

LINKAGES MONITORING TOOL CHART REVIEW

Date: _____

Site _____

Client Identifier: _____

Care Manager: _____

Was client profiled by Case Manager? _____

Enrollment Date: _____

Reviewer: _____

Termination Date: _____

This Chart Review Tool is to be completed by the Linkages Program Monitor during the required monitoring of the Linkages Program. At a minimum, one chart per care manager should be reviewed at the time of each review. (Note: Double-Click on Check box to answer)

Sections to be reviewed:	Review completed	Problems Identified Yes/No	COMMENTS
Intake			
Assessment			
Reassessment			
Care Plans			
Progress Notes			
Purchased and Arranged Services			
Follow-up Monitoring			
Termination			
Misc. (please list)			

A. General Review

1. Were corrections made as required by Linkages Program Manual, Section 9, Case Records. Page 28? _____

2. Were forms signed and dated by the appropriate staff members? _____

B. Intake/Screen

Date of Intake/Screen: _____ Completed by: _____

Linkages Manual Section 5. Case Management Process 5.A.1. Page 10. "The Linkages Inquiry form (see Appendix 1) which is an optional form, may be used. If the Linkages Inquiry form is not used, the provider may use any other agency form, which documents inquiries. An example would be the agency centralized intake form."

Was the form completely filled out? Yes No

C. Enrollment Process

Case Management Application and Informed Consent form:

Linkages Manual Section 5. Case Management Process 5.A.3. Page 11 Enrollment Process. "It should be made clear to the potential client that in order to participate in the Program, he/she or a 'responsible other' (as defined in 5.B.1.) must provide informed consent."

Date Consent Form was signed: _____

1. Was the form completely filled out? Yes No If no, explain below.

2. Did the client and the care manager sign the form? Yes No

Release of Information form:

Linkages Manual Section 5. Case Management Process 5.A.3. Page 11 Enrollment Process. "All pertinent data will be entered on the form at the time the client is asked to sign. Staff will not have clients sign blank forms with the intent of filling in necessary information on an 'as needed' basis at a later day... The expiration date on the authorization form shall not exceed two years from the date of the client's signature."

1. Was the form completely filled out? Yes No

2. Is the expiration date less than 2 years or less? Yes No

Assessment/ Assessment Summary

Linkages Manual Section 5. Case Management Process 5.B. Page 12.

5.B. "Once the client is enrolled, the Case Manager completes an Initial Assessment. The initial assessment must be conducted within two weeks following enrollment ... The assessment must be conducted in a home visit with the client by Linkages case management social worker or health professional level staff."

5.C. "Following the Initial Assessment, an Assessment Summary is completed. The Assessment Summary is a narrative statement which briefly outlines important facts and observations, covering such areas as Client Description, Health Status, Client Functioning, Cognitive/Psychosocial, Environmental Safety, Finances, Client/Family Concerns, etc."

1. Does assessment support the need for care management? Yes No

2. Does client meet eligibility requirements? Yes No

3. Were the client's main concerns identified? Yes No

4. Was the initial assessment completed within 2 weeks of client's enrollment? Yes No

5. Was the form filled out completely? Yes No
Recommendations to site to improve the assessment form:

Linkages Manual Section 5. Case Management Process

5.F. Summary of Inquiry/Enrollment and Assessment/Reassessment Documentation. Page 14.

"The Initial Assessment Information consists of:

- Needs Assessment (ADL/IADL Functional Grid)
- Folstein Mini-Mental Status Questionnaire (optional: deferred with justification documented)
- Medication Sheet
- Client Physicians and Other Health Professionals List
- Assessment Summary
- Care Plan." (see care plan section of tool)

ADL/IADL Functional Grid

1. On the Functional Grid are ADL/IADL ratings complete and consistent with the ADL/IADL instructions?

Yes No

2. On the Functional Grid are comments included for any rating over #1 (independent)? Yes No

Do they validate the rating? Yes No

3. Was the Folstein Mini-Mental Status Questionnaire completed? Yes No

If no, was a justification listed for its omission?

Other Forms required in Section 5 Management Process

4. Was a Medications form completed? Yes No

5. Was the Client's Physicians and Other Health Professionals list completed? Yes No

D. Reassessment

Linkages Manual Section 5. Case Management Process 5.D. Reassessment. 5.E. Reassessment Summary, Page 12-13. "A formal reassessment must be conducted at least annually. A reassessment requires a home visit and interview with the client."

"A Reassessment Summary must be completed after each Reassessment. The narrative summary provides an update on significant changes in the client and his/her situation since the last assessment."

