

SCL CERTIFICATION RECORD REVIEW – NON- CASE MANAGEMENT

Individual's Name: _____ Date: _____ Date of Birth: _____
 Reviewer: _____ Provider Agency: _____
 Case Management Agency: _____ Guardian? _____

Y/N	<u>RECORD ITEMS FOR ALL PROVIDERS</u>
	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 (may be kept in a separate binder with other agency IR's)
	LOC (Level of Care determination)-Current
	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 Summary
	Participant education on abuse, neglect, exploitation, isolation, and punishment.
	Participant training on emergency disaster drills (may be documented in DT or residential record)
	Photograph of the individual –recognizable (Dropbox photo not recognizable; ensure home copy is clear)
	Physical examination results, annually
	Person Centered Service Plan (PCSP), new plans after 4/1/2017 in MWMA
	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)
	Prior Authorization Notifications
	Psychological Evaluation, at admission and if needed
	Rights – description of
	Rights Restrictions _____, Due Process _____
	Safety Plan, if applicable (Level 1 and Level 2)
	SIS Assessment Profile
	Staff trained on Individualized Needs

SUPPORTS provided by this agency: _____
 SUPPORTS provided by different agency: _____