QUALITY MANAGEMENT SPECIALIST
SERVICE PLAN REVIEW FORM

Nursing Home Transition and Diversion (NHTD) Medicaid Waiver

Applicant/Participant Name: ______________________________________  CIN: ___________

To be completed by RRDS:
RRDC: _________________________________________ RRDC Region: _______________
Date received by RRDS: _______________ Date reviewed by RRDS: _______________
Proposed Daily Rate: $___________  Service Plan Effective Date: _______________________
RRDS Comments/Considerations:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
RRDS Signature: _____________________________ Date: _________________

To be completed by QMS:
Date received by QMS: _________________ RRDS review form attached: ___ yes ___ no
SC agency: _______________________________________________________________
Date reviewed by QMS: _________________

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<tr>
<th>QA Targets</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
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<tr>
<td>1. Are all necessary components of the Service Plan packet provided for this review?</td>
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<td>2. Does the SP meet the health and welfare needs of this applicant/participant in the community?</td>
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<td>3. Are the waiver services being requested justified in the Service Plan?</td>
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<td>4. Does the Service Plan reflect the means of increasing the applicant/participant’s independence?</td>
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<td>5. Does this Service Plan reflect the philosophy of the NHTD waiver and person-centered planning?</td>
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<td>6. Is there evidence that other payer sources have been appropriately utilized prior to waiver services?</td>
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<td>7. Can this Service Plan be supported as written?</td>
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QMS Concerns:
_____________________________________________________________________________
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QMS Recommendations:
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Quality Management Specialist: ___________________________  QMS Region: ____________  
Date returned to RRDS: ________________