**HMCDDO Annual Functional Assessment Checklist**

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| **Name** |  | **DOB:** |  |
| **Due Date:** |  | **Meeting Date:** |  |

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| **TCM / CSP** | **Instructions: Mark X if attached; N/A if does not apply** | **HMCDDO Received** | **HMCDDO Reviewed** | **QA Follow-Up Needed** |
|  | Current PCSP/Addendum and signature sheet |  |  |  |
|  | PAS Back-Up Plan, if applicable |  |  |  |
|  | Psychotropic/behavior/mood altering medication plan |  |  |  |
|  | Psychotropic/behavior/mood altering medication plan consent signature sheet |  |  |  |
|  | Behavior Committee review signature sheet if psychotropic med plan is present |  |  |  |
|  | Risk assessment, if applicable |  |  |  |
|  | Risk support plan and consent signature sheet, if applicable |  |  |  |
|  | Behavior Committee review signature sheet if rights restrictions are present in risk support plan |  |  |  |
|  | Positive behavior support plan |  |  |  |
|  | Positive behavior support plan signature sheet |  |  |  |
|  | Behavior Committee review signature sheet if behavior support plan includes rights restrictions |  |  |  |
|  | Behavior data – 12 consecutive months |  |  |  |
|  | Current medications/physician’s orders/health procedures |  |  |  |
|  | Current physicians’ orders for conditions not listed on the MAR, if applicable |  |  |  |
|  | Seizure reports/tracking |  |  |  |
|  | Documentation of absence due to illness, medical hospitalization, if applicable |  |  |  |
|  | IEP, if applicable |  |  |  |
|  | Mental health treatment plan, if applicable |  |  |  |
|  | Individual justice plan, if applicable |  |  |  |
| **Provider Name:**  |  | **Date:** |  |
| **Case Manager:** |  | **Date:** |  |
| ***Assessment Meeting Verification*** | ***HMCDDO USE ONLY*** | ***Yes/No/NA*** |
| Were TCM, Providers, and MCO, if applicable, invited to the assessment meeting?  |  |
| Were representatives present for input at the assessment meeting? Verify signature sheet. |  |
| Was individual present at the meeting?  |  |
| If not, is there documentation of accommodation? |  |
| Question Review Request: Was there a request for Question review?  |  |
| If yes, what is response due date? |  |
| Date Completed / Approved for Entry: |  | Approved By: |  |
| Date Entered in KAMIS: |  | Entered By: |  |
| Date Options Counseling Uploaded in KAMIS: |  | Date NOA Uploaded: |  |
| Date 3160 Uploaded in KAMIS (if applicable): |  | Documents Uploaded By: |  |
| ***KAMIS #:*** |  | ***FA Meeting Date:***  |  | ***7-Day*** |  | ***365-Day*** |  |