

Seniors and People with Disabilities
Home and Community Based Services Waiver Review Checklist

PLEASE PRINT LEGIBLY

CDDP/Other Program:	Brokerage:
Individual:	Prime No.:
Service Coordinator:	Reviewer:
	Review Date:

Part I. Title XIX File Review

1. Is the individual's annual plan current? Yes <input type="checkbox"/> No <input type="checkbox"/>					
2. Waiver Services	Service Rec'd	Cons't w/ Waiv.Form Y/N	Cons't w/AP Y/N	Notes	Corrective Action
Foster Home (Ad. or Ch.)					
24-Hour Residential					
Supported Living					
Employment/Alternatives					
Support Services (Adults)					
Comp. In-Home (Adults)					
Family Support > \$20K/year					
Children's Int. In-Home					
Crisis/Diversion					

	Yes	No	N/A	Notes	Corrective Action
3. If annual plan is not current, there is record of reason for delay and date by which the meeting will be held.					
4. Annual plan, meeting notes, and/or brokerage goal survey reflect discussion of: (a) need for evaluations; (b) health care needs; (c) previous and proposed plans; (d) individual preferences, how met/not met and why.					
5. Changes to the annual plan are recorded on either the ISP or amendment.					
6. CDDP files for individuals in 24-hour residential or foster home services contain evidence that service coordinators have monitored services per OAR 411-320-0130.					
7. Title XIX Waiver Form is located in the central records system.					

Part II. Title XIX Waiver Form Review

	Yes	No	N/A	Notes	Corrective Action
1. Form Item 11: Service Client is Currently Receiving.					

	Yes	No	N/A	Notes	Corrective Action
2. Form Item 12: Choice Offered.					
3. Form Item 13: Fair Hearing					
4. Form Item 14: Client/ Guardian Signature.					
5. Form Box 15: Annual Ongoing Verification of Need for ICF/MR/Hospital Level of Care.					
6. Waiver Form Box 16: Review and Verification of Need for ICF/MR/Hospital Level of Care.					

Part III. Other Review Information

1. DD Eligibility Documentation: <input type="checkbox"/> MR <input type="checkbox"/> DD only	Yes	No	Notes	Corrective Action
2. Eligibility determination based on: a. Full Scale IQ b. Documentation of disability other than MR c. Adaptive Score d. Other records: Date: _____ Location: _____				
3. For CIIS only---MFCU or CIIS initial entry criteria present with re-evaluation according to Administrative Rules.				
4. Have there been any grievances or complaints made by the individual, family or other? If yes, indicate date of the complaint and date of resolution.			Complaint Date:	Date Resolved:

Part IV. Correction Follow-Up: Corrections Required? Yes No

SECTIONS NEEDING CORRECTION (CIRCLE):

By CDDP:

TXIX File Review: 1 2 3 4 5 6 7
TXIX Waiver Form Review: 1 2 3 4 5 6
Other Review Information: 1 2 3 4

By Brokerage:

TXIX File Review: 1 2 3 4 5 6 7
TXIX Waiver Form Review: 1 2 3 4 5 6
Other Review Information: 1 2 3 4

Checklist findings reported to:
• CDDP/Other: _____
• Brokerage: _____

All corrective actions to be complete:
• CDDP/Other: _____
• Brokerage: _____

Corrective actions reviewed by: _____ Date reviewed: _____

Notes:

Retain completed HCBS Waiver Review Checklist in individual case file.