

HCBS Waiver Individual Review

<input type="checkbox"/> Comprehensive Aggregate Cap (CAC) Waiver <input type="checkbox"/> Statewide Waiver <input type="checkbox"/> Self-Determination Waiver <input type="checkbox"/> DIDD <input type="checkbox"/> TennCare	<input type="checkbox"/> East <input type="checkbox"/> Middle <input type="checkbox"/> West	Date of Review _____ Surveyor _____ Case Manager / Support Coordinator Name _____ _____ _____
Name of Enrollee _____		SS # _____
Provider _____		DOB _____

Performance Measure	Performance Measure Question(s)	Result	Guidance / Source	Comment / Actions
Service Plan				
a.i.e. Sub-assurance: Participants are afforded choice: Between waiver services and institutional care; and between / among waiver services and providers.				
SP – a.i.e.1.	Was the Freedom of Choice form completed and signed by the participant or his / her guardian or conservator, which specifies that choice was offered between waiver services and institutional care?	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	Review Freedom of Choice Form.	Issue findings to the Regional Office Case Management Director or ISC agency; Regional Office Operations Director; cc to Regional Director and Director, Person Centered Practice.
SP – a.i.e.4.	Did the Waiver Participant's record contain documentation that the waiver participant or guardian / conservator, as applicable, was provided a list of waiver services?	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	Review waiver participant record.	Issue findings to the Regional Office Case Management Director or ISC agency; Regional Office Operations Director; cc to Regional Director and Director, Person Centered Practice.
SP – a.i.e.5.	Did the Waiver Participant's record contain documentation that the waiver participant or guardian / conservator, as applicable, was provided with a list of available qualified waiver providers?	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	Review waiver participant record.	Issue findings to the Regional Office Case Management Director or ISC agency; Regional Office Operations Director; cc to Regional Director and Director, Person Centered Practice.

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a.i.b. Sub-assurance: The State monitors service plan development in accordance with its policies and procedures.				
SP - a.i.b.1.	Was there a uniform needs assessment available for use in plan development?	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	Review ISP planning meeting date on the ISP and the uniform needs assessment date. Does the uniform needs assessment predate the date of the ISP planning meeting?	Issue findings to the Regional Office Case Management Director or ISC agency; Regional Office Operations Director; cc to Regional Director and Director, Person Centered Practice.
SP - a.i.b.2.	Was the RAPT completed as a part of the ISP development process?	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	Review ISP planning meeting date on the ISP and the RAPT date. Was the RAPT completed prior to or on the date of the planning meeting? Is a RAPT present in the record prior to or day of planning meeting?	Issue findings to the Regional Office Case Management Director or ISC agency; Regional Office Operations Director; cc to Regional Director and Director, Person Centered Practice.
SP - a.i.b.3.	Did the ISP development include a medical assessment, where applicable?	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	Review ISP and record. Does a condition exist that must be considered in the planning process for the services to be authorized? If yes, was the assessment available for the planning process? Were any required assessments completed prior to the planning meeting?	Issue findings to the Regional Office Case Management Director or ISC agency; Regional Office Operations Director; cc to Regional Director and Director, Person Centered Practice. Assessments are needed for development of supports / services authorized.
	Enter detail of specific findings here:			

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SP-a.i.b.6.	Did the ISP accurately describe the Waiver Participant's desired outcomes, assessed needs, and preferred lifestyles as identified in preplanning activities?	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	Review ISP and waiver participant record.	Issue findings to the Regional Office Case Management Director or ISC agency; Regional Office Operations Director; cc to Regional Director and Director, Person Centered Practice.
Enter detail of specific findings here:				
SP-a.i.b.7.	Did the ISP accurately indicate the current services and supports required to meet identified needs?	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	Review ISP and waiver participant record.	Issue findings to the Regional Office Case Management Director or ISC agency; Regional Office Operations Director; cc to Regional Director and Director, Person Centered Practice.
Enter detail of specific findings here:				
a.i.a. Sub-assurance: Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.				
SP-a.i.a.2.	Did the ISP have measurable action steps applicable to each of the outcomes specified?	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	Review ISP.	Issue findings to the Regional Office Case Management Director or ISC agency; Regional Office Operations Director; cc to Regional Director and Director, Person Centered Practice.
Enter detail of specific findings here:				

