

HCBS Waiver Qualified Provider Review

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

Date of Review _____
 Surveyor _____
 Provider Type _____

Name of Provider / Services Provided _____

Performance Measure	Performance Measure Question(s)	Result	Guidance / Source	Comment / Actions
<u>Qualified Providers</u>				
a.i.a. Sub-assurance: The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.				
QP – a.i.a.4.	Did the Provider continue to meet current license / certification following initial enrollment?	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	Review licensure letter or copy of certification Utilize information gathered at annual review of provider. Check on-site licenses; if out-of-date, ask for clarification; ensure provider follows-up to get additional information. Check all licenses; score “no” if any individual licenses are not current.	Findings are to be issued to TennCare within 2 working days; Regional Office staff; provider.
QP – a.i.a.5.	Did the newly employed (or reassigned) direct support staff serving waiver participants have a background check prior to, but no more than 30 days in advance of, employment or a change in assignment to direct support?	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	Review background checks. 100% of waiver direct support staff hired since the last survey.	Request background check be initiated during survey. Issue findings to the DDA Regional Office staff and provider.

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Performance Measure	Performance Measure Question(s)	Result	Guidance / Source	Comment / Actions
	<u>Enter detail of specific findings here:</u>			
QP – a.i.a.6.	Did the newly employed (or reassigned) direct support staff serving waiver participants have a Tennessee Abuse Registry check completed prior to, but no more than 30 days in advance of, employment or a change in assignment to direct support?	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	Review TN Abuse Registry checks. 100% of waiver direct support staff hired since the last survey.	Request registry check be initiated during survey. Issue findings to the DDA Regional Office staff and provider.
	<u>Enter detail of specific findings here:</u>			
QP – a.i.a.7.	Did the newly employed (or reassigned) direct support staff serving waiver participants have a National Sexual Offender Registry check completed prior to, but no more than 30 days in advance of, employment or a change in assignment to direct support?	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	Review National Sexual Offender Registry checks. 100% of waiver direct support staff hired since the last survey.	Request registry check be initiated during survey. Issue findings to the DDA Regional Office staff and provider.
	<u>Enter detail of specific findings here:</u>			

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QP – a.i.a.8.	Did the newly employed (or reassigned) direct support staff serving waiver participants have a Tennessee Felony check completed prior to, but no more than 30 days in advance of, employment or a change in assignment to direct support?	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	Review TN Felony checks. 100% of waiver direct support staff hired since the last survey.	Request Felony check be initiated during survey. Issue findings to the DDA Regional Office staff and provider.
<u>Enter detail of specific findings here:</u>				
QP – a.i.a.16	Did the newly employed (or reassigned) direct support staff serving waiver participants have an OIG List of Excluded Individuals & Entities check completed prior to, but no more than 30 days in advance of, employment or a change in assignment to direct support?	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	Review OIG List of Excluded Individuals & Entities checks. 100% of waiver direct support staff hired since the last survey.	Request OIG Excluded Individuals & Entities check be initiated during survey. Issue findings to the DDA Regional Office staff and provider.
<u>Enter detail of specific findings here:</u>				
QP – a.i.a.17	Did the newly employed (or reassigned) direct support staff serving waiver participants have a SAM (System for Award Management) check completed prior to, but no more than 30 days in advance of, employment or a change in assignment to direct support?	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	Review SAM (System for Award Management) checks. 100% of waiver direct support staff hired since the last survey.	Request SAM (System for Award Management) check be initiated during survey. Issue findings to the DDA Regional Office staff and provider.

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	<u>Enter detail of specific findings here:</u>			
QP – a.i.a.18	Did the newly employed (or reassigned) direct support staff serving waiver participants have a TennCare Terminated Provider Listing (TTPL) check completed prior to, but no more than 30 days in advance of, employment or a change in assignment to direct support?	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	Review TennCare Terminated Provider Listing (TTPL) checks. 100% of waiver direct support staff hired since the last survey.	Request TennCare Terminated Provider Listing (TTPL) check be initiated during survey. Issue findings to the DDA Regional Office staff and provider.
	<u>Enter detail of specific findings here:</u>			
QP – a.i.a.10.	Did the newly employed (or reassigned) direct support staff delivering services to waiver participants meet the waiver general provider qualification of being able to read, write, and communicate in English?	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	100% of waiver direct support staff hired since the last survey. Reads, writes and communicates in English = filled-out job application with signature or met agency specific criteria.	Notify provider; request appropriate personnel action. Regional Office staff are to verify appropriate actions taken.
	<u>Enter detail of specific findings here:</u>			

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QP – a.i.a.11.	Did the newly employed (or reassigned) direct support staff who transport waiver participants have a current driver's license?	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	100% of waiver direct support staff hired since the last survey. Applicable if required to drive / provide transportation.	Notify provider; request appropriate personnel action. Regional Office staff are to verify appropriate actions taken.
	<u>Enter detail of specific findings here:</u>			
a.i.c. Sub-assurance: The State implements its policies and procedures for verifying that provider training is conducted in accordance with State requirements and the approved waiver.				
QP – a.i.c.1.	Did the newly employed (or reassigned) direct support staff delivering services to waiver participants complete required training prior to direct service delivery?	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	100% of waiver direct support staff hired since the last survey. Conduct training audit.	Issue findings to provider, training to be completed within 30 days. Copy Regional Office.
	<u>Enter detail of specific findings here:</u>			

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Performance Measure	Performance Measure Question(s)	Result	Guidance / Source	Comment / Actions
<u>Health and Welfare</u>				
b. Sub-assurance: The State demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible.				
HW a.i.20	Did the Provider review reportable events as required by DDA?	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	PRERT minutes reflect the committee performs the following functions: <ul style="list-style-type: none"> ○ Reviewing reports from both reportable and non-reportable events; ○ Monitoring to ensure appropriate reporting and potential underreporting of events; ○ Identifying individual risk issues evident in event reports; ○ Monitoring to ensure consent for the use of psychotropic medication is obtained prior to its administration; ○ Identifying and defining trends in order to evaluate the nature, frequency, and circumstances of all Reportable Events in a manner that leads to actionable steps that are proactive in preventing or reducing similar occurrences. ○ Developing corrective actions for all trends identified ○ Providing recommendations as necessary regarding provider event reports, completed investigation reports and other provider event reviews; 	

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HW a.i.20 continued			Implementation of corrective actions is evaluated periodically, and actions are revised when warranted.	
<u>Enter detail of specific findings here:</u>				
HW – a.i.21.	Did the Provider review all DIDD investigations and develop and implement planned strategies when applicable	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	<p>PRERT minutes reflect review of all investigation findings applicable to the agency or its staff.</p> <p>The provider tracks the implementation of all Action Plans.</p> <p>For both substantiated and unsubstantiated investigations, informational findings are acted upon in a timely manner.</p> <p>The provider discusses the outcome of the investigation with the person(s) and invites their legal representative and/or primary contact, if any, to participate in this discussion.</p>	
<u>Enter detail of specific findings here:</u>				