

## 1915(i) RISE 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). Health Risk Screening Tool results (scoring summary) updated and current. Incident reports. Individual Educational Plan or Individual Family Service Plan, if applicable. Insurance - documentation clearly outlining the participant's insurance options/availability (e.g., renter's insurance). Life history, updated at least annually. 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. Participant summary (if no summary present, is the agency using the Medicaid Waiver Management Application (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. Documentation of exploring the potential availability of other resources and social service programs. 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 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 within the year. PCSP: Choice has been offered between 1915(i) RISE Initiative 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> <i>All settings are selected by the individual from among setting options including <b>non-disability-specific</b> settings and an option for a private unit in a residential setting. Settings options are identified and documented in the</i>	

Y/N	RECORD ITEMS FOR CASE MANAGERS		
	<p>PCSP and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p> <p>Ensures an individual's rights of privacy, dignity, and respect and freedom from coercion and restraint.</p> <p>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.</p> <p>Facilitates individual choice regarding services and supports and who provides them.</p>		
	PCSP: Initiated person-centered team meetings and receiving Personal Assistance (PA_ within 14 days of a contact visit that indicates different or additional services or other changes in the participant's PCSP 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 Participant Directed Services (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 <b>ALL</b> 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.		
	Psychological evaluation.		
	Rights (description of).		
	<table> <tr> <td>Rights Restrictions</td> <td>Due Process</td> </tr> </table>	Rights Restrictions	Due Process
Rights Restrictions	Due Process		
	<p>Rights restrictions (modifications) include all Settings Rule components:</p> <p><b>(1) Identify a specific and individualized assessed need.</b></p> <p><b>(2) Document the positive interventions and supports used prior to any modifications to the PCSP.</b></p> <p><b>(3) Document less intrusive methods of meeting the need that have been tried but did not work.</b></p> <p><b>(4) Include a clear description of the condition that is directly proportionate to the specific assessed need.</b></p> <p><b>(5) Include regular collection and review of data to measure the ongoing effectiveness of the modification.</b></p> <p><b>(6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.</b></p> <p><b>(7) Include the informed consent of the individual.*</b></p> <p><b>(8) Include an assurance that interventions and supports will cause no harm to the individual.</b></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.		
	Supports Intensity Scale assessment profile every three years and annual review protocols.		
	Trained on individualized needs.		
	1915(i) RISE Initiative status is up to date in MWMA/Therap.		
	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: