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: _____

QA Targets	Yes	No	Comments
1. Are all necessary components of the Service Plan packet provided for this review?			
2. Does the SP meet the health and welfare needs of this applicant/participant in the community?			
3. Are the waiver services being requested justified in the Service Plan?			

4. Does the Service Plan reflect the means of increasing the applicant/participant's independence?			
5. Does this Service Plan reflect the philosophy of the NHTD waiver and person-centered planning?			
6. Is there evidence that other payer sources have been appropriately utilized prior to waiver services?			
7. Can this Service Plan be supported as written?			

QMS Concerns:

_____
_____
_____
_____
_____
_____

QMS Recommendations:

_____
_____
_____
_____
_____
_____

Quality Management Specialist : _____ QMS Region: _____

Date returned to RRDS: _____