|  |  |
| --- | --- |
| **Facility Name:** Choose an item.**Provider FEIN:** Choose an item.**NPI:** Choose an item. | **Facility Contact:** Choose an item.**Facility Phone:** Choose an item.**Address:** Choose an item. |
| **Beneficiary’s Name:** Click here to enter text. | **Medicaid Number:** Click here to enter text. |

Written Plans for ICF Utilization Plans:

|  |  |  |
| --- | --- | --- |
| Does the provider have a written utilization review plan on file to review the beneficiary’s need for services for which the ICF provides?456.400-456.438 | Choose an item. | Comments: Click here to enter text. |
| Are the continued stay evaluations completed?456.431 | Choose an item. | Comments: Click here to enter text. |

Required Certification & Assessments for Beneficiary:

|  |  |  |
| --- | --- | --- |
| VIDES completed as required? | Choose an item. | Comments: Click here to enter text. |
| Is there certification from a physician that ICF services are needed by the beneficiary?456.360 | Choose an item. | Comments: Click here to enter text. |
| Was it made at the time of admission?456.360 | Choose an item. | Comments: Click here to enter text. |
| Have there been re-certifications by a physician, physician’s assistant, or nurse practitioner every 12 months after the initial certification?456.360 | Choose an item. | Comments: Click here to enter text. |
| Has the ID Team made a comprehensive medical evaluation for the beneficiary?456.370 | Choose an item. | Comments: Click here to enter text. |
| Has the ID Team made a comprehensive social evaluation for the beneficiary?456.370 | Choose an item. | Comments: Click here to enter text. |
| Is there a psychological evaluation of need for care prior to admission and consistent with 42CFR 456.370? | Choose an item. | Comments: Click here to enter text. |

Plan of Care- 42CFR 456.380:

|  |  |  |
| --- | --- | --- |
| Demonstrated written Plan of Care (POC)456.380 | Choose an item. | Comments: Click here to enter text. |
| POC includes components consistent with 456.380? | Choose an item. | Comments: Click here to enter text. |
| Reviewed by QIDP every 90 days?456.380 | Choose an item. | Comments: Click here to enter text. |
| Signed/dated by Interdisciplinary Team Members, including the QIDP? 483.430(b)(3) | Choose an item. | Comments: Click here to enter text. |
| The POC is appropriate/adequate456.380 | Choose an item. | Comments: Click here to enter text. |
| Is the beneficiary provided regular opportunities to participate in community integration activities?483.420(a)(11) | Choose an item. | Comments: Click here to enter text. |
| Measurable outcomes (lists specific service, who provides, & target achievement dates) | Choose an item. | Comments: Click here to enter text. |
| POC participation of beneficiary483.440(c)(2) | Choose an item. | Comments: Click here to enter text. |
| POC participation of responsible party483.440(c)(2) | Choose an item. | Comments: Click here to enter text. |

Discharge Planning:

|  |  |  |
| --- | --- | --- |
| Has the ID Team and/or Social Worker engaged in discussions regarding discharge planning with the family?483.21(c)(iv) | Choose an item. | Comments: Click here to enter text. |
| Is there an agreed upon discharge plan for the beneficiary?483.21(c)(i) | Choose an item. | Comments: Click here to enter text. |
| Is the CSB involved?483.21(c)(vii)(B) | Choose an item. | Comments: Click here to enter text. |
| Is an RST Referral required? | Choose an item. | Comments: Click here to enter text. |
| Has an RST referral been completed? | Choose an item. | Comments: Click here to enter text. |

Observations/Recommendations:

|  |  |  |
| --- | --- | --- |
| Was the beneficiary observed? | Choose an item. | Comments: Click here to enter text. |
| Reviewed in CHRIS? | Choose an item. | Comments: Click here to enter text. |
| Is the Level of Care appropriate/criteria met for the beneficiary? | Choose an item. | Comments: Click here to enter text. |

|  |  |
| --- | --- |
| Reviewer: Choose an item. | **Date of Review:** Select date |