

Seniors and People with Disabilities
Developmental Disability Services

Home and Community Based Services Waiver Review Checklist

Instructions for completion and distribution during the 2004 statewide sample

Community developmental disability programs (CDDP's) and other programs providing service coordination for individuals in DD waiver services must complete file reviews for a sample of individuals---designated by SPD---by November 30, 2004, documenting results on the HCBS Waiver Review Checklist. While the period for submitting the results of file reviews to SPD is August-November 2004, similar reviews that may have been conducted since March 2004 for individuals on the sample list in the normal course of quality assurance activities--- using a Checklist version dated March 2004 or later ---will be accepted for inclusion in the statewide sample database.

Original completed Checklists become part of the records of the CDDP or other program providing service coordination for individuals in the sample. Provide copies of Checklists related to individuals in Support Services to the Directors of the applicable Support Service Brokerages as forms are completed. Send copies of Checklists as they are completed---and no later than 11/30/04---to:

Victoria Storie, QA Coordinator
Seniors and People with Disabilities
500 Summer St. NE, E-09
Salem OR 97310-0175
Fax: (503) 373-7591
Victoria.Storie@state.or.us

Individual names in the statewide sample list were drawn from SPD records of individuals receiving services from CDDP's or other programs (e.g. Children's Intensive In-Home Support) providing developmental disability service coordination in March 2004. Please contact Victoria Storie If you find a name of someone no longer in your services or have other questions about completing the review.

This file review is an important component of SPD procedures for assuring that Centers for Medicare and Medicaid Services (CMS) conditions for providing Medicaid waiver services for individuals with developmental disabilities are met. Thank you for your assistance!

Basic Information

- CDDP/Other Program:** Community Developmental Disability Program, Children’s Intensive In-Home Support Program, Children’s Residential Program, or other program providing service coordination services to the individual named on the form
- Brokerage:** Support Service Brokerage in which individual is enrolled (if applicable).
- Individual:** Name of person with developmental disabilities whose records are being reviewed.
- Individual Prime No.:** Medicaid prime number assigned to individual.
- Personal Agent:** Name of individual’s Brokerage Personal Agent (if applicable)
- Service Coordinator:** Name of CDDP/Other Program Service Coordinator assigned to the individual.
- Reviewer:** Name of CDDP/Other Program employee reviewing individual records to complete the Checklist.
- Review Date:** Date individual records are reviewed to complete the Checklist.

Part I. Title XIX File Review

1. Is the individual’s annual plan current?

✓YES if:	✓NO if:
<p>Date of signature of individual (or legal representative) on annual support plan (individual support plan, child and family support plan, plan of care, or other annual plan named in administrative rules governing the waiver services involved) found in individual’s record and used to guide current services is no more than 12 months before the month that records are reviewed to complete Checklist.</p>	<ul style="list-style-type: none"> ➤ No annual plan in individual’s record; ➤ Plan initiated and signed more than 12 months before the month files are reviewed to complete the Checklist; or ➤ More than twelve months have elapsed since individual (or legal representative) signed and initiated plan, but development of new plan has been scheduled and reasons for delay documented.

2. Waiver Services Table

First column, list of waiver services: Foster Home (for adults or children); 24-Hour Residential (adults or children); Supported Living; Employment or Alternative to Employment; Support Services (for adults enrolled in Support Service Brokerages); Comprehensive In-Home Services (for adults living at home whose services cost in excess of \$20,000 per year); Family Support (for children living at home whose

services cost in excess of \$20,000 per year); Children’s Intensive In-Home Support; and Crisis/Diversion.

Second column, headed “Service Rec’d”: Write **Yes** in box to right of service name if individual has been enrolled in the service at any time since beginning of most recent support plan on record. [Note: Service names do not correspond to services listed under **Title XIX Waiver Form Item 11. Services Client is Currently Receiving**, but are names of major SPD waiver services distinguished from each other by Oregon Administrative Rule and distinct CPMS enrollments.]

Third column, headed “Cons’t w/Waiv. Form”: To the right of any box in second column where **Yes** has been written:

- Write **Y** if services indicated as received* on this Checklist were consistent with needs noted on individual’s Title XIX Waiver Form.
- Write **N** if services indicated as received* on this Checklist were not consistent with needs noted on individual’s Title XIX Waiver Form.

[* For individuals in Foster Home, 24-Hour Residential, Supported Living, and Employment/Alternative services, the universe of services received are services described in the administrative rules governing those services. For individuals in Support Services, Comprehensive In-Home Support Services, Family Support Services, and Crisis/Diversion Services, the universe of services received are paid and unpaid supports described in the current plan, including associated goal surveys.]

