



# New Choices Waiver Case Management Agency Self-Audits

The New Choices Waiver Program  
Division of Medicaid and Health Financing

*Updated October 2021*

- In the NCW Service Implementation Plan, the federal government requires that the state demonstrate how the program will meet minimum standards with respect to:
  1. Health and welfare of clients served
  2. Financial accountability
  3. Provider qualifications
  4. Person centered care planning
  5. Clients served meet level of care criteria
  6. The State Medicaid Agency has final authority

- For each assurance, Utah has established methods to measure how well the waiver program is performing
- NCW program office is responsible to measure waiver performance on a continuous and ongoing basis
  - Yearly audit conducted by NCW unit
  - Quarterly self-audit conducted internally by CMA

- CMAs conduct self-audit every quarter
- Records involved in quarterly audits may include:
  - Log notes, care plans, back-up plans, assessments, waiver forms, service authorizations, paid claims, SAS documents, incident reports/logs, personnel files/licenses, provider licenses, Medicaid agreement, etc.

- If deficiencies are identified, then remediation strategies are applied

Examples:

- CMA self-identification of remediation tools and strategies
- Corrective action plans
- Recovery of funds when applicable

# Example of Self-Audit Performance Measures



## PERFORMANCE MEASURES

PM1	The number and percentage of initial screenings for level of care that are conducted for applicants who meet New Choices Waiver guidelines for enrollment.
PM2	The number and percentage of new participants who are admitted to the New Choices Waiver that meets nursing facility LOC.
PM3	The number and percentage of participants, for whom the Level of Care Determination Form accurately documents the LOC criteria based on the MDS-HC assessment.
PM4	The number and percentage of new enrollees for whom the Form 927, Home and Community-Based Waiver Referral Form documented the effective date of the applicant's Medicaid eligibility determination and the effective date of the applicant's level of care eligibility determination.
PM5	The number and percentage of participants for whom an assessment for level of care was conducted by a qualified registered nurse or physician licensed in the state.
PM6	The number and percentage of care plans in which the State Plan services and other resources, for which the individual is eligible, are exhausted prior to authorizing the same service offered through the waiver.
PM7	The number and percentage of care plans which address the needs identified in the full assessment.
PM8	The number and percentage of care plans which address health and safety risk factors.
PM9	The number and percentage of care plans that identify the personal goals of the waiver participant.
PM10	The number and percentage of annual care plans that are updated at a minimum, within 31 days of the annual MDS-HC.
PM11	The number and percentage of care plans that are updated, at a minimum, annually (within the calendar month of the last care plan).
PM12	The number and percentage of care plans that are updated when warranted by changes in the waiver participant's needs.

# Example of Self-Audit Performance Measures

PM13	The number and percentage of participants whose record contains documentation they were contacted by their case managers monthly, either by phone or in person, to monitor the delivery and quality of services provided.
PM14	The number and percentage of care plans that identify the type, scope, amount, frequency, and duration for each waiver service.
PM15	The number and percentage of participants who were offered the choice between available waiver providers as documented on the Freedom of Choice of Waiver Providers Form.
PM16	The number and percentage of participants who received a list of all NCW services as documented on the Freedom of Choice of Waiver Providers Form.
PM17	The number and percentage of critical incidents involving abuse, neglect and exploitation of waiver participants where recommended actions to protect health and welfare were implemented.
PM18	The number and percentage of referrals made to Adult Protective Services and/or law enforcement, according to state law, when there was reason to believe that abuse, neglect and/or exploitation had occurred.
PM19	The number and percentage of unexplained or suspicious waiver deaths which were not reviewed.
PM20	The number and percentage of critical incidents and events which the SMA QA Unit was notified by the SMA NCW Unit per the "Protocol: Critical Incidents and Events Notifications." *This PM is measured by NCW in the annual audit and is not included in these quarterly audit forms.*
PM21	The number and percentage of incidents in which the case manager, when warranted, put effective safeguards and interventions in place that address the participant's health and welfare needs.
PM22	The number and percentage of cases in which the case manager verified the effectiveness of new safeguards and interventions following an incident.
PM23	The number and percentage of incidents identifying unauthorized use of restrictive interventions that were appropriately reported.
PM24	The number and percentage of participants using the self-administered model for service delivery for which the Emergency Back-Up Plan Form was completed and current.
PM25	The number and percentage of participants who were assessed to need medication assistance whose care plan addressed this need, either through the provision of waiver services, or natural supports.