

**FORWARDHEALTH
CASE MANAGEMENT AGENCY SELF-AUDIT CHECKLIST**

This form is a self-audit checklist for case management policies only. Refer to the ForwardHealth Online Handbook for additional provider requirements. Use of this form is strictly voluntary.

Name – Member

Name – Agency

Name – Person Completing Checklist

Date Completed

SECTION I – AGENCY REQUIREMENTS

The agency has accurately designated the target population(s) it will be serving. Yes No

Written procedures are in place for determining and documenting a case manager's qualifications. Yes No

The agency is in compliance with the Provider Rights and Ongoing Responsibilities sections of the Online Handbook. Yes No

A signature page is in the member's file if initials are used in the documentation. Yes No

SECTION II – MEMBER INFORMATION

The member is enrolled in BadgerCare Plus or Medicaid and meets the definition of one or more of the target populations the agency has elected to serve. Yes No

The person is not receiving covered hospital or nursing home services at the time the case management services are being provided, except when institutional discharge planning services are provided. Yes No

For severely emotionally disturbed (SED) persons under age 21, there is documentation of the SED finding of the three-member team (including a psychiatrist or psychologist) or evidence that the child has been admitted to an integrated services project under Wis. Stat. § 46.56. Yes No

SECTION III – ASSESSMENT

The following information is completed and in the member's case file as appropriate:

Member identifying information (for example, the "Face Sheet"). Yes No

Record of physical and mental health assessments and consideration of potential for rehabilitation. Yes No

A review of the member's performance in carrying out activities of daily living, such as mobility levels, personal care, household chores, personal business, and the amount of assistance required. Yes No

Social interactive skills and activities. Yes No

Record of psychiatric symptomatology and mental and emotional status. Yes No

Identification of social relationships and support (informal caregivers, i.e., family, friends, volunteers; formal service providers; significant issues in relationships; social environments). Yes No

A description of the member's physical environment, especially regarding in-home mobility and accessibility. Yes No

In-depth financial resource analysis, including identification of and coordination with insurance, veterans benefits, and other sources of financial assistance. Yes No

Vocational and educational status and daily structure, if appropriate (prognosis for employment; educational/vocational needs; appropriateness and availability of educational, rehabilitative, and vocational programs). Yes No

Legal status, if appropriate (guardian relationships, involvement with the legal system).	<input type="checkbox"/> Yes <input type="checkbox"/> No
For any member under age 21 identified as SED, a record of the multidisciplinary team evaluation required under Wis. Stat. § 49.45(25).	<input type="checkbox"/> Yes <input type="checkbox"/> No
The member's need for housing, residential support, adaptive equipment, and assistance with decision making.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assessment of substance abuse and/or alcohol use and misuse for members indicating possible alcohol and substance abuse dependency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Accessibility to community resources that the member needs or wants.	<input type="checkbox"/> Yes <input type="checkbox"/> No
For families with children at risk, an assessment of other family members as appropriate.	<input type="checkbox"/> Yes <input type="checkbox"/> No
For families with children at risk, an assessment of family functioning.	<input type="checkbox"/> Yes <input type="checkbox"/> No
For families with children at risk, identification of other case managers working with the family and their responsibilities.	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION IV – CASE PLAN DEVELOPMENT

The member's file contains a written case plan identifying the short- and long-term goals and includes the following information (for families with children at risk, the plan should address the child enrolled in BadgerCare Plus or Medicaid and services to other family members enrolled in BadgerCare Plus or Medicaid):

Problems identified during the assessment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Goals to be achieved.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Identification of formal services to be arranged for the member, including names of the service providers and costs.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Development of a support system, including a description of the member's informal support system.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Identification of individuals who participated in developing a plan of care.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Schedule of initiation and frequency of various services arranged.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Documentation of unmet needs and gaps in service.	<input type="checkbox"/> Yes <input type="checkbox"/> No
For families with children at risk, identification of how services will be coordinated by multiple case managers working with the family (if applicable).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Frequency of monitoring by the case manager.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The case plan is signed and dated. Each update to the case plan must be signed and dated.	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION V – ONGOING MONITORING AND SERVICE COORDINATION

