

HCBS Waiver Individual Review

Comprehensive Aggregate Cap
 (CAC) Waiver Statewide Waiver
 Self-Determination Waiver
 DDA
 TennCare

East
 Middle
 West

Date of Review _____
 Surveyor _____
 Case Manager / Support Coordinator _____
 Name _____

Name of Enrollee _____ SS # _____ DOB _____
 Provider _____

| 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 a list of available qualified waiver providers was provided? | <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. |
| a.i.b. Sub-assurance: The State monitors service plan development in accordance with its policies and procedures. | | | | |

HCBS Waiver Individual Review

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| 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 PCSP planning meeting date on the PCSP and the uniform needs assessment date. Does the uniform needs assessment predate the date of the PCSP 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 PCSP development process? | <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA | Review PCSP planning meeting date on the PCSP 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 PCSP development include a medical assessment, where applicable? | <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA | Review PCSP 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: | | | |

HCBS Waiver Individual Review

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| SP-a.i.b.6. | Did the PCSP 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 PCSP 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 PCSP 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 PCSP 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 PCSP have measurable action steps applicable to each of the outcomes specified? | <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA | Review PCSP. | 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.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 PCSP 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 PCSP. | 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 PCSP 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 PCSP 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 PCSP 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 PCSP, or by TennCare approved and documented exception? | <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA | Review PCSP 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 PCSP or by TennCare approved and documented exception? | <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA | Review PCSP 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 PCSP or by TennCare approved and documented exception? | <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA | Review PCSP 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.5. | Did the Waiver Participant receive services that are within the established type and scope of services specified in the approved PCSP or by TennCare approved and documented exception? | <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA | Review PCSP documentation of services by provider and cost plan information. Timeframe- random 3 months during review period. The service definition specifies the scope of the service. The scope of a service describes: <ul style="list-style-type: none"> • the purpose of the service, • the types of activities that comprise the service, including, as applicable, any goods that will be furnished to a waiver participant who receives the service. • As appropriate, the service definition may include additional parameters that apply to or affect the provision of the service. Is the person receiving the type of waiver service that is authorized? Are services provided consistent with the waiver service definition? | 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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| Health and Welfare | | | | |
| a.i.d. Sub-assurance: The state establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver. | | | | |
| HW – a.i.1. | <p>Does the waiver participant have a primary care physician or medical home they see in accordance with the frequency specified in TennCare rules or more frequently as needed?</p> <ul style="list-style-type: none"> • Under 21 – EPSDT standards • 21-64 every 1-3 years, determined by physician • Over 65 – annually | <p><input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA</p> | <p>Review service recipient record and physical examination.</p> | <p>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.</p> |
| For QA reviewer use only: follow-up notes on physical findings- | | | | |
| HW – a.i.25 | <p>Were the person’s emerging health problems addressed by provider staff?</p> | <p><input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA</p> | <p>Upon discovery of any emerging health problems, ineffective medical interventions, additional information, or changes in health care concerns:</p> <ul style="list-style-type: none"> · Provider staff obtain the necessary intervention from the applicable health care provider, and · The provider notifies the person’s Independent Support Coordinator/Case Manager. | <p>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.</p> |
| a.i.a. 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. | | | | |

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| HW – a.i.11 | Were all reportable events (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 reportable events to be reported per DDA reporting requirements. Verify filing. | Findings / number of unreported reportable events are to be issued to the provider where the event 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. | | | | |
| LOC - 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. | | | | |
| LOC - 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: | | | |