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| **DEPARTMENT OF HEALTH SERVICES**  Division of Medicaid Services  F-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 language CFR 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 language CFR 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 updates  CFR 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 IFSP  CFR 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 | | |  | |  | | |  | | | |  |