



STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

*DIVISION OF LONG TERM SUPPORTS AND SERVICES*

*BUREAU OF DEVELOPMENTAL SERVICES*

Lori A. Shibinette  
Commissioner

Melissa A. Hardy  
Director

105 PLEASANT STREET, CONCORD, NH 03301

603-271-5034 1-800-852-3345 Ext. 5034

Fax: 603-271-5166 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

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## PA PACKET-ISA QA CHECKLIST

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### ISA DATE SPAN

- Check service agreement date range.** ISA date range needs to fall within the date range of the PA. If an approved Amendment to extend the ISA has been completed it needs to be submitted as part of the PA Documentation Packet. For example – a PA with a 4/1/21 start date, the ISA submitted cannot end on or before 3/31/21.

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### GENERAL INFORMATION

- All information is completed and verified.
- Certification Begin Date and End Date section is completed if certification type is He-M 521 or He-M 525.
- Waiver section corresponds with appropriate waiver that individual is accessing services.

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### DIAGNOSES

- All diagnoses information is completed and verified.
- The primary diagnosis(es) must be listed that makes the individual eligible for waiver services.

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### CLINICAL INFORMATION

- All sections are current.
- Supervision levels for settings are completed at a minimum for all services being requested.

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### SERVICES TO BE PROVIDED

- All services being requested on the Prior Authorization must be listed/selected in this section.
- Medication Administration boxes need to have a selection made (this was a new addition to the ISA template last year in November and needs to be utilized).
- For all services requiring goals (i.e. residential, day, etc.) these must be listed.

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### SERVICE AGREEMENT APPROVAL PAGE

- A signed signature page must be** included. This requires the Executive Director/Designee and Service Coordinator signatures, as well as the Individual/Guardian signature or a tacit approval if not signed by individual/guardian.