

<ul style="list-style-type: none"> f. A re-eval is performed by the D&E team if there is a significant change in ICAP scores g. JFR completed by SC: <ul style="list-style-type: none"> 1) During the last quarterly visit 2) Includes what SC actually observed 3) Submitted to DMH 4) Includes family supports 5) Is dated after the ICAP 6) Matches the Plan of care 7) Includes each service the participant currently receives (waivered & non-waivered) 8) Includes preferences/dislikes of participant 9) Includes statement of eligibility h. Educational assessment is completed, if indicated i. Visual assessment is completed, if indicated j. Nutritional assessment is completed, if indicated 	<p>Y N N/A</p> <p>Y N</p> <p>Y N</p> <p>Y N</p> <p>Y N N/A</p> <p>Y N</p> <p>Y N</p> <p>Y N</p> <p>Y N</p> <p>Y N</p> <p>Y N N/A</p> <p>Y N N/A</p> <p>Y N N/A</p>	
<p>4. Plan of Care</p> <ul style="list-style-type: none"> a. Current & updated appropriately <ul style="list-style-type: none"> 1) Request for changes to POC are submitted to DMH 2) Provider does not change services prior to receiving Service Authorizations from SC 	<p>Y N</p> <p>Y N</p> <p>Y N</p>	
<p>5. Provider Documentation</p> <ul style="list-style-type: none"> a. All modalities: <ul style="list-style-type: none"> 1) Activity notes include date, length of service & name, title, signature of staff providing service & are co-signed/initialed by the participant or legal representative, if applicable 2) Activity notes of services provided submitted to DOM in timely manner, if applicable (i.e., for DOM audits, etc.) 3) Activity notes include a summary of what transpired during the delivery of services 4) When services are not provided according to POC, an explanation is documented in activity notes 5) Evidence that the service is appropriate and approved on the POC 	<p>Y N N/A</p> <p>Y N N/A</p> <p>Y N</p> <p>Y N N/A</p> <p>Y N</p>	
<ul style="list-style-type: none"> b. Support Coordination <ul style="list-style-type: none"> 1) Support Coordinator phone contacts begin as soon as a referral is received (for new admissions) 2) Support Coordinator makes two phone contacts or one face-to-face contact per month and documents: <ul style="list-style-type: none"> - Satisfaction with current services - If additional services are needed - Appropriateness of amount/frequency of services on POC - Health status (Dr. visits or changes in condition) 3) Support Coordinator has at least one quarterly face-to-face contact 	<p>Y N N/A</p> <p>Y N</p> <p>Y N</p> <p>Y N</p> <p>Y N</p> <p>Y N</p>	

4)	Support Coordinator has at least one quarterly face-to-face contacts at alternate service settings, if applicable	Y N N/A	
5)	Support Coordinator makes at least one visit per year when the provider is in the home. (If the participant receives two in-home services, the SC sees each type of provider in the home at least one time per year)	Y N	
6)	If any problems concerning health or welfare of the participant occurs, the Support Coordinator makes the appropriate referrals, documents the circumstances/actions taken & reports this information to the Support Coordination Director	Y N N/A	
7)	During a quarterly visit, if a problem involving the health or welfare of a participant or his/her guardian which poses an immediate danger to either person, the problem is corrected before the Support Coordinator leaves and is reported to the SC Director	Y N N/A	
8)	Support Coordinator reviews current services with participant & legal representative between 45-70 days prior to expiration of the recertification	Y N	
9)	When a participant or legal representative requests changes on the POC, SC sends a Notice of Determination to the participant/legal representative within 10 business days of receipt of the approval/disapproval from DMH/BIDD	Y N N/A	
10)	SC sends Service Authorizations to providers within 10 business days of receipt of determination by DMH/BIDD	Y N N/A	
11)	If a participant disagrees & appeals a decision made by DMH/BIDD, the SC notifies the providers to continue services in place prior to the appeal	Y N N/A	
12)	The SC notifies provider(s) in writing of approved/denied services resulting from final appeal decisions	Y N N/A	
c.	Day Services-Adults		
1)	Services are furnished in a non-residential setting for four or more hours per day on a regularly scheduled basis for one or more days per week or as specified on the Plan of Care.	Y N	
2)	Service limits do not exceed 130 hours per month	Y N	
3)	Different types of non-residential habilitation services are not billed during the same period of the day	Y N	
4)	Services provided match the Day Services Plan of Care	Y N	
d.	Pre-Vocational Services		
1)	Personal care/assistance does not comprise the entirety of the service	Y N	
2)	Service limits do not exceed 130 hours per month	Y N	
3)	Services provided match the Pre-Vocational Plan of Care	Y N	
e.	Residential Habilitation		
1)	Provider has staff available on-site 24 hours per day, seven days per week & staff is able to respond to requests for assistance within 5 minutes	Y N	
2)	Provider provides oversight to the participant's health care needs by assisting with making doctor/dentist/optical appts, transporting, & accompanying the participant to such appts	Y N	
3)	Plan of Care does not include HCS, In-home respite, or Community Respite	Y N	
f.	In-Home Respite (Companion)		
1)	LPN's & CNA's are supervised by an RN	Y N	

