

OK To Use

 AUDIT NAME
 LRE CMHSP Clinical Audit

 PASSING %
 100

 Consumer linked to this audit

 Staff Audit

SECTIONS

Section

NUMBERTITLE

1 Section I. General Information

SECTION QUESTIONS

Questions

1	1.1 Audit Type:	Drop Down - Audit Type	N/A
2	1.2 Population:	Drop Down - Population	N/A
3	1.3 CMHSP:	Drop Down - CMHSP	N/A
4	1.4 CCBHC Consumer:	Radio Button - CCBHC Consumer	N/A
5	1.5 Fiscal Year:	Dropdown - Fiscal Year	N/A

SECTION QUESTIONS

Questions

NUMBERTITLE

2 Section II. Intake/Assessment

SECTION QUESTIONS

Questions

1	2.1 Intake & Assessment Rendering Provider	Radio Button - CMHSP Provider	N/A
2	2.2 If a Non-CMHSP, list provider(s):	Text Field	N/A
3	2.3 List Date of Assessment.	Text Field	N/A
4	2.4 Is there a copy of the Initial Assessment (if open for less than one year) or timely Re-Assessment (if open for more than one year) in the file?	Met/Partially Met/Not Met	N/A
5	2.5 Are consumer's needs & wants are documented?	Met/Partially Met/Not Met	N/A
6	2.6 Consumer chart reflects input and coordination with others involved in treatment?	Met/Partially Met/Not Met	N/A
7	2.7 Present and history of behavior and/or symptoms are documented and specify if observed or reported.	Met/Partially Met/Not Met	N/A
8	2.8 Substance use (current and history) included in assessment?	Met/Partially Met/Not Met	N/A
9	2.9 Current physical health conditions are identified?	Met/Partially Met/Not Met	N/A
10	2.10 Current healthcare providers are identified? • Name and Address must be identified for each healthcare provider	Met/Partially Met/Not Met	N/A

11	2.11 Previous behavioral health treatment and response to treatment identified?	Met/Partially Met/Not Met	N/A
12	2.12 Present and history of trauma is screened for and identified (abuse, neglect, violence, or other sources of trauma) using a validated, population-appropriate screening tool?	Met/Partially Met/Not Met	N/A
13	2.13 Did crisis screening and other life domain needs screening occur?	Met/Partially Met/Not Met	N/A
14	2.14 Was consumer offered the opportunity to develop a Crisis Plan?	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS

Questions

3 Section III. Pre-Planning

SECTION QUESTIONS			
Questions			
1	3.1 Rendering Provider	Radio Button - CMHSP Provider	N/A
2	3.2 If a Non-CMHSP, list provider(s):	Text Field	N/A
3	3.3 Date of Pre-Plan.	Text Field	N/A
4	3.4 Did pre-planning occur prior to Person-Centered Planning meeting or the development of a plan? • If done on same day, documentation reflects reasoning and/or client's request	Met/Partially Met/Not Met	N/A
5	3.5 Pre-planning addressed when and where the meeting will be held.	Met/Partially Met/Not Met	N/A
6	3.6 Pre-planning addressed who will be invited (including whether the person has allies who can provide desired meaningful support or if actions need to be taken to cultivate such support).	Met/Partially Met/Not Met	N/A
7	3.7 Consumers hopes, dreams, and desires are documented. (Strengths and concerns)	Met/Partially Met/Not Met	N/A
8	3.8 Pre-planning identified any potential conflicts of interest or potential disagreements that may arise during the PCP for participants in the planning process and plan for how to address them.	Met/Partially Met/Not Met	N/A
9	3.9 The consumer was offered a choice of external facilitator.	Met/Partially Met/Not Met	N/A
10	3.10 Pre-planning addressed what accommodations the person may need to meaningfully participate in the meeting	Met/Partially Met/Not Met	N/A

	(including assistance for individuals who use behavior as communication).		
11	3.11 Pre-planning addressed who will facilitate the meeting.	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS			
Questions			

