

CLINICAL DOCUMENTATION CHECKLIST

This checklist is designed to assist case managers, regional office staff and other DDS/D personnel in providing the proper documents need for submissions to the CORE.

Documents

Case Management	<input type="checkbox"/> ISP			
Family Living	<input type="checkbox"/> ISP			
Supported Living	<input type="checkbox"/> ISP			
Customized In-Home Supports	<input type="checkbox"/> ISP			
Transportation Mile	<input type="checkbox"/> ISP			
Transportation Pass/Ticket	<input type="checkbox"/> ISP			
Non-Medical Transportation	<input type="checkbox"/> ISP			
CCS Individual	<input type="checkbox"/> ISP	<input type="checkbox"/> Person Centered Assessment (PCA)		
CCS Group	<input type="checkbox"/> ISP	<input type="checkbox"/> PCA		
CCS Small Group, Community Only	<input type="checkbox"/> ISP	<input type="checkbox"/> PCA		
CCS Individual In-Home	<input type="checkbox"/> ISP	<input type="checkbox"/> PCA	<input type="checkbox"/> IDT Meeting Minutes	<input type="checkbox"/> PCP signed letter
Fiscal Management for Adult Education Opportunity	<input type="checkbox"/> ISP			
CIE Intensive	<input type="checkbox"/> ISP	<input type="checkbox"/> PCA	<input type="checkbox"/> Work Schedule (individual/coach)	<input type="checkbox"/> Letter of Justification for additional hours
CIE Group	<input type="checkbox"/> ISP	<input type="checkbox"/> PCA		
CIE Self-Employment (Standard/Intensive)	<input type="checkbox"/> ISP	<input type="checkbox"/> PCA	<input type="checkbox"/> Business Plan	
CIE Job Maintenance Monthly	<input type="checkbox"/> ISP	<input type="checkbox"/> PCA	<input type="checkbox"/> Career Development Plan	
Job Aide/Community Inclusion Aide	<input type="checkbox"/> ISP	<input type="checkbox"/> PCA		
Respite	<input type="checkbox"/> ISP	<input type="checkbox"/> Decision Justification Form		
Independent Living Transition Services	<input type="checkbox"/> ISP	<input type="checkbox"/> Documentation for move	<input type="checkbox"/> Itemized list of expenditures	

Behavior Support Consultation (Standard/Incentive)

- ISP – discussion/description of BSC services and referral box checked in Health and Safety Section
- BSCPAR: Completed form according to directions, authorized signature and dated, units match BWS
- Risk Management Plan (RMP) if additional units are being requested under Step 9 and the Human Rights Committee (HRC) documentation if HRC is the justification for extra complexity units under Step 7
- Positive Behavior Support Assessment (PBSA): Review for justification, support BSCPAR, authorized signature and dated. (For complex cases PBSP, PRN Plan, Crisis Intervention Plan may need to be reviewed.)
- Positive Behavior Supports Plan (PBSP)
- Behavioral Crisis Intervention Plan (BCIP) *(if applicable)*
- PRN Psychotropic Medication Plan (PPMP) *(if applicable)*

Crisis Supports

- ISP
- DDW Crisis Supports prior authorization memo or State General Fund Authorization memo of crisis staffing
- IDT minutes from crisis IDT addressing additional means of getting needs met other than increasing the level of staff, the reasons why increasing staff is necessary, why the current level of staffing is not sufficient and what the IDT has already exhausted, identification of the specific activities or occasions during which this additional support
- Proposed plan for fading supports
- Plan to stabilize the situation, including how crisis supports will be used for that purpose

Supported Living – Individual Intensive Behavioral Supports (SL-IIBS)

- ISP
- PBSA
- PBSP
- Staffing Grid
- BCIP (if there is one)
- Ensure requested units are calculated correctly based on grid and budgeted accurately
- May include IDT meeting minutes reflecting the ISP discussion and agreement for the service, including the IIBS Staffing Grid, IDT minutes or ISP discussion and letter of justification

Preliminary Risk Screening and Consultation (PRSC) related to Inappropriate Sexual Behavior (ISB)

- Initial or Ongoing PRSC service delivery
- Initial or Annual Positive Behavior Supports Assessment (PBSA) if applicable
- Current Positive Behavior Supports Plan (PBSP) if applicable
- PRSC IDT Meeting Minutes, PRSC Consultation Note, or PRSC Report Recommending Risk
- PRSC Report Recommending Risk Management Plan or Current Risk Management Plan

Socialization & Sexuality Education

- Reference in ISP and must be Vision or Desired Outcome related
- Verification of Benefits Availability Form

Occupational Therapy (Standard/Incentive)

<input type="checkbox"/> Annual ISP with therapy justification in the Health/Safety section
<input type="checkbox"/> Visions/outcomes supported by therapy goals and objectives
<input type="checkbox"/> Budget worksheet with units matching units requested on the TSPAR
<input type="checkbox"/> OT TSPAR, authorized signature with units matching annual budget worksheet
<input type="checkbox"/> DDW Therapy Documentation Form, authorized signature with all sections completed where units are requested
<input type="checkbox"/> Annual (initial or re-evaluation) OT evaluation, authorized signature with progress on current OT goals and objective (<i>optional</i>)

Physical Therapy (Standard/Incentive)