<p>2) Emphasis is relief to caregiver versus support to participant</p> <p>3) Non-licensed providers do not perform duties that require a nurse, i.e., nurses must administer medications, etc.</p>	<p>Y N</p> <p>Y N</p>	
<p>g. In-Home Respite (Nursing)</p> <p>1) Documentation supports need for respite by a nurse</p> <p>2) Medication list is current & updated correctly</p> <p>3) Reasons for PRN meds are documented</p> <p>4) Changes in medications, treatments, etc. are reported to the Support Coordinator</p> <p>5) LPN's are supervised by an RN</p> <p>6) Informed consent for medications properly executed, if applicable</p> <p>7) Participant assessed for side effects on admission & every 60 days, if indicated (i.e. antipsychotics prescribed)</p> <p>8) Nurses are employed by an agency certified by MDMH and enrolled as an ID/DD Waiver provider</p>	<p>Y N</p> <p>Y N</p> <p>Y N N/A</p> <p>Y N N/A</p> <p>Y N</p> <p>Y N N/A</p> <p>Y N N/A</p> <p>Y N N/A</p>	
<p>h. Community Respite</p> <p>1) Scheduled activities address participant preferences</p> <p>2) Staff to participant ratio is within acceptable guidelines (1 staff person in addition to 1 site director for every 6 participants depending on their LOC)</p>	<p>Y N</p> <p>Y N</p>	
<p>i. ICF/MR Respite</p> <p>1) Does not exceed maximum of 30 days per certification period</p>	<p>Y N</p>	
<p>j. Supported Employment</p> <p>1) Supported Employment is conducted at work sites where persons without disabilities are employed</p> <p>2) Payment is made only for the adaptations, supervision, & training required by participants receiving waiver services as a result of their disabilities (payment does not include payment for the supervisory activities rendered as a normal part of the business setting)</p> <p>3) Documentation indicates participant is appropriate for Supportive Employment vs. Pre-Vocational services.</p>	<p>Y N</p> <p>Y N</p> <p>Y N</p>	
<p>k. Behavior Support/Intervention</p> <p>1) Does not exceed maximum of 10 hours per year for evaluation & 800 hours per year for direct services</p> <p>2) The behavior interventionist works directly with the participant & also trains staff & family members to assist them in implementing specific behavior support/intervention programs</p> <p>3) The behavior interventionist develops Positive Behavior Support Plan, implements, collects data, & measures outcomes</p> <p>4) The behavior interventionist collaborates with medical and ancillary therapies to promote coherent & coordinated services addressing behavioral issues in order to limit need for psychotherapeutic medications</p>	<p>Y N</p> <p>Y N</p> <p>Y N</p> <p>Y N</p>	
<p>l. Home & Community Supports (replaces Attendant Care and/or Supported Residential Habilitation)</p> <p>1) For participants who live alone, the provider has at least one qualified staff person on call 24 hours per day, in case of emergency and/or to manage unplanned needs</p>	<p>Y N</p>	

<ul style="list-style-type: none"> 2) If the HCS provider accompanies the participant to medical visits, the legal guardian/representative must also attend 3) HCS staff does not perform duties that require a licensed nurse, i.e., medication administration, suctioning, tube feedings, wound treatments, etc. 4) HCS services are not used in lieu of other day services for which the participant is appropriate (e.g., Day Services-Adult, Pre-Vocational Services, Supported Employment, and/or Work Activity Services) 5) The HCS provider assists the participant with ADL's 	<p style="text-align: center;">Y N</p> <p style="text-align: center;">Y N</p> <p style="text-align: center;">Y N</p> <p style="text-align: center;">Y N</p>	
<p>m. Therapy Services</p> <ul style="list-style-type: none"> 1) Services are approved on the participant's Plan of Care 2) OT services do not exceed 2 hours per week 3) PT services do not exceed 3 hours per week 4) ST services do not exceed 3 hours per week 	<p style="text-align: center;">Y N</p> <p style="text-align: center;">Y N</p> <p style="text-align: center;">Y N</p> <p style="text-align: center;">Y N</p>	
<p>n. Specialized Medical Supplies</p> <ul style="list-style-type: none"> 1) Supplies are approved on the participant's Plan of Care 2) Participant is informed of availability of specialized medical supplies, if needed 	<p style="text-align: center;">Y N</p> <p style="text-align: center;">Y N N/A</p>	

General Comments:
