ATTACHMENT C

MEDICAID WAIVER QUALITY REVIEW

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 1154 (5-2012)

Client ID	Client Name SAMPLE SIZE 229	Date 2012
Respondent Name (if other than the client)	Relationship to Client	
List Waiver Service(s)	List Other Services	

1. Check Yes-No-N/A-Other. If the response is No, N/A, or Other, please explain in the Narrative box.
2. Complete on an annual basis for current clients during one of the quarterly contacts (not the annual or 6 month contact) and at the first quarterly contact for new clients.

Description/Identification of Survey Item	Yes	No	N/A	Other
a. Does the Provider provide the amount of service as outlined on the ICP? *Ask the client to describe the time it takes the provider to complete the task and compare their description to the time allotted on the ICP.*	226	1	2	0
Narrative				
b. Does the Provider come to your house as scheduled? *Ask the client if the provider comes when scheduled and leaves when scheduled? Does the provider just not show up or if they can't come do they call and cancel, etc.?*	121	1	104	3
Narrative				
c. Does the environment and client's appearance support the service provided in the amount outlined on the care plan? *Response is based on Case Management assessment and observation.*	126	0	3	0
Narrative				
d. Do the services and amount of service meet your need? *What is the client's opinion?*	228	1	0	0
Narrative				
e. Do you feel the services available meet the client's needs and assure that health, welfare and safety needs are met? *Response is based on Case Management assessment and observation.*	229	0	0	0
Narrative				
f. Does the Provider ever ask to use your property or take your property? *Ask the client if the provider asks to use their property, borrows money, or if they have noticed any missing items or charges on cards that were unexpected, etc.*	4	199	24	1
Narrative				
g. Does the Provider treat you with respect? *Ask the client if the provider listens to their requests and completes tasks as requested by the client. Do they scold or yell at the client, etc.?*	222	4	1	0
Narrative				
h. Has the provider injured you? *Ask has a provider ever hurt you?*	2	225	0	0
Narrative				
i. Has the provider restrained you? *Ask has a provider ever forced you to take medication or forced you to stay in a certain position or tied down your hands, etc.?*	1	226	0	0
Narrative				

HCBS Case Manager's Signature	County-Client's Residence