CA

58073 Quality Assurance

(a)

A Care Management Provider Agency shall have a written quality assurance program which shall include but not be limited to: (1) Annual program evaluation. The agency's board of directors (or their appointed designees) shall, at least Annually, review policies and make recommendations on: (A) admission and discharge criteria; (B) Plans of Care and records; (C) personnel qualifications; (D) quality assurance program; (E) delivery of Care Management services; and (F) methods for assuring the quality of direct services provided including whether client needs as identified in the Plans of Care were met, assessing client satisfaction and incorporating client suggestions. The written minutes of this annual program evaluation meeting shall document the dates of the meeting(s), attendance, agenda and recommendations. (2) Quarterly service record review. At least Quarterly, the agency's board of directors, or a committee appointed by the board, shall, observing all confidentiality protocols, review a random sample of active and closed case records. Each record review shall be documented on a record review form and shall include, but not be limited to, verification that: (A) agency policies are followed in the provision of services to clients and families; (B) clients and families actively participate in the care planning process, including the decision regarding how much coordination and monitoring is necessary and desirable; (C) client, family and other community resources are integrated into the

Plan of Care; (D) Care Management services are effective in maintaining an appropriate environment for the client; (E) the provision of services is coordinated with those provided by other agencies to avoid duplication of services, and to integrate acute care with chronic care; (F) action is initiated by the Care Management Provider Agency when unmet client service needs are identified. Pattern of unmet needs should be documented and reported to the Department of Health Services; (G) the agency's sampling methodology shall be defined in its quality assurance program policies and procedures. The sample of client records reviewed each Quarter shall be according to the following ratios:1. eighty (80) or less cases; eight (8) records; and 2. eighty-one (81) or more cases; ten percent (10%) of caseload for the Quarter to a maximum of twenty-five (25) records. (3) Annual documentation of clinical competence. At least Annually, a written evaluation report shall be prepared on the clinical competence of each Care Manager by the employee's professional supervisor. Each Care Manager shall review and sign his/her evaluation report, a copy of which shall remain in the employee's personnel folder. The evaluation report shall include but not be limited to:(A) coordination, assessment and monitoring skills (including clinical counseling, ability to elicit client input and act upon client feedback, problem solving, and ability to build rapport with clients, families and other providers); (B) recording in client case records; and (C) participation in the agency's in-service educational programs.

(1)

Annual program evaluation. The agency's board of directors (or their appointed designees) shall, at least Annually, review policies and make recommendations on: (A) admission and discharge criteria; (B) Plans of Care and records; (C) personnel qualifications; (D) quality assurance program; (E) delivery of Care Management

services; and (F) methods for assuring the quality of direct services provided including whether client needs as identified in the Plans of Care were met, assessing client satisfaction and incorporating client suggestions. The written minutes of this annual program evaluation meeting shall document the dates of the meeting(s), attendance, agenda and recommendations.

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(2)

Quarterly service record review. At least Quarterly, the agency's board of directors, or a committee appointed by the board, shall, observing all confidentiality protocols, review a random sample of active and closed case records. Each record review shall be documented on a record review form and shall include, but not be limited to, verification that: (A) agency policies are followed in the provision of services to clients

and families; (B) clients and families actively participate in the care planning process, including the decision regarding how much coordination and monitoring is necessary and desirable; (C) client, family and other community resources are integrated into the Plan of Care; (D) Care Management services are effective in maintaining an appropriate environment for the client; (E) the provision of services is coordinated with those provided by other agencies to avoid duplication of services, and to integrate acute care with chronic care; (F) action is initiated by the Care Management Provider Agency when unmet client service needs are identified. Pattern of unmet needs should be documented and reported to the Department of Health Services; (G) the agency's sampling methodology shall be defined in its quality assurance program policies and procedures. The sample of client records reviewed each Quarter shall be according to the following ratios:1. eighty (80) or less cases; eight (8) records; and 2. eighty-one (81) or more cases; ten percent (10%) of caseload for the Quarter to a maximum of twenty-five (25) records.

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the provision of services is coordinated with those provided by other agencies to avoid

duplication of services, and to integrate acute care with chronic care;

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