

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)
<input type="checkbox"/>	<input type="checkbox"/>	Contact the client to: 1) Schedule the assessment interview; 2) Discuss who to invite; 3) Verify choice of NSA representative.		Mandatory <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	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 <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	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 <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	If the client has county services, invite the county and employment vendor to the assessment interview (if client agrees).		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Invite others as requested by client. Notice of Annual Assessment Review (DSHS 15-290) may be used.		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	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.		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	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		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Verify in Automated Client Eligibility System (ACES) that client meets financial eligibility for applicable programs: <input type="checkbox"/> MPC <input type="checkbox"/> SSP (State Supplemental payment) <input type="checkbox"/> Waiver Links to helpful information: Determining Eligibility for waivers Financial Eligibility for Personal Care Services		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Confirm in ACES that client meets disability criteria as established by the Social Security Act (N/A for non-waiver clients).		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	If the client is age 16 or older, determine whether the SIS assessment will be a directed or conversational style interview.		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Print out Assessment Meeting Wrap-up form (DSHS 14-492) – Waiver clients only		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	If client does not have a Voluntary Participation form signed for their current waiver, print one to bring along – Waiver clients only		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Other:		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Before leaving the office CHECK OUT the client's CARE record.		<input type="checkbox"/>
At the Assessment Meeting:				
COMPLETED	N / A	TASK		SER (IF APPLICABLE)
<input type="checkbox"/>	<input type="checkbox"/>	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 <input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	Obtain signed Consent form (DSHS 14-012) if necessary to request information.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	If the client is age 18 or older, provide the client with voter registration information (DSHS 02-541).	Mandatory <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Update client and collateral contact information.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Review the prior year's services and all approved programs with the client (for waiver clients, use the Plan Review screen in the ISP).	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Add all program / service requests to Service Requests screen in Client Details Folder.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Create the Assessment. Introduce / explain the assessment process and rating scales.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Complete the Support Assessment module.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Ensure all approved programs and services are included in "Programs On / Considered For" buckets on the "Program and Services" screen.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Create and complete the Service Level Assessment module.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Take time to discuss the client's goals, concerns and interests.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Create the Individual Support Plan (ISP). Discuss formal and informal supports to meet identified needs.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Discuss emergency plan and provide information (DOH Emergency Preparedness Handbook and Personal Emergency Plan Information (DSHS 16-205).	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Ask if client and / or legal representative would like to have the assessment details and/or program WACs to be sent to them.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Have the client and / or their legal representative complete the Assessment Meeting Wrap-up and Voluntary Participation if applicable - Waiver clients only.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	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 <input type="checkbox"/>
		Other:	<input type="checkbox"/>
After the Assessment Meeting:			
COMPLETED	N / A	TASK	SER (IF APPLICABLE)
<input type="checkbox"/>	<input type="checkbox"/>	Continue to work on assessment screens to ensure accuracy of coding ("Connect the dots").	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Submit requests for any necessary Exceptions to Rule (ETR), Exceptions to Policy (ETP), and / or Prior Approvals.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Review "Critical Indicators List" on the referral screen of the assessment and make any other necessary referrals.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Complete Mandatory Nursing Services referral when "Skin Observation Protocol" is in the "Critical Indicators List". Skin Observation Protocol Policy	Mandatory <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Review County Authorization screen in CARE and coordinate for planned rates / level of service.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	For SL and GH clients: Review client's need for Support Living (Residential) Allowance.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	For SL and GH clients: Coordinate with Resource Manager for rate setting.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	For IFS, review Individual and Family Services (IFS) Budget screen before moving assessment to current.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	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.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Confirm appropriate provider contracts are current and in signed status.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Before moving assessment to current, make sure comment boxes are completed.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Enter the Predicted ISP Effective Date and move the assessment to current.	<input type="checkbox"/>
Once the Assessment is moved to current:			
COMPLETED	N / A	TASK	SER (IF APPLICABLE)
<input type="checkbox"/>	<input type="checkbox"/>	Before sending the Service Summary and Planned Action Notice (PAN), contact client and/or NSA Representative to inform them of service decisions.	Mandatory <input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	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 <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Complete a Planned Action Notice (PAN) within five (5) working days of moving the assessment to current	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	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.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Send CSO / DDD Communication form DSHS 15-345 via Barcode.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	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 <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>
After Consent / Approval of Plan is received:			
COMPLETED	N / A	TASK	SER (IF APPLICABLE)
<input type="checkbox"/>	<input type="checkbox"/>	Case Manager / Social Worker (CM / SW) signs and dates ISP.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	CM / SW updates electronic Plan Effective Date as needed	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Copy of Signed Service Summary and Assessment Details mailed to all ADSA providers and county (if applicable).	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	If applicable, start aggregate budget tracking sheet and respite tracking sheet (waiver clients).	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Create / update service authorizations in CASIS (DDD clients) or CARE (LTC children).	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Terminate authorizations that are no longer needed	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Opening Case Management:			
COMPLETED	N / A	TASK	SER (IF APPLICABLE)
<input type="checkbox"/>	<input type="checkbox"/>	If a service is approved (ETR, ETP, prior approval, etc.) after ISP is signed, amend ISP to include additional services.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Notify client / NSA Rep / Legal Rep of changes to ISP and obtain verbal consent.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Send new Service Summary and PAN to client and/or legal representative for signature.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	File all assessment related documents (i.e. signature page, wrap-up page, consent form, etc.) in client file.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Document monitoring activities in SERs	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>