

HCBS Waiver Quality Review

All feedback and requests for additional documents will be sent to one point of contact at the MCO's. The communication will be disseminated to the appropriate parties within the MCO agencies to ensure compliance with the request and timeline for completion.

A. Method of Case Selection for Quality Reviews

A representative sample of HCBS Waiver individual's case files, to include National Core Indicators (NCI surveys), will be selected quarterly by KDADS' Financial and Information Services Commission (FISC), and assigned to the appropriate Quality Management Specialist (QMS) for review. The selected cases will include both Primary (P) and Secondary (S) listing of cases. Record cases open for 30 days or less, from MMIS eligibility date, are considered a "non-review" and will not be reviewed by QMS. A secondary case will be substituted when the case is deemed a "non-review."

B. Documentation Requirements to be reviewed on each waiver

Documentation Required

1. **Documentation required for each waiver can be found in "Required Documentation to Submit for QA Reviews".** If any changes for record documentation are required, the Quality Assurance Program Manager will send a written notification of required changes to the MCO and/or Assessor at a minimum of 15 business days before it would be due.

Authorized Signature

2. **Authorized Signatures.** One of the following criteria should be used, as outlined in KMAP, when individuals are unable to sign their own name: (Documents need to include a signature(s). "Signature on File" and/or a signature that converts to a "typed" signature, are not acceptable.)
 - a. Have a distinct mark representing his or her signature;
 - b. Use the beneficiaries signature stamp; or
 - c. Have an identified designated signatory.

Documents Required

3. **Quality Review Components:**
 - a. Assessor Record Reviews
 - b. MCO Record Reviews
 - c. Individual or Representative/Guardian feedback
 - d. Provider's Credentialing; Training; and Background Checks:
(Credentialing requirements are listed in applicable waiver applications).

C. Process, Scoring and Remediation for Quality Reviews:

Case specific documentation for Quality Reviews shall be completed by desk review or provider's on-site location. For desk reviews, file documentation should be uploaded in the systems of record, to

include but not limited to the Quality Review Tracker (QRT) by the MCO's and KAMIS by the Assessor's. QMS will review documentation by using the established protocols. For on-site reviews, file documentation uploaded by the MCO's and/or Assessor's, will be reviewed by QMS using the established protocols at the designated provider locations.

Findings for desk and on-site reviews will be recorded in Quality Review Tracking system (QRT) for the MCO/Assessor's remediation.

Protocol Scoring Options

1. Protocol Scoring Options:
 - a. "Compliant," documentation is provided and meets compliance;
 - b. "Non-compliant," documentation was not provided or was not correct or completed;
 - i. No valid signature and/or date (valid signature means by the individual and/or representative/guardian as outlined in KMAP)
 - ii. Missing Document (Document/documentation not provided for review)
 - iii. Incomplete (form not completed in its entirety)
 - iv. Timeline not met
 - v. Inaccurate
 - c. "N/A" when not applicable to the protocol question.

Remediation and Response Process

FISC will generate and provide a report regarding findings to KDADS staff for review and to remediate as necessary.

Data analysis is completed and remediated for any assurance or sub-assurance less than 87%. KDADS staff will notify the provider of areas below 87% with details of each finding. The provider will be required to respond to the notification for remediation within 15 business days detailing their plan for correction. The plan will be reviewed by KDADS staff for approval of the plan. Should the plan not be approved, the provider will be notified and asked to resubmit an acceptable plan of correction. Once the remediation plan is approved, with a timeline for compliance, KDADS staff will continue to monitor through Quality Reviews to ensure compliance.

Any abuse, neglect or exploitation issue will be immediately reported to the designated state reporting agency. Any substantiated case of ANE will require remediation. The remediation plan must address how health and safety needs have been addressed including immediate corrective action and ongoing plan to prevent ANE.

Findings or concerns on a specific case identified through the review by QMS will be entered in QRT. Once entered, the QRT system will send an alert to the Assessor and/or MCO, and copy to the applicable Program Manager.

Examples of when an alert would be sent, requiring a response, includes but not limited to:

- Individual could not be located, or no longer resides at the address provided in the case record
- Case should have been closed
- FAI or other Assessment is not current
- Individual being served stated they would like their Care Coordinator to contact them
- There is a Protective Service concern

- Client Obligations that exceed the cost of the Service Plan
- Spouses’ cannot serve as a Personal Care Service Worker or in any other paid capacity, without a “Spousal Exception.”
- DPOA’s, if activated, are not allowed to provide any direct services without Court documentation saying they have been approved to do so.

Individual Interview

Gather feedback on services from individuals served, to include:

1. The individual is satisfied with HCBS services
2. Confirm through individual’s review, that services have been provided as noted in the individual’s Service Plan/POC.
3. Confirm Personal Care Service worker reported on time
4. Health and welfare needs of the individual are being met
5. Knowledge of how to report abuse/neglect/exploitation Knowledge of Rights and Responsibilities; and Appeal and Grievance Rights and Processes/Procedures

D. Method of Record Submission

Case files selected will include “Primary” (“P”) and Secondary (“S”) listings. In the event the Primary case is non-reviewable, a secondary case will be substituted. MCOs/Assessors will be required to upload both lists.

1. MCO files are to be uploaded to the QRT database.
2. MCO case file documentation (in QRT) must be labeled with document name and date (month and year) it was completed. Documentation must be legible.
3. LOC Assessment documentation for all waivers, with the exception of AU and SED, are located in KAMIS, by the Assessing entity. LOC Assessors should also upload documents to QRT, if not in KAMIS. AU and SED Assessment documentation is to be uploaded to QRT.
4. Credentials (Education, Licenses, Training, and Background Checks applicable to waiver requirements): Required documentation, as outlined in each applicable waiver application, will be requested by KDADS Program Managers. Program Managers will explain the method and timelines of submission in their communication requests.
5. Zip files are not an acceptable format for upload.
6. Upload only documentation relevant to the review period.
7. The file is considered submitted by midnight, the same day the documentation is uploaded. Documentation uploaded after the deadline, will not be considered for the quality review.

E. Required Timelines of Record Submission

Case files for review are listed in the QRT for the review period. The QA Program Manager will notify the MCOs and Assessors of both Primary and Secondary cases requiring upload. MCOs and Assessors will have 60 days, from the time they get their case pull list, to upload required documentation. The QA team will begin the reviews during the upload period. The QA team will complete all reviews within 90 days.

Example Quality Review Timeline

Dates Samples Pulled	Last date to post samples	Upload Period (60 days)	Review Dates (90 days)
7/1/16 – 9/30/16	10/15/16	10/16/16 – 12/15/16	11/16/16 – 2/15/17
10/1/16 – 12/31/16	1/15/17	1/16/17 – 3/15/17	2/16/17 – 5/15/17

1/1/17 – 3/31/17	4/15/17	4/16/17 – 6/15/17	5/16/17 – 8/15/17
4/1/17 – 6/30/17	7/15/17	7/16/17 – 9/15/17	8/16/17 – 11/15/17

Required Documentation to Submit for QA Reviews

Documentation Required for KDADS Quality Review of Individual Case Files for the following HCBS waivers: Physically Disabled (PD); Frail Elderly (FE); Traumatic Brain Injury (TBI); (I/DD) Intellectual Developmental Disability; (TA) Technology Assisted; (AU) Autism; and (SED) Serious Emotional Disturbance

For Quality Reviews, providers need to ensure all documentation relevant to the entire review period is uploaded to demonstrate compliance and timeliness. To clarify, QA reviews encompass every day of the period being reviewed.

Person Centered Service Plan (PCSP): Service Plan Terminology has included: Integrated Service Plan (ISP); Service Plan; Plan of Care (POC): the term “Person Centered Service Plan,” shall replace all previous terminology for the document that identifies services and supports for individuals receiving HCBS waiver services and addresses all the requirements set forth in CFR regulations. See Regulation: **42 CFR 441.301**

Information about the person-centered planning process for HCBS can be found in Chapter 4, Section 4442.6 of the State Medicaid Manual available on the CMS website.

