

## SCL CASE MANAGEMENT CERTIFICATION RECORD REVIEW

**Individual's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Reviewer:** \_\_\_\_\_ **Provider Agency:** \_\_\_\_\_  
**Case Management Agency:** \_\_\_\_\_ **Guardian?** \_\_\_\_\_  
**Case Manager:** \_\_\_\_\_

Y/N	<u>RECORD ITEMS FOR CASE MANAGERS</u>
	Allergy alerts with history of allergies (make sure allergies are consistent throughout record)
	Consents – legally adequate, updated annually
	Dental examination results, annually
	Emergency Contact numbers
	Financial records (if applicable)
	Goals and Objectives
	Grievance and appeals system – description of
	HRST results (scoring summary) updated and current
	Incident Reports (may be kept in a separate binder with other agency IR's)
	Individual Educational Plan (IEP) or Individual Family Service Plan (IFSP), if applicable
	LOC (Level of Care determination)-Current
	Life History, updated at least annually
	MAP-116 (in MWMA after 4/1/2017)
	MAP-531: Only required when a case management conflict exists
	Monthly Contact Notes (in MWMA after 4/1/2017)
	Name, Social Security number, MAID #
	Notes: Monthly _____ Contact _____
	Participant Summary
	Participant Education on abuse, neglect, exploitation, isolation, and punishment
	Photograph of the individual -recognizable
	Physical examination results, annually
	Person Centered Service Plan (PCSP) (after 4/1/2017 in MWMA)
	Sign-in in sheets verifying that representatives of all agencies involved in implementing the PCSP were present at team meetings (after 4/1/2017)
	Documentation of the participant's participation or representative's participation in the case management process (after 4/1/2017)
	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
	POC: 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

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Individual's Name \_\_\_\_\_

	Rights - description of
	Rights Restrictions _____, Due Process _____
	Safety Plan, if applicable
	Safety Plan, ensure that participant is able to implement
	Safety Plan Monitoring, evidence of
	SIS Assessment Profile
	Staff trained on Individualized Needs
	Waiver status is up to date in MWMA (after 4/1/2017)
	Case Manager is Competent in Participant's Language or Interpreter is Provided by the Agency (after 4/1/2017)
	Documentation of advocacy for a participant with service providers to ensure services are delivered as established in the PCSP, as necessary (after 4/1/17)
	Documentation that information was provided about PDS to the participant or guardian, at least annually
	If conflicted: Documentation of interest protections, separate case management and service provision functions within the provider entity, clear and accessible with alternative dispute resolution process (after 4/1/2017)
	PSPC distributed to ALL members of the person-centered team within five business days of development, including the participant and guardian (after 4/1/2017)
	Monthly face-to-face contacts at a location where the participant is engaged in services
	Initiated person-centered team meetings and receiving PA's within 14 days of a contact visit that indicates that different or additional services or other changes in the participant's person-centered service plan are required to meet the participant's needs
	Documentation of clearly outlining the participant's insurance options and availability (example: renter's insurance)
	Documentation of exploring the potential availability of other resources and social service programs
	The participant has 24-hour access to a case management staff person

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

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