

SCL CASE MANAGEMENT CERTIFICATION RECORD REVIEW

Individual Name:	Date: Click or tap to enter a date.	Date of Birth:
CM Agency:	Guardian: Choose an item.	Reviewer:
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), including monitoring for control of personal resources.
	Goals and Objectives
	Grievance and appeals system – description of
	HRST results (scoring summary) updated and current
	Incident Reports
	Individual Educational Plan (IEP) or Individual Family Service Plan (IFSP), if applicable
	Insurance - documentation clearly outlining the participant’s insurance options/availability (example: renter’s insurance)
	Life History, updated at least annually
	MAP-531: If conflicted, letter from DBHDID approving conflicted CM
	Name, Social Security number, MAID #
	Notes – Monthly Summary Notes, entered timely and meet all requirements in the #A-49 letter
	Monthly face-to-face contacts at a location where the participant is engaged in services
	Quarterly face to face in the home, if participant receives residential services
	Participant Summary (if no summary present, is the agency using the MWMA crisis prevention/risk mitigation, individual narrative, and medical information sections?)
	Participant Education on abuse, neglect, exploitation, isolation, and punishment
	Photograph of the individual (recognizable)
	Physical examination results, annually
	Person-Centered Service Plan (PCSP)
	Sign-in in sheets verifying that representatives of all agencies involved in implementing the PCSP were present at team meetings
	Documentation of the participant’s participation or representative’s participation in the case management process
	PCSP: Services and supports align with assessed needs
	PCSP: Residential Settings chosen based on individual’s needs, preferences, and financial resources- including choice of settings including non-disability specific settings, choice of housemates, choice of support staff
	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. <i>Settings are integrated in and support full access of individuals to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS services</i>

	<p><i>All settings are selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. Settings options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</i></p> <p><i>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</i></p> <p><i>All services and settings optimize, but do not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.</i></p> <p><i>Facilitates individual choice regarding services and supports, and who provides them.</i></p>
	PCSP: 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 advocacy for a participant with service providers to ensure services are delivered as established in the PCSP, as necessary
	Documentation that information was provided about PDS to the participant or guardian, if applicable, 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
	PCSP distributed to ALL members of the person-centered team within five business days of development, including the participant and guardian
	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
	Positive Behavior Support Plan based on a Functional Assessment, if applicable.
	Positive Behavior Support Plan is not restrictive.
	Psychological Evaluation
	Rights - description of
	Rights Restrictions Due Process _____
	<p>Rights Restrictions (Modifications) include all Settings Rule components:</p> <p><i>(1) Identify a specific and individualized assessed need.</i></p> <p><i>(2) Document the positive interventions and supports used prior to any modifications to the person-centered service plan.</i></p> <p><i>(3) Document less intrusive methods of meeting the need that have been tried but did not work.</i></p> <p><i>(4) Include a clear description of the condition that is directly proportionate to the specific assessed need.</i></p> <p><i>(5) Include regular collection and review of data to measure the ongoing effectiveness of the modification.</i></p> <p><i>(6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.</i></p> <p><i>(7) Include the informed consent of the individual *</i></p> <p><i>(8) Include an assurance that interventions and supports will cause no harm to the individual.</i></p>
	Safety Plan, if applicable for "unsupervised time" in a residential level 1 or level 2 setting
	Safety Plan Monitoring, evidence of ensuring the participant is able to implement the safety plan.
	SIS Assessment Profile every three years and annual review protocols.
	Trained on Individualized Needs
	Waiver status is up to date in MWMA
	Case Manager is Competent in Participant's Language or Interpreter is Provided by the Agency

SUPPORTS provided by this agency:

SUPPORTS provided by a different agency: