Date:  
Person's Name:  
Case Manager's Name:  
Reviewer's Name:  
Case Management Agency:  
Case Manager's Email address or phone:  

ITEM TO VERIFY OR REQUEST

INTERVIEW QUESTIONS

CASE MANAGEMENT SCORES

SCORES FOR ROLL-UP QUESTIONS:

QUESTION #54:

SCORE FOR #30 IS Choose

QUESTION #85

SCORE FOR #31 IS Choose
Case Manager's Interview

If necessary, describe your role as a Reviewer and the overall aim of the review as well as the purpose of the interview in the information gathering process. During the interview, wherever the protocol uses the term "person" or "Participant", the Reviewer should use the person's name when speaking, for example, "Ms. Smith," or "Mr. Jones."

When interviewing the case manager, most Reviewers have found it useful to begin with a general "Tell me about" the person to allow the person being interviewed to express his/her initial and/or primary views. If subsequent items in the interview address issues already present in response to the initial "tell me..." question, the Reviewer should simply state, "I believe you have already told me about this..." reiterating the information. Allow the person interviewed to correct, clarify or expand the information as necessary. Before beginning the initial questions about the Participant's services, tell the case manager that you have a copy of the (give them the date) ISP and (specify) assessments. Please verify with the case manager that the copy(s) given to the Reviewer is the most current and that there are no other assessments/documents you should have. If you know of documents that are missing ASK the case manager for copies and fill out the Document Request Form.

The Reviewer should make every effort to record the case manager’s responses verbatim. Try not to paraphrase, and do not prompt the interviewee for desired answers. The Reviewer should make any needed notes at a level of detail and reference that permits the Reviewer to put the information in the context necessary to be useful in supporting the Reviewer’s judgments and descriptions. The Reviewer should try not to use acronyms when asking questions. The case manager may have the individual’s file with them, especially the ISP, and may refer to it as needed.

Even if asked directly, do not tell the person interviewed that anything is or is not "all right," "okay with me," does or does not "comply" with any regulation, law or requirement, or any other indication of approval or disapproval.

Even if asked directly, do not provide technical assistance or "recommendations" to resolve or improve issues.

Remember that the case manager may have to respond to an emergency or crisis situation during the interview. If this happens, the Reviewer should terminate the interview immediately and establish a time to reschedule or resume the interview. Do not continue to engage the person in conversation.

Thank the person for his/her time and cooperation. Remember! Obtain a copy of the current ISP and current assessments, if you don’t already have them.
Use this space to record items identified during your **record review** that you wish to specifically ask or verify with the Case Manager. During your interview find the appropriate time to pursue these issues. If the information you require is found to your satisfaction, check the box to the left of the item you’ve listed. If not, leave it blank, highlight it and use it as a reference when scoring and/or writing up your summary. Use this space to identify missing information you need to ask the Case Manager for, use it to verify that recommendations have been followed, use it to ask about needed equipment/devices, etc.

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<th>Item to Verify or Request (add lines as needed)</th>
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A. Tell me about (Participant.)

**CJ Remarks**

B. What are the person's strengths?

**CJ Remarks**

C. What is your Long Term Vision for this person?
   
   Note: If you get a general answer, ask if there is anything specific they would like to see the person do/achieve.

**CJ Remarks**

D. (Verify Reviewer's copy of current ISP.) Is this a copy of the IDT's current plan for this person?  [ ] Yes  [ ] No.
   
   If different from what you were provided, get copy of most recent and record date of ISP you were sent and ISP provided.
   
   Date of ISP you were sent: _______  Date of most current: _______

E. Did you participate in the development of the ISP?  [ ] Yes  [ ] No. If no, why not?

**CJ Remarks**

F. Who are the members of this person's IDT? (List name and working title) Verify with signature page of ISP.
**CJ Remarks**

G. Are there any IDT members who did not participate in developing the ISP?  
   □ Yes  □ No.  
   a) If Yes, who?  

b) If Yes, what have you done to insure adequate participation?  

   c) Was their lack of participation a problem?  □ Yes  □ No. If yes, indicate WHO was missing and WHY it was a problem.

