

Member's Medicaid ID number: \_\_\_\_\_ Date of Observation: \_\_\_\_\_

## Case Management Observation

Evaluator Name: \_\_\_\_\_ MCO Plan Case Manager: \_\_\_\_\_

DOC Facility: \_\_\_\_\_ Member's Release date: \_\_\_\_\_

Meeting Start Time: \_\_\_\_\_ / End Time: \_\_\_\_\_

### Meeting Content:

1. Case Manager clearly introduced themselves to member  
 (0) Not Covered       (1) Discussed Briefly/Incompletely       (2) Thoroughly Discussed/Explained
2. Case Manager clearly identified which health plan they are with  
 (0) Not Covered       (1) Discussed Briefly/Incompletely       (2) Thoroughly Discussed/Explained
3. Case Manager asked the member if they had any history with Medicaid  
 (0) Not Covered       (1) Discussed Briefly/Incompletely       (2) Thoroughly Discussed/Explained
4. Case Manager asked about member's understanding of Medicaid and the specific plan they chose  
 (0) Not Covered       (1) Discussed Briefly/Incompletely       (2) Thoroughly Discussed/Explained
5. Member was given a summary explanation of core benefits and value-added services provided by the health plan  
 (0) Not Covered       (1) Discussed Briefly/Incompletely       (2) Thoroughly Discussed/Explained
6. Case Manager discussed the purpose of case management  
 (0) Not Covered       (1) Discussed Briefly/Incompletely       (2) Thoroughly Discussed/Explained
7. Case Manager discussed the role of the case manager  
 (0) Not Covered       (1) Discussed Briefly/Incompletely       (2) Thoroughly Discussed/Explained
8. Case Manager explained the role and responsibilities of the member in the case management experience  
 (0) Not Covered       (1) Discussed Briefly/Incompletely       (2) Thoroughly Discussed/Explained
9. Case Manager discussed member's history of care prior to incarceration  
 (0) Not Covered       (1) Discussed Briefly/Incompletely       (2) Thoroughly Discussed/Explained
10. Case Manager discussed member's health care during incarceration  
 (0) Not Covered       (1) Discussed Briefly/Incompletely       (2) Thoroughly Discussed/Explained
11. Case Manager discussed member's wants/wishes for care and provider(s) after release  
 (0) Not Covered       (1) Discussed Briefly/Incompletely       (2) Thoroughly Discussed/Explained
12. Case Manager reviewed member's family dynamics and family support  
 (0) Not Covered       (1) Discussed Briefly/Incompletely       (2) Thoroughly Discussed/Explained
13. Case Manager instructed member about how to obtain any covered services  
 (0) Not Covered       (1) Discussed Briefly/Incompletely       (2) Thoroughly Discussed/Explained
14. Case Manager discussed any medications needed upon release  
 (0) Not Covered       (1) Discussed Briefly/Incompletely       (2) Thoroughly Discussed/Explained
15. Case Manager confirmed that member will have reliable transportation post release  
 (0) Not Covered       (1) Discussed Briefly/Incompletely       (2) Thoroughly Discussed/Explained
16. Member completed authorization for MCO to obtain/release information to their emergency contact or designee?  
 (0) No       (2) Yes
17. Did MCO complete "Healthy Louisiana CM transition of care plan form" and remit to DOC?  
\*For CM visit #2 only (if N/A, check appropriate box)  
 (0) No       (2) Yes       (2) N/A - visit #1

**Case Manager:** Visit #1

	Unacceptable (0)	Needs Improvement (1)	Acceptable (2)	Exemplary (3)
1. Case Manager was on time for scheduled visit with member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Case Manager was prepared for visit with knowledge about the member and resources offered by MCO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Case Manager conducted themselves in a professional manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Case Manager had a friendly demeanor toward member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Case Manager was knowledgeable and gave information to member specific to services they will need or requested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The member was given ample opportunity to ask questions concerning case management and/or health plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. When asking the member a question, the Case Manager gave member enough time to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Case Manager fully and knowledgeably answered member's questions and verified understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Case Manager had appropriate attitude, language and conversation toward pre-release member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Case Manager demonstrated knowledge of (and discussed/explained with member) limitations/issues that could arise that are unique to justice-involved members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Case Manager took their time to discuss member's goals and plans to meet those goals, and made sure member understood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Case Manager: Visit #2**

	Unacceptable (0)	Needs Improvement (1)	Acceptable (2)	Exemplary (3)
1. Case Manager was on time for scheduled visit with member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Case Manager was prepared for visit with knowledge about the member and resources offered by MCO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Case Manager conducted themselves in a professional manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Case Manager had a friendly demeanor toward member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Case Manager was knowledgeable and gave information to member specific to services they will need or requested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The member was given ample opportunity to ask questions concerning case management and/or health plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. When asking the member a question, the Case Manager gave member enough time to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Case Manager fully and knowledgeably answered member's questions and verified understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Case Manager had appropriate attitude, language and conversation toward pre-release member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Case Manager demonstrated knowledge of (and discussed/explained with member) limitations/issues that could arise that are unique to justice-involved members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Case Manager took their time to discuss member's goals and plans to meet those goals, and made sure member understood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Content reviewed in CM visit #2 included:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Member's Medicaid ID number: \_\_\_\_\_ Date of Observation: \_\_\_\_\_

Total Score from Page #1: \_\_\_\_\_/34

(+) Total Score from Table: \_\_\_\_\_/33

= Final Score \_\_\_\_\_/67 (OR \_\_\_\_\_ %)

Additional Notes/Suggestions:

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Signature of LDH Employee: \_\_\_\_\_

Date: \_\_\_\_\_