

Provider Reassessment Review Tool

Response was added on 10-05-2020 21:24.

Participant Last Name	Doe
Participant First Name	Jane
Participant DCN	12345678
Reviewer Name	John Doe
Assessor Agency	Quality (Name of the agency that completed the assessment)
Record Review Type	<input type="checkbox"/> ADW <input type="checkbox"/> ADCW <input checked="" type="checkbox"/> CDS <input type="checkbox"/> IHS <input type="checkbox"/> ILW

Utilization

Utilization Review	<input checked="" type="checkbox"/> No Issues <input type="checkbox"/> Provider Has Not Billed <input type="checkbox"/> Care Plan Units Inappropriate Based on Recent Utilization
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Demographics

Demographics	<input checked="" type="checkbox"/> No Issues <input type="checkbox"/> Martial Status Does Not Match InterRAI & Case Notes
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Physician

Physician Information	<input checked="" type="checkbox"/> No Issues <input type="checkbox"/> No Physician Listed
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Other Responsible Person

Other Responsible Person	<input type="checkbox"/> No Issues <input checked="" type="checkbox"/> Tab Blank or Incorrect <input type="checkbox"/> Has Guardian but no Paperwork Uploaded
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Other Responsible Person Remediation Tab Blank or Incorrect	<input checked="" type="checkbox"/> Provider Education <input checked="" type="checkbox"/> Provider will Correct <input type="checkbox"/> DSDS will Correct
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Tab Blank or Incorrect

Per policy 10.15, if the participant has a legal guardian or other responsible person, the other responsible person tab of the participant summary screen in Web Tool should reflect this information. When completing future reassessments, please ensure the other responsible person tab has been completed correctly.

Assessment

Assessment	<input type="checkbox"/> No Issues <input type="checkbox"/> No Goal / Inappropriate Goal <input type="checkbox"/> No Backup Plan / Inappropriate Backup Plan <input checked="" type="checkbox"/> Assessment not Signed Correctly <input type="checkbox"/> Inaccurate Coding <input type="checkbox"/> Incomplete Assessment
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Assessment Remediation Assessment Not Signed Correctly	<input checked="" type="checkbox"/> Provider Education <input checked="" type="checkbox"/> Provider will Correct <input type="checkbox"/> DSDS will Correct
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Assessment Not Signed Correctly

The signature in Section T of the InterRAI should include the name, title, agency of the reassessor, and email address the assessor may be best reached. When completing future reassessments, please ensure InterRAI is signed correctly.

Care Plan

Care Plan	<input type="checkbox"/> No Issues <input type="checkbox"/> Shared Spaces not Considered <input checked="" type="checkbox"/> Tasks do not Match Assessment <input type="checkbox"/> Authorization Error(s) <input type="checkbox"/> No Care Plan Entered <input type="checkbox"/> Inaccurate Priority
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Care Plan Remediation Tasks Do Not Match Assessment	<input checked="" type="checkbox"/> Provider Education <input type="checkbox"/> Provider will Correct <input checked="" type="checkbox"/> DSDS will Correct
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Tasks Do Not Match Assessment

Per policy 4.20, a care plan must only contain tasks that have been identified during the assessment process as necessary to the participant. Time should only be authorized for a task if the InterRAI responses reflect a need for assistance in that area. In rare instances there may be an exception to this rule, however thorough case note documentation should provide an explanation for the discrepancy. When completing future reassessments and care plans, please ensure that there is an identified need for all tasks authorized.

Attachments / Forms

Attachments / Forms	<input checked="" type="checkbox"/> No Issues <input type="checkbox"/> No Verbal Signatures for Required Forms <input type="checkbox"/> Did not use Current Forms
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Case Notes

Case Notes	<input type="checkbox"/> No Issues <input checked="" type="checkbox"/> Incomplete Vital Information <input type="checkbox"/> Incomplete Needs Description <input type="checkbox"/> No / Incomplete Assessor Signature
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Case Notes Remediation Incomplete Vital Information	<input checked="" type="checkbox"/> Provider Education <input checked="" type="checkbox"/> Provider will Correct <input type="checkbox"/> DSDS will Correct
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Incomplete Vital Information

Per policy 4.30, reassessment case notes should include documentation of participant living arrangements and conditions, formal/informal supports, and health conditions. Refer to policy 4.30 for more details on appropriate case note documentation. When completing future reassessments, please ensure that case notes document all vital information.

Self-Direction

Self-Direction

- N/A
- No Issues
- Did not use Self-Direction Assessment Tools (PRN)
- Did not Document Self-Direction in Case Notes

Comments

Comments
