Title: **SD-CFC/PAS 927**
Section: **FORMS**
Subject: **Recertification Internal Review Worksheet (SLTC-247)**
Reference:
Supersedes: **January 1, 2018**

PURPOSE

The Recertification Internal Review Worksheet is a form developed for the provider agency to use to document the results of the member chart review. Every agency is required to use the Recertification Internal Review Worksheet (SLTC-247) for each member in the agency's Recertification Review Sample. Refer to CFC/PAS 610 instructions for how to determine the Recertification Review Sample.

INSTRUCTIONS

Every member in the Recertification Review Sample must be reviewed for the criteria listed below; which is related to the documentation completed during the member's recertification visit. The recertification sample was pulled for the period of time from July-December of the review year. Thus, the review for appropriate recertification documentation must include the forms and documentation completed during the visit. Annual forms are considered current if they were completed within 12 months of the Recertification visit or during the recertification visit.

For example, item 6 instructs the provider agency to verify that the member's chart contains a current PCP form. If a member's recertification visit was completed in August 2017, a current PCP form would be documented if it was completed within 12 months of the month of the visit (i.e. September 2016 through August 2017). Therefore, a PCP form completed in August 2016 or December 2017 would not meet the criteria, because neither would have been current during the recertification visit.

1. Recertification Form with signatures: Determine whether the member's chart contains a Recertification Form (SLTC-210) completed between July-December of the review year and that it is signed by the member and program oversight staff. If the chart does not contain the form or required signatures, the criteria is unmet.

2. Recertification Form includes correct authorized units from Service Plan: Review the Recertification Form completed between July-December to determine whether units/hours are recorded on the line for “authorized units”. Next, refer back to the Service Plan (SLTC-175) that was in place when the Recertification Form was completed and determine whether the same “authorized units” are indicated on the Service Plan. If the authorized units are not completed on the Recertification Form, or the units are not the same as indicated on the Service Plan, the criteria is unmet.
3. Recertification Form includes correct utilization from review of SDR: Review the Recertification Form completed between July-December to determine whether units/hours are recorded on the line for “utilization”. Next, refer back to the Service Delivery Records (SDR) for at least a two month period of time prior to when the Recertification Form was completed and determine whether the utilization that is recorded on the form is accurate. If the utilized units are not indicated on the Recertification Form, or the units are not the same as indicated in the review of SDR, the criteria is unmet.
4. Recertification visit occurred within six months of intake or annual: Review the date the Recertification Form was signed. Review the member chart and find the date the previous Recertification Form was completed or Intake Service Plan was completed (whichever occurred six months prior). If the recertification visit did not occur within the sixth months from the month of the previous visit, the criteria is unmet.

    NOTE: If the member did not have a Recertification visit within six months of the last recertification/intake visit and services were delivered and billed to Medicaid, the provider agency must complete a repayment.

5. HCP Authorization: Review the HCP Authorization (SLTC- 160) that was current during the Recertification visit to determine whether the member's chart contains a current HCP Authorization and that it was signed and dated by the member and health care professional. If the chart does not contain the current HCP Authorization form or the required signatures, the criteria is unmet.

   NOTE: If the member did not have a Health Care Professional Authorization in place and services were delivered and billed to Medicaid, the provider agency must complete a repayment.

6. Current PCP Form with signatures: Review the PCP Form (SLTC-200) that was current during the Recertification visit to determine whether the member's chart contains a current PCP Form that was signed by the member, program oversight staff and Plan Facilitator.

   a. If the provider agency is the Plan Facilitator and the chart does not contain the current PCP Form, the criteria is unmet.

   b. If the case manager is the Plan Facilitator, and there is no PCP form and no documentation in the member's chart that the agency contacted the case manager, the criteria is unmet.

7. The following should be reviewed if the agency acted as the Plan Facilitator and completed the PCP Form. If the agency was not the Plan Facilitator mark N/A.

   a. PCP Form contains member information in every box: Determine whether the form contains member-specific information in every box of the form. If there is a box that does not contain member specific information, the criteria is unmet.

8. ➢Intake/Annual Service Plan with signatures: Review the Service Plan that was current during the Recertification visit to determine whether the member's chart contains a current Service Plan

(SLTC-175) and that it is signed and dated by the member, program oversight staff and plan facilitator. If the chart does not contain a current Service Plan or the Service Plan does not contain the required signatures, the criteria is unmet.

NOTE: If the member did not have a Service Plan in place and services were delivered and billed to Medicaid, the provider agency must complete a repayment.

9. ➢Service Plan documents ADL/HMA/IADL tasks and ADL/HMA frequency: Review the Service Plan Schedule that was current during the Recertification visit to ensure that activities of daily living (ADL), Health Maintenance Tasks (HMA) and Instrumental Activities of Daily Living (IADL) are listed and assigned a frequency and/or they reference the MPQH Service Profile. If ADL/HMA/IADL tasks are not listed, and/or there is no ADL/HMA task frequency or reference to the MPQH Service Profile, the criteria is unmet.

10. Flexibility parameters implemented according to policy: Review the Service Plan and MPQH Service Profile that were current during the Recertification visit. Determine whether the frequency of ADL tasks on the member's Service Profile is the same as the ADL frequency on the member's Service Plan. If the frequency is not the same, determine whether there is documentation to support the flexibility parameters that were implemented. If there is no documentation addressing the flexibility parameters, the criteria is unmet.

11. ➢Temporary Authorization: The following should be reviewed when a temporary authorization/amendment is completed between July-December of the review year. If a temporary authorization was not completed during July-December of the review year, mark N/A.

    a. If a temporary authorization was completed, review the Service Plan to determine whether the temporary authorization section of the

Service Plan has been completed. The section must include:

i. Box marked indicating the type of change;

ii. Start date and end date;

iii. Total time in units of the change;

iv. ➢Description of the change to ADL and IADL task documents the change that occurred and provides detail about the change that is needed from the current service profile authorization to meet the member's needs;

v. ➢No HMA tasks are included on the temporary authorization;

vi. ➢Service description is within the scope of services that can be authorized in the CFC/PAS program; and

vii. ➢Temporary authorization is completed and signed by the Program Oversight Staff.

b. If any of the sections of the temporary authorization listed above (I-vii) are not completed the criteria is unmet. If the start date and end date is greater than 28 days, the criteria is unmet.

12. ➢Amendment: The following should be reviewed when an amendment is completed between July-December of the review year. If an amendment was not completed during July-December of the review year, mark N/A.

a. If an amendment was completed, review the Service Plan to determine whether the amendment section of the Service Plan has been completed appropriately. The section must include:

i. The amendment request falls within one of the three types of amendment request:

1. Member condition has changed;
2. Medical necessity request to exceed caps; or
3. Request to change PERS provider.

ii. Description of the change to ADL, HMA or IADL includes the reason for the amendment request and appropriate applicable description and/or documentation (Refer to CFC/PAS 719); and

iii. ➢Amendment request is completed and signed by the Program Oversight staff.

b. If any of the sections of the amendment request listed above (i-iii) are not completed the criteria is unmet. If the start date and end date is greater than 28 days, or the end date is left blank and the fax date to MPQH is greater than 28 days, the criteria is unmet.

13. For each of the criteria outlined above (1-12) the provider agency must record an “x” in one of the following boxes:

a. N/A: If the criteria is not applicable indicate an “x” in the box;

b. Met: If the criteria is met indicate an “x” for the box; or

c. Unmet: If the criteria is not met indicate an “x” in the box.

d. Date Completed or Date Span: Indicate the date the form was completed or the span referenced on the form.

e. Comments: Provide additional comments.