

**New Mexico Department of Health / Division of Health Improvement
Community Living and Inclusion
Agency Individual Case File & Billing Field Tool**

Agency/Region:

Service (Circle all that apply):

Supported Living

Family Living

Independent Living

Adult Habilitation

Supported Employment

Community Access

Therapies (Circle all that apply):

PT

OT

SLP

BT

Nutritional_____

Surveyor:

Date/Time:

Individual Name & Identifier:

Required Documents:	Yes	No	N/A	Dates/Notes:
<p>MAD 046 or Med UR Approval Document (Use to verify what DD Waiver Services the individual receives)</p> <p><i>Surveyor: Must Document the dates of ISP & Services</i></p>				
<p>Current Emergency & Personal Identification Information (Must include the following:</p> <ul style="list-style-type: none"> • Individual's Address • Individual's phone number • Names and phone numbers of relatives, or guardian or conservator • Physician's name(s) & phone number(s) • Pharmacy name, address and phone number • Health Plan (Insurance; Medicaid, Medicare, etc, if appropriate) <p>Document must contain Individual's current information to be considered met.</p> <p>Surveyor: Info maybe part of ISP (if all elements are included) or separate document. Team Lead is to verify with Agency what is used. Then proceed.</p>				1A08
ISP Requirements:				
<p>Annual ISP</p> <p>Date of ISP Reviewed:</p>				1A08
ISP Signature Page				1A08
<p>Individual Specific Training (Addendum B)</p> <p>List Required Items in the this section, i.e. Specific HCP, crisis plans, other plans etc.</p>				1A08
<p>Positive Behavior Support Plan</p> <p>Date(s) of Plan:</p>				1A08 Is a restriction noted? If so, what is it?
<p>Positive Behavior Support Crisis Plan (Note: this may not always be require, it is based on PBP)</p> <p>Date(s) of Plan:</p>				1A08 Is a restriction noted? If so, what is it?

**New Mexico Department of Health / Division of Health Improvement
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Speech Therapy Plan <i>Date(s) of Plan:</i>				1A08
Occupational Therapy Plan <i>Date(s) of Plan:</i>				1A08
Physical Therapy Plan <i>Date(s) of Plan:</i>				1A08
Other Requirements:				
Human Rights Committee Meeting Minutes/Approval <i>(i.e. behavioral plans with rights restrictions, or any other restriction noted in documentation, etc.)</i> ** If rights restriction is occurring is HRC approving it Quarterly?				A131 (CoP) *** Restriction Must be Noted & last date approved if any.
Grievance/Complaint Procedure <i>(signed acknowledgement)</i>				1A29
Parent/Guardian Abuse, Neglect & Exploitation Incident Management Training <i>(signed acknowledgement)</i>				1A28 - E
Transition Plan <i>(As applicable for change in provider in the past year)</i>				1A08
Progress Notes/Daily Contact Logs: Community Living <i>(must have date, time and signature)</i> <i>Must have for Current & Prior ISP year</i>				1A08 <i>List time frame if any are not found</i>
Data Collection/Data Tracking: Community Living <i>(i.e. Outcomes/Action Plans)</i> <i>Must have for Current ISP year</i>				1A32 (CoP) <i>List time frame if any are not found</i>
Quarterly Reports: Community Living <i>(Must see minimum of 4 quarters - Current & Prior ISP year if necessary)</i>				6L17 <i>Must list specific quarters if not found or not current.</i>

**New Mexico Department of Health / Division of Health Improvement
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Annual Assessment: Community Living			6L17
Progress Notes/Daily Contact Logs: Community Inclusion - Adult Habilitation (must have date, time and signature) Must have for Current & Prior ISP year			1A08 List time frame if any are not found
Data Collection/Data Tracking: Community Inclusion - Adult Habilitation (i.e. Outcomes/Action Plans) Must have for Current ISP year			1A32 (CoP) List time frame if any are not found
Quarterly Reports: Community Inclusion - Adult Habilitation (Must see minimum of 4 quarters - Current & Prior ISP year if necessary)			5I11 Must list specific quarters if not found or not current.
Progress Notes/Daily Contact Logs: Community Inclusion - Supported Employment (must have date, time and signature) Must have for Current & Prior ISP year			1A08 List time frame if any are not found
Data Collection/Data Tracking: Community Inclusion - Supported Employment (i.e. Outcomes/Action Plans) Must have for Current ISP year			1A32 (CoP) List time frame if any are not found

