP Signature Page Show Evidence of a Fully Constituted IDT?</b></p> <p><b><u>Surveyor Instruction:</u></b> There must be documentation in the ISP/IDT meeting notes that there was participation by IDT members in the development of the ISP. Surveyors are to Review signature sheet to determine if all team members present at the ISP meeting, i.e. Individual, Guardian, DSP, Therapists, etc. If they did not sign the document, is there evidence that they participated in other ways? (i.e. phone calls, emails, reports, etc.). There should be evidence of the pre-ISP meeting. The individual may not participate if they chose not to, but document should indicate this. This is met if there is an Signature sheet with the fully constituted team and/or evidence of their participation if not present.</p>	<p>Tag #1A08.3 (CoP)</p> <table border="0"> <tr><td>Individual</td><td>Yes</td><td>No</td><td></td></tr> <tr><td>Guardian</td><td>Yes</td><td>No</td><td>N/A</td></tr> <tr><td>Case Mgr.</td><td>Yes</td><td>No</td><td></td></tr> <tr><td>Nurse</td><td>Yes</td><td>No</td><td>N/A</td></tr> <tr><td>Ser. Coord.</td><td>Yes</td><td>No</td><td></td></tr> <tr><td>DSP</td><td>Yes</td><td>No</td><td></td></tr> <tr><td>DSP</td><td>Yes</td><td>No</td><td></td></tr> <tr><td colspan="4"><i>(DSP from each provider agency)</i></td></tr> <tr><td>OT</td><td>Yes</td><td>No</td><td>N/A</td></tr> <tr><td>PT</td><td>Yes</td><td>No</td><td>NA</td></tr> <tr><td>SLP</td><td>Yes</td><td>No</td><td>N/A</td></tr> <tr><td>BSC</td><td>Yes</td><td>No</td><td>N/A</td></tr> <tr><td>Other Natural Support</td><td>Yes</td><td>No</td><td>N/A</td></tr> <tr><td>Other:</td><td>Yes</td><td>No</td><td>N/A</td></tr> </table>	Individual	Yes	No		Guardian	Yes	No	N/A	Case Mgr.	Yes	No		Nurse	Yes	No	N/A	Ser. Coord.	Yes	No		DSP	Yes	No		DSP	Yes	No		<i>(DSP from each provider agency)</i>				OT	Yes	No	N/A	PT	Yes	No	NA	SLP	Yes	No	N/A	BSC	Yes	No	N/A	Other Natural Support	Yes	No	N/A	Other:	Yes	No	N/A			
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<p><b>Individual Specific Training Section of ISP (IST)</b></p> <p><b><u>Surveyor Instruction:</u></b> You are to ensure that there is an IST section of the ISP that corresponds with the current ISP and meeting date. You are to review the IST and determine what the required plans are and document them. There may be instances that a plan is documented on the IST, but is not captured in the eCHAT. If this is the case you are still required to look for that plan. If there is no IST, then this is not met and a potential CoP.</p>	<p>Tag #1A08.3 (CoP) List Required Items in IST, i.e. support plans and crisis plans etc:</p>			
<p><b>Does the ISP contain evidence of the Employment 1<sup>st</sup> Principle?</b></p> <p><b><u>Surveyor Instruction:</u></b> New Mexico is an Employment First state and CMs have requirements to document strategies supporting Employment First in the ISP. If this is not documented in the ISP this cannot be met and is a potential CoP.</p>	<p>Tag #1A08.3 (CoP)</p>			
<p><b>Does the ISP contain evidence of the Individual's Meaningful Day (Community Life Engagement)?</b></p> <p><b><u>Surveyor Instruction:</u></b> The objective of implementing a Meaningful Day is to plan and provide supports to implement the person's definition of his/her own meaningful day, contained in the ISP. If this is not documented in the ISP this cannot be met and is a potential CoP.</p>	<p>Tag #1A08.3 (CoP)</p>			
<p><b>Assistive Technology (AT) Inventory</b></p> <p><b><u>Surveyor Instruction:</u></b> Per 2018 DDW Standards Client File Matrix Individuals are required to have an AT Inventory, if required, which must be updated semi-annually. Surveyor is to determine (this information may be found in the Health and Safety section of the ISP) if AT Inventory is required and if so must determine if is current. This cannot be met if there is no inventory or if the AT Inventory is not current.</p>	<p>Tag #1A08.4</p>			

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<p><b>Does the ISP have an outcome for all paid supports through the DDW?</b></p> <p><i><b>Surveyor Instruction:</b> A Desired Outcome is required for each life area (Live, Work, Fun) for which the person receives paid supports through the DD Waiver. Each service does not need its own, separate outcome, but should be connected to at least one Desired Outcome. This applies to outcomes needed for Individuals who receive Living Care Arrangements and Community Inclusion (this does not include therapies). This cannot be met if there is no outcome / action step tied to a paid service. Surveyors are to review action step to determine the responsible provider.</i></p>	<p>Tag #4C07.1 (CoP)</p>			
<p><b>Are outcomes tied to the person’s vision statement?</b></p> <p><i><b>Surveyor Instruction:</b> The long-term vision statement describes the person’s major long-term (e.g., within one to three years) life dreams and aspirations. A Desired Outcome is required for each life area (Live, Work, Fun) for which the person receives paid supports through the DD Waiver. Each service does not need its own, separate outcome, but should be connected to at least one Desired Outcome. Desired outcomes must:</i></p> <ol style="list-style-type: none"> <li>1. be directly linked to a Vision;</li> <li>2. be meaningful;</li> <li>3. be measurable...</li> </ol> <p><i>You are to review each outcome and ensure it is related to the Individual’s vision. If not related you must document the long-term vision and the outcome and indicate why it is not related. This can only be met if all outcomes are related to each life area.</i></p>	<p>Tag #4C07 (CoP)</p>			
<p><b>Are Outcomes Measurable?</b></p> <p><i><b>Surveyor Instruction:</b> Each service does not need its own, separate outcome, but should be connected to at least one Desired Outcome. Desired outcomes must:</i></p> <ol style="list-style-type: none"> <li>1. be measurable;</li> </ol> <p><i>You are to review each outcome and ask yourself: Will you know when they are achieved? What are the Criteria for Completion of each Outcome?; Is there an end to the outcome? If you cannot answer these questions for each outcome it is not measurable, therefore this cannot be met. You must document the outcomes and circle those which are not measurable.</i></p>	<p>Tag #4C07 (CoP)</p>			

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<p><b>Teaching &amp; Support Strategies (TSS)</b></p> <p><b><u>Surveyor Instruction:</u></b> You are to look for required TSS identified in the ISP. You will review the ISP “action plan for desired outcome in the ....” section and look to determine if the box is checked under strategies / WDSIs needed. If checked “yes” this indicates a TSS is required. If the box is checked “yes” and there is no separate TSS document then this is not met and a potential CoP. Surveyors must List Complete Outcome and then Action Plans which require Teaching &amp; Support Strategies, circle ones not found.</p>	<p>Tag #1A08.3 (CoP)</p>			
<p><b>Is there evidence the ISP was distributed to the Guardian and/or Individual and the LCA / CI Provider Agencies within 14-days (calendar) of ISP approval and when available?</b></p> <p><b><u>Surveyor Instruction:</u></b> You are to look for evidence in the file or by asking the CM of evidence that the ISP was distributed to the above parties as required. If no evidence is found of distribution you must document who did not receive a copy or if it was distributed after the 14-day you must document the ISP approval date and when it was submitted to the guardian / individual and/or providers. If the ISP has not been distributed or distributed after the fact this would be not met.</p>	<p>Tag #4C16 (CoP)</p> <p>ISP Approval Date: _____</p> <p>Distribution Date: _____</p>			

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<p><b>Is there evidence the ISP was distributed to the respective DDSD Regional Office within 14-days (calendar) of ISP approval and when available?</b></p> <p><i><b>Surveyor Instruction:</b> You are to look for evidence in the file or by asking the CM of evidence that the ISP was distributed to the DDSD regional office as required. If no evidence is found of distribution you must document it was not distributed or if it was distributed after the 14-day, you must document the ISP approval date and when it was submitted to the DDSD regional office. If the ISP has not been distributed or distributed after the fact this would be not met.</i></p>	<p>Tag #4C16.1</p> <p>ISP Approval Date: _____ --</p> <p>Distribution Date:</p>			
<b>BSC &amp; Therapy Documentations</b>				
<p><b>Positive Behavior Support Plan</b></p> <p>Date(s) of Plan:</p> <p><i><b>Surveyor Instruction:</b> If the individual receives BSC services, you must ensure the plan is current for the ISP year and it is a plan developed by the BSC provider listed in the MAD 046 / Budget Worksheet. If the plan is current for the ISP year; is developed by the BSC provider listed on the budget; contains licensed therapist's signature (hand written or electronic) and in the CM file this would be met.</i></p>	<p>Tag #1A08</p>			
<p><b>Behavior Crisis Intervention Plan</b> (Note: this may not always be required, it is based on PBP)</p> <p>Date(s) of Plan:</p> <p><i><b>Surveyor Instruction:</b> If the individual receives BSC services, you must review the plan and determine if a BCIP is required? A BCIP is not always required, it is based on the PBSP. If required, the BCIP must be current for the ISP year; is developed by the BSC provider listed on the budget and in the CM file for this to be met.</i></p>	<p>Tag #1A08</p>			
<p><b>Positive Behavior Support Assessment</b></p> <p>Date of Annual Assessment:</p> <p><i><b>Surveyor Instruction:</b> If the individual receives BSC services, there must be an annual PBSA completed for the current ISP year and provided to IDT within 14 calendar days of the ISP meeting. For this to be met there must be a current PBSA developed by the BSC provider listed on the budget and in the CM file for this to be met.</i></p>	<p>Tag #1A08</p>			

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<p><b>Positive Behavior Support Semi-Annual Reports</b></p> <p><b><u>Surveyor Instruction:</u></b> You are to review a minimum of 2 reports - Current &amp; Prior ISP year if necessary. The 1<sup>st</sup> report covers from the start of the person's ISP year until the end of a six-month period (180 calendar days). The second report is integrated into the annual report, when applicable and is due 14 calendar days prior to the annual ISP meeting. You are to determine if the reports were completed within the required timeframe, by the agency currently providing service. If they were not completed or provided by the provider within the required time frame, is there evidence the case manager followed up or requested the documents, if not, this is not met.</p>	<p>Tag #4C15.1 List time frames of reports found and missing:</p>			
<p><b>Speech Therapy Plan (Therapy Intervention Plan TIP)</b></p> <p>Date(s) of Plan:</p> <p><b><u>Surveyor Instruction:</u></b> If the individual receives SLP services, you must ensure the plan is current for the ISP year and it is a plan developed by the SLP provider listed in the MAD 046 / Budget Worksheet. If the plan is current for the ISP year; is developed by the SLP provider listed on the budget; contains licensed therapist's signature (hand written or electronic) and in the CM file this would be met.</p>	<p>Tag #1A08</p>			
<p><b>Speech Therapy Initial / Re-Evaluation Report</b></p> <p>Date of Evaluation:</p> <p><b><u>Surveyor Instruction:</u></b> If new to therapy within the year surveyors will determine if an evaluation was completed within required 30-days. Evaluations are initiated at the request of the IDT and may be comprehensive or focused on a targeted area. The initial assessment must be completed within 30 calendar days following the approved budget. If the individual receives on-going SLP services, there must be an annual SLP re-evaluation report completed for the current ISP year and provided to IDT no less than 14 calendar days prior to the ISP meeting. For this to be met, an initial evaluation or reevaluation must have been completed on time and in the CM's file.</p>	<p>Tag #1A08</p>			
<p><b>Speech Therapy Documentation Form (Semi-Annual Review)</b></p> <p>Date of Semi-Annual Review:</p> <p><b><u>Surveyor Instruction:</u></b> The TDF is required for initial and ongoing therapy intervention. The TDF itself contains instructions for completion. The semi-annual report for speech therapy services is contained within the TDF. A date of semi-annual review should be listed. For this to be met, there must be a copy of the TDF in the CMs file with the semi-annual portions of the TDF complete.</p>	<p>Tag #4C15.1</p>			