**CJ Remarks**

H. How often is the ISP revised?  

   Why?

   Dates of Revisions during the past year:

**CJ Remarks**

   Compare with what was found in record review. If there is a discrepancy, ask the case manager about it.  
Note: Per ISP Regulations effective October 2006, six month reviews are no longer required; however, the ISP should be revised as needed.

I. If the person has a guardian, what is the extent (how often) and nature (why/what does the guardian do with the person?) of the guardian's participation in service planning or delivery?

**CJ Remarks**

J. Is this level of guardianship participation adequate for the person?  **Choose One**  If not, why not?  
   Note: List measurable indicators that the level of participation is a problem, if it is.

**CJ Remarks**
K. a. What is the extent and nature of the person’s participation in service planning?
   Note: Check the signature sheet AND ask what the person’s level of involvement was and if he/she attended the ISP meetings.

   b. Did you meet with the person prior to his/her ISP Meeting? □ Yes □ No. If yes, what did you discuss?

   **CJ Remarks**

L. How does the team integrate the person’s culture, values and natural support systems into the ISP and the person’s everyday life?
   NOTE: List specific measurable indicators, then look for verification in the notes and program records or other interviews. This question usually needs to be repeated, and needs to be taken slowly, with spacing between the words: culture—values—and natural support systems. You can explain that when thinking about culture we mean things like ethnic and or life style preferences; with values we mean beliefs (e.g., religious or family) with natural supports we mean people, groups of people, organizations or environmental.

   **CJ Remarks**

M. Do the individual members of the IDT carry out their responsibilities as stated in the Participant’s ISP? Get specific examples (names, dates if possible and person. If action was taken, seek evidence.).
   Note: the case manager stated everyone does and the record review evidenced lack of a particular service or assessment or follow up, ask the case manager about the discrepancy.

   **CJ Remarks**

N. Have there been any conflicts among team members about the Participant’s service and support needs? If Yes, what was the conflict(s) and how was the conflict resolved?

   **CJ Remarks**

O. How do team members communicate with each other in between scheduled team meetings about the person’s plan implementation, progress and needs?

   **CJ Remarks**

P. What, if any, change in behavior has occurred during the past year?

   **CJ Remarks**

Q. What, if any, change in sleeping patterns has occurred during the past year? Describe. If you can get dates or the records the case manager feels verify this information so you know the frequency.
**CJ Remarks**

R. What, if any, change in overall activity levels has occurred during the past year? Describe. If you can get dates, look for frequency and measurability.  
Note: This can be rephrased, for example: “Is the person more or less active than usual or more/less independent?”

**CJ Remarks**

S. If any change is reported in behavior, sleeping patterns, or activity levels, was the person evaluated for underlying reasons (health, environment, relationships, etc.) for the change(s)? (If yes, Who conducted the evaluation? When? What type of specialist was this person? What was the outcome?)

**CJ Remarks**

T. Please describe any health-related needs this person may have. Please include current medical diagnoses.  
Note: The information you receive here should be verified by the record, ask the case manager about any discrepancies.

**CJ Remarks**

U. Has the IDT discussed the person’s health-related issues? What did they do and how did they resolve these health issues?  
Note: They may have discussed health issues at the last Annual ISP meeting. If so, the ISP and/or meeting minutes need to reflect such, ask the case manager about any discrepancies.

**CJ Remarks**

V. What natural supports does the person have and what generic services does the person use?

Note: Look for verification in the record and in other interviews of these activities.

  o What memberships does this person have in the community? List what groups or organizations the person belongs to and frequency of attendance.

  o List Names of friends this person has who are not paid to be in this person’s life:

  o List valued roles the person plays in the community and how often the person experiences them.

  o List generic services the person uses and how often:
Note: Generic services are those any one of us might use, such as stores, medical facilities, library, community recreation center

**CJ Remarks**

W. What opportunities does this Participant have for integration with non-disabled persons? How often?
   Note: May reflect discussion of things from V. above.

