Appendix 57 ▪ Utilization Review Tool

The Utilization Review tool is used by MSSP analysts during Utilization Reviews. The tool is uploaded to the FIFO secure file transfer site for reference and images are shown below as a preview.

MSSP Utilization Review Tool

Waiver Participant (WP) Number		Site Number and Name	0
Enrollment Date		Review Period Begin	1/0/1900
Birthdate		Review Period End Date	1/0/1900
Gender		Reviewer Name	0
Medi-Cal MSSP Aid Code		Review Begin Date	January 0, 1900
Home Visit		Review End Date	January 0, 1900
Termination Date		Prim Care Manager (PCM #)	

	Enter "Y" for Yes or "N" for No. Only "N" is counted.	↓	Comments
I. NECESSITY OF SERVICES			
I.A. Waiver Participant Eligibility			
1	Is the WP aged 65 or older?		
2	Does the WP reside in the catchment area?		
3	Does the WP have the appropriate Medi-Cal aid code?		
4	Is the WP served within the cost limitations of the program?		
5	Is the WP appropriate for care management services?		
I.B. Level of Care			
1	Does the LOC form contain required CDA components?		
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 I/ADLs, specific deficits affecting that performance)?		
5	Is the LOC recertification timely?		
6	Is the LOC determination supported by the WP record?		
II. CLIENT ENROLLMENT, RIGHTS, AND TERMINATION			
II.A. Application			
1	Was the application timely?		
2	Is the application signed by the WP and MSSP staff?		
3	Did the WP receive a copy of the application?		
4	Is the original signed and dated application retained in the WP record?		
II.B. Client Enrollment/Termination Information Form			
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?		
II.C. Notification of Rights			
1	Did the WP receive a copy of the following?		
1a	Client Rights		
1b	State Hearing Process		

Vendor Review Tool Preview:

			V1	V2	V3	V4	V5	V6	V7	V8	V9	V10	V11	V12	V13	V14	V15		Area of UR Findings	Reviewer Totals
	Site Number and Name	o																		
	Beginning Date of Review	1/0/1900																		
	Service Provider Name																			
	Vendor Number																			
		-Enter "Y" for Yes or "N" for No. Only "N" is counted.																		
1	Were all insurance requirements met?																			
1a	General Liability																		1a	o
1b	Auto Liability																		1b	o
1c	Professional Liability																		1c	o
1d	Workers Compensation																		1d	o
1e	Other																		1e	o
2	Is the site listed as the certificate holder?																		2	o
3	Does the vendor have a current business license?																		3	o
4	Does the vendor meet *state licensing requirements, if applicable?																		4	o
5	Has the vendor completed CDA Privacy and Information Security Awareness Training?																		5	o

*BOE=Board of Equalization; **CDSS**=California Department of Social Services; **CSLB**=Contractors State License Board; **DCA**=Department of Consumer Affairs; **DIR**=Department of Industrial Relations; **DPH**=Department of Public Health.

		↓ Type comments; include vendor #.	Total Findings for All Records Reviewed.	o
1	**Comments - 1 Insurance Requirements**	Type comments explaining findings here. Include vendor number.		
2	**Comments - 2 Certificate Holder**			
3	**Comments - 3 Business License**			
4	**Comments - 4 State Licensure**			
5	**Comments- 5 Training**			
6	**Comments - General**			