

Welcome to

QIS Program Tool Training



PRESENTED BY:
Jennifer Larsen

DATE / TIME:
July 10th, 2013
2:00 - 3:30 pm

AUDIO OPTIONS:
Use Telephone

Dial: 1-877-820-7831

Access Code: 982280

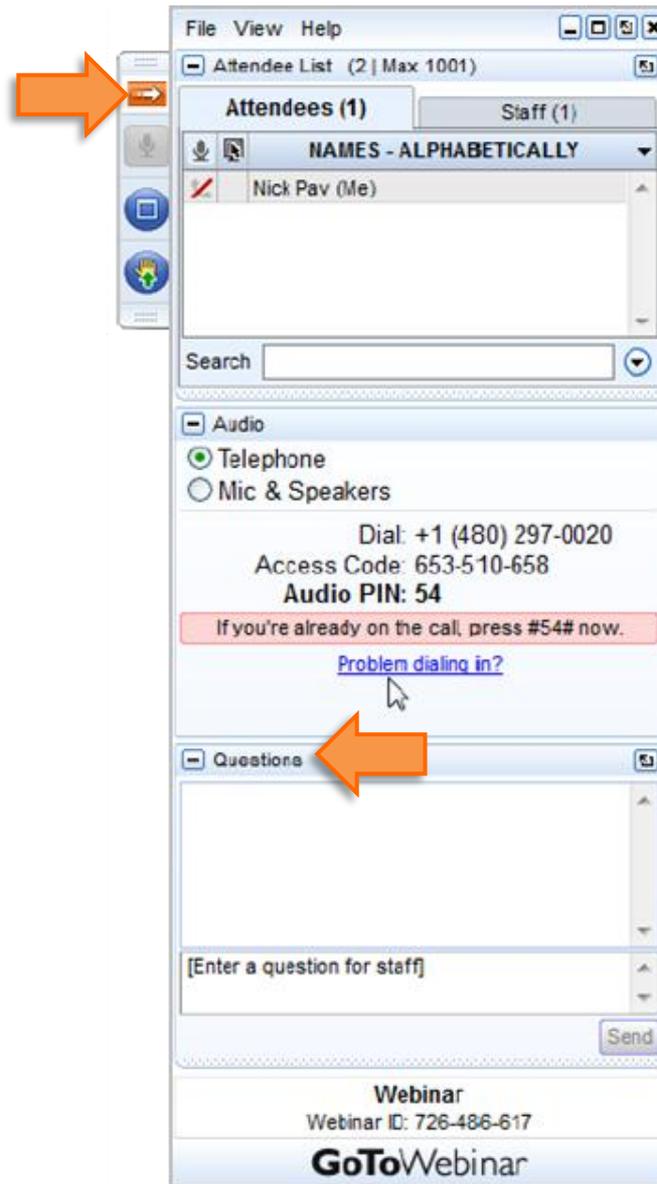
How to Participate

→ Grab tab

- Open/close control panel

→ Questions panel

- Submit questions here
- View messages from organizer



The screenshot displays the GoToWebinar interface. At the top, there is a menu bar with 'File', 'View', and 'Help'. Below it, the 'Attendee List' tab is active, showing 'Attendees (1)' and 'Staff (1)'. The attendees list is sorted 'NAMES - ALPHABETICALLY' and shows 'Nick Pav (Me)'. A search bar is located below the list. The 'Audio' section is expanded, showing 'Telephone' selected and 'Mic & Speakers' unselected. It provides dialing information: 'Dial: +1 (480) 297-0020', 'Access Code: 653-510-658', and 'Audio PIN: 54'. A red banner below the audio settings says 'If you're already on the call, press #54# now.' and a blue link 'Problem dialing in?' is visible. The 'Questions' panel is also expanded, showing a text input field with the placeholder '[Enter a question for staff]' and a 'Send' button. An orange arrow points to the 'Attendee List' tab, and another orange arrow points to the 'Questions' panel. The bottom of the interface shows 'Webinar' information: 'Webinar ID: 726-486-617' and the 'GoToWebinar' logo.



Experience Level

- A** Rookie QIS Reviewer
- B** Veteran QIS Reviewer
- C** Just interested...



