SCL CERTIFICATION RECORD REVIEW – NON- CASE MANAGEMENT

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| **Individual:**  | **Date: Click or tap to enter a date.** | **DOB:**  |
| **Provider:**  | **CM Agency:** |  |
| **Reviewer:**  | **Guardianship: Choose an item.** |  |

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| **Y/N** | RECORD ITEMS FOR ALL PROVIDERS |
|  | Accessibility: All settings are physically accessible to the individual |
|  | Allergy alerts with history of allergies (make sure allergies are consistent throughout record)  |
|  | Consents – legally adequate, updated annually |
|  | Dental exam results, annually |
|  | Emergency Contact numbers |
|  | Financial records (if applicable) |
|  | Goals and Objectives |
|  | Grievance and appeals system – description of |
|  | HRST results (scoring summary) updated at least annually and as needed. |
|  | Individual Education Plan (IEP) or Individual Family Service Plan (IFSP), if applicable |
|  | Incident Reports (available in MWMA) |
|  | Lease or other legally enforceable agreement providing similar protections is present (for participants in residential setting) |
|  | Life History, updated at least annually |
|  | Medication records, including copies of prescriptions |
|  | Physician protocols present, current, implemented as ordered (Ex: Seizures, Blood Sugar, Blood Pressure, Bowels, PRNs) |
|  | Name, Social Security number, MAID # of Participant |
|  | Notes: Monthly [ ]  Contact[ ]  (Name or Medicaid # on each page) |
|  | Participant education on abuse, neglect, exploitation, isolation, and punishment. |
|  | Participant training on emergency disaster drills (may be documented in DT or residential record) |
|  | Participant Summary (if no summary present, is the agency using the MWMA crisis prevention/risk mitigation, individual narrative, and medical inforamtion sections) |
|  | Photograph of the individual -recognizable |
|  | Physical examination results, annually |
|  | Person Centered Service Plan (PCSP) |
|  | Sign-in sheets verifying that representatives of all agencies involved in implementing the PCSP were present at team meetings |
|  | 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: Plan of care 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 |
|  | Positive Behavior Support Plan based on Functional Assessment (if applicable) |
|  | Positive Behavior Support Plan is not restrictive |
|  | Prior Authorization Notifications (available in MWMA) |
|  | Psychological Evaluation |
|  | Rights – participants (and guardian, if applicable) have received a description participant rights |
|  | 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.*  |
|  | Safety Plan, if applicable for “unsupervised time” in a residential level 1 or level 2 setting  |
|  | SIS Assessment Profile every three years/ annual review protocol  |
|  | Staff trained on Individualized Needs |

 SUPPORTS provided by this agency:

 SUPPORTS provided by different agency: