



# QIS Instructions for the HCBS Program Review Tool

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

- ULTC 100.2 assessment
- Service Plan
- Any/all service plan revisions
- All log notes
- Any/all critical incident reports
- 803s provided due to a reduction, termination or suspension of services

## Before You Begin

- **Open** the QIS Program Review Tool Template
- Select **Save As**
- Name file by: **waiver-Medicaid ID**
  - Example 1: DD-Z121212
  - Example 2: PLWA-Q654321

## Systems you will need:

- Benefits Utilization System (BUS)
- For CCBs – DDD Web Application Portal
- For State Staff – Cognos/MMIS for billing

## Who reviews what?

- Each SEP or CCB will **only** review records for their own agency.
- A QIS reviewer **cannot** review his or her own work, however, it is acceptable if the client is or has been on the QIS reviewer's caseload, as long as the QIS reviewer was not the case manager of record during the Certification Span being reviewed.
- Review **only** the certification spans provided in the client sample.
- QIS Reviewers are not authorized to make changes to client records during review process.

## Client/Agency Information – Lines 1-7

Line Number	Question/Task	Where can I find this Information?
1	Ensure the correct fiscal year is displayed at the top of the tool – FY 2012-13	
2	Agency Name = name of SEP or CCB	<b>Agency Name:</b> <ol style="list-style-type: none"> <li>1. Access client’s records in the BUS</li> <li>2. Select <b>Case Management</b> to see managing agency information</li> </ol>
3	Reviewed By = enter your name (QIS reviewer)	
4	Medicaid ID = State ID  <b>Note:</b> Medicaid ID number for each client will be provided in the random QIS review sample	Provided by Department of Health Care Policy and Financing
5	Program Area = The waiver type  <b>Select</b> the correct waiver type using the drop-down menu  <b>Note:</b> If the Program Area listed on the BUS is different than what was provided by HCPF, the QIS reviewer should use the <b>information from the BUS</b> to complete Line 5  <b>Contact <a href="mailto:elaine.osbment@state.co.us">elaine.osbment@state.co.us</a> immediately if</b> any clients in your sample are on the <b>incorrect waiver</b> or are <b>no longer with your agency</b>	<ol style="list-style-type: none"> <li>1. Access client’s records in the BUS</li> <li>2. Select <b>Assessment 100.2</b> <ol style="list-style-type: none"> <li>a. Check the <b>Approval column</b> for the ULTC event number provided in the agency sample</li> </ol> </li> </ol>
6	Review Date = the date that the QIS reviewer completes the Program Review Tool	
7	<b>Certification Span</b> = the start and end dates for the Service Plan and ULTC 100.2 Assessment that correlate to the event numbers provided in the <b>agency sample</b>  Please enter as: MM/DD/YY-MM/DD/YY Example: 08/01/11-07/31/12	Certification Span provided in the agency sample

## Level of Care – Lines 22-34

Line Number	Task	Where can I find this Information?
22	<p>Was the ULTC 100.2 Assessment interview completed face-to-face in the client's residence?</p> <ul style="list-style-type: none"> <li>• Answer <b>Yes</b> if the interview was conducted at the client's residence <b>AND</b> was present for the interview</li> <li>• Answer <b>No</b> if the interview was not conducted at the client's residence <b>OR</b> if the client was not present</li> </ul> <p><b>Note:</b> The "Client's Residence" is defined as where the client currently resides, which may include: the client's private home or their parent's home if this is where the client lives; an Alternative Care Facility; a Hospital; a Nursing Facility; etc.</p>	<p><b>Location and Individuals present:</b></p> <ol style="list-style-type: none"> <li>1. Access client's records in the BUS</li> <li>2. Select the <b>Assessment 100.2</b> that matches the Event number provided</li> <li>3. Select <b>Assessment Demographic</b>, see               <ol style="list-style-type: none"> <li>a. Location of Assessment</li> <li>b. Present at Interview</li> </ol> </li> </ol>
26	<p><b>SKIP</b> – this cell is locked and will auto-populate as you enter information in lines 27-34</p>	
27-34	<p>Is the "Due to" score sufficiently justified in the comment section for each ADL?</p> <ul style="list-style-type: none"> <li>• Answer <b>Yes</b> if the comments support the score for each ADL <b>AND must include</b> the source of the information</li> <li>• Answer <b>No</b> if the comments <b>do not</b> support the score <b>OR</b> if the comment <b>does not</b> include the source of the information</li> <li>• If the <b>score is 0</b> mark <b>Yes</b>, because for the purpose of the QIS review a comment is not required</li> </ul>	<p><b>Due to:</b></p> <ol style="list-style-type: none"> <li>1. Access client's records in the BUS</li> <li>2. Select the <b>Assessment 100.2</b> that matches the Event Number provided</li> <li>3. Select <b>ADLs</b></li> <li>4. Select <b>each</b> individual ADL tab and supervision categories</li> </ol>

## Service Plan – Lines 40-66

Line Number	Task	Where can I find this Information?
40	<p>Does the Service Plan appropriately align with the level of care identified in the ULTC 100.2 Assessment?</p> <ul style="list-style-type: none"> <li>• Answer <b>Yes</b> if all identified needs have been addressed</li> <li>• Answer <b>No</b> if any identified need is not addressed</li> </ul> <p>All needs identified in the ULTC 100.2 Assessment and/or IADLs must be directly addressed through waiver/state plan services, a natural support or third party</p> <p>If the team has determined that the need is not a priority at this time, the decision and the justification <b>must</b> be documented in the Service Plan</p> <p><b>Note:</b> If a natural support is used to address a client’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.</p>	<p><b>ULTC 100.2 Assessment:</b></p> <ol style="list-style-type: none"> <li>1. Access client’s records in the BUS</li> <li>2. Select the <b>Assessment 100.2</b> that matches the Event Number provided</li> <li>3. <b>Select and review:</b> <ol style="list-style-type: none"> <li>a. ADLs</li> <li>b. Supervision</li> <li>c. Medical sections</li> <li>d. IADLs if applicable</li> </ol> </li> </ol> <p>Service Plan:</p> <ol style="list-style-type: none"> <li>1. Select <b>Service Plan</b></li> <li>2. Select <b>Service Plan/Revisions</b> for the certification span provided</li> <li>3. <b>Review:</b> <ol style="list-style-type: none"> <li>a. Natural Supports</li> <li>b. Third Party Resources</li> <li>c. State Plan Benefits</li> <li>d. Home Health</li> <li>e. HCBS Services</li> </ol> </li> </ol>
43	<p><b>SKIP</b> – this cell is locked and will auto-populate as you enter information in lines 45-48</p>	
45	<p>Does the client have identified needs addressed in the <b>Natural Supports</b> section?</p> <ul style="list-style-type: none"> <li>• Answer <b>Yes</b> if identified needs are addressed in Natural Supports</li> <li>• Answer <b>No</b> if the client does not utilize any Natural Supports</li> </ul>	<p><b>Non-Waiver Services:</b></p> <ol style="list-style-type: none"> <li>1. Access client’s records in the BUS</li> <li>2. Select <b>Service Plan</b> that matches the Event Number provided</li> <li>3. Select <b>Natural Supports</b></li> </ol>

Line Number	Question/Task	Where can I find this Information?
46	<p>Does the client have identified needs addressed in the <b>Third Party Resources</b> section?</p> <ul style="list-style-type: none"> <li>• Answer <b>Yes</b> if identified needs are addressed in Third Party Resources</li> <li>• Answer <b>No</b> if the client does not utilize any Third Party Resources</li> </ul>	<p><b>Non-Waiver Services:</b></p> <ol style="list-style-type: none"> <li>1. Access client’s records in the BUS</li> <li>2. Select <b>Client Information</b> and then select <b>Insurance</b> to see if insurance, in addition to Medicaid, has been listed</li> <li>3. Select <b>Service Plan</b> that matches the Event Number provided</li> <li>4. Select <b>Third Party Resources</b></li> </ol>
47	<p>Does the client have identified needs addressed in the <b>State Plan Benefits</b> section?</p> <ul style="list-style-type: none"> <li>• Answer <b>Yes</b> if identified needs are addressed in State Plan Benefits, including Targeted Case Management</li> <li>• Answer <b>No</b> if the client does not utilize any State Plan Benefits</li> </ul>	<p><b>Non-Waiver Services:</b></p> <ol style="list-style-type: none"> <li>1. Access client’s records in the BUS</li> <li>2. Select <b>Service Plan</b> that matches the Event Number provided</li> <li>3. Select <b>State Plan Benefits</b></li> </ol>
48	<p>Does the client have identified needs addressed in the <b>Home Health Benefits</b> section?</p> <ul style="list-style-type: none"> <li>• Answer <b>Yes</b> if identified needs are addressed in Home Health Benefits</li> <li>• Answer <b>No</b> if the client does not utilize any Home Health Benefits</li> </ul>	<p><b>Non-Waiver Services:</b></p> <ol style="list-style-type: none"> <li>1. Access client’s records in the BUS</li> <li>2. Select <b>Service Plan</b> that matches the Event Number provided</li> <li>3. Select <b>Home Health Benefits</b></li> </ol>
49	<p><b>SKIP</b> – this cell is locked and will auto-populate as you enter information in lines 51 and 53</p>	
51	<p>Are the service goals under HCBS services complete?</p> <ul style="list-style-type: none"> <li>• Answer <b>Yes</b> if the service goal matches the service definition and is reasonable for the client</li> <li>• Answer <b>No</b> if the service goal does not match the service definition OR is not reasonable for the client</li> </ul> <p><b>Note to CCBs:</b> the reviewer is <b>not</b> looking to ensure an ISSP has been identified.</p>	<p><b>Service Goals:</b></p> <ol style="list-style-type: none"> <li>1. Access client’s records in the BUS</li> <li>2. Select <b>Service Plan</b> that matches the Event Number provided</li> <li>3. Select <b>HCBS Services</b> <ol style="list-style-type: none"> <li>a. Review each Service Goal for each service listed</li> </ol> </li> </ol>