<input type="checkbox"/> Annual ISP with therapy justification in the Health/Safety section
<input type="checkbox"/> Visions/outcomes supported by therapy goals and objectives
<input type="checkbox"/> Budget worksheet with units matching units requested on the TSPAR
<input type="checkbox"/> PT TSPAR, authorized signature with units matching annual budget worksheet
<input type="checkbox"/> DDW Therapy Documentation Form, authorized signature with all sections completed where units are requested
<input type="checkbox"/> Annual (initial or re-evaluation) PT evaluation, authorized signature with progress on current PT goals and objective (<i>optional</i>)

Speech Therapy (Standard/Incentive)

<input type="checkbox"/> Annual ISP with therapy justification in the Health/Safety section.
<input type="checkbox"/> Visions/outcomes supported by therapy goals and objectives (not for CARMP only therapy)
<input type="checkbox"/> Budget worksheet with units matching units requested on the TSPAR
<input type="checkbox"/> SLP TSPAR, authorized signatures with units matching annual budget worksheet
<input type="checkbox"/> DDW Therapy Documentation Form, authorized signature with all sections completed where units are requested (not Semi-Annual Review section)
<input type="checkbox"/> Annual (initial or re-evaluation) SLP evaluation, authorized signature with progress on current SLP goals and objective and current speech and language function levels reported in the evaluation (<i>optional</i>)

Environmental Modifications

<input type="checkbox"/> Documentation in the ISP under Health and Safety must have the needs documented
<input type="checkbox"/> IDT meeting minutes that the team is in agreement
<input type="checkbox"/> OT or PT Environmental Modifications evaluation (Note: if OT or PT not available, an alternative evaluator may be approved by the Regional Office)
<input type="checkbox"/> Itemized quote from construction company
<input type="checkbox"/> Home owner's signed and dated written approval
<input type="checkbox"/> DDSD Verification of Benefit Availability Form
<input type="checkbox"/> Secondary Freedom of Choice Form for the Environmental Modification service

Non-Ambulatory Stipend

- Assessment or documentation from licensed Physical Therapist, Occupational Therapist, Primary Care Provider, RN, or Specialty seating clinic that verifies the DDW recipient is non-ambulatory *OR*
- Assessment or documentation from the supported Living Provider indicating the need for additional staff support and how they will use the stipend *OR Request might be made for documentation of how much assistance is needed for transfers (i.e. Max assist of 2 persons)*
- Durable Medical Equipment evaluation regarding mobility services or Specialty Seating Clinic evaluation (*A DME evaluation would be complete only when new equipment is required. It could be 5 years or more between this type of evaluation*) *AND*
- Documentation from the Supported Living Provider indicating the need for additional staff support and how they will use the stipend

Personal Support Technology (Install, Monitor & Maintenance)

- Service must be related to a Vision driven outcome to increase independence in the community or place of residence with the potential to decrease paid staffing needs
- A written justification addressing the need for the services that outlines how PST will support increased independence
- Human Rights Committee approval is needed if device impacts the person’s privacy, IDT meeting minutes with signature page and team’s agreement
- IDT meeting minutes with signature page and team’s agreement

Assistive Technology Purchasing Agent

- Annual ISP with assistive technology justified in the Health/Safety section
- Must be related to a Vision-driven outcome in the ISP, such as increasing functional participation in employment, community activities, and activities of daily living, personal interactions, or personal safety during these types of activities
- AT application form with requested AT, shipping and processing fee included, not exceeding \$250. *If it exceeds \$250, is the person responsible for the difference noted on the application. Amount requested is the actual price of the requested item(s)*
- Annual budget worksheet matches the amount requested on the AT application

Adult Nursing: *(If request for over 48 units (base) then all documents below required)*

- ISP
- ANSPAR
- ECHAT
- ECHAT Summary
- MAAT
- ARST
- CARMP (if applicable)
- Delegation Units – clear justification *within* the MAAT or ECHAT Summary *OR* a letter of justification by RN *(if applicable)*
- Coordination of Complex Conditions units requires “Justification Report for Coordination of Complex Conditions” *(Please refer to clinical criteria for full list of requirements)*

Intensive Medical Living Services

- ISP
- IMLS Prior Authorization Form and IMLS Nurses Worksheet including written justification

Nutritional Counseling

- ISP with evidence team discussed
- Annual or Initial Nutritional evaluation provided by a Nutritionist or Registered Dietician

Supplemental Dental Care

- Doctor Visit Form signed by the dentist

Budget Worksheet

- Correct spelling of last and first name – please make sure this is their legal name (listed in Omnicaid)
- Correct DOB and SSN
- Start and End Date: Correct ISP term (matches Omnicaid)
- PA effective date and PA end date: correct for type of submission – If open/close or transfer please make sure the dates are in line
- Radio Button: Choose correct option for submission
- Radio Button: under PA effective date based on/PA end date based on
- Living Care arrangement matches the service lines being requested
- Group assignment matches what is listed in Omnicaid (unless submitting close/open change)

Revisions

- Revision date and revision number are in consecutive order and dated correctly
- Review DDSR Revisions memo dated 07/27/16 for more detail
- Group assignment matches what is listed on annual approved budget worksheet or last approved revision (unless submitting close/open change)