

## Best Practice Guidelines for Completing a Case Manager's Review

### Introduction

The best practice guidelines are intended to help the case manager understand:

- The ongoing monitoring requirements outlined in the DBMD program rules
- Form 6517 instructions
- Case Manager's Review completion due dates

### Required Elements

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|---|---|
| <b>Review all authorized services</b>             | <ul style="list-style-type: none"> <li>✓ Review whether the DBMD Program services and CFC services are being provided as outlined in the IPC and IPP.               <ul style="list-style-type: none"> <li>➤ <u>All</u> authorized services <b>must</b> be reviewed.</li> <li>➤ Document if an authorized service was not used during the quarter; do not leave these fields blank.</li> </ul> </li> </ul>  |
| <b>Document progress or lack of progress</b>      | <ul style="list-style-type: none"> <li>✓ Review the individual's progress towards achieving the goals and outcomes described in the IPP for each service listed on the individual's IPC.               <ul style="list-style-type: none"> <li>➤ A service status update is <b>not</b> a progress or lack of progress assessment.</li> <li>➤ Review <b>each</b> goal and the outcomes that were identified on the IPP.</li> <li>➤ Review assessments submitted by the service provider, conversations with the individual or LAR and any observations of the individual receiving services.</li> <li>➤ If progress is not made or lost, document that current levels are being maintained. This should only be used when appropriate and is not a blanket response to all goals and outcomes.</li> </ul> </li> </ul> |
| <b>Services meeting the individual's needs</b>    | <ul style="list-style-type: none"> <li>✓ Determine if the services are meeting the individual's needs.               <ul style="list-style-type: none"> <li>➤ Ask the individual or LAR questions to determine if the current services are meeting the individual's needs as authorized.</li> <li>➤ Document the responses.</li> </ul> </li> </ul>  |
| <b>Identify changes to the individual's needs</b> | <ul style="list-style-type: none"> <li>✓ Determine if the individual's needs have changed.               <ul style="list-style-type: none"> <li>➤ Does the individual need additional services, such as a therapy or adaptive aid?</li> <li>➤ If a service, such as nursing or CFC PAS/Hab, is not currently identified as requiring a service backup plan, discuss whether this service may now be critical to the individual's health and safety.</li> <li>➤ If a change is requested or a new service backup plan is required, make plans to convene the SPT to develop a plan that meets the individual's needs.</li> </ul> </li> </ul>   |
| <b>Service backup plans and implementation</b>    | <ul style="list-style-type: none"> <li>✓ Discuss the implementation of any service backup plans to determine if the plan was effective.               <ul style="list-style-type: none"> <li>➤ The case manager must ask the individual or LAR if a service backup plan was implemented.</li> <li>➤ Discuss the implementation (when applicable) to determine if the plan was effective</li> <li>➤ If the implemented back up plan was not effective, make plans to convene an SPT meeting to revise the service backup plan</li> </ul> </li> </ul>   |

## Completion Tips

- Pre-fill the form to include all current goals. This will help ensure all service goals are reviewed.
- List each of the goals on an individual data sheet and keep the document in the individual's chart. Take that data sheet with you to each case manager review to ensure all goals and outcomes are reviewed.
- Ask pointed questions about specific goals.
- When possible, schedule an extra 5-10 minutes of time before or after an in-person case manager review to allow time for observations. This will help assess progress or lack of progress towards ADL goals and outcomes.
- Summarize information received during monthly case management contacts and add any additional information received during the visit.

## EXAMPLE 1

### 45 – Intervener

Is this service authorized on the IPC?  Yes  No If yes, number of authorized units: 520

1. Was this service category delivered in accordance with IPP/IPC? .....  Yes  No

2. Is this service meeting the individual's needs? .....  Yes  No

3. Document the progress on each service, goal or outcome as indicated on the IPP:

Goal: Increase social interaction by attending at least one community outing each month.

John was hospitalized with pneumonia in March and his LAR wanted to put this goal on hold while he recovered. Outings resumed this month and John attended a local Cinco de Mayo parade.

Little progress was made this quarter. John will continue to work on this goal.

Follow-up:

John's family is going on vacation June 5-9 and he will not receive services while he is away. Services will resume on 6/12/2023.

- ✓ All required fields were completed
- ✓ Needs were assessed
- ✓ Progress/lack of progress towards each goal documented
- ✓ Follow-up information was provided

## EXAMPLE 2

### 13B – RN Nursing Services

Is this service authorized on the IPC?  Yes  No If yes, number of authorized units: 8

1. Was this service category delivered in accordance with IPP/IPC? .....  Yes  No

2. Is this service meeting the individual's needs? .....  Yes  No

3. Did the SPT identify a need for a backup plan? .....  Yes  No

4. Did SPT create a backup plan for this service? .....  Yes  No

5. Was backup plan implemented?.....  Yes  No

6. Did backup plan meet the individual's needs?.....  Yes  No

7. Document the progress on each service, goal or outcome as indicated on the IPP:

Nursing services are authorized for the completion of annual and post-hospitalization assessments.

There were no hospitalizations this quarter and Jane remains in good health.

Follow-up:

Annual nursing assessment is scheduled for 3/8/2023.

- ✓ All required fields were completed
- ✓ Fields that didn't apply were left blank
- ✓ The service was reviewed
- ✓ Follow-up information was provided

## Completion Due Dates

- ✓ Case Manager Reviews must occur in accordance with the schedule in Appendix VII of the DBMD Program Manual.
  - Do not wait until the month a review is due to begin trying to schedule the meeting.
  - Follow up with any licensed therapists or other certified service providers to ensure that a report is received at least 10 calendar days before the date of the scheduled meeting.
  - When a meeting cannot be conducted timely, do **not** skip the quarter.
  - When necessary, remind the individual/LAR of mandatory participation requirements.

## Reminders

- The case manager is required to complete all sections of Form 6517 for each authorized service. Incomplete sections will result in a non-compliance finding.
- Ensure that only applicable boxes have been checked. Do not check the box that indicates a backup plan has been implemented if this did not occur.
- If a service was not provided, indicate the reason, and include any applicable follow-up statements such as "Dental appointment scheduled for next month," or "Therapy currently still on hold due to COVID."
- Status and progress are not the same thing. Status is a broad overview of the service and progress focuses more on specific milestones and tasks.
- If a goal is not written on the IPP in a clear and specific way (observable and measurable), then the ability to effectively measure or assess progress becomes more difficult, resulting in a non-compliance finding.
- Try to avoid repeating the same statements each quarter.
- If any follow up items were noted on the previous case manager's review, include the result(s) of that follow up in the next quarterly review.
- Within 10 business days after the date of the review, the case manager must provide a copy of the completed case manager's review form to the individual or LAR within 10 business days after the date of the review. The case manager must maintain documentation of the transmission.

Your agency may request a one-on-one informational session with a member of the monitoring team to discuss applicable rules and regulations related to any non-compliance identified during a contract and fiscal compliance monitoring review.

To request this session, please send an email to: [CAPM\\_CLASS\\_DBMD\\_Monitoring@hhs.texas.gov](mailto:CAPM_CLASS_DBMD_Monitoring@hhs.texas.gov) and include your contract number and standard or relevant rule you would like to discuss.