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## HOME AND COMMUNITY BASED SERVICES CHART AUDIT REPORT Case Management Team:

Number of Records Reviewed:			Case Management Team:		
Review Date(s):			Prepared By:		
Names of Records Reviewed:					
STANDARD REVIEWED	FINDINGS			DATE & TYPE OF ACTION	
	CORRECT	INCORRECT	N/A	DATE & TYPE OF ACTION	
1. Initial Contact					
2. Medicaid Eligibility					
3. Residency					
4. HCBS Costs					

HCBS 899-2

## HOME AND COMMUNITY BASED SERVICES CHART AUDIT REPORT

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STANDARD REVIEWED	FINDINGS			
	CORRECT	INCORRECT	N/A	DATE & TYPE OF ACTION
5. Plan of Care Completeness				
Recipient Identifying Information				
Medical Information				
Functional Overview				
Orders for Medication, etc.				
Specific Services				
Goals and Objectives				
Psychosocial Summary				
Discharge Plan				
Cost Sheet				
Signatures				
6. Plan of Care Reevaluations				
7. Annual Plan of Care Updates				
8. Content of Recipient Records				
9. Authorization of Services				
10. Waiting List				
11. Case Closure (Notification)				
12. Findings				
13. Date and Type of Action				
14. Manual				