

UPCAP CARE MANAGEMENT PEER REVIEW FOR FY 2022

PARTICIPANT NAME: _____ DATE: _____ FOR MONTH OF: _____
REVIEWERS NAME: _____

2.1 Is there a valid Freedom of Choice (FOC) form in the record for that last LOCD that was completed? If so, does the LOCD match assessment data?

Yes No NA

Comments:

5.1 Did the Supports Coordinator (SC) contact the participant/guardian prior to assessments, home visits and/or planning meetings to ensure the date(s), time(s) and locations(s) were convenient for the participant guardian?

Yes No NA

Comments:

6.6 Did the SC assess the participant for risks, educate the participant/guardian on assessed/identified risks, offer modifications to promote safety and independence, and provide the participant/guardian the opportunity to manage risk throughout care planning and service delivery?

(Example: Prt moved and no home visit was completed to assess environment. DME requests/needs charted and no f/u on if prt rec'd.)

Yes No NA

Comments:

7.2 Did the medication record include the name, prescribing physician name (as indicated on the prescription bottle), purpose, strength dose, frequency, and route for all medications?

(Example: If topical, chart where it is applied, inhalation-how many puffs)

Yes No NA

Comments:

- 8.1 Were the PCSP developed, evaluated, and updated in accordance with MDHHS policy and contract requirements?
(Example: Make sure you add changes into the next assess as they happen and also that both SC signatures are on the PCSP. Make sure there is a dated goal review at the 90-day mark and then 180 days after, do not erase dates, there should always be 2 after the 90-day RA)
 Yes No NA
Comments:
- 8.5 Did the PCSP include the process for minimizing risk factors, planning, and supporting the participant?
(Example: PT started and not added to the PCSP, same with Hospice.)
 Yes No NA
Comments:
- 8.9 Did the SC contact and collaborate in accordance with MDHHS policy and contract requirements?
(Example: Make sure there is charting of collaboration with skilled and hospice if applicable.)
 Yes No NA
Comments:
- 8.10 Did the PCSP include outcome evaluations for each goal in accordance with MDHHS policy and contract requirements?
(Example: At the 90-day RA and every 180 days that the PCSP is due, put in the date for goal review. At the 360 mark, add another date and review of goal as well.)
 Yes No NA
Comments:
- 8.15 Was the PCSP understandable, written in plain language, and offered in a manner that is accessible to the participant/guardian?
(Example: No acronyms or abbreviations can be used in the PCSP or in the Back up plan.)
 Yes No NA
Comments:

9.9 Did the authorized MI Choice Program services meet service standard requirements?
(Example: Rx needs to be on file every 6 months for supplements, Nursing services and O2)
 Yes No NA
Comments:

11.1 Did the SC contact the participant/guardian/designated person for follow-up and monitoring as specified in the PCSP in accordance with MDHHS policy and contract requirements?
(Example: Progress note entered late but did not indicate late entry. CQAR looks at date of note and the date it was entered. Inaccurate information-with guardian, but no guardian listed. Not completing the monitoring questions.)
 Yes No NA
Comments:

13.1 Did the participant/guardian receive a copy of the contingency plan in accordance with MDHHS policy and contract requirements? If no, were they offered a copy and declined?
(Example: BUP did not match PCSP for informal supports identified. BUP did not include all services, such as Hospice)
 Yes No NA
Comments:

Additional:

Were progress notes entered correctly?
(Example: If not entered timely, does it say "late entry"?)
 Yes No NA
Comments:

Recommendation:

- 1.3 Did the Waiver Agent validate the accuracy of the NFLOCD enrollment data, thus ensuring the validity of the NFLOCD in CHAMPS?

(Example: The assessment needs to match the NFLOCD)

Yes No NA

Comments:

- 5.5 Did the Supports Coordinator provide the participant/guardian a copy of the MI Choice Waiver Participant Handbook? Is there evidence the Supports Coordinator performed an annual review of the contents of the handbook with the participant?

(Example: Documentation the handbook was reviewed at initial and at least annually thereafter.)

Yes No NA

Comments:

- 6.1 Did the Waiver Agent complete the initial assessment and/or reassessment in accordance with MDHHS policy and contract requirements? Is there evidence the Supports Coordinator conducted a reassessment due to the change of condition?

(Example: If decline in health, such as hospice began a new reassessment should be completed.)

Yes No NA

Comments:

- 6.8 Overall, was the information in the assessment consistent, providing a clear picture of the participant's strengths, needs and abilities, and contained relevant information and explanations?

Yes No NA

Comments:

8.7 Did the services and supports on the PCSP include the provider, type, amount, frequency, and duration?

Yes No NA

Comments:

8.8 Did the PCSP include acknowledgement the participant's informal supports agreed to provide uncompensated services and supports?

(Example: This is stated on the POC agreement we have them sign, if you are not using the one in place, start using it.)

Yes No NA

Comments:

9.5 Did the SC authorize a change in MI Choice Program service(s) in accordance with MDHHS policy and contract requirements, or provide the participant/guardian with appropriate alternatives?

(Example: Prt requested a service, noted but no f/u up on implementing in a timely manner completed.)

Yes No NA

Comments:

Care manager must sign this form confirming they have reviewed the results of this chart review and corrected any omissions, errors, and followed through with the recommendations.

RN Care Manager _____ Date: _____

SW Care Manager _____ Date: _____