

XXXX Agency
CAP/C Case Management Policies and Procedures

Policy Number:

Subject: Monitoring and Visits

I. PURPOSE

The CAP/C program has various requires for monitoring of the CAP/C recipient and his/her services. This policy describes how XXX agency conducts this monitoring.

II. POLICY

XXX Agency's monitoring of CAP/C recipients and services includes but is not limited to the following:

- A. contact with the recipient, recipient's parent, or legally responsible representative every 30 days to review the child's health and care needs and assess the provision of all services and supplies to confirm their continued appropriateness;
- B. monthly contact with the service provider(s), including homecare and/or home health and providers of other waiver services regarding the provision of CAP/C services;
- C. a visit at least every 90 days with the CAP/C recipient in his or her private primary residence during the hours of CAP/C service provision to observe the services being rendered and to update the child's needs, resources, and provision of/satisfaction with services and supplies;
- D. a random sample review every 90 days of supporting documentation for CAP/C nursing services, CAP/C nurse aide services, and CAP/C respite care as applicable, to review provision of and continued appropriateness of services;
- E. contact with the recipient, recipient's parent, or legally responsible representative within one week following the construction or installation of home or vehicle modifications to confirm that the modification meets the recipient's needs;
- F. contact with the recipient, recipient's parent, or legally responsible representative within 72 hours of discharge from a hospital or rehab facility to assess health status and changes in needs.
- G. review and approval of claims for waiver services

III. PROCEDURE for A (monthly recipient contact):

<u>Procedure</u>	<u>Responsible Party</u>
1. The Case Manager will contact the recipient/caregiver/legally responsible party by telephone, email, or personal visit.	1. Case Manager
2. During this contact, the following items are evaluated: the child's health, staffing, scheduling, supplies and equipment,	2. Case Manager Recipient/Caregiver/Legally Responsible Party

waiver services, other Medicaid and non-Medicaid services, Medicaid eligibility, and other concerns of the case manager or recipient/caregiver/legally responsible representative.

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| 3. | A plan is developed jointly by the recipient/caregiver/legally responsible party and the case manager to address any needed changes to the plan of care. | 3. | Case Manager
Recipient/Caregiver/Legally Responsible Party |
| 4. | The next monthly contact is scheduled. | 4. | Case Manager
Recipient/Caregiver/Legally Responsible Party |
| 5. | A plan of care revision is submitted to DMA as needed. | 5. | Case Manager |
| 6. | New service authorizations, participation notices, MD orders or other needed documents are completed as needed. | 6. | Case Manager |
| 7. | The contact and subsequent actions are documented in the client's record. | 7. | Case Manager |

PROCEDURE for B (monthly provider contact):

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| 1. The Case Manger contacts each provider of nurse, nurse aide, independent practitioner, and waiver services by telephone, email, or personal visit. | 1. Case Manager |
| 2. During this contact, the following items are evaluated: the provision of services, and findings relevant to the child's health or services. | 2. Case Manager
Provider |
| 3. The next monthly contact is scheduled. | 3. Case Manager
Provider |
| 4. A plan is developed jointly by the recipient/caregiver/legally responsible party and the case manager to address any needed changes to the plan of care. | 4. Case Manager
Recipient/Caregiver/Legally Responsible Party |
| 5. A plan of care revision is submitted to DMA as needed. | 5. Case Manager |
| 6. New service authorizations, participation notices, MD orders or other needed documents are completed as needed. | 6. Case Manager |
| 7. The contact and subsequent actions are documented in the client's record. | 7. Case Manager |

PROCEDURE for C (quarterly home visit):

<u>Procedure</u>	<u>Responsible Party</u>
1. The Case Manager will visit the recipient in his/her home at least every 90 days.	1. Case Manager
2. The following people are present during the visit: the recipient, caregiver, direct care staff, and case manager. Others formal or informal support may also be present as needed.	2. Case Manager
3. The Case manager may conduct visits in alternate settings such as school or daycare as well, but these visits are in addition to the home visit.	3. Case Manager
4. For recipients that receive services in two different locations (i.e., mother's house, father's house), visits will alternate between the two locations.	4. Case Manager
5. During this contact, the following items are evaluated: Medicaid eligibility; insurance information; recent acute illnesses, appointments, emergency room visits, and hospitalizations; changes in pt's condition, diagnoses, medications, or treatments; changes in caregiver availability; need for caregiver support or training; new equipment, quantity and quality of current equipment, needed items; satisfaction with provider agencies; staffing and scheduling; other Medicaid and non-Medicaid services; and other concerns of the case manager or recipient/caregiver/legally responsible representative.	5. Case Manager Recipient/Caregiver/Legally Responsible Party
6. The next visit is scheduled.	6. Case Manager Provider
7. A plan is developed jointly by the recipient/caregiver/legally responsible party and the case manager to address any needed changes to the plan of care.	7. Case Manager Recipient/Caregiver/Legally Responsible Party
8. A plan of care revision is submitted to DMA as needed.	8. Case Manager
9. New service authorizations, participation notices, MD orders or other needed documents are completed as needed.	9. Case Manager
10. The visit and subsequent actions are documented in the client's record.	10. Case Manager

PROCEDURE for D (supporting documentation review):

<u>Procedure</u>	<u>Responsible Party</u>
1. The Case Manager instructs the agency to submit nurse or nurse aide notes with each claim submitted.	1. Case Manager Provider Agency
2. If claims are not submitted at least every 90 days, the case manager will need to obtain the notes for separate review.	2. Case Manager Provider Agency
3. Three to five days worth of notes are reviewed each 90 days.	3. Case Manager
4. The Case Manager reviews the notes for the following: that services are being provided according to the plan of care; that the agency is fully meeting the recipient's care needs; that the recipient's care needs support his/her current level of care (IC, SC, HC) and staff level (NA or RN/LPN); and that there are no violations of CAP/C or Medicaid policy.	4. Case Manager
5. The Case Manager contacts the recipient/caregiver/legally responsible party, the provider agency, DMA, or others as appropriate to resolve issues that come up during review.	5. Case Manager
6. Review of the notes and subsequent actions are documented in the recipient's record. The notes are destroyed once reviewed and documented.	6. Case Manager

PROCEDURE for E (follow-up of home modification):

<u>Procedure</u>	<u>Responsible Party</u>
1. The Case Manager conducts a home visit within one week of the recipient receiving a home modification.	1. Case Manager
2. During this contact the following items are evaluated: evaluation of modification to ensure compliance with building codes if applicable; that the recipient and caregiver are properly trained in the use of the modification if applicable; and that the modification meets the recipient's needs.	2. Case Manager Recipient/Caregiver/Legally Responsible Party
3. The Case Manager may consult with a Rehabilitation Engineer or other qualified individual to help evaluate the modification.	3. Case Manager
4. The Case Manager takes action to resolve	4. Case Manager

- any issues identified during the evaluation.
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| 5. The visit and subsequent actions are documented in the recipient's record. | 5. Case Manager |
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PROCEDURE for F (follow-up of inpatient stay):

<u>Procedure</u>	<u>Responsible Party</u>
1. The Case Manager makes contact by telephone, email, or personal visit within 72 hours of discharge from a hospital or rehab facility.	1. Case Manager
2. If the initial contact was not done by personal visit, the Case Manager follows up with a personal visit as needed.	2. Case Manager
3. During this contact, the following items are evaluated: the cause, course, and treatment of the inpatient stay; the safety of the recipient in the home environment; health status; level of care or staff level; needed change in hours, treatments, medications, equipment, or supplies; training of the caregivers in caring for the new needs of the recipient; and other concerns of the case manager or recipient/caregiver/legally responsible representative.	3. Case Manager
4. A plan is developed jointly by the recipient/caregiver/legally responsible party and the case manager to address any needed changes to the plan of care.	4. Case Manager Recipient/Caregiver/Legally Responsible Party
5. A plan of care revision is submitted to DMA as needed.	5. Case Manager
6. New service authorizations, participation notices, MD orders or other needed documents are completed as needed.	6. Case Manager
7. The contact and subsequent actions are documented in the client's record.	7. Case Manager

PROCEDURE for G (claims review):

<u>Procedure</u>	<u>Responsible Party</u>
1. The provider agency sends claims for waiver services to the case manager for approval prior to filing the claim with EDS.	1. Provider Agency
2. The case manager reviews the claims for the following: changes to the 24 hour	2. Case Manager

coverage schedule were approved by the case manager and are documented by deviation notices; the level of staff specified on the service authorization is being provided; hours were coded correctly as regular hours or respite hours; patterns of staff absences, caregivers refusal of staff, or unstaffed shifts; that services have not exceeded those authorized.

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| 3. The Case Manager takes action to resolve any issues identified. | 3. Case Manager |
| 4. Once the claim is correct, the case manager signs the claim and returns it to the provider agency. | 4. Case Manager |
| 5. The review and related actions are documented in the recipient's record. | 5. Case Manager |

SAMPLE

Effective Date	Revision Date	Reviewed By