

## MPW CERTIFICATION RECORD REVIEW

Individual's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Y/N	<u>RECORD ITEMS FOR ALL PROVIDERS</u>
	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
	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 (may be kept in a separate binder with other agency IR's)
	LOC (Level of Care determination)-All
	MAP 351 (signed by the Assessment Team and Department)
	Medical, Nursing, and Social History
	Name of Case Manager
	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: MAP 116 – Service Plan – Participant Authorization (case management provider only)
	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: 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
	Prior Authorization (Requests, Notifications, and Denials)

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

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

Comments: