

# Self-Review of Innovations

## Member Record Job Aid

- Providers can find the Innovations Waiver Self-Review Tool form on the Vaya website in the Provider Learning Lab, or you may follow this link to go straight to the form: <https://providers.vayahealth.com/innovations-waiver-self-review-tool-030319/>.
- NOTE:** The form has been updated since it was first issued. Please make sure to use the most recent version from the website.
- PLEASE READ THE INSTRUCTIONS ON THE FORM. Best practice is that the QP assigned to the member should complete this form as they should have the most up-to-date knowledge of the member's current services and support needs.** If an administrative staff person completes the form, they should consult with the assigned QP to gather the most up-to-date information about the member.
- You will need to fill out a separate form for EACH member you have a current authorization for at the end of every quarter. It is a monitoring requirement of NC Medicaid Clinical Coverage Policy No. 8P for Innovations Waiver services.
- A signature/date page (the last page of the form) is required for each member. Please do not send in multiple forms, for different members, with only one signature page.
- If you have a current authorization for the member for any part of the quarter, you will need to fill out the self-review form.
- Section Two: Service Authorization/Deviations in Service Delivery: The service grid on the form needs to be completed for each current service authorization including all information regarding units to ensure there is no over/under utilization of services. This includes service units the member may not currently be utilizing due to Appendix K.
  - Service: Describe the service being provided (i.e. CLS, Day Supports, Supported Employment, etc);
  - Authorized units: the "total" units AUTHORIZED for that plan year;
  - Units Authorized per week: Should follow the units recommended per week in the member's care plan;
  - Units used this quarter: This is the total number of units used during the quarter up to the moment that the QP is completing the form or at the end of the quarter;
  - Total units used of current auth: over the course of the plan year, this is the total unit used to this point or at the end of the quarter;
  - Remaining units: this is what is left of the authorized units for the plan year.
- If there was any identified over/under utilization, please describe the circumstances for this in the text boxes provided.
- If the annual plan begins during the previous quarter, please document what was utilized to the end of the plan year and add an additional line with the newly authorized services.
- Please ensure that all information is filled out and completed in each section. Please make sure you fill out the provider name and information on the last page. **FINALLY, MAKE SURE YOU SIGN AND DATE THE LAST PAGE!**
- Forms can be turned in at any point during a quarter but **are due (at the latest) by:**
  - 3rd quarter (January – March) = **April 10**
  - 4th quarter (April – June) = **July 10**
  - 1st quarter (July – September) = **Oct. 10**
  - 2nd quarter (October – December) = **Jan. 10**
- Please email completed forms to:** [ccmprogramassistants@vayahealth.com](mailto:ccmprogramassistants@vayahealth.com) no later than the identified due date.  
**NOTE:** Please send each completed form as a separate PDF (and not multiple members' forms in one big PDF). Remember to send forms through secure email. Do NOT password-protect the form.
- Contact the member's assigned care manager if you have any questions or concerns.