

**Title XX**

\_\_\_\_\_ County Board of MRDD

| Item # | Question  | Reviewer Guidelines  | ID#                        | ID#                        | ID#                        | ID#                        | S/P/N/NA |
|--------|---|--|----------------------------|----------------------------|----------------------------|----------------------------|----------|
| 1.     | <p>Does the Title XX Application for Eligibility Determination/Re-determination Form (DMR 1014) identify the relationship between individual client need for services and the intent of Title XX services?</p> <p><b>CC - Client's needs</b><br/>(Must be individualized and derived from assessment)</p> <p><b>DD – National Goals</b><br/>(Just check the appropriate goal )</p> <p><b>EE – Objective of service</b><br/>(Must be an actual objective-not just the service name)</p> <p>[Attachment B, p. 2].</p> | <p><b>EE-Objective of service</b></p> <p><b>*A sentence containing the actual objective goes in the 1<sup>st</sup> space and the service name and 5 digit code go in the 2<sup>nd</sup> space)</b></p> | Compliant<br>Non-compliant | Compliant<br>Non-compliant | Compliant<br>Non-compliant | Compliant<br>Non-compliant |          |
| 2.     | <p>Did the individual or guardian sign the Title XX Application for Eligibility Determination/Re-determination Form (DMR 1014)?</p> <p>[Attachment B, p. 2].</p>  | County board staff should not be signing for the individual/guardian   | Compliant<br>Non-compliant | Compliant<br>Non-compliant | Compliant<br>Non-compliant | Compliant<br>Non-compliant |          |
| 3.     | <p>Does the ISP identify individual services, supports, goals, and/or objectives related to Title XX services?</p> <p>[Attachment B, p. 2].</p>   |  | Compliant<br>Non-compliant | Compliant<br>Non-compliant | Compliant<br>Non-compliant | Compliant<br>Non-compliant |          |

**Reviewer's Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Legend: S=Substantial Compliance ~ P= Partial Compliance ~ N= Non-Compliance ~ NA= Not Applicable ~Level 1=Level One Waiver ~I.O.=Individual Options**

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|----------------|---|--|-----|-----|-----|-----|----------|-------------|--|--|--|--|--------------|--|--|--|--|---------|--|--|--|--|----------|--|--|--|--|-----------|--|--|--|--|----------------|--|--|--|--|----------------------------|----------------------------|----------------------------|----------------------------|--|
| 4.             | Does the unit of service log (1017) contain the following items?<br><br><ul style="list-style-type: none"> <li>o Client name</li> <li>o Service code/service type</li> <li>o Number of service units delivered</li> <li>o Duration (amount of time service provided)</li> <li>o Date and time of service</li> <li>o Initials of staff providing service</li> </ul><br>[Title FY06 Contract p. 3 item 11a.)] | <table border="1"> <thead> <tr> <th></th> <th>ID</th> <th>ID</th> <th>ID</th> <th>ID</th> </tr> </thead> <tbody> <tr> <td>Client name</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Service code</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td># Units</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Duration</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Date/Time</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Staff initials</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table><br>Start and stop times are not required-just date and time of service<br><br>If the county board does not use the State unit of service log (1017)-the equivalent form must be approved by ODMRDD<br><br>(If the form has not been approved by ODMRDD-contact Leslie Paull) |     | ID  | ID  | ID  | ID       | Client name |  |  |  |  | Service code |  |  |  |  | # Units |  |  |  |  | Duration |  |  |  |  | Date/Time |  |  |  |  | Staff initials |  |  |  |  | Compliant<br>Non-compliant | Compliant<br>Non-compliant | Compliant<br>Non-compliant | Compliant<br>Non-compliant |  |
|                | ID  | ID   | ID  | ID  |     |     |          |             |  |  |  |  |              |  |  |  |  |         |  |  |  |  |          |  |  |  |  |           |  |  |  |  |                |  |  |  |  |                            |                            |                            |                            |  |
| Client name    |   |  |     |     |     |     |          |             |  |  |  |  |              |  |  |  |  |         |  |  |  |  |          |  |  |  |  |           |  |  |  |  |                |  |  |  |  |                            |                            |                            |                            |  |
| Service code   |   |  |     |     |     |     |          |             |  |  |  |  |              |  |  |  |  |         |  |  |  |  |          |  |  |  |  |           |  |  |  |  |                |  |  |  |  |                            |                            |                            |                            |  |
| # Units        |   |  |     |     |     |     |          |             |  |  |  |  |              |  |  |  |  |         |  |  |  |  |          |  |  |  |  |           |  |  |  |  |                |  |  |  |  |                            |                            |                            |                            |  |
| Duration       |   |  |     |     |     |     |          |             |  |  |  |  |              |  |  |  |  |         |  |  |  |  |          |  |  |  |  |           |  |  |  |  |                |  |  |  |  |                            |                            |                            |                            |  |
| Date/Time      |   |  |     |     |     |     |          |             |  |  |  |  |              |  |  |  |  |         |  |  |  |  |          |  |  |  |  |           |  |  |  |  |                |  |  |  |  |                            |                            |                            |                            |  |
| Staff initials |   |  |     |     |     |     |          |             |  |  |  |  |              |  |  |  |  |         |  |  |  |  |          |  |  |  |  |           |  |  |  |  |                |  |  |  |  |                            |                            |                            |                            |  |

**Reviewer's Name** \_\_\_\_\_ **Date** \_\_\_\_\_

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