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<p><b>Occupational Therapy Plan (Therapy Intervention Plan TIP)</b></p> <p><i>Date(s) of Plan:</i></p> <p><b><u>Surveyor Instruction:</u></b> <i>If the individual receives OT services, you must ensure the plan is current for the ISP year and it is a plan developed by the OT provider listed in the MAD 046 / Budget Worksheet. If the plan is current for the ISP year; is developed by the OT provider listed on the budget; contains licensed therapist's signature (hand written or electronic) and in the CM file this would be met.</i></p>	<p>Tag #1A08</p>			
<p><b>Occupational Therapy Initial / Reevaluation Report</b></p> <p><i>Date of Initial Evaluation:</i></p> <p><b><u>Surveyor Instruction:</u></b> <i>If new to therapy within the year surveyors will determine if an evaluation was completed within required 30-days. Evaluations are initiated at the request of the IDT and may be comprehensive or focused on a targeted area. The initial assessment must be completed within 30 calendar days following the approved budget. If the individual receives on-going OT services, there must be an annual OT re-evaluation report completed for the current ISP year and provided to IDT no less than 14 calendar days prior to the ISP meeting. For this to be met, an initial evaluation or reevaluation must have been completed on time and in the CM's file.</i></p>	<p>Tag #1A08</p>			
<p><b>Occupational Therapy Documentation Form (Semi-Annual Review)</b></p> <p><i>Date of Semi-Annual Review:</i></p> <p><b><u>Surveyor Instruction:</u></b> <i>The TDF is required for initial and ongoing therapy intervention. The TDF itself contains instructions for completion. The semi-annual report for occupational therapy services is contained within the TDF. A date of semi-annual review should be listed. For this to be met, there must be a copy of the TDF in the CMs file with the semi-annual portions of the TDF complete.</i></p>	<p>Tag #4C15.1</p>			

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<p><b>Physical Therapy Plan (Therapy Intervention Plan TIP)</b></p> <p><i>Date(s) of Plan:</i></p> <p><b><u>Surveyor Instruction:</u></b> <i>If the individual receives PT services, you must ensure the plan is current for the ISP year and it is a plan developed by the PT provider listed in the MAD 046 / Budget Worksheet. If the plan is current for the ISP year; is developed by the PT provider listed on the budget; contains licensed therapist's signature (hand written or electronic) and in the CM file this would be met.</i></p>	<p>Tag #1A08</p>			
<p><b>Physical Therapy Initial / Reevaluation Report</b></p> <p><i>Date of Initial Evaluation:</i></p> <p><b><u>Surveyor Instruction:</u></b> <i>If new to therapy within the year surveyors will determine if an evaluation was completed within required 30-days. Evaluations are initiated at the request of the IDT and may be comprehensive or focused on a targeted area. The initial assessment must be completed within 30 calendar days following the approved budget. If the individual receives on-going PT services, there must be an annual PT re-evaluation report completed for the current ISP year and provided to IDT no less than 14 calendar days prior to the ISP meeting. For this to be met, an initial evaluation or reevaluation must have been completed on time and in the CM's file.</i></p>	<p>Tag #1A08</p>			
<p><b>Physical Therapy Documentation Form (Semi-Annual Review)</b></p> <p><i>Date of Semi-Annual Review:</i></p> <p><b><u>Surveyor Instruction:</u></b> <i>The TDF is required for initial and ongoing therapy intervention. The TDF itself contains instructions for completion. The semi-annual report for occupational therapy services is contained within the TDF. A date of semi-annual review should be listed. For this to be met, there must be a copy of the TDF in the CMs file with the semi-annual portions of the TDF complete.</i></p>	<p>Tag #4C15.1</p>			

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<b>SERVICE SPECIFIC DOCUMENTATION</b>				
<p><b>Person Centered Assessment</b></p> <p><i><b>Surveyor Instruction:</b> This assessment is applicable to those who receive CCS and/or CIES, including Jackson Class Members who receive Inclusion Services. The initial assessment shall be completed within 90 calendar days of an individual starting the service and must be reviewed and updated annually A new PCA must be completed every 5 years. For this to be met, persons receiving community inclusion must have a current PCA.</i></p>	<p>Tag # 4C07.2</p> <p>Date: _____</p> <p>Annual Review: _____</p>			
<p><b>Living Care Arrangements: Semi-Annuals</b></p> <p><i><b>Surveyor Instruction:</b> You are to review a minimum of 2 reports - Current &amp; Prior ISP year if necessary. The 1<sup>st</sup> report covers from the start of the person's ISP year until the end of a six-month period (180 calendar days). The second report is integrated into the annual report, when applicable and is due 14 calendar days prior to the annual ISP meeting. You are to determine:</i></p> <p>1) Were reports were completed within the required timeframe                  2) Is the report adequate and does it contain progress</p> <p><i>If report not provided prior to the ISP meeting and no evidence is found the case manager followed up or requested the documents, this cannot be met. If report does not contain progress, is there evidence the case manager request a revised report or written evidence that lack of progress was discussed. If no evidence is found this is not met.</i></p>	<p>Tag #4C15.1</p> <p>List time frames of reports found and missing:</p>			
<p><b>Community Inclusion (CCS): Semi-Annuals</b></p> <p><i><b>Surveyor Instruction:</b> You are to review a minimum of 2 reports - Current &amp; Prior ISP year if necessary. The 1<sup>st</sup> report covers from the start of the person's ISP year until the end of a six-month period (180 calendar days). The second report is integrated into the annual report, when applicable and is due 14 calendar days prior to the annual ISP meeting. You are to determine:</i></p> <p>1) Were reports were completed within the required timeframe                  2) Is the report adequate and does it contain progress</p> <p><i>If report not provided prior to the ISP meeting and no evidence is found the case manager followed up or requested the documents, this cannot be met. If report does not contain progress, is there evidence the case manager request a revised report or written evidence that lack of progress was discussed. If no evidence is found this is not met.</i></p>	<p>Tag #4C15.1</p> <p>List time frames of reports found and missing:</p>			

