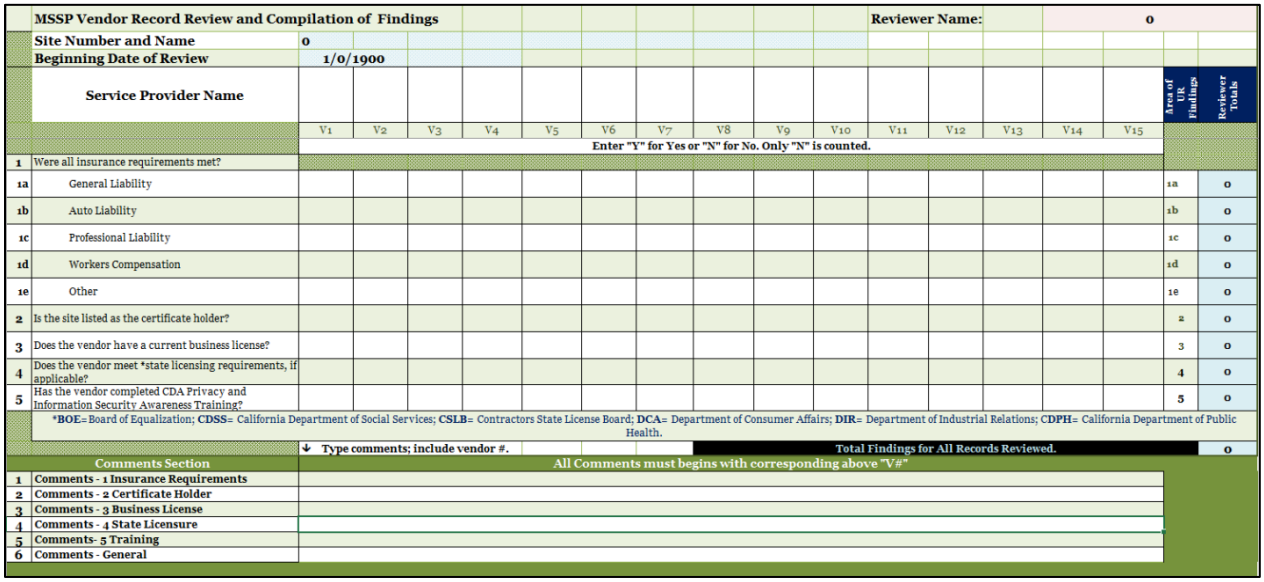
Appendix 58 ▪ Utilization Review Tool

The Utilization Review tool is used by MSSP analysts during Utilization Reviews. The tool is uploaded to the FIFO secure file transfer site for reference and images are shown below as a preview.

Utilization Review Preview:

	MSSP Utilization Review Tool			
	Waiver Participant (WP) Number		Site Number and Name	0
	Enrollment Date		Review Period Begin	1/0/1900
	Birthdate		Review Period End	1/0/1900
	Gender		Reviewer Name	0
	Medi-Cal MSSP Aid Code		Review Begin Date	January 0, 1900
	Home Visit / Survey Conducted		Review End Date	January 0, 1900
	Site Peer & Internal Review Conducted			
	Termination Date			
	Enter "Y" for Yes or "N" for No. Only "N" is counted.		↓ Comments	
	I. NECESSITY OF SERVICES			
I.A.	Waiver Participant Eligibility			
1	Is the WP aged 65 (Age 60 beginning 7/1/2024) or older?			
2	Does the WP have an appropriate Medi-Cal aid code (New Aid Code effective			
3	Is the WP served within the cost limitations of the program?			
4	Is the WP appropriate for care management services?			
I.B.	Level of Care			
1	Does the LOC form contain required CDA components (initials **before** 1/1/25 and recerts **before** 8/1/25)?			
2	Is the initial LOC completed within the appropriate timeframe of the application (30 days prior to 1/1/25 and 60 days after 1/1/2025)?			
3	Is the site level predetermined LOC completed by a nurse care manager (initials before 1/1/25 and recerts before			
4	Does the LOC describe the WP's functional status (cognition, capacity to perform I/ADLs, specific deficits affecting that performance)? (initials **before** 1/1/2025 and recerts **before**			
5	Was the date of enrollment on or after the date of the approved LOC?			
6	Was the CDA finalized initial LOC present in the record (After 1/1/2025)?			
8	Is the LOC recertification timely, within 365 days?			
8	Was the CDA finalized recertification LOC present in the record (After			
9	Is the LOC determination supported by the WP record?			
10	Is the information in the LOC accurate and current with all changes addressed? (minimal copying and pasting) (initials			

Vendor Review Tool Preview:



	MSSP Vendor Record Review and Compilation of Findings											Reviewer Name:			0			
	Site Number and Name	0																
	Beginning Date of Review	1/0/1900																
	Service Provider Name																Area of UR Findings	Reviewer Totals
		V1	V2	V3	V4	V5	V6	V7	V8	V9	V10	V11	V12	V13	V14	V15		
		Enter "Y" for Yes or "N" for No. Only "N" is counted.																
1	Were all insurance requirements met?																	
1a	General Liability																1a	0
1b	Auto Liability																1b	0
1c	Professional Liability																1c	0
1d	Workers Compensation																1d	0
1e	Other																1e	0
2	Is the site listed as the certificate holder?																2	0
3	Does the vendor have a current business license?																3	0
4	Does the vendor meet *state licensing requirements, if applicable?																4	0
5	Has the vendor completed CDA Privacy and Information Security Awareness Training?																5	0
	*BOE= Board of Equalization; CDSS= California Department of Social Services; CSLB= Contractors State License Board; DCA= Department of Consumer Affairs; DIR= Department of Industrial Relations; CDPH= California Department of Public Health.																	
		↓ Type comments; include vendor #.							Total Findings for All Records Reviewed.									0
	Comments Section	All Comments must begins with corresponding above "V#"																
1	Comments - 1 Insurance Requirements																	
2	Comments - 2 Certificate Holder																	
3	Comments - 3 Business License																	
4	Comments - 4 State Licensure																	
5	Comments- 5 Training																	
6	Comments - General																	