

HCBS Waiver Qualified Provider Review

Comprehensive Aggregate Cap (CAC) Waiver East
 Statewide Waiver Middle
 Self-Determination Waiver West
 DIDD
 TennCare
 Name of Provider / Services Provided _____

Date of Review _____
 Surveyor _____
 Provider Type _____

Performance Measure	Performance Measure Question(s)	Result	Guidance / Source	Comment / Actions
<u>Qualified Providers</u>				
a.i.a. Sub-assurance: The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.				
QP – a.i.a.4.	Did the Provider continue to meet current license / certification following initial enrollment?	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	Review licensure letter or copy of certification To utilize information gathered at annual review of provider. Check on-site licenses; if out-of-date, ask for clarification; insure provider follows-up to get additional information. Check all licenses; score “no” if any individual licenses are found to not be current.	Findings are to be issued to TennCare within 2 working days; Regional Office staff; provider.
QP – a.i.a.5.	Did the newly employed (or reassigned) direct support staff serving waiver participants have a background check prior to, but no more than 30 days in advance of, employment or a change in assignment to direct support?	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	Review background checks. 100% of waiver direct support staff hired since the last survey.	Request background check be initiated during survey. Issue findings to the DIDD Regional Office staff and provider.

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	<u>Enter detail of specific findings here:</u>			
QP – a.i.a.6.	Did the newly employed (or reassigned) direct support staff serving waiver participants have an Abuse Registry check completed prior to, but no more than 30 days in advance of, employment or a change in assignment to direct support?	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	Review registry checks. 100% of waiver direct support staff hired since the last survey.	Request registry check be initiated during survey. Issue findings to the DIDD Regional Office staff and provider.
	<u>Enter detail of specific findings here:</u>			
QP – a.i.a.7.	Did the newly employed (or reassigned) direct support staff serving waiver participants have a Sexual Offender Registry check completed prior to, but no more than 30 days in advance of, employment or a change in assignment to direct support?	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	Review registry checks. 100% of waiver direct support staff hired since the last survey.	Request registry check be initiated during survey. Issue findings to the DIDD Regional Office staff and provider.
	<u>Enter detail of specific findings here:</u>			

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QP – a.i.a.8.	Did the newly employed (or reassigned) direct support staff serving waiver participants have a Tennessee Felony check completed prior to, but no more than 30 days in advance of, employment or a change in assignment to direct support?	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	Review TN felony checks. 100% of waiver direct support staff hired since the last survey.	Request felony check be initiated during survey. Issue findings to the DIDD Regional Office staff and provider.
<u>Enter detail of specific findings here:</u>				
QP – a.i.a.16	Did the newly employed (or reassigned) direct support staff serving waiver participants have an OIG List of Excluded Individuals & Entities check completed prior to, but no more than 30 days in advance of, employment or a change in assignment to direct support?	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	Review OIG List of Excluded Individuals & Entities checks. 100% of waiver direct support staff hired since the last survey.	Request OIG Excluded Individuals & Entities check be initiated during survey. Issue findings to the DIDD Regional Office staff and provider
<u>Enter detail of specific findings here:</u>				

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QP – a.i.a.10.	Did the newly employed (or reassigned) direct support staff delivering services to waiver participants meet the waiver general provider qualification of being able to read, write, and communicate in English?	O Y O N O NA	100% of waiver direct support staff hired since the last survey. Read, write and communicates in English = filled-out job application with signature or met agency specific criteria.	Notify provider; request appropriate personnel action. Regional Office staff are to verify appropriate actions taken.
	<u>Enter detail of specific findings here:</u>			
QP – a.i.a.11.	Did the newly employed (or reassigned) direct support staff who transport waiver participants who had a current driver's license?	O Y O N O NA	100% of waiver direct support staff hired since the last survey. Applicable if required to drive / provide transportation.	Notify provider; request appropriate personnel action. Regional Office staff are to verify appropriate actions taken.
	<u>Enter detail of specific findings here:</u>			
a.i.b. Sub-assurance: The State monitors non-licensed / non-certified providers to assure adherence to waiver requirements.				
QP – a.i.b.1.	Did the non-licensed/non-certified provider meet waiver qualifications?	O Y O N O NA	Review personnel records of behavioral providers who serve waiver participants.	Notify TennCare within 2 working days of any lapse in meeting qualifications; copy Dr. Davis; Regional Office and provider.

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a.i.c. Sub-assurance: The State implements its policies and procedures for verifying that provider training is conducted in accordance with State requirements and the approved waiver.				
QP – a.i.c.1.	Did the newly employed (or reassigned) direct support staff delivering services to waiver participants complete required training prior to direct service delivery?	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	100% of waiver direct support staff hired since the last survey. Conduct training audit.	Issue findings to provider, training to be completed within 30 days. Copy Regional Office.
	<u>Enter detail of specific findings here:</u>			

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Performance Measure	Performance Measure Question(s)	Result	Guidance / Source	Comment / Actions
<u>Health and Welfare</u>				
b. Sub-assurance: The State demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible.				
HW – a.i.20.	Did the Provider review reportable incidents as required by DIDD (as defined by QA Indicator 3.C.15.)?	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	<p>The agency Incident Review Committee (IRC) meets at least every other week (or as approved annually by DIDD). The Incident Management Coordinator is responsible for maintaining minutes of the meetings of the Incident Review Committee. The minutes must include names of those in attendance (whether in person, by phone, etc.) and documentation of the committee's discussion, recommendations and actions.</p> <p>IRC minutes reflect the committee performs the following functions:</p> <ol style="list-style-type: none"> 1. Monitoring to ensure appropriate reporting of incidents; 2. Reviewing and providing recommendations as necessary regarding provider incident reports, DIDD completed investigation reports and provider incident reviews, including staff misconduct incidents; 3. Ensuring implementation of corrective actions and recommendations pertaining to Reportable Incidents 4. Identifying trends regarding reportable incidents; and 5. Identifying individual risk issues for prevention of harm. 	

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HW a.i.20. continued			<p>The provider implements procedures for the completion of an annual written analysis of the trends and patterns related to Reportable Incidents. The annual written analysis must be completed each year and is made available to DIDD within 2 business days of the request.</p> <p>Corrective actions are developed and implemented for all trends identified.</p> <p>The agency has an effective process for evaluation of the accountability of its incident reporting.</p>	
HW – a.i.21.	Did the Provider review all DIDD investigations and develop and implement planned strategies when applicable (as defined by QA Indicator 3.C.11.)?	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	<p>IRC minutes reflect review of investigation recommendations.</p> <p>The provider tracks all actions regarding substantiated and unsubstantiated investigations until resolution is achieved (the provider tracks only investigations applicable to them) per requirements in the DIDD provider manual.</p> <p>The provider notifies or documents attempts to notify alleged perpetrator(s) of the outcome of the investigation.</p> <p>Within fifteen (15) days of receipt of the DIDD Summary of Investigation Report, the provider conducts a discussion of the investigation with the person(s) involved and legal representative, if applicable.</p>	

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b. Sub-assurance: The State establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.				
HW – a.i.24.	Did the Provider develop and maintain policies, and implement practices, in accordance with the DIDD Provider Manual and policies that achieve outcomes related to health care management and oversight (as defined by QA Indicator 5.A.5.)?	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	<p><u>For Day, Residential, Personal Assistance and Nursing Provider:</u> The provider develops / maintains policies and implements practices that achieve outcomes related to health care management and oversight.</p> <p>Providers comply with the DIDD Provider Manual for development and implementation of documentation systems related to health care oversight and communication of health care information.</p> <p><u>For Residential & Day Providers:</u> Physician's orders are current and carried out as written in a timely manner.</p> <p>All specialized health services needed by the person are accessed in a timely manner.</p> <p>All specialized health related equipment / supplies needed by the person is accessed in a timely manner and maintained appropriately on a continuous basis.</p>	

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HW – a.i.24. continued			<p>The provider ensures the person receiving psychotropic medications has a minimum of quarterly appointments with the treating practitioner.</p> <p>Ongoing documentation shows the provider’s efforts to obtain needed treatments, follow-up and assessments within time frames indicated or needed.</p> <p>Agency documentation systems verify staff implementation of health care related interventions.</p> <p>Providers perform appropriate healthcare oversight by appropriately qualified staff which in some cases may be a Registered Nurse.</p> <p>Any health related procedures requiring completion by a nurse are completed only by a nurse. Only a registered nurse may delegate activities related to health related procedures.</p> <p>Documentation of RN delegation includes and specifies:</p> <ol style="list-style-type: none"> 1. That the nurse personally is delegating his/her license; 2. Names of staff delegation is applicable to; 3. Specific task/s being delegated; 4. Description of training provided to staff; and 5. Description of how the RN will monitor staff. 	

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HW – a.i.24. continued			<p>For Personal Assistance Providers: Any health related procedures requiring completion by a nurse are completed only by a nurse. Only a registered nurse may delegate activities related to health related procedures.</p> <p>Documentation of RN delegation includes and specifies:</p> <ol style="list-style-type: none"> 1. That the nurse personally is delegating his/her license; 2. Names of staff delegation is applicable to; 3. Specific task/s being delegated; 4. Description of training provided to staff; and 5. Description of how the RN will monitor staff. <p><u>For Nursing Providers:</u> Physician’s orders are current and carried out as written in a timely manner.</p> <p>All specialized health related equipment is maintained appropriately on a continuous basis.</p> <p>The provider ensures the person receiving psychotropic medications has a minimum of quarterly appointments with the treating practitioner.</p> <p>Ongoing documentation shows the provider’s efforts to obtain needed treatments, follow-up and assessments within time frames indicated or needed.</p>	

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