Additional Plans Required

The following 3 waivers TA; AU; and SED are required to have additional service plans:

- Recommended Service Plan (RSP) for TA and AU is required for cases in addition to the “Person Centered Service Plan (PCSP)”
- POC by the Community Mental Health Center’s for the SED waiver

Physically Disabled (PD), Frail Elderly (FE) and Traumatic Brain Injury (TBI) Waiver Programs:

A. Aging and Disability Resource Center (ADRC)

1. For Initial Assessments include the Initial Referral Form/Intake (documentation to indicate when referral was made) or the 3160 approval from the specific Waiver Program Manager.
2. Initial Functional Assessment Instrument (FAI) (original assessment completed by ADRC assessor).
3. Current FAI
4. FAI completed prior to current assessment
5. Level of Care Outcomes Form (includes Individual’s Rights and Responsibilities)
6. 3160/3161 (communication of functional eligibility to DCF & KDADS, when applicable, with start date)
7. Authorization for Release of Information with individual’s or representative/guardian’s signature and date
8. TBI only - Evidence / supporting documentation of Traumatic Brain Injury. TBI supporting documents can include emergency room reports, physician reports, or medical records.
9. TBI only – TBI Addendum

B. Managed Care Organization (MCO)

Updated: 12/14/2016

(For each of the following documents - provide all current & prior documents that demonstrate compliance with CFR Regulations, Performance Measures & Program Mandates – for every day of the review period.)

1. Person Centered Service Plans (PCSP) (AKA: POC/ISP)
2. All PCSP's require individuals or representative/guardian's and Provider's signature, date signed, and per CFR Regulation.
3. All PCSP's require the MCO Coordinator's signature and date signed.
4. All PCSP's are required for all waivers, per HCBS Final Settings Rule, and should include the following components:
 - a. Be understandable to the individual receiving services and persons important to the individual. It must be written in plain language and in a manner that is accessible to the individuals with disabilities and persons with limited English proficient.
 - b. Identify the individual and/or entity responsible for monitoring the plan.
 - c. Be finalized and agreed to with the informed consent of the individual in writing, and signed by all individuals and providers responsible for its implementation.
 - d. Be distributed to the individual and others involved in the plan.
 - e. Include those services the purpose or control of which the individual elects to self-direct.
 - f. Prevent the provisions of unnecessary or inappropriate services and supports.
 - g. Identify specific individualized assessed need.
 - h. Document the positive interventions and supports used prior to any modifications to the PCP.
 - i. Document less intrusive methods of meeting the need that has been tried but did not work.
 - j. Include a clear description of the condition that is directly proportionate to the specified assessed need.
 - k. Include regular collection and review of data to measure the ongoing effectiveness of the modification.
 - l. Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.
 - m. Include informed consent of the individual.
 - n. Include an assurance that interventions and supports will cause no harm to the individual.
 - o. The plan must be reviewed, and revised upon reassessment of functional need at least every 12 months or when the individual's needs or circumstances change significantly, or at the request of the individual.
5. PCSP components include, but not limited to:
 - a. Developed according to the process (face to face interview and is signed and dated by the individual and/or their representative/guardian, and providers); and
 - b. Identified individual's services in type, scope, amount, duration, frequency as noted in the assessment, to include effective dates; and
 - c. Addresses Needs and Capabilities; Health and Safety Risk Factors (for FE waiver include: "red flags" Electricity Needs; Physical Impairment; Medication Assist; Cognitive/Mental Health Issues/No informal Supports; or None); and

- d. Includes individual's goal(s).
- 6. Needs Assessment(s) completed by the MCO annually (within 365 days), which must address:
 - a. Physical; and
 - b. Behavioral; and
 - c. Functional; and