Line Number	Question/Task	Where can I find this Information?
53	<p>Has the Personal Goal (client’s goal for this Certification Span) been documented?</p> <ul style="list-style-type: none"> <li>• Answer <b>Yes</b> if a Personal Goal has been documented and it is individualized</li> <li>• Answer <b>No</b> if a Personal Goal has not been documented and/or it is not individualized</li> </ul> <p><b>Tips:</b></p> <ul style="list-style-type: none"> <li>• If the goal is related to the client’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</li> <li>• If the client is unable to communicate a personal goal, it is the responsibility of the guardian, client representative, IDT or other designee to communicate this for him/her</li> <li>• The case manager should encourage the client/guardian to provide a thoughtful personal goal, but if the client/guardian refuses, it is acceptable for the case manager to document the refusal</li> </ul>	<p><b>Personal Goal:</b></p> <ol style="list-style-type: none"> <li>1. Access client’s records in the BUS</li> <li>2. Select <b>Service Plan</b> that matches the Event Number provided</li> <li>3. Select <b>Personal Goal</b></li> </ol>
66	<p>Does the Service Plan address health and safety risks through the contingency plan?</p> <ul style="list-style-type: none"> <li>• Answer <b>Yes</b> if the Contingency Plan is individualized and addresses emergencies that put the client’s health and welfare at risk <ul style="list-style-type: none"> <li>○ <b>Emergencies include</b> the failure of a family member, support worker or caregiver to appear when scheduled to provide necessary services, when the absence of that service presents a risk to the client</li> </ul> </li> <li>• Answer <b>No</b> if the Contingency Plan is not individualized or if it does not adequately address what the client will do in an emergency</li> </ul>	<p><b>Contingency Plan:</b></p> <ol style="list-style-type: none"> <li>1. Access client’s records in the BUS</li> <li>2. Select <b>Service Plan</b> that matches the Event Number provided</li> <li>3. Select <b>Contingency Plan</b></li> </ol>

