Instructions for the QIS Program Review Tool

The Quality Improvement Strategy (QIS) reviewer shall review the following for **each HCBS participant in the sample** for the certification span/event number provided by the Department of Health Care Policy and Financing (Department):

- ULTC 100.2 Assessment (100.2)
- Service Plan (SP)
- Any/all service plan revisions
- All log notes
- Any/all critical incident reports (CIRs)

Who is responsible for reviewing what?

- Each Case Management Agency (CMA) will review the records selected for their agency.
- A QIS reviewer **cannot** review his or her own work. However, it is permitted if the QIS reviewer was not the case manager of record during the Certification Span being reviewed.
- Review **only** the certification spans provided in the participant sample.
- QIS reviewers are **not** authorized to make changes to participant records during review process.

What systems are needed?

- Benefits Utilization System (BUS)
- Bridge
- DDD Web Application Portal (DIDD waivers only)
- TRAILS (CHRP)

Row Number	Question/Task	Where can I locate this information?
1-8	Data populated by the Department	n/a
9	**Reviewed By** = Enter your name (QIS reviewer).	
10	**Reviewed Date** = the date that the QIS reviewer completes the Program Review Tool (specific date format, do not change).	
11-13	**SKIP** - informational only	n/a
14	**LOC-SAC PM** Was the PMIP completed according to the Department Rules and Regulations? • Answer **Yes** if this is a New Enrollment and the signature date on the PMIP is within 12 months of the Start Date of the Certification Span. • Answer **Yes** if this is a CSR and the signature data on the PMIP is within three months of the Start Date of the next Certification Span. • Answer **No** for any other situation. *Note: Do not complete for CES, DD, and SLS waivers.*	**Data Source = BUS** 1. Access participant's record. 2. Review the signed PMIP, in the participant's record.
15	**SKIP** – this cell is locked and will auto-populate as you enter information in Rows 15-24.	n/a
16	**LOC-SAC PM2** Was the ULTC 100.2 Assessment interview completed face-to-face in the participant's residence? • Answer **Yes** if the interview was conducted at the person's residence **AND** the participant was present for the interview. • Answer **No** if the interview was not conducted at the participant's residence **OR** if the participant was not present. *Note: The "Participant's Residence" is defined as where the participant currently resides, which may include: the participant's private home or their parent's home if this is where the participant lives; an Alternative Care Facility; a Hospital; a Nursing Facility; etc.*	**Data Source = BUS** 1. Access participant's records in the BUS. 2. Select the **Assessment - 100.2** that matches the 100.2 Event Number provided in Row 6. 3. Select **Assessment Demographic.** a. Location of Assessment. b. Present at Interview.
17	**SKIP** – this cell is locked and will auto-populate as you enter information in lines 17-24.	n/a
18	**Bathing** Is the "Due To" score sufficiently justified in the comment section for this ADL? • Answer **Yes** if the comments support the score for this ADL **AND** includes the source of the information.	**Data Source = BUS** 1. Access participant's records in the BUS. 2. Select the **Assessment - 100.2** that matches the 100.2 Event Number provided in Row 6.

Row Number	Question/Task	Where can I locate this information?
	• Answer **No** if the comments **do not** support the score **OR** if the comment does not include the source of the information. • If the "Due To" **score is 0** mark **Yes**, a comment is not required for the purpose of the QIS review.	3. Select **ADL ~ Bathing**
19	**Dressing** Is the "Due To" score sufficiently justified in the comment section for this ADL? • Answer **Yes** if the comments support the score for this ADL **AND** includes the source of the information. • Answer **No** if the comments **do not** support the score **OR** if the comment does not include the source of the information. • If the "Due To" **score is 0** mark **Yes**, a comment is not required for the purpose of the QIS review.	**Data Source = BUS** 1. Access participant's records in the BUS. 2. Select the **Assessment - 100.2** that matches the 100.2 Event Number provided in Row 6. 3. Select **ADL ~ Dressing**
20	**Toileting** Is the "Due To" score sufficiently justified in the comment section for this ADL? • Answer **Yes** if the comments support the score for this ADL **AND** includes the source of the information. • Answer **No** if the comments **do not** support the score **OR** if the comment does not include the source of the information. • If the "Due To" **score is 0** mark **Yes**, a comment is not required for the purpose of the QIS review.	**Data Source = BUS** 1. Access participant's records in the BUS. 2. Select the **Assessment - 100.2** that matches the 100.2 Event Number provided in Row 6. 3. Select **ADL ~ Toileting**
21	**Mobility** Is the "Due To" score sufficiently justified in the comment section for this ADL? • Answer **Yes** if the comments support the score for this ADL **AND** includes the source of the information. • Answer **No** if the comments **do not** support the score **OR** if the comment does not include the source of the information. • If the "Due To" **score is 0** mark **Yes**, a comment is not required for the purpose of the QIS review.	**Data Source = BUS** 1. Access participant's records in the BUS. 2. Select the **Assessment - 100.2** that matches the 100.2 Event Number provided in Row 6. 3. Select **ADL ~ Mobility**
22	**Transferring** Is the "Due To" score sufficiently justified in the comment section for this ADL?	**Data Source = BUS** 1. Access participant's records in the BUS.

