MPW CERTIFICATION RECORD REVIEW

 **Individual’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Reviewer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Provider Agency:** \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#  **Case Management Agency:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Guardian? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Name of Case Manager:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Y/N** | RECORD ITEMS FOR ALL PROVIDERS |
|  | Accessibility: All settings are physically accessible to the individual |
|  | ADHC: documentation the recipient or legal representative was informed of hours of operation  |
|  | ADHC: Licensed in accordance with 902 KAR 20:066 |
|  | Case Management: monthly face-to-face visit at participant’s home, ADHC or ADT provider location |
|  | Case Management: The participant is educated in a way that addresses the participant’s need for knowledge of the case management process. |
|  | Case Management: The participant is educated in a way that addresses the participant’s need for knowledge of the personal rights and risks and responsibilities as well as awareness of available services. |
|  | Complaint Procedure (grievance) – documentation that the participant or legal participant was informed of the procedure for reporting complaints |
|  | Documentation of each contact with, or on behalf of, a Michelle P. waiver recipient |
|  | Documentation of each service provided: Contact Notes\_\_\_\_\_ Monthly Summary\_\_\_\_\_\_\_\_\_ |
|  | Service began no later than 60 days after date of prior authorization  |
|  | Incident Reports (available in MWMA) |
|  | MAP 351 (signed by the Assessment Team and Department) |
|  | Medication records, including copies of prescriptions |
|  | Physician protocols present, current, implemented as ordered (Ex: Seizures, Blood Sugar, Blood Pressure, Bowels, PRNs) |
|  | Medical, Nursing, and Social History  |
|  | Participant education on abuse, neglect, exploitation, isolation, and punishment |
|  | Participant training on emergency disaster drills (if the participant receives a site-based service) |
|  | PCSP: Current and complete |
|  | PCSP: Does not exceed $63,000 annually |
|  | PCSP: Services and supports align with assessed needs |
|  | PCSP: Plan of care reflects individual’s goals and preferences |
|  | PCSP: Plan of care includes appropriate risk mitigation |
|  | PCSP: Compliance with waiver service plan requirements |
|  | PCSP: Is based on what is important to and for the person |
|  | PCSP: Appropriate change in service related to change in needs w/in the year |
|  | PCSP: Choice has been offered between waiver services and institutional care and between/among services and providers. |
|  | PCSP: Offers informed choice defined as a choice from options based on accurate and thorough knowledge and understanding to the participant regarding the services and supports to be provided. |
|  | Prior Authorization (Requests, Notifications, and Denials) |
|  | Positive Behavior Support Plan (if applicable) |
|  | Positive Behavior Support Plan is not restrictive |
|  | Rights Restrictions: Due Process: [ ]  |
|  | Rights Restrictions (Modifications) include all Settings Rule components: *(1) Identify a specific and individualized assessed need.****(2)****Document the positive interventions and supports used prior to any modifications to the person-centered service plan.****(3)****Document less intrusive methods of meeting the need that have been tried but did not work.****(4)****Include a clear description of the condition that is directly proportionate to the specific assessed need.****(5)****Include regular collection and review of data to measure the ongoing effectiveness of the modification.****(6)****Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.****(7)****Include the informed consent of the individual \*****(8)****Include an assurance that interventions and supports will cause no harm to the individual.*  |
|  | Staff trained on individualized needs. |

 SUPPORTS provided by this agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SUPPORTS provided by a different agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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