

CASE MANAGEMENT ASSESSMENTS QUESTIONS

PROGRAM NAME _____ **ID#** _____

PROGRAM OFFICER _____ **DATE** _____

SELECT AT LEAST ONE CLIENT CASE RECORD PER CASE MANAGER AT ALL CASE MANAGEMENT PROGRAMS TO REVIEW. PLEASE INCLUDE CLIENTS THAT ARE RECEIVING HOMECARE, MEALS ON WHEELS, SOCIAL ADULT DAY CARE AND CASE MANAGEMENT ONLY.

1. Was eligibility established within the guidelines of age, case management needs, functional limitations (one ADL and two IADL's) and or cognitive impairment? If no please explain. **YES** _____ **NO** _____

Client 1	Client 2	Client 3

2. Was enough information gathered at intake to establish that client was appropriate for a DFTA case management agency? If no please explain. **YES** _____ **NO** _____

Client 1	Client 2	Client 3

3. Was the person who performed the screening/intake function trained on resources and on interviewing skills? **YES** _____ **NO** _____ If yes confirm with documentation of training.

Client 1	Client 2	Client 3

4. Were all areas of the intake completed and did it give you a clear picture of the next step to an in-home assessment? **YES** _____ **NO** _____ If no please explain what areas of the intake were not completed and why you did not get a clear picture of the client's needs.

Client 1	Client 2	Client 3

5. At the in-home assessment was a DFTA assessment instrument used? If no please explain. **YES**_____ **NO**_____

Client 1	Client 2	Client 3

6. Did the in-home assessment occur within ten working days after completion of the intake? If no please explain? **YES**_____ **NO**_____

Client 1	Client 2	Client 3

7. Did the case manager complete all sections of the in-home assessment?
YES_____ **NO**_____ If no please explain.

Client 1	Client 2	Client 3

8. Did the completed client assessment and case summary support the plan of care for the client? **YES** _____ **NO** _____ If no please explain.

Client 1	Client 2	Client 3

9. Did the Case Manager develop an appropriate written plan of care within 6 working days of the date of the assessment visit? If no please explain.
YES _____ **NO** _____

Client 1	Client 2	Client 3

10. Did the care plan list all services to address the client's needs? Please list all authorized services and services client was referred to outside of the DFTA network. If no please explain. **YES**_____ **NO**_____

Client 1	Client 2	Client 3

11. Did the case manager sign the completed assessment or reassessment form? If no please explain. **YES**_____ **NO**_____

Client 1	Client 2	Client 3

12. Did the case manager supervisor or program director sign-off on the completed client assessment and care plan. If no please explain.
YES_____ **NO**_____

Client 1	Client 2	Client 3

13. Did a reassessment occur 6 months from the date of initial assessment or 6 months from the last reassessment? If no please explain.

YES _____ **NO** _____

Client 1	Client 2	Client 3

14. If the case manager assessed this client to be a case management only client, did the intake or assessment address the clients case management needs within a timely matter and was this documented in the client record? If no please explain.

YES _____ **NO** _____ **N/A** _____

Client 1	Client 2	Client 3

15. Did the case manager get a signed Release of Information from the client? Was a new release of information signed each time the client reassessed or as needed? If no please explain.

YES _____ **NO** _____

Client 1	Client 2	Client 3

16. Did the case manager conduct a financial assessment using the DFTA Financial Assessment Form? If no please explain.

YES _____ **NO** _____

Client 1	Client 2	Client 3

17. Was the FAF completed accurate to determine if client will pay a cost share amount or a suggested contribution?

If no please explain. **YES** _____ **NO** _____

Client 1	Client 2	Client 3

18. Did the case manager use the FAF calculations to determine if client was eligible for all benefit and entitlements and Medicaid? If no please explain.

YES _____ **NO** _____

Client 1	Client 2	Client 3

19. Was there an updated and signed Client Service Agreement in the client's record showing client is in agreement with the care plan? If no please explain.

YES _____ **NO** _____

Client 1	Client 2	Client 3

20. Was there documentation in the client's record that a copy of the "CLIENT RIGHT'S" was given to the client? If no please explain

YES _____ **NO** _____

Client 1	Client 2	Client 3

21. Was the client referral form completed accurately? If no please explain.

YES _____ **NO** _____

Client 1	Client 2	Client 3

22. Was the client's referral form sent to each service provider within 5 working days after the telephone referral if there was no waiting list for services? If no please explain.

YES _____ **NO** _____

Client 1	Client 2	Client 3

23. Did the case manager complete and send a new referral form to the service provider after an initial assessment, event based reassessment or reassessment? If no please explain.

YES _____ **NO** _____

Client 1	Client 2	Client 3

24. Was there a change in the client's medical condition that required an event-based reassessment? If an event-based reassessment was required and the case manager did not perform please explain.

YES _____ **NO** _____ **NA** _____

Client 1	Client 2	Client 3

25. Did the case manager follow-up with the client within 24 hours of the start of DFTA funded homecare services and was it documented in the client's record?

If no please explain? **YES** _____ **NO** _____

Client 1	Client 2	Client 3