## Service Plan Revisions – Lines 81-89

Line Number	Question/Task	Where can I find this Information?
81	<p><b>Review documentation</b> on the BUS (e.g. log notes, CIRS, ADLs, etc.) to determine if a client’s <b>changing needs OR any significant event</b> (<i>hospitalization, injury, change in cognitive capacity, change in functional ability, critical incident, loss of natural support, etc.</i>) <b>should have prompted</b> a service plan revision</p> <ul style="list-style-type: none"> <li>• Answer <b>Yes</b> if documentation indicated that a Service Plan Revision was necessary</li> <li>• Answer <b>No</b> if the review indicated that a Service Plan Revision was <b>not</b> necessary</li> </ul> <p><b>Note:</b> IF you answer No to this question, enter N/A for lines 83, 85, 87 and 89</p>	<p><b>Log Notes:</b></p> <ol style="list-style-type: none"> <li>1. Access client’s records in the BUS</li> <li>2. Select <b>Log Notes</b></li> <li>3. Select <b>[Print Range]</b> at top of page</li> <li>4. Enter the <b>start date and end date</b> for the Certification Span provided</li> <li>5. Select <b>All Log Notes</b></li> <li>6. Click <b>View/Print</b> <ol style="list-style-type: none"> <li>a. <b>Review</b> all log notes</li> </ol> </li> </ol>
83	<p>Were revisions to the Service Plan completed in the BUS?</p> <ul style="list-style-type: none"> <li>• Answer <b>N/A</b> if you answered No to line 81</li> <li>• Answer <b>Yes</b> if Service Plan Revisions were completed in the BUS</li> <li>• Answer <b>No</b> if review indicated that a Service Plan Revision was necessary but was not completed</li> </ul> <p><b>Note:</b> IF documentation review indicated that <b>more than one</b> revision was needed, the reviewer must mark <b>NO</b> if <b>ANY</b> of the identified revisions were not completed</p>	<p><b>Service Plan Revisions:</b></p> <ol style="list-style-type: none"> <li>1. Access client’s records in the BUS</li> <li>2. Select <b>Service Plan</b></li> <li>3. Look at the <b>Event Type</b> column to verify if the Service Plan was revised during the Certification Span provided</li> </ol>

Line Number	Question/Task	Where can I find this Information?
85	<p>Were revisions to the Service Plan justified by documentation and address all service changes?</p> <ul style="list-style-type: none"> <li>• Answer <b>N/A</b> if you answered No to line 81</li> <li>• Answer <b>Yes</b> if <b>all</b> revisions were justified by: <ul style="list-style-type: none"> <li>○ Documentation in <b>any</b> of the following: ULTC 100.2 Assessment, ADLs, IADLs, PMIP, log notes, and/or critical incidents <i>(This would be documentation in addition to the Service Plan)</i></li> </ul> <p style="text-align: center;"><b>AND</b></p> <li>○ The <b>Service Goal</b> section includes <b>justification</b> for the Service Plan revision</li> </li></ul> <ul style="list-style-type: none"> <li>• Answer <b>No</b> if: <ul style="list-style-type: none"> <li>○ The changes to the Service Plan are <b>not supported</b> by documentation</li> </ul> <p style="text-align: center;"><b>OR</b></p> <li>○ The Service Goal section <b>does not include</b> justification for the Service Plan revision</li> </li></ul> <p><b>Note:</b> 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.</p> <p>Services must be provided per the Service Plan</p> <ul style="list-style-type: none"> <li>• If the team determines that the individual <b>needs more</b> services than are identified in the Service Plan, then the Service Plan must be revised</li> <li>• Alternatively, if the review identifies <b>services are not being utilized</b> per the Service Plan, and if the team determines the services are not needed, the Service Plan must be revised</li> </ul>	<p>ULTC 100.2 Assessment and PMIP:</p> <ol style="list-style-type: none"> <li>1. Access client’s records in the BUS</li> <li>2. Select <b>Assessment 100.2</b> that matches the Event Number provided</li> <li>3. Select <b>ADLs</b> and review individual areas</li> <li>4. Select <b>Medical</b> and review each tab for changes made</li> </ol> <p>Log Notes:</p> <ol style="list-style-type: none"> <li>1. Access client’s records in the BUS</li> <li>2. Select <b>Log Notes</b></li> <li>3. Select <b>[Print Range]</b> at top of page</li> <li>4. Enter the <b>start date and end date</b> for the Certification Span provided</li> <li>5. Select <b>All Log Notes</b></li> <li>6. Click <b>View/Print</b> <ol style="list-style-type: none"> <li>a. <b>Review</b> all log notes</li> </ol> </li> </ol> <p>Critical Incidents Search for <b>CCBs</b>:</p> <ol style="list-style-type: none"> <li>1. Log into <b>CCMS</b></li> <li>2. Select <b>Critical Incident</b> from top menu bar</li> <li>3. Select <b>Search</b></li> <li>4. Enter client and CCB information <ol style="list-style-type: none"> <li>a. <b>Review</b> the Critical Incident reports for the Certification Span provided</li> </ol> </li> </ol> <p>Critical Incidents Search for <b>SEPs</b>:</p> <ol style="list-style-type: none"> <li>1. Access client’s records in the BUS</li> <li>2. Select <b>Critical Incident Reports</b></li> <li>3. Select <b>View</b> to review critical incidents with dates within the Certification Span provided</li> </ol> <p>Service Plan Revisions and Service Goals:</p> <ol style="list-style-type: none"> <li>1. Access client’s records in the BUS</li> <li>2. Select <b>Service Plan</b></li> <li>3. Select and review <b>all Service Plan Revisions</b> within the Certification Span provided</li> <li>4. Review <b>HCBS Services</b> within each revision <ol style="list-style-type: none"> <li>a. Information in the Service column <b>must be justified</b> in the Service Goal column</li> </ol> </li> </ol>

Line Number	Question/Task	Where can I find this Information?
87	<p>Was the Service Plan Revision delivered to client/representative/legal guardian?</p> <ul style="list-style-type: none"> <li>• Answer <b>N/A</b> if you answered No to question 81</li> <li>• Answer <b>Yes</b> if the box has been checked indicating the Service Plan Revision was delivered to the client/representative/legal guardian</li> <li>• Answer <b>No</b> if the box has not been checked for any identified revision</li> </ul>	<p><b>Service Plan Revision:</b></p> <ol style="list-style-type: none"> <li>1. Access client’s records in the BUS</li> <li>2. Select <b>Service Plan</b></li> <li>3. Select any Service Plan <b>revisions</b> for the Certification Span provided</li> <li>4. Select <b>Statement of Agreement</b> for each Service Plan Revision <ol style="list-style-type: none"> <li>a. <b>Verify</b> the box is checked indicating the Service Plan Revision was delivered to the client/ representative/ legal guardian</li> </ol> </li> </ol>
89	<p>Is the Service Plan Revision <b>signed</b> by the client or legal guardian as appropriate for each waiver?</p> <ul style="list-style-type: none"> <li>• Answer <b>N/A</b> if you answered No to line 81 <b>OR</b> if a signature is not required by the waiver</li> <li>• Answer <b>Yes</b> if the box has been checked indicating the correct legal signature is on file</li> <li>• Answer <b>No</b> if the box has not been checked <b>OR</b> if the correct legal signature is not present for <b>each</b> revision</li> </ul> <p><b>Note:</b> A client/legal guardian signature is required for any revisions to HCBS-DD, HCBS-SLS, and HCBS-CES waivers</p>	<p><b>Service Plan Signatures:</b></p> <ol style="list-style-type: none"> <li>1. Access client’s records in the BUS</li> <li>2. Select <b>Service Plan</b></li> <li>3. Select any Service Plan <b>revisions</b> for the Certification Span provided</li> <li>4. Select <b>Statement of Agreement</b> for each Service Plan Revision <ol style="list-style-type: none"> <li>a. <b>Verify</b> the box is checked indicating the correct legal signature is on file</li> </ol> </li> </ol>

## Health and Welfare – Lines 113-128

Line Number	Question/Task	Where can I find this Information?
113	<p>Did the client experience a Critical Incident during the Certification Span provided?</p> <ul style="list-style-type: none"> <li>• Answer <b>Yes</b> if documentation (log notes, ULTC 100.2 Assessment, Service Plan, etc.) indicates that the client experienced an event that <b>did prompt or should have prompted</b> a Critical Incident Report</li> <li>• Answer <b>No</b> if the client’s record does not indicate the client experienced a reportable critical incident</li> </ul> <p><b>Note:</b> IF you answer No to this question, enter N/A for line 115</p> <p><b>Note for CCBs:</b> Use the Criteria for Reportable Critical Incidents – revised Oct. 1, 2006 by DDD</p>	<p><b>Potential Critical Incidents:</b></p> <ol style="list-style-type: none"> <li>1. Access client’s records in the BUS</li> <li>2. Review <b>Log Notes, Assessment 100.2, Service Plan</b> and other BUS records to see if any events occurred that would indicate the need for a Critical Incident Report</li> </ol>
115	<p>Any and all Critical Incidents involving abuse, neglect, or exploitation were reported in CIRS</p> <ul style="list-style-type: none"> <li>• Answer <b>N/A</b> if you answered No to line 113</li> <li>• Answer <b>Yes</b> if a critical incident specifically involved abuse, neglect and/or exploitation occurred <b>AND</b> a Critical Incident Report was submitted</li> <li>• Answer <b>No</b> if an incident a critical incident specifically involved abuse, neglect and/or exploitation occurred <b>AND</b> a Critical Incident Report was <b>NOT</b> submitted</li> </ul> <p><b>Note:</b> CCBs should review the Critical Incident section of CCMS to answer this question, not CIRS</p>	<p>Critical Incidents for <b>SEPs:</b></p> <ol style="list-style-type: none"> <li>1. Access client’s records in the BUS</li> <li>2. Select <b>Critical Incident Reports</b> on left navigation bar</li> <li>3. <b>Click View</b> to review critical incidents with Incident Dates within the Certification Span provided</li> </ol> <p>Critical Incidents for <b>CCBs:</b></p> <ol style="list-style-type: none"> <li>1. Log into <b>CCMS</b></li> <li>2. Select <b>Critical Incident</b> from top menu bar</li> <li>3. Select <b>Search</b></li> <li>4. <b>Enter</b> client and CCB information             <ol style="list-style-type: none"> <li>a. <b>Review</b> the Critical Incident Reports for the Certification Span provided</li> </ol> </li> </ol>

Line Number	Question/Task	Where can I find this Information?
121	<p>Was a Notice of Action (803 form) sent or should have been sent during the Certification Span provided due to a reduction, suspension or termination of services?</p> <ul style="list-style-type: none"> <li>• Answer <b>Yes</b> if documentation (log notes, ULTC 100.2 Assessment, Service Plan Revisions, etc.) indicates that a <b>reduction, suspension or termination</b> of services <b>required</b> the Case Manager to send a Notice of Action (803 form)</li> <li>• Answer <b>No</b> if the client’s record <b>does NOT</b> indicate a Notice of Action (803 form) was needed due to reduction, suspension or termination of services</li> </ul> <p><b>Note:</b> IF you answer No to this question, enter N/A for line 123</p>	<p><b>Notice of Action (803 form):</b></p> <ol style="list-style-type: none"> <li>1. Review <b>BUS log notes, Service Plan Revisions, ULTC 100.2 Assessments</b>, etc. within the Certification Span provided</li> </ol> <p><b>When is an 803 required?</b></p> <ul style="list-style-type: none"> <li>• When a client is a new enrollee in services or changes waivers (<i>Note: This is for informational purposes only. QIS reviewers should <b>only</b> review 803 forms issued for adverse actions.</i>)</li> <li>• When a client is no longer eligible for Medicaid or resides in a Nursing Home or other institution, including jail</li> <li>• When a client has not received a billable waiver service in a calendar month</li> <li>• When a client experiences an adverse action such as denial/decrease of services, including situations where units are decreased for one service and added to another</li> </ul> <p><b>Note:</b> After a Service Plan has been signed, if a service is reduced or denied by the PAR process, an 803 must be sent to the client and the Service Plan must be revised and signed. An 803 is not needed if a new Service Plan has less/fewer services than the Service Plan from a prior certification period.</p>

Line Number	Question/Task	Where can I find this Information?
<p><b>123</b></p> <p><i>See next page for Dept Rules and Regulations</i></p>	<p>If record review indicated a Notice of Action (803 form) was needed due to a reduction, suspension, termination of services, was it completed on the BUS and in accordance with Department Rules and Regulations?</p> <ul style="list-style-type: none"> <li>• Answer <b>N/A</b> if you answered No for line 121</li> <li>• Answer <b>Yes</b> if a Notice of Action (803 form) was needed due to a reduction, suspension, termination of services, <b>AND</b> followed <b>ALL</b> of the Department Rules and Regulations</li> <li>• Answer <b>No</b> if a Notice of Action (803 form) was needed due to a reduction, suspension, termination of services, <b>AND did not</b> follow <b>ALL</b> of the Department Rules and Regulations</li> </ul>	<p><b>Notice of Action (803 form) information:</b></p> <ol style="list-style-type: none"> <li>1. Access client’s records in the BUS</li> <li>2. Select <b>LTC 803</b> on left navigation bar</li> <li>3. Select <b>Edit</b></li> <li>4. Review <b>803 Info page, Service Change page and Denial Reason page</b></li> </ol> <p><b>Note:</b> QIS reviewers are <b>not required</b> to review Notice of Action (803 forms) for actions that increased services.</p>

*This page is for reference purposes for completing question 123*

**Department Rules and Regulations for Notice of Action (803 form) requires:**

- The **mailing date** is no more than one day after the 803 finalized date
- **Effective date:**
  - If the action will **not** affect the client's Medicaid Eligibility and the effective date is at least **10 days after** the mailing date
  - If the action will result in the client's **loss** of Medicaid Eligibility the effective date is as follows:
    - If the mailing date is between **1<sup>st</sup>-15<sup>th</sup> of the month**, the effective date is the end of the same month as the mailing date
    - If the mailing date is between the **16<sup>th</sup> and the end of the month**, the effective date is the end of the next month

**Children's Waivers:** If a child is aging out of a waiver, the effective date is the child's birthday. The 803 needs to be mailed 10 days prior to the effective date.

**Note:** The above timeline relates to Recipient Appeals as defined in CCR2505-10 8.057. Actions are characterized as a "termination, suspension or reduction of Medicaid Home Care Allowance and Adult Foster Care eligibility of covered services."

- The **appropriate rule** is cited. This is required for all 803s.
- **Advanced notice date:** Notice is mailed at least 10 calendar days before the date of intended action unless one of the following is true:
  - The Department or its designee has factual information confirming the death of a recipient or
  - The CMA has a clear written statement signed by the client and/or designee and/or has documentation of one of the following:
    - Client no longer wishes to receive services;
    - Client gives information that requires termination or reduction of services and indicates the he/she understands that this must be the result of supplying that information;
    - Client has been admitted to an institution where he/she is ineligible for further services;
    - Client's whereabouts are unknown and the post office returns agency mail directed to him/her indicating no forwarding address;
    - Client has been accepted for Medicaid services by another State, territory or commonwealth, or;
    - A change in the level of medical care is prescribed by the client's physician.
- The **client must respond within 30 days** of the mailing date

Line Number	Question/Task	Where can I find this Information?
126	<p>Does the client record indicate that a Case Closure/Termination was needed during the Certification Span provided?</p> <ul style="list-style-type: none"> <li>• Answer <b>Yes</b> if record review indicated that Case Closure/Termination was needed during the Certification Span provided</li> <li>• Answer <b>No</b> if record review indicated that Case Closure Termination was <b>not needed</b> during the Certification Span provided</li> </ul> <p><b>Note:</b> IF you answer No to this question, enter N/A for line 128</p>	<p><b>Case Closure/Termination:</b></p> <ol style="list-style-type: none"> <li>1. Access client’s records in the BUS</li> <li>2. Select <b>Case Status</b> from left navigation bar</li> </ol> <p><b>Reasons for Case Closure can include:</b></p> <ul style="list-style-type: none"> <li>• Client changed program area (waiver)</li> <li>• Client died</li> <li>• Client entered Nursing Facility, ICF, or Hospice Facility</li> <li>• Client was incarcerated</li> <li>• Client moved out of state</li> <li>• Client not financially eligible</li> <li>• Client not programmatically eligible</li> <li>• Client’s whereabouts are unknown</li> <li>• Competent client withdrew/refused services</li> <li>• Client was hospitalized for more than 30 days</li> <li>• Client was a Nursing Facility resident for more than 30 days</li> <li>• Services completed</li> <li>• Client transferring SEP/CCB Districts</li> </ul>
128	<p>Documentation in the client record indicates the case was closed according to Department Rules and Regulations</p> <ul style="list-style-type: none"> <li>• Answer <b>N/A</b> if you answered No to line 128</li> <li>• Answer <b>Yes</b> if client record indicates that Case Closure was needed during the Certification Span provided, and was closed according to Department Rules and Regulations</li> <li>• Answer <b>No</b> if client record indicates that Case Closure was needed during the Certification Span provided, and was <b>NOT closed</b> according to Department Rules and Regulations</li> </ul>	<p><b>Case Closure/Termination</b> was completed correctly if the following statements are true:</p> <p><b>Log notes indicate:</b></p> <ul style="list-style-type: none"> <li>• The PAR was closed and sent to the fiscal agent with dates reflecting the actual dates of case closure; <ul style="list-style-type: none"> <li>○ <b>SEP</b> sent paper Par to Xerox with all termination information and all end dates changed to termination date</li> <li>○ <b>CCB</b> sent electronic IPCS to DDD with all termination information and all end dates changed to termination date</li> </ul> </li> <li>• Providers were notified of closure</li> <li>• A County Notification/DSS1 was sent to the county</li> </ul> <p><b>Case Status tab indicates:</b></p> <ul style="list-style-type: none"> <li>• Case Status was updated in the BUS to reflect case closure and the date entered accurately reflects the date the case was closed</li> </ul> <p><b>Program Area tab indicates:</b></p> <ul style="list-style-type: none"> <li>• Program area in the BUS was changed as necessary</li> </ul>