# Provider Systems Review Tool

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| Provider:       | Date:       |

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| A. Program Compliance Review | Y/N | NA | Comments |
| Proof of current licensure for all case managers.(Policy 002) |       |       |        |
| All independently developed marketing materials, including but not limited to, brochures, posters, business cards or website have been submitted to DSHS/HHSC-CM and have been approved by HHSC-CM for use. (Policy 004*)* |       |       |       |
| Provider information submitted to DSHS/HHSC-CM is current and accurate, including case management staff, Conflict of Interest Statements, agency status and demographic information. (Policy 002 and 007) |       |       |       |
| Proof of attendance or review of, at minimum, two HHSC-CM webinars by all case managers within the past year. (Policy 003) |       |       |       |
| B. Internal Quality Assurance Review | Y/N | NA | Comments |
| Provider has a log of all clients referred for case management, including client name, date of birth, client’s Medicaid number, date of referral and outcome of referral. (Policy 021) |  |  |       |
| Provider has an Internal Quality Management System which includes the following: Internal client record review procedures, including the number of charts to be reviewed, the frequency of the review, and the approved case manager performing the review. (Case managers may perform self-review) Internal program review procedures (Policy 021) |  |  |       |
| Provider has implemented Internal QMS as evidenced by completed record review tools (CM-16). These completed CM-16s are also maintained in the client’s chart. (Policy 021)  |  |  |       |