

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

Standard of Care	Surveyor Notes	MET	NOT MET	NA
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Agency/Region: Surveyor:	Date/Time:
Individual Name and Identifier:	

Services (Circle those that apply to Individual):

- **Living Care Arrangement:** **Supported Living – Family Living - Intensive Medical Living Supports - Customized In-Home Supports**
- **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.*

Standard of Care Questions	(Tag #) Surveyor Notes / Deficiency Description	MET	NOT MET	NA
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BUDGET				
Approved MAD 046 / Budget Worksheet (BWS) Surveyor Instruction: <i>This document is used to verify the DDW Services the individual receives. The Surveyor must document:</i> <ol style="list-style-type: none"> 1. Term of the budget; 2. Services received by the Individual, i.e. LCA, CI, therapies, etc. and; 3. Agency providing the service <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> <i>This is "MET" if there is a current budget. If there is not a current BWS this cannot be met and is a potential CoP.</i>	Tag #4C10 CoP Budget Term: List Services (ex: CCS-I – Apple's – H2021 HB U1) :			

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INFORMED CHOICE/FREEDOM OF CHOICE

<p>Primary Freedom of Choice or Waiver Change Form (PFOC or WCF)</p> <p><u>Surveyor Instruction:</u> People receiving DD Waiver funded services have the right to choose any qualified provider of case management services listed on the PFOC (Primary Freedom of Choice) or CM Agency Change Form. Initial allocations will have a PFOC. Individuals who are already allocated will have a PFOC. Individuals who have changed waivers will have a Waiver Change Form (WCF). For this to be "MET" the PFOC or WCF must be in the CM file and signed by the guardian or individual if self-guardian.</p>	<p>Tag #4C02</p>			
<p>Secondary Freedom of Choice (SFOC)</p> <p><u>Surveyor Instruction:</u> People receiving DD Waiver funded services have the right to choose any qualified provider of any other DD Waiver service listed on SFOC form. The CM Agency must have SFOC for each service listed on the individual's budget. NOTE: Family Living & Sub care are bundled services, a separate SFOC is not required for sub care. Additionally, a SFOC is needed for individuals in CIHS, CIES and CCS-I who elect to have Adult Nursing services. For this to be "MET" SFOC's must be maintained in the CM file for agency/ services listed in on the Budget Worksheet (BWS) and signed by guardian or individual if self-guardian.</p> <p>Surveyor you must document the total # of SFOCs as indicated by the budget and how many were found</p>	<p>Tag # 4C09</p> <p>FOC must match service and agency on budget. List service and agency:</p> <ul style="list-style-type: none"> <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>Total # of SFOCs required per budget:</p> <p>Total # of SFOCs found:</p>			

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ISP REQUIREMENTS

<p>Annual ISP</p> <p><u>Surveyor Instruction:</u> All Individuals receiving DDW must have a current and complete ISP. In addition to the cover sheet of the ISP containing current information, i.e. address, phone number, services, etc. the following must also be present to be considered "MET."</p> <ul style="list-style-type: none"> • Individual Specific Training (IST) Section of the ISP • Addendum A (which includes notice of ANE reporting and acknowledgement) • ISP Signature Page <p><i>**If the ISP is not current or 1 or more of the 3 items above is not present this cannot be met and is a potential CoP.</i></p>	<p>Tag #1A08.3 (CoP)</p> <p>Term of ISP _____</p>			
<p>Does the ISP contain evidence of the Employment 1st Principle?</p> <p><u>Surveyor Instruction:</u> 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>Does the ISP contain evidence of the Individual's Meaningful Day (Community Life Engagement)?</p> <p><u>Surveyor Instruction:</u> CMs have requirements to document the discussion on individualized Meaningful Day activities that occurs in the ISP meeting and is reflected 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>			

