Care Management Monitoring

**Date:** Select a date

**Area Agency on Aging:** Select an agency

**SUA Reviewer:** Select a reviewer

**AAAs – Please have the following documents available for review and note the information below:**

* Five (5) client files for the month of July 2024. **Please note that the SUA will randomly select 5 files for FY2025 two weeks prior to the monitoring visit.**
* Copy of service priority procedures

Staff completing this tool should be the program staff responsible for the day-to-day work. Please list individuals who participated in completing this tool:

**Staff**:

**SUA will meet with program staff individually during the onsite visit and will review the State Program Report, program budgets and units of service, and ask questions as needed.**

1. **Please describe the process and procedures for how Care Management client data and service units are entered into PeerPlace and reviewed for accuracy. Please address the quality assurance process.**
2. **Describe the process of the creation of a Long-Term Care Plan and the requirements of its contents. Please address how all required elements are implemented.** (Title 15 NAC 3 004.15 A-C)).
3. **Please describe the process that used to ensure that a client is contacted within 10 days of notification of client returning to a non-institutional setting of their choice after a significant change in health or functional status.** (Title 15 NAC 3 004.15(F)(ii)).

**4**. **What system of periodic monitoring is used to ensure the continued appropriateness of the services being delivered as outlined in the Long-Term Care Plan? Please address all agency requirements for client follow up.** (Title 15 NAC 3 004.15(D).