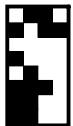


Review Date _____

Day Program Monitoring Tool
Individual Record Review

Reviewer Initials _____

	Individual Record Review : Please list individuals initials:	Standard	Yes	No	N/A	Standard Gained	Weight	Comments
26	Was the Service Plan Meeting completed within one year?	23.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c	
27	Did the service provider complete a vocational assessment/profile if the individual expressed an interest in seeking employment?	23.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m	
28	Were a minimum of three objectives related to day services established?	23.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	s	
29	Is a current Self Care Assessment maintained within the Individual Record? (Annual certification)	23.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c	
30	Daily Training Record							
31	Are Division-approved Daily Training Record (DTR) Forms in use by the day service provider?	24.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m	
32	Does the service provider maintain DTR's for the current year?	27.9:14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m	
33	<i>Does the DTR form contain at minimum:</i>							
34	•Individual's first and last name	24.2:2a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d	
35	•Current month and year	24.2:2b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d	
36	•Name of day service	24.2:2c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d	
37	•Day service objectives as stated in the current IHP	24.2:2d	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m	
38	•Daily entry for each objective which documents:							
39	•the level of assistance needed to meet the objective	24.2:2e-i	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m	
40	•staff initial indicating that the IHP objective was addressed on that day	24.2:2e-ii	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	s	
41	Service Plan Goal(s) Modifications							
42	When applicable was the Service Plan modified due to the achievement or lack of achievement of goals or objectives? (See Work Instructions)	23.1:4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c	
43	Health/Medical Information							
44	<i>Did the individual file contain the following:</i>							
45	•Seizure Log, where indicated including documentation of seizure activity	27.9:10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c	
46	Did the individual file contain a current (within one year) copy of the mandatory physical examination, documented on the Medical Form for Adults?	27.9:8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	s	
47	Did the examining physician sign, date and document the results of the examination of the medical form?	19.2:1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m	
48	Are medical restrictions or special instructions documented on the Medical Form for Adults by physician maintained:							
49	•In the Service Plan?	19.3:2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	s	



61731

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	Individual Record Review : Please list individuals initials:	Standard	Yes	No	N/A	Standard Gained	Weight	Comments
50	Are feeding evaluations maintained in the individual record (if applicable)	19.16:2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	s	
51	Was the date and result of the Mantoux test recorded on the Medical Form for Adults? If no, is a Physician Statement or Chest X-Ray maintained in the individual record?	19.5:1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c	
52	Was there documentation that a tetanus booster was current within ten (10) years?	19.7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m	
53	Individuals who Self-Medicare (If Applicable)							
54	Was a self-medication assessment conducted?	20D.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c	
55	Were the results of the Self-medication assessment discussed by the IDT and documented in the individual's Service Plan?	20D.1:1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	s	
56	<i>Is the following information maintained in the individual's record:</i>							
57	•The name of the medication(s)	20D.3:1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	s	
58	•Type of medication(s)	20D.3:2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	s	
59	•Dosage	20D.3:3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	s	
60	•Frequency	20D.3:4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	s	
61	•Date prescribed	20D.3:5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	s	
62	•Location of the medication	20D.3:6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	s	
63	Emergency Administration of Prescription Medication (If Applicable)							
64	Written orders/protocols are current for individuals who have a history of life-threatening conditions that require the emergency administration of prescription medication.	20D.10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c	
65	Behavior Management (If applicable)							
66	Is the current Behavior Support Plan w/goals referenced in the Individuals Service Plan?	22.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	s	
67	Is there evidence that all staff responsible for implementation of the Behavior Support Plan have received training in the plans implementation?	22.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c	
68	Is the data collection being completed according to the Behavior Support Plan?	22.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m	
69	Are necessary approvals documented in the client record? (Level 1 & 2= IDT approval; Level- 3 = BMC, HRC & RA/CEO approvals)	22.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c	
70	Is there evidence of ongoing reviews by the IDT, or for Level 3 plans, the Behavior Support Committee?	22.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	s	
71	Human Rights							
	Is a there written acknowledgement that the Rights & Responsibilities have been reviewed annually signed and dated by the individual and the provider representative maintained in he individual file?	14.3:1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m	



61731

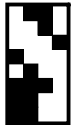
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Individual Record Review : Please list individuals initials:		Standard	Yes	No	N/A	Standard Gained	Weight	Comments
73	Volunteer Opportunities (If Applicable)							
74	If unsupervised, documentation of an individual's participation in volunteer opportunities, includes:							
75	♦Name, address, and phone number of volunteer site;	27.9:23a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m	
76	♦Contact person at the volunteer site;	27.9:23b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m	
77	♦Volunteer job description;	27.9:23c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m	
78	♦Start date and end date if applicable	27.9:23d	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m	
79	♦Scheduled hours	27.9:23e	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m	



61731

Provider ID _____

_____ of _____ Files Reviewed