**CJ Remarks**

X. Do you have any concerns that provider policies restrict this person’s ability to pursue adult relationships? If yes—ask the interviewee to tell you what policies/practice and any examples they may have.

**CJ Remarks**

Y. **Additional Services Needed in the Past 6 Months**
   During the past 6 months were there other services that the Participant needed but did not receive? List service(s) including natural supports.

**CJ Remarks**

Z. If there was anything listed in “Y”, ask: Why was the service not received by the Participant? Note: If the case manager states they do not know, write that down, and then ask who would know or how the case manager/team might find that information.

**CJ Remarks**

AA. Are there other services needed by the Participant now or over the next 6 months?
   ☐ Yes ☐ No
   
   a) If Yes, list services.
   
   b) If Yes, what actions are being taken by whom to secure the needed services? If the case manager states they do not know, write that down, and then ask who would know or how the case manager/team can find that information.

**CJ Remarks**

BB. How do you review/monitor activities of providers, ISP status and progress on outcomes/objectives or outcomes/Action Plans (documents used, how often, etc.)?
**CJ Remarks**

CC. How do you determine whether a modification of this plan is needed?

**CJ Remarks**

DD. How do you see your job as it relates to --

a) The Participant?

b) Providers?

c) Regional Office?

d) Division of Health Improvement?

**CJ Remarks**

EE. Who supports you and your efforts to meet the needs of this person? Is this enough support for you? If not, why not?

**CJ Remarks**

FF. How long have you been employed in this job? (Try to record the date s/he started) Have you been a case manager elsewhere?

**CJ Remarks**

GG. How many cases are you assigned (list people with DD and others, class members and non-class members)?

**CJ Remarks**

HH. How long have you been this Participant's case manager? (If you can record month and year this person started working with this class member.)
CJ Remarks
II. How frequently do you meet face-to-face with this person?

CJ Remarks
JJ. What training did you receive to assist you in working with this person?
The Individual Specific Training Requirements section (previously called Addendum B) of the ISP lists training needed; compare to CM's answers, ask if there are discrepancies. Also, if they say they received individual specific training, ask them what.

CJ Remarks
KK. Do the Participant's program providers understand your role as the person's case manager?

CJ Remarks
LL. Has this person been in the hospital or emergency room in the past year? (If yes, get ALL date(s), issues). If the case manager indicates something that is different than what was found in the record review, note their response, then ask about the discrepancy.

CJ Remarks
MM. If “LL” was yes, please describe the IDT’s and your involvement in the treatment and discharge planning.

CJ Remarks
NN. In your opinion, what are the most important issues and needs to be addressed with this person?

CJ Remarks
OO. Does the Participant's program meet his/her needs? Explain.

CJ Remarks
PP. From your perspective, what are the leading stressors in this person's life at this time?

CJ Remarks
QQ. Have there been any unusual incidents with this Participant? If yes, what, with whom, when, how often?
What follow-up occurred?

**CJ Remarks**

RR. Does this Participant’s ISP have an adequate crisis plan? □ Yes □ No If No—What’s missing or needs to be in it?

**CJ Remarks**

SS. Does this Participant require any adaptive equipment or assistive technology? If yes,—What is it? LIST EVERYTHING THE CM identifies:

**CJ Remarks**

TT. Did this Participant receive needed devices? If yes, are they available, in good working condition, and used across all environments? If No—Do you know why not? What is being done to acquire the device, to get it into working order, to get it used across all areas?

**CJ Remarks**

UU. Have staff been trained in the appropriate use of this equipment for this individual? Have you observed staff using it with the person? Were they doing it correctly? What were they doing that was correct/not?

**CJ Remarks**

VV. If the person has a behavior plan, please describe the actions it calls for you to take when you are with the person. [What behaviors does it address and what steps are to be taken for prevention/intervention?]

**CJ Remarks**

WW. Has the Participant made progress or experienced regression in the following areas in the last year? If there is progress, describe it. If there has been no progress, explain why not for each area. If there is regression in any area, describe what actions have been taken by the IDT in each regressed area.

a) Living

<p>| If there has been <strong>progress</strong>, identify it | If there has been <strong>no progress</strong>, explain why not. | If there has been <strong>regression</strong>, describe what actions have been taken by the IDT to address the regression. |</p>
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<tr>
<th>b) Learning/Working</th>
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<th>c) Social/Leisure</th>
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XX. In your opinion, is this Participant's current residential situation: (Record details... incidents, dates, names of those involved, etc.)

<table>
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<tr>
<th>a) Appropriate?</th>
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<td>If No, Explain.</td>
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<th>b) Least restrictive?</th>
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<td>If No, Explain.</td>
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<th>c) Most integrated?</th>
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<td>If No, Explain.</td>
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<th>d) Safe?</th>
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<td>If No, Explain.</td>
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e) Problematic?
If Yes, Explain.

**CJ Remarks**
YY. In your opinion, is this Participant's current work/day situation- (Record details... incidents, dates, names of those involved, etc.)

a) Appropriate with respect to the person's needs and capabilities?
If No, Explain.

b) Least Restrictive?
If No, Explain.

c) Integrated and Normalized?
If No, Explain.

d) Safe?
If No, Explain.

e) Problematic?
If Yes, Explain.

**CJ Remarks**
ZZ. How did the IDT determine the Participant's preferences in each life area?

**CJ Remarks**
AAA. Has this Participant or guardian ever objected to any component of the service plan and/or the services provided?  □ Yes  □ No
If yes, What process occurred?
a) What was the resolution?

_CJ Remarks_

BBB. Is there anything else you would like to tell me about this Participant?

_CJ Remarks_
Ratings Guide

0 - Information not present or not adequate (non-compliance)
1 - Information is not completed or partially adequate (partial compliance)
2 - Information present and found to be adequate (full compliance)

For each question your possible responses are limited to the optional responses listed. For instance, if a question does not list NA as a possible response, you may not use it. Reviewers: In your notes use a (+) to indicate examples of compliance; Use a (-) to indicate examples of non-compliance.

*26. Does the case manager “know” the person?

Note: We expect the CM to thoroughly describe this person’s preferences, needs and circumstances, including information describing the individual’s method/style of communication; personality, likes, dislikes; the individual’s general routine; important people, activities, things in the individual’s life; significant events that occurred or are occurring which have an impact on the individual and what s/he is doing or plans to do. Also look for description of strengths, positive attributes, things to build on, such as: communication method; work ethic; skills s/he possess; willingness to try things; willingness to participate in activities; etc. Cannot be a “2” if the case manager gives only clinical diagnoses and no personal information or visa versa.

Choose

Justification:

Case Judge remarks:

*27. Does the case manager understand his/her role/job?

Note: We will take into consideration BOTH what the CM says during the interview about what the job is, as well as what the CM has done in light of the person’s needs and circumstances. From the interview, refer to CM activities such as twice-monthly visits, reviewing provider data tracking sheets and quarterly reports, reviewing reports from therapists, conversations with Team members, specialty services reporting or use of Regional Office Request for Intervention Form. Consider if the CM reviewed data sheets and reports from providers and/or therapists which indicate whether or not outcomes are met. If there has been no progress on an outcome, is there evidence that consideration was given to the need to revise strategies or action steps. If there has been a significant life change, such as job status change or living situation change, was the ISP revised to reflect this? Did the CM describe how they: advocate, monitor, provide or acquire technical or other assistance as needed?

Choose

Justification:

Case Judge remarks:

*28. Did the case manager receive training on the topics needed to assist him/her in meeting the needs of this person?