Row Number	Question/Task	Where can I locate this information?
	• Answer **Yes** if the comments support the score for this ADL **AND** includes the source of the information. • Answer **No** if the comments **do not** support the score **OR** if the comment does not include the source of the information. • If the "Due To" **score is 0** mark **Yes**, a comment is not required for the purpose of the QIS review.	2. Select the **Assessment - 100.2** that matches the 100.2 Event Number provided in Row 6. 3. Select **ADL ~ Transferring**
23	**Eating** Is the "Due To" score sufficiently justified in the comment section for this ADL? • Answer **Yes** if the comments support the score for this ADL **AND** includes the source of the information. • Answer **No** if the comments **do not** support the score **OR** if the comment does not include the source of the information. • If the "Due To" **score is 0** mark **Yes**, a comment is not required for the purpose of the QIS review.	**Data Source = BUS** 1. Access participant's records in the BUS. 2. Select the **Assessment - 100.2** that matches the 100.2 Event Number provided in Row 6. 3. Select **ADL ~ Eating**
24	**Supervision Behavior** Is the "Due To" score sufficiently justified in the comment section for this ADL? • Answer **Yes** if the comments support the score for this ADL **AND** includes the source of the information. • Answer **No** if the comments **do not** support the score **OR** if the comment does not include the source of the information. • If the "Due To" **score is 0** mark **Yes**, a comment is not required for the purpose of the QIS review.	**Data Source = BUS** 1. Access participant's records in the BUS. 2. Select the **Assessment - 100.2** that matches the 100.2 Event Number provided in Row 6. 3. Select **ADL ~ Supervision Behavior**
25	**Supervision Memory** Is the "Due To" score sufficiently justified in the comment section for this ADL? • Answer **Yes** if the comments support the score for this ADL **AND** includes the source of the information. • Answer **No** if the comments **do not** support the score **OR** if the comment does not include the source of the information. • If the "Due To" **score is 0** mark **Yes**, a comment is not required for the purpose of the QIS review.	**Data Source = BUS** 1. Access participant's records in the BUS. 2. Select the **Assessment - 100.2** that matches the 100.2 Event Number provided in Row 6. 3. Select **ADL ~ Supervision Memory**
26 – 27	**SKIP** - informational only	n/a

Row Number	Question/Task	Where can I locate this information?

28	**SP-SAA SP1**
	
	Does the Service Plan appropriately align with the level of care identified in the ULTC 100.2 Assessment?
	
	• Answer **Yes** if all needs identified in the 100.2 have been addressed.
	
	• Answer **No** if any need identified in the 100.2 is not addressed.
	
	All needs identified in the ULTC 100.2 Assessment and/or IADLs must be directly addressed and service provided through waiver/state plan services, natural supports, or third party resources.
	
	If the team has determined that a need is not a priority, the decision and the justification **must** be documented in the Service Plan.
	
	Note: If a natural support is used to address a participant's need, then it should be entered in the Natural Support section of the service plan. Additionally, if mental health needs are identified, they should be entered in the State Plan Benefits section of the service plan.
		Data Source = BUS and Bridge
		
		1. Access participant's records in the BUS.
		
		2. Select the **Assessment 100.2** that matches the 100.2 Event Number provided in Row 6.
		
		3. **Select and review**:
		   a. ADLs
		   b. Supervision
		   c. Medical sections
		   d. IADLs (EBD, BI, and MI only)
		
		4. Select **Service Plan.**
		
		5. Select **Service Plan/Revisions** for the certification span provided.
		
		6. **Review**:
		   a. Natural Supports
		   b. Third Party Resources
		   c. State Plan Benefits
		   d. Home Health
		   e. HCBS Services
		
		For records that require review in the Bridge:
		
		1. Access participant's records in the Bridge.
		
		2. Select **Inventory Needs.**
		
		3. Review **Support Details**.

29	**SKIP** – this cell is locked and will auto-populate as you enter information in lines 30-33.	n/a
30	Does the participant have identified needs addressed in the **Natural Supports** section? • Answer **Yes** if needs are addressed in Natural Supports. • Answer **No** if the participant does not utilize any Natural Supports.	**Data Source = BUS and Bridge** 1. Access participant's records in the BUS. 2. Select **Service Plan** that matches the Event Number provided. 3. Select **Natural Supports.** For records that require review in the Bridge: 1. Access participant's records in the Bridge. 2. Select **Inventory Needs.** 3. Review **Support Details**.

Row Number	Question/Task	Where can I locate this information?
31	Does the participant have identified needs addressed in the **Third Party Resources** section? • Answer **Yes** if needs are addressed in Third Party Resources. • Answer **No** if the participant does not utilize any Third Party Resources.	**Data Source = BUS and Bridge** 1. Access participant's records in the BUS. 2. Select **Client Information** and then select **Insurance** to see if insurance, in addition to Medicaid, has been listed. 3. Select **Service Plan** that matches the Event Number provided. 4. Select **Third Party Resources.** For records that require review in the Bridge: 1. Access participant's records in the Bridge. 2. Select **Inventory Needs.** *(Non-HCBS, Non-Medical Community Resources, and Other Insurance)* 3. Review **Support Details**.
32	Does the participant have identified needs addressed in the **State Plan Benefits** section? • Answer **Yes** if needs are addressed in State Plan Benefits, including Targeted Case Management. • Answer **No** if the participant does not utilize any State Plan Benefits.	**Data Source = BUS and Bridge** 1. Access participant's records in the BUS. 2. Select **Service Plan** that matches the Event Number provided. 3. Select **State Plan Benefits.** For records that require review in the Bridge: 1. Access participant's records in the Bridge. 2. Select **Inventory Needs.** 3. Review **Support Details**.
33	Does the participant have identified needs addressed in the **Home Health Benefits** section? • Answer **Yes** if needs are addressed in Home Health Benefits. • Answer **No** if the participant does not utilize any Home Health Benefits.	**Data Source = BUS and Bridge** 1. Access participant's records in the BUS. 2. Select **Service Plan** that matches the Event Number provided. 3. Select Home Health Benefits. For records that require review in the Bridge: 1. Access participant's records in the Bridge. 2. Select **Inventory Needs.** *(Long-Term Home Health)*

Row Number	Question/Task	Where can I locate this information?
		3. Review **Support Details**.
34	**SKIP** – this cell is locked and will auto-populate as you enter information in Rows 35-36.	n/a
35	**SP-SAA PM2** Are the service goals under HCBS services complete? • Answer **Yes** if the service goal matches the service definition and is reasonable for the participant • Answer **No** if the service goal does not match the service definition OR is not reasonable for the participant *Note to CCBs: the reviewer is **not** looking to ensure an ISSP has been identified.*	**Data Source = BUS and Bridge** 1. Access participant's records in the BUS. 2. Select **Service Plan** that matches the Event Number provided. 3. Select **HCBS Services**. 4. Review each Service Goal for each service listed. For records that require review in the Bridge: 1. Access participant's records in the Bridge. 2. Go to **Goal** section and review each goal. 3. Select each Service Goal and review the **Support Detail**.
36	Has the Personal Goal (participant's goal for this Certification Span) been documented? • Answer **Yes** if a Personal Goal has been documented and is individualized. • Answer **No** if a Personal Goal has not been documented and/or it is not individualized. *Note: The case manager should encourage the participant/guardian to provide a thoughtful personal goal, but if the participant/guardian refuses, it is acceptable for the case manager to document the refusal.* **Tips:** • *If the goal is related to the participant's long-term care needs, the case manager is required to document any action plans and supports that may be available to accomplish the goal.* • *If the participant is unable to communicate a personal goal, it is the responsibility of the guardian, participant representative, IDT or other designee to communicate this for him/her.*	**Data Source = BUS and Bridge** 1. Access participant's records in the BUS. 2. Select **Service Plan** that matches the Event Number provided. **3.** Select **Personal Goal.** For records that require review in the Bridge: 1. Access participant's records in the Bridge. 2. Go to **Goal** section and review each goal. 3. Select each Service Goal and review the **Support Detail**.
37	**SKIP** - informational only	n/a

Row Number	Question/Task	Where can I locate this information?
38	**SP-SAA PM3** Does the Service Plan address health and safety risks through the contingency plan? • Answer **Yes** if the Contingency Plan is individualized and adequately addresses emergencies that put the participant's health and welfare at risk. • Answer **No** if the Contingency Plan is not individualized or if it does not adequately address what the participant will do in an emergency. **Note:** *Emergencies include the failure of a family participant, support worker or caregiver to appear when scheduled to provide necessary services, when the absence of that service presents a risk to the participant.*	**Data Source = BUS** 1. Access participant's records in the BUS. 2. Select **Service Plan** that matches the Event Number provided. 3. Select **Contingency Plan.**
39	**SKIP** - informational only	n/a
40	**SP-SAC PM1** **Review documentation** on the BUS (e.g. log notes, CIRS, ADLs, etc.) to determine if a participant's **changing needs OR any significant event** *(hospitalization, injury, change in cognitive capacity, change in functional ability, critical incident, loss of natural support, etc.)* **should have prompted** a service plan revision. • Answer **Yes** if documentation indicated that a Service Plan Revision was necessary. • Answer **No** if the review indicated that a Service Plan Revision was **not** necessary. *Note: IF you answer No to this question, enter N/A for Rows 41, 42, 43, and 44.*	**Data Source = BUS** 1. Access participant's records in the BUS. 2. Select **Log Notes.** 3. Select **[Print Range]** at top of page. 4. Enter the **start date and end date** for the Certification Span provided. 5. Select **All Log Notes.** 6. Click **View/Print.** a. **Review** all log notes.
41	Were revisions to the Service Plan completed in the BUS? • Answer **N/A** if you answered **No** in Row 40. • Answer **Yes** if Service Plan Revisions were completed in the BUS. • Answer **No** if review indicated that a Service Plan Revision was necessary but was not completed. *Note: IF documentation review indicated that more than one revision was needed, the reviewer must*	**Data Source = BUS** 1. Access participant's records in the BUS. 2. Select **Service Plan.** 3. Look at the **Event Type** column to verify if the Service Plan was revised during the Certification Span provided.

Row Number	Question/Task	Where can I locate this information?
	mark NO if ANY of the identified revisions were not completed.	
42	Were revisions to the Service Plan justified by documentation and address all service changes? • Answer **N/A** if you answered **No** in Row 40. • Answer **Yes** if **all** revisions were justified by: o Documentation in **any** of the following: ULTC 100.2 Assessment, ADLs, IADLs, PMIP, log notes, and/or critical incidents *(This would be documentation in addition to the Service Plan).* **AND** o The **Service Goal** section includes **justification** for the Service Plan revision. • Answer **No** if: o The changes to the Service Plan are **not supported** by documentation. **OR** o The Service Goal section **does not include** justification for the Service Plan revision. *Note: Justification for the Service Plan revisions should include information that identifies an unmet need that will now be met through the revision. "Running out of units" is NOT a justification for a revision.* *Services must be provided per the Service Plan* • *If the case manager determines that the individual **needs more** services than are identified in the Service Plan, then the Service Plan must be revised.* • *Alternatively, if the review identifies **services are not being utilized** per the Service Plan, and if the case manager determines the services are not needed, the Service Plan must be revised.*	**Data Source = BUS and CCMS or TRAILS** ULTC 100.2 Assessment and PMIP: 1. Access participant's records in the BUS. 2. Select **Assessment 100.2** that matches the Event Number provided. 3. Select **ADLs** and review individual areas. 4. Select **Medical** and review each tab for changes made. Log Notes: 1. Access participant's records in the BUS. 2. Select **Log Notes.** 3. Select **[Print Range]** at top of page. 4. Enter the **start date and end date** for the Certification Span provided. 5. Select **All Log Notes.** 6. Click **View/Print.** a. **Review** all log notes. Critical Incidents Search for **CCBs**: 1. Log into **CCMS.** 2. Select **Critical Incident** from top menu bar. 3. Select **Search.** 4. Enter participant and CCB information. a. **Review** the Critical Incident reports for the Certification Span provided in Row 6. Critical Incidents Search for **SEPs**: 1. Access participant's records in the BUS. 2. Select **Critical Incident Reports.** 3. Select **View** to review critical incidents with dates within the Certification Span provided. Service Plan Revisions and Service Goals: 1. Access participant's records in the BUS. 2. Select **Service Plan.** 3. Select and review **all Service Plan Revisions** within the Certification Span provided.

Row Number	Question/Task	Where can I locate this information?
		4. Review **HCBS Services** within each revision. a. Information in the Service column **must be justified** in the Service Goal column.
43	Was the Service Plan Revision delivered to participant/representative/legal guardian? • Answer **N/A** if you answered **No** in Row 40. • Answer **Yes** if the box has been checked indicating the Service Plan Revision was delivered to the participant/representative/legal guardian. • Answer **No** if the box has not been checked for any identified revision.	**Data Source = BUS** 1. Access participant's records in the BUS. 2. Select **Service Plan**. 3. Select any Service Plan **revisions** for the Certification Span provided. 4. Select **Statement of Agreement** for each Service Plan Revision. a. Verify the box is checked indicating the Service Plan Revision was delivered to the participant/ representative/ legal guardian.
44	Is the Service Plan Revision **signed** by the participant or legal guardian as appropriate for each waiver? *(Required for CES, DD, and SLS)* • Answer **N/A** if you answered No in Row 40 **OR** if a signature is not required by the waiver. • Answer **Yes** if the box has been checked indicating the correct legal signature is on file. • Answer **No** if the box has not been checked **OR** if the correct legal signature is not present for **each** revision.	**Data Source = BUS** 1. Access participant's records in the BUS. 2. Select **Service Plan**. 3. Select any Service Plan **revisions** for the Certification Span provided. 4. Select **Statement of Agreement** for each Service Plan Revision. a. **Verify** the box is checked indicating the correct legal signature is on file.
45 - 46	**SKIP** - informational only	n/a
47	Did the participant experience a Critical Incident during the Certification Span provided? • Answer **Yes** if documentation (log notes, ULTC 100.2 Assessment, Service Plan, etc.) indicates that the participant experienced an event that **did prompt or should have prompted** a Critical Incident Report. • Answer **No** if the participant's record does not indicate the participant experienced a reportable critical incident. *Note:* IF you answer **No** to this question, enter *N/A* in Row 48.	**Data Source = BUS** 1. Access participant's records in the BUS. 2. Review **Log Notes, Assessment 100.2, Service Plan** and other BUS records to see if any events occurred that would indicate the need for a Critical Incident Report.

Row Number	Question/Task	Where can I locate this information?
48	Any and all Critical Incidents involving abuse, death, exploitation, or neglect were reported in CIRS. • Answer **N/A** if you answered **No** in Row 47. • Answer **Yes** if a critical incident specifically involved abuse, death, exploitation, and/or neglect occurred **AND** a Critical Incident Report was submitted. • Answer **No** if an incident a critical incident specifically involved abuse, neglect and/or exploitation occurred **AND** a Critical Incident Report was **NOT** submitted.	**Data Source = BUS or CCMS or TRAILS** (based on waiver) Critical Incidents for **EBD, CMHS, BI, SCI, CHCBS, CLLI, and CWA Waivers:** 1. Access participant's records in the BUS. 2. Select **Critical Incident Reports** on left navigation bar. 3. **Click View** to review critical incidents with Incident Dates within the Certification Span provided. Critical Incidents for **CES, DD, and SLS Waivers:** 1. Log into **CCMS.** 2. Select **Critical Incident** from top menu bar. 3. Select **Search.** 4. **Enter** participant and CCB information. a. Review the Critical Incident Reports for the Certification Span provided. Critical Incidents for **CHRP Waiver:** 1. Access TRAILS to answer this question.