

HCBS Waiver Review Individual Checklist - 2007

Directions: The review period is January 1, 2007 through December 31, 2007. Use the plan and other documentation that covered the majority of the 2007 calendar year to answer the questions. This may require reviewing information from the 2006 calendar year. For example, in the 2007 calendar year the Individual Support Plan (ISP) effective date was 10/1/2007, then use the 10/1/2006 ISP to complete the review. The 10/1/2006 ISP would have covered the majority of the 2007 calendar year. If you have questions regarding this checklist or the review contact the SPD Quality Assurance Coordinator at 503-945-6976.

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Individual's First Name **Individual's Last Name** **Prime #**

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Waiver Enrolled in 1/07-12/07 **Service Coord. Name**

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Brokerage Name **Personal Agent Name**

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Review Date **Reviewer's Name** **Reviewer's Email**

PART I Annual Individual Support Plan Review **Response**

1. Was the individual's annual plan current during the review period?

If YES, skip to Part I.3.

2. If the individual's annual plan covering the review period was not current, was the reason documented?

3. Select the waiver service(s) received during the review period:

Services Received

- | | |
|--|---|
| a. Children's Intensive In-Home (Behavioral) | <input style="width: 100%; height: 20px;" type="text"/> |
| b. Children's Intensive In-Home (Hospital) | <input style="width: 100%; height: 20px;" type="text"/> |
| c. Comprehensive In-Home | <input style="width: 100%; height: 20px;" type="text"/> |
| d. Employment/Alternatives to Employment | <input style="width: 100%; height: 20px;" type="text"/> |
| e. Foster Home (under 18) | <input style="width: 100%; height: 20px;" type="text"/> |
| f. Foster Home (over 18) | <input style="width: 100%; height: 20px;" type="text"/> |
| g. Supported Living | <input style="width: 100%; height: 20px;" type="text"/> |
| h. Support Services (Adults) | <input style="width: 100%; height: 20px;" type="text"/> |
| i. 24-Hour Residential | <input style="width: 100%; height: 20px;" type="text"/> |

Note: For SILP transfers select the services the individual was transitioned into during 2007.

4. Were the waiver services received during the review period consistent with the individual's annual plan? **Response**

PART I (Con't.)

Response

5. Did the individual's records reflect a discussion of necessary evaluations or assessments?

If NO, then skip to Part I.6

Note: The discussion might be addressed in the following documents; annual plan, mtg. notes, risk tracking record, monthly monitoring, brokerage goal survey, or other records. The most common reasons for requesting an evaluation or assessment are to identify health risks, safety risks, and behavioral support needs. The evaluations and assessments may lead to protocols or plans of support.

5a. If the need for an evaluation or assessment was identified, was there documentation it was completed with in the specified time line?

6. Did the individual's annual planning process reflect the individual's preferences?

Note: Annual planning process could include goal survey, personal focus worksheet, risk tracking record, ISP agenda, ISP, or other documentation.

6a. If the individual's preferences were not incorporated into the annual plan did the Individual Support Team discuss the reason during the annual planning process?

Answer Options: Not Applicable, Yes, or No

PART II Monthly Monitoring Review

1. Was the individual residing at an adult foster home (AFH) or 24-hour residential setting during the review period?

If NO, skip to Part III.1.

1a. Did the individual reside at the AFH or 24-hour residential setting for six months or more during the identified plan period (see directions for explanation on "plan period")?

If NO, skip to Part III.1.

Note: If an individual resided at more than one AFH or 24-hour site during the plan period include all the months for each provider. For example, Jon Doe lives at provider ABC 10/12/2006 to 2/01/2007 and provider XYZ 2/2/2007 to 5/28/2007 the answer would be YES.

2. Was the Behavior Service Review Checklist completed within 6 months of the individual's annual plan?

Note: The checklist would need to be completed by the last day of the sixth month following the ISP. For example, ISP effective 10/12/2006 then checklist must be completed by 4/30/07.

3. Was the Medical Service Review Checklist completed within 6 months of the individual's annual plan?

4. Was the ISP Service Review Checklist completed within 6 months of the individual's annual plan?

5. How many times was the Financial and Personal Property Checklist completed within 12 months of the individual's annual plan?

Answer Options: Once, Twice, or None

PART III. Title XIX Waiver Form Review

Note: Some of the older Title XIX Waiver Forms used for the initial review of level of care did not have all of the fields listed in III.2a-f. If the older version does not have a specific field, DO NOT consider the form incomplete, unless a field that is present is left blank.

Response

1. Were any of the items listed below left blank on the initial Title XIX Waiver Form?

If NO, skip to Part III.3.

2. Select all that were not completed:

a. Missing Individual Signature (If own guardian)

b. Missing SC or SS signature

c. Missing Guardian or Legal Rep. Signature (If Individual is not their own legal guardian)

d. Missing Diagnosis and Eval. Coord. or SPD Medical Director Signature

e. No evidence of Hearing Rights Offered

f. No evidence of Offering of Choice between community and ICF/MR

Response

3. In the calendar year of 2007 was the annual ongoing verification of need for ICF/MR or Hospital level of care completed in a timely manner?

Note: Timely manner means within twelve months of the previous annual ongoing verification. For example, annual ongoing verification of 10/13/2006 would be completed in a timely manner if the next verification was completed by 10/31/2007.

PART IV. Eligibility Determination Review

1. Mark the criteria used for this individual's DD eligibility:

**If MR, go to Part IV.2.
If DD only, go to Part IV.3.
If MFCU or CIIS Criteria, go to Part IV.4.**

*Answer options: Mental Retardation (MR),
Developmental Disability only (DD), or under
MFCU or CIIS Criteria*

Response

2. MR w/Full Scale Intelligence Quotient (FSIQ) score under 66

If YES, skip to Part V.1.

Note: If a professional (Psychologist, Psychiatrist, or other qualified professional to conduct a FSIQ) has identified an individual as profoundly MR and unable to test FSIQ then say yes to Part IV.2.

PART IV. (Con't.)

Response

2a. MR w/ FSIQ score 66 - 75 and an Adaptive Scale completed

If YES, skip to Part V.1.

2b. MR w/ FSIQ score 66 - 75 without Adaptive Scale completed

Skip to Part V.1.

3. DD only/ Adaptive Scale completed

If YES, skip to Part V.1.

3a. DD only/without Adaptive Scale completed

Skip to Part V.1.

4. Was the MFCU or CIIS eligibility criteria for the time period under review in the individual's case record (including any required re-evaluations)?

PART V. Complaint, Grievance, and Fair Hearing Rights Review

Response

1. Was there documentation that the individual was made aware of their Complaint, Grievance, and Fair Hearing Rights during the 2007 calendar year?

2. Have there been any complaints, grievances or request for a Fair Hearing made by the individual, family or others during the 2007 calendar year?

If NO, Skip to Part VI.

3. Were the complaint(s), grievance(s), or Fair Hearing(s) resolved?

Answer Options: Yes, No, Pending Fair Hearing

Note: If more than one complaint, grievance, or Fair Hearing is identified answer Yes if all have been resolved. If only some have been resolved then answer No or Pending Fair Hearing, which ever is applicable.

PART VI. General Notes