LOC/POC Review Checklist

Participant's Name: _____ **Last 4 Digits of SSN:** _____

Support Coordinator:_____ **SC Agency:**_____

Initial ☐ **Annual** ☐ **Status Change** ☐ **Follow Up** ☐

Type of Program: CCW ☐ **ADHC** ☐ **MDS-HC Date:** _____ **POC Begin/End Dates:**_____

Current Rug Score & ADL Index:_____ **Previous Rug Score & IADL Index:**_____

Level of Care:

1. Is the MDS-HC complete?	Yes ☐ No ☐
2. Is the assessment correct and coded according to guidelines?	Yes ☐ No ☐
3. Does the MDS-HC correlate to the MDS-HC notebook entries and other sections of the MDS-HC?	Yes ☐ No ☐
4. Is there documentation in the notebook for clarification of items that do not correlate?	Yes ☐ No ☐ N/A ☐
5. Is Level of Care (LOC) met using the ADL, Cognitive Performance, and/or Behavior Pathway? (Refer to LOC Manual) **If so, skip to number 1 of POC section.**	Yes ☐ No ☐
6. Is LOC met using the DDQ process? (Refer to LOC Eligibility manual) **If so, skip to number 9 of LOC section.**	Yes ☐ No ☐ N/A ☐
7. Is LOC met using the Physician Involvement, Treatments & Conditions, or Skilled Rehab Therapies Pathways? (Refer to LOC Eligibility manual) **If so, skip to number 9 of LOC section.**	Yes ☐ No ☐ N/A ☐
8. Is LOC met using the Service Dependency Pathway? **If so, skip to number 9 of LOC section.**	Yes ☐ No ☐ N/A ☐
9. Is there documentation in the MDS-HC notebook to support the DDQ process, the Physician Involvement, Treatments & Conditions, Skilled Rehab Therapies Pathways, or the Service Dependency Pathway? **(Only complete for items 6-8.)**	Yes ☐ No ☐ N/A ☐

Comments:

Plan of Care:

1. Are all required demographic sections of the POC complete?	Yes ☐ No ☐
2. Does the Participant Profile clearly summarize the participant's status in each of the four issue categories?	Yes ☐ No ☐
3. Are all components of the 4 CAPs Issue Categories correct using the CAP Summary Instructions? (Complete A-J below)	
A. Are all triggered CAPs identified? **B.** Related CAPs are identified? **C.** Do all applicable CAPs have goals? **D.** All goals make sense and correlate to the CAP? **E.** Do all applicable CAPs/goals have interventions? **F.** Are person centered principles incorporated? **G.** Are the participant's goals/concerns addressed? **H.** Are interventions for formal/informal supports addressed in the appropriate sections? **I.** Are personal goals and concerns addressed? **J.** Are community resources/services identified?	Yes ☐ No ☐ N/A ☐ Yes ☐ No ☐ N/A ☐ Yes ☐ No ☐ N/A ☐ Yes ☐ No ☐ N/A ☐ Yes ☐ No ☐ N/A ☐ Yes ☐ No ☐ N/A ☐ Yes ☐ No ☐ N/A ☐ Yes ☐ No ☐ N/A ☐ Yes ☐ No ☐ N/A ☐ Yes ☐ No ☐ N/A ☐
4. The MDS-HC matches the POC?	Yes ☐ No ☐
5. Are medication administration and health related tasks identified with interventions?	Yes ☐ No ☐ N/A ☐
6. Are there interventions for other identified risk factors/CIRs? (Refer to CAP Summary Instructions)	Yes ☐ No ☐ N/A ☐
7. Is the Flexible Schedule completed correctly?	Yes ☐ No ☐ N/A ☐
8. Is the Budget worksheet completed correctly?	Yes ☐ No ☐ N/A ☐
9. Are all appropriate signatures and dates on the correct pages?	Yes ☐ No ☐ N/A ☐
10. Is the Plan of Care Action section is completed correctly?	Yes ☐ No ☐ N/A ☐
11. Is the Notice of Approval and Fair Hearing Rights page completed correctly?	Yes ☐ No ☐ N/A ☐
12. Is the Emergency Plan completed correctly and updated?	Yes ☐ No ☐ N/A ☐
13. Is the Back-Up Staffing Plan is completed correctly and updated form?	Yes ☐ No ☐ N/A ☐
14. Is the date the approved POC was mailed to the participant and provider documented?	Yes ☐ No ☐ N/A ☐

Comments: