

**1991 REPORT
ON
RULE 185 CASE MANAGEMENT MONITORING**

**PREPARED BY THE
COMMUNITY SERVICES EVALUATION SECTION
OF THE
DEPARTMENT OF HUMAN SERVICES
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EXECUTIVE SUMMARY

PURPOSE

This report describes the monitoring process, developed for the review of documentation in case records, of case management services to persons with developmental disabilities, and the results of the review completed between November 1989 and June 1991.

CONTENTS

The report is divided into six sections. The sections are described below.

INTRODUCTION: Describes the purpose of the report and the rules which were reviewed.

BACKGROUND: Describes the reason for the monitoring project, the purpose of the review, and the development of the monitoring instrument.

METHODS AND SAMPLE: Describes the process of determining the monitoring methods and sample, and the standards of performance used to evaluate compliance.

FINDINGS BY SECTION OF REVIEW: Describes the purpose of the rule requirement and the corrective action standard by section, along with findings, an analysis of the findings, and recommendations.

OVERALL COUNTY PERFORMANCE: Describes the performance of counties by section of review, and number of case records meeting the corrective action standards by section of review,

CONCLUSION AND RECOMMENDATIONS: States conclusions drawn as a result of the review, and provides recommendations for county agencies, the Division for Persons with Developmental Disabilities, and the Community Services Evaluation Section.

SUMMARY OF FINDINGS

The findings are divided into six subsections. Each subsection corresponds to the major sections of Rule 185 which were reviewed. All findings were documented in case records.

1. Screening - this area of the review had the highest level of compliance among the six subsections. Noteworthy findings:
 - a. Documentation found in case files of screening team decisions (96% compliance).
 - b. Documentation found in case files of annual reviews completed on the screening form for data collection purposes (93% compliance).
 - c. Documentation found in case files of team participation in screening team meetings (34% compliance). (The original, signed document not in the case file.)

2. Individual Service Plans - items of compliance cited in the report included:
 - a. The individual service plan/review contains assessment information (77% compliance) and a summary of service needs (76% compliance).
 - b. The individual service plan/review contains the client's signature (41% compliance) and/or the signature of the legal representative (57% compliance).

3. Individual Habilitation Plan - noteworthy finding:

Though less than half of the case records reviewed for individual habilitation plans (46% compliance) met the corrective action standard, this finding is a moot point, as the Minnesota Legislature amended Minnesota Statutes, section 256B.092 during its 1991 session. As a result, the individual habilitation plan is no longer required.

4. General Monitoring Responsibilities - noteworthy findings:

- a. Reports from both residential and day habilitation were filed in case records (as appropriate) in more than 97 percent of the cases reviewed.
- b. Documentation of client satisfaction with services was contained in 45 percent of the records reviewed.

5. and 6. Residential Site Monitoring and Day Training and Habilitation Site Monitoring. Findings included:

- a. The case manager reviewed the records and reports of the residential and/or the day habilitation providers (96% compliance).
- b. The case manager observed the implementation of the person's ISP and IHP (41% compliance).

SUMMARY OF CONCLUSIONS AND RECOMMENDATIONS

The main conclusion drawn from this review is that compliance with Rule 185 requirements is low because county case managers did not develop complete individual service and habilitation plans as required and they also failed to document monitoring activities.

Administration of the program by the county agencies should be improved with the help of the Department in documenting case management activities such as planning, coordination, and integration of service delivery.

The Department needs to develop systems which simplify and streamline the case documentation of services actually being delivered. The Department should provide ongoing training and technical assistance to counties agencies, in addition to producing manual material to be used as a reference for this purpose. In addition to the ongoing training provided to case managers by their agencies and the Department, consideration should be given to development of pre-service training as a mechanism for improving the quality of case management services. This could influence the high staff turnover in county agencies.

I. INTRODUCTION

From November 1989 to June 1991, the Community Services Evaluation Section (CSES) conducted a review of documentation in case records for case management services to persons with developmental disabilities, Rule 185, officially known as Minnesota Rules, parts 9525.0015 to 9525.0165.

The purpose of this report is to:

- a. share the results of the review.
- b. interpret these results.
- c. make recommendations to Department of Human Services management staff, program staff and county agencies regarding training and technical assistance needs and a continued monitoring process.

II. BACKGROUND

The case management review was initiated in response to problems discovered when the Department of Human Services conducted the reviews required in the Welsch vs. Gardebring Negotiated Settlement. The Department informed county agencies of its plan to monitor compliance with the Rule for Services to Persons with Developmental Disabilities in Informational Bulletin #89-60H, dated October 25, 1989. The Department gave high priority to this program area because it serves a major target population and some of the services are funded under a federal Medical Assistance waiver.

The purpose of the review was to determine the level of county compliance with the minimum documentation case recording requirements in these areas of Rule 185:

- a. screenings;
- b. individual service plans;
- c. individual habilitation plans;
- d. general monitoring responsibilities;
- e. residential site monitoring; and
- f. day training and habilitation site monitoring.

The Division for Persons with Developmental Disabilities and County Monitoring staff worked jointly to determine and develop the content and format of the monitoring review instrument, along with a reviewer's guide for use of the instrument.

The monitoring instrument was field tested in four local social service agencies numerous times during its development, both by teams from Community Services Evaluation and independently by individual CSES staff members. These field tests resulted in modifications to the instrument and the reviewer's guide. Finally, five case records were reviewed by all CSES staff and the staff supervisor to determine the extent of inter-rater reliability. When these reliability test results reached an acceptable level, the review instrument was finalized for use in the review.

III. METHODS AND SAMPLE

A. Process

The Department targeted for review cases involving persons with developmental disabilities served under the Title XIX waiver and persons receiving Semi-Independent Living Services (SILS). The actual review took place between October 1989 and June 1991. All local county agencies were included in the review.

The sample was drawn from a list of waived services clients on the waiver eligibility file, a sub-file of the Medical Assistance information system. The SILS list was provided from the information system maintained by the Division for Persons with Developmental Disabilities. Each county list contained names of clients who had received either waived services or SILS for at least a one year period from August 1, 1988 thru July 31, 1989. A 40 percent sample was randomly selected from each county list with ten or more waived services clients. In counties with ten or less waived services clients, the sample was supplemented with random selections of SILS clients, so that at least five waived service or SILS case records were reviewed in each county.

The review period for each county was a one year period ending 30 days prior to the date(s) of the on-site review. This gave county agencies at least 30 days for the completion of typing, case dictation, and filing of case materials into the case record, before the record was actually reviewed.

Case records were reviewed using a protocol titled "Rule 185 Case Record Review." This protocol was designed and developed specifically for use in this review. The reviewer used a manual identified as the "Rule 185 Field Guide" when completing local agency reviews. The guide defined minimum standards of documentation necessary to meet specific requirements. The reviewer applied these standards when reviewing the case record. The documentation in the case record was accepted as proof that the activity took place. Possible sources of documentation elsewhere in the agency were not reviewed. Therefore, it is possible that the activity may have taken place without proper documentation.

The review did not include evaluating the quality of the activity by the case manager or the quality of the record/documentation.

The results of the county review were provided to the agency following the on-site review. The county agency was evaluated based on its performance in the areas of screenings, plans, and monitoring activity documented in the case records. The agency received a compliance rating for each area reviewed and a statement indicating how many case records were found in full compliance.

See Appendices A and B for copies of the protocol and reviewer's guide.

B. Standards of Performance

County agencies were evaluated based on a summary of findings in each of the three sections of the protocol. A corrective action standard was applied to each of the areas of performance. A combination of items in each section had to be met for a record to be counted in the overall performance of an agency.

The following corrective action standards were applied:

<u>Protocol Section</u>	<u>Case Record Standard</u>	<u>Agency Standard</u>
Section II: Screening	Items A, D, F, and G	*90%
Section III: Plans		
Part A: ISP	Items 1, 2, and 3(d-h)	75%
Part B: IHP	Items 1(a) and 2	75%
Section IV: Monitoring Responsibilities		
Part B: Residential	Items 2 and	90%
Site Monitoring	4	90%
Part C: Day Training and	Items 2 and	90%
Habilitation	4	
Site Monitoring		

Note: *Percentage of agency records that had to meet the corrective action standards.

County agencies that did not meet these standards for any given sections were required to write a corrective action plan for these sections.

County agencies were expected to take action to improve performance in all areas where noncompliance (less than 100%) was determined.

IV. FINDINGS BY SECTION OF THE REVIEW

A. Section II: Screening

1. Purpose of Requirement

Counties are required to conduct screenings in order to determine a person's eligibility and level of services needed based on assessments.

Screening teams, and their Activity of screening, are required under Minnesota Rules, parts 9525.0065 and 9525.0075. This section consisted of yes/no questions to determine compliance with Rule 185 standards for screening, including timeliness, types of screening, and screening team composition and participation.

2. Corrective Action Standard

In order to meet the corrective action standard for screening, four of seven items had to be met, namely:

- a. a Screening Document for Individuals with Mental Retardation (DHS-2658) was on file in the case record;
- b. the screening team was convened during the review period;
- c. the screening team determined the need for waived services; and
- d. the Regional Services Specialist authorized Medical Assistance for waived services.

At least 90 percent of the records reviewed in the local agency had to be in compliance, or a corrective action plan was required from the local agency.

3. Findings*

- a. Of the 465 records reviewed for screenings, 363 (78%) contained documentation which met the corrective action standard.
- b. Three hundred and twenty-three (70%) were in full compliance with all standards reviewed.
- c. The items with the highest levels of compliance were:
 1. the copy of the screening document filed in the case record indicated that the screening team determined the need for waived services (96% compliance).
 2. screening documents completed for the purpose of data collection only were conducted by the appropriate team members (93% compliance).

*Possible sources of documentation elsewhere in the agency were not reviewed.

d. The items with the lowest levels of compliance were:

The copies of initial screenings coordinated by appropriate team members or scheduled annual rescreenings were filed in case records (34% and 64% compliance respectively).

For further detail on the findings, refer to Appendices C and F.

4. Analysis

This section of the review had the highest percentage of records meeting the corrective action standard (78%) and in full compliance (70%) of the entire review. Compliance with the items used for the corrective action standard ranged from 98 percent to 82 percent, since the screening document is required both by the Rule and the Medical Assistance program, the need for it appears to have been well defined and understood by case managers in local agencies.

Lack of the client or client representative's signature for both initial and scheduled annual rescreenings resulted in low compliance with requirements for screening team composition. The copies of the documents filed and maintained in the clients' case records were not the original documents which did contain the appropriate team signatures. Note that the Regional Service Specialists accept only appropriately signed screening documents, and that only appropriately completed screening documents are accepted by the data base at DHS.

5. Recommendations

While overall performance in this area is high, it is not in full compliance. Compliance would increase significantly, if the county agencies would ensure that the original screening documents, signed by the appropriate team members, are maintained in the clients' case records.

B. Section III: Individual Service Plan (ISP)

1. Purpose of Requirement

County case managers are required to develop an Individual Service Plan (ISP) with the client in order to identify service needs and plan for service delivery.

Individual Service Plans are required under Minnesota Rules, part 9525.0075. This section consisted of yes/no questions to determine compliance with Rule 185 standards for an ISP, including timeliness, plan content such as diagnosis, assessment information, service needs, including long-range and annual goals.

2. Corrective Action Standard

In order to meet the corrective action standard for an individual service plan, seven of eleven items had to be met, namely:

- a. the ISP was developed/reviewed by the county;
- b. the ISP was developed/reviewed during the review period;
- c. the ISP/review contains a statement of services to be provided;
- d. the ISP/review contains a statement of actions to be taken to develop or obtain needed services, including those not currently available;
- e. the ISP/review contains long-range goals;
- f. the ISP/review contains annual goals; and
- g. the ISP/review contains a statement of information to be submitted by providers or subcontractors.

At least 75 percent of the records reviewed in the local agency had to be in compliance or a corrective action plan was required from the local agency.

3. Findings

- a. Of the 512 case records reviewed for individual service plans, 280 (55%) met the corrective action standard.
- b. One hundred and ninety-two (38%) were in compliance with all of the standards reviewed.
- c. The items with the highest levels of compliance were:
 1. the individual service plan/review contains assessment information (75% compliance).
 2. the individual service plan/review contains a summary of service needs (76% compliance).
 3. the individual service plan/review contains a diagnostic review (75% compliance).
 4. the individual service plan/review contains a statement of services to be provided (75% compliance).
- d. The items with the lowest levels of compliance were:
 1. the individual service plan/review contains the clients signature (41% compliance) and/or the signature of the legal representative (57% compliance).
 2. the individual service plan/review contains a statement of information to be submitted by the providers or subcontractors and the frequency of submission (53% compliance).

See Appendices C and F for the complete results for this section.

4. Analysis

Three of the seven corrective action items (d. above) had the lowest levels of compliance (41% to 63%), which contributed to overall low compliance.

The possible causes of low compliance in the areas regarding client's or client representative's signature could be:

- a. the case manager developed the case plans alone, and forgot/failed to get the required signature.
- b. case plans may not have been "shared" with the client or client representative.

The requirement for the client's or the client representative's signature on the case plan is to signify and/or assure that the client or the client's representative has been involved in the development of the individual service plan and agrees with the plan. It also signifies or assures that the right to appeal is explained and that the client or the client's representative has made informed choices among feasible alternatives.

Regarding the third item with low compliance, it seems that many case managers simply forgot to include a statement regarding the providers' responsibilities for submitting reports. This requirement is usually contained in the purchase of service contracts with the provider and therefore, may seem redundant to the case manager. However, the purpose of this requirement is to inform the client and the client representative of the provider's reporting responsibilities and therefore, must be included in the individual service plan.

The number of individual service plans developed by the counties during the review period was high (80%). The content of the plans also appears to be nearing acceptable levels in the areas reviewed; many are at or near 75 percent compliance for the individual items. It appears that case managers are doing a good job in this area.

5. Recommendations

Though preprinted individual service plans are used in most local agencies, a standardized provider responsibility statement is not included in this format. The addition of this statement to the plan format would ensure compliance with the requirement. Many corrective action plans from county agencies did include this statement.

The importance and/or significance of signing the case plan by the client or the client representative must be emphasized in future training, so that case managers understand this requirement.

C. Section III: Individual Habilitation Plan (IHP)
(Reviewed only if the case record contained a county generated ISP.)

1. Purpose of Requirement

County case managers, along with the client and service providers, are required to develop an individual habilitation component of a plan; this component should reflect the integration and coordination of the service delivery with the service plan so that long range and annual client goals are achieved.

Individual habilitation plans are required under Minnesota Rules, part 9525.0105. This section consists of yes/no questions to determine compliance with Rule 185 standards for an IHP, including timely development by the appropriate persons, and plan content such as objectives, methods of service provision, measurable criteria for objectives, etc.

NOTE: Please refer to page 13, the first paragraph. The requirement for an individual habilitation plan was eliminated during the 1991 Legislative session.

2. Corrective Action Standard

In order to meet the corrective action standard for an individual habilitation plan, two of twelve items had to be met, namely:

- a. the individual habilitation plan was developed by the county, in cooperation with service providers.
- b. the individual habilitation plan was developed or reviewed and updated during the review period.

3. Findings

- a. Of the 499 case records reviewed for individual habilitation plans, 230 (46%) met the corrective action standard.

- b. One hundred and two (20%) were in compliance with all of the standards reviewed.
- c. The items with the highest levels of compliance were:
 - 1. the individual habilitation plan or review contains short-term objectives (45% compliance).
 - 2. the individual habilitation plan or review contains measurable criteria for objectives (44% compliance).
- d. The items with the lowest levels of compliance were:
 - 1. the individual habilitation plan or review contains the client's signature (27% compliance) and/or the signature of the legal representative (34% compliance).

See Appendices C and F for the complete results of the findings for this section.

4. Analysis

A case record was reviewed for an individual habilitation plan only if it contained a county-generated individual service plan. The rationale for this approach was that the ISP is the foundation, "building block," for the IHP. Of the 512 case records in the sample, 499 contained a county-generated ISP. Of the 499 case records containing ISPs, only 230 (46%) contained an IHP developed by the county, (in cooperation with the service providers), during the review period.

Another important decision affecting the compliance in this section was the definition of a county developed IHP. While field testing the protocol, reviewers found a variety of forms, papers, etc., labeled "IHPs" by the county agencies.

- a. The most frequently found "IHP" was two individual program plans (IPPs) stapled together and labelled "IHP" by the case manager. These IPPs were generated by the service providers, and may or may not have been reviewed by the interdisciplinary team.

- b. On occasion, the reviewers found an IHP cover sheet, with IPPs attached to it. The cover sheet sometimes contained documentation of the interdisciplinary team's review of the IPPs and any changes to the IPPs.
- c. Another variation of an "IHP" was a combination ISP-IHP; the IHP portion included information from the IPPs, but was incomplete. Review by the interdisciplinary team was not documented. After much discussion, both by County Monitoring staff and Division for Persons with Developmental Disabilities staff, it was decided that only IHPs developed by the county, in cooperation with the service providers, would be reviewed. This decision was based on the standards stated in Rule 185.

Both of these decisions affected the level of compliance since less than half of the case records contained a county-generated IHP. In general, IHPs were not being developed by county case managers as the Rule requires.

5. Recommendations

After completing the review of the ten counties with the greatest number of waived services clients, the County Monitoring staff recommended to the Division for Persons with Developmental Disabilities that a form(s) be developed to document the integration and coordination of service delivery to the client by service providers. As a result of this recommendation, forms were jointly developed and informally distributed to county agencies by County Monitoring staff. These forms were formally released in Informational Bulletin #91-60A. Recommended use of these forms would increase compliance with the habilitation plan significantly.

The Minnesota Legislature amended Minnesota Statutes, section 256B.092, during its 1991 session. The statute now requires that the case manager identify, in the ISP, the need for individual program plans to be developed by the provider in compliance with their licensing and certification standards. The case manager is required to assure coordination of IPPs, that IPPs have consistent approaches to services, and that they are consistent with all aspects of the ISP. This was done to free the case manager to spend more time in other activities such as evaluation, monitoring, and protection of the person's legal rights.

D. Section IV: General Monitoring Responsibilities

1. Purpose of Requirements

County case managers are required to monitor service delivery; two means of doing so are reviewing provider reports and determining the client's or client representative's satisfaction with the services provided.

General monitoring responsibilities are required under Minnesota Rules, parts 9525.0115 and 9525.0125. This section consists of yes/no questions to determine whether the case record contains reports from applicable providers, and documentation of the client's or client representative's satisfaction with services.

2. Corrective Action Standard

No corrective action standard was applied to this section because Rule 185 does not clearly require documentation of these activities. Full compliance was a positive response when applicable, to the four questions.

3. Findings

- a. There were reports from the day habilitation providers in 497 of the 512 records reviewed (97% compliance).
- b. Reports from the residential providers in 501 of the 512 records reviewed (98% compliance).

- c. Three hundred and thirty-three records (65%) contained documentation that the client's legal representative was satisfied with the services provided.
- d. Two hundred and twenty-nine (45%) of the records contained documentation that the person with mental retardation was satisfied with the services provided.

See Appendix C for the complete findings for this section.

4. Analysis

After completing the review of the ten counties with the greatest number of waived services clients, and finding very little documentation of monitoring activities by case managers, the County Monitoring staff recommended to the Division for Persons with Developmental Disabilities that model monitoring forms be developed. As a result, model forms were jointly developed and informally distributed to county agencies by County Monitoring staff. These forms were formally released in Informational Bulletin #91-60A. If the forms are used by case managers as recommended, compliance should improve. It must also be noted that documentation of monitoring activities was not clearly specified in the Rule. In 1991, the Minnesota Legislature amended Minnesota Statutes, section 256B.092, and subdivision 1e. now defines the case manager's responsibility to coordinate, evaluate, and monitor services provided in accordance with the person's ISP.

Reports from service providers are being sent to case managers and they are filed in the client's case record in almost 100 percent of the cases reviewed. Apparently, county case managers, along with the contracting process, have clearly stated that provider reports are expected.

Statements of client satisfaction were documented in more than half the case records, even though the requirement for documentation is not clearly stated in the Rule.

5. Recommendations

The local agencies should adopt the suggested monitoring forms; they contain questions regarding client's or the client representative's satisfaction with services provided. If these forms were used and completed, documentation regarding satisfaction with services would be available for review.

E. Section IV: Residential Site Monitoring

1. Purpose of Requirement

Residential site monitoring is required under Minnesota Rules, parts 9525.0115 and 9525.0125. This section consists of yes/no questions to determine whether the client's case manager has monitored service delivery at the site.

2. Corrective Action Standard

In order to meet the corrective action standard for residential site monitoring, two of seven items had to be met, namely:

- a. the case manager visited the person's residential site on the following dates.
- b. the case manager observed the implementation of the person's ISP and IHP.

3. Findings

- a. Of the 454 records reviewed, 178 (39%) met the corrective action standard.
- b. One hundred and five (23%) were in full compliance with all of the standards reviewed.
- c. The compliance levels for these items ranged from a high of 96 percent on "The case manager reviewed the records and reports of the residential service providers" to a low of 41 percent on "The case manager observed the implementation of the person's ISP and IHP."

See Appendix C for the findings for this section.

4. Analysis

The lowest level of compliance in this section was observation of the implementation of the client's ISP and IHP. Of course, since less than 50 percent of the records reviewed contained IHPs, observation of IHP implementation was a moot point in these cases. However, with the amendments to Minnesota Statutes, section 256B.092, IHP development has been eliminated, and instead, if required by the ISP, providers are to assure that their IPPs are developed according to standards listed in the statutes. Case managers are then responsible for assuring that IPPs are developed according to standards listed in the statute and that services are delivered in accordance with the ISP. All monitoring activities are to be documented in the person's case record.

It must be noted that reviewers observed that much site monitoring was being done by case managers, but it was documented in an incomplete manner.

5. Recommendations

The local agencies should adopt the recommended monitoring forms and document any additional monitoring completed in a timely manner. This should improve compliance substantially.

F. Section IV: Day Training and Habilitation Site Monitoring

1. Purpose of Requirements

Day training and habilitation site monitoring are required under Minnesota Rules, parts 9525.0115 and 9525.0125. The section consists of yes/no questions to determine whether the client's case manager has monitored service delivery at the site.

2. Corrective Action Standard

In order to meet the corrective action standard for day habilitation site monitoring, two of seven items had to be met, namely:

- a. the case manager visited the person's day habilitation site on the following dates.

- b. the case manager observed the implementation of the person's ISP and IHP.

3. Findings

- a. Of the 362 records reviewed, 141 (39%) met the corrective action standard.
- b. Seventy-four (20%) were in full compliance with all of the standards reviewed.
- c. The compliance levels for these items ranged from a high of 97 percent on "The case manager reviewed the records and reports of the day habilitation provider" to a low of 40 percent on "The case manager observed the implementation of the person's ISP and IHP."

See Appendix C for the findings for this section.

4. Analysis

Please see the previous analysis section for residential site monitoring; it also applies to this area.

A slightly higher percentage (23% vs. 20%) of case records were in full compliance with residential site monitoring requirements than with day habilitation site monitoring requirements. Perhaps it is easier for case managers to monitor at the residential sites in the early morning or late afternoon; or perhaps monitoring is also done while completing an ISP, IHP, etc., with the client.

5. Recommendations

Please see the previous recommendations section for residential site monitoring; it also applies to this area.

G. Overall County Performance

The table below indicates the number of counties that met the corrective action standard for each section of the review, and the number and percentage of case records which met the corrective action standard and the number and percentage that were in full compliance. The screening section had the greatest number of counties and case records meeting corrective action standards, while the residential site monitoring section had the least number of counties and case records meeting the corrective action standard.

Five counties met the corrective action standard for all sections, while no county was in full compliance with all sections. Sixty-three case records met the corrective action standards for all sections applicable to these records, and 12 case records were in full compliance with applicable sections.

<u>Section</u>	<u>Number of Counties Meeting Corrective Action Standard For Each Section</u>	<u>Number of Records Meeting Corrective Action Standard For Each Section</u>	<u>Number of Records In Full Compliance For Each Section</u>
Screenings	41	363 (78%)	323 (70%)
ISP	23	280 (55%)	192 (38%)
IHP	18	230 (46%)	102 (20%)
Residential Site Monitoring	16	178 (39%)	105 (23%)
Habilitation Site Monitoring	17	141 (39%)	74 (20%)

H. Conclusion and Recommendations

1. Conclusion

Compliance with documentation for Rule 185 requirements was low because county agencies frequently failed to develop complete individual service and habilitation plans as required, and they also failed to document activities such as monitoring. Documentation standards for some key items and activities were unclear to the county agencies. In addition, poor compliance levels were somewhat exaggerated by the use of key items, which, if not documented, meant the entire section of a given record would be out of compliance, even if all other items were documented.

2. Recommendations

a. County Agencies

1. Retain completed and signed screening documents in the county case records, assuring local documentation of the presence of the appropriate team members and authorization for payment.
2. Complete an individual service plan resulting from service planning activities for each person and review the plan annually.
3. Document all monitoring activities.

b. Department: Division for Persons with Developmental Disabilities

1. Develop pre-service training for new case managers, which includes a systems approach to service delivery and incorporate this approach into the annual training provided to experienced case managers.
2. Continue waiver management training and require participation from all counties.
3. Inform counties of all statute and rule changes in a timely manner, both thru written materials and training.
4. Inform county agencies of any changes in documentation regarding number b.2. above.

5. Develop and provide technical assistance on streamlined documentation techniques and records maintenance.

c. Department: Community Services Evaluation Section

1. Review the performance standards, and revise as necessary, prior to implementation of the follow-up review on the corrective action plans submitted as a result of this review.
2. Review the methodology used to collect data for the review and consider reducing the percentage of case records reviewed in any county agency.
3. Revise the protocol and reviewer's guide, as necessary.

RULE 185 CASE RECORD REVIEW

Section I Identifying Information

County	Region	2) Case Number	3) Case Name	4) Worker	5) Supervisor
6) Reviewer		7) Date of Review _ _ / _ _ / _ _	8) Review Period _ _ / _ _ / _ _ - _ _ / _ _ / _ _		

Section II Screening YES NO N/A

- A. There is a Screening Document for Individuals With Mental Retardation (DHS-2658) on file. _ _ _ _
- B. The screening document is:
1. an initial screening _ _ _ _
 2. an unscheduled (change of service) rescreening _ _ _ _
 3. a scheduled annual rescreening _ _ _ _
 4. a re-entry screening _ _ _ _
 5. data collection _ _ _ _
- C. If the client was placed during the review period, the case manager convened the screening team prior to the client's placement or within five days after an emergency placement _ _ _ _ _ _
- D. The screening team was convened during the review period _ _ _ _ _ _
- E. The screening team included:
1. case manager. _ _ _ _
 2. client. _ _ _ _ _ _
 3. client's legal representative, if client required legal representation. _ _ _ _ _ _
 4. QMRP (may be same as case manager or nurse). _ _ _ _ _ _
 5. registered nurse as QMRP or case manager, if appropriate. _ _ _ _ _ _
- F. The screening team determined the need for waived services. _ _ _ _
- G. The Regional Services Specialist authorized Medical Assistance for waived services _ _ _ _

<u>Section III</u>	<u>Plans</u>	<u>YES</u>	<u>NO</u>	<u>N/A</u>
A.	Individual Service Plan (ISP)			
1.	There is an individual service plan developed by the county	___	___	
2.	There is an individual service plan developed/reviewed during the review period	___	___	
	Date of ISP:	___	___/___	___
3.	The Individual service plan or review contains:			
a.	a review of the results of the diagnosis.	___	___	
b.	a summary of assessment information	___	___	
c.	a summary of service needs.	___	___	
d.	a statement of services to be provided.	___	___	
e.	a statement of actions to be taken to develop or obtain needed services including those services not currently available.	___	___	
f.	long-range goals.	___	___	
1.	long-range goal(s) address who, what, when, and where	___	___	
g.	annual goal,s.	___	___	
1.	annual goal(s) address who, what, when, and where.	___	___	
h.	a statement of information to be submitted by providers or subcontractors and frequency of submission.	___	___	
i.	signatures of:			
1.	the person with mental retardation	___	___	
2.	the person's legal representative	___	___	___

-3-

Individual Habilitation Plan (IHP)		<u>YES</u>	<u>NO</u>	<u>N/A</u>
Is this section applicable?		___	___	
1.	There is a document labeled "Individual habilitation plan (IHP).	___	___	
a.	the Individual habilitation plan was developed by the county, in cooperation with the service providers.	___	___	
b.	the individual habilitation plan was developed by the service providers and reviewed by the interdisciplinary team.	___	___	
c.	the individual habilitation plan was developed by the service providers only.	___	___	
2.	The individual habilitation plan was developed or reviewed during the review period.	___	___	
Date of IHP:		__/__/__		
3.	The individual habilitation plan or review contains:			
a.	short-term objectives.	___	___	
b.	methods of providing service(s).	___	___	
c.	the name(s) of the provider's employee(s) responsible for ensuring the implementation of services stated in the IHP.	___	___	
d.	measurable behavioral criteria for objective(s).	___	___	
e.	the frequency with which service(s) will be provided.	___	___	
f.	projected starting and completion dates for short-term objective(s).	___	___	
g.	the resource(s) needed to Implement the IHP,	___	___	
h.	the frequency with which provider(s) will submit report(s).	___	___	
i.	the minimum frequency at which the case manager will monitor service provision.	___	___	
j.	signatures of:			
1.	the person with mental retardation.	___	___	
2.	the person's legal representative, if any.	___	___	

<u>Section IV</u>	<u>Monitoring Responsibilities</u>	<u>YES</u>	<u>NO</u>	<u>N/A</u>
A. General Responsibilities				
1.	The case record contains reports from the provider of residential services.	___	___	___
2.	The case record contains reports from the provider of day habilitation services.	___	___	___
3.	The case record contains documentation that the person with mental retardation is satisfied with the services provided.	___	___	
4.	The case record contains documentation that the legal representative of the person with mental retardation is satisfied with the services provided.	___	___	___
B. Residential Site Monitoring				
	Is this section applicable?	___	___	
The case record contains documentation that:				
1.	The case manager visited the person's residential site.	___	___	
2.	The case manager visited the person's residential site on the following dates:			
			__/_ __/_ __	
			__/_ __/_ __	
			__/_ __/_ __	
			__/_ __/_ __	
			__/_ __/_ __	
3.	There is a summary/checklist documenting the residential site monitoring visit(s).	___	___	
4.	The case manager observed the implementation of the person's IHP.	___	___	___
5.	The case manager reviewed the records and reports of the residential service provider.	___	___	

APPENDIX A

-5-

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
6. Services are being provided in the least restrictive residential environment available.	___	___	
7. Active treatment and habilitation services are being provided.	___	___	
C. Day Training and Habilitation Site Monitoring			
Is this section applicable?	___	___	
The case record contains documentation that:			
1. The case manager visited the day training and habilitation site.	___	___	
2. The case manager visited the day training and habilitation site on the following dates:			
			__ _/ __ _/ __ _
			__ _/ __ _/ __ _
			__ _/ __ _/ __ _
			__ _/ __ _/ __ _
			__ _/ __ _/ __ _
			__ _/ __ _/ __ _
3. There is a summary/checklist documenting the day training and habilitation site monitoring visits.	___	___	
4. The case manager observed the implementation of the person's ISP and IHP.	___	___	
5. The case manager reviewed the records and reports of the training and habilitation service provider.	___	___	
6. Services are being provided in the least restrictive day program environment(s) available.	___	___	
7. Active treatment and habilitation services are being provided.	___	___	

10/27/89

RULE 185

REVIEWER'S GUIDE

Section 1 IDENTIFYING INFORMATION

1. County/Region: county number and region number
2. Case Number: self-explanatory
3. Case Name: self-explanatory
4. Worker: case manager
5. Supervisor: self-explanatory
6. Reviewer: self-explanatory
7. Date of Review: self-explanatory
8. Review Period: the review period is one year

Section II SCREENING

- A. There is a Screening Document for Individuals With Mental Retardation (DHS-2658) on file.
 1. Authority; 9525.0065, subpart 3
 2. Source Document: Screening Document For Individuals with Mental Retardation (DHS-2658)
 3. Reviewer's Guide: Look for the most recently completed DHS 2658 in the record or available within the agency for review. Check YES only if the screening document is available and completed. Check NO if screening document is not available or not completed.

B. The screening document is:

1. an initial screening.
2. an unscheduled (change of service) rescreening.
3. a scheduled annual rescreening.
4. re-entry screening.
5. Data Collection.
 - a. Authority: 9525.0065, subpart 3
 - b. Source Document: Screening Document For Individuals With Mental Retardation (DHS-2658)
 - c. Reviewer's Guide: Look at the most recently completed screening form OHS-2658. Box #15, "Action Type" in the Case Information section contains a code 01, 02, 03, 10, or 11 (explained in the box to the right of it), which should correspond with one of the choices listed above. Mark YES in the line which corresponds to the code marked on the Screening Form (item #15). Mark NO on the remaining lines.

C. If the client entered a new placement, during the review period, the case manager convened the screening team prior to the client's placement or within five days after an emergency placement.

1. Authority: 9525.0065, subpart I
2. Source Documents:
 - a. Screening Document For Individuals With Mental Retardation (DHS-2658)
 - b. ISP/IHP
3. Reviewer's Guide: Review the source documents, including all screening documents, for the period under review, to determine if the client entered a new or emergency placement. If the client did enter a new or emergency placement, compare the date of screening with the date of admission to program or start of service. Check YES if the screening occurred before the admission or start date, and/or within five working dates of an emergency admission and if team members signatures are within the above time period. Check NO if the date or signatures were not within that timeframe. Check N/A if the client did not enter a new or emergency placement during the review period.

APPENDIX B

D. The screening team was convened during the review period.

1. Authority: 9525.0065, subpart 3
9525.0075, subpart 6
2. Source Document: Screening Document For Individuals With
Mental Retardation (DHS-2658)
3. Reviewer's Guide:
 - a. Look at one or more screening document(s),
Box 14, "Action Date" to determine if the
screening document(s) was completed during
the review period.
 - b. If more than one screening document was
completed during the review period, review
the most recently completed form to see if
the screening team met. Look at Sox 15,
"Action Type" to see if the screening was
an 01 (initial), 02 (unscheduled), 03
(scheduled annual), 10 (re-entry to
waivered services) or 11 (data
collection). If so, proceed to steps c
and d.

If the screening was not an 01, 02, 03, 10
or 11, review the screening form preceding
this one for any of these action codes.
If present, proceed to steps c and/or d.
If not present, repeat the process. If
none of the screenings completed during
the review period were coded as listed
above, mark NO.
 - c. If the screening was an 01, 02, 03, or 10
action type, check the signatures section
of the form; if all required signatures
are present, mark YES. If all required
signatures are not present, mark NO.
 - d. **IF THE SCREENING WAS A CODE 11 ACTION
TYPE, AN ANNUAL REVIEW DONE FOR DATA
COLLECTION BY THE CASE MANAGER**, check the
signature section of the form; if the case
manager signed the form, mark YES. If this
signature is not present, mark NO.

E. The screening team included:

1. case manager.
2. client.
3. client's legal representative, if client required legal representation.
4. QHRP (may be same as case manager or nurse).
5. registered nurse as QMRP or case manager, if appropriate.
 - a. Authority: 9525.0065, subpart 1
 - b. Source documents:
 1. signatures on the screening document (DHS-2658)
 2. case notes/narrative
 - c. Reviewer's Guide: Review the screening document you used to respond to the preceding question "D". Review the signature section of the document for signature(s) and title. If the screening was a code 11 (data collection) mark YES or NO for case manager Only and mark the rest N/A. If the screening was 01 (Initial), 02 (unscheduled rescreening), 03 (scheduled annual) or 10 (re-entry), mark YES or NO for each of the signatures listed.

F. The screening team determined the need for waived services.

1. Authority: 9525.0065, subpart 3
2. Source Document: Screening Document For Individuals with Mental Retardation (DHS-2658)
3. Reviewer's Guide: Check YES if the code on the screening form, Box #35, "Final Action," Services Planning section is 1 or 3. Check NO if the code in Box #35 is anything other than 1 or 3.

G. The Regional Service Specialist (RSS), authorized Medical Assistance funding for waived services.

1. Authority: 9525,0065, subpart 5
2. Source Document: Screening Document For Individuals With Mental Retardation (DHS-2658)
3. Reviewer's Guide: Refer to the signature section of the screening form. If the RSS signed on the line titled "DHS," mark YES. If not, mark NO.

Section III PLANSA. Individual Service Plan (ISP)

1. There is an individual service plan developed/reviewed by the county.
 - a. Authority: 9525.0075, subpart 1
 - b. Source Document: county generated ISP
 - c. Reviewer's Guide: Refer to the most recent, clearly identified document that is called an ISP or Individual Service Plan, generated by the county agency (not on anyone else's stationery!). If this document is present, mark YES. If not, mark NO.

NOTE: THIS ENTIRE SECTION IS TO BE MARKED NO. IF THERE IS NO COUNTY GENERATED ISP.

2. The individual service plan was developed or reviewed during the review period.

DATE Of ISP: ____/____/____

- a. Authority: 9525.0075, subpart 6
- b. Source Document: county case manager generated ISP in the client record
- c. Reviewer's Guide: Check the date on the ISP against the review period parameters we are using. If the county generated ISP was reviewed and/or updated during the review period, mark YES. If not, mark NO. Record the date of the most recent ISP completed before the end of the review period.

NOTE: IF THE ANSWERS TO BOTH QUESTION #1 (there is an ISP) AND QUESTION #2 (ISP, was developed or reviewed during the review period) ARE NO, mark all parts of the next question, #3, NO.

APPENDIX B

3. The Individual service plan or review contains:

a. a review of the results of the diagnosis.

NOTE: Authority and Source Document are the same for all sections of this question; therefore, they will not be repeated. The "Reviewer's Guide" will follow each question and it will explain what to look for in order to answer the question.

1. Authority: 9525.0075, subparts 3-6

2. Source Document: county generated ISP

3. Reviewer's Guide: A review of the results of the diagnosis must verify that the client has mental retardation or a related condition. Look for a statement(s) that the diagnosis confirms, verifies, and/or shows the client's condition. If present, mark YES. If not present, mark NO.

b. a summary of assessment information.

Reviewer's Guide: If there is a section labeled assessment summary, or the assessments are specifically summarized by the case manager, mark YES. If not present, mark NO.

c. a summary of service needs.

Reviewer's Guide: If specific service needs are listed/addressed, mark YES. If not, mark NO. A service need is an activity such as vocational training, daily supervision, or medication monitoring. Day Activity Centers or ICFs/MR are places where activities take place, not service needs.

d. a statement of services to be provided.

Reviewer's Guide: Services that will be provided to the client should be listed or specified in the ISP, if they are, mark YES. If not specified, mark NO. Examples are: respite care, supported employment, speech therapy, mobility training.

APPENDIX B

- e. a statement of actions to be taken to develop or obtain needed services including those not currently available.

Reviewer's Guide: If there is a statement of the services needed by the client including those not currently available, the ISP is to state what will be done to develop or obtain them. If this is done, mark YES. If not, mark NO.

- f. long-range goals.

Reviewer's Guide: If items are labeled as long range goals or if there are goals with timelines of over one year, mark YES. If not present, mark NO.

1. long range goal(s) address who, what, when, and where.

Reviewer's Guide: Example of a long range goal: "Within the next three years, Margaret will be able to manage a majority of the household responsibilities in her living situation with minimal assistance."

Mark YES, if the four criteria are met for at least one goal: if the criteria are not met, mark NO.

- g. annual goals.

Reviewer's Guide: Mark YES, if items are labeled as annual goals. Goals must be action for the individual, not for the staff, Mark NO, if not present.

1. annual goal(s) address who, what, when, and where.

Reviewer's Guide: Example of an annual goal: "Margaret will prepare meals that require using the stove tops and oven in the kitchen at the Upstairs Downstairs Group Home."

Mark YES, if the four criteria are met for at least one annual goal; if the criteria are not met, mark NO.

- h. a statement of Information to be submitted by providers or subcontractors.

Reviewer's Guide: Information to be submitted by both the day program provider and the residential provide must be addressed; if done, mark YES. Note: Some persons may have only one provider; If so, only one information statement will be identified. If none are present, mark NO.

- i. signatures of:

1. the person with mental retardation.
2. the person's legal representative.

Reviewer's Guide: If the person's signature is on the ISP, mark YES. If not, mark NO. If the person with mental retardation has a legal representative, and the representative's signature is on the ISP, mark YES. If the representative's signature is not on the ISP, mark NO. If the person does not have a legal representative, mark N/A.

B. Individual Habilitatlon Plan (IHP)

YES NO

Is this section applicable?

Reviewer's Guide: This section is only applicable if a county generated ISP was developed for the client. If so, mark YES; if not, mark NO.

1. There is a document labeled "individual habilitation plan (IHP)."

a. Authority: 9525.0105

b. Source Document: a document identified as an individual habilitation plan (IHP)

c. Reviewer's Guide; If there is a document labeled "IHP" or individual habilitation plan, mark YES. If not present, mark NO.

- a. The Individual habilitation plan was developed by the county, in cooperation with the service providers).

NOTE: For the rest of this question, the "Authority" and "Source Document" are the same as stated above. Only the "Reviewers Guide" will follow.

Reviewer's Guide: If the document was clearly generated by the county case manager (not on provider stationery!) and it also documents the participation of providers in its development, mark YES; If not, mark NO.

- b. The Individual habilitation plan was developed by the service providers and reviewed by the Interdisciplinary team.

Reviewer's Guide: If the document was generated by the service providers and includes a completed face sheet/signature sheet generated by the case manager, mark YES; if not, mark NO.

Example: a document with sections clearly written by different people and simply stapled together with cover sheet.

- c. The Individual habilitation plan was developed by the service providers only.

Reviewer's Guide: If the document was generated by the service providers only, mark YES; if not, mark NO.

NOTE: IF THE ANSWER TO QUESTION 1a. IS YES, COMPLETE QUESTIONS 2 AND 3. IF NO. GO TO SECTION IV.

2. The Individual habilitation plan was developed or reviewed and updated during the review period.

Date of IHP: _ _ / _ _ / _ _

Reviewer's Guide: Check the date the IHP was developed/reviewed against the dates of our review period. If the IHP is dated within the review parameters, mark YES; If not, mark NO. Record the date of the most recent IHP completed before the end of the review period.

3. The individual habilitation plan or review contains:

a. short-term objectives

Reviewer's Guide: If there are items labeled "objectives," mark YES. If not, mark NO. An objective should be a breakdown of tasks which need to be accomplished for a person to reach a goal.

b. methods of providing service(s).

Reviewer's Guide: Look for methods of training the client. If these are present, mark YES. If not, mark NO.

c. the name(s) of the provider's employee(s) responsible for ensuring the implementation of services stated in the IHP.

Reviewer's Guide: Look for an employee name for any listed service in the IHP. If present, mark YES. If not present, mark NO.

d. measurable behavioral criteria for objective(s).

Reviewer's Guide: Look for time limits, amount, frequency, duration, intensity; anything that makes the objective a measurable task. Look for descriptors that will show you the extent to which the objective has been met. If any of these are present, mark YES. If not present, mark NO.

e. the frequency with which service(s) will be provided.

Reviewer's Guide: Look for a defined, specific number of times each service will be provided. If these are present, mark YES. If not, mark NO.

f. the projected starting and completion dates for short-term objective(s).

Reviewer's Guide: Look for specific start and end dates for objective(s). If any are present, mark YES. If not, mark NO.

- g. the resource(s) needed to implement the IHP.

Reviewer's Guide: Any specific resource(s) such as special equipment, staff training, outside consultants needed to accomplish the IHP objectives. If present, mark YES. If not, mark NO.

- h. the frequency with which provider(s) will submit report(s).

Reviewer's Guide: Look for a specific statement of how often report(s) will be submitted to the county case manager. If present, mark YES. If not, mark NO. This includes reports for both day program and residential program if applicable.

- i. the minimum frequency at which the case manager will monitor service provision.

Reviewer's Guide: Look for a specific statement addressing how often the case manager will monitor. If present, mark YES. If not, mark NO.

- j. signatures of:

1. the person with mental retardation.
2. the person's legal representative, if any.

Reviewer's Guide: If the person's signature is on the IHP, mark YES. If not, mark NO. If the person with mental retardation has a legal representative and the representative's signature is on the IHP, mark YES. If the representative's signature is not on the IHP, mark NO. If the person does not have a legal representative, mark N/A.

Section IV Monitoring ResponsibilitiesA. General Responsibilities

1. The case record contains reports from the provider of residential services.
 - a. Authority: 9525.0115, subpart 1
 - b. Source Documents:
 1. case notes
 2. correspondence
 3. report section
 - c. Reviewer's Guide: If the client is not receiving residential services, mark N/A. If the client is receiving residential services and provider reports are present mark YES. If not, mark NO.

2. The case record contains reports from the provider of day habilitation services.
 - a. Authority: 9525.0115, subpart 1
 - b. Source Documents:
 1. case notes
 2. correspondence
 - c. Reviewer's Guide: If the client is not receiving day habilitation services, mark N/A. If the client is receiving day habilitation services and reports are present, mark YES. If not, mark NO.

3. The case record contains documentation that the person with mental retardation is satisfied with the services provided,
 - a. Authority: 9525.0125, subpart I
 - b. Source Documents:
 1. case notes/narrative
 2. ISP/IHP
 3. correspondence
 - c. Reviewer's Guide: Review the possible source documents for a specific statement generated by the case manager addressing client satisfaction/dissatisfaction. If this is present, mark YES. If not, mark NO.

4. The case record contains documentation that the legal representative of the person with mental retardation is satisfied with the services provided.
- a. Authority: 9525.0125, subpart 1
 - b. Source Documents:
 - 1. case notes/narrative
 - 2. ISP/IHP
 - 3. correspondence
 - c. Reviewer's Guide: Review the possible source documents for a specific statement generated by the case manager addressing the legal representative's satisfaction/dissatisfaction with the services provided. If client has a legal representative, this issue must be specifically addressed. If it is, mark YES. If not, mark NO. If the client has no representative that can be determined, mark N/A.

B. Residential Site Monitoring

YES NO

Is this section applicable?

Reviewer's Guide: This section is only applicable if the client is receiving residential services from a provider. If so, mark YES. If the client is only receiving day program services, mark NO and move onto Section C, Day Training and Habilitation Site Monitoring.

The case record contains documentation that:

- 1. The case manager visited the person's residential site.
 - a. Source Documents:
 - 1. CSIS time reports
 - 2. case narrative/notes
 - 3. county generated checklist
 - b. Reviewer's Guide? Review the possible source documents for documentation of any site visits.
- 2. The case manager visited the person's residential site on the following dates:
 - a. Source Oocuments:
 - 1. CSIS time reports
 - 2. case narrative/notes
 - b. Reviewer's Guide: List the dates of visits which are documented in the case record.

3. There is a summary/checklist documenting the residential site monitoring visit(s).
 - a. Source Documents:
 1. case record narrative/notes
 2. county generated checklist
 - b. Reviewer's Guide: Look at the possible source documents for any comments, observation, etc., related to the site visit(s). If present, mark YES; if not present, mark NO.
4. The case manager observed the implementation of the person's ISP and IHP.
 - a. Authority: 9525.0125, subpart I
 - b. Source Documents:
 1. case narrative/notes
 2. ISP/IHP reviews
 3. correspondence
 4. county generated checklist
 - c. Reviewer's Guide: If no IHP has been developed for the individual, mark N/A. If an IHP has been developed, refer to the client goals, objectives, and services as stated on the IHP. If case manager addressed observing any of these while on site, mark YES. If no reference can be found, mark NO.
5. The case manager reviewed the records and reports of the residential service provider.
 - a. Authority: 9525.0115, subpart 1
 - b. Source Documents:
 1. case narrative
 2. correspondence
 3. reports or summaries from the provider in the case record.
 4. county generated checklist
 - c. Reviewer's Guide: Mark YES if any of the following are present in the record: reports originating from the provider; specific statement(s) by the case manager summarizing provider reports; a county generated checklist indicating that the case manager reviewed provider records/reports. If none of these are present, mark NO.

6. Services are being provided in the least restrictive residential environment available.
- a. Authority: 9525.0125, subpart 1
 - b. Source Documents:
 - 1. ISP/IHP
 - 2. case notes/narrative
 - 3. correspondence
 - c. Reviewer's Guide: Review the source documents; look for a specific statement addressing "least restrictive environment." IF THERE IS A CLEARLY IDENTIFIED STATEMENT ADDRESSING LEAST RESTRICTIVE RESIDENTIAL ENVIRONMENT, MARK YES, IF THERE IS NO CLEARLY IDENTIFIED STATEMENT WHICH ADDRESS LEAST RESTRICTIVE RESIDENTIAL ENVIRONMENT, MARK NO.
7. Active treatment and habilitation services are being provided.
- a. Authority: 9525.0125, subpart 1.
 - b. Source Documents:
 - 1. ISP/IHP
 - 2. case notes/narrative
 - 3. correspondence
 - c. Reviewer's Guide; Look through the client record for a specific statement addressing "active treatment." IF THERE IS A CLEARLY IDENTIFIED STATEMENT(S) ADDRESSING ACTIVE TREATMENT/HABILITATION, MARK YES. IF THERE IS NEITHER A CLEARLY IDENTIFIED STATEMENT NOR A HEADING WHICH ADDRESSES ACTIVE TREATMENT, MARK NO.

C. Day Training and Habilitation Site Monitoring

YES NO

Is this section applicable? ____ ____

Reviewer's Guide: If the client is receiving day training and/or habilitation services, such as supported employment, mark YES and continue with the protocol. If the client is not receiving day treatment/habilitation services, and/or is competitively employed and receiving no services to help maintain that employment, mark NO; YOU HAVE NOW COMPLETED THIS REVIEW.

The case record contains documentation that;

1. The case manager visited the day training and habilitation site.
 - a. Authority: 9525.0115, subpart 1
 - b. Source Documents:
 1. CSIS time reports
 2. case record narrative/notes
 3. county generated checklist
 - c. Reviewer's Guide: Review the possible source documents for documentation of any site visits.
2. The case manager visited the day training and habilitation site on the following dates:
 - a. Authority: 9525.0115, subpart 1
 - b. Source Documents:
 1. CSIS time reports
 2. case narrative/notes
 3. county generated checklist
 - c. Reviewer's Guide: List the dates of visits which are documented in the case record.
3. There is a summary/checklist documenting the day training and habilitation site monitoring visits.
 - a. Source Documents:
 1. case narrative/notes
 2. county generated checklist
 - b. Reviewer's Guide: Look at the possible source documents for any comments, observations, etc., related to the the site visit(s). If present, mark YES; if not present, mark NO.
4. The case manager observed the implementation of the person's ISP and IHP.
 - a. Authority: 9525.0125, subpart I
 - b. Source Documents:
 1. case narrative/notes
 2. ISP/IHP reviews
 3. correspondence
 4. county generated checklist
 - c. Reviewer's Guide: If no IHP has been developed for the Individual, mark N/A. If an IHP has been developed, refer to the client goals, objectives, and services as stated on the IHP. If the case manager addressed observing any of these while on site, mark YES. If no reference can be found, mark NO.

5. The case manager reviewed the records and reports of the training and habilitation service provider.
 - a. Authority: 9525.0115, subpart I
 - b. Source Documents:
 1. case narrative
 2. correspondence
 3. reports or summaries from the provider in the case record.
 4. county generated checklist
 - c. Reviewer's Guide: Mark YES if any of the following are present in the record: reports originating from the provider; specific statement(s) by the case manager summarizing provider reports; a county generated checklist indicating that the case manager reviewed provider records/reports, if none of these are present, mark NO.

6. Services are being provided in the least restrictive day program environment(s) available.
 - a. Authority: 9525.0125, subpart 1
 - b. Source Documents:
 1. ISP/IHP
 2. case notes/narrative
 3. correspondence
 4. county generated checklist
 - c. Reviewer's Guide: Review the source documents; look for a specific statement addressing "least restrictive environment." IF THERE IS A CLEARLY IDENTIFIED STATEMENT ADDRESSING LEAST RESTRICTIVE DAY PROGRAM ENVIRONMENT, MARK YES. IF THERE IS NO CLEARLY IDENTIFIED STATEMENT WHICH ADDRESSES LEAST RESTRICTIVE DAY PROGRAM ENVIRONMENT, MARK NO.

APPENDIX B

7. Active treatment and habilitation services are being provided.
- a. Authority: 9525.0125, subpart I
- b. Source documents:
1. ISP/IHP
 2. case notes/narrative
 3. correspondence
 4. county generated checklist
- c. Reviewer's Guide: Review the ISP/IHP for goals and services. Look through the client record for a specific statement addressing "active treatment." IF THERE IS A CLEARLY IDENTIFIED STATEMENT ADDRESSING ACTIVE TREATMENT/HABILITATION, MARK YES. IF THERE IS NEITHER A CLEARLY IDENTIFIED STATEMENT NOR A HEADING WHICH ADDRESSES ACTIVE TREATMENT/HABILITATION, MARK NO.

RULE 185 CASE REVIEW REPORT
(ALL CASES)

FINDINGS BY AREA OF PERFORMANCE

		<u>SAMPLE SIZE</u>	<u>YES</u>	<u>NO</u>	<u>%</u>
SECTION II	At corrective action standard.	465	363	102	78
Screening	In total compliance.		323	142	70
SECTION III	At corrective action standard.	512	170	342	33
Plans	In total compliance.		71	441	14
SECTION IIIA	At corrective action standard.	512	280	232	55
ISP	In total compliance.		192	320	37
SECTION IIIB	At corrective action standard.	499	230	269	46
IHP	In total compliance.		162	397	20
SECTION IVA					
Monitoring-General	Not Available (N/A)	N/A	N/A	N/A	N/A
SECTION IVB	At corrective action standard.	454	178	276	39
Monitoring-Residential	In total compliance.		105	349	23
SECTION IVC	At corrective action standard.	362	141	221	39
Monitoring-Day Program	In total compliance.		74	288	20

OVERALL RECORD PERFORMANCE

Number of records meeting corrective action standards in all sections.	321	63	258	20
Number of records in total compliance in all sections		12	309	4

PERCENT OF ITEMS IN COMPLIANCE

SECTION II		<u>A</u>	<u>B1</u>	<u>B2</u>	<u>B3</u>	<u>B4</u>	<u>B5</u>	<u>D</u>	<u>E1</u>	<u>E2</u>	<u>E3</u>
	Yes	455	38	58	150	2	207	383	13	39	94
Sample size	No	10	417	397	305	453	248	82	25	19	54
465	%	98	12	8	33	0	45	82	34	67	63
		<u>E4</u>	<u>E5</u>	<u>F</u>	<u>G</u>						
	Yes	2	192	448	423						
	No	0	15	17	42						
	%	100	93	96	91						

Underlined items are for data collection only.

Rule 185 Case Review Report
Page Two

SECTION IIIA		<u>1</u>	<u>2</u>	<u>3a</u>	<u>3b</u>	<u>3c</u>	<u>3d</u>	<u>3e</u>	<u>3f</u>	<u>3g</u>	<u>3h</u>
	Yes	499	407	383	393	390	383	355	378	379	321
Sample size	No	13	105	129	119	122	129	157	134	133	191
512	%	98	80	75	77	76	75	69	74	74	63
		<u>3i1</u>	<u>3i2</u>								
	Yes	208	292								
	No	304	220								
	%	41	57								
SECTION IIIB		<u>2</u>	<u>3a</u>	<u>3b</u>	<u>3c</u>	<u>3d</u>	<u>3e</u>	<u>3f</u>	<u>3g</u>	<u>3h</u>	<u>3i</u>
	Yes	230	223	207	181	221	213	188	181	170	162
Sample size	No	269	276	292	318	278	286	311	318	329	337
499	%	46	45	42	36	44	43	38	36	34	33
		<u>3i1</u>	<u>3i2</u>								
	Yes	132	169								
	No	367	330								
	%	27	34								
SECTION IVA		<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>						
	Yes	497	501	229	333						
Sample size	No	15	11	283	179						
512	%	97	98	45	65						
SECTION IVB		<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>			
	Yes	263	263	244	186	436	270	279			
Sample size	No	199	199	210	268	18	174	175			
454	%	58	58	54	41	96	60	62			
SECTION IVC		<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>			
	Yes	195	193	177	146	352	164	216			
Sample size	No	167	169	185	216	10	198	146			
362	%	54	53	49	40	97	45	60			

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RULE 185 CASE REVIEW REPORT
(WAIVER CASES ONLY)

FINDINGS BY AREA OF PERFORMANCE

		<u>SAMPLE SIZE</u>	<u>YES</u>	<u>NO</u>	<u>%</u>
SECTION II	At corrective action standard.	465	363	102	78
Screening	In total compliance.		323	142	70
SECTION III	At corrective action standard.	465	163	302	35
Plans	In total compliance.		68	397	15
SECTION IIIA	At corrective action standard.	465	270	195	58
ISP	In total compliance.		184	281	40
SECTION IIIB	At corrective action standard.	459	210	249	46
IHP	In total compliance.		98	361	21
SECTION IVA					
Monitoring-General	Not Available (N/A)	N/A	N/A	N/A	N/A
SECTION IVB	At corrective action standard.	418	167	251	40
Monitoring-Residential	In total compliance.		101	317	24
SECTION IVC	At corrective action standard.	322	133	189	41
Monitoring-Day Program	In total compliance.		72	250	22

OVERALL RECORD PERFORMANCE

Number of records meeting corrective action standards	297	63	234	21
in all sections.				
Number of records in total compliance in all sections.		12	285	4

PERCENT OF ITEMS IN COMPLIANCE

SECTION II		<u>A</u>	<u>B1</u>	<u>B2</u>	<u>B3</u>	<u>B4</u>	<u>B5</u>	<u>D</u>	<u>E1</u>	<u>E2</u>	<u>E3</u>
	Yes	454	37	58	206	2	206	383	13	39	94
Sample size	No	11	417	396	248	452	248	82	24	19	122
465	%	98	12	8	45	0	45	82	35	67	63
		<u>E4</u>	<u>E5</u>	<u>F</u>	<u>G</u>						
	Yes	2	192	447	422						
	No	0	14	19	44						
	%	100	93	96	91						

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Rule 185 Case Review Report (Waiver Cases Only) Page Two

SECTION IIIA		1	2	<u>3a</u>	<u>3b</u>	<u>3c</u>	3d	3e	3f	3g	3h
	Yes	459	374	354	364	359	355	333	352	351	306
sample size	No	6	91	111	101	106	10	132	113	114	159
465	%	99	80	76	78	77	76	72	76	76	66
		<u>3i1</u>	<u>2i2</u>								
	Yes	194	276								
	No	271	187								
	%	42	60								
SECTION IIIB		2	3a	3b	3c	3d	3e	3f	3g	3h	3i
	Yes	210	203	190	167	202	197	175	167	160	148
sample size	No	249	256	269	292	257	262	284	292	299	311
459	%	46	44	41	36	44	43	38	36	35	32
		<u>3j1</u>	<u>3j2</u>								
	Yes	120	159								
	No	339	300								
	%	26	35								
SECTION IVA		1	2	3	4						
	Yes	450	455	213	298						
sample size	No	15	10	252	167						
465	%	97	98	46	64						
SECTION IVB		1	2	3	4	5	6	7			
	Yes	244	244	228	174	402	253	261			
sample size	No	174	174	190	244	16	165	157			
418	%	59	59	55	42	96	60	63			
SECTION IVC		1	2	3	4	5	6	7			
	Yes	178	176	166	138	313	154	204			
sample	No	144	146	156	184	9	168	118			
322	%	55	55	51	43	97	48	64			

Underlined items are for data collection only.

RULE 185 CASE REVIEW REPORT
(SILS ONLY)

FINDINGS BY AREA OF PERFORMANCE

		<u>SAMPLE SIZE</u>	<u>YES</u>	<u>NO</u>	
SECTION III	At corrective action standard.	47	7	40	15
Plans	In total compliance.		3	44	6
SECTION IIIA	At corrective action standard.	47	10	37	21
ISP	In total compliance.		8	47	17
SECTION IIIB	At corrective action standard.	40	20	20	50
IHP	In total compliance.		4	36	10
SECTION IVA	Not Available (N/A)	N/A	N/A	H/A	N/A
Monitoring-General					
SECTION IVB	At corrective action standard.	36	11	25	31
Monitoring-Residential	In total compliance.		4	32	11
SECTION IVC	At corrective action standard.	40	8	32	20
Monitoring-Day Program	In total compliance.		2	38	5

OVERALL RECORD PERFORMANCE

Number of records meeting corrective action standards in all sections.	24	0	24	0
Number of records in total compliance in all sections.	24	0	24	0

PERCENT OF ITEMS IN COMPLIANCE

SECTION IIIA		1	2	<u>3a</u>	<u>3b</u>	<u>3c</u>	3d	3e	3f	3g	3h
	Yes	40	33	29	29	31	28	22	26	28	15
sample size	No	7	14	18	18	16	19	25	21	19	32
47	%	85	70	62	62	66	60	47	55	60	32
		<u>3i1</u>	<u>3i2</u>								
	Yes	14	14								
	No	33	33								
	%	30	30								

Rule 185 Case Review Report (SILS
Only) Page Two

SECTION IIIB		<u>2</u>	<u>3a</u>	<u>3b</u>	<u>3c</u>	<u>3d</u>	<u>3e</u>	<u>3f</u>	<u>2g</u>	<u>3h</u>	<u>3i</u>
	Yes	20	20	17	14	19	16	13	14	10	14
sample size	No	20	20	23	26	21	24	27	26	30	26
40	%	50	50	43	35	48	40	33	35	25	35
		<u>3j1</u>	<u>3j2</u>								
	Yea	12	10								
	No	28	30								
	%	30	25								
SECTION IVA		<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>						
	Yes	<u>47</u>	<u>46</u>	<u>16</u>	<u>35</u>						
sample size	No	0	1	31	12						
47	%	100	98	34	75						
SECTION IVB		<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>			
	Yea	19	19	16	12	34	17	18			
sample size	No	17	17	20	24	12	19	18			
36	%	53	53	44	33	94	47	50			
SECTION IVC		<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>			
	Yes	17	17	11	8	39	10	12			
sample size	No	23	23	29	32	1	30	28			
40	%	43	43	28	20	98	25	30			

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APPENDIX F

COMPARISON OF STATEWIDE DATA WITH
 "WAIVER ONLY" DATA AND "SILS ONLY"
 DATA BY SECTION

<u>SECTION</u>	<u>TOTAL</u>	<u>WAIVER ONLY</u>	<u>SILS ONLY</u>
I. RECORDS REVIEWED	512	465	47
II. SCREENINGS	465	465	N/A
Screenings completed in review period.	383 (82%)	383 (82%)	N/A
Screenings meeting corrective action standard.	363 (78%)	363 (78%)	N/A
Screenings in full compliance.	323 (69%)	323 (69%)	N/A
Items in screenings with highest level of compliance:			
Screening team determined need for services.	447 (96%)	447 (96%)	N/A
Data collection screenings conducted by appropriate team members.	192 (93%)	192 (93%)	N/A
Item in screenings with lowest levels of compliance:			
Initial screenings conducted by appropriate team members.	13 (35%)	13 (35%)	N/A
III.A. PLANS (ISP)			
ISP's developed by county during review period.	407 (80%)	375 (81%)	33 (70%)
ISP's meeting corrective action standard.	280 (55%)	270 (58%)	10 (21%)
ISP's in full compliance.	192 (38%)	184 (40%)	8 (17%)
Items in ISP with highest level of compliance:			
Assessment information.	393 (77%)	365 (78%)	29 (62%)
Summary of service needs.	390 (76%)	360 (77%)	31 (66%)
Item in ISP with lowest level of compliance:			
Providers statement of submission.	321 (63%)	306 (66%)	15 (32%)

APPENDIX F

<u>SECTION</u>	<u>TOTAL</u>	<u>WAIVER ONLY</u>	<u>SILS ONLY</u>
III.B. FLANS (IHP)	499	460	40
IHP's developed by county during review period.	230 (46%)	210 (46%)	20 (50%)
IHP's meeting corrective action standard.	230 (46%)	210 (46%)	20 (50%)
IHP's in full compliance.	102 (20%)	98 (21%)	4 (10%)
Items in IHP with highest level of compliance:			
Short-term objectives.	223 (45%)	203 (44%)	20 (50%)
Measurable criteria for objectives.	221 (44%)	202 (43%)	19 (48%)
Items in IHP with lowest level of compliance:			
Submission of provider reports.	170 (34%)	160 (35%)	10 (25%)
Minimum frequency of service provision monitoring.	162 (33%)	148 (32%)	14 (35%)
IV.A. RESIDENTIAL SITE MONITORING			
Clients receiving residential services during review period.	454	419	36
Residential site monitoring meeting corrective action standard.	178 (39%)	168 (40%)	11 (31%)
Residential site monitoring in full compliance.	105 (23%)	101 (24%)	4 (11%)
Items in residential site monitoring with highest level of compliance:			
Case manager reviewed provider records and reports.	436 (96%)	403 (96%)	34 (94%)
Provision of active treatment/habilitation services.	279 (62%)	261 (67%)	18 (50%)
Item in residential site monitoring with lowest level of compliance:			
Case manager observed implementation of IHP.	186 (41%)	175 (42%)	12 (33%)

APPENDIX F

<u>SECTION</u>	<u>TOTAL</u>	<u>WAIVER ONLY</u>	<u>SILS ONLY</u>
IV.B. DAY TRAINING AND HABILITATION SITE MONITORING			
Clients receiving day training services during review period.	362	323	40
Day training and habilitation site monitoring meeting corrective action standard.	141 (39%)	133 (41%)	8 (20%)
Day training and habilitation site monitoring in full compliance.	74 (20%)	72 (22%)	2 (5%)
Items in day training and habilitation site monitoring with highest level of compliance:			
Case manager reviewed provider records and reports.	352 (97%)	314 (97%)	37 (98%)
Provision of active treatment/habilitation services.	216 (60%)	204 (63%)	12 (30%)
Item in day training and habilitation site monitoring with lowest level of compliance:			
Case manager observed implementation of IHP.	146 (40%)	138 (43%)	8 (20%)