**New Mexico Department of Health / Division of Health Improvement
Community Living and Inclusion
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<p>Quarterly Reports: Community Inclusion - Supported Employment <i>(Must see minimum of 4 quarters - Current & Prior ISP year if necessary)</i></p>			<p>5I11 <i>Must list specific quarters if not found or not current.</i></p>
<p>Progress Notes/Daily Contact Logs: Community Inclusion - Community Access <i>(must have date, time and signature)</i></p> <p><i>Must have for Current & Prior ISP year</i></p>			<p>1A08 <i>List time frame if any are not found</i></p>
<p>Data Collection/Data Tracking: Community Inclusion - Community Access <i>(i.e. Outcomes/Action Plans)</i></p> <p><i>Must have for Current ISP year</i></p>			<p>1A32 (CoP) <i>List time frame if any are not found</i></p>
<p>Quarterly Reports: Community Inclusion - Community Access <i>(Must see minimum of 4 quarters - Current & Prior ISP year if necessary)</i></p>			<p>5I11 <i>Must list specific quarters if not found or not current.</i></p>
<p>Vocational Assessment Profile <i>(If Interested in Work) - Supported Employment Only</i></p> <p><i>Initial (1st time) would be completed as stand alone document and updates would be incorporated into the Narrative of Work/Learn Strategies with ISP.</i></p>			<p>5I22</p>
<p>Documentation of decisions concerning DVR that services provided under the Waiver are not otherwise available (as appropriate) - <i>Supported Employment Only</i></p>			<p>5I22</p>
<p>Required Certificates & Documentation <i>(earnings and benefits, shall be reviewed semi-annually) - Supported Employment Only</i></p> <p>Only required for Individuals who are being paid below Minimum Wage. <i>If Individual is paid below Minimum Wage, Agency must have a time study for the Individual.</i></p>			<p>5I22</p>

**New Mexico Department of Health / Division of Health Improvement
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NURSING/MEDICAL SECTION				
Health Care Plans <i>(Required for Individuals with HAT score of 4, 5 or 6) (Must be reviewed quarterly) (LIST EACH ONE APPLICABLE) (Ensure HCP are being reviewed quarterly) (Must be individualized)</i>				1A15 - List plans which are not found, incomplete, etc.
Crisis Plans <i>(including Crisis Plans for Chronic Conditions: i.e. Life threatening conditions regardless of HAT score (Must be reviewed quarterly) (LIST EACH ONE APPLICABLE) (Must be individualized)</i>				1A15 - List plans which are not found, incomplete, etc.
Quarterly Nursing review of progress with update on HCP/Crisis Plan <i>(if applicable)</i>				1A15
Health Assessment Tool <i>(Annually. Level 4, 5 & 6 must be signed by Agency Nurse and/or Physician and/or FLP)</i>				1A15 HAT Score: _____
Medication Administration Assessment Tool (MAAT) <i>(Annually)</i>				1A15
Special Health Care Needs <i>(i.e. Nutritional Plans, Meal Time Plans, Oral hygiene Plans, Aspiration Risk Management, Special Diets, Medical Orders and/or Special Precautions, etc.)</i>				1A15 - List plans which are not found, incomplete, etc.
Record of Visits to Health Care & Psychiatric Practitioners Including Treatment Provided <i>(Only Applicable to Individuals receiving Residential Services from the Agency)</i>				1A08
Progress Notes written by DSP or Nurses regarding Health Status, Physical Condition and Actions Taken, if applicable				1A08