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<p><b>Community Inclusion (CIES): Semi-Annuals</b></p> <p><b><u>Surveyor Instruction:</u></b> You are to review a minimum of 2 reports - Current &amp; Prior ISP year if necessary. The 1<sup>st</sup> report covers from the start of the person's ISP year until the end of a six-month period (180 calendar days). The second report is integrated into the annual report, when applicable and is due 14 calendar days prior to the annual ISP meeting. You are to determine:</p> <p>1) Were reports were completed within the required timeframe                  2) Is the report adequate and does it contain progress</p> <p>If report not provided prior to the ISP meeting and no evidence is found the case manager followed up or requested the documents, this cannot be met. If report does not contain progress, is there evidence the case manager request a revised report or written evidence that lack of progress was discussed. If no evidence is found this is not met.</p>	<p>Tag #4C15.1                      List time frames of reports found and missing:</p>			
<b>ADMINISTRATIVE INFORMATION</b>				
<p><b>Guardianship or Power of Attorney documents (as applicable)</b></p> <p><b><u>Surveyor Instruction:</u></b> Review ISP to determine if the Individual has a guardian. If guardian is present, document the name of the guardian / POA and type of guardianship. This is used to ensure that required documents are signed by the appropriate person. If the individual does not have a guardian this would-be N/A. If the individual has a guardian, for this to be met there would need to be court-generated guardian documentation or POA documentation.</p>	<p>Tag #1A08                      Guardianship Name and type: Plenary or Limited</p>			
<p><b>Statement of Rights Acknowledgment (HCBS Consumer Rights and Freedoms)</b></p> <p><b><u>Surveyor Instruction:</u></b> The CM is required to review the Statement of Rights (See Appendix C HCBS Consumer Rights and Freedoms) with the person, in a manner that accommodates preferred communication style, at the annual meeting. The person and his/her guardian, if applicable, sign the acknowledgement form at the annual meeting. For this to be met there must be evidence the CM discussed this with the guardian and individual at least annually and there is an acknowledgement form.</p>	<p>Tag #4C08                      Date:</p>			
<p><b>Provider Agency Grievance/Complaint Procedure -Signed</b></p> <p><b><u>Surveyor Instruction:</u></b> Is there documentation indicating the CM has reviewed agency's compliant and grievance procedure with the recipients and guardians at least annually. Per standards it is a primary role of the CM is to facilitate self-advocacy and advocate on behalf of the person, which includes, but is not limited to: Reviewing the ISP Addendum A at least annually to discuss: Individual Client Rights, Client Complaint Procedure, the Dispute Resolution Process, and ANE reporting, with the person and guardian as applicable and in a form/format most understandable by the person. For this to be met there must be evidence the CM discussed this with the guardian and individual at least annually.</p>	<p>Tag #1A29                      Date:</p>			

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<b>IDT/PERSON CENTERED PLANNING</b>				
<p><b>IDT Meeting Minutes (as applicable or when significant event occurred)</b></p> <p><b>Surveyor Instruction:</b> Based on documents reviewed was a meeting required? (Refer to NMAC 7.26.5 for complete list of when IDT is required to convened). IDT meetings are required (in-person or via phone) when there is a significant life change; situations where an individual is at risk of significant harm (In this case the IDT shall convene within one working day); situations where it has been determined the individual is a victim of abuse, neglect or exploitation (substantiation by IMB). If no IDT were needed this would-be N/A. If IDT was required (based on items outlined in NMAC 7.26.5) and no documentation of meeting found this would be not met.</p>	<p>Tag #4C12.1</p> <p>If was IDT was required to convene and did not, identify reason e:</p>			
<p><b>Team Justification Form (Non-Health Related) (as applicable)</b></p> <p><b>Surveyor Instruction:</b> This was previously known as the Decision Justification Form. This document is to be used for non-health related recommendations which an IDT has considered but determined not to implement. Surveyors are to document the recommendation the IDT has considered and chosen not to implement. CM is responsible to ensure the Team Justification Process is followed and complete. This would-be N/A if the process was not used. This would not be met, if the form was not completed when required or the IDT did not follow the process, including using the correct document.</p>	<p>Tag #1A08</p>			
<p><b>While on-site, did Surveyors file ANE reports related to any suspected ANE or any other reportable incidents, which were found during the survey process or identify any reportable IR's not reported by the Agency?</b></p> <p><b>Surveyor Instruction:</b> While conducting the on-site survey if you suspect any type of ANE you are required to report immediate to DHI/IMB. You are to document what was seen and heard in detail and take pictures if necessary. You are to notify the agency that you are filing an ANE report. If while you are reviewing documentation you determine that there is a GER or another internal incident which should have been reported to DHI / IMB and was not you are required to report immediate. You will document what was found and report. You will utilize the IMB responsible and reporting provider reports to review 1 years' worth or ANE reports to determine if ANE report was filed. If you must report ANE while on-site this cannot be met.</p>	<p>Tag #1A27.2</p>			