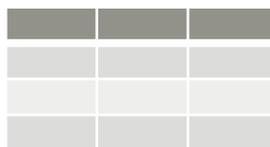
Today's Objectives



**Background
Information**



**Tools of the
Trade**



Program Tool

**Construction; Poll by Ariel Liu; images from The Noun Project*



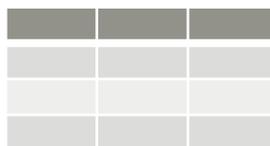
Today's Objectives



**Background
Information**



**Tools of the
Trade**



Program Tool

**Construction; Poll by Ariel Liu; images from The Noun Project*



Why are we doing this?

- Ensure clients are receiving the services and supports they need
- CMS requirement
 - Annual and periodic reports
- Guide training development



What are we looking for?

- **Level of Care**
- **Service Plan**
- **Health and Welfare**
- **Qualified Provider**
- **Administrative Authority**
- **Financial Accountability**



There won't be
any dings!



Role of the QIS Reviewer

- QIS Reviewers **cannot** review his or her own work
 - Okay if the client is or has been on the reviewer's caseload, as long as the reviewer is not case manager of record during the review period
- Review **only** the provided certification spans for the client
- QIS Reviewers should **not** make **any** changes to client records



What if I find something that needs to be changed?

- QIS Reviewers should **not** make **any** changes to client records
- Note **minor** changes, **wait** for CSR or remediation
- For **major** concerns or unmet needs identified, do full Service Plan **Revision**



Process

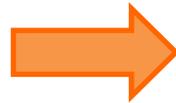
Data Pull



Super
Aggregate



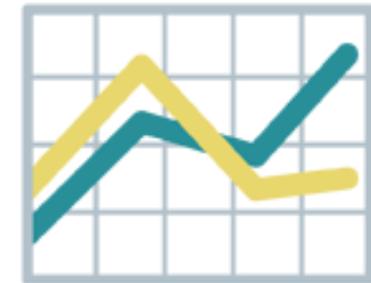
Super
Aggregate



Analyze



Deficiency
Report





Questions?

** Question by Martin Delin; image from The Noun Project*



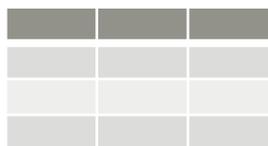
Today's Objectives



**Background
Information**



**Tools of the
Trade**



Program Tool

**Construction; Poll by Ariel Liu; images from The Noun Project*



What your agency receives

Case Management Agency: ROCKY MOUNTAIN OPTIONS FOR LONG TERM CARE

Client #	MEDICAID ID	WAIVER	SERVICE PLAN EVENT NUMBER	SERVICE PLAN EVENT
1	G123456	PLWA	5	CSR
2	Y987654	PLWA	11	CSR

Client Sample

Review Period		CY 2012
Agency Name		0
Reviewed By		
Medicaid ID		
Program Area		0
Review Date		
Certification Span (provided)		
Program Tool		
Assurance: Level of Care (LOC) Evaluation of need: The State must provide for an initial evaluation (and periodic reevaluations) of the need for the level of care furnished in a Nursing Facility/hospital/ICF/MR when there is a reasonable indication that service may be needed in the future. The assessment itself must be the same as those used to determine level of care for Nursing Facility/hospital/ICF/MR and the qualifications for persons performing assessments must be as high as those assessing need for Nursing Facility/hospital/ICF/MR.		
LOC Sub assurance %: The process and instruments described in the approved waiver are applied appropriately and a		
2) The ULTC Asses		
Instructions for line 22: present at the interview client's private residence, or their parent's home if this is where the client lives, an Alternative Care Facility, a hospital, a Nursing Facility, etc.)		
A) All "Due To" scores are sufficiently justified in the comment section.	No	
1) Bathing "Due To" score is sufficiently justified in the comment section.		
2) Dressing "Due To" score is sufficiently justified in the comment section.		
3) Toileting "Due To" score is sufficiently justified in the comment section.		
4) Mobility "Due To" score is sufficiently justified in the comment section.		
5) Transferring "Due To" score is sufficiently justified in the comment section.		
6) Eating "Due To" score is sufficiently justified in the comment section.		
7) Supervision Behavior "Due To" score is sufficiently justified in the comment section.		
8) Supervision Memory defect "Due To" score is sufficiently justified in the comment section.		
Instructions for line 27-34: Mark "Yes" if no comment was necessary because the score for the ADL was zero OR if the comments support the score indicated in the "Due to's" in each ADL and Area of Supervision. The comments must include how the information was obtained (e.g. observation, client report, staff report, collateral information, etc.) and must be relevant to the current assessment.		

QIS Program Tool

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 incidents
- 803c

QIS Program Tool Instructions

example 2: PLWA-Q654321

For State Staff - Copies/MMMS for billing

Confirm Receipt by July 12th!

Client Name	Medicaid ID	Waiver/Program	OS assigned to:
Current CM	CM during Cert Period being reviewed		
Event #	LTC Certification Span Start Date	LTC End Date	Yes/No
Conducted in the client residence	Yes/No	Was the client present	Yes/No
Needs Identified		Contains HOW info obtained	Need addressed in SPI?
ULTC Assessment (100-2)			
Bathing	Score	Comments Justify Score	
Dressing			
Toileting			
Mobility			
Transfers			
Eating			
Sup. Be			
Sup. Mm			
Alcohol			
Service Plan			
Natural Supports	Yes/No	Third Party Resources	Yes/No
State Plan Benefits	Yes/No	Home Health Benefits	Yes/No
Service Goals:	Individualized and addresses client's health and welfare when individualized and addresses client's health and welfare when services are not available?		
Individual services include service goals that are individualized and commensurate with ULTC Assessment			
Client's personal goals identified and completed?			
Contingency plan individualized and addresses client's health and welfare when services are not available?			

Data Info Sheet (optional)

Review Period		EY 2012 - 12/31/12
Agency Name		
Reviewed By		
Medicaid ID		
Program Area		
Review Date		
Certification Span (provided)		
Program Tool		
Assurance: Level of Care (LOC) LOC Sub assurance 2: The process and instruments described in the approved waiver are applied appropriately and according to the approved description to determine client level of care.		
Performance measure C: ULTC supports LOC 2) Assessment was completed face-to-face at client residence (22) 23) All "Due To" scores are sufficiently justified in the comment section (26, 27-34)		
Sub assurance: Service Plan (SP) 2) Assessment was completed face-to-face at client residence (22) 23) All "Due To" scores are sufficiently justified in the comment section (26, 27-34) Safety risk to clients		
Performance Measure Performance Measure 1) Service Plan (SP) 2) Service Plan (SP) Sub assurance and procedure Performance Measure Sub assurance Changes in it Performance Measure 1) Revision (26) 2) Revision (26) 3) Revision (26) 4) Revision (26) 5) Revision (26)		
Assurance: Health and Welfare Sub assurance: The State on an ongoing basis identifies, addresses and seeks to prevent the occurrence of abuse, neglect and exploitation. Performance measure: Client experienced a critical incident (15) Client record indicates a need for a follow up action (16) The Notice of Action (NOA) form was sent according to Department Rules and Regulations (17) The Notice of Action (NOA) form was sent according to Department Rules and Regulations (17) Client record indicate that a Case Disposition Form was needed (12) Client record indicates the case was closed according to Department Rules and Regulations (12)		

Aggregation Sheet

Client Sample

Case Management Agency			ROCKY MOUNTAIN OPTIONS FOR LONG TERM CARE			
Clients in Sample			2			
Number	MEDICAID ID	WAIVER	SERVICE PLAN EVENT NUMBER	SERVICE PLAN EVENT TYPE	100.2 EVENT NUMBER	100.2 EVENT TYPE
1	Y123456	PLWA	5	CSR	12	CSR
2	G654321	PLWA	11	CSR	16	CSR

→ Check for:

- are the clients listed with our agency during selected review period
- are the clients listed on the correct waiver

→ If not, notify elaine.osbment@state.co.us immediately

→ Confirm you have completed this basic review by
July 19th

Program Tool and Instructions

Review Period		CY 2012
Agency Name		0
Reviewed By		
Medicaid ID		
Program Area		0
Review Date		
Certification Span (provided)		
Program Tool		
Assurance: Level of Care (LOC) Evaluation of need: The State must provide for an initial evaluation (and periodic reevaluations) of the need for the level of care furnished in a Nursing Facility/hospital/ICF/MR when there is a reasonable indication that service may be needed in the future. The assessment itself must be the same as those used to determine level of care for Nursing Facility/hospital/ICF-MR and the qualifications for persons performing assessments must be as high as those assessing need for Nursing Facility/hospital/ICF-MR.		
LOC Sub assurance 3: The process and instruments described in the approved waiver are applied appropriately and according to the approved description to determine client level of care.		
2) The ULTC Assessment was completed face-to-face in the client's residence.		
Instructions for line 22: Mark "Yes" if 1) the assessment was completed in the client's residence and 2) the client was present at the interview. The client's residence is defined as where the client currently resides (this may include the client's private residence, or their parent's home if this is where the client lives, an Alternative Care Facility, a hospital, a Nursing Facility, etc.).		
A) All "Due To" scores are sufficiently justified in the comment section.		No
1) Bathing "Due To" score is sufficiently justified in the comment section.		
2) Dressing "Due To" score is sufficiently justified in the comment section.		
3) Toileting "Due To" score is sufficiently justified in the comment section.		
4) Mobility "Due To" is sufficiently justified in the comment section.		
5) Transferring "Due To" score is sufficiently justified in the comment section.		
6) Eating "Due To" score is sufficiently justified in the comment section.		
7) Supervision Behavior "Due To" score is sufficiently justified in the comment section.		
8) Supervision Memory deficit "Due To" score is sufficiently justified in the comment section.		
Instructions for lines 27-34: Mark "Yes" if no comment was necessary because the score for the ADL was zero OR if the comments support the score indicated in the "Due to's" in each ADL and Area of Supervision. The comments must include how the information was obtained (e.g. observation, client report, staff report, collateral information, etc.) and must be relevant to the current assessment.		



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

Newly Revised for 2013

Data Information Sheet (Optional)

Client Name		Medicaid ID		Waiver/Program	
Current CM		CM during Cert Period being reviewed			QIS assigned to:

ULTC Assessment (100.2)	Event #	LTC Certification Span Start Date			LTC End Date		
	Conducted in the client residence		Yes / No	Was the client present		Yes / No	
	ADLs	Score	Comments Justify Score	Needs Identified		Contains HOW info obtained	Need addressed in SP?
	Bathing						
	Dressing						
	Toileting						
	Mobility						
	Transfers						
	Eating						
	Sup. Behavioral						
Sup. Memory							
Mental Health Diagnosis:							

Aggregation Sheet

Review Period		1/1/2012 - 12/31/12	0
Agency Name			
Reviewed By			
Medicaid ID			
Program Area			
Review Date			
Review Period (provided)			

36	Case Closure/Termination		
37	Client record indicate that a Case Closure/Termination was needed (125)		0
38	Client record indicates the case was closed according to Department Rules and Regulations. (127)		0
39			
40			
41			

EBD Waiver Scoring Aggregation

BI Waiver Scoring Aggregation

Sub assurance 1: Service Plans address all client's assessed needs (including health and safety risk factors) and personal goals, either by provision of waiver services or through other means.		
Performance measure A: SP aligns with ULTC (40)		0
Performance measure B: Needs addressed through non-waiver services (43 includes 45-48)		0
Performance measure C: SP addresses Personal Goals (49 includes 51-53)		0
1) Service Goals under "HCBS Services" have been completed (51)		0
2) Personal Goal (client's goal for this year) has been documented (53)		0
Sub assurance 2: The State monitors Service Plan development in accordance with its policies and procedures.		
Performance measure B: SP addresses health and safety-Contingency Plan (66)		0
Sub assurance 3: Service Plan is completed at least annually or revised when warranted by changes in the client's needs.		
Performance measure B: SP required revision (81)		0
1.) Revision Completed in BUS (83)		0
2.) Revisions Justified (85)		0
3.) Revision Delivered (87)		0
4.) Revision Signed (89)		0

**Due by
September
3rd!**

Find Tools Online

→ [Colorado.gov/hcpf](https://colorado.gov/hcpf)

Providers Tab

→ Long-Term Services and Supports

→ LTSS Training



Questions about the tools?



** Question by Martin Delin; image from The Noun Project*



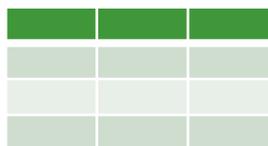
Today's Objectives



**Background
Information**



**Tools of the
Trade**



Program Tool

**Construction; Poll by Ariel Liu; images from The Noun Project*



Program Tool Template

Review Period		CY 2012
Agency Name		0
Reviewed By		
Medicaid ID		
		0
Program Area		
Review Date		
Certification Span (provided)		
Program Tool		
Assurance: Level of Care (LOC) Evaluation of need: The State must provide for an initial evaluation (and periodic reevaluations) of the need for the level of care furnished in a Nursing Facility/hospital/ICF/MR when there is a reasonable indication that service may be needed in the future. The assessment itself must be the same as those used to determine level of care for Nursing Facility/hospital/ICF-MR and the qualifications for persons performing assessments must be as high as those assessing need for Nursing Facility/hospital/ICF-MR.		
LOC Sub assurance 3: The process and instruments described in the approved waiver are applied appropriately and according to the approved description to determine client level of care.		
2) The ULTC Assessment was completed face-to-face in the client's residence.		
Instructions for line 22: Mark "Yes" if 1) the assessment was completed in the client's residence and 2) the client was present at the interview. The client's residence is defined as where the client currently resides (this may include the client's private residence, or their parent's home if this is where the client lives, an Alternative Care Facility, a hospital, a Nursing Facility, etc.).		
A) All "Due To" scores are sufficiently justified in the comment section.		No
1) Bathing "Due To" score is sufficiently justified in the comment section.		
2) Dressing "Due To" score is sufficiently justified in the comment section.		
3) Toileting "Due To" score is sufficiently justified in the comment section.		
4) Mobility "Due To" is sufficiently justified in the comment section.		
5) Transferring "Due To" score is sufficiently justified in the comment section.		
6) Eating "Due To" score is sufficiently justified in the comment section.		
7) Supervision Behavior "Due To" score is sufficiently justified in the comment section.		
8) Supervision Memory deficit "Due To" score is sufficiently justified in the comment section.		
Instructions for lines 27-34: Mark "Yes" if no comment was necessary because the score for the ADL was zero OR if the comments support the score indicated in the "Due to's" in each ADL and Area of Supervision. The comments must include how the information was obtained (e.g. observation, client report, staff report, collateral information, etc.) and must be relevant to the current assessment.		

→ One template...
...many clients

→ Rename file by
waiver and
Medicaid ID

- DD-Z121212
- PLWA-Q654321



Why are there lines missing?

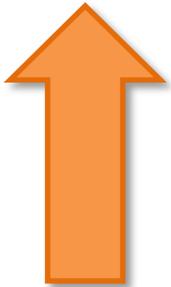
9	Assurance: Level of Care (LOC) Evaluation of need: The State must provide for an initial evaluation (and periodic re-evaluation) of the need for the level of care furnished in a Nursing Facility/hospital/ICF/MR when there is an indication that service may be needed in the future. The assessment itself used to determine level of care for Nursing Facility/hospital/ICF-MR and the performing assessments must be as high as those assessing need for Nursing Facility/MR.
13	LOC Sub assurance 3: The process and instruments described in the approved application must be used appropriately and according to the approved description to determine client's level of care.
22	2) The ULTC Assessment was completed face-to-face in the client's residence.
23	Instructions for line 22: Mark "Yes" if 1) the assessment was completed in the client's present residence at the interview. The client's residence is defined as where the client currently resides, their private residence, or their parent's home if this is where the client lives, an Alternate Care Facility, a Nursing Facility, etc.).
26	A) All "Due To" scores are sufficiently justified in the comment section.



Client/Agency Information

Lines 1-7

1	<i>Review Period</i>	<i>FY 2012-13</i>	
2	Agency Name		0
3	Reviewed By		
4	Medicaid ID		
5	Program Area		0
6	Review Date		
7	Certification Span (provided)		



MM/DD/YY – MM/DD/YY
ex. 03/01/12 – 02/28/13



Level of Care

Lines 22-34

22	2) The ULTC Assessment was completed face-to-face in the client's residence.		<input type="button" value="v"/>
23	Instructions for line 22: Mark "Yes" if 1) the assessment was completed in the client's residence and 2) the client was present at the interview. The client's residence is defined as where the client currently resides (this may include the client's private residence, or their parent's home if this is where the client lives, an Alternative Care Facility, a hospital, a Nursing Facility, etc.).		
26	A) All "Due To" scores are sufficiently justified in the comment section.	No	
27	1) Bathing "Due To" score is sufficiently justified in the comment section.		
28	2) Dressing "Due To" score is sufficiently justified in the comment section.		
29	3) Toileting "Due To" score is sufficiently justified in the comment section.		
30	4) Mobility "Due To" is sufficiently justified in the comment section.		
31	5) Transferring "Due To" score is sufficiently justified in the comment section.		
32	6) Eating "Due To" score is sufficiently justified in the comment section.		
33	7) Supervision Behavior "Due To" score is sufficiently justified in the comment section.		
34	8) Supervision Memory deficit "Due To" score is sufficiently justified in the comment section.		

Client's Residence = 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.

0 score = YES

Service Plan

Lines 40-48

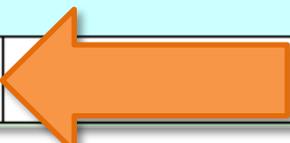
40	Performance measure A: The Service Plan appropriately aligns with the level of care as identified in the ULTC Assessment.	
41	Instructions for line 40: Mark "Yes" only if all needs identified in the ADLs, Supervision, IADL's (EBD, BI, PLWA, and MI only) and Medical sections of the ULTC Assessment are addressed through the services listed in the Service Plan. Example: if a client scores one or more on the ULTC Assessment the client's need must be addressed through a waiver/state plan service or by a third party (i.e. natural supports, other state program, private health insurance or private pay). Mark "No" if any area on the ULTC Assessment identifies a need not supported in the Service Plan regardless of funding source.	
43	Performance measure B: Identified needs are addressed through non-waiver services including natural supports, third party payers and/or State Plan benefits prior to accessing waiver services. (Resources were reviewed to ensure that HCBS is the payer of last resort.)	No
44	Instructions for line 43: The response will auto populate with "Yes" if at least one of the following four non-waiver services has been identified and/or completed in the Service Plan, otherwise the response will auto populate "No"	
45	1) Natural Supports	
46	2) Third Party Resources	
47	3) State Plan Benefits	
48	4) Home Health Benefits	

No supports = No



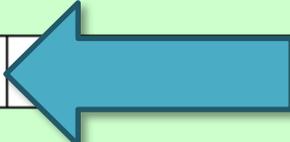
Goals and Contingency Plan

Lines 49-66

49	Performance measure C: All Service Plan(s) applicable during the review period appropriately address personal goals as identified in the Service Goals and Personal Goals section of the Service Plan. (Service Plans adequately addresses the client's desired outcomes as identified in the HCBS Service Section and Personal Goals sections.)	No
50	Instructions for line 49: The reviewer is to look at the Annual Service Plan and any amendments/revisions during the certification period provided. The response will auto populate with "Yes" only if the response to 1) and 2) below are also marked "Yes". The response will auto populate with "No" if the response to 1) or 2) is "No".	
51	1) Service Goals under "HCBS Services" have been completed.	
52	Instructions for line 51: Mark "Yes" only if each authorized service has a Service Goal that is individualized and commensurate with the information obtained from the ULTC Assessment including ADLs, Supervision, IADL's (EBD, BI, PLWA, and MI only) and Medical sections.	
53	2) Personal Goal (client's goal for this certification span) has been documented.	
54	Instructions for line 53: Mark "Yes" only if the Personal Goal section is completed and the narrative is individualized.	
55	Sub assurance 2: The State monitors Service Plan development in accordance with its policies and procedures.	
66	Performance measure B: The Service Plan addresses health and safety risks through the Contingency Plan.	

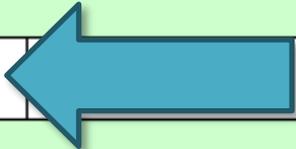
Service Plan Revisions

Lines 81-89

81	Performance Measure B: Review of record indicated the Service Plan required revision.	
82	Instructions for line 81: Mark "Yes" if documentation indicated a client'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. If more than one revision was needed, for questions 1-4 below, the QIS Reviewer should mark "No" if any one of the Service Plan Revisions did not meet the requirement. Mark "No" if the client record does not indicate a Service Plan Revision was needed, and mark "N/A" for questions 1-4 below (lines 83, 85, 87 and 89).	
83	1) Revisions to the Service Plan were completed in the BUS.	
84	Instructions for line 83: Mark "Yes" if a Service Plan Revision was completed on the BUS. Mark "No" if documentation review indicated a Service Plan Revision was needed but the revision was not completed on the BUS. Mark "N/A" if a Service Plan Revision was not needed.	
85	2) Revisions are justified by documentation and address all service changes in accordance with Department policy.	
86	Instructions for line 85: Mark "Yes" if the following two statements are true 1) changes to the Service Plan are supported by documentation in the applicable areas of the ULTC Assessment including ADL's, IADL's, PMIP, log notes or CIRS and 2) the "Service Goals" section of the Service Plan Revision includes documentation to justify the need for a revision. Mark "No" if the changes in the Service Plan were not justified by documentation or if the "Service Goals" section of the revision does not include justification for the revision. Mark "N/A" if a Service Plan Revision was not needed.	
87	3) Service Plan Revision was delivered to client/representative/legal guardian.	
88	Instructions for line 87: Mark "Yes" if the box is checked indicating that a copy of the revised Service Plan was delivered/mailed to the client/representative/legal guardian. Mark "No" if the box is not checked. Mark "N/A" if a revision to the Service Plan was not needed.	
89	4) Service Plan Revision is signed by client or legal guardian as appropriate for each waiver.	

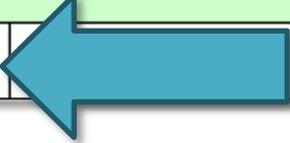
Critical Incidents

Lines 113-115

113	Performance Measure: Review indicates the client experienced a Critical Incident during the certification span provided.	
114	Instructions for line 113: Mark "Yes" if documentation review (e.g. log notes, ULTC Assessment, Service Plan, etc.) indicated the client experienced a reportable Critical Incident. Mark "No" if the client's record does not indicate a reportable Critical Incident, and mark "N/A" for the next question (line 115).	
115	Any and all Critical Incidents involving abuse, neglect or exploitation were reported in CIRS.	
116	Instructions for line 115: Mark "Yes" if there is an indication that a reportable event involving abuse, neglect or exploitation occurred and the case manager submitted a formal report through CIRS. Mark "No" if there is an indication that an abuse, neglect or exploitation event occurred and the case manager DID NOT submit a formal report through CIRS. Mark "N/A" if there is no indication a Critical Incident involving abuse, neglect or	

NOA and Case Closure

Lines 121-128

121	Does the client record indicate a Notice of Action (803 form) was sent or should have been sent during the certification span provided due to a reduction, termination or suspension of services?	
122	Instructions for line 121: Mark "Yes" if the client record indicated that a Notice of Action (803 form) should have been sent due to a reduction, termination or suspension of services during the certification span provided. Mark "No" if a Notice of Action (803) form was not needed during the certification span provided, and mark "N/A" for the next question on line 123. Note: QIS Reviewers are not required to review Notice of Action (803 forms) for actions that increased services and should Mark "No" if the only Notice of Action (803 forms) are for actions that increased services.	
123	If record review indicated a Notice of Action (803 form) was needed due to a reduction, termination or suspension of services, was it completed on the BUS and in accordance with Department Rules and Regulations?	
124	Instructions for line 123: Mark "Yes" if the client record indicated that a Notice of Action (803 form) was needed due to a reduction, termination or suspension of services and was completed correctly. Mark "No" if a Notice of Action (803) form was needed due to a reduction, termination or suspension of services during the certification span provided but was not completed correctly. Mark "N/A" if a Notice of Action (803 form) was not needed or if the Notice of Action (803 form) was provided for actions that increased services. See the instruction packet for detailed information regarding Department Rules and Regulations regarding Notice of Action (803 form) requirements.	
125	Case Closure/Termination	
126	Does the client record indicate that a Case Closure/Termination was needed during the certification span being reviewed?	
127	Instructions for line 126: Mark "Yes" if the client record indicates that Case Closure/Termination was needed during the certification span being reviewed. Mark "No" if the client record indicates that Case Closure/Termination was NOT needed, and mark "N/A" for the next question on line 128.	
128	Documentation in the client record indicates the case was closed according to Department Rules and Regulations.	



Questions?

Comments?



Timeline

- **July 10** – receive sample and tools via email
- **July 12** – confirm receipt of the sample and tools via email
- **July 19** – confirm that all clients in your sample belong to your agency and are on correct waiver – contact Elaine either way
- **September 3** – Completed Aggregate Due back to elaine.osbment@state.co.us



There won't be
any dings!



Contacts

Elaine Osbment

QIS- HCPF

elaine.osbment@state.co.us

Lisa Neveu

QIS- DDD

lisa.neveu@state.co.us

Jennifer Larsen

Case Manager Trainer

jennifer.larsen@state.co.us

June 2013

34



Thank you for attending!