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<p>ISP Signature Page: Does the ISP Signature Page Show Evidence of a Fully Constituted IDT?</p> <p><u>Surveyor Instruction:</u> <i>The ISP is written by the CM with the IDT input and must be completed according to standards and NMAC, which includes a signature page and/or documentation of participation in person and telephonically. You are to review the signature sheet to determine if all team members required are 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.). Signature sheets maybe wet ink or electronic. This is "MET" if there is a Signature sheet with the fully constituted IDT and / or evidence of their participation if not present.</i></p>	<p><i>Tag #1A08.3 (CoP)</i></p> <table border="0"> <tr><td><i>Individual</i></td><td>Yes</td><td>No</td><td></td><td></td></tr> <tr><td><i>Guardian</i></td><td>Yes</td><td>No</td><td>N/A</td><td></td></tr> <tr><td><i>Case Mgr.</i></td><td>Yes</td><td>No</td><td></td><td></td></tr> <tr><td><i>Nurse</i></td><td>Yes</td><td>No</td><td>N/A</td><td></td></tr> <tr><td><i>Ser. Coord.</i></td><td>Yes</td><td>No</td><td></td><td></td></tr> </table> <p><i>(DSP from each provider agency, as applicable, i.e. LCA and CI)</i></p> <table border="0"> <tr><td><i>DSP</i></td><td>Yes</td><td>No</td><td></td><td></td></tr> <tr><td><i>DSP</i></td><td>Yes</td><td>No</td><td></td><td></td></tr> <tr><td><i>OT</i></td><td>Yes</td><td>No</td><td>N/A</td><td></td></tr> <tr><td><i>PT</i></td><td>Yes</td><td>No</td><td>NA</td><td></td></tr> <tr><td><i>SLP</i></td><td>Yes</td><td>No</td><td>N/A</td><td></td></tr> <tr><td><i>BSC</i></td><td>Yes</td><td>No</td><td>N/A</td><td></td></tr> <tr><td><i>Other Natural Support</i></td><td>Yes</td><td>No</td><td>N/A</td><td></td></tr> <tr><td><i>Other:</i></td><td>Yes</td><td>No</td><td>N/A</td><td></td></tr> </table>	<i>Individual</i>	Yes	No			<i>Guardian</i>	Yes	No	N/A		<i>Case Mgr.</i>	Yes	No			<i>Nurse</i>	Yes	No	N/A		<i>Ser. Coord.</i>	Yes	No			<i>DSP</i>	Yes	No			<i>DSP</i>	Yes	No			<i>OT</i>	Yes	No	N/A		<i>PT</i>	Yes	No	NA		<i>SLP</i>	Yes	No	N/A		<i>BSC</i>	Yes	No	N/A		<i>Other Natural Support</i>	Yes	No	N/A		<i>Other:</i>	Yes	No	N/A				
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<p>Teaching & Support Strategies (TSS)</p> <p><u>Surveyor Instruction:</u> <i>After the ISP meeting, IDT members conduct a task analysis and assessments necessary to create effective TSS and WDSI to support those Action Plans that require this extra detail. The CM is required to maintain documentation for each person supported including the TSS, as required in the ISP. To determine if a TSS is required review the ISP "action plan for desired outcome in the" section and determine if the box is checked "yes: under strategies/ WDSIs needed. If checked "yes" this indicates a TSS is required. If there is no separate TSS document for the specific action step then this cannot met and is a potential CoP. Surveyors must document in the survey tool the Outcome area, and Action Plans which require Teaching & Support Strategies.</i></p>	<p><i>Tag #1A08.3 (CoP)</i></p>																																																																				

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<p>DDSD Assessment Tracking Sheet - Assessment Checklist (AKA ISP Assessment Checklist)</p> <p><u>Surveyor Instruction:</u> <i>Per the DDW Standards Appendix A Client File Matrix the CM file must contain an Assessments checklist which is updated annually or as needed. This checklist contains the 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, as required. If it does not exist, this cannot be met and is a potential CoP.</i></p>	<p>Tag #1A08.3 (CoP)</p> <p>Term of ISP: _____</p>			
<p>Does the ISP have an outcome for all paid supports through the DDW?</p> <p><u>Surveyor Instruction:</u> <i>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 cannot be met and is a potential CoP if there is no outcome tied to a paid service .</i></p>	<p>Tag #4C07.1 (CoP)</p>			
<p>Are outcomes tied to the person’s vision statement?</p> <p><u>Surveyor Instruction:</u> <i>The long-term vision statement describes the person’s major long-term (e.g., within one to three years) life dreams and aspirations in the following areas: 1) Live; 2) Work/ Education / Volunteer; 3) Develop Relationships/Have Fun, and 4) Health and/ or Other (Optional). 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> <p>1. <i>be directly linked to a Vision;</i></p> <p><i>Review each outcome and ensure it is related to the Individual’s vision. If it is not related you must document the long-term vision and the outcome indicating why it is not related. This cannot be met if outcomes are not tied to the Vision and is a potential CoP.</i></p>	<p>Tag #4C07 (CoP)</p>			

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<p>Are Outcomes Measurable?</p> <p>Surveyor Instruction: <i>Desired outcomes must:</i></p> <p>1. <i>be measurable;</i></p> <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, this cannot be met and is a potential CoP. You must document the outcomes which are not measurable.</i></p>	<p>Tag #4C07 (CoP)</p>			
<p>Assistive Technology (AT) Inventory</p> <p>Surveyor Instruction: <i>Per the 2021 DDW Standards Appendix A Client File Matrix the CM is required to maintain a copy of the AT Inventory (when applicable) which must be updated semi-annually by the SLP, OT, PT or nurse. This cannot be met if there is no AT Inventory.</i></p>	<p>Tag #1A08.4</p>			
<p>Was the ISP revised as needed during the ISP year?</p> <p>Yes No</p> <p>Surveyor Instruction: <i>The ISP is a dynamic document that changes with the person's desires, circumstances, and needs. The surveyor is to review file documentation and the CM Site Visit form (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 this cannot met and is a potential CoP.</i></p>	<p>Tag #1A08.3 (CoP)</p> <p>Revision Date(s), if needed and reason for revision:</p>			

