

SLTC-252
(Rev 1/2016)

Agency Based Provider Agency Internal Quality Assurance Review

	total	# met	# unmet	%
December Total Caseload _____				
Standard 1: Intake Total _____ Intake Review Sample _____				
PCP Form with signatures				
Service Plan with signatures				
MPQH Overview and Service Profile				
High Risk Service Plan (when applicable)				
High Risk Referral to MPQH (when applicable)				
December Caseload minus intakes _____				
Standard 2: Recertification Review Sample _____				
Recertification Form with signatures				
Recertification Form includes correct authorized units from Service Plan				
Recertification Form includes correct utilization from review of SDR				
Recertification visit occurred within six months of intake or annual				
Standard 3: Annual Review Sample _____				
PCP Form with signatures				
Service Plan with signatures				
Standard 4: Person Centered Planning				
PCP Form contains member/PR initials (intake only)				
PCP Form contains member information in every box				
PCP form signatures				
Standard 5: Health and Safety				
Service Plan documents ADL tasks and frequency				
Temporary authorization completed when change occurs				
Flexibility parameters implemented according to policy				
Implement new Service Plan within 10 working days after receive MPQH amendment to profile				
Missing Recertification Visit				

Name of Person Completing Form: _____

Date Form Completed: _____