

New Mexico DOH / DHI / QMB Case Manager Interview – Job Knowledge Interview Survey Tool

Standard of Care	Surveyor Notes	MET	NOT MET	NA
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Agency/Region:	Service: DD Waiver Case Management
Surveyor:	Date/Time:
Case Manager Interviewed / title (Identifier):	Interview Format: <input type="checkbox"/> Telephone <input type="checkbox"/> In-Person
Years of DDW Case Mgt:	What Individuals is the CM being interviewed for (document initials):

Surveyor Instruction: During the interview you must directly quote what is said by the CM and document it in the surveyor notes.

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GENERAL				
<p>What is your current caseload for the following:</p> <ul style="list-style-type: none"> • DDW: • Supports Waiver: • Mi Via: • Medically Fragile: <p>Surveyor Instruction: You must add totals for each waiver above. The Case Management Provider Agency shall assign caseloads in such a way as to assure adequate coverage for each person in services, using an average of 30 DD Waiver cases per CM across the agency. Caseloads with children may be weighted proportionally, based upon the number of months of service provided per year (e.g., 4 months of Case Management service = 1/3 case; 6 months of Case Management service = 1/2 case. CM Caseload is not to exceed more than 50 individuals across DD Waiver, Supports Waiver, Medically Fragile, and Mi Via. You must determine if the Case Manager has an average of 30 DDW cases using the calculation above. If case load is higher you must document to cases by adults and children, note the excess, then determine this exceeds the average. If the case manager maintains an average of 30 DD Waiver cases per CM across the agency this is met. If the case manager is serving individuals in multiple waiver this is met if the caseload does not exceed 50.</p>	<p>Tag #4C19</p>			

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<p>What is the Agency’s process to ensure coverage when you take leave for the Individuals you serve?</p> <p><i>Surveyor Instruction: The Case Management Provider Agency must ensure a colleague or supervisor performs essential duties during the CM’s absence, including mandated face-to-face visits. For this to be met, the CM must explain the process. If not met, you must indicate why it was not met.</i></p>	<p>Tag #4C19)</p>			
<p>What is your Agency’s system to ensure timelines are met for meeting Eligibility requirements?</p> <p><i>Surveyor Instruction: Case Management Provider Agencies shall have an established system for tracking key steps and timelines in establishing medical eligibility... for this to be met the CM must describe the agency’s tracking process. For further information the reference chapter 8 of DDW 2021 standards. The CM may refer to the agency’s process. This cannot be met and a potential CoP if they cannot describe process or does not know where to reference the process.</i></p>	<p>Tag #1A22.1 / 4C02.1 (CoP)</p>			
<p>What is your Agency’s system to ensure timelines are met for Budget approval?</p> <p><i>Surveyor Instruction: Case Management Provider Agencies shall have an established system for tracking key steps and timelines in establishing budget approval... or this to be met the CM must describe the agency’s tracking process. For further information reference chapter 8 of DDW 2021 standards. The CM may refer to the agency’s process. This cannot be met and a potential CoP if they cannot describe process or does not know where to reference the process.</i></p>	<p>Tag #1A22.1 / 4C02.1 (CoP)</p>			

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Interdisciplinary Team Process (IDT)				
<p>How do you ensure the Individual and their guardian (if applicable) is involved in developing their ISP?</p> <p><i>Surveyor Instruction: The CM is required to meet with the DD Waiver participant and guardian prior to the ISP meeting. CM must document the Pre-ISP meeting to include all required items. The CM reviews current assessment information, prepares for the meeting, creates a plan with the person to facilitate or co-facilitate the meeting if desired, discusses the budget, reviews the current SFOC forms and other DDSD Process forms such as the Decision Consultation Form (DCF) and facilitates greater informed participation in ISP development by the person. For this to be met the CM must describe how the individual / guardian were involved as outlined above.</i></p>	Tag #1A22 / 4C02 (CoP)			
<p>What do you do when an Individual has a significant life change? (such as the death of a loved one; transition to a new agency, or a substantiated ANE etc.)</p> <p><i>Surveyor Instruction: The Case Manager shall convene the IDT to discuss and modify the ISP, as needed, to address a significant life change, including a change in medical condition or medication that affects the individual's behavior or emotional state; situations where an individual is at risk of significant harm. In this case the team shall convene within one working day, in person or by teleconference; if necessary, the ISP shall be modified accordingly within seventy-two (72) hours; situations where it has been determined the individual is a victim of abuse, neglect or exploitation...see NMAC7.26.5.12.9 for complete list. The Case manager response must include that they convened a meeting in person, via phone, email, etc. within required time frame for this to be met. If they do not state convene an IDT meeting this would be not met and a potential CoP.</i></p>	Tag #1A22.1 / 4C02.1 (CoP)			
<p>How do you ensure and monitor a Meaningful Day (also referred to as Community Life Engagement) for individuals in CCS?</p> <p><i>Surveyor Instruction: 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... Ensuring that a discussion on individualized Meaningful Day activities occurs in the ISP meeting and is reflected in the ISP. For this to be met, the case manager would need discuss how they ensure this and where it is documented.</i></p>	Tag #1A22.1 / 4C02.1 (CoP)			

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<p>How do you ensure the IDT explored the least restrictive Living setting appropriate for the Individual?</p> <p><i>Surveyor Instruction: Per NMAC 7.26.5 Supports and services shall be the least restrictive, not unduly intrusive and not excessive in light of the individual's needs. For this to be met the Case Manager should be able to explain how they ensure this is completed including using the informed choice process. If the informed choice process is not discussed this cannot be met and would be a potential CoP.</i></p>	<p>Tag #1A22.1 / 4C02.1 (CoP)</p>			
Service Monitoring				
<p>How do you monitor the Implementation of the ISP?</p> <p><i>Surveyor Instruction: The CM is responsible for monitoring implementation of the ISP by conducting visits, review of documentation, calls, emails, etc. from IDT members. For this to be met the Case Manager must be able to discuss site visits and documentation review is conducted. If the CM does not visit (as required), review documents or follow-up as required this cannot be met and would be a potential CoP.</i></p>	<p>Tag #1A22.1 / 4C02.1 (CoP)</p>			
<p>How do you monitor the Individual's Health and Safety including their Healthcare / Medical and Therapy Services?</p> <p><i>Surveyor Instruction: The CM is responsible for monitoring by conducting visits, reviewing documentation, calls, emails, etc. from IDT members, as well as, an online review in the Therap system to ensure that the e-CHAT and Health Passport are current: quarterly and after each hospitalization or major health event. For this to be met the Case Manager must be able to discuss how visits and documentation review is conducted and what is done when they identify concerns or lack of follow-up. If the CM does not visit (as required), review documents or follow-up as required this cannot be met and would be a potential CoP.</i></p>	<p>Tag #1A22.1 / 4C02.1 (CoP)</p>			
<p>How do you monitor the Living and Inclusion Services are being provided to the Individual, as required?</p> <p><i>Surveyor Instruction: The CM is responsible for monitoring by conducting visits, reviewing documentation, calls, emails, etc from IDT members. For this to be met the Case Manager must be able to discuss how visits and documentation review is conducted and what is done when they find follow-up which needs to be completed. If the CM does not visit (as required), review documents or follow-up as required this cannot be met and would be a potential CoP.</i></p>	<p>Tag #1A22.1 / 4C02.1 (CoP)</p>			

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<p>What steps do you take when you identify an issue or concern regarding an Individual’s health and safety / healthcare needs?</p> <p><i>Surveyor Instruction: If there are concerns regarding the health or safety of the person during monitoring or assessment activities, the CM immediately notifies appropriate supervisory personnel within the DD Waiver Provider Agency and documents the concern. In situations where the concern is not urgent, the DD Waiver Provider Agency is allowed up to 15 business days to remediate or develop an acceptable plan of remediation. If CM does not report that they immediately notify appropriate supervisory personnel within the DD Waiver Provider Agency and documents the concern this cannot be met and would be a potential CoP.</i></p>	<p>Tag #1A22.1 / 4C02.1 (CoP)</p>			
<p>What steps do you take when the provider agency does not resolve the issue or does not provide you with the needed documents (i.e. appointment results, etc.)?</p> <p><i>Surveyor Instruction: If the CMs reported concerns are not remedied by the Provider Agency within a reasonable, mutually agreed upon period of time, the CM shall use the RORA process detailed in the 2021 DDW Standards Section II Chapter 19: Provider Reporting Requirements. For this to be met the Case Manager must be able to discuss steps taken, up to and including DDS involvement.</i></p>	<p>Tag #1A22.1 / 4C02.1 (CoP)</p>			
<p>How do you monitor GER reported in Therap for Individuals you serve?</p> <p><i>Surveyor Instruction: The CM must use all available data sources to monitor for trends and issues and to determine appropriate follow up action, including prior monthly site visit forms, IQR Findings , annual QMB Surveys, GER in Therap, DDS quality assurance (QA) activities including ISP QA, and any other data provided by DOH. For this to be met the CM must be able to describe their process for monitoring GER.</i></p>	<p>Tag #1A43.2</p>			

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<p>How do you monitor an Individual’s Utilization of Services (Is the Individual using the services identified in the budget)?</p> <p><u>Surveyor Instruction:</u> <i>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:</i></p> <ul style="list-style-type: none"> <i>a. documenting extraordinary circumstances;</i> <i>b. convening the IDT to submit a revision to the ISP and budget as necessary;</i> <i>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</i> <i>d. reviewing the SFOC process with the person and guardian, if applicable.</i> <p><i>For this to be met the Case Manager must discuss they review the Medicaid Portal for utilization of services.</i></p>	<p><i>Tag #4C01.1</i></p>			
<p>What steps do you take when the Individual is not utilizing the services identified in the budget or is not able to access the services? Who do you contact?</p> <p><u>Surveyor Instruction:</u> <i>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. For this to be met the Case Manager must be aware of how to monitor utilization of services on the budget.</i></p>	<p><i>Tag #4C01.4</i></p>			

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ANE Requirements				
<p>What State agency do you report to if you suspect Abuse, Neglect and/or Exploitation?</p> <p><i>Surveyor Instruction: CM must be able to identify DHI or DHI/IMB as the agency where ANE is reported. If they do not know the name of the State agency, they can also show the surveyor the ANE card, poster, or another document which contains the 1-800-445-6242, including their cell phone. This will be met, if they can identify DHI or show the 1-800 #.</i></p>	Tag #1A22.1 / 4C02.1 (CoP)			
<p>Can you give one example of each of the following?</p> <p><input type="checkbox"/> Abuse <input type="checkbox"/> Neglect <input type="checkbox"/> Exploitation</p> <p><i>Surveyor Instruction: CM only need to give one example of each for this to be met. If CM is unable to give an example of each this cannot be met</i></p>	Tag #1A22.1 / 4C02.1 (CoP)			
<p>What steps are you required to take if there is a substantiated allegation of ANE?</p> <p><i>Surveyor Instruction: In situations where DHI substantiates the ANE report, the CM must:</i></p> <ol style="list-style-type: none"> a. Convene the DD Waiver participant's IDT to review the DHI findings detailed in the DHI issued Decision Letter: Substantiated; b. Modify the person's ISP, if necessary, to address any concerns identified in the investigation; and c. Submit the IDT meeting minutes with a signature page to DHI within 10 business days of receiving the Decision Letter. <ol style="list-style-type: none"> i. The IDT meeting minutes must address all the concerns identified in the IMB Decision letter. ii. If the IDT already met and addressed all the concerns identified in the letter, there is no need to hold another meeting. If the IDT meeting did not address all concerns identified, then the CM may need to hold another IDT meeting. <p><i>For this to be met the CM must be able to describe the steps taken.</i></p>	Tag #1A28.4			
Additional Notes:				