SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections MEDICAID

Case Manager Quality Assurance Questions

Questiion
Initial Visit
Was the Initial Visit completed within 30 calendar days of Waiver Enrollment?
Was the Initial Visit completed at the participant's residence?
If the visit was made at another location other than the participant residence, did the CM have approval from state staff to visit participant at different location?
Were Personal Goals discussed, and newly stated goals added to the Personal Goal Section in the Service Plan Section in Phoenix during the Initial Visit?
Was the Assessment comment section updated to reflect additional information or changes during the
Was the Service Plan section updated to reflect additional information or changes during the Initial Visit?
Did the CM obtain signatures from the participant and/or Authorized Representative on the Service Plan Agreement Form in Phoenix during the Initial Visit?
Did the Narrative Documentation/Narrative Checklist complete?
Was the Narrative Documentation/Narrative Checklist for Initial Visit completed within SCDHHS Policy and Procedure timeliness standards?
FORMS-Signed/Scanned Per SCDHHS Policy and Procedure
Consent Form
Participant Service Choice Form
Participant's Rights and Responsibility Form
Service Plan Agreement Form
Service Provider Choice Form
Authorized Representative Form 1282 LTL
Revocation of Authorization- Was form signed and scanned into Phoenix upon participant request to revoke
If the participant has a Legal Representative, is there a copy of the document evidencing their authority in Phoenix scan according to SCDHHS Policy and Procedure?
MONTHLY CONTACTS
Was the Monthly Contact completed by the last calendar day of the month due?
Was the contact made with the participant or a valid AR?
Was the Participant's Current Health-Impairment status verified during the Monthly Contact and
Was the Assessment comment section updated to reflect additional information or changes during the Monthly Contact as required?
Was the Service Plan section updated to reflect additional information or changes during the Monthly
Did the Narrative Documentation/Narrative Checklist complete?

Was the Narrative Documentation/Narrative Checklist for Monthly Contact completed within SCDHHS Policy and Procedure timeliness standards?
QUARTERLY VISITS
Was the Quarterly Visit completed by the last calendar day of the month due **or** if unavailable for quarterly visit, did the CM complete the quarterly visit within 7 business days of participant being available?
Was the Quarterly Visit completed at the participant's residence?
If the visit was made at another location other than the participant residence, did the CM have approval from state staff to visit participant at different location?
Were Personal Goals discussed, and newly stated goals added to the Personal Goal Section in the Service Plan Section in Phoenix during the QV?
Did the CM obtain signatures from the participant and/or Authorized Representative on the Service Plan Agreement Form in Phoenix during the first QV after the re-evaluation?
Was the Assessment comment section updated to reflect additional information or changes during the Quarterly Visits as required?
Was the Service Plan section updated to reflect additional information or changes during the Quarterly
Did the Narrative Documentation/Narrative Checklist complete?
Was the Narrative Documentation/Narrative Checklist for Quarterly Visit completed within SCDHHS Policy and Procedure timeliness standards?
RE-EVALUATION
within the three hundred and sixty-five (365) calendar day timeframe **or** if unavailable for re-evaluation at 365 day threshold, did the CM complete the re-evaluation within 7 business days of participant being available?
Was the Re-evaluation Visit completed at the participant's residence?
If the visit was made at another location other than the participant residence, did the CM have approval from state staff to visit participant at different location?
Was a new Assessment created in Phoenix by CM and team staffed with SCDHHS staff by the due date?
Was a new Service Plan developed in Phoenix by CM and team staffed with SCDHHS staff by the due date?
Did CM complete Service Coordination with required service providers and document contact according to SCDHHS Policy and Procedure?
Did the Narrative Documentation/Narrative Checklist complete?
Was the Narrative Documentation/Narrative Checklist for Re-evaluation Visit completed within SCDHHS Policy and Procedure timeliness standards?
MISCELLANEOUS
Was the Medication Section completed/updated according to SCDHHS Policy and Procedure?
Was the Home Assessment Section completed/updated according to SCDHHS Policy and Procedure?
Was the Emergency Disaster plans and/or priorities completed/updated according to Policy and
Was the Caregiver Support Section completed/updated according to SCDHHS Policy and Procedure?
If the participant is enrolled in Hospice did the CM update Phoenix section to reflect Hospice Enrollment?
If the Waiver Application was terminated, did the CM terminate application according to SCDHHS Policy
EVV/CLAIMS

Did the case manager complete documentation in the Electronic Visit Verification (EVV) by using the participant's landline phone for check-in and check out or by using the EVV ?
Were visits and monthly contacts conducted between the hours of 7 a.m. and 7 p.m., Monday through
If not, did the CM obtain approval from the Area Administrator and/or Central Office Representative to make visits outside normal hours?
Is there a narrative documentation in Phoenix to support each billed claim?
Were there exception codes for the CM visit?
If a pattern of exception codes is noted, is there documentation in the narratives that the exception code cannot be resolved due to a system issue?
Were Phoenix claims reviewed by CM during the Initial Visit, Monthly Contact, Quarterly Visit Re-eval for open Waivered services?
Was follow-up completed by Case Manager regarding concerns with claims and/or service delivery and documented in the narrative?
CRITICAL INCIDENT
Did the CM create a critical incident in Phoenix within 24 hours or the next business day?
Did the CM complete Service Coordination in Phoenix and update the Critical Incident per SCDHHS Policy and Procedure for open Critical Incidents?
If the CM is the originator of report for abuse, neglect, or exploitation, did they make the mandatory report to law enforcement/DSS within 24 hours or the next business day?
Did the CM complete monitorship of the critical incident as required?
WAIVERED/NON WAIVERED SERVICES
Did the CM Authorized Services according to SCDHHS Policy and Procedure?
For each new service added during the review period, did the CM give the participant a new Service Provider Choice Form or document the provider requested by the participant?
Does the current Service Authorization match the prior approval Levels?
If a Service Authorization was terminated, did the CM terminate the Service Authorization according to SCDHHS Policy and Procedure?
Was the Waiver/Non-Waiver Section completed/updated according to SCDHHS Policy and Procedure?
Was the At Risk for Missed Visit PCS addressed with participant/AR according to SCDHHS Policy and
If the participant is receiving Attendant Care Services, are there current Attendant Daily Logs scanned into
Were narratives completed for any referral or authorization submitted?