Fourth column, headed “Cons’t w/AP”: To the right of any box in second column where **Yes** has been written:

- Write **Y** if records (service coordinator progress notes, service coordinator monitoring records, service coordinator plan reviews, or---for individuals in Support Services---personal agent plan reviews) indicate paid services received were consistent with services outlined in most recent annual support plan.
- Write **N** if records listed above indicate paid services received were not consistent with services outlined in most recent annual support plan.

Fifth column, headed “Notes”: Enter brief, specific details of concerns leading to **N** notations in third or fourth columns.

Sixth column, headed “Corrective Action”: If **N** notations have been made in third or fourth columns, enter date CDDP, Other Program, or Brokerage initiates corrective action to correct what can be corrected and prevent future inconsistency among services, Title XIX Waiver Form, and annual support plan.

3. If annual plan is not current, there is record of reason for delay and date by which the meeting will be held.

✓YES if:	✓NO if:
<p>☛ Individual file includes record of reason for delay; ☛ Date is specified in individual's file by which meeting to develop new annual plan will be held; and ☛ Proposed schedule should result in a new annual plan, signed and dated by all parties, within 15 months of date of most recent annual plan.</p>	<p>One or more statements under YES are not true.</p> <ol style="list-style-type: none"> 1. Briefly explain under Notes. 2. Enter under Corrective Action the date CDDP or Other Program acts to correct what can be corrected and prevent future annual plan delays.

✓ **N/A** if answer to Question 1---Is the annual plan current?---was **YES**.

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.

✓YES if:	✓NO if:
<p>Records of preparation for most recent annual plan on record, meeting discussions, or plan itself: ☛ Show evidence of discussion of issues (a) through (d) and ☛ If needs and preferences are identified but not evident among services outlined in plan, provide some explanation of why they are not evident and what was done instead to meet needs and honor preferences wherever possible.</p>	<p>No records of discussion of one or more issues listed in Item 4(a)-(d) in preparation for most recent plan on record, meeting discussions, or plan.</p> <ol style="list-style-type: none"> 1. Briefly explain under Notes. 2. Enter under Corrective Action the date CDDP/Other Program acts to correct what can be corrected and to address issues in future plans and plan preparation.

5. Changes to the annual plan are recorded on either the annual plan or amendment.

✓YES if:	✓NO if:
<p>Changes in type, scope, duration of services have been recorded on annual plan document or in amendment to the plan document and individual (or legal representative) has signed and dated the plan document or amendment indicating</p>	<p>Changes in type, scope, duration of services have not been recorded or have not been approved by the individual (or legal representative)</p> <ol style="list-style-type: none"> 1. Briefly explain under Notes.

✓YES if:	✓NO if:
<p>approval of changes.</p> <p>[NOTE: This does not mean the change complies with Oregon Administrative Rule. It just confirms approval of change by individual or legal representative.]</p>	<p>2. Enter under Corrective Action the date CDDP/Other Program acts to correct what can be corrected and to obtain individual or legal representative approval of future plan changes.</p>

✓N/A if no changes have been made in type, scope, duration of services since most recent annual plan was initiated.

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.

✓YES if:	✓NO if:
<p>☛ Individual receives 24-hour residential or foster home services as Checklist is being completed and individual’s services have been reviewed by a Service Coordinator, using the “Service Review Checklists”, an earlier State form of the “Monthly Monitoring Checklist”, or any local method of documenting monitoring specified by the OAR since January 1, 2004.</p>	<p>Individual receives 24-hour residential or foster home services as Checklist is completed, but there is no record of monitoring since January 1, 2004, as specified in OAR.</p> <p>1. Briefly explain under Notes. 2. Enter under Corrective Action the date CDDP/Other Program acts to correct what can be corrected and to monitor according to Rule.</p>

✓Check N/A if individual is not receiving 24-hour residential or foster home services at time Checklist is completed.

7. Title XIX Waiver form is located in the central records system.

✓YES if:	✓NO if:
<p>Individual’s Title XIX Waiver Form is located in records related to individual and maintained by:</p> <p>☛ CDDP, when individual receives Comprehensive In-Home Services, Family Support costing over \$20,000 per year for children living at home,</p>	<p>Individual’s current Title XIX Waiver Form cannot be located in records related to the individual and maintained by the appropriate agency.</p> <p>1. Briefly explain in Notes column. 2. Enter in Corrective Action column</p>

✓YES if:	✓NO if:
Crisis/Diversion services, Employment/Alternative to Employment, Supported Living, Foster Home, 24-Hour; Residential, Support Services; ➤ SPD Children’s Intensive In-Home Support Unit when individual receives services provided by that Unit; or ➤ SPD children’s residential program when individual receives Children’s 24-Hour Residential and Foster Care services through that program.	date CDDP/Other Program acts to obtain TXIX Waiver Form for individual and to file and maintain individual’s TXIX Waiver Form in the future.