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Standard of Care	Surveyor Notes	MET	NOT MET	NA
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**CASE MANAGEMENT MONITORING**

<p><b>Monthly Site Visit Forms (Face-to-Face)</b></p> <p><b><u>Surveyor Instruction:</u></b> You are to review monthly site visit forms for a one-year period. You must document the date, time, and location of each visit (home or site) or if it is an IDT meeting. The CM is required to visit at least 12 times annually (one per month) to bill for a monthly unit. No more than one IDT Meeting per quarter may count as a face-to-face contact for DDW adults (including JCMs) living in the community. If there is not a monthly site visit form as required for each month then this cannot be met. <b>Note: As of 1/1/2019 these are required to be in Therap.</b></p> <p>Additionally, the following applies and you are to look that monthly site visits are occurring as required:</p> <ol style="list-style-type: none"> <li>JCMs require two face-to-face contacts per month to bill the monthly unit, one of which must occur at a location in which the person spends the majority of the day (i.e., place of employment, habilitation program), and the other contact must occur at the person's residence.</li> <li>For non-JCMs, face-to-face visits must occur as follows:               <ol style="list-style-type: none"> <li>At least one face-to-face visit per quarter shall occur at the person's home for people who receive a Living Supports or CIHS.</li> <li>At least one face-to-face visit per quarter shall occur at the day program for people who receive CCS and or CIE in an agency operated facility.</li> </ol> </li> </ol> <p>It is appropriate to conduct face-to-face visits with the person either during times when the person is receiving a service or during times when the person is not receiving a service.</p>	<p>Tag #4C12 (CoP) Document date/time/type of visit (HV or SV):</p>			
<p><b>Case Manager Monthly Contact Notes</b></p> <p><b><u>Surveyor Instruction:</u></b> You are to review monthly contacts notes for a one-year period. Is there a note for each monthly? If there is not this cannot be met. You are to use the review of these notes to determine if the CM is monitoring services as required, which would include but is not limited to contact with IDT members, follow-up of healthcare, identified issues / concerns are followed up. If no follow-up is found for concerns or issues, cite and indicate where information was found and what was not followed-up on.</p>	<p>Tag #4C12 (CoP)</p>			

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<p><b>Are Services being used / provided (utilized) as outline in the Individuals budget?</b></p> <p><b><u>Surveyor Instruction:</u></b> The CM must monitor utilization of budgets by reviewing in the Medicaid Web Portal monthly in preparation for site visits. The CM uses the information to have informed discussions with the person/guardian about high or low utilization and to follow up with any action that may be needed to assure services are provided as outlined in the ISP with respect to: quantity, frequency and duration. Follow up action may include, but not be limited to:</p> <ul style="list-style-type: none"> <li>c. documenting extraordinary circumstances;</li> <li>d. convening the IDT to submit a revision to the ISP and budget as necessary;</li> <li>e. working with the provider to align service provision with ISP and using the RORA process if there is no resolution from the provider; and</li> <li>f. reviewing the SFOC process with the person and guardian, if applicable.</li> </ul> <p>You are to review the Utilization report, document any services not being utilized or low usage based on ISP term at the time of the survey. If there is no usage or low usage you must determine through the documentation or interviews if it is being addressed by the CM (by means identified above a-d). If it is being addressed is this is considered met. If there is no usage or low usage and not being addressed or the CM is not aware of issues, you must document the total amount of units on the budget and how many units have been used from the start of the budget to the time of the utilization report.</p>	<p>Tag #4C01.1</p> <p>List service, Modifier, amount budgeted and amount used. e.g. CCS budget 1000 units – 10 used = 990</p>			
<b>Level of Care (Healthcare Coordination)</b>				
<p><b>Level of Care (Annually)</b></p> <p><b><u>Surveyor Instruction:</u></b> As part of the assessment activities completed the CM ensures that an initial evaluation for the LOC is complete, and that all participants are reevaluated for a LOC at least annually. CMs are also responsible for completing assessments related to LOC determinations and for obtaining other assessments to inform the service planning process. The assessment tasks of the CM include, but are not limited to:</p> <ul style="list-style-type: none"> <li>a. a Long-Term Care Assessment Abstract form (MAD 378);</li> <li>b. a Client Individual Assessment(CIA);</li> <li>c. a current History and Physical;</li> </ul> <p>You are required to review the file for the current required items. You must ensure the LOC is completed for the current ISP year and signed by the PCP.</p>	<p>Tag #4C04 (CoP)</p> <p>DATE:</p>			

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<p><b>Client Individual Assessment (CIA) (Annually)</b></p> <p><b>Surveyor Instruction:</b> As part of the assessment activities completed the CM ensures that an initial evaluation for the LOC is complete, and that all participants are reevaluated for a LOC at least annually. CMs are also responsible for completing assessments related to LOC determinations and for obtaining other assessments to inform the service planning process. The assessment tasks of the CM include, but are not limited to:</p> <ul style="list-style-type: none"> <li>a. a Long-Term Care Assessment Abstract form (MAD 378);</li> <li>b. a Client Individual Assessment(CIA);</li> <li>c. a current History and Physical;</li> </ul> <p>You are required to review the file for the <u>current</u> required items. You must ensure the LOC is current and approve for the current ISP year. You must ensure the CIA is completed for the current ISP year and completed by the CM.</p>	<p>Tag #4C04 (CoP)</p> <p>DATE:</p>			
<p><b>Documents Supporting Healthcare Coordination (Therap &amp; Required Plans):</b></p>				
<p><b>Electronic Comprehensive Health Assessment Tool (e-CHAT)</b></p> <p>eCHAT Date Completed: _____</p> <p>eCHAT Date Approved: _____</p> <p><b>Surveyor Instruction:</b> An e-CHAT is required for persons in FL, SL, IMLS, or CCS-Group. All other DD Waiver individuals may obtain an e-CHAT if needed or desired by adding ANS hours for assessment and consultation to their budget. For this to be met, the case management agency must have this in their file or have it available for viewing in Therap and it must be current.</p>	<p>Tag #1A15.2 (CoP)</p> <p>Document each revision found during the ISP year:</p>			
<p><b>Electronic Comprehensive Health Assessment Tool (e-CHAT) Summary</b></p> <p>eCHAT Acuity Level: _____</p> <p><b>Surveyor Instruction:</b> An e-CHAT is required for persons in FL, SL, IMLS, or CCS-Group. All other DD Waiver individuals may obtain an e-CHAT if needed or desired by adding ANS hours for assessment and consultation to their budget. The e-CHAT Summary contains all the required and to be consider HCPs and MERPs. For this to be met, there must current e-CHAT summary in the case manager file or available for viewing in Therap.</p>	<p>Tag #1A15.2 (CoP)</p> <p>List required "R" HCP &amp; MERP plans:</p>			