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<p>Is there evidence the ISP was distributed to the Guardian and/or Individual and the LCA / CI Provider Agencies at least 14 calendar days prior to the ISP effective day?</p> <p><u>Surveyor Instruction:</u> <i>The ISP must be provided at least 14 calendar days prior to the effective day unless there is an issue with approval. You are to look for evidence in the file or by asking the CM for evidence that the ISP was distributed to the guardian /individual and/or LCA / CI providers. This cannot be met and is a potential CoP if there is no evidence of distribution or if it was distributed after the ISP effective date to the guardian /individual and/or LCA / CI providers. If not provided to the Individual, guardian or provider, surveyor must document who did not receive the ISP.</i></p>	<p>Tag #4C16 (CoP)</p> <p>ISP Effective Date: _____ _</p> <p>Distribution Date:</p>			
<p>Is there evidence the ISP was distributed to the respective DDSD Regional Office within 14-days (calendar) of ISP effective day?</p> <p><u>Surveyor Instruction:</u> <i>The ISP must be provided at least 14 calendar days prior to the effective day unless there is an issue with approval. You are to look for evidence in the file or by asking the CM for evidence that the ISP was distributed to the respective DDSD Regional Office . This cannot be met if there is no evidence of distribution or if it was distributed after the ISP effective date</i></p>	<p>Tag #4C16.1</p> <p>ISP Effective Date: _____ _</p> <p>Distribution Date:</p>			
BSC & Therapy Documentations				
<p>Positive Behavior Support Plan</p> <p>Date(s) of Plan:</p> <p><u>Surveyor Instruction:</u> <i>Per the 2021 DDW Standards Appendix A Client File Matrix the CM is required to maintain a copy (if applicable) of the PBSP. If the individual receives BSC services, you must ensure the plan is current for the ISP year and it is developed by the BSC provider listed in the Budget Worksheet. If the plan is current for the ISP year and is developed by the BSC provider listed on the budget; this would be met.</i></p>	<p>Tag #1A08</p>			

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<p>Behavior Crisis Intervention Plan (<i>Note: this may not always be required, it is based on PBSP</i>)</p> <p><i>Date(s) of Plan:</i></p> <p>Surveyor Instruction: <i>Per the 2021 DDW Standards Appendix A Client File Matrix the CM is required to maintain a copy (if applicable) of the BCIP. If the individual receives BSC services, review the plan to determine if a BCIP is required? If required, the BCIP must be current for the ISP year and developed by the BSC provider listed on the budget for this to be met.</i></p>	<p>Tag #1A08</p>			
<p>Positive Behavior Support Assessment</p> <p><i>Date of Annual Assessment:</i></p> <p>Surveyor Instruction: <i>Per the 2021 DDW Standards Appendix A Client File Matrix the CM is required to maintain a copy (if applicable) of the PBSA. If the individual receives BSC services, PBSA Individual assessments are conducted at minimum on an annual basis, when there has been a change in the status of either the person, or the BSC Provider Agency, or when the new BSC deems it necessary to ensure the assessment accurately reflects current situation and fulfills all requirements. For this to be met there must be a current PBSA.</i></p>	<p>Tag #1A08</p>			
<p>Speech Therapy Plan (Therapy Intervention Plan TIP)</p> <p><i>Date(s) of Plan:</i></p> <p>Surveyor Instruction: <i>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 on the Budget Worksheet. If the plan is current for the ISP year and is developed by the SLP provider listed on the budget this would be met. Note: the TIP will be found in the Therapy Documentation Form (TDF).</i></p>	<p>Tag #1A08</p>			

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<p>Speech Therapy Initial / Re-Evaluation Report</p> <p><i>Date of Evaluation:</i></p> <p><u>Surveyor Instruction:</u> <i>An Initial or targeted Therapy Evaluation Report is required when a new therapy service is initiated. If the Individual is new to therapy within the year surveyors will determine if an evaluation was completed within the required 30-days of budget approval. If the individual receives on-going therapy services, Therapists are responsible for conducting an annual re-assessment. For this to be met, an initial evaluation must be required within 30-days of budget approval. For re-evaluations this will be met if it is completed and in the CM's file.</i></p>	<p>Tag #1A08</p>			
<p>Occupational Therapy Plan (Therapy Intervention Plan TIP)</p> <p><i>Date(s) of Plan:</i></p> <p><u>Surveyor Instruction:</u> <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 on the Budget Worksheet. If the plan is current for the ISP year and is developed by the OT provider listed on the budget this would be met. Note: the TIP will be found in the Therapy Documentation Form (TDF).</i></p>	<p>Tag #1A08</p>			
<p>Occupational Therapy Initial / Reevaluation Report</p> <p><i>Date of Evaluation:</i></p> <p><u>Surveyor Instruction:</u> <i>An Initial or targeted Therapy Evaluation Report is required when a new therapy service is initiated. If the Individual is new to therapy within the year surveyors will determine if an evaluation was completed within the required 30-days of budget approval. If the individual receives on-going therapy services, Therapists are responsible for conducting an annual re-assessment. For this to be met, an initial evaluation must be required within 30-days of budget approval. For re-evaluations this will be met if it is completed and in the CM's file.</i></p>	<p>Tag #1A08</p>			