NUMBERTITLE

4 Section IV. Person Centered Planning/Individual Plan of Service

SECTION QUESTIONS			
Questions			
1	4.1 Rendering Provider	Radio Button - CMHSP Provider	N/A
2	4.2 If a Non-CMHSP, list provider(s):	Text Field	N/A
3	4.3 Date of Current IPOS	Text Field	N/A
4	4.4 The timeframe between the initial Psycho-social assessment and the IPOS was in acceptable limits (for new intakes only).	Met/Partially Met/Not Met	N/A
5	4.5 Current IPOS was completed within 365 days of previous IPOS.	Met/Partially Met/Not Met	N/A
6	4.6 Name of person writing IPOS.	Text Field	N/A
7	4.7 Date of previous IPOS	Text Field	N/A
8	4.8 The IPOS must be prepared in person-first singular language and can be understandable by the person with a minimum of clinical jargon or language.	Met/Partially Met/Not Met	N/A
9	4.9 The IPOS includes A description of the individual's strengths, abilities, plans, hopes, interests, preferences, and natural supports.	Met/Partially Met/Not Met	N/A
10	4.10 The plan addresses need/issues identified in the assessment (or clear documentation of why issue is not being addressed) and builds upon the strengths.	Met/Partially Met/Not Met	N/A
11	4.11 The goals and outcomes identified by the person and how progress toward achieving those outcomes will be measured. The IPOS focuses not just on activities, but also results. Goals/objectives are: a. Specific	Met/Partially Met/Not Met	N/A
12	4.11b. Measurable	Met/Partially Met/Not Met	N/A
13	4.11c. Attainable	Met/Partially Met/Not Met	N/A
14	4.11d. Reasonable	Met/Partially Met/Not Met	N/A
15	4.11e. Time-Bound	Met/Partially Met/Not Met	N/A
16	4.11f. Strength-based (not compliance based)	Met/Partially Met/Not Met	N/A
17	4.12 The services and supports needed by the person to work toward or achieve his or her	Met/Partially Met/Not Met	N/A

	outcomes including those available through the CMHSP, other publicly funded programs, community resources, and natural supports. (i.e., Home Help, MRS)		
18	4.13 The setting in which the person lives was chosen by the person and what alternative living settings were considered by the person. The chosen setting must be integrated in and support full access to the greater community, including opportunities to seek employment & work in competitive integrated settings, engage in community life, control person resources, and receive services in the community to the same degree of access as individuals not receiving services and supports from the mental health system.	Met/Partially Met/Not Met	N/A
19	4.14 The amount, scope, and duration of medically necessary services and supports authorized by and obtained through the community mental health system. The following are identified for each authorized service in the IPOS: a. Amount	Met/Partially Met/Not Met	N/A
20	4.14b. Scope	Met/Partially Met/Not Met	N/A
21	4.14c. Duration	Met/Partially Met/Not Met	N/A
22	4.15 Documentation that the IPOS prevents the provision of unnecessary supports or inappropriate services and supports.	Met/Partially Met/Not Met	N/A
23	4.16 The following requirements must be documented in the IPOS when a specific health or safety need warrants such a restriction: a. The specific & individualized assessed health or safety need.	Met/Partially Met/Not Met	N/A
24	4.16b. The positive interventions and supports used prior to any modifications or additions to the PCP regarding health or safety needs.	Met/Partially Met/Not Met	N/A
25	4.16c. Documentation of less intrusive methods of meeting the needs, that have been tried, but were not successful.	Met/Partially Met/Not Met	N/A
26	4.16d. A clear description of the condition that is directly proportionate to the specific assessed health or safety need.	Met/Partially Met/Not Met	N/A
27	4.16e. A regular collection and review of data to measure the ongoing effectiveness of the modification.	Met/Partially Met/Not Met	N/A

28	4.16f. Established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.	Met/Partially Met/Not Met	N/A
29	4.16g. Informed consent of the person to the proposed modification.	Met/Partially Met/Not Met	N/A
30	4.16h. An assurance that the modification itself will not cause harm to the person.	Met/Partially Met/Not Met	N/A
31	4.17 Consumer's IPOS identifies workarounds for any modifications (restrictions) that may exist for consumer's housemates.	Met/Partially Met/Not Met	N/A
32	4.18 The IPOS must include the services which the person chooses to obtain through arrangements that support self-direction.	Met/Partially Met/Not Met	N/A
33	4.19 The estimated/prospective cost of IPOS services and supports authorized by the CMHSP must be available.	Met/Partially Met/Not Met	N/A
34	4.20 The IPOS is signed by the person and/or representative, case manager or supports coordinator, and the support broker/agent (if one is involved).	Met/Partially Met/Not Met	N/A
35	4.21 The planned frequency of review is documented.	Met/Partially Met/Not Met	N/A
36	4.22 Accommodations in the IPOS were made available for individuals as requested.	Met/Partially Met/Not Met	N/A
37	4.23 If applicable, the IPOS addresses health and safety issues.	Met/Partially Met/Not Met	N/A
38	4.24 If applicable, identified history of trauma is addressed as part of PCP.	Met/Partially Met/Not Met	N/A
39	4.25 For children's services: The plan is family-driven, and youth guided.	Met/Partially Met/Not Met	N/A
40	4.26 Was the consumer/guardian given a copy of the Individual Plan of Service within 15 business days?	Met/Partially Met/Not Met	N/A
41	4.27 Consumer has ongoing opportunities to provide feedback on satisfaction with treatment, services, and progress towards valued outcomes?	Met/Partially Met/Not Met	N/A
42	4.28 There is documentation that direct care staff were in-serviced on the IPOS.	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS

Questions

5 Section V. Rights/Documentation

SECTION QUESTIONS			
Questions			
1	5.1 Consumer was provided written information related to Recipient Rights?	Met/Partially Met/Not Met	N/A
2	5.2 Was consumer informed of Informal Conflict Resolution?	Met/Partially Met/Not Met	N/A
3	5.3 Consumer was given accurate information about the Grievance and Appeal Process?	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS
Questions

6 Section VI. Service Delivery

SECTION QUESTIONS			
Questions			
1	6.1 Services are being delivered consistent with plan: a. Scope	Met/Partially Met/Not Met	N/A
2	6.1b. Amount	Met/Partially Met/Not Met	N/A
3	6.1c. Duration	Met/Partially Met/Not Met	N/A
4	6.2 Service documentation references goals and objectives (progress notes, data sheets, logs).	Met/Partially Met/Not Met	N/A
5	6.3 Progress toward goal/objective is included in service documentation (progress notes, data sheets, logs)	Met/Partially Met/Not Met	N/A
6	6.4 Are periodic reviews occurring according to time frames established in plan?	Met/Partially Met/Not Met	N/A
7	6.5 Periodic reviews provide a summary of progress toward goals and objectives?	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS
Questions

7 Section VII. Additional Chart Review Standards

SECTION QUESTIONS			
Questions			
1	7.1 There is a physician prescription or referral for each specialized service (PT, OT, Speech etc.): a. The date of the prescription is on the prescription.	Met/Partially Met/Not Met	N/A
2	7.1b. The prescription has a beginning and end date.	Met/Partially Met/Not Met	N/A

3	7.1c. The prescription indicated which service is being prescribed.	Met/Partially Met/Not Met	N/A
4	7.1d. The prescription has the doctor's signature.	Met/Partially Met/Not Met	N/A
5	7.2 There is evidence of outreach activities following missed appointments.	Met/Partially Met/Not Met	N/A
6	7.3 Release of Information for Primary Care Physician and relevant healthcare providers listed in the assessment are obtained. • Releases must contain an individual's name and Address. • Names of clinics/practices are not acceptable.	Met/Partially Met/Not Met	N/A
7	7.4 There is evidence of coordination with Primary Care Physician in the record.	Met/Partially Met/Not Met	N/A
8	7.5 If not, is there evidence of a referral to a Primary Care Physician? If consumer declined referral, there is documentation.	Met/Partially Met/Not Met	N/A
9	7.6 For medication services: a. Informed consent was obtained for all psychotropic medications.	Met/Partially Met/Not Met	N/A
10	7.6b. Evidence consumer was informed of their right to withdraw consent.	Met/Partially Met/Not Met	N/A
11	7.7 Guardianship paperwork is current, signed and dated copy in the record.	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS

Questions

NUMBERTITLE
8 Section VIII. Discharges/Transfers

SECTION QUESTIONS			
Questions			
1	8.1 For closed cases, was the discharge summary/transfer completed in a timely manner?	Met/Partially Met/Not Met	N/A
2	8.2 Does the discharge/transfer documentation include: a. Statement of the reason for discharge; and Individual's status and condition at discharge.	Met/Partially Met/Not Met	N/A
3	8.2b. Recommendations	Met/Partially Met/Not Met	N/A
4	8.2c. Referrals and follow-up contacts	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS

Questions

NUMBERTITLE
9 Section IX. Integrated Physical and Mental Health Care

SECTION QUESTIONS

Questions			
1	9.1 The CMHSP encourages all consumers eligible for specialty mental health services to receive a physical health assessment including identification of the primary health care home/ provider, medication history, identification of current and past physical health care and referrals for appropriate services.	Met/Partially Met/Not Met	N/A
2	9.2 As authorized by the consumer, the CMHSP includes the results of any physical health care findings that relate to the delivery of specialty mental health services and supports in the person-centered plan.	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS

Questions

NUMBERTITLE
10 Section X. Assertive Community Treatment

SECTION QUESTIONS			
Questions			
1	10.1 Rendering Provider	Radio Button - CMHSP Provider	N/A
2	10.2 If a Non-CMHSP, list provider(s):	Text Field	N/A
3	10.3 For ACT services: All members of the team routinely have contact with the individual.	Met/Partially Met/Not Met	N/A
4	10.4 The Majority of services occur in consumer's home or community.	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS

Questions

NUMBERTITLE
11 Section XI. Home-Based Services

SECTION QUESTIONS			
Questions			
1	11.1 Rendering Provider	Radio Button - CMHSP Provider	N/A
2	11.2 If a Non-CMHSP, list provider(s):	Text Field	N/A
3	11.3 A minimum of 4-hours of individual and/or family face-to-face home-based services per month are provided by the primary home-based services worker (or, if appropriate, the evidence-based practice therapist).	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS

Questions

NUMBERTITLE

12 Section XII. Community Living Support Services - Adult (Individual or Group)

SECTION QUESTIONS			
Questions			
1	12.1 Rendering Provider:	Radio Button - CMHSP Provider	N/A
2	12.2 If a Non-CMHSP, list provider(s):	Text Field	N/A
3	12.3 IPOS goals and objectives support the use of CLS Services.	Met/Partially Met/Not Met	N/A
4	12.4 Service documentation supports how the CLS intervention was completed (assisting, prompting, reminding, cueing, observing, guiding and/or training).	Met/Partially Met/Not Met	N/A
5	12.5 For group CLS skill building service documentation is individualized.	Met/Partially Met/Not Met	N/A
6	12.6 Service documentation supports IPOS goals and objectives to increase or maintain personal self-sufficiency, achievement of goals of community inclusion and participation, independence, or productivity.	Met/Partially Met/Not Met	N/A
7	12.7 For group CLS services, progress toward IPOS goals and objectives is present in the service documentation.	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS
Questions

NUMBERTITLE

13 Section XIII. Community Living Support Services - Child

SECTION QUESTIONS			
Questions			
1	13.1 Rendering Provider:	Radio Button - CMHSP Provider	N/A
2	13.2 If a Non-CMHSP, list provider(s):	Text Field	N/A
3	13.3 Services provide supports to children and to families in care of their child, while facilitating the child's independence and integration into the community.	Met/Partially Met/Not Met	N/A
4	13.4 IPOS goals and objectives support skill development related to: Bathing, eating, dressing, personal hygiene, household chores, activities of daily living, safety skills, achieve or maintain mobility, sensory motor, communication, relationship building, participation in leisure and community activities.	Met/Partially Met/Not Met	N/A

5	13.5 Service documentation supports how the CLS intervention was completed (assisting, prompting, reminding, cueing, observing, guiding, and/or training).	Met/Partially Met/Not Met	N/A
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SECTION QUESTIONS

Questions

NUMBERTITLE

14 Section XIV. Skill Building Services

SECTION QUESTIONS			
Questions			
1	14.1 Rendering Provider:	Radio Button - CMHSP Provider	N/A
2	14.2 If a Non-CMHSP, list provider(s):	Text Field	N/A
3	14.3 IPOS goals and objectives focus on one or more of the following: assisting a person to increase economic self-sufficiency and/or engage in meaningful activities such as school, work, and/or volunteering. (Services provide knowledge and specialized skill development and support).	Met/Partially Met/Not Met	N/A
4	14.4 Progress toward IPOS goals and objectives is present in the service documentation.	Met/Partially Met/Not Met	N/A
5	14.5 Work Preparatory Services (teaching concepts as attendance, task completion, problem solving and safety. Improving attention span and motor skills.	Met/Partially Met/Not Met	N/A
6	14.6 Service documentation is individualized.	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS

Questions

NUMBERTITLE

15 Section XV. Clubhouse Services

SECTION QUESTIONS			
Questions			
1	15.1 Rendering Provider:	Radio Button - CMHSP Provider	N/A
2	15.2 If a Non-CMHSP, list provider(s):	Text Field	N/A
3	15.3 The IPOS goals and objectives support the use of Clubhouse Services.	Met/Partially Met/Not Met	N/A
4	15.4 Progress in recovery is documented at least monthly.	Met/Partially Met/Not Met	N/A
5	15.5 There is a monthly progress summary.	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS

Questions

NUMBER/TITLE
16 Section XVI. Self-Directed/Self-Determination

SECTION QUESTIONS			
Questions			
1	16.1 Rendering Provider:	Radio Button - CMHSP Provider	N/A
2	16.2 If a Non-CMHSP, list provider(s):	Text Field	N/A
3	16.3 There is a copy of the SD Budget.	Met/Partially Met/Not Met	N/A
4	16.4 There is a copy of the SD Agreement.	Met/Partially Met/Not Met	N/A
5	16.5 There is evidence that individual has assistance selecting, employing, and directing & retaining qualified providers.	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS
Questions

NUMBER/TITLE
17 Section XVII. Residential/Personal Care & CLS Services

SECTION QUESTIONS			
Questions			
1	17.1 Rendering Provider:	Radio Button - CMHSP Provider	N/A
2	17.2 If a Non-CMHSP, list provider(s):	Text Field	N/A
3	17.3 If an individual resides in a dependent care setting, the following standards must be met: The setting in which the person lives needs to be chosen by the person. Alternative living setting opportunities needs to be documented.	Met/Partially Met/Not Met	N/A
4	17.4 The chosen setting must be integrated in and support full access to the greater community, which includes the following opportunities: <ul style="list-style-type: none"> • To seek employment and work in a competitive integrated setting. • engage in community life. • control personal resources • receive services in the community to the same degree of access as individuals not receiving services and supports form the mental health system. 	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS
Questions

NUMBER/TITLE
18 Section XVIII. Respite Care Services

SECTION QUESTIONS

Questions			
1	18.1 Rendering Provider:	Radio Button - CMHSP Provider	N/A
2	18.2 If a Non-CMHSP, list provider(s):	Text Field	N/A
3	18.3 The IPOS goals and objectives support the use of Respite Care Services.	Met/Partially Met/Not Met	N/A
4	18.4 Services relieve the primary caregivers from daily stress and care demands and are provided on an intermittent basis.	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS

Questions

NUMBERTITLE
 19 Section XIX. Occupational, Physical, Speech/Language Therapies

SECTION QUESTIONS			
Questions			
1	19.1 Rendering Provider:	Radio Button - CMHSP Provider	N/A
2	19.2 If a Non-CMHSP, list provider(s):	Text Field	N/A
3	19.3 An evaluation for each therapy is completed by the appropriate professional and present in the record.	Met/Partially Met/Not Met	N/A
4	19.4 Goals and Objectives in the IPOS support the need for the therapy.	Met/Partially Met/Not Met	N/A
5	19.5 Progress toward IPOS goals and objectives is present in the service documentation.	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS

Questions

NUMBERTITLE
 20 Section XX. Autism

SECTION QUESTIONS			
Questions			
1	20.1 Rendering Provider:	Radio Button - CMHSP Provider	N/A
2	20.2 If a Non-CMHSP, list provider(s):	Text Field	N/A
3	20.3 The IPOS must address risk factors identified for the child and family, specify how the risk factor may be minimized and describe the backup plan for each identified risk. For example, a risk factor might be how to ensure consistent staff in the event a staff did not show up. The backup plan is that the agency has a staff who is already trained in the child's IPOS and that staff person can be sent in the event a staff does not show up to provide a service.	Met/Partially Met/Not Met	N/A

4	20.4 Beneficiaries ongoing determination of level of service (every six months) has evidence of measurable and ongoing improvement in targeted behaviors as demonstrated by behavioral assessments and the discharge/transition criteria for BHT is documented.	Met/Partially Met/Not Met	N/A
5	20.5 As Part of the IPOS, there is a comprehensive individualized ABA behavioral treatment plan that includes the baseline of the specific targeted behaviors for improvement, along with measurable, achievable, and realistic goals for improvement.	Met/Partially Met/Not Met	N/A
6	20.6 Family training including parent/caregiver specific goals/objectives is present within the IPOS/treatment plan.	Met/Partially Met/Not Met	N/A
7	20.7 An ABA discharge plan is present.	Met/Partially Met/Not Met	N/A
8	20.8 The assigned individual overseeing the development of the IPOS does not provide ABA services. The authorization of BHT is performed by the Utilization Management Unit.	Met/Partially Met/Not Met	N/A
9	20.9 Beneficiaries are informed of their right to choose among providers and receive information on how to report abuse, neglect & exploitation on an annual basis as evidenced by documentation in the Pre-Planning Meeting Summary.	Met/Partially Met/Not Met	N/A
10	20.10 As part of the IPOS, there is a comprehensive diagnostic evaluation completed by a qualified licensed provider (QLP). a. Evaluation indicates ASD and recommends ABA b. Evaluation is updated at least every three years.	Met/Partially Met/Not Met	N/A
11	20.11 Progress toward ABA goals and objectives is present in the service documentation.	Met/Partially Met/Not Met	N/A
12	20.12 Beneficiaries average range of ABA observation hours were within the suggested range for the intensity of service of a minimum 1-hour observation to every 10 hours of therapy provided.	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS

Questions

NUMBERTITLE
21 Section XXI. Children's Waiver Program

SECTION QUESTIONS

Questions			
1	21.1 Rendering Provider:	Radio Button - CMHSP Provider	N/A
2	21.2 If a Non-CMHSP, list provider(s):	Text Field	N/A
3	21.3 The child has a developmental disability.	Met/Partially Met/Not Met	N/A
4	21.4 The child needs active treatment.	Met/Partially Met/Not Met	N/A
5	21.5 Parent was informed of right to choose among qualified providers.	Met/Partially Met/Not Met	N/A
6	21.6 Parent was informed of their right to choose among the various waiver services.	Met/Partially Met/Not Met	N/A
7	21.7 Individual was provided information/education on how to report abuse/neglect/exploitation and other critical incidents.	Met/Partially Met/Not Met	N/A
8	21.8 Individual served received health care appraisal.	Met/Partially Met/Not Met	N/A
9	21.9 IPOS includes habilitative goals/services.	Met/Partially Met/Not Met	N/A
10	21.10 Chart contains a narrative for the determination of the Category of Care/Intensity of Care and decision guide.	Met/Partially Met/Not Met	N/A
11	21.11 Persons enrolled on a Children's Support Waiver must be certified as current enrollees and be re-certified annually. A copy of certification must be in the individual's file and signed by local CMHSP representative.	Met/Partially Met/Not Met	N/A
12	21.12 Environmental Accessibility Adaptations, Specialized Medical Equipment/Supplies and Fencing was approved by the PIHP PRAR committee and documentation is in the chart.	Met/Partially Met/Not Met	N/A
13	21.13 There is a physician prescription or referral for each specialized service (Specialty Services): <ul style="list-style-type: none"> • The date of the prescription is on the prescription. • The prescription has a beginning and end date. • The prescription indicated which service is being prescribed. • The prescription has the doctor's signature. 	Met/Partially Met/Not Met	N/A
14	21.14 Goals and Objectives in the IPOS support the need for the service.	Met/Partially Met/Not Met	N/A
15	21.15 Progress toward IPOS goals and objectives is present in the service documentation (Specialty Services, Non-Family Training).	Met/Partially Met/Not Met	N/A

16	21.16 Amount, Scope and Duration of each service is authorized in the IPOS at least annually.	Met/Partially Met/Not Met	N/A
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SECTION QUESTIONS			
Questions			

NUMBERTITLE
22 Section XXII. Habilitation Services Waiver

SECTION QUESTIONS			
Questions			
1	22.1 Rendering Provider:	Radio Button - CMHSP Provider	N/A
2	22.2 If a Non-CMHSP, list provider(s):	Text Field	N/A
3	22.3 The individual has a developmental disability.	Met/Partially Met/Not Met	N/A
4	22.4 Individual meets ICF/IDD level of care criteria and is documented in the chart.	Met/Partially Met/Not Met	N/A
5	22.5 Individual was informed of right to choose among qualified providers.	Met/Partially Met/Not Met	N/A
6	22.6 Individual was informed of right to choose among the various waiver services.	Met/Partially Met/Not Met	N/A
7	22.7 Individual was provided information/education on how to report abuse/neglect/exploitation and other critical incidents.	Met/Partially Met/Not Met	N/A
8	22.8 Individual served received health care appraisal.	Met/Partially Met/Not Met	N/A
9	22.9 IPOS includes habilitative goals/services.	Met/Partially Met/Not Met	N/A
10	22.10 Persons who are enrolled on a habilitation supports waiver must be certified as current enrollees and be re-certified annually. A copy of the certification form must be in the individual's file and signed by the assigned case holder.	Met/Partially Met/Not Met	N/A
11	22.11 Environmental Modification documentation contained the following: <ul style="list-style-type: none"> • There is a prescription for the modification from a physician. • There is an evaluation documenting the need for the modification from an OT or other qualified professional. • IPOS states that institutionalization of the beneficiary will be prevented by implementation of the modification. • The IPOS states that the modification is the most cost-effective alternative to meet the beneficiary's need. 	Met/Partially Met/Not Met	N/A

	<ul style="list-style-type: none"> • Denials from at least 3 community resources/grants. • At least 3 itemized bids or documentation as to why fewer were obtained. 		
12	22.12 The individual chose to live in their current residence.	Met/Partially Met/Not Met	N/A
13	22.13 If the individual is affected by restrictions of others in the home, there is documentation of how this individual's rights are protected?	Met/Partially Met/Not Met	N/A
14	22.14 There is a physician prescription or referral for each specialized service (Enhanced Medical Equipment, Enhanced Pharmacy, Specialty Services): <ul style="list-style-type: none"> • The date of the prescription is on the prescription. • The prescription has a beginning and end date. • The prescription indicated which service is being prescribed. • The prescription has the doctor's signature. 	Met/Partially Met/Not Met	N/A
15	22.15 Goals and Objectives in the IPOS support the need for the service.	Met/Partially Met/Not Met	N/A
16	22.16 Progress toward IPOS goals and objectives is present in the service documentation (Specialty Services, Out of Home Non-Vocational only).	Met/Partially Met/Not Met	N/A
17	22.17 Amount, Scope and Duration of each service is authorized in the IPOS at least annually.	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS

Questions

NUMBERTITLE
23 Section XXIII. Severely Emotionally Disturbed Waiver

SECTION QUESTIONS			
Questions			
1	23.1 Rendering Provider:	Radio Button - CMHSP Provider	N/A
2	23.2 If a Non-CMHSP, list provider(s):	Text Field	N/A
3	23.3 The individual has a SED qualifying diagnosis.	Met/Partially Met/Not Met	N/A
4	23.4 Individual meets CAFAS, PECFAS, or DECA scores based on age at the time of certification.	Met/Partially Met/Not Met	N/A
5	23.5 Level of Care evaluations are completed accurately.	Met/Partially Met/Not Met	N/A
6	23.6 Individual was informed of right to choose among qualified providers.	Met/Partially Met/Not Met	N/A

7	23.7 Individual was informed of right to choose among the various waiver services.	Met/Partially Met/Not Met	N/A
8	23.8 Persons enrolled on a Serious Emotional Disturbance Waiver must be certified as current enrollees and be re-certified annually (up to 3 years). Proof of certification must be in the individual's file.	Met/Partially Met/Not Met	N/A
9	23.9 Individual served received a health care appraisal.	Met/Partially Met/Not Met	N/A
10	23.10 There is a physician prescription or referral for each specialized service (Enhanced Medical Equipment, Enhanced Pharmacy, Specialty Services): <ul style="list-style-type: none"> • The date of the prescription is on the prescription. • The prescription has a beginning and end date. • The prescription indicated which service is being prescribed. • The prescription has the doctor's signature. 	Met/Partially Met/Not Met	N/A
11	23.11 Goals and Objectives in the IPOS support the need for the service.	Met/Partially Met/Not Met	N/A
12	23.12 Progress toward IPOS goals and objectives is present in the service documentation (Specialty Services, Out of Home Non-Vocational only).	Met/Partially Met/Not Met	N/A
13	23.13 Amount, Scope and Duration of each service is authorized in the IPOS at least annually.	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS

Questions

SECTIONS

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