Part II. Title XIX Waiver Form Review

Note: Corrective activities in this section may include late entries for Title XIX Waiver Form items related to choice and request for fair hearing. In these cases, make a note of “late entry” directly on the TXIX Waiver Form, followed by appropriate record of offer of choice or notification of fair hearing rights. After the Title XIX Waiver Form is re-signed and re-dated by individual or legal representative, send a copy of the amended form to SPD’s CMS Waiver and Federal Reporting Section and enter a case note in the individual’s file.

1. Form Item 11: Service Client is Currently Receiving.

✓YES if:	✓NO if:
➤ Services checked on TXIX Waiver Form are services individual currently receives---through any resources available to individual and are included in individual’s annual plan or planning documents or ➤ Documentation associated with TXIX Waiver Form indicates action taken in response to previous reviews, making waiver form and annual plan or planning documents consistent with services received.	<p>➤ Services checked on TXIX Waiver Form are NOT services individual receives---through any resources available to individual or ➤ are NOT included in individual’s annual plan or planning documents.</p> <p>1. Briefly explain under Notes. 2. Enter under Corrective Action the date CDDP/Other Program acts to improve consistency between service needs checked and services received.</p>

2. Form Item 12: Choice Offered.

✓YES if:	✓NO if:
<p>☛ YES box on TXIX Waiver Form is checked indicating individual (or individual’s legal representative) was offered choice among ICF/MR, Medical, or Community Program services and ☛ Date choice was offered is written on or near line provided and ☛ Community Program box is checked, indicating individual (or individual’s legal representative) has chosen home and community based services.</p> <p style="text-align: center;">OR</p> <p>☛ Records associated with TXIX Waiver Form indicate corrective action in response to previous reviews, resulting in documented offer of choice.</p>	<p>☛ NO box on TXIX Waiver Form is checked or ☛ Neither the YES or NO box is checked or ☛ No date has been entered on or near line provided or ☛ Community Program box has not been checked.</p> <p>1. Briefly explain under Notes. 2. Enter in Corrective Action column date CDDP/Other Program acts to offer and record choice for this individual and to ensure timely offer of choice in future.</p>

3. Form Item 13: Fair Hearing. Instructions for completion of this item may have changed during the period of review, affecting how this item is evaluated. The key difference in the two instructions: Situation 1---**YES** and **NO** boxes indicate whether individual requested a fair hearing when informed of right to fair hearing; and Situation 2---**YES** and **NO** boxes indicate whether individual has been informed of fair hearing rights.

✓YES if:	✓NO if:
<p>Situation 1. YES box is checked and date entered to indicate individual was informed of hearing rights, received an “Applicable Rules and Laws” form, and requested a hearing on that date or ☛ The NO box has been checked and date entered to indicate individual was informed of hearing rights, received “Applicable Rules and Laws” form, and did NOT request a fair hearing on that date.</p> <p>Situation 2. YES box has been checked indicating that individual (or individual’s</p>	<p>Situation 1 and 2. Neither YES nor NO box has been checked; or ☛ no date of notification has been entered in space provided.</p> <p>Situation 2. The NO box has been checked; or ☛ no date of notification has been entered in the space provided.</p> <p>1. Briefly explain under Notes. 2. Enter under Corrective Action the date CDDP/Other Program acts to notify individual of fair hearing rights, to record the response to notification, and to</p>

✓YES if:	✓NO if:
<p>legal representative) has been notified of right to fair hearing and “Applicable Rules and Laws” form was provided at notification; ➤ date of notification is entered in space provided; and ➤ if hearing was requested at notification, the date and outcome of hearing is entered in space provided.</p> <p style="text-align: center;">OR</p> <p>Record indicates corrective action in response to previous reviews, resulting in documented and appropriate notification of fair hearing rights.</p>	<p>ensure timely notification in the future.</p>

4. Form Item 14: Client/Guardian Signature.

✓YES if:	✓NO if:
<p>➤ Individual has signed TXIX Waiver Form or ➤ Individual’s legal representative has signed form or ➤ Documentation associated with TXIX Waiver Form indicates appropriate signatures have been obtained as part of corrective action taken in response to previous reviews.</p>	<p>➤ No signature of individual or legal representative or ➤ Signature on form is not that of the individual or legal representative or ➤ Individual’s legal representative has not signed form.</p> <p>1. Briefly explain under Notes. 2. Enter under Corrective Action the date CDDP/Other Program acts to obtain signatures and ensure appropriate signatures in the future.</p>

5. Form Box 15: Annual Ongoing Verification of Need for ICF/MR/ Hospital Level of Care.

✓YES if:	✓NO if:
<p>More than 12 months have passed since date Diagnosis & Evaluation Coordinator reviewed and verified need for ICF/MR Level of care and: ➤ Dates indicate that first verification is conducted by the end of the 12th month after D & E approval and subsequent reviews have been</p>	<p>More than 12 months have passed since the month of D & E approval and: ➤ Date of first ongoing verification is more than 12 months after the month of D & E approval or ➤ subsequent reviews have not been conducted at least annually in or before the same month or ➤ dates or</p>

✓YES if:	✓NO if:
<p>conducted at least annually in or before the same month or ➡ If more than 12 months have elapsed between verifications---reasons for any delays in review over last four years are noted</p> <p style="text-align: center;">AND</p> <p>Dates and QMRP/ Service Coordinator signatures are present.</p>	<p>QMRP/Service Coordinator signatures are missing and ➡ no previous reviews, corrective actions, reasons for delay are noted.</p> <p>1. Briefly explain under Notes. 2. Enter under Corrective Action the date CDDP/Other Program acts to complete and record review and to ensure timely signatures in future.</p>

✓N/A if less than 12 months have passed since original offer of choice.

6. Waiver Form Box 16: Review and Verification of Need for ICF/MR Level of Care.

✓YES if:	✓NO if:
<p>➡ APPROVE box checked and signatures and dates entered in lines provided or</p> <p>➡ Documentation associated with TXIX Waiver Form indicates appropriate signatures have been obtained as part of corrective action taken in response to previous reviews.</p>	<p>➡ APPROVED box is NOT checked or ➡ Signatures and dates are missing.</p> <p>1. Briefly explain under Notes. 2. Enter under Corrective Action the date CDDP or Other Program acts to obtain appropriate signatures/dates and ensure forms are appropriately signed/dated in future.</p>

Part III. Other Review Information

1. DD Eligibility Documentation. Check **MR** if eligibility for developmental disability services is due to presence of mental retardation. Check **DD only** if eligibility is based on presence of developmental disability other than mental retardation.

2. Eligibility determination based on:

✓YES if:	✓NO if:
<p>➡ Information that must be considered according to Department policy has been used to determine eligibility, ➡ the</p>	<p>➡ Eligibility has not been determined based on information that conforms with Department policy, ➡ information used is</p>

✓YES if:	✓NO if:
<p>information confirms eligibility, and ➡ the information is present in individual's record.</p> <p>If YES is checked next to Other Records, then note date and location of other records used to determine eligibility.</p>	<p>not present in the individual record or ➡ information used does not confirm eligibility.</p> <ol style="list-style-type: none"> 1. Briefly explain under Notes. 2. Enter under Corrective Action the date CDDP or Other Program initiates corrective action, including efforts to obtain eligibility documentation and ensure records are complete in future.

3. For CIIS only---MFCU or CIIS initial entry criteria present with re-evaluation according to Administrative Rules.

✓YES if:	✓NO if:
<p>➡ Initial entry criteria document is present in individual record and ➡ re-evaluation and re-scoring of criteria has occurred with changes in status and at intervals required by applicable administrative Rules.</p>	<p>➡ Initial entry criteria document is not complete and present or ➡ re-evaluation and re-scoring of criteria has not occurred when applicable.</p> <ol style="list-style-type: none"> 1. Briefly explain under Notes. 2. Enter under Corrective Action the date CIIS initiates corrective action, including efforts to obtain eligibility documentation and ensure records are complete in future.

4. Have there been any grievances or complaints made by the individual, family, or other?

✓YES if:	✓NO if:
<p>The individual, legal representative or other person acting on the individual's behalf has submitted a written complaint or grievance about the nature or provision of waiver services since beginning date of most recent annual support plan. Write date of complaint and date of resolution in space provided. Attach another page if necessary.</p>	<p>No written complaint or grievance about the nature or provision of waiver services has been submitted by individual, legal representative, or other person acting on individual's behalf since beginning date of most recent annual support plan.</p> <p>Leave the spaces provided for dates of complaint and resolution blank.</p>

Part IV. Correction Follow-Up

Corrections Required? ✓ Check **Yes** or **No** as applicable.

Sections Needing Correction. If corrections are required, circle item number requiring correction in the sections labeled “By CDDP” and “By Brokerage”, depending on which agency is responsible for corrective action. [Use “By CDDP” if another program providing service coordination is responsible for corrective actions.]

Checklist findings reported to: Write in the name of CDDP, Other Program, Brokerage (as applicable) representative who receives the report of checklist findings and is responsible for ensuring corrections are completed. In the case of individuals in Support Services, the Brokerage representative must always be the Executive Director and the report at minimum must be a copy of the completed checklist.

All corrective actions to be complete: Enter date(s) by which CDDP/Other Program or Brokerage, as applicable, expect to complete corrective actions.

Corrective actions reviewed by (and date reviewed): Enter name of CDDP/Other Program staff who review and confirm corrections are made; enter date of review.