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<p>Physical Therapy Plan (Therapy Intervention Plan TIP)</p> <p><i>Date(s) of Plan:</i></p> <p>Surveyor Instruction: <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 on the Budget Worksheet. If the plan is current for the ISP year and is developed by the PT provider listed on the budget this would be met. Note: the TIP will be found in the Therapy Documentation Form (TDF).</i></p>	<p>Tag #1A08</p>			
<p>Physical Therapy Initial / Reevaluation Report</p> <p><i>Date of Evaluation:</i></p> <p>Surveyor Instruction: <i>An Initial or targeted Therapy Evaluation Report is required when a new therapy service is initiated. If the Individual is new to therapy within the year surveyors will determine if an evaluation was completed within the required 30-days of budget approval. If the individual receives on-going therapy services, Therapists are responsible for conducting an annual re-assessment. For this to be met, an initial evaluation must be required within 30-days of budget approval. For re-evaluations this will be met if it is completed and in the CM's file.</i></p>	<p>Tag #1A08</p>			
SERVICE SPECIFIC DOCUMENTATION				
<p>Person Centered Assessment (CCS and/or CIES Individuals)</p> <p>Surveyor Instruction: <i>The initial PCA must be completed within the first 90 calendar days of the person receiving services. Thereafter, the Provider Agency must ensure that the PCA is reviewed and updated with the most current information, annually. A more extensive update of a PCA must be completed every five 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>			

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<p>Living Care Arrangements: Semi-Annuals</p> <p><u>Surveyor Instruction:</u> <i>The semi-annual report provides status updates to life circumstances, health, and progress toward ISP goals and/or goals related to professional and clinical services provided through the DD Waiver. This report is submitted to the CM for review and may guide actions taken by the person's IDT if necessary. You are to review a minimum of 2 reports - Current & Prior ISP year if necessary. The first semi-annual report will cover the time from the start of the person's ISP year until the end of the subsequent six-month period (180 calendar days) and is due ten calendar days after the period ends (190 calendar days). The second semi-annual report is due 14 calendar days prior to the annual ISP meeting. You are to determine:</i></p> <ol style="list-style-type: none"> 1) <i>Were reports completed within the required timeframe</i> 2) <i>Is the report adequate and does it contain progress</i> <p><i>If the report was 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 requested a revised report or written evidence that lack of progress was discussed. If no evidence was found this is not met.</i></p>	<p><i>Tag #4C15.1</i> <i>List time frames of reports found and missing:</i></p>			
<p>Community Inclusion (CCS): Semi-Annuals</p> <p><u>Surveyor Instruction:</u> <i>The semi-annual report provides status updates to life circumstances, health, and progress toward ISP goals and/or goals related to professional and clinical services provided through the DD Waiver. This report is submitted to the CM for review and may guide actions taken by the person's IDT if necessary. You are to review a minimum of 2 reports - Current & Prior ISP year if necessary. The first semi-annual report will cover the time from the start of the person's ISP year until the end of the subsequent six-month period (180 calendar days) and is due ten calendar days after the period ends (190 calendar days). The second semi-annual report is due 14 calendar days prior to the annual ISP meeting. You are to determine:</i></p> <ol style="list-style-type: none"> 1) <i>Were reports completed within the required timeframe</i> 2) <i>Is the report adequate and does it contain progress</i> <p><i>If the report was 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 requested a revised report or written evidence that lack of progress was discussed. If no evidence was found this is not met.</i></p>	<p><i>Tag #4C15.1</i> <i>List time frames of reports found and missing:</i></p>			

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<p>Community Inclusion (CIES): Semi-Annuals</p> <p><u>Surveyor Instruction:</u> <i>The semi-annual report provides status updates to life circumstances, health, and progress toward ISP goals and/or goals related to professional and clinical services provided through the DD Waiver. This report is submitted to the CM for review and may guide actions taken by the person's IDT if necessary. You are to review a minimum of 2 reports - Current & Prior ISP year if necessary. The first semi-annual report will cover the time from the start of the person's ISP year until the end of the subsequent six-month period (180 calendar days) and is due ten calendar days after the period ends (190 calendar days). The second semi-annual report is due 14 calendar days prior to the annual ISP meeting. You are to determine:</i></p> <p><i>1) Were reports completed within the required timeframe</i> <i>2) Is the report adequate and does it contain progress</i></p> <p><i>If the report was 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 requested a revised report or written evidence that lack of progress was discussed. If no evidence was found this is not met.</i></p>	<p>Tag #4C15.1 List time frames of reports found and missing:</p>			
<p>Nursing Semi-Annuals</p> <p><u>Surveyor Instruction:</u> <i>The semi-annual report provides status updates to life circumstances, health, and progress toward ISP goals and/or goals related to professional and clinical services provided through the DD Waiver. This report is submitted to the CM for review and may guide actions taken by the person's IDT if necessary. You are to review a minimum of 2 reports - Current & Prior ISP year if necessary. The first semi-annual report will cover the time from the start of the person's ISP year until the end of the subsequent six-month period (180 calendar days) and is due ten calendar days after the period ends (190 calendar days). The second semi-annual report is due 14 calendar days prior to the annual ISP meeting. You are to determine:</i></p> <p><i>1) Were reports completed within the required timeframe</i> <i>2) Is the report adequate and does it contain progress</i></p> <p><i>If the report was 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 requested a revised report or written evidence that lack of progress was discussed. If no evidence was found this is not met.</i></p>	<p>Tag #4C15.1</p>			