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Evaluations Generated by the Provider: (As called for in the ISP and/or as called for based on the individual's needs) See Bullets Below.				
<ul style="list-style-type: none"> Annual Physical Exam <i>If recommendations were made, document the recommendation and look for follow-up</i> 				1A08 - Individuals only receiving CI services or 6L13 - Individuals receiving CL services
<ul style="list-style-type: none"> Dental Exam (Per Matrix Annually or as Recommended by PCP, ISP, IDT or Specialist) <i>ID the document & date it was found on. If follow-up required, look for & document if follow-up was completed.</i> 				1A08 - Individuals only receiving CI services or 6L13 - Individuals receiving CL services
<ul style="list-style-type: none"> Vision Exam (Per Matrix Every Other Year or as Recommended by PCP, ISP, IDT or Specialist) <i>ID the document & date it was found on. If follow-up required, look for & document if follow-up was completed.</i> 				1A08 - Individuals only receiving CI services or 6L13 - Individuals receiving CL services
The following are as indicated or recommended by the ISP, IDT, Primary Care Physician and/or other Medical Specialist. Must document why exam is required, i.e. ISP, doctor's note, etc.				
<ul style="list-style-type: none"> Psychological Assessment (As indicated or recommended) <i>If required, ID the document & date it was found on. If follow-up required, look for & document if follow-up was completed.</i> 				1A08
<ul style="list-style-type: none"> Nutritional Evaluation (As indicated or recommended) <i>If required, ID the document & date it was found on. If follow-up required, look for & document if follow-up was completed.</i> 				1A08
<ul style="list-style-type: none"> Auditory Exam (recommended every 3 years or as called for by hearing professional) <i>If required, ID the document & date it was found on. If follow-up required, look for & document if follow-up was completed.</i> 				1A08 - Individuals only receiving CI services or 6L13 - Individuals receiving CL services
<ul style="list-style-type: none"> Pap (recommended for women over 19 or as called for by physician) <i>If required, ID the document & date it was found on. If follow-up required, look for & document if follow-up was completed.</i> 				1A08 - Individuals only receiving CI services or 6L13 - Individuals receiving CL services
<ul style="list-style-type: none"> Mammogram (recommended for women 40-year old or as called for by physician) <i>If required, ID the document & date it was found on. If follow-up required, look for & document if follow-up was completed.</i> 				1A08 - Individuals only receiving CI services or 6L13 - Individuals receiving CL services
<ul style="list-style-type: none"> Prostate Check (recommended for men over 40 or as called for by physician) <i>If required, ID the document & date it was found on. If follow-up required, look for & document if follow-up was completed.</i> 				1A08 - Individuals only receiving CI services or 6L13 - Individuals receiving CL services
<ul style="list-style-type: none"> Prostate Specific Antigen (PSA) (recommended for men over 50 or as called for by physician) <i>If required, ID the document & date it was found on. If follow-up required, look for & document if follow-up was completed.</i> 				1A08 - Individuals only receiving CI services or 6L13 - Individuals receiving CL services
<ul style="list-style-type: none"> Bone Density (recommended. if diagnosed with osteoporosis/Osteopenia or as called for by physician) <i>If required, ID the document & date it was found on. If follow-up required, look for & document if follow-up was completed.</i> 				1A08 - Individuals only receiving CI services or 6L13 - Individuals receiving CL services

**New Mexico Department of Health / Division of Health Improvement
Community Living and Inclusion
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<ul style="list-style-type: none"> • Colonoscopy (<i>recommended over 50 years old & every 10 years after unless otherwise indicated or as called for by physician</i>) <i>If required, ID the document & date it was found on. If follow-up required, look for & document if follow-up was completed.</i> 			<p>1A08 - Individuals only receiving CI services or 6L13 - Individuals receiving CL services</p>
<ul style="list-style-type: none"> • Cholesterol & Blood Glucose (<i>i.e. every 5 years and required for those on medication or as called for</i>) <i>If required, ID the document & date it was found on. If follow-up required, look for & document if follow-up was completed.</i> 			<p>1A08 - Individuals only receiving CI services or 6L13 - Individuals receiving CL services</p>
<ul style="list-style-type: none"> • Blood Levels (<i>i.e. any medications that require it, including thyroid or as called for by a physician</i>) <i>If required, ID the document & date it was found on. If follow-up required, look for & document if follow-up was completed.</i> 			<p>1A08 - Individuals only receiving CI services or 6L13 - Individuals receiving CL services</p>
<ul style="list-style-type: none"> • Psychotropic Medications are reviewed by a physician every 180 days or as called for by the physician or prescribing practitioner. 			<p>1A08 - Individuals only receiving CI services or 6L13 - Individuals receiving CL services</p>
<ul style="list-style-type: none"> • Abnormal Involuntary Movement Screening/TD screenings are completed as ordered. (<i>MD or prescribing practitioner should indicate how often screening should be done</i>) <i>If required, ID the document & date it was found on. If follow-up required, look for & document if follow-up was completed.</i> 			<p>1A08 - Individuals only receiving CI services or 6L13 - Individuals receiving CL services</p>
<ul style="list-style-type: none"> • Other Exam, Evaluations, Assessments: <i>If required, ID the document & date it was found on. If follow-up required, look for & document if follow-up was completed.</i> 			<p>1A08 - Individuals only receiving CI services or 6L13 - Individuals receiving CL services</p>
<p>Health Care Provider Written Orders (<i>as applicable</i>)</p>			<p>1A08</p>
<p>Medication Administration Records (<i>Review at least last three months</i>) (<i>i.e. missing medication, blanks, incorrect information</i>)</p> <ol style="list-style-type: none"> Name of resident; Date given (administered or assisted); Diagnosis for which the medication is prescribed Drug product name; Dosage and form (Liquid, tablet, capsule, injection, suppository) Strength of drug; Route of administration; How often the medication is to be taken; The name (initials) of the staff administering or assisting with the self-administration of the medication. <p>***To be documented in this section for individuals who receive only AH and/or SE services who receive medication during service.</p> <p>***To be documented in this section for CL individuals for time period requested on Admin List.</p>			<p>1A09.1 - RTN Medication Delivery - Include specific details, including dates, time, medication name, dosage, etc for any deficiencies noted.</p>

