

**Appendix 49 ■ Utilization Review Tool - Client Record**

MSSP Utilization Review Tool			
<b>Waiver Participant (WP) Number</b>		<b>Site Number and Name</b>	
<b>Enrollment Date</b>		<b>Review Period Start Date</b>	
<b>Birthdate</b>		<b>Review Period End Date</b>	
<b>Gender</b>		<b>Reviewer Name</b>	
<b>Medi-Cal MSSP Aid Code</b>		<b>Review Begin Date</b>	
<b>Termination Date</b>		<b>Review End Date</b>	
<b>Enter "Y" for Yes or "N" for No. Only "N" is counted.</b>			<b>Comments</b>
<b>I. Level of Care</b>			
1	Does the LOC form contain required CDA components?		Type note here.
2	Is the initial LOC completed within 30 days of the application?		
3	Is the LOC completed on or prior to enrollment by a nurse care manager?		
4	Does the LOC describe the WP's functional status (cognition, capacity to perform IADLs, specific deficits affecting that performance)?		
5	Is the LOC recertification timely?		
6	Is the LOC determination supported by the WP record?		
<b>II. Application</b>			
1	Was the application timely?		
2	Is the application signed by the WP?		
3	Did the WP receive a copy of the application?		
4	Did the WP received documentation of?		
4a	Client Rights		
4b	State Hearing process		
4c	HIPAA		
<b>III. Waiver Participant Enrollment</b>			
1	Does CE/TIF contain required CDA components?		
2	Was enrollment on or after the date of the application?		
3	Is CE/TIF data consistent with WP record?		
<b>IV. Waiver Participation Termination</b>			
1	Is the termination section of the CE/TIF completed?		
2	Is the termination code correct?		
3	Does the WP record support the actions/decisions leading to the termination?		
4	If the WP was placed in a facility, was the termination initiated timely?		
5	Was the NOA timeframe requirement met for termination codes 2, 3, 4, 5, 7, 8, 9 or 10?		
6	Does the NOA inform the WP of their State Fair Hearing rights?		
<b>V. Initial Assessments and Summaries</b>			
1	Is the IHA completion timely?		
2	Are all sections of the IHA complete?		
2a	Medication list		
2b	Problem list		
2c	Summary		
3	Is the IHA signed and dated by the NCM?		
4	Was the IHA conducted at the WP's home?		
5	Is the IPSA completion timely?		
6	Are all sections of the IPSA complete?		
6a	Psychological Functioning		
6b	Functional Needs Assessment Grid		
6c	Cognitive Assessment Tool		
6d	Summary		
6e	Problem List		
7	Is the IPSA signed and dated by the SWCM?		
8	Was the IPSA conducted at the WP's home?		
9	Is WP nutritional status reviewed for ONS purchases?		
10	If any part of the assessment was deferred, was it completed?		

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<b>VI. Reassessment</b>				
1	Was the Reassessment completion timely?			
2	Are all sections of the reassessment complete?			
2a	Functional Needs Assessment Grid			
2b	Cognitive Assessment Tool			
2c	Medication list			
2d	Reassessment summary			
2e	Problem list			
3	Were changes from previous assessments addressed?			
4	Was the Reassessment conducted at WP's home?			
<b>VII. Care Plan</b>				
1	Was the Care Plan timely?			
1a	Signed and dated by the care manager and SCM			
1b	Were services started on or after SCM signature			
1c	WP signature			
1d	Care plan renewal			
2	Are WP needs and goals addressed?			
3	Are WP functional deficits addressed in the problem statement?			
4	Is the need for care management supported by the problem statements?			
5	Is the care plan free from item-centered problem statements?			
6	Are goals measurable, realistic and pertinent to problem statements?			
7	Do interventions address WP needs?			
8	Are service provider names and types listed on the care plan?			
9	Are purchased waiver services that are indicated on the SPUS listed on the care plan?			
10	Does the care plan include problems identified by both disciplines?			
11	Was the care plan revised to address the WP's changing needs?			
12	Was the care plan based on approved assessment tools?			
13	Was a NOA sent to the WP for care plan reductions and deletions?			
<b>VIII. Progress Notes</b>				
1	Are all entries dated and signed?			
2	If the WP has not signed the care plan prior to the first monthly contact, has verbal acceptance of the care plan been documented in the progress notes?			
3	Do progress notes indicate monthly contact?			
4	Are all care plan services and care management activities monitored in the progress notes?			
5	Were deferred services justified in the progress notes?			
6	Were risks associated with deferred services documented and followed up timely?			
7	Was education provided to the WP when necessary?			
8	Are quarterly visits timely and conducted in the WP's home?			
9	Was the WP seen annually by the SWCM and NCM?			
10	Are critical incidents documented in the progress notes?			
<b>IX. Authorization for Use and Disclosure of Protected Health Information</b>				
1	Does each AUDPHI identify the type of information to be obtained/released?			
2	Is there one AUDPHI per agency or individual, including individual family members?			
3	Are the AUDPHIs signed and dated by the WP or authorized individual?			
<b>X. Client Records and Information</b>				
1	Do the forms contain the required information (components)?			
<b>XI. Risk Assessment</b>				
1	If the WP refuses a service, were they informed of the potential risk of their decision?			
2	Was the WP provided with education regarding the risk?			
3	Was a risk management plan developed and signed by WP?			
4	Was the risk management plan monitored according to the plan?			

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<b>XII. Service Plan and Utilization Summary</b>		<b>XII. Service Plan and Utilization Summary</b>	
<b>1</b>	Was a SPUS completed for each month of w/P enrollment?		
<b>2</b>	Was each SPUS verified by the care manager?		
<b>3</b>	Were all purchased waiver services on the SPUS listed on the care plan?		
<b>4</b>	Were appropriate waiver service codes used to submit claims?		
<b>5</b>	Were claims paid in accordance with w/P authorized services?		
<b>6</b>	Were all purchases substantiated without the possibility of recovery?		
<b>7</b>	Did the site pursue all other payment options?		
<b>8</b>	If items were denied by insurance, was there documentation of the denial prior to using waiver service funds for a purchase?		
<b>0</b>		<b>Total "No" Responses</b>	<b>↓ Technical Assistance Provide</b>
I	Level of Care	0	
II	Application	0	
III	Waiver Participant Enrollment	0	
IV	Waiver Participant Termination	0	
V	Initial Assessments and Summaries	0	
VI	Reassessment	0	
VII	Care Plan	0	
VIII	Progress Notes	0	
IX	AUDPHI	0	
X	Client Records and Information	0	
XI	Risk Assessment	0	
XII	Service Plan and Utilization Summary	0	

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