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ADMINISTRATIVE INFORMATION

<p>Guardianship or Power of Attorney documents (as applicable)</p> <p><i>Surveyor Instruction: 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 guardianship documentation or POA documentation.</i></p>	<p>Tag #1A08</p> <p>Guardianship Name and type: Plenary or Limited</p>			
<p>Statement of Rights Acknowledgment (HCBS Consumer Rights and Freedoms)</p> <p><i>Surveyor Instruction: The CM is required to review the Statement of Rights (See Error! Reference source not found.) with the person, in a manner that accommodates preferred communication style, at the annual meeting. The person and their guardian, if applicable, sign the acknowledgement form at the annual meeting. For this to be met there must be a signed acknowledgement form.</i></p>	<p>Tag #4C08</p> <p>Date:</p>			

IDT / PERSON CENTERED PLANNING

<p>IDT Meeting Minutes (as applicable or when significant event occurred)</p> <p><i>Surveyor Instruction: Based on documents reviewed was a meeting required? (Refer to NMAC 7.26.5 for complete list of when IDT is required to convene). 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 an IDT meeting was required (based on items outlined in NMAC 7.26.5) and no documentation of a meeting is found, this would be not met.</i></p>	<p>Tag #4C12.1</p> <p>If was IDT was required to convene and did not, identify reason e:</p>			
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Standard of Care	Surveyor Notes	MET	NOT MET	NA
<p>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?</p> <p><i>Surveyor Instruction: Surveyor to review 12 months of ANE reports. While conducting the on-site survey if you suspect any type of ANE you are required to report to DHI/IMB immediately. 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. You will utilize the IMB responsible and reporting provider reports to review 1 years' worth of ANE reports to determine if an ANE report was filed. If you must report ANE while on-site this cannot be met.</i></p>	<p>Tag #1A27.2</p>			
CASE MANAGEMENT MONITORING				
<p>Monthly Site Visit Forms (Face-to-Face)</p> <p><i>Surveyor Instruction: 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 complete a formal, ongoing monitoring process to evaluate the quality, effectiveness, and appropriateness of services and supports provided to the person as specified in the ISP. The CM is also responsible for monitoring the health and safety of the person. Monitoring and evaluation activities include the following requirements:</i></p> <ol style="list-style-type: none"> 1. <i>The CM is required to meet face-to-face with adult DD Waiver participants at least 12 times annually (one time per month) to bill for a monthly unit.</i> 2. <i>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.</i> 3. <i>No more than one IDT Meeting per quarter may count as a face-to-face contact for adults (including JCMs) living in the community.</i> <p><i>If there is not a monthly site visit form as required for each month then this cannot be met and a potential CoP. Note: CM Site Visit forms will be found in Therap.</i></p>	<p>Tag #4C12 (CoP)</p> <p>Document date/time/type of visit (HV or SV):</p>			

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Standard of Care	Surveyor Notes	MET	NOT MET	NA
<p>Case Manager Monthly Contact Notes</p> <p><u>Surveyor Instruction:</u> You are to review monthly contacts notes for a one-year period. Is there a note for each month? 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>			
<p>Are Services being used / provided (utilized) as outlined in the Individuals budget?</p> <p><u>Surveyor Instruction:</u> CM must monitor utilization of budgets by monthly review of the Medicaid Web Portal 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> <ol style="list-style-type: none"> a. documenting extraordinary circumstances; b. convening the IDT to submit a revision to the ISP and budget as necessary; c. working with the provider to align service provision with ISP and using the RORA process if there is no resolution from the provider; and d. reviewing the SFOC process with the person and guardian, if applicable. <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. If it is being addressed this is Met. If there is no usage or low usage and not being addressed or the CM is not aware of issues this would be Not Met and 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>			

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Standard of Care	Surveyor Notes	MET	NOT MET	NA
Level of Care (Healthcare Coordination)				
<p>Level of Care (Annually)</p> <p><u>Surveyor Instruction:</u> <i>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:</i></p> <ol style="list-style-type: none"> 1. <i>Completing, compiling, and/or obtaining the elements of the Long-Term Care Assessment Abstract packet to include:</i> <ol style="list-style-type: none"> a. <i>a Long-Term Care Assessment Abstract form (MAD 378);</i> b. <i>Client Individual Assessment (CIA);</i> c. <i>a current History and Physical;...</i> <p><i>You are required to review the file for the current LOC. If this is not current, this cannot be met and a potential CoP.</i></p>	<p>Tag #4C04 (CoP)</p> <p>DATE:</p>			
<p>Client Individual Assessment (CIA) (Annually)</p> <p><u>Surveyor Instruction:</u> <i>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:</i></p> <ol style="list-style-type: none"> 1. <i>Completing, compiling, and/or obtaining the elements of the Long-Term Care Assessment Abstract packet to include:</i> <ol style="list-style-type: none"> a. <i>a Long-Term Care Assessment Abstract form (MAD 378);</i> b. <i>Client Individual Assessment (CIA);</i> c. <i>a current History and Physical;...</i> <p><i>You are required to review the file for the current CIA. If this is not current, this cannot be met and a potential CoP.</i></p>	<p>Tag #4C04 (CoP)</p> <p>DATE:</p>			