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<p><b>Aspiration Risk Screening Tool (ARST)</b>  Date of ARST: _____</p> <p>Risk level: _____</p> <p><b>Surveyor Instruction:</b> ARM screening is required for all adults (21+) and young adults (18 – 20) on the DD Waiver who receive Living Supports (Family Living, Supported Living, IMLS) and Customized Community Supports Group (CCS-Group). ARST screening is completed annually by a licensed nurse for those individuals determined at low-risk, however when an individual is determined to be at moderate or high risk the CM is contacted, and arrangements are made to complete a CARMP. For this to be met current ARST must be present.</p>	<p>Tag #1A15.2 (CoP)</p>			
<p><b>Comprehensive Aspiration Risk Management Plan (CARMP)</b>  Date of CARMP: _____</p> <p><b>Surveyor Instruction:</b> A CARMP is required for any adult or young adult with moderate to high risk of aspiration. Within 60 days following ARST result a CARMP must be developed, however if the IDT does not want to implement a CARMP the following must occur:</p> <ul style="list-style-type: none"> <li>• CM holds a meeting for DCP to assure informed decision-making.</li> <li>• The individual &amp; guardian may accept all, part or none of the CARMP.</li> <li>• This process and final decisions are reflected on the DCP</li> <li>• Team edits CARMP per DCP and finalize.</li> </ul> <p>If the CARMP is to be implemented it must be done with 90-days following ARST result. In, order for this to be met a current CARMP must be complete or there must be a DCP in place indicating it was considered, but none or some of the plan was accepted.</p>	<p>Tag #1A15.2 (CoP)</p>			
<p><b>Health Care Plans (HCP)</b></p> <p><b>Surveyor Instruction:</b> Review of HCP are dependent on required HCP listed in the eCHAT summary and IST section of the ISP. Surveyors must review required HCPs and determine if all required plans are in place and current. Prior to the survey the team lead to review eCHAT and document required HCPs and MERPs. Document required plans and look for evidence that plans are maintained in the case manager file. If an individual has a CAMRP separate HCPs are not required as these will be covered in the CARMP. If, the person has a CARMP ensure required HCP identified in the eCHAT are in the CARMP and this would become NA. If the Individual does not require a CARMP the you must ensure required HCPs are in place. If no plan exists or is not current, you must document on the tool which plan does not exist or is not current. HCPs may be combined at the discretion of nurse when clinically appropriate and must be signed by the author. If combined you may ask the nurse to show you where items are addressed within the plan. For this to be met, surveyor must determine if there is an individualized current plan in place as required.</p>	<p>Tag #1A15.2 (CoP)</p>			

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<p><b>Medical Emergency Response Plans (MERP)</b></p> <p><b><u>Surveyor Instruction:</u></b> MERPs are required for persons who have one or more conditions or illnesses that present a likely potential to become a life-threatening situation. You must ensure that required MERPs listed in the eCHAT summary and IST section of the ISP are in place and current. Prior to survey team lead to review eCHAT and document required HCPs and MERPs. Document required plans and look for evidence that plans are maintained in the case manager file. MERPs must be individualized and cannot be combined with other MERPs. If an individual has a CAMRP, there will still be MERPs if required in eCHAT. If no MERP is in place as required by eCHAT or is not current, you must document on the tool which plan does not exist or what plan is not current. For this to be met, there must be a current individualized plan in place as required and a MERP for each required plan in eCHAT.</p>	<p>Tag #1A15.2 (CoP)</p>			
<p><b>Nursing Semi-Annuals</b></p> <p><b><u>Surveyor Instruction:</u></b> You are to review a minimum of 2 reports - Current &amp; Prior ISP year if necessary. The 1<sup>st</sup> report covers from the start of the person's ISP year until the end of a six-month period (180 calendar days). The second report is integrated into the annual report, when applicable and is due 14 calendar days prior to the annual ISP meeting. You are to determine if the reports were completed within the required timeframe. If they were not provided prior to the ISP meeting and there is no evidence the case manager followed up or requested the documents, this cannot be met.</p>	<p>Tag #4C15.1</p>			
<p><b>Healthcare Documentation and Follow-up:</b> Case Manager is not required to have the actual exam/evaluation (unless it is specifically called for in the client file matrix). Monitoring of this may be found in monthly case notes or site visit forms. Include date completed; what document indicated it was required.</p>				
<p><b>Annual Physical Exam</b></p> <p><b><u>Surveyor Instruction:</u></b> As part of the assessment activities completed the CM ensures that an initial evaluation for the LOC is complete, and that all participants are reevaluated for a LOC at least annually. CMs are also responsible for completing assessments related to LOC determinations and for obtaining other assessments to inform the service planning process. The assessment tasks of the CM include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• a Long-Term Care Assessment Abstract form (MAD 378);</li> <li>• a Client Individual Assessment(CIA);</li> <li>• a current History and Physical;</li> </ul> <p>You must ensure the annual physical has been completed for the current ISP year and completed by the PCP. You are required to document any type follow-up which is need or any recommendation which are made. The surveyor will then determine if follow-up or recommendation is followed. For specific follow-up / recommendations look at tool to document in appropriate location. This cannot be met, if there is no annual physical or if it not current.</p>	<p>Tag #4C04 (CoP)</p> <p><b>Date of Annual Physical</b></p> <p>Document what follow-up and / or recommendation is required:</p> <p>DATE:</p>			

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<p><b>Dental Exam</b> (Annually and as needed)</p> <p><u><b>Surveyor Instruction:</b></u> Each person receiving DDW services is required to receive specialty medical care as needed. CM Agencies are required to monitor the services of individuals and ensure that all recommended and required exams are completed and followed – up on. Surveyors are required to document any type medical follow-up which is need or any recommendation which are made. The Case manager is not required to keep the actual exam or evaluation in the file unless noted by the 2018 Appendix A Client File Matrix, however the case manager must maintain evidence that it is being monitored by evidence in notes and / or site visit forms. If evidence is found an item is required of recommended for an individual the surveyor will then document the name of the document where it was found and determine if follow-up or recommendation is followed. For specific follow-up / recommendations look at tool to document in appropriate location. This cannot be met, if there is no evidence of follow-up or the decision consultation form.</p>	<p>Tag #1A08.2 (CoP)</p> <p><b>Date of Dental Exam:</b></p> <p><b>Recommendation or follow-up required:</b></p> <p><i>Was follow-up or recommendation completed?</i></p> <p><i>If, not was <b>Decision Consultation Form (Medical)</b> completed?</i></p>			
<p><b>Hearing Exam</b> (As Recommended)</p> <p><u><b>Surveyor Instruction:</b></u> Each person receiving DDW services is required to receive specialty medical care as needed. CM Agencies are required to monitor the services of individuals and ensure that all recommended and required exams are completed and followed – up on. Surveyors are required to document any type medical follow-up which is need or any recommendation which are made. The Case manager is not required to keep the actual exam or evaluation in the file unless noted by the 2018 Appendix A Client File Matrix, however the case manager must maintain evidence that it is being monitored by evidence in notes and / or site visit forms. If evidence is found an item is required of recommended for an individual the surveyor will then document the name of the document where it was found and determine if follow-up or recommendation is followed. For specific follow-up / recommendations look at tool to document in appropriate location. This cannot be met, if there is no evidence of follow-up or the decision consultation form.</p>	<p>Tag #1A08.2 (CoP)</p> <p><b>Date of Hearing Exam:</b></p> <p><b>Recommendation or follow-up required:</b></p> <p><i>Was follow-up or recommendation completed?</i></p> <p><i>If, not was <b>Decision Consultation Form (Medical)</b> completed?</i></p>			
<p><b>Vision Exam</b> (As Recommended)</p> <p><u><b>Surveyor Instruction:</b></u> Each person receiving DDW services is required to receive specialty medical care as needed. CM Agencies are required to monitor the services of individuals and ensure that all recommended and required exams are completed and followed – up on. Surveyors are required to document any type medical follow-up which is need or any recommendation which are made. The Case manager is not required to keep the actual exam or evaluation in the file unless noted by the 2018 Appendix A Client File Matrix, however the case manager must maintain evidence that it is being monitored by evidence in notes and / or site visit forms. If evidence is found an item is required of recommended for an individual the surveyor will then document the name of the document where it was found and determine if follow-up or recommendation is followed. For specific follow-up / recommendations look at tool to document in appropriate location. This cannot be met, if there is no evidence of follow-up or the decision consultation form.</p>	<p>Tag #1A08.2 (CoP)</p> <p><b>Date of Vision Exam:</b></p> <p><b>Recommendation or follow-up required:</b></p> <p><i>Was follow-up or recommendation completed?</i></p> <p><i>If, not was <b>Decision Consultation Form (Medical)</b> completed?</i></p>			

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<p><b>Psychological Assessment</b> <i>(As applicable)</i></p> <p><b>Surveyor Instruction:</b> Each person receiving DDW services is required to receive specialty medical care as needed. Per 2018 DDW Standards CM Agencies are required to monitor the services of individuals and ensure that all recommended and required exams are completed and followed – up on. Surveyors are required to document any type medical follow-up which is need or any recommendation which are made. The Case manager is not required to keep the actual exam or evaluation in the file unless noted by the 2018 Appendix A Client File Matrix, however the case manager must maintain evidence that it is being monitored by evidence in notes and / or site visit forms. If evidence is found an item is required of recommended for an individual the surveyor will then document the name of the document where it was found and determine if follow-up or recommendation is followed. For specific follow-up / recommendations look at tool to document in appropriate location. This cannot be met, if there is no evidence of follow-up or the decision consultation form.</p>	<p>Tag #1A08.2 (CoP)</p> <p><b>Date of Assessment:</b></p> <p><b>Recommendation or follow-up required:</b></p> <p><i>Was follow-up or recommendation completed?</i></p> <p><i>If, not was <b>Decision Consultation Form (Medical)</b> completed?</i></p>			
<p><b>Nutritional Evaluation</b> <i>(Annually / semi-annual per standards)</i></p> <p><b>Surveyor Instruction:</b> Each person receiving DDW services is required to receive specialty medical care as needed. Per 2018 DDW Standards CM Agencies are required to monitor the services of individuals and ensure that all recommended and required exams are completed and followed – up on. Surveyors are required to document any type medical follow-up which is need or any recommendation which are made. The Case manager is not required to keep the actual exam or evaluation in the file unless noted by the 2018 Appendix A Client File Matrix, however the case manager must maintain evidence that it is being monitored by evidence in notes and / or site visit forms. If evidence is found an item is required of recommended for an individual the surveyor will then document the name of the document where it was found and determine if follow-up or recommendation is followed. For specific follow-up / recommendations look at tool to document in appropriate location. This cannot be met, if there is no evidence of follow-up or the decision consultation form.</p>	<p>Tag #1A08.2 (CoP)</p> <p><b>Date of Evaluation:</b></p> <p><b>Recommendation or follow-up required:</b></p> <p><i>Was follow-up or recommendation completed?</i></p> <p><i>If, not was <b>Decision Consultation Form (Medical)</b> completed?</i></p>			
<p><b>Nutritional Plan</b> <i>(Annually and as needed)</i></p> <p><b>Surveyor Instruction:</b> Each person receiving DDW services is required to receive specialty medical care as needed. Per 2018 DDW Standards CM Agencies are required to monitor the services of individuals and ensure that all recommended and required exams are completed and followed – up on. Surveyors are required to document any type medical follow-up which is need or any recommendation which are made. The Case manager is not required to keep the actual exam or evaluation in the file unless noted by the 2018 Appendix A Client File Matrix, however the case manager must maintain evidence that it is being monitored by evidence in notes and / or site visit forms. If evidence is found an item is required of recommended for an individual the surveyor will then document the name of the document where it was found and determine if follow-up or recommendation is followed. For specific follow-up / recommendations look at tool to document in appropriate location. This cannot be met, if there is no evidence of follow-up or the decision consultation form.</p>	<p>Tag #1A08.2 (CoP)</p> <p><b>Date of Plan:</b></p> <p><b>Recommendation or follow-up required:</b></p> <p><i>Was follow-up or recommendation completed?</i></p> <p><i>If, not was <b>Decision Consultation Form (Medical)</b> completed?</i></p>			