For FE: Identify "Red Flags" (Electricity needs; Physical Impairment; Medication Assist; Cognitive/Mental Health Issues/No informal Supports; or None)
- 7. Back Up Plan with individual's or representative/guardian's signature and date
- 8. Choice Form/Documentation with individual's or representative/guardian's signature and date
 - a. Choice of Waiver services v. Institutional placement
 - b. Choice of Self-Direct or Agency Directed services
 - c. Choice of Provider (Provide documentation of individual being shown how to access the list of providers, and noting choice with valid signature and date of individual or their representative/guardian.
 - d. Choice of Services (Provide documentation of choice being offered for eligible services, with valid signature and date of individual or their representative/guardian.
- 9. Case log documentation for the review period, to include but not limited to contacts with individuals, such as telephone calls, and individual visits, relevant to the review period.
- 10. All Notices of Actions to the individual, relevant to the review period. (Inclusive of adverse actions and POC updates.)
- 11. All 3160 and/or 3161(s), and the 834 report (*Evidence of MCO notification of eligibility by providing copy or screen shot of eligibility), including but not limited to:
 - a. Notification of Eligibility
 - b. Change of Address
 - c. Change in POC cost
 - d. Change in Client Obligation
 - e. Death of Individual
 - f. HCBS Service Termination (This references only ending Waiver services, not Medicaid eligibility.)
 - g. Individual enters Institution, for planned brief stay
- 12. Any adverse incident (AIR reports; APS/CPS; documentation regarding restraints; seclusion; or other restrictive interventions).
- 13. Evidence that the individual / family received information on how to report abuse, neglect and exploitation.
- 14. TBI only – Progress notes from all therapist(s) working with the individual.
- 15. Documentation on "reported use" of restraint application, seclusion or other restrictive interventions.
- 16. Documentation **IF** there was a restraint application, seclusion or other restrictive interventions, and the "appropriate procedures were followed."
- 17. Documentation in AIR on "Critical Incidents" reporting "unauthorized" use of restraint application, seclusion or other restrictive interventions.
- 18. Evidence of Rights and Responsibilities being discussed with individual and or representative/guardian.

19. Evidence of Appeal and Grievance rights/processes being discussed with individual and or representative/guardian.
20. Physician/RN Statement (if applicable)
21. Spousal Exception (if applicable)
22. Two Person Transfer (if applicable)
23. Capable Person Policy (if applicable)
24. DPOA or Guardian (if applicable) – the DPOA or Guardian’s name and if activated

HCBS Technology Assisted Waiver Program (TA)

(For each of the following documents - provide all current & prior documents that demonstrate compliance with CFR Regulations, Performance Measures & Program Mandates – for every day of the review period.)

A. MATLOC Eligibility Specialist (MES)

1. MATLOC A Assessment, with signature pages
2. Initial referral form/intake (documentation to indicate when referral was made)
3. Original Functional Assessment Instrument (original assessment completed by MES staff)
4. Current assessment
5. Assessment done prior to the current assessment
6. Level of Care Outcomes Form (Includes Individual’s Rights and Responsibilities)
7. Authorization for Release of Information
8. Participant Service Plan of Care (PSPOC) (prior to 01/01/2016)
9. Recommended Service Plan (RSP)(effective 01/01/2016 - replaced the PSPOC)

B. Managed Care Organization (MCO)

(For each of the following documents - provide all current & prior documents that demonstrate compliance with CFR Regulations, Performance Measures & Program Mandates – for every day of the review period.)

