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| DDDlogo.jpeg | | | DIVISION OF DEVELOPMENTAL DISABILITIES  **Annual Assessment Checklist** | | | | |
| This form is a tool designed to assist the Case Resource Manager / Social Worker (CRM / SW) during the development of the Assessment.   * It is not mandatory. * Some of the tasks will not apply to each individual. Check each box as applicable. * The checklist is not a client document so should not be included in the client file. | | | | | | | |
| CLIENT NAME | | | | ADSA NUMBER | CRM / SW NAME | DATE | |
| **Prior to the assessment:** | | | | | | | |
| Note: Bolded items pertain only to Waiver clients. | | | | | | | |
| COMPLETED | N / A | TASK | | | | | SER (IF APPLICABLE |
|  |  | Contact the client to: 1) Schedule the assessment interview; 2) Discuss who to invite; 3) Verify choice of NSA representative. | | | | | **Mandatory** |
|  |  | Contact the legal representative (if any) to: 1) Schedule the assessment interview; 2) Discuss who to invite; 3) Confirm / request documentation of legal representative status. | | | | | **Mandatory** |
|  |  | Contact the client representative (NSA) to: 1) Verify that he/she understands the role and wishes to continue; 2) Update the NSA information on collateral contacts screen if needed (form 16-195 may be used) | | | | | **Mandatory** |
|  |  | If the client has county services, invite the county and employment vendor to the assessment interview (if client agrees). | | | | |  |
|  |  | Invite others as requested by client. Notice of Annual Assessment Review (DSHS 15-290) may be used. | | | | |  |
|  |  | Mail information to Client / Legal Rep / NSA Rep: Client Notification of Annual Assessment (DSHS 15-291); DDD brochure; Road Map to Services brochure; Wavier brochure and Waiver Facts Sheet. | | | | |  |
|  |  | Prepare your materials for the Assessment meeting:  <http://intra.ddd.dshs.wa.gov/ddd/assessProject/assess_project.shtml>  Include voter registration forms and form 16-172 | | | | |  |
|  |  | Verify in Automated Client Eligibility System (ACES) that client meets financial eligibility for applicable programs:  MPC  SSP (State Supplemental payment)  Waiver  Links to helpful information:  [Determining Eligibility for waivers](http://intra.ddd.dshs.wa.gov/ddd/field_services/docs/Determining%20Waiver%20Disability%20per%20Social%20Security.doc)  [Financial Eligibility for Personal Care Services](http://intra.ddd.dshs.wa.gov/ddd/field_services/docs/ACES%20Medical%20Coverage%20Group%20Codes.doc) | | | | |  |
|  |  | **Confirm in ACES that client meets disability criteria as established by the Social Security Act (N/A for non-waiver clients).** | | | | |  |
|  |  | If the client is age 16 or older, determine whether the SIS assessment will be a directed or conversational style interview. | | | | |  |
|  |  | **Print out Assessment Meeting Wrap-up form (DSHS 14-492) – Waiver clients only** | | | | |  |
|  |  | **If client does not have a Voluntary Participation form signed for their current waiver, print one to bring along – Waiver clients only** | | | | |  |
|  |  | Other: | | | | |  |
|  |  | Before leaving the office **CHECK OUT the client’s CARE record.** | | | | |  |
| **At the Assessment Meeting:** | | | | | | | |
| COMPLETED | N / A | TASK | | | | | SER (IF APPLICABLE |
|  |  | Complete the following forms with the client / legal rep if they have not already been completed and placed in the client file: Health Insurance Portability and Accountability Act (HIPAA) acknowledgement (Notice of Privacy Practices, DSHS 03-387); Advanced Directives and Estate Recovery (DSHS 14-454); Your Rights and Responsibilities (DSHS 16-172). | | | | | **Mandatory** |
|  |  | Obtain signed Consent form (DSHS 14-012) if necessary to request information. | | | | |  |
|  |  | If the client is age 18 or older, provide the client with voter registration information (DSHS 02-541). | | | | | **Mandatory** |
|  |  | Update client and collateral contact information. | | | | |  |
|  |  | Review the prior year’s services and all approved programs with the client **(for waiver clients, use the Plan Review screen in the ISP).** | | | | |  |
|  |  | Add all program / service requests to Service Requests screen in Client Details Folder. | | | | |  |
|  |  | Create the Assessment. Introduce / explain the assessment process and rating scales. | | | | |  |
|  |  | Complete the Support Assessment module. | | | | |  |
|  |  | Ensure all approved programs and services are included in “Programs On / Considered For” buckets on the “Program and Services” screen. | | | | |  |
|  |  | Create and complete the Service Level Assessment module. | | | | |  |
|  |  | Take time to discuss the client’s goals, concerns and interests. | | | | |  |
|  |  | Create the Individual Support Plan (ISP). Discuss formal and informal supports to meet identified needs. | | | | |  |
|  |  | Discuss emergency plan and provide information (DOH Emergency Preparedness Handbook and Personal Emergency Plan Information (DSHS 16-205). | | | | |  |
