



Express Review Qualification Attestation

The following questionnaire and attestation must be completed by the case manager (CM) and submitted with documentation to the Utilization Review Contractor for an IHSS/CDASS HMA Express Review, OCC Express Review, or Overlapping IHSS/CDASS/OCC Express Review.

Member Name:	CM Name:
Member ID:	CM Email:
Qualitrac Case ID:	Case Management Agency:
<p>Was the last review completed by the Utilization Review Contractor for this member an Express Review?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (This review is not eligible for an Express Review, please submit a Full Review instead)</p> <p>Has this member been hospitalized unexpectedly for 7 days or more since the last review?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (This review is not eligible for an Express Review, please submit a Full Review instead)</p> <p>Have there been any changes to the member’s support plan/authorization since the last review?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (This review is not eligible for an Express Review, please submit a Full Review instead)</p> <p>Has the member had any of the following changes in condition since the last review?</p> <ul style="list-style-type: none"> ● Increased or decreased supervision needs ● New or worsening skin breakdown / open wounds ● Increased falls / falls <u>with injury</u> ● Increased or decreased need for assistance with any ADLs ● Measurable improvement in physical / cognitive functioning <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (This review is not eligible for an Express Review, please submit a Full Review instead)</p>	
Case Manager Attestation	
<p>I hereby attest that the information provided above was obtained through the Department’s required reassessment process as described in rule 10 CCR 2505-10, Section 8.486.200 and contract. To the best of my ability, I have determined the information presented to be accurate and true. This includes:</p> <ul style="list-style-type: none"> ● The last review, by which this express review is to be considered an extension, was a full review by the Utilization Review Contractor ● This member has not been unexpectedly hospitalized for 7 days or more since the last review was completed ● This member has not experienced a change of condition since the last review was completed 	
Case Manager Name:	Date:
Case Manager Signature:	