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a.i.c. Sub-assurance: Service plans are updated / revised at least annually or when warranted by changes in the waiver participant's needs.				
SP – a.i.c.1.	Was the ISP reviewed and revised as needed before the annual review date?	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	Review date = effective date. Compare effective dates, NA if initial ISP.	Issue findings to the Regional Office Case Management Director or ISC agency; Regional Office Operations Director; cc to Regional Director and Director, Person Centered Practice.
SP – a.i.c.2.	Was the ISP revised, as applicable, by the ISC / Case Manager to address changing needs?	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	Review the ISP and waiver participant record. The plan must be amended whenever: <ol style="list-style-type: none"> 1. the action steps and outcomes change; 2. services or service providers change; 3. there is a significant change in overall service and support needs; or 4. the ISP no longer reflects the service recipient's preferred lifestyle. Score NA if no change is required.	Issue findings to the Regional Office Case Management Director or ISC agency; Regional Office Operations Director; cc to Regional Director and Director, Person Centered Practice.
	Enter detail of specific findings here:			
a.i.d. Sub-assurance: Services are delivered in accordance with the service plan, including the type, scope, amount, duration and frequency specified in the service plan.				
SP-a.i.d.2.	Did the Waiver Participant receive services in the amount specified in the approved ISP, or by TennCare approved and documented exception?	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	Review ISP documentation of services by provider and cost plan information. Timeframe- random 3 months during review period.	Issue findings to the Regional Office Case Management Director or ISC agency; Regional Office Operations Director; each service provider per authorized service; cc to Regional Director and Director, Person Centered Practice.
	Enter detail of specific findings here:			

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SP-a.i.d.3.	Did the Waiver Participant receive services in the frequency specified in the approved ISP or by TennCare approved and documented exception?	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	Review ISP documentation of services by provider and cost plan information. Timeframe- random 3 months during review period.	Issue findings to the Regional Office Case Management Director or ISC agency; Regional Office Operations Director; each service provider per authorized service; cc to Regional Director and Director, Person Centered Practice.
Enter detail of specific findings here:				
SP a.i.d.4.	Did the Waiver Participant receive services in the duration specified in the approved ISP or by TennCare approved and documented exception?	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	Review ISP documentation of services by provider and cost plan information. Timeframe- random 3 months during review period.	Issue findings to the Regional Office Case Management Director or ISC agency; Regional Office Operations Director; each service provider per authorized service; cc to Regional Director and Director, Person Centered Practice.
Enter detail of specific findings here:				
Health and Welfare				
a.i. Sub-assurance: The State demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.				
HW – a.i.1.	Does the waiver participant have a primary care physician or medical home that is seen annually or more frequently as needed but at least in accordance with TennCare rules? <ul style="list-style-type: none"> • Under 21 – EPSDT standards • 21-64 every 1-3 years, determined by physician • Over 65 – annually 	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	Review service recipient record and physical examination.	Issue findings to the Regional Office Case Management Director or ISC agency; Regional Office Operations Director; agency responsible for the comprehensive record; cc Regional Director and Director, Person Centered Practice.
For QA reviewer use only: follow-up notes on physical findings-				

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HW – a.i.11	Were all critical incidents (i.e., abuse, neglect, exploitation, serious injury of unknown cause, death of unexplained or suspicious cause) for the waiver participant reported?	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	Review service recipient record and communication notes. Timeframe- random 3 months during review period. Ask for any discovered incident to be reported per DIDS reporting requirements. Verify filing.	Findings / number of unreported incidents are to be issued to the provider where the incident occurred and DIDD Regional Compliance Units and Central Office Compliance Units.
	Enter detail of specific findings here:			
Level of Care				
a.i.b. Sub-assurance: The levels of care of enrolled participants are re-evaluated at least annually or as specified in the approved waiver.				
LC - a.i.b.1.	Did the Waiver Participant have an annual LOC re-evaluation completed within 12 months of their initial evaluation or last annual re-evaluation?	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	Review annual re-evaluation form in Regional Office Case Management / ISC files.	Have the Regional Case Management / Operations Director / ISC been notified within 2 working days of a problem or need for expedient corrective action? <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA
a.i.c. Sub-assurance: The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine participant level of care.				
LC - a.i.c.6.	Was the LOC re-evaluation criteria accurately and appropriately applied for the LOC re-evaluation decision?	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	Review annual re-evaluation form in Regional Office Case Management / ISC files. Review the waiver participant record. Disregard circling of individual items.	Have the Regional Case Management / Operations Director / ISC been notified within 2 working days of any circumstance in which the criteria was inaccurately or inappropriately applied in making decisions for redetermination? <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA
	Enter detail of specific findings here:			