For ongoing monitoring and service coordination, there is one identified individual who serves as the case manager and is known and available to the member.	<input type="checkbox"/> Yes <input type="checkbox"/> No
All member collateral contacts, including travel time incurred to provide case management services, are recorded in the case file.	<input type="checkbox"/> Yes <input type="checkbox"/> No
All recordkeeping necessary for case planning, coordination, and service monitoring is recorded in the member's file.	<input type="checkbox"/> Yes <input type="checkbox"/> No
There has been at least one documented member or collateral contact, case-specific staffing, or formal case consultation during a month when time was billed for recordkeeping.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The case manager has monitored the member and collaterals according to the frequency identified in the case plan.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The case manager has signed (or initialed) and dated all entries in the member's file.	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION VI – DISCHARGE PLANNING

Discharge-related case management services billed on a member's behalf who has entered a hospital inpatient unit, nursing facility, or intermediate care facility/mentally retarded (ICF/MR) (following an initial assessment or case plan) have been billed using the appropriate modifier. Yes No

Discharge planning services were provided within 30 days of discharge. Yes No

Services billed as discharge planning do not duplicate discharge planning services that the institution normally is expected to provide as part of inpatient services. Yes No

SECTION VII – MAINTENANCE OF CASE RECORDS

A written record of all monitoring and quality assurance activities is included in the member's file and has the following:

Name of member. Yes No

The full name and title of the person who made the contact. If initials are used in the case records, the file includes a signature page showing the full name. Yes No

The content of the contact. Yes No

Why the contact was made. Yes No

How much time was spent. Yes No

The date the contact was made. Yes No

Where the contact was made. Yes No

SECTION VIII – BILLING REQUIREMENTS

One of the following activities has been performed prior to billing for targeted case management:

Face-to-face and phone contacts with the member to:

1. Assess or reassess needs. Yes No

2. Plan or monitor services. Yes No

3. Monitor member satisfaction with care. Yes No

Face-to-face and phone contacts with the member to:

1. Mobilize services and support. Yes No

2. Educate collateral of the needs, goals, and services identified in the plan. Yes No

3. Advocate on behalf of the member. Yes No

4. Evaluate/coordinate services in the plan. Yes No

5. Monitor collateral satisfaction or participation in member care. Yes No

SECTION IX – NONBILLABLE SERVICES

Wisconsin Medicaid or BadgerCare Plus does not cover the following as services under case management services:

Diagnosis, evaluation, or treatment of a physical, dental, or mental illness. Yes No

Monitoring of clinical symptoms. Yes No

Administration of medication. Yes No

Member education and training. Yes No

Legal advocacy by an attorney or paralegal. Yes No

Provision of supportive home care, home health care, or personal care. Yes No

Information and referral services that are not based on a member's plan of care. Yes No

Ongoing monitoring to a resident of a Medicaid- or BadgerCare Plus-funded hospital, skilled nursing facility, ICF, or ICF-MR, except for the 30 days before discharge.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Case management to Medicaid waiver members, except for the first month of waiver enrollment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Duplicative discharge planning from an institution.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services other than case management covered under Wisconsin Medicaid or BadgerCare Plus.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
For Group A target populations, more than one assessment or case plan per year with no change in county of residence.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
For Group A target populations, more than two assessments or case plans per year with a change in county of residence.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
For Group B target populations, more than two assessments or case plans per year.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Costs for more than one case manager (unless there is a qualified temporary replacement).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services during periods in which the member was not enrolled in Medicaid or BadgerCare Plus, including periods of time when a member is detained by the legal process or is in jail or other secure detention, or when an individual 22 to 64 years of age is in an IMD.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Interpreter services.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Case management to members enrolled in Family Care, special managed care programs, or a community support program.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any service not specifically listed as covered in the Case Management service area of the Online Handbook.	<input type="checkbox"/> Yes	<input type="checkbox"/> No