

## **At Risk Case Management Program Compliance Monitoring Tool Instructions**

The purpose of case management services for adults and children at-risk for abuse, neglect, or exploitation is to assist them in gaining access to needed medical, social, educational, and other services; to encourage the use of cost-effective medical care by referrals to appropriate providers; and to discourage over-utilization of costly services.

### **I. Prior to Opening Case (Pre-Screening):**

**1.** Establish if there is documentation that indicates that client is eligible for all Medicaid services on the date that they received service. This may be found in the social worker notes or in the EIS screening if it is available or other information.

0 = No documentation of eligibility.

2 = Documentation that the client is eligible for Medicaid services.

*ARCM policy section 2.1*

**2.** Documentation indicates that the client was asked as to whether the client is receiving Medicaid case management services from another agency. There are some instances when more than one agency may receive Medicaid reimbursement for case management services.

0 = There is no documentation in the record that indicates that the client was asked whether another agency is providing Medicaid case management.

2 = Documentation indicates that the client was asked if another agency is providing Medicaid case management.

*ARCM policy, section 4.1 number 4*

**3.** If record indicates that the client is receiving other Medicaid funded case management services, the notes should determine that the client remained eligible for ARCM services in accordance with the ARCM policy section 4.1 number 5.

0 = Documentation in the record indicates that the client is not eligible for ARCM services.

2 = Documentation in the record indicates another Medicaid funded service is being provided, but the client remains eligible for ARCM services in accordance with the ARCM policy.

*ARCM policy, section 4.1, number 4*

4. Documentation should indicate whether the client was asked if the client has third-party insurance.

0 = There is no documentation in the record that indicate that the client was asked about private insurance.

2 = Documentation indicates that the client was asked about private insurance.

\* If client has private insurance, policy states that the availability of payment from other sources must be taken into account prior to expending Medicaid funds.

*ARCM policy, Attachment A, section B*

5. This question is for the child welfare services only. Documentation should indicate that IV-E eligibility/ineligibility was determined.

0 = Documentation does not indicate that the child is IV-E eligible.

2 = Documentation indicates that the child does meet the requirements of IV-E eligibility.

## **II. Opening a Case**

1. Locate the DSS-5027.

0 = DSS-5027 not in record.

1 = DSS-5027 in record, but not complete or not accurate.

2 = DSS form is in the record and it appears to be complete and accurate.

Note: If signing the DSS-5027 would create a barrier to receiving the service, the client is not required to sign. If this is the reason that it is not signed, it must be documented in the record.

*ARCM policy, section 5.1.1*

2. Review the assessment to ensure that it is completed in accordance with the ARCM policy. The assessment must be complete, thorough and identify needs.

0 = Assessment not present.

1 = Assessment present but not in accordance with ARCM policy.

2 = Assessment completed in accordance with ARCM policy.

*ARCM policy section 5.1.1*

**3.** Client meets at least one of the At-Risk status requirements. Review ARCM policy, section 3.0. This section lists the At-Risk status requirements for both children and adults.

0 = Assessment documents that client does not meet at least one of the At-Risk status requirements.

2 = Assessment documents that client meets at least one of the At-Risk status requirements.

*ARCM policy section 3.2 for adults and section 3.3 for children*

### **III. Service Planning**

**1.** Locate service plan in the record. Service planning is a crucial component of ARCM services (service plans may be contained in Family Service Agreements for child welfare services, or Adult and Family Service Plans for adult services).

0 = No service plan present.

2 = Service plan present in the record.

*ARCM policy section 5.1.2*

**2.** The Service Plan builds on the information collected through the assessment phase and includes activities to ensure the active participation of the Medicaid eligible individual and others to develop individual goals and a course of action.

0 = Service plan information not tied to assessment.

1 = Service plan information somewhat tied to assessment.

2 = Service plan information clearly tied to needs outlined in the assessment.

*ARCM policy section 5.1.2*

**3.** Goals and social work activities/strategies are identified in the service plan. The goals and actions in the service plan should address medical, social, educational and other services needed by the Medicaid eligible individual.

0 = Service plan does not identify client needs, does not identify strategies or goals.

1 = Service plan identifies needs, but not strategies or identifies strategies but not needs. Some elements not complete.

*ARCM policy section 5.1.2*

**4.** Target dates are included in the service plan.

0 = Does not include target dates.

2 = Target dates present.

*ARCM policy 7.1.1*

#### **IV. Delivering and Supervising Services**

**1.** Documentation of At-Risk Case Manager's Activities in record.

0 = No documentation of activities.

1 = Some documentation of activities or description of activities do not match plan.

2 = Documentation of activity in record and matches plan.

*ARCM policy, section 7.1.1 number 3a*

**2.** Dates of service documented in the record.

0 = No dates of service documented.

1 = Some dates of service documented.

2 = All dates of service documented.

*ARCM policy, section 7.1.1 number 3b*

**3.** Verify that the amount of time spent on service is recorded in minutes on the day sheet. Contacts are documented on the day sheet (DSS 4263 and should specify client, day and service and correspond to the documented activities.

0 = No documentation of time on the DSS 4263 although activities were documented in the record.

2 = Minutes documented on the DSS 4263 and corresponds with documentation in the record for that time frame.

*ARCM policy section 7.1., number 3c*

**4.** Examine the record for the signature and credentials of the social worker providing the service.

0 = No signature of qualified person or listing of their credentials for the dates of service being billed (both must be present).

2 = Signature and listing of credentials present for dates of services being reviewed.

*ARCM policy section 7.1.1, number 3g*

**5.** Documentation of referrals showing the reason for referral for service(s) should be present in the record, when applicable. This is documentation of referrals made to/for other services or agencies, not the initial referral for ARCM.

0 = No record of referral in the record if applicable.

1 = Record of referrals, reason for referral not listed or reason inadequate

2 = Record of Referral and reason for referral present in record.

*ARCM policy, section 7.1.1, number 3d*

## **V. Quarterly Reviews of Service Plan**

The Service Plan must be reviewed quarterly by the social worker to assess the continuing appropriateness of providing At-Risk Case Management Services. These reviews must be documented and should be conducted within the month that they are due.

**1.** Timely Quarterly reviews conducted?

0 = No quarterly review documented in the record.

1 = Quarterly review in record, but not complete or does not adequately describe the situation or is not timely as described above

2 = Quarterly reviews present in record that accurately describes the situation of the individual and is timely OR record is not yet over 90 days and no review is due.

*ARCM policy, section 5.1.2*

**2.** Documentation in the record indicates that the service plan should be modified.

0 = Documentation in the record indicates that the service plan should be modified, but it was not.

1 = Service plan was modified but did not adequately reflect the changes in the individual's life.

2 = Service plan modified to adequately reflect the changes in the individual's life. This should include any new goals if necessary

*ARCM policy, section 5.1.2*

**VI. Annual Reassessment of Service Plan**

A new annual reassessment is due before a client can continue to receive ARCM beyond 12 months of continuous service. A new service plan must be developed by the social worker to ensure that any new goals are established if needed.

1. An annual reassessment was completed prior to continuing services beyond 12 months?

0 = Annual reassessment has not been completed prior to services beyond 12 months

2 = Annual reassessment has been completed in accordance with ARCM policy and prior to continuing services beyond twelve months.

*ARCM policy, section 5.2 number 6*

2. A new service plan was developed prior to services continuing past 12 months.

0 = Service plan has not been developed/revised prior to services continuing beyond 12 months.

2 = Service plan developed prior to continuing services beyond 12 months.

*ARCM policy, section 5.2, number 6*

3. Service plan should be signed by social worker and the recipient.

0 = Service plan not signed prior to continuing services beyond 12 months (has to have both signature of social worker and recipient)

2 = Service plan signed prior to continuing services beyond 12 months. (has to have both signatures of social worker and recipient)

*ARCM policy, section 5.2, number 6*

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