

Audit Review Period:		
Issue(s) of non-compliance:	Auditors: Select All that Apply	Issue:
		Investigation and Resolution of participant grievances
		Grievance Resolution Notification
		QIO Cooperation
Scope:	<p>Investigation and Resolution of participant grievances:</p> <ul style="list-style-type: none">• All grievances during the audit review period. <p>Grievance Resolution Notification:</p> <ul style="list-style-type: none">• All grievances during the audit review period. <p>QIO Cooperation:</p> <ul style="list-style-type: none">• All grievances during the audit review period.	
Instructions:	<p>General:</p> <ul style="list-style-type: none">• The review timeframe is the audit review period. Errors noted prior to the audit review period should not be included.• After completing the Impact Analysis, if any changes need to be made to the Root Cause Analysis, please update the RCA tab. <p>Investigation and Resolution of participant grievances:</p> <ul style="list-style-type: none">• Review each grievance and respond to the questions in the Participant Impact tab. <p>Grievance Resolution Notification:</p> <ul style="list-style-type: none">• Review each grievance and respond to the questions in the Participant Impact tab. <p>QIO Cooperation:</p> <ul style="list-style-type: none">• Review each grievance and respond to the questions in the Participant Impact tab.	
Impact Analysis Due Date:		

Tracking ID Number	Brief Description Of Issue (Completed By The CMS Audit Lead)	Type of Issue Identified (Completed By The CMS Audit Lead) (Applies to condition <u>1P.02 Only</u> . For all other conditions enter N/A)	Detailed Description of the Issue (Explain what happened)
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Date Identified (MM/DD/YY) (Completed By The CMS Audit Lead)	Brief Description Of Issue (Completed By The CMS Audit Lead)	Condition Language (Completed By The CMS Audit Lead)
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Root Cause Analysis for the Issue (Explain why it happened)	Methodology - Describe the process that was undertaken to determine the # of individuals (e.g. participants) impacted	# of Individuals Impacted	Action Taken to Resolve System/ Operational Issues
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Date System/ Operational Remediation Initiated (MM/DD/YY)	Date System/ Operational Remediation Completed (MM/DD/YY)	Actions Taken to Resolve Negatively Impacted Individuals Including Outreach Description and Status	Date Individual Outreach and Remediation Initiated (MM/DD/YY)	Date Individual Outreach and Remediation Completed (MM/DD/YY)
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Section 1 - General Information: This information is to be completed for all project activities.						
Participant First Name	Participant Last Name	Participant Identification Number	Participant ID	Person who submitted the Clearance (participant, family member, designated representative, contingent)	Date Clearance Received MM/DD/YYYY	Enter a brief description of each issue identified in the clearance.

Section 3 - This information is to be completed if the adverse analysis is listed against the investigation and resolution of participant selection					
Was an investigation completed for all adverse issues that required an investigation?	Which issues that required an investigation were not investigated? Enter a brief description.	Were all of the issues within the grievance resolved? Enter Yes/No	Which issues were unresolved? Enter a brief description.	Why were the issues not resolved? Enter NA if all issues within the grievance were resolved.	Did the participant experience any negative outcomes as a result of the failure to investigate (if applicable) and resolve all issues within a grievance?
Enter NA if none of the issues required an investigation. (Yes/No/NA) If the number did not reflect investigation and resolution of participant grievance on the instructions tab the PC may enter NA in all columns in Section 3	Enter NA if none of the issues required an investigation.	Yes/No	Enter NA if all issues within the grievance were resolved.	Enter NA if all issues within the grievance were resolved.	(Yes/No) Enter NA if all issues within the grievance were investigated (if applicable) and resolved.

Section 3 – This information is to be completed if the grievance involves written notification of grievance resolution notification.											
Did grievance resolution notification include all of the required content? * Enter AA if the individual who submitted the grievance requested for the PO to submit notification . (Yes/No/NA) If the author did not enter Grievance Resolution Notification on the instructions for the PO may enter NA in all columns in Section 3. If the answer to this question is NA enter NA in all remaining columns in Section 3.	Were any of the issues within the grievance related to quality of care concerns? (Yes/No) A quality of care concern means a concern that care provided did not meet a professionally recognized standard of health care.	Was an investigation of one or more issues within the grievance requested? (Yes/No)	Was corrective action requested as a result of the grievance? (Yes/No)	Date and notification was provided. MM/YY/YYYY Enter "Not Provided" if the individual requested to receive and notification and notification was not provided. Enter AA if the individual who submitted the grievance requested to receive written notification only .	Date written notification was provided. MM/YY/YYYY Enter "Not Provided" if the individual requested to receive written notification and if any of the issues within the grievance were related to quality of care concerns and notification was not provided. Enter AA if the individual who submitted the grievance requested to receive oral notification only .	Did oral or written grievance resolution notification include a summary of all distinct issues? (Yes/No)	Did oral or written grievance resolution notification include a summary of the pertinent findings or conclusions (if an investigation was requested)? Enter AA if ANY of the issues within the grievance required an investigation. (Yes/No/NA)	Did oral or written grievance resolution notification identify the corrective actions taken (or those that would be taken) as a result of the grievance (if corrective action was requested)? Enter AA if ANY of the issues within the grievance required corrective actions. (Yes/No/NA)	Did written grievance resolution notification describe the right to file a written complaint with the QIC with regard to Medicare covered services (if the grievance was related to a quality of care concern)? Enter AA if the grievance WAS NOT related to quality of care concerns. (Yes/No/NA)	Did the participant experience any negative outcomes as a result of a failure to provide all necessary information in oral and/or written grievance resolution notification? (Yes/No/NA)	

Section 4 – This information is to be completed if the parent has not been the provider or has been within the previous 60 days of a QOI		A new requirement for QOI completion		
(Yes/No)		(Yes/No)	(Yes/No)	(Yes/No)
If the auditor did not select QOI Completion on the instructions tab the PG may enter NA in all columns in Section 4.		If the answer to this question is No enter NA in all remaining columns in section 4.		
If the answer to this question is No enter NA in all remaining columns in section 4.				

Section 4 - General Information. This information is to be completed for all cases.	
If the participant experienced any negative outcomes, please describe the negative outcomes.	Optional: Please note, you do not have to complete this column. If there are any mitigating factors that you would like CMS to consider related to a specific grievance, please enter the information in this column.