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Standard of Care	Surveyor Notes	MET	NOT MET	NA
<p>Annual Physical Exam</p> <p>Surveyor Instruction: <i>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:</i></p> <ol style="list-style-type: none"> 1. <i>Completing, compiling, and/or obtaining the elements of the Long-Term Care Assessment Abstract packet to include:</i> <ol style="list-style-type: none"> a. <i>a Long-Term Care Assessment Abstract form (MAD 378);</i> b. <i>Client Individual Assessment (CIA);</i> c. <i>a current History and Physical;...</i> <p><i>You are required to review the file for the current Annual Physical. If this is not current, this cannot be met and a potential CoP.</i></p>	<p><i>Tag #4C04 (CoP)</i></p> <p>Date of Annual Physical</p> <p><i>Document what follow-up and / or recommendation is required:</i></p> <p>DATE:</p>			
<p>Documents Supporting Healthcare Coordination (Therap & Required Plans):</p>				
<p>Electronic Comprehensive Health Assessment Tool (e-CHAT)</p> <p>eCHAT Date Completed: _____</p> <p>eCHAT Date Approved: _____</p> <p>Surveyor Instruction: <i>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.</i></p>	<p><i>Tag #1A15.2 (CoP)</i></p> <p>Document each revision found during the ISP year:</p>			

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Standard of Care	Surveyor Notes	MET	NOT MET	NA
<p>Electronic Comprehensive Health Assessment Tool (e-CHAT) Summary</p> <p>eCHAT Acuity Level: _____</p> <p>Surveyor Instruction: 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 considered HCPs and MERPs. Additionally, the narrative section of the e-CHAT Summary Report may be used to note any desired additional information related to care planning, and may be used to document when persons, or guardians, who reside with biological Family Living providers opt out of Ongoing Adult Nursing Services. These notes will indicate in the eCHAT the reason why the nurse did not proceed with plans that are required or were to be considered based on the e-CHAT. For this to be met, there must be a current e-CHAT summary in the case manager file or available for viewing in Therap.</p>	<p>Tag #1A15.2 (CoP) List required "R" HCP & MERP plans:</p>			
<p>Aspiration Risk Screening Tool (ARST)</p> <p>Date of ARST: _____</p> <p>Risk level: _____</p> <p>Surveyor Instruction: Aspiration Risk Management (ARM) is a disease management program for minimizing the risk of aspiration and aspiration pneumonia in adults (21 yrs. and older) and young adults (18-20 years old). Individuals at risk for aspiration are those determined to be at moderate or high risk by nurses using the DDSD Aspiration Risk Screening Tool (ARST). ARM supports are provided by multiple DD Waiver Provider Agencies according to their service type and specialty. ARM screening is required for all adults and young adults on the DD Waiver who receive Living Supports (Family Living, Supported Living, Intensive Medical Living Services) and Customized Community Supports Group (CCS-Group). When the person is determined to have a low risk for aspiration the ARST is to be completed annually. For this to be met a current ARST must be present.</p>	<p>Tag #1A15.2 (CoP)</p>			

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Standard of Care	Surveyor Notes	MET	NOT MET	NA
<p>Comprehensive Aspiration Risk Management Plan (CARMP)</p> <p>Date of CARMP: _____</p> <p><u>Surveyor Instruction:</u> After the ARST is completed, the CARMP is developed. After the CARMP is developed the CM presents it to the person and guardian. The CARMP may be accepted entirely. Parts of the CARMP may be edited or the entire CARMP may be deferred by using the Decision Consultation Process (DCP). In order for this to be met, there must be a current CARMP or if CARMP is declined there must be a Decision Consultation Form.</p>	<p>Tag #1A15.2 (CoP)</p>			
<p>Health Care Plans (HCP)</p> <p><u>Surveyor Instruction:</u> Review 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. The Comprehensive Aspiration Risk Management Plan (CARMP) is the HCP for aspiration, oral hygiene, and tube feeding. At the nurse's sole discretion, based on prudent nursing practice, HCPs may be combined where clinically appropriate. If no plan exists or is not current, you must document on the tool which plan does not exist or is not current. For this to be met, there must be current HCPs in place as required by the eCHAT and / or IST section of the ISP.</p>	<p>Tag #1A15.2 (CoP)</p>			
<p>Medical Emergency Response Plans (MERP)</p> <p><u>Surveyor Instruction:</u> MERPs are required for persons who have one or more <u>conditions or illnesses that present a likely potential to become a life-threatening situation</u>. The MERP cannot be combined with or replace the HCP. For this to be met, there must be current MERPs in place as required by the eCHAT and / or IST section of the ISP.</p>	<p>Tag #1A15.2 (CoP)</p>			