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<p>All PRN (as needed) medications shall have complete detailed instructions regarding the administration of the medication. This shall include:</p> <ul style="list-style-type: none"> • symptoms that indicate the use of the medication, • exact dosage to be used, and • the exact amount to be used in a 24 hour period. • Anyone assisting with meds must obtain verbal authorization from the Agency nurse prior to each administration of PRN medications; Unless related and in a Family Living situation. • Documentation describing the effect of the PRN Medication. <p>***To be documented in this section for individuals who receive only AH and/or SE services who receive medication during service.</p> <p>***To be documented in this section for CL individuals for time period requested on Admin List.</p>			<p>1A09.2 - Medication Delivery PRN. Include specific details, including dates, time, medication name, dosage, etc for any deficiencies noted.</p>
<p>Family Living Requirement:</p>			
<p><i>Home Study (Family Living only) - Initial and Annual (After initial must be updated annually) If Health and Safety Issues see previous home studies.</i></p>			<p>6L06 CoP</p>
<p><i>Current Contract on File (Family Living only)</i></p> <p><i>Internal contract between FLP and Agency</i></p>			<p>6L06 CoP</p>
<p>Documentation of Monthly Consultation, by agency supervisors or internal service coordinators, with the direct support provider to include:</p> <ul style="list-style-type: none"> • <i>Review, advise, and prompt the implementation of the individual's ISP Action Plans, schedule of activities and appointments; and</i> • <i>Assist with service or support issues raised by the direct support provider or observed by supervisor, service coordinator or other IDT members.</i> <p><i>(Family Living only)</i></p>			<p>6L06 CoP</p>

Additional Notes (Complete on Back):

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Agency/Region:	Services (one sheet per service per individual)	
	Supported Living	Adult Habilitation
	Family Living	Community Access
	Independent Living	Supported Employment
Surveyor:	Date/Time:	
INDIVIDUAL'S NAME & IDENTIFIER:		

ALL AREAS MUST BE DOCUMENTED IN UNITS NOT HOURS - One Tool Per Service

Total Units Documented in Progress notes (*See Below)	Units Billed By AGENCY (Verified by Remittance Form from Agency)	Total Units Documented in Progress notes (*See Below)	Units Billed By AGENCY (Verified by Remittance Form from Agency)	Total Units Documented in Progress notes (*See Below)	Units Billed By AGENCY (Verified by Remittance Form from Agency)	ADDITIONAL NOTES (if issues with billing note the issue, i.e. no time in/out; no signature ;no service description etc):
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Surveyor: Review Billing/Modifier Codes List, if Necessary * Daily Progress Notes, no **Time In/Time Out; Sign.; Serv. Des.** (TAG 1A12); * Supported Living (T2033) Units are DAILY, with 29 per month maximum (TAG 6L26); * Family Living (T2033) Units are DAILY, with 29 per month maximum (TAG 6L27); * Independent Living (T2030) Unit is MONTHLY, with at least 20 hours per month (TAG 6L28); * Adult Habilitation (T2021) Units are in 15 MINUTE increments (TAG 5I44); * Community Access (H2021) Units are in 15 MINUTE increments (TAG 5I36); * Supported Employment (T2013/hr); (T2018/daily); (T2019/15 min) Units can be 15 min, hourly or daily verify with billing code (TAG 5I25)

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