



# POC Quality REVIEW TOOL

(To be used with POC QUALITY REVIEW INSTRUCTIONS)



PARTICIPANT NAME: \_\_\_\_\_

PARTICIPANT LAST 4 DIGITS SSN: \_\_\_\_\_

OPTS ID: \_\_\_\_\_

POC Completed by (Certified SC): \_\_\_\_\_ Agency Name: \_\_\_\_\_

Initial     Annual     Status Change     Follow Up

Type of Program:  CCW     ADHC

MDS-HC A-1 Date: \_\_\_\_\_

1. All required sections of the POC have been completed.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. The participant Profile clearly summarizes the participant's status in each of the four categories.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. All components of the Clinical Issues Category are comprehensive and correct.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4. All components of the Cognitive/Mental Health Issues Category are comprehensive and correct.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5. All components of the Physical/Functional Issues Category are comprehensive and correct.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6. All components of the Social Life Category are comprehensive and correct.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7. Flexible Schedule is completed correctly.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8. Excel Budget Worksheet is completed correctly.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
9. All required participants have signed verifying participation in the planning process.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
10. Applicant/Participant Acknowledgement is signed by the appropriate person	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
11. Plan of Care Action section is completed correctly.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
12. Notice of Approval and Fair Hearing Rights is completed correctly.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
13. The POC includes evidence that the participant's needs for Medication Administration and Health-Related Tasks have been identified with strategies developed to meet those needs.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
14. The POC includes evidence that the participant's risk factors have been identified and strategies developed to mitigate those risks..	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
15. The POC includes evidence that the participant's CIRs for the past year have been assessed and strategies developed to prevent recurrence.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
16. The Emergency Preparedness Planning & Agreement Form identifies responsible parties and their roles with appropriate signatures indicating agreement .	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
17. The Individualized Back-up Staffing & Agreement Form identifies responsible parties and their roles with appropriate signatures indicating agreement .	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
18. Date approved POC mailed to participant and applicable providers	Date: _____

Reviewer Signature/Title: \_\_\_\_\_

DATE: \_\_\_\_\_

(Print Name): \_\_\_\_\_

SC Supervisor     OAAS Reviewer

