

Medical Service Review

Name of Individual: _____ Date: _____

Agency: _____ Facility Name: _____

Agency staff name & title if assisting in review: _____ Location of Review: _____

Service Coordinator Conducting Review

Was the individual present at the time of the review? Yes No

Records Reviewed/ Method of Review (check if appropriate):

ISP MAR Progress notes Protocols Intake/Output Seizure Record Behavior Plan Fire Evacuation Record Behavior Data Incident Reports Face to Face Walk through of House Other:

1. Supports & Protocols in place as identified on the ISP and there is documentation that evidences their use?	Yes	No	N/A	Date	Notes/Concern/Need
a. Aspiration					
b. Constipation					
c. Dehydration					
d. Seizures					
e. Diabetes					
f. Other:					
2. Are routine appointments happening?					
Did follow through occur?					
3. Are there other emerging medical concerns?					
Is there follow up needed?					

4. Did you review the Medication Administration Record?					
a. Are medications given as directed?					
b. Are psychotropic medications being used and is their use in compliance with the appropriate OAR's?					
5. Is durable medical equipment:					
a. Clean?					
b. In good repair?					
c. Being used?					
d. Is a change in equipment needed? Does the program need assistance from the service coordinator?					
6. If you had the opportunity to see the individual, were there observations of note?					

Date	Comments	Follow Up Necessary	Responsible Party	Timeline

Behavior Service Review

Name of Individual:

Date:

Agency:

Facility Name:

Agency staff name & title if assisting in review:

Location of Review:

Service Coordinator Conducting Review

Was the individual present at the time of the review? Yes No

Records Reviewed (check if appropriate):

ISP MAR Progress notes Protocols Seizure Record Behavior Plan Fire Evacuation Record Behavior Data
 Incident Reports Face to Face Walk through of House Other:

	Yes	No	N/A	Date	Concern/Need
1. Is a Functional Assessment present?					
2. Is a Behavior Support Plan (BSP) in place?					
a. Is documentation of team approval present?					
b. Is required data current?					
c. Is there documentation that data is being reviewed for continued need of the Behavior Support Plan?					
3. If consultation was identified as a need by the team, has it been provided?					
4. Do Incident Reports reflect appropriate OIS interventions?					
5. If an OIS maneuver is used, is it clearly described in the BSP?					
6. Are there emerging behavioral concerns that should be discussed with the team?					
7. If you had the opportunity to see the individual, were there observations of note?					
8. From your observations, were behavior plans implemented as described?					

Date	Comments	Follow Up Necessary	Responsible Party	Timeline

Financial and Personal Property Service Review

Name of Individual: _____ Date: _____

Agency: _____ Facility Name: _____

Agency staff name & title if assisting in review: _____ Location of Review: _____

Service Coordinator Conducting Review

Was the individual present at the time of the review? Yes No

Records Reviewed/ Method of Review (check if appropriate): ISP MAR Progress notes Behavior Plan Financial Management Plan Incident Reports Face to Face Walk through of House Other:

	Yes	No	N/A	Date	Concern/Need
1. Is there a team approved financial management plan as a part of the ISP, which indicates the individual's ability to manager their own funds?					
2. Records were available and included:					
a. The date, amount and source of income received;					
b. The date, amount and purpose of funds disbursed;					
c. A signature of the staff making each entry.					
3. Savings Account:					
a. Review of latest reconciled bank statement?					
b. Savings account balance accurate?					
4. Checking Account:					
a. Review of latest reconciled bank statement?					
b. Checking account balance accurate?					
5. Individual Petty Cash/ Cash on Hand:					
a. Review individual petty cash/cash on hand?					
b. Are tracking methods in place?					
c. Petty cash/cash on hand balance accurate?					
6. If any discrepancy is noted, is there documentation of follow- up?					
7. Is there a personal Property Record?					
a. Is there evidence that the personal property record has been updated annually?					
b. Are items purchased reflected on the personal property record as required by rule or ISP?					

Date	Comments	Follow Up Necessary	Responsible Party	Timeline

ISP SERVICE REVIEW

Name of Individual: _____ Date: _____

Agency: _____ Facility Name: _____

Agency staff name & title if assisting in review: _____ Location of Review: _____

Service Coordinator Conducting Review

Was the individual present at the time of the review? Yes No

Records Reviewed/ Method of Review (check if appropriate):

ISP MAR Progress notes Protocols Intake/Output Seizure Record Behavior Plan Financial Management Plan
 Fire Evacuation Record Behavior Data Incident Reports Face to Face Walk through of House Other:

	Yes	No	N/A	Date	Concern/Need
1. Is there a current ISP in conformance with the applicable rules governing individual plans?					
2. Is the ISP being implemented?					
3. Are addendum's to the ISP present, documenting changes & adjustments?					
a. Is there evidence that the addendum was sent to all members of the team?					
b. Do the services provided for in the plan continue to meet what is important to and for the individual?					
4. If you had the opportunity to see the individual, were there observations of note?					
5. Are the personal desires of the individual, the individual's legal representatives or the individual's family addressed in the ISP?					
6. Has there been a serious event that requires additional follow up or support?					

Date	Comments	Follow Up Necessary	Responsible Party	Timeline

Facility Service Review Checklