



LOC Quality REVIEW TOOL

(To be used with LOC QUALITY REVIEW INSTRUCTIONS)



PARTICIPANT NAME: _____

PARTICIPANT LAST 4 DIGITS SSN: _____

OPTS ID: _____

MDS Completed by (Certified SC): _____ Agency Name: _____

Initial Annual Status Change Follow Up

Type of Program: CCW ADHC

MDS-HC A-1 Date: _____

I.A.1.	If meets LOC per Activities of Daily Living (ADL) PW, Cognitive Performance PW, or Behavior PW was it coded correctly? If Yes, proceed to II.1.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I.B.1.	If not, were Degree of Difficulty questions (DDQ) applied correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I.B.2.	Were DDQ questions documented correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I.B.3.	If meets LOC per DDQ was there documentation to support ADL PW Level of Care (LOC) was met based on DDQ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I.B.4.	If LOC is <u>not</u> met per DDQ, was it documented correctly.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I.C.1.	If LOC met only through Service Dependency PW was it documented correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I.C.2.	If LOC was <u>not</u> met through Service Dependency PW was it documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I.D.1.	If LOC was met through Physician Involvement PW was there documentation to support it was investigated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I.D.2.	If LOC was <u>not</u> met through Physician Involvement PW was there documentation to support it was investigated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I.E.1.	If LOC was met through Treatments and Conditions PW was there documentation to support it was investigated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I.E.2.	If LOC was <u>not</u> met through Treatments and Conditions PW was there documentation to support it was investigated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I.F.1.	If LOC was met through Skilled Rehabilitation Therapies PW was there documentation to support it was investigated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I.F.2.	If LOC was <u>not</u> met through Skilled Rehabilitation Therapies PW was there documentation to support it was investigated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
II.1.	Was every required field of the MDS-HC completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
III.1.	Was information accurately coded according to guidelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
III.2.	Was there documentation in the MDS-HC notebook and the POC to verify correctness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
IV.1.	Do the MDS-HC scales reflect a picture of the level of performance by the participant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
IV.2.	Was the MDS-HC coded correctly before correlated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
V.1.	Do the MDS-HC codes correlate to notebook entries, POC, and other relevant sections of the MDS-HC?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Reviewer Signature/Title: _____

DATE: _____

(Print Name): _____

SC Supervisor OAAS Reviewer

