

HCBS Waiver Review Provider Checklist - 2007

CDDP NAME

Provider's Name

Site Name

Residential Street Address

Residential City

Residential Zip

Review Date Reviewer's Name

Reviewer Email:

Directions: The review period is January 1, 2007 through December 31, 2007. Each CDDP has established their own process for handling monthly monitoring of providers (Individual Monitoring Checklist will be covered under the Individual Checklist). This review may require access to provider files, individual files, and eXPRS data dependent on the CDDP's process. If you have questions regarding this checklist or the review contact the SPD Quality Assurance Coordinator at 503-945-6976.

PART I. Monthly Monitoring

Response

1. During the review period (1/1/2007 until 12/31/2007) did the provider or site support any individuals funded by Senior and People with Disabilities (Office of Developmental Disabilities)?
If NO, skip to Part II.

2. Check the type of residential provider or site that is being reviewed.

Service Recieved

a. Foster Home (under 18)

b. Foster Home (over 18)

c. Proctor Foster Home

d. 24-Hour Residential (under 18)

e. 24-Hour Residential (over 18)

f. Other

If Other is selected please explain:

3. In January 2007, how many individuals did this provider or site support that were funded by SPD?

Answer Options: 1- 10

4. How many individual(s) was this provider or site licensed or certified to support during the review period?

Answer Options: One of two OR Three or more

CDDP NAME

PART I. (Con't.)

Response

5. What schedule for review did the CDDP establish in January 2007 for this provider or site?

Answer Options: Quarterly or 10 Monthly visits with in 12 Months

If Quarterly, go to Part I.6. If 10 Monthly visits with in 12 Months, skip to I.7

6. If quarterly visits were required, was there evidence of a visit for each quarter?

7. If 10 monthly visits within a 12 month period was required was there evidence that each one was conducted ?

Note: A YES answer means that all visits were documented. A NO means none or part of the required visits were documented.

8. Did the monitoring identify a need for follow up?

If NO skip to Part II.

9. Was there documentation that follow-up occurred?

Note: A YES answer means that all required follow up was complete. A NO means none or part of the required follow up was not complete.

PART II. General Notes

General Notes