|  |  | Ask if client and / or legal representative would like to have the assessment details and/or program WACs to be sent to them. | | | | |  |
|  |  | **Have the client and / or their legal representative complete the Assessment Meeting Wrap-up and Voluntary Participation if applicable - Waiver clients only.** | | | | |  |
|  |  | Provide the client / NSA Representative with a copy of the Acknowledgement of My Responsibilities as the Employer of My Individual Providers form (DSHS 11-055) if the client will be hiring an individual provider (IP) to deliver personal care or respite services. | | | | | **Mandatory** |
|  |  | Other: | | | | |  |
| **After the Assessment Meeting:** | | | | | | | |
| COMPLETED | N / A | TASK | | | | | SER (IF APPLICABLE |
|  |  | Continue to work on assessment screens to ensure accuracy of coding (“Connect the dots”). | | | | |  |
|  |  | Submit requests for any necessary Exceptions to Rule (ETR), Exceptions to Policy (ETP), and / or Prior Approvals. | | | | |  |
|  |  | Review “Critical Indicators List” on the referral screen of the assessment and make any other necessary referrals. | | | | |  |
|  |  | Complete Mandatory Nursing Services referral when “Skin Observation Protocol” is in the “Critical Indicators List”. [Skin Observation Protocol Policy](http://intra.ddd.dshs.wa.gov/docufind/LTCManual/NursingServices/skinprotocol.htm) | | | | | **Mandatory** |
|  |  | Review County Authorization screen in CARE and coordinate for planned rates / level of service. | | | | |  |
|  |  | For SL and GH clients: Review client’s need for Support Living (Residential) Allowance. | | | | |  |
|  |  | For SL and GH clients: Coordinate with Resource Manager for rate setting. | | | | |  |
|  |  | For IFS, review Individual and Family Services (IFS) Budget screen before moving assessment to current. | | | | |  |
|  |  | Review support needs screen in ISP to ensure that: 1) services are assigned to the appropriate providers (non-waiver) clients; 2) **all identified health and welfare needs are assigned to appropriate provider (waiver clients)**; 3) All paid services and providers are listed on the ISP/CARE plan. | | | | |  |
|  |  | Confirm appropriate provider contracts are current and in signed status. | | | | |  |
|  |  | Before moving assessment to current, make sure comment boxes are completed. | | | | |  |
|  |  | Enter the Predicted ISP Effective Date and move the assessment to current. | | | | |  |
| **Once the Assessment is moved to current:** | | | | | | | |
| COMPLETED | N / A | TASK | | | | | SER (IF APPLICABLE |
|  |  | Before sending the Service Summary and Planned Action Notice (PAN), contact client and/or NSA Representative to inform them of service decisions. | | | | | **Mandatory** |
|  |  | **If guardian was not at the Assessment, send a copy of the Assessment Wrap Up form for their review, and the Voluntary Placement form for their signature if needed.** | | | | | **Mandatory, if applies** |
|  |  | Complete a Planned Action Notice (PAN) within five (5) working days of moving the assessment to current | | | | |  |
|  |  | Send Service Summary and PAN to client and their NSA Representative for signature. If client receives personal care services, and the PCRC did not print with the PAN, send copy of CARE Results as well. | | | | |  |
|  |  | Send CSO / DDD Communication form DSHS 15-345 via Barcode. | | | | |  |
|  |  | Obtain ISP consent/approval for the Service Summary from the client or their legal decision maker (i.e. verbal, signed, or assumed as applicable). | | | | | **Mandatory for verbal consent** |
|  |  | Other: | | | | |  |
| **After Consent / Approval of Plan is received:** | | | | | | | |
| COMPLETED | N / A | TASK | | | | | SER (IF APPLICABLE |
|  |  | Case Manager / Social Worker (CM / SW) signs and dates ISP. | | | | |  |
|  |  | CM / SW updates electronic Plan Effective Date as needed | | | | |  |
|  |  | Copy of Signed Service Summary and Assessment Details mailed to all ADSA providers and county (if applicable). | | | | |  |
|  |  | **If applicable, start aggregate budget tracking sheet and respite tracking sheet (waiver clients).** | | | | |  |
|  |  | Create / update service authorizations in CASIS (DDD clients) or CARE (LTC children). | | | | |  |
|  |  | Terminate authorizations that are no longer needed | | | | |  |
|  |  | Other: | | | | |  |
| **Opening Case Management:** | | | | | | | |
| COMPLETED | N / A | TASK | | | | | SER (IF APPLICABLE |
|  |  | If a service is approved (ETR, ETP, prior approval, etc.) after ISP is signed, amend ISP to include additional services. | | | | |  |
|  |  | Notify client / NSA Rep / Legal Rep of changes to ISP and obtain verbal consent. | | | | |  |
|  |  | Send new Service Summary and PAN to client and/or legal representative for signature. | | | | |  |
|  |  | File all assessment related documents (i.e. signature page, wrap-up page, consent form, etc.) in client file. | | | | |  |
|  |  | Document monitoring activities in SERs | | | | |  |
|  |  | Other: | | | | |  |