

**CDSS Case Review Tool Elements Reference Guide
Fiscal Year 2015-16**

REVIEW TOOL QUESTION	DOCUMENTATION SOURCE	AUTHORITY
Assessment Timeliness		
Initial assessments <i>(Was there a face-to-face visit within 45 days of application date?)</i>	CMIPS: <ul style="list-style-type: none"> • Case Home Screen: Application, referral and home visit date 	MPP 30-759.2 ACL 12-36
Reassessment timeliness -12 month <i>(Has there been a reassessment within 12 months of the review date?)</i>	CMIPS: <ul style="list-style-type: none"> • Case Home Screen: Home visit date • Evidence Screens 	MPP 30-761.21 ACL 82-111 MPP 30-761.13 MPP 30-755.21
Reassessment timeliness - 18 month (Not an option for IPO cases, but available for CFCO cases meeting regulatory criteria.) <i>(Does the case meet the regulatory criteria for 18-month reassessment?)</i>	CMIPS: <ul style="list-style-type: none"> • Case Home Screen: Home visit date • Evidence Screens • Evidence in CMIPS or alternative documentation that case meets regulatory criteria for 18-month reassessment 	MPP 30-761.215 through 217 ACL 11-19

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Denied Cases		
<p>Was the case appropriate for denial?</p> <p><i>(Does CMIPS information support denial is consistent with regulations and was the correct NOA code used?)</i></p>	<p>CMIPS:</p> <ul style="list-style-type: none"> • Case Notes • Assessment Narrative • Evidence Screens • CMIPS Forms/Correspondence, NOA 	<p>Various MPP regulations which address eligibility and assessment of need for services</p>
Hourly Task Guidelines (HTGs)		
<p>Does case information provide adequate exception language when assessed hours are above or below HTGs?</p> <p><i>(Is there appropriate exception language for each service with hours above or below the HTGs?)</i></p>	<p>CMIPS:</p> <ul style="list-style-type: none"> • Service Evidence • Assessment Narrative • Case Notes <p>Form(s):</p> <ul style="list-style-type: none"> • SOC 293 	<p>MPP 30-757.1(a)-(k) ACL 06-34 ACL 06-34E ACL 06-34E1 ACL 06-34E2 ACL 08-18 ACIN I-20-15</p>
Narrative		
<p>Documentation is consistent with FI Rankings</p> <p><i>(Does case information provide adequate information to support the assigned FI rankings?)</i></p>	<p>CMIPS:</p> <ul style="list-style-type: none"> • Service Evidence • Assessment Narrative • Case Notes <p>Form(s):</p> <ul style="list-style-type: none"> • SOC 293 	<p>MPP 30-756.1 ACL 06-34 ACL 06-34E ACL 06-34E1 ACL 06-34E2 ACL 12-36 (FI Rank 6) ACIN I-20-15</p>

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Narrative (Continued)		
<p>Narrative contains social worker's observations</p> <p><i>(Does documentation support that during face-to-face visits social workers considered their observations, which may be different from statements of client or provider, when assessing FI rankings and service needs?)</i></p>	<p>CMIPS:</p> <ul style="list-style-type: none"> • Service Evidence • Assessment Narrative • Case Notes 	<p>ACL 06-34 ACL 06-34E ACL 06-34E1 ACL 06-34E2 ACIN I-20-15</p>
Needs Assessment		
<p>Sufficient documentation for all assessed services</p> <p><i>(Is there sufficient documentation to justify the need for each service with an assessed need?)</i></p>	<p>CMIPS:</p> <ul style="list-style-type: none"> • Service Evidence • Assessment Narrative • Case Notes 	<p>MPP 30-761.26MPP 30-763.1 ACL 06-34 ACL 06-34E ACL 06-34E1 ACL 06-34 E2 ACIN I-20-15</p>
<p>Hours assessed calculated and documented correctly</p> <p><i>(Is there documentation to show how the social worker determined the assessed need, including tasks, frequency and time required?)</i></p>	<p>CMIPS:</p> <ul style="list-style-type: none"> • Service Evidence • Assessment Narrative • Case Notes 	<p>MPP 30-757.1 MPP 30-763.2 ACIN I-20-15</p>

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Household/Living Situation		
<p>Information regarding Household/Living Situation consistent in CMIPS</p> <p><i>(Does information in Narrative match the information in the Household Evidence Screen and is the Living Arrangement correctly identified in CMIPS)?</i></p>	<p>CMIPS:</p> <ul style="list-style-type: none"> • Household Evidence • Assessment Narrative • Case Notes 	<p>MPP 30-701 (s)(2) MPP 30-763.4 ACIN I-20-15</p>
Protective Supervision (PS)		
<p>Is this a Protective Supervision Case?</p> <p><i>(Is Protective Supervision authorized?)</i></p>	<p>CMIPS:</p> <ul style="list-style-type: none"> • Evidence • Assessment Narrative • Case Notes. • Authorization Summary 	<p>MPP 30-757.17-174</p>
<p>File contains sufficient PS documentation/justification</p> <p><i>(Does the case information support that the case meets the regulatory requirements for the authorization of PS?)</i></p>	<p>CMIPS:</p> <ul style="list-style-type: none"> • Service Evidence • Assessment Narrative • Case Notes <p>Form(s):</p> <ul style="list-style-type: none"> • SOC 821 • Other available information which supports the need for PS 	<p>MPP 30-757.17-174 MPP 30-756.37 MPP 30-763.33 MPP 30-763.456(d) ACL 15-25 ACIN I-20-15</p>

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Protective Supervision (PS) (Continued)		
<p>SOC 821 in file or documented as sent to a physician</p> <p><i>(Is there an SOC 821 in the file or documentation in CMIPS that the form was sent to the physician?)</i></p>	<p>CMIPS:</p> <ul style="list-style-type: none"> • Service Evidence • Assessment Narrative • Case Notes <p>Form(s):</p> <ul style="list-style-type: none"> • SOC 821 	<p>MPP 30-757.173(a)-173(c) ACIN I-21-06 ACIN I-20-15</p>
<p>County addressed PS needs at each reassessment</p> <p><i>(Did county determine the need to obtain a new SOC 821 at each reassessment and document basis for determination?)</i></p>	<p>CMIPS:</p> <ul style="list-style-type: none"> • Evidence • Assessment Narrative • Case Notes <p>Form(s):</p> <ul style="list-style-type: none"> • SOC 821 	<p>ACIN I-21-06 WIC 12301.21</p>
<p>24-hour plan in case file/reviewed at last assessment</p> <p><i>(Is there a current SOC 825 or other current documentation showing how the 24-hour need is being met?)</i></p>	<p>CMIPS:</p> <ul style="list-style-type: none"> • Assessment narrative • Case Notes <p>Form(s):</p> <ul style="list-style-type: none"> • SOC 825 (optional) • Any applicable County forms. 	<p>MPP 30-757.174 ACIN I-97-06 ACIN I-05-07</p>
Unmet Needs		
<p>Does this case have Unmet Needs</p> <p><i>(Does CMIPS show that the recipients' needs exceed the number of hours available from IHSS?)</i></p>	<p>CMIPS:</p> <ul style="list-style-type: none"> • Authorization Summary (before LMA) • Assessment Narrative • Case Notes. 	<p>MPP 30-761.274 ACL NO. 13-66</p>

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Unmet Needs (Continued)		
<p>Did SW attempt to identify other unmet needs resources</p> <p><i>(Did social worker identify other appropriate resources that may be available to meet the Unmet Need and make referrals?)</i></p>	<p>CMIPS:</p> <ul style="list-style-type: none"> • Authorization Summary (before LMA) • Assessment Narrative • Case Notes 	<p>ACL 13-66</p>
Paramedical (SOC 321)		
<p>Is this a Paramedical Services case?</p> <p><i>(Are there Paramedical Services Authorized?)</i></p>	<p>CMIPS:</p> <ul style="list-style-type: none"> • Evidence • Assessment Narrative • Case Notes 	<p>MPP 30-757.19</p>
<p>Form SOC 321 is in case file</p>	<p>Form(s):</p> <ul style="list-style-type: none"> • SOC 321 	<p>MPP 30-757.198 ACL 79-81 ACL 08-18 ACL 09-30 ACL 12-36</p>
<p>Form SOC 321 is current</p> <p><i>(Has the duration of services noted on the SOC 321 expired and not been updated by social worker or are they permanent?)</i></p>	<p>CMIPS:</p> <ul style="list-style-type: none"> • Assessment Narrative • Case Notes <p>Form(s):</p> <ul style="list-style-type: none"> • SOC 321 	<p>MPP 30-757.198 ACL 79-81 ACL 08-18 ACL 09-30 ACL 12-36</p>

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Paramedical (SOC 321) (Continued)		
Authorized hours consistent with SOC 321	<i>CMIPS:</i> <ul style="list-style-type: none"> • <i>Service Evidence</i> • <i>Assessment Narrative</i> • <i>Case Notes</i> <i>Form(s):</i> <ul style="list-style-type: none"> • <i>SOC 321</i> 	MPP 30-757.19
Services are paramedical <i>(If services not paramedical, did the social worker assess the need for the service under the appropriate category?)</i>	<i>Form(s):</i> <ul style="list-style-type: none"> • <i>SOC 321</i> <i>Form(s):</i> <ul style="list-style-type: none"> • <i>Any applicable County forms.</i> 	MPP 30-757.191(a) through (c)
SOC 321 signed by licensed HCP <i>Must be signed and dated</i>	<i>Form(s):</i> <ul style="list-style-type: none"> • <i>SOC 321</i> 	MPP 30-757.192-196 ACI I-74-11
SOC 321 signed by Recipient <i>Must be signed and dated</i>	<i>Form(s):</i> <ul style="list-style-type: none"> • <i>SOC 321</i> 	MPP 30-757.196 ACI I-74-11
Proration		
Is Proration applicable to this case? <i>(Does the recipient reside with one or more other persons?)</i>	<i>CMIPS:</i> <ul style="list-style-type: none"> • <i>Service Evidence</i> • <i>Assessment Narrative</i> • <i>Case Notes.</i> 	MPP 30-763.3 through .5 ACL 08-18 ACL 09-30

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Proration (Continued)		
<p>Adjustments correctly reflect shared living regulations requirement</p> <p><i>(Were the regulations regarding shared living situations applied appropriately?)</i></p>	<p>CMIPS:</p> <ul style="list-style-type: none"> • Service Evidence • Assessment Narrative • Case Notes. 	<p>MPP 30-763.31 through .35 ACL 08-18 ACL 09-30</p>
<p>Documentation provided for Domestic and Related services that were not prorated</p> <p><i>(If any Domestic and Related services were not prorated, was there appropriate documentation to show the reason?)</i></p>	<p>CMIPS:</p> <ul style="list-style-type: none"> • Service Evidence • Assessment Narrative • Case Notes. 	<p>MPP 30-763.4 through .5 ACL 06-34 ACL 06-34E ACL 06-34E2 ACL 08-18 ACL 09-30</p>
Critical Incidents (CI)		
<p>Documented CI noted in case file and CI type</p> <p><i>(Was there a CI documented? If yes, type of CI, if indicated.)</i></p>	<p>CMIPS:</p> <ul style="list-style-type: none"> • Case Notes 	<p>ACL 13-110 CFCO SPA 13-007</p>
Alternative Resources (AR)		
<p>Did SW document that AR were explored?</p> <p><i>(Is there CMIPS documentation to support that social explored the availability of AR?)</i></p>	<p>CMIPS:</p> <ul style="list-style-type: none"> • Service Evidence • Assessment Narrative • Case Notes 	<p>MPP 30-763.61</p>

REVIEW TOOL QUESTION	DOCUMENTATION SOURCE	AUTHORITY
Alternative Resources (AR) (Continued)		
When available, was AR source and type of service documented?	CMIPS: <ul style="list-style-type: none"> • Service Evidence • Assessment Narrative • Case Notes Form(s): <ul style="list-style-type: none"> • SOC 450 • Any applicable County forms 	MPP 30-763.61 MPP 30-761.273
Hours for service tasks were correctly adjusted <i>Did the county identify whether the AR are considered in the authorized hours and reduce these hours when appropriate</i>	CMIPS: <ul style="list-style-type: none"> • Service Evidence • Assessment Narrative • Case Notes Form(s): <ul style="list-style-type: none"> • SOC 450 	MPP 30-763.63 MPP 30-761.273
If required, was the SOC 450 on file <i>Did county obtain SOC 450 indicating person eligible to be paid by IHSS, but does not wish to receive payment</i>	CMIPS: <ul style="list-style-type: none"> • Evidence • Assessment Narrative • Case Notes. Form(s): <ul style="list-style-type: none"> • SOC 450 	MPP 30-757.176 (a)(1) through (10) MPP 30-763.64 ACL 00-28
State QA Home Visit		
Was a State QA home visit completed?	CMIPS: <ul style="list-style-type: none"> • Case Notes • QA Assessment Review Screen Form(s): <ul style="list-style-type: none"> • CDSS QA Home Visit Checklist 	MPP 30-702 (b)(1) through (10) ACL 13-110

REVIEW TOOL QUESTION	DOCUMENTATION SOURCE	AUTHORITY
County QA Desk Review		
Has this case been previously reviewed by County QA staff?	CMIPS: <ul style="list-style-type: none"> • QA Assessment Review Screen • Case Notes Form(s): <ul style="list-style-type: none"> • County QA Desk Review Tool • County QA Home Visit Tool 	MPP 30-702 ACL 13-110
County QA staff correctly identified all inaccuracies and omissions present during their desk review?	CMIPS: <ul style="list-style-type: none"> • QA Assessment Review Screen • Case Notes Form(s): <ul style="list-style-type: none"> • County QA Desk Review Tool • County QA Home Visit Tool 	ACL 13-110
In all instances, county QA staff correctly applied CDSS regulations and policies?	CMIPS: <ul style="list-style-type: none"> • QA Assessment Review Screen • Case Notes Form(s): <ul style="list-style-type: none"> • County QA Desk Review Tool • County QA Home Visit Tool 	ACL 13-110
Was the county remediation process consistent with that noted in CDSS QA manual and completed accordingly?	CMIPS: <ul style="list-style-type: none"> • QA Assessment Review Screen • Case Notes Form (s): <ul style="list-style-type: none"> • County QA Desk Review Tool • County QA Home Visit Tool 	ACL 13-110

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County QA Desk Review (Continued)		
Was there a county QA home visit associated with county QA staff's QA desk review?	CMIPS: <ul style="list-style-type: none"> • Case Notes • QA Assessment Review Screen Form(s): <ul style="list-style-type: none"> • QA Desk Review Tool, QA Home Visit Tool • Any applicable county forms 	MPP 30-702 (b)(1) through (10) ACL 13-110
Were all issues identified during the county QA home visit addressed?	CMIPS: <ul style="list-style-type: none"> • Evidence Screens • Case Notes • QA Assessment Review Screen Form(s): <ul style="list-style-type: none"> • QA Desk Review Tool, QA Home Visit Tool • Any applicable county forms 	MPP 30-702 (b)(1) through (10) ACL 13-110
IHSS Forms		
SOC 332		
Completed SOC 332 Recipient/Employer Responsibility Checklist <i>Signed and dated by client</i>	Form(s): <ul style="list-style-type: none"> • SOC 332 	MPP 30-764.31 ACIN I-71-06 ACL 09-69
SOC 873		
Completed SOC 873 Healthcare Certification	CMIPS: <ul style="list-style-type: none"> • Program Evidence – Health Cert Date Form(s): <ul style="list-style-type: none"> • SOC 873 	W&IC 12309.1 ACL11-55 ACIN 1-74-11 ACL 11-76
SOC 873 signed by licensed HCP?	Form(s): <ul style="list-style-type: none"> • SOC 873 	W&IC 12309.1(a)(1) ACIN 1-74-11

REVIEW TOOL QUESTION	DOCUMENTATION SOURCE	AUTHORITY
IHSS Forms (Continued)		
HCP checked "Yes" indicating need for IHSS on SOC 873?	Form(s): <ul style="list-style-type: none"> • SOC 873 	ACL 11-55 ACIN I-74-11
If IHSS not indicated on SOC 873, did county follow up?	CMIPS: <ul style="list-style-type: none"> • Assessment Narrative • Case Notes Form(s): <ul style="list-style-type: none"> • SOC 873 or alternative documentation 	ACL 11-55 ACIN I-74-11
If no SOC 873 available, was alternative documentation in case file?	CMIPS: <ul style="list-style-type: none"> • Assessment Narrative • Case Notes Form(s): <ul style="list-style-type: none"> • Alternative documentation 	ACL 11-55 ACL 11-76
SOC 426A		
Completed SOC 426A Recipient Designation of Provider in file <i>Signed and dated by client</i>	Form(s): <ul style="list-style-type: none"> • SOC 426A 	ACL 09-52 ACL 10-35
SOC 827/864		
Completed SOC 827/864 Emergency Backup/Risk Assessment <i>Does the form contain all required information? Is it signed and dated by client?</i>	Form(s): <ul style="list-style-type: none"> • SOC 827/864 	MPP 30-702.125(b) ACL 07-08 ACIN I-27-11