

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

This is a modified version of the 2005 HCBS Waiver Review Checklist. It only contains the data fields required for the 2006 Follow up Activity. Refer to the Instructions if necessary. Please return no later than **May 4, 2007** via email to Dawn.C.Andersson@state.or.us or fax 503-373-7274 Attn: Dawn Andersson (Green 34).

PLEASE Use Electronic Version or 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
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.					

Part II. Title XIX Waiver Form Review

	Yes	No	N/A	Notes	Corrective Action
2. Form Item 12: Choice Offered.					
3. Form Item 13: Fair Hearing					
5. Form Box 15: Annual Ongoing 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: _____				

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

SECTIONS NEEDING CORRECTION (CIRCLE):

By CDDP:

TXIX File Review: 1 2 6

TXIX Waiver Form Review: 2 3 5

Other Review Information: 1 2

By Brokerage:

TXIX File Review: 1 2 6

TXIX Waiver Form Review: 2 3 5

Other Review Information: 1 2

Checklist findings reported to (Name of Person):
 • CDDP/Other: _____
 • Brokerage: _____

All corrective actions to be completed by (Name of Person):
 • CDDP/Other: _____
 • Brokerage: _____

Corrective actions reviewed by (Name of Person):

Date corrective action was confirmed as completed:

Notes:

Retain completed HCBS Waiver Review Checklist in individual case file.