

Quality Assurance Checklist for Case Management in Shared Living Homes

6/7/11

Case management covers a range of activities as outlined in Section 13, Targeted Case Management, in the MaineCare Benefits Manual. Beginning October 1, 2010, case management responsibilities for persons served in Shared Living Homes were further identified in the Shared Living Handbook referenced at this link: <http://www.maine.gov/dhhs/OACPDS/DS/protocol-guidelines/pdf/shared-living-handbook.pdf> While many of these activities may be completed routinely as part of ongoing services provided by a case manager, OACPDS Developmental Services has developed this checklist to assist in data collection for required reporting on implementation of these tasks. Other required data elements, including monthly contacts/ home visits and plan dates will be collected electronically from notes in the EIS record for all individuals served in Shared Living as of October 1, 2010.

Case managers must complete this form for a subset of consumers only. It applies only to individuals who were initially placed in a Shared Living Home or who moved from one home to another home in Shared Living after October 1, 2010. All "yes" responses should be backed up by appropriate documentation in the case record.

Please submit completed forms to DHHS Regional Quality Assurance Coordinator or Case Management Liaison by August 15, 2011.

Consumer Name _____

Completed by:
Case Manager Name/Agency _____ **Date** _____

Referral:

CM assured that Shared Living is identified in the PCP yes no NA
CM coordinated Vendor Call for proposals from admin agencies yes no NA

Match:

CM assisted individual/family to evaluate agency proposals yes no NA
CM coordinated an initial visit with individual/family, potential administering agency and home provider yes no NA
CM coordinated any additional visits or meetings needed prior to decision yes no NA

Transition:

CM facilitated a pre-placement meeting with individual/family, administering agency, home provider to develop a transition plan yes no NA
CM updated or authored the Person-Centered Plan to include transition steps yes no NA

Post Placement:

CM conducted 2 home visits within the first 2 weeks of placement yes no NA
CM completed Home Visit Tool during 1 of these visits yes no NA
CM shared pertinent information with team members yes no NA
CM facilitated a post-placement meeting within 30 days of placement yes no NA

Annual Plan:

Person-Centered-Plan developed by CM per annual schedule: yes no NA
Date of Plan: _____

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