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| **DEPARTMENT OF HEALTH SERVICES**Division of Medicaid ServicesF-00543A (01/2018) |  | **STATE OF WISCONSIN**Administrative Code§ DHS 90.05 - 90.12 |
| **FILE REVIEW CHECKLIST** |
| **\*** Please flag in the child’s file each of the items that have a blank box under PPS match / on-site flag column. |
| County/Birth to 3 Program      | Date      | Child’s Initials      |
| **Form/Activity** | **Yes/No/NA** | **Comments** | **PPS Match/****On-site Flag** |
| **Demographic Information** |  |  |
| DOB (Indicator (Ind.) 5/6)       |       |       |       |
| Sex  [ ]  Male [ ]  Female |       |       |       |
| Race       |       |       |       |
| Ethnicity       |       |       |       |
| **Access Log - Administrative Rule DHS 90.12(3)(d)** |  |  |
| Log lists who can access the record at any time, including parent(s), names and titles of IFSP team and those with legitimate purpose (Includes state, county, provider, clerical, billing, admin) |       |       |  |
| Log includes ongoing listing of people/agencies that file information was shared with, including **date**, **name** and **purpose** (people you have releases for) |       |       |  |
| **Referral** |  |
| Date of referral noted in record (Ind. #7) |       |       |       |
| Referral source noted in record (Ind. #5 & #6) CFR 303.303 |       |       |       |
| **Records Policy** |  |
| Notice given to parents when child is referred CFR 303.404 |       |       |  |
| **Consent for Screening** |  |  |
| Written prior notice is given or sent before consent for screening received CFR 303.20, 303.421 |       |       |  |
| Rights given CFR 303.421 |       |       |  |
| Parent signature giving consent CFR 303.420, 303.7 |       |       |  |
| Form provided to family in their native language CFR 303.7 |       |       |  |
| **Consent to Access Insurance** |  |  |
| Obtained prior to billing CFR 303.420 |       |       |  |
| Provided System of Payments (SOP) to parent CFR 303.520 |       |       |  |
| For private/Medicaid insurance CFR 303.420 |  |  |  |
|  Form provided to family in their native languageCFR 303.7, CFR 303.421 |       |       |  |
| **Consent for Evaluation** |  |  |
| Written prior notice is given or sent before consent for evaluation received CFR 303.421 |       |       |  |
| **Purpose, procedures** and **2 disciplines**CFR 303.321, 303.420 |       |       |  |
| Rights given (Ind. #4) CFR 303.421 |       |       |  |
| Parent signature giving consent CFR 303.7 |       |       |  |
| Form provided to family in their native language CFR 303.7 |       |       |  |
| **Evaluation Process and Assessment** |  |  |
| Composition of team: Parents, service coordinator and qualified personnel from at least two disciplines CFR 303.24 |       |       |  |
| Criterion or norm-referenced instrument used 303.321 |       |       |  |
| More than one evaluation procedure used CFR 303.321 |       | List procedures documented:       |  |
| Evaluation provided in parent’s/child’s native languageCFR 303.321(a)(5) |       |       |  |
| Child assessment includes observation in daily routine (Ind. #3) CFR 303.321 |       | Activity and Setting:       |  |
| **Form/Activity** | **Yes/No/NA** | **Comments** | **PPS Match/****Onsite Flag** |
| Records from previous interventions, medical reports reviewed CFR 303.321 |       |       |  |
| All developmental areas considered/reviewed (Ind. #3)CFR 303.321 |       |       |  |
| Family assessment uses a tool to determine resources, priorities and concerns. CRF 303.321 (c) |       | Tool:       |  |
| Assessment reports identify family’s routines and places where they participate in the community.  |       |       |  |
| **IFSP Meeting Invitation** |  |  |
| Date – Sent in advance of meeting CFR 303.342(d)(2) |       | Date Sent       | Meeting Date       |  |
| Time and place convenient for family (Ind. #4)CFR 303.342(d) |       |       |  |
| If two part meeting, form explains two processes: EI meeting and IFSP meeting CFR 303.342(d)(2) |       |       |  |
| Parents notified regarding inviting advocate (Ind. #4) CFR 303.421 |       |       |  |
| Participants listed CFR 303.342(d)(2) |       |       |  |
| Form provided to family in their native language CFR 303.7 |       |       |  |
| **Eligibility Determination and EI Team Report CFR 303.21** |  |  |  |
| Meeting held CFR 303.421 |       |       |       |
| Summary of all 5 developmental areas (Ind. #3)  |       |       |  |
| Eligibility determination CFR 303.421 |       |       |  |
| Written Prior Notice given to the family before participants sign EI Team report CFR 303.421 |       |       |  |
| Parents participated (Ind. #4)  |       |       |  |
| Signatures  |       |       |  |
| **Child Outcomes** |  |  |  |
| Documentation of Entry Child Outcome ratings and supporting evidence (Ind. #3) |       |       |       |
|  | **Yes/No/NA** |  |  |
| **Form/Activity** | **Initial** | **Current** | **Comments** | **PPS Match/****Onsite Flag** |
| **IFSP Meeting** |  |  |  |
| Service Coordinator, family, appropriate providers in attendance (Ind. #4) CFR 303.343 |       |       |       |  |
| Membership reflects other community agencies involved with child, other service providers or evaluators CFR 303.343 |       |       |       |  |
| Initial IFSP date |       |  |       |       |
| Held within 45 days of referral date (Ind. #7) CFR 303.342(a) |       |  |       |       |
| If more than 45 days between referral date and IFSP meeting, **documentation** is present describing events resulting in late IFSP meeting |       |  |       |       |
| Summary of present levels of development (may be in evaluation of EI team report for initial IFSP) (Ind. #3)CFR 303.344(a) |       |       |       |  |
| Documentation family strengths, concerns, priorities were considered (at parent option) (Ind. #4) CFR 303.344(b) |       |       |       |  |
| Outcomes have **criteria** (measurement), **strategies** (activities) and **timelines** (review date) CFR 303.344(c) |       |       |       |  |
| Specific services (Ind. #2) CFR 303.344(d) |  |  |  |  |
|  | **Frequency/length** listed for each service |       |       |       |  |
|  | **Method** included for each service |       |       |       |  |
|  | **Intensity** for each service |       |       |       |  |
|  | **Location** for each service |       |       |       |  |
|  | **Justification** if not natural environment |       |       |       |  |
|  | **Start and end dates** for each service |       |       |       |  |
|  | **Funding sources** listed |       |       |       |  |
|  | **Yes/No/NA** |  |  |
| **Form/Activity** | **Initial** | **Current** | **Comments** | **PPS Match/****Onsite Flag** |
| Statement that each service is provided in natural environment to maximum extent appropriate CFR 303.344 (d) (1) (ii) (A) |       |       |       |  |
| Primary Location |       |       |       |       |
| Written Prior Notice given for service decisions made before consent is obtained CFR 303.421 |       |       |       |  |
| Includes other **non-Birth to 3 Program services**, including medical and other needed services and steps to obtain those services CFR 303.344 (e) |       |       |       |  |
| Parental consent for initial IFSP (Ind. #4) CFR 303.342 (e) |       |  |       |  |
| Opt out of LEA Notification given to family |       |       |       |  |
| Form provided to family in their native language CFR 303.7 |       |       |       |  |
| **Ongoing** |  |  |  |
| Services start after IFSP is prepared  |       |       |       |  |
| Services start within 30 days of IFSP meeting (Ind. #1) |       |       |       |       |
| If more than 30 days between IFSP meeting and service start date, **documentation** is present describing events resulting in late start of services. |       |       |       |       |
| Supports and services are provided within a family’s daily routines (Ind. #4) |       |       |       |       |
| IFSP or record indicates coordination with medical and health care (primary physician or clinic) CFR 303.344(e) |       |       |       |       |
| **IFSP Updates** |  |  |  |
| IFSP meeting invitation sent prior to all IFSP updatesCFR 303.342(d)(2) |  |       |       |  |
| Periodic updates of IFSP done with service coordinator and parent at least every six months CFR 303.342  |  |       |       |  |
| Outcomes have been reviewed for progress and any needed modifications CFR 303.342 |  |       |       |  |
| Evidence IFSP is being implemented as written (e.g. services occurring per frequency on IFSP)  |  |       |       |  |
| Consent to access insurance with SOP obtained due to increase (Frequency, length, duration or intensity)CRF 303.520 |  |       |       |  |
| Annual IFSP with one or more team members conducting assessment CFR 303.343 |  |       |       |  |
| Parental consent for changes/additions to IFSP (Ind. #4) CFR 303.342(e) |  |       |       |  |
| Form provided to family in their native language CFR 303.7 |       |       |       |  |
| Annual review occurs within 12 months of initial IFSPCFR 303.342(c) |  |       |       |  |
| Records Policy/Annual Notification of rights regarding records given to parents WI Admin Code DHS 90.12 (3) (f) |  |       |       |  |
| **IFSP – Transition Planning** |  |  |  |  |
| Transition plan (**date and steps**) in IFSP for children leaving Birth to 3 Program (Ind. #8) CFR 303.344(h) |       |       |       |       |
| If not completed by 2 years, 9 months of age, **documentation** is present describing events resulting in No or Late steps |       |       |       |  |
| Transition Plan developed with team members and receiving periodic review (Ind. #8) CFR 303.209(e) |       |       |       |  |
| Evidence transition plan includes CFR 303.344 (h) |   |   |   |  |
|  | **Future Placements** |       |       |       |  |
|  | **Procedures** to prepare child for changes. With steps included to help child adjust and function in new setting? |       |       |       |  |
|  | **Confirmation** of referral sent to LEA (Date) as applicable |       |       |       |  |
|  | **Confirmation** of additional documentation sent to LEA with consent as applicable |       |       |       |       |
| Other transition plan in IFSP to support child/family (e.g. NICU, transfer from another county) CFR 303.344(h) |       |       |       |       |
| Written Prior Notice given explaining decisions made regarding potential eligibility for LEA services CFR 303.421 |       |       |       |       |
|  | **Yes/No/NA** |  |  |
| **Form/Activity** | **Initial** | **Current** | **Comments** | **PPS Match/****Onsite Flag** |
| LEA Notification sent for child 2 years, 3 months of age or older, unless Opted Out (Ind. #8) CFR 303.209(b) |       |       |       |       |
| Referral sent to LEA by 2 years, 9 months of age on child determined potentially eligible for LEA services CFR 303.209(b) |       |       |       |       |
| If not sent by 2 years, 9 months of age, **documentation** is present describing events resulting in late referral to LEA |       |       |       |       |
| Transition Planning Conference (TPC) held with LEA, parents by 2 years, 9 months of age (Ind. #8) CFR 303.209(c) |       |       |       |       |
| If not held by 2 years, 9 months of age, **documentation** is present describing events resulting in No or Late TPC |       |       |       |  |
| Transition meeting held with parent, other community agencies for children determined NOT potentially eligible for LEA services CFR 303.209(c) |       |       |       |  |
| Documentation of exit Child Outcome rating and supporting evidence (Ind. #3) |       |       |       |       |
| **Closing date** and **closing reason** documented (exit data) |       |       |       |       |
| Written Prior notice is given regarding child’s last day in the Birth to 3 Program with actual exit date listed CFR 303.20, 303.421 |       |       |       |  |