

Audit Review Period:	
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Issue(s) of non-compliance:	Auditors: Select All that Apply	Issue:
		Investigation and Resolution of participant grievances
		Grievance Resolution Notification
		QIO Cooperation

Scope:	Investigation and Resolution of participant grievances: <ul style="list-style-type: none">• All grievances during the audit review period. Grievance Resolution Notification: <ul style="list-style-type: none">• All grievances during the audit review period. QIO Cooperation: <ul style="list-style-type: none">• All grievances during the audit review period.
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Instructions:	General: <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. Investigation and Resolution of participant grievances: <ul style="list-style-type: none">• Review each grievance and respond to the questions in the Participant Impact tab. Grievance Resolution Notification: <ul style="list-style-type: none">• Review each grievance and respond to the questions in the Participant Impact tab. QIO Cooperation: <ul style="list-style-type: none">• Review each grievance and respond to the questions in the Participant Impact tab.
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Impact Analysis Due Date:	
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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 3 - General Information: This information is to be completed for all impact activities.						
Participant First Name	Participant Last Name	Participant Identification Number	Participant ID	Person who submitted the Grievance (Participant, family member, designated representative, etc.)	Date Grievance Received MM/DD/YYYY	Editor's brief description of each issue identified in the grievance.

Section 2 - This information is to be completed if the Service Analysis is held against the Investigation and Resolution of participant education					
Was an investigation completed for all distinct issues that required an investigation? Enter NA if none of the issues required an investigation. (Yes/No/NA) The number of all select investigation and resolution of participant grievances on the Instruction tab the PG may enter NA in all columns in Section 2	Which issues that required an investigation were not investigated? Enter a brief description. Enter NA if none of the issues required an investigation.	Were all of the issues within the grievance resolved? Yes/No	Which issues were unresolved? Enter a brief description. Enter NA if all issues within the grievance were resolved.	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? (Yes/No) Enter NA if all issues within the grievance were investigated (if applicable) and resolved.

<p>Section 3 - The information in the completion of the grievance resolution notification and grievance resolution notification include all of the required content:</p> <p>• Enter NA if the individual who submitted the grievance requested for the PO to withhold notification.</p> <p>(Yes/No/NA)</p> <p>If the answer did not select Grievance Resolution Notification on the instructions the PO may enter NA in all columns in Section 3.</p> <p>If the answer to this question is NA enter NA in all remaining columns in Section 3.</p>	<p>Did the grievance resolution notification include the right to the grievance resolution notification?</p> <p>Identify the right to the grievance resolution notification.</p> <p>(Yes/No)</p> <p>If quality of care concerns include a concern that care provided did not meet a professionally recognized standard of health care.</p>	<p>Was an investigation of one or more issues within the grievance requested?</p> <p>(Yes/No)</p>	<p>Was corrective action requested as a result of the grievance?</p> <p>(Yes/No)</p>	<p>Date and notification was provided.</p> <p>MM/DD/YYYY</p> <p>Enter "Not Provided" if the individual requested to receive and notification and notification was not provided.</p> <p>Enter NA if the individual who submitted the grievance requested to receive any notification only.</p>	<p>Date written notification was provided.</p> <p>MM/DD/YYYY</p> <p>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.</p> <p>Enter NA if the individual who submitted the grievance requested to receive any notification only.</p>	<p>Did oral or written grievance resolution notification include a summary of all distinct issues?</p> <p>(Yes/No)</p>	<p>Did oral or written grievance resolution notification include a summary of the pertinent findings or conclusions (if an investigation was requested)?</p> <p>Enter NA if any of the issues within the grievance requested an investigation.</p> <p>(Yes/No/NA)</p>	<p>Did oral or written grievance resolution notification identify the corrective action taken (or those that would be taken) as a result of the grievance (if corrective action was requested)?</p> <p>Enter NA if any of the issues within the grievance requested corrective action.</p> <p>(Yes/No/NA)</p>	<p>Did written grievance resolution notification describe the right to the written complaint with the QIC with regard to findings covered in the grievance (if the grievance was related to quality of care concerns)?</p> <p>Enter NA if the grievance was not related to quality of care concerns.</p> <p>(Yes/No/NA)</p>	<p>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?</p> <p>Enter NA if grievance notification included all required content.</p> <p>(Yes/No/NA)</p>

Section 4 - This information is in the comments of the parent or submitter. Do not place or do not have the person named in a QID (Yes/No)	Is this request for QID Collaboration? (Yes/No)	Did the PG cooperate with this QID in reaching the completion? (Yes/No)	If the PG did not cooperate with this QID in reaching the completion, please provide an explanation.	Did the participant experience any negative outcomes as a result of a failure to cooperate with the QID in reaching the completion? (Yes/No)
<p>If the submitter did not select QID Collaboration on the instructions tab the PG may enter NA in all columns in Section 4.</p> <p>If the answer to this question is the enter NA in all remaining columns in Section 4.</p>	<p>If the answer to this question is the enter NA in all remaining columns in section 4.</p>	<p>If the answer to this question is Yes enter NA in all remaining columns in section 4.</p>		

Section 4 - General Information. This information is to be completed for all forms.	
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.