

Fiscal Intermediary File Review

Agency:

Date:

Reviewer:

Review Type: (A) AHBS (B) CSW

Reference #:

Section Letter ►	A	B	C	D
Record Participant's Name:				
Does this person have a PSW ? If Yes then select one PSW and record their name . If no proceed to next record.	<input type="checkbox"/> Yes Name: <input type="checkbox"/> No	<input type="checkbox"/> Yes Name: <input type="checkbox"/> No	<input type="checkbox"/> Yes Name: <input type="checkbox"/> No	<input type="checkbox"/> Yes Name: <input type="checkbox"/> No
Is the PSW eligible based on their relationship to participant? (Spouse cannot be PSW for Adult participant. A legally responsible person cannot be PSW for participant in children's waiver.)	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Is there a current Service Authorization for PSW?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
PSW Hire Date or 1 st day in paid status *:				
Health Care Worker Registry completed within 30 days prior to 1 st day in paid status?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
For PSWs employed longer than one year , was an annual HCWR recheck completed in past 13 months? (N/A for those hired less than 1 year)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Illinois State Police Check initiated within 30 days prior to 1 st day in paid status?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
The HCWR and State Police check reveals no disqualifying offenses or administrative findings?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
DCFS CANTS check initiated within 30 days prior to 1 st day in paid status	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
For PSWs employed longer than one year , was an annual CANTS completed in the past 13 months? (N/A for those hired less than 1 year)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
CANTS was returned with "No Priors"?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Illinois Sex Offender Registry was checked within 30 days prior to 1 st day in paid status	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
For PSWs employed longer than one year , the IL Sex Offender Registry was checked within past 13 months ? (N/A for those hired less than 1 year)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Section Letter ►	A	B	C	D
HFS OIG Sanction List checked within 30 days prior to 1 st day in paid status?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
There were no findings on HFS OIG sanctions?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Date of initial Adult Protective Services check	Date:	Date:	Date:	Date:
Adult Protective Services check initiated no sooner than 30 days prior to hire and no later than 1 st day in paid status for new employees hired after 07/01/19	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of most recent APS check	Date:	Date:	Date:	Date:
Was the most recent APS check completed within the past 13 months (Required effective FY20)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

* PSW selections based on representation of both: Initial PSW (hired within last 13 months); Annual PSW (hired longer than 13 months)

9/17/20