1. Person Centered Service Plans (PCSP) (AKA: POC/ISP)
2. All PCSP’s require individuals or their representative/guardian’s, and provider’s signatures; and dates signed.
3. All PSPOC’s require the MCO Coordinator’s signature and date signed.
4. All versions of PCSP’s (POC/ISP) for the review period (Include documentation of any changes made during the review period).
5. Person Centered Service Plan (PCSP). Person Centered Service Plans (PCSP) are required for all waivers, per HCBS Final Settings Rule, and should include the following components:
 - a. Developed according to the process (face to face interview and is signed and dated by the individual and/or their representative/guardian); and
 - b. Identified individual’s services in type, scope, amount, duration, frequency as noted in the assessment, to include effective dates; and
 - c. Addresses Needs and Capabilities and Health and Safety Risk Factors; and
 - d. Includes individual’s goal(s).
 - e. Be understandable to the individual receiving services and persons important to the individual. It must be written in plain language and in a manner that is accessible to the individuals with disabilities and persons with limited English proficient.
 - f. Identify the individual and/or entity responsible for monitoring the plan.

- g. Be finalized and agreed to with the informed consent of the individual in writing, and signed by all individuals and providers responsible for its implementation.
- h. Be distributed to the individual and others involved in the plan.
 - i. Include those services the purpose or control of which the individual elects to self-direct.
 - j. Prevent the provisions of unnecessary or inappropriate services and supports.
 - k. Identify specific individualized assessed need.
 - l. Document the positive interventions and supports used prior to any modifications to the PCP.
 - m. Document less intrusive methods of meeting the need that had been tried but did not work
 - n. Include a clear description of the condition that is directly proportionate to the specified assessed need
 - o. Include regular collection and review of data to measure the ongoing effectiveness of the modification
 - p. Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.
 - q. Include informed consent of the individual
 - r. Include an assurance that interventions and supports will cause no harm to the individual
 - s. The plan must be reviewed, and revised upon reassessment of functional need at least every 12 months or when the individual's needs or circumstances change significantly, or at the request of the individual
- 6. Information on client obligation
- 7. Needs Assessment(s) completed by the MCO within 6 months, which must address:
 - a. Physical, and
 - b. Behavioral, and
 - c. Functional
- 8. Choice Form/Documentation:
 - a. Choice of Waiver services v. Institutional placement
 - b. Choice of Self-Direct or Agency-Directed services
 - c. Choice of Provider (Provide documentation of individual being shown how to access the list of providers, and noting choice with valid signature and date of individual or their representative/guardian.
 - d. Choice of Services (Provide documentation of choice being offered for eligible services, with valid signature and date of individual or their representative/guardian.
- 9. Personal Service Attendant (PSA) Skills Checklist, if applicable (for people who self-direct their care and have medical needs)
- 10. Professional Services under Defined Condition (PSUDC) – Exception form for professional parents of minor children
- 11. All Notices of Actions to the individual, relevant to the review period. (Inclusive of adverse actions and POC updates.)
- 12. Case log documentation for review period that would also include, individual contacts such as telephone calls, individual visits, etc.

13. Documentation of notifications to the individuals made through the 3160 and/or 3161(s) and 834 report (*Evidence of MCO notification of eligibility by providing copy or screen shot of eligibility), including but not limited to:
 - a. Notice of Eligibility
 - b. Change of address
 - c. Change in POC cost
 - d. Change in Client Obligation
 - e. Death of Individual
 - f. HCBS service termination (This references only ending Waiver services, not Medicaid eligibility.)
 - g. Consumer enters institution, for planned brief stay
14. Evidence of Rights and Responsibilities, discussed with the individual and or representative/guardian. Must be signed and dated by individual or their representative/guardian.
15. Evidence of Appeal and Grievance rights/processes, discussed with the individual and or representative/guardian. Must be signed and dated by individual or their representative/guardian.
16. Back Up Plan with individual's or representative/guardian's signature and date
17. Documentation on "reported use" of restraint application, seclusion or other restrictive interventions
18. Documentation on use of restraint application, seclusion or other restrictive interventions where "appropriate procedures were followed"
19. Documentation on "Critical Incidents" reporting "unauthorized" use of restraint application, seclusion or other restrictive interventions
20. Evidence of individual / family knowledge on how to report abuse, neglect and exploitation.
21. Evidence of Appeal and Grievance rights/processes being discussed with individual and or representative/guardian
22. Two Person Transfer (if applicable)
23. DPOA or Guardian (if applicable) – the DPOA or Guardian's name and if initiated.

