

Provider Systems Review Tool

Provider:

Date:

A. Program Compliance Review	Y/N	NA	Comments
Proof of current licensure for all case managers.			
All independently developed marketing materials, including but not limited to, brochures, posters, business cards or website have been submitted to DSHS/HHSC-CM and have been approved by HHSC-CM for use.			
Provider information submitted to DSHS/HHSC-CM and TMHP is current and accurate, including case management staff, Conflict of Interest Statements, agency status and demographic information.			
B. Internal Quality Assurance Review	Y/N	NA	Comments
Provider has a log of all clients referred for case management, including client name, date of birth, client's Medicaid number, date of referral and outcome of referral.			
Provider has an Internal Quality Management System which includes the following: Internal client record review procedures, including the number of charts to be reviewed, the frequency of the review, and the approved case manager performing the review. (Case managers may perform self-review) Internal program review procedures			
Provider has implemented Internal QMS as evidenced by completed record review tools (CM-16). These completed CM-16s are also maintained in the client's chart.			