1. Was the formal reassessment conducted within one month on either side of the anniversary month of the client's enrollment? Yes No

2. Did the reassessment include a home visit and interview with the client? Yes No

3. Was continuing eligibility reaffirmed as a result of the reassessment process? Yes No

4. Was the need for care management reaffirmed as a result of the reassessment? Yes No

5. Were the following documents completed or updated for the Reassessment?

Linkages Manual Section 5.F. Page 14

- Reassessment Summary? Yes No
 - Medications sheet? Yes No
 - Client's Physicians and Other Health Professionals list? Yes No
 - Care Plan? Yes No
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E. Care Plans

Linkages Manual Section 6. Care Planning, page 15.

"The care plan must be completed within two weeks after the date of the assessment ... The care plan format is provider-specific, but must clearly identify: 1) problem areas which illustrate the need for case management; 2) appropriate interventions/services to be arranged; and 3) desired outcomes. The format should allow for ongoing updating and indicate status of the problems."

"The actual care plan must be developed in a care planning meeting with the Case Management Supervisor, case manager, and other professionals as needed. The original and any revisions to the care plan must be approved by the client or the "responsible other." This approval may be by telephone and must be documented in the client's chart. The Director and/or the Case Management Supervisor must review and sign off on all care plans."

Date of initial Care Planning meeting: _____ Date of most recent Care Planning meeting: _____

1. Are the client's main concerns addressed in the care plan? Yes No

2. Are all client needs clearly stated in the problems section of the plan? Yes No

3. Are appropriate interventions/services identified in the Services to be Arranged section of the plan?
Yes No

4. Is the desired outcome/goal stated? Yes No

5. Does the form provide space to indicate status and provide updates? Yes No

6. Were the status and updates of each intervention documented on the care plan? Yes No

7. Is the annual care plan reviewed and signed off by the Care Management Supervisor? Yes No

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8. Has the client approved in person or by telephone the original and any annual revisions of the care plan and have those approvals been documented in the client's chart? Yes No

9. Was the care plan completed within 2 weeks of the assessment or reassessment? Yes No

F. Service Arrangement

Linkages Manual Section 6. Care Planning 6.B. Service Arrangement, page 16. "Services arranged by case managers must have been previously identified and approved in the care plan."

1. Were informal support services available for the client? Yes No

2. Were referred services being provided for the client? Yes No

3. Were purchased services being provided for the client? (Include one-time-only and ongoing purchases.)
Yes No

4. Are referred and purchased services consistent with care plan recommendations? Yes No

5. Is there any Respite Purchase of Service for the client? Yes No NA

G. Monitoring and Follow-up

Progress Notes

Linkages Manual Section 7 Categories of Service 7.F, page 20.

"Notes shall include the following:

- the type and frequency of Linkages staff contact with the client ...
- a record of all events which affect the client ...
- evaluative comments on services delivered ...
- a reflection of the relationship between identified problems and services delivered and not delivered."

1. Do progress notes document quarterly home visits and monthly telephone calls? Yes No

2. Do progress notes clearly reflect the client's continuing care management needs? Yes No

3. Do comments address and indicate care plan follow through? Yes No

4. Is client progress or lack of client progress clearly recorded? Yes No

5. Were handwritten progress notes dated and signed with professional initials (CM, MSW) by the care manager? **Section 7 Categories of Service 7F Progress Notes Page 21**
Yes No

6. Were *computerized* progress note entries each dated and initialed by the care manager and signed with professional initials at the bottom of the page by all care managers making entries on that page?
Per August 2000 Frequently Asked Questions, Question # 3
Yes No

H. Service Monitoring

Linkages Manual Section 7. Categories of Service 7.E. Monitoring and Follow-up, page 20.

"The purpose of these contacts is two-fold:

A) To monitor and assess the efficacy of the services arranged..."

1. Are referred and purchased services arranged in a timely manner? Yes No

2. Has the care manager verified delivery of authorized services? Yes No When?

3. Was client satisfaction with services determined? Yes No Sometimes

4. Did services meet the desired outcomes/goals of the care plan? Yes No

I. Termination

Linkages Manual Section 8. Client Termination page 24-25

"A client termination may be either voluntary or involuntary. A client has the right to leave the Program at any time. If a client's termination is involuntary, the client has the right to grieve--either through a formal grievance process or informally, depending on the circumstances of the termination."

"The decision to terminate a client for cause under the above termination criteria should be discussed with the client and/or responsible party..."

"A written Notice of Action generated by the provider shall be provided to all terminated clients (those terminated for cause and those that self-terminate) and/or responsible party..."

1. Voluntary termination? _____ Involuntary termination? _____ N/A _____

2. Was client termination documented? Yes No

Did it include the following:

- Discussion with client about termination which included basis of termination, information on alternate services, and information about re-entry into Linkages and grievance process if involuntary termination.
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-
-

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(2. Continued)

- Written Notice of Action generated by the site and provided to the client? Yes No