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<p><b>Recommended or Required Exam / Evaluation as Indicated in the ISP Assessment Checklist or Other Documentation:</b></p> <p><b>Name of Exam / Evaluation:</b></p> <p><b>Date:</b></p> <p><i><b>Surveyor Instruction:</b> Each person receiving DDW services is required to have a licensed primary care practitioner and receives an annual physical examination and specialty medical/dental care as needed. Per 2018 DDW Standards CM Agencies are required to monitor the services of individuals and ensure that all recommended and required exams are completed and followed – up on. Surveyors are required to document any type medical follow-up which is need or any recommendation which are made. The Case manager is not required to keep the actual exam or evaluation in the file unless noted by the 2018 Appendix A Client File Matrix, however the case manager must maintain evidence that it is being monitored by evidence in notes and / or site visit forms. If evidence is found an item is required of recommended for an individual the surveyor will then document the name of the document where it was found and determine if follow-up or recommendation is followed. For specific follow-up / recommendations look at tool to document in appropriate location. This cannot be met, if there is no evidence of follow-up or the decision consultation form.</i></p>	<p><i>Tag #1A08.2 (CoP)</i></p> <p><b>Recommendation or follow-up required:</b></p>  <p><i>Was follow-up or recommendation completed?</i></p> <p><i>If, not was <b>Decision Consultation Form (Medical)</b> completed?</i></p>			
<p><b>Recommended or Required Exam / Evaluation as Indicated in the ISP Assessment Checklist or Other Documentation:</b></p> <p><b>Name of Exam / Evaluation:</b></p> <p><b>Date:</b></p> <p><i><b>Surveyor Instruction:</b> Each person receiving DDW services is required to have a licensed primary care practitioner and receives an annual physical examination and specialty medical/dental care as needed. Per 2018 DDW Standards CM Agencies are required to monitor the services of individuals and ensure that all recommended and required exams are completed and followed – up on. Surveyors are required to document any type medical follow-up which is need or any recommendation which are made. The Case manager is not required to keep the actual exam or evaluation in the file unless noted by the 2018 Appendix A Client File Matrix, however the case manager must maintain evidence that it is being monitored by evidence in notes and / or site visit forms. If evidence is found an item is required of recommended for an individual the surveyor will then document the name of the document where it was found and determine if follow-up or recommendation is followed. For specific follow-up / recommendations look at tool to document in appropriate location. This cannot be met, if there is no evidence of follow-up or the decision consultation form.</i></p>	<p><i>Tag #1A08.2 (CoP)</i></p> <p><b>Recommendation or follow-up required:</b></p>  <p><i>Was follow-up or recommendation completed?</i></p> <p><i>If, not was <b>Decision Consultation Form (Medical)</b> completed?</i></p>			

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Standard of Care	Surveyor Notes	MET	NOT MET	NA
<p><b>Recommended or Required Exam / Evaluation as Indicated in the ISP Assessment Checklist or Other Documentation:</b></p> <p><b>Name of Exam / Evaluation:</b></p> <p><b>Date:</b></p> <p><b><u>Surveyor Instruction:</u></b> Each person receiving DDW services is required to have a licensed primary care practitioner and receives an annual physical examination and specialty medical/dental care as needed. Per 2018 DDW Standards CM Agencies are required to monitor the services of individuals and ensure that all recommended and required exams are completed and followed – up on. Surveyors are required to document any type medical follow-up which is need or any recommendation which are made. The Case manager is not required to keep the actual exam or evaluation in the file unless noted by the 2018 Appendix A Client File Matrix, however the case manager must maintain evidence that it is being monitored by evidence in notes and / or site visit forms. If evidence is found an item is required of recommended for an individual the surveyor will then document the name of the document where it was found and determine if follow-up or recommendation is followed. For specific follow-up / recommendations look at tool to document in appropriate location. This cannot be met, if there is no evidence of follow-up or the decision consultation form.</p>	<p><i>Tag #1A08.2 (CoP)</i>  <b>Recommendation or follow-up required:</b></p> <p><i>Was follow-up or recommendation completed?</i></p> <p><i>If, not was <b>Decision Consultation Form (Medical)</b> completed?</i></p>			
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