Note: Consider required DOH/DDSD competencies; individual-specific trainings, and mentoring from previous CM and/or supervisor. We want the CM to have person-specific information so they are an informed advocate/monitor. For example, if this person has specific eating requirements due to risk of aspiration, we would expect the CM to have

Choose
received training regarding issues that impact this person such as: positioning during eating; eating utensils needed and how they are to be used; the pace at which eating is safe for this person, etc. Cannot be a 2 if the case manager has had all DDSD requirements but not individual-specific trainings for information in the behavior support plan, comprehensive aspiration risk management plan, seizure plan, crisis plan, etc.

*29. Is the case manager available to the person?

Note: Is the CM making the required number of visits with the class member in different locations? Specifically, Visits twice a month, at least one of those times in the home.

Does the CM spend time with the person so he/she knows and observes first hand the person’s needs and circumstances? Cannot be a 2 if the documentation from the record review indicates the case manager makes less than 2 visits a month; or all visits occur in the same location.

*30. Was the case manager able to describe the person’s health related needs?

Note: Since the Case Manager, as part of site visits, is required to verify that aspiration risk management plans/mealtime plans are available and being implemented, it is expected the case manager would provide some information which indicates that they know the person’s status regarding aspiration. Also consider statements of clinical diagnoses, such as seizure disorder, high blood pressure, diabetes; symptoms the person has displayed, diagnoses the person has and what is being done to address them. For example, has been having trouble standing up from sitting in a chair, residential provider made an appointment with PCP, will go to the doctor about it next week. Also note past illnesses that may affect the person now; such as was hospitalized for pneumonia last winter so extra precautions are taken during the winter such as not going out when it is really cold, and if s/he gets a cough s/he goes to the doctor right away. If undiagnosed issues exist, the CM should outline what is being done to pursue and protect the person’s overall health. Cannot be a 2 if the case manager does not, for example, mention aspiration if the person is considered to be at risk of aspiration or does not mention diabetes and the person is diabetic.

*31. Does the case manager have an appropriate expectation of growth for this person?

Note: The CM should articulate this person’s ability, potential and natural next steps. There should be an expectation of growth. More than just the person being happy, healthy, and safe. Look for information such as: the person working at a community integrated job; living in a more independent setting; going for further formal education; learning a particular new skill or activity. Cannot be a 2 if the case manager only mentions that they would like the person to be healthy, happy, and/or safe; or to just keep going to their day program or living where they are, with no specific indication of why that’s relevant to the person long term.
*32. Does the case management record contain documentation that the case manager is monitoring and tracking the delivery of services as outlined in the ISP?
   
   Note: Case Manager’s contact notes, the site visit forms and overall record will be reviewed. 2 monthly visits, one of them in the home. If the person is not getting a service that is noted in the ISP and there is no documented evidence that the case manager is following-up on getting the service in place, this cannot be a 2. Cannot be a 2 if the documentation from the record review indicates the case manager makes less than 2 visits a month; or all visits occur in the same location.

*33. Does the case manager provide case management services at the level needed by this person?
   
   Note: We will consider the degree (timeliness and effectiveness) to which recommendations have been followed up on, services have been provided in line with this person’s needs and barriers have been identified, addressed and eliminated. If the person is not getting a service that is noted in the ISP and there is no evidence that the case manager is following-up in a timely way to get the service in place, this cannot be a 2.

*34. Does the case manager receive the type and level of support needed to do his/her job?
   
   Note: Combination of the CM’s personal opinion and the degree to which evidence of lack of job performance, if any, is identified and corrected. Also consider completion of required DOH/DDSD competencies; individual-specific trainings, and mentoring from previous CM and/or supervisor. Cannot be a 2 if the case manager indicated s/he does not receive adequate support, (question EE in the case manager interview) or the Case Manager’s performance is inadequate with no intervention on the part of the Case Management Agency.
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<th>#</th>
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