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Standard of Care	Surveyor Notes	MET	NOT MET	NA
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<p>Healthcare Documentation and Follow-up: 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>Annual Dental</p> <p>Surveyor Instruction: The CM is required to complete a formal, ongoing monitoring process to evaluate the quality, effectiveness, and appropriateness of services and supports provided to the person as specified in the ISP. The CM is also responsible for monitoring the health and safety of the person. Individuals in the sample receiving SL and IMLS services are required to have an annual dental exam. The Case manager is not required to keep the actual exam or evaluation in the file unless noted by the 2021 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 or 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. This cannot be met and is a potential CoP, if there is no evidence of exam, follow-up or the Decision Consultation Form when there is a decision not to complete.</p>	<p>Tag #1A08.2 (CoP)</p> <p>Date of Dental Exam:</p> <p>Recommendation or follow-up required:</p> <p>Was follow-up or recommendation completed?</p> <p>If, not was Decision Consultation Form (Medical) completed?</p>			
<p>Eye Examination (if recommended)</p> <p>Surveyor Instruction: The CM is required to complete a formal, ongoing monitoring process to evaluate the quality, effectiveness, and appropriateness of services and supports provided to the person as specified in the ISP. The CM is also responsible for monitoring the health and safety of the person. Individuals in the sample receiving SL services are required to have an annual dental exam. The Case manager is not required to keep the actual exam or evaluation in the file unless noted by the 2021 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 or 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. This cannot be met, and is a potential CoP, if there is no evidence of exam, follow-up or the Decision Consultation Form when there is a decision not to complete.</p>	<p>Tag #1A08.2 (CoP)</p> <p>Date of Vision Exam:</p> <p>Recommendation or follow-up required:</p> <p>Was follow-up or recommendation completed?</p> <p>If, not was Decision Consultation Form (Medical) completed?</p>			

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Standard of Care	Surveyor Notes	MET	NOT MET	NA
<p>Nutritional Evaluation (Annually / semi-annual per standards)</p> <p>Surveyor Instruction: The CM is required to complete a formal, ongoing monitoring process to evaluate the quality, effectiveness, and appropriateness of services and supports provided to the person as specified in the ISP. The CM is also responsible for monitoring the health and safety of the person. When applicable to the individual the Case Management file must contain a copy of the annual and semi-annual Nutritional Evaluation. This cannot be met, and is a potential CoP, if there is no evidence of the evaluation or the Decision Consultation Form when there is a decision not to complete.</p>	<p>Tag #1A08.2 (CoP)</p> <p>Date of Evaluation:</p>			
<p>Nutritional Plan (Annually and as needed)</p> <p>Surveyor Instruction: The CM is required to complete a formal, ongoing monitoring process to evaluate the quality, effectiveness, and appropriateness of services and supports provided to the person as specified in the ISP. The CM is also responsible for monitoring the health and safety of the person. When applicable to the individual the Case Management file must contain a copy of the Nutritional Plan. This cannot be met, and is a potential CoP, if there is no evidence of the evaluation or the Decision Consultation Form when there is a decision not to complete.</p>	<p>Tag #1A08.2 (CoP)</p> <p>Date of Plan:</p>			
<p>Recommended or Required Exam / Evaluation as Indicated in the ISP Assessment Checklist or Other Documentation:</p> <p>Name of Exam / Evaluation:</p> <p>Date:</p> <p>Surveyor Instruction: The CM is required to complete a formal, ongoing monitoring process to evaluate the quality, effectiveness, and appropriateness of services and supports provided to the person as specified in the ISP. The CM is also responsible for monitoring the health and safety of the person. The Case manager is not required to keep the actual exam or evaluation in the file unless noted by the 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 or 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. This cannot be met, and is a potential CoP, if there is no evidence of exam, follow-up or the Decision Consultation Form when there is a decision not to complete.</p>	<p>Tag #1A08.2 (CoP)</p> <p>Recommendation or follow-up required:</p> <p>Was follow-up or recommendation completed?</p> <p>If, not was Decision Consultation Form (Medical) completed?</p>			

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Standard of Care	Surveyor Notes	MET	NOT MET	NA
<p>Recommended or Required Exam / Evaluation as Indicated in the ISP Assessment Checklist or Other Documentation:</p> <p>Name of Exam / Evaluation:</p> <p>Date:</p> <p><i>Surveyor Instruction: The CM is required to complete a formal, ongoing monitoring process to evaluate the quality, effectiveness, and appropriateness of services and supports provided to the person as specified in the ISP. The CM is also responsible for monitoring the health and safety of the person. The Case manager is not required to keep the actual exam or evaluation in the file unless noted by the 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 or 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. This cannot be met, and is a potential CoP, if there is no evidence of exam, follow-up or the Decision Consultation Form when there is a decision not to complete.</i></p>	<p><i>Tag #1A08.2 (CoP)</i> Recommendation or follow-up required:</p> <p><i>Was follow-up or recommendation completed?</i></p> <p><i>If, not was Decision Consultation Form (Medical) completed?</i></p>			
<p>Recommended or Required Exam / Evaluation as Indicated in the ISP Assessment Checklist or Other Documentation:</p> <p>Name of Exam / Evaluation:</p> <p>Date:</p> <p><i>Surveyor Instruction: The CM is required to complete a formal, ongoing monitoring process to evaluate the quality, effectiveness, and appropriateness of services and supports provided to the person as specified in the ISP. The CM is also responsible for monitoring the health and safety of the person. The Case manager is not required to keep the actual exam or evaluation in the file unless noted by the 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 or 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. This cannot be met, and is a potential CoP, if there is no evidence of exam, follow-up or the Decision Consultation Form when there is a decision not to complete.</i></p>	<p><i>Tag #1A08.2 (CoP)</i> Recommendation or follow-up required:</p> <p><i>Was follow-up or recommendation completed?</i></p> <p><i>If, not was Decision Consultation Form (Medical) completed?</i></p>			

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<p>Recommended or Required Exam / Evaluation as Indicated in the ISP Assessment Checklist or Other Documentation:</p> <p>Name of Exam / Evaluation:</p> <p>Date:</p> <p><i>Surveyor Instruction: The CM is required to complete a formal, ongoing monitoring process to evaluate the quality, effectiveness, and appropriateness of services and supports provided to the person as specified in the ISP. The CM is also responsible for monitoring the health and safety of the person. The Case manager is not required to keep the actual exam or evaluation in the file unless noted by the 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 or 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. This cannot be met, and is a potential CoP, if there is no evidence of exam, follow-up or the Decision Consultation Form when there is a decision not to complete.</i></p>	<p><i>Tag #1A08.2 (CoP)</i> Recommendation or follow-up required:</p> <p><i>Was follow-up or recommendation completed?</i></p> <p><i>If, not was Decision Consultation Form (Medical) completed?</i></p>			
<p>Recommended or Required Exam / Evaluation as Indicated in the ISP Assessment Checklist or Other Documentation:</p> <p>Name of Exam / Evaluation:</p> <p>Date:</p> <p><i>Surveyor Instruction: The CM is required to complete a formal, ongoing monitoring process to evaluate the quality, effectiveness, and appropriateness of services and supports provided to the person as specified in the ISP. The CM is also responsible for monitoring the health and safety of the person. The Case manager is not required to keep the actual exam or evaluation in the file unless noted by the 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 or 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. This cannot be met, and is a potential CoP, if there is no evidence of exam, follow-up or the Decision Consultation Form when there is a decision not to complete.</i></p>	<p><i>Tag #1A08.2 (CoP)</i> Recommendation or follow-up required:</p> <p><i>Was follow-up or recommendation completed?</i></p> <p><i>If, not was Decision Consultation Form (Medical) completed?</i></p>			

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Standard of Care	Surveyor Notes	MET	NOT MET	NA
<p>Recommended or Required Exam / Evaluation as Indicated in the ISP Assessment Checklist or Other Documentation:</p> <p>Name of Exam / Evaluation:</p> <p>Date:</p> <p><i>Surveyor Instruction: The CM is required to complete a formal, ongoing monitoring process to evaluate the quality, effectiveness, and appropriateness of services and supports provided to the person as specified in the ISP. The CM is also responsible for monitoring the health and safety of the person. The Case manager is not required to keep the actual exam or evaluation in the file unless noted by the 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 or 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. This cannot be met, and is a potential CoP, if there is no evidence of exam, follow-up or the Decision Consultation Form when there is a decision not to complete.</i></p>	<p><i>Tag #1A08.2 (CoP)</i> Recommendation or follow-up required:</p> <p><i>Was follow-up or recommendation completed?</i></p> <p><i>If, not was Decision Consultation Form (Medical) completed?</i></p>			
<p>Recommended or Required Exam / Evaluation as Indicated in the ISP Assessment Checklist or Other Documentation:</p> <p>Name of Exam / Evaluation:</p> <p>Date:</p> <p><i>Surveyor Instruction: The CM is required to complete a formal, ongoing monitoring process to evaluate the quality, effectiveness, and appropriateness of services and supports provided to the person as specified in the ISP. The CM is also responsible for monitoring the health and safety of the person. The Case manager is not required to keep the actual exam or evaluation in the file unless noted by the 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 or 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. This cannot be met, and is a potential CoP, if there is no evidence of exam, follow-up or the Decision Consultation Form when there is a decision not to complete.</i></p>	<p><i>Tag #1A08.2 (CoP)</i> Recommendation or follow-up required:</p> <p><i>Was follow-up or recommendation completed?</i></p> <p><i>If, not was Decision Consultation Form (Medical) completed?</i></p>			