HCBS Autism Waiver Program (AU)

(For each of the following documents - provide all current & prior documents that demonstrate compliance with CFR Regulations, Performance Measures & Program Mandates – for every day of the review period.)

A. KVC - Documentation to be uploaded:

1. Vineland Assessments
2. Referral form - is the 3160 with noted date
3. 3160 approval from the Autism Waiver Program Manager
4. Recommended Service Plan (RSP)

B. Managed Care Organization (MCO)

(For each of the following documents - provide all current & prior documents that demonstrate compliance with CFR Regulations, Performance Measures & Program Mandates – for every day of the review period.)

1. Person Centered Service Plans (PCSP) (aka: POC/ISP)
2. All PCSP's for the review period (include documentation of any changes made during the review period)
3. All PCSP's require individual's representative/guardian's, and provider's signatures; and dates signed.
4. PCSP components include, but not limited to:
 - a. Developed according to the process (face to face interview and is signed and dated by the individual and/or their representative/guardian; and
 - b. Identified individual's services in type, scope, amount, duration, frequency as noted in the assessment, to include effective dates; and
 - c. Addresses Needs and Capabilities; Health and Safety Risk Factors; and
 - d. Includes individual's goal(s).
 - e. Be understandable to the individual receiving services and persons important to the individual. It must be written in plain language and in a manner that is accessible to the individuals with disabilities and persons with limited English proficient.
 - f. Identify the individual and/or entity responsible for monitoring the plan
 - g. Be finalized and agreed to with the informed consent of the individual in writing, and signed by all individuals and providers responsible for its implementation
 - h. Be distributed to the individual and others involved in the plan
 - i. Include those services the purpose or control of which the individual elects to self-direct
 - j. Prevent the provisions of unnecessary or inappropriate services and supports
 - k. Identify specific individualized assessed need
 - l. Document the positive interventions and supports used prior to any modifications to the PCP
 - m. Document less intrusive methods of meeting the need that had been tried but did not work
 - n. Include a clear description of the condition that is directly proportionate to the specified assessed need
 - o. Include regular collection and review of data to measure the ongoing effectiveness of the modification
 - p. Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated
 - q. Include informed consent of the individual
 - r. Include an assurance that interventions and supports will cause no harm to the individual
 - s. The plan must be reviewed, and revised upon reassessment of functional need at least every 12 months or when the individual's needs or circumstances change significantly, or at the request of the individual
5. Needs Assessment(s) completed by the MCO within 6 months, which must address:
 - a. Physical, and
 - b. Behavioral, and
 - c. Functional
6. Choice Form/Documentation:
 - a. Choice of Waiver services v. Institutional placement

- b. Choice of Self-Direct or Agency-Directed services
 - c. Choice of Provider (Provide documentation of individual being shown how to access the list of providers, and noting choice with valid signature and date of individual or their representative/guardian.
 - d. Choice of Services (Provide documentation of choice being offered for eligible services, with valid signature and date of individual or their representative/guardian.
7. Case log documentation for the review period, to include contacts with individual such as telephone calls, individual visits, etc.....
 8. All Notices of Actions to the individual, relevant to the review period. (Inclusive of adverse actions and POC updates.)
 9. Documentation of notifications to the individuals made through the 3160 and/or 3161(s) and the 834 report (*Evidence of MCO notification of eligibility by providing copy or screen shot of eligibility) including but not limited to:
 - a. Notification of Eligibility
 - b. Change of address
 - c. Change in POC cost
 - d. Change in Client Obligation
 - e. Death of Individual
 - f. HCBS service termination
 - g. Individual enters institution, for planned brief stay
 10. Evidence of Rights and Responsibilities, discussed with the individual's representative/guardian. Must be signed and dated by individual's representative/guardian.
 11. Evidence of Appeal and Grievance rights/processes, discussed with the individual's representative/guardian. Must be signed and dated by individual's representative/guardian.
 12. Back Up Plan for individual and has individual's representative/guardian's signature and date
 13. Notification of eligibility (documentation of MCOs notice of individual's eligibility)
 14. Evidence of start date of Personal Service Worker
 15. Evidence that the individual / family received information on how to report abuse, neglect and exploitation
 16. Documentation on "reported use" of restraint application, seclusion or other restrictive interventions
 17. Documentation on use of restraint application, seclusion or other restrictive interventions where "appropriate procedures were followed"
 18. Documentation on "Critical Incidents" reporting "unauthorized" use of restraint application, seclusion or other restrictive interventions

HCBS Intellectual Developmental Disability Waiver Program (I/DD)

(For each of the following documents - provide all current & prior documents that demonstrate compliance with CFR Regulations, Performance Measures & Program Mandates – for every day of the review period.)

A. CDDO BASIS

1. BASIS assessments
2. Referral form - is the 3160

3. 3160 approval from the specific Waiver Program Manager

C. Managed Care Organization (MCO)

(For each of the following documents - provide all current & prior documents that demonstrate compliance with CFR Regulations, Performance Measures & Program Mandates – for every day of the review period.)

1. Person Centered Service Plan (aka: POC/ISP)
2. All PCSP's for the review period (Include documentation of any changes were made, during the review period.)
3. Person Centered Service Plans (PCSP) are required for all waivers, per HCBS Settings Final Rule, and should include the following components:
 - a. Be understandable to the individual receiving services and persons important to the individual. It must be written in plain language and in a manner that is accessible to the individuals with disabilities and persons with limited English proficient.
 - b. Identify the individual and/or entity responsible for monitoring the plan
 - c. Be finalized and agreed to with the informed consent of the individual in writing, and signed by all individuals and providers responsible for its implementation
 - d. Be distributed to the individual and others involved in the plan
 - e. Include those services the purpose or control of which the individual elects to self-direct
 - f. Prevent the provisions of unnecessary or inappropriate services and supports
 - g. Identify specific individualized assessed need
 - h. Document the positive interventions and supports used prior to any modifications to the PCP
 - i. Document less intrusive methods of meeting the need that had been tried but did not work
 - j. Include a clear description of the condition that is directly proportionate to the specified assessed need
 - k. Include regular collection and review of data to measure the ongoing effectiveness of the modification
 - l. Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated
 - m. Include informed consent of the individual
 - n. Include an assurance that interventions and supports will cause no harm to the individual
 - o. The plan must be reviewed, and revised upon reassessment of functional need at least every 12 months or when the individual's needs or circumstances change significantly, or at the request of the individual
 - p. Developed according to the process (face to face interview and is signed and dated by the individual and/or their representative/guardian; and
 - q. Identified individual's services in type, scope, amount, duration, frequency as noted in the assessment, to include effective dates; and
 - r. Addresses Needs and Capabilities; Health and Safety Risk Factors; and
 - s. Includes individual's goal(s).
4. All PCSP's (aka: POC/ISP's) require individuals or their representative/guardian's, and provider's signature; and date signed.

5. Needs Assessment(s) completed by the MCO annually (within 365), which must address:
 - a. Physical, and
 - b. Behavioral, and
 - c. Functional
6. Choice Form/Documentation
 - a. Choice of Waiver Services v. Institutional placement
 - b. Choice of Self-Direct or Agency-Directed Services
 - c. Choice of Provider (Provide documentation of individual being shown how to access the list of providers, and noting choice with valid signature and date of individual or their representative/guardian.
 - d. Choice of Services (Provide documentation of choice being offered for eligible services, with valid signature and date of individual or their representative/guardian.
7. Case log documentation for the review period, to include contacts with individual such as telephone calls, individual visits, etc....relevant to the review period.
8. All Notices of Actions to the individual, relevant to the review period. (Inclusive of adverse actions and POC updates.)
9. Documentation of notifications to the individuals made through the 3160 and/or 3161(s) and 834 report (*Evidence of MCO notification of eligibility by providing copy or screen shot of eligibility), including but not limited to:
 - a. Notification of Eligibility
 - b. Change of address
 - c. Change in POC cost
 - d. Change in Client Obligation
 - e. Death of Individual
 - f. HCBS service termination
 - g. Individual enters institution, for planned brief stay
10. Evidence of Grievance rights and processes, discussed with the individual and or representative/guardian
11. Evidence of Rights and Responsibilities being discussed with individual and or representative/guardian
12. Back Up Plan with individual's or representative/guardian's signature and date
13. Notification of eligibility (documentation of MCOs notice of customers' eligibility)
14. Evidence of start date of Direct Service Worker
15. Evidence of individual/families knowledge in how to report abuse, neglect and exploitation.
16. Documentation on "reported use" of restraint application, seclusion or other restrictive interventions
17. Documentation on use of restraint application, seclusion or other restrictive interventions where "appropriate procedures were followed"
18. Documentation on "Critical Incidents" reporting "unauthorized" use of restraint application, seclusion or other restrictive interventions

HCBS Serious Emotional Disturbance or Severely Emotionally Disturbed

Community Mental Health Centers (CMHC): (Assessments and Services)

(For each of the following documents - provide all current & prior documents that demonstrate compliance with CFR Regulations, Performance Measures & Program Mandates – for every day of the review period.)

Documentation Required:

1. Child Behavior Checklist (CBCL)
2. Child Adolescent Functional Assessment Scale (CAFAS)
3. SED Waiver Attachment D: Current Evidence Supporting Members Need for LOC Provided in a State Mental Hospital
4. Family Choice Assurance Document (FCAD) with signature and dated
5. Initial Clinical Eligibility form
6. Plan of Care (POC)
7. Electronic Plan of Care (EPOC) (A screenshot of KAMIS or a screenshot of the actual authorization from your internal system is acceptable.)
8. All Plan of Care updates relevant for review period
9. Annual Plan of Care (POC)
10. Person Centered Service Plans (PCSP) are required for all waivers, per HCBS Settings Final Rule, and should include the following components:
 - a. Be understandable to the individual receiving services and persons important to the individual. It must be written in plain language and in a manner that is accessible to the individuals with disabilities and persons with limited English proficient.
 - b. Identify the individual and/or entity responsible for monitoring the plan
 - c. Be finalized and agreed to with the informed consent of the individual in writing, and signed by all individuals and providers responsible for its implementation
 - d. Be distributed to the individual and others involved in the plan
 - e. Include those services the purpose or control of which the individual elects to self-direct
 - f. Prevent the provisions of unnecessary or inappropriate services and supports
 - g. Identify specific individualized assessed need
 - h. Document the positive interventions and supports used prior to any modifications to the PCP
 - i. Document less intrusive methods of meeting the need that had been tried but did not work
 - j. Include a clear description of the condition that is directly proportionate to the specified assessed need
 - k. Include regular collection and review of data to measure the ongoing effectiveness of the modification
 - l. Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated
 - m. Include informed consent of the individual
 - n. Include an assurance that interventions and supports will cause no harm to the individual

- o. The plan must be reviewed, and revised upon reassessment of functional need at least every 12 months or when the individual's needs or circumstances change significantly, or at the request of the individual

11. MCO Functional Assessment

12. Log Notes

13. State Hearing Form

14. NOA's

15. Evidence that the individual/family received information on how to report abuse, neglect and exploitation.

16. Documentation on Critical Incidents/APS/CPS reports regarding restraints; seclusion; or other restrictive interventions and/or anything in AIR system.

17. Evidence of Rights and Responsibilities being discussed with individual and/or representative/guardian

18. SED Waiver Attachment N: Annual Evaluation of Level of Care Form

19. SED Waiver Attachment B: Criteria for Serious Emotional Disturbance

20. DPOA or Guardian documentation (if applicable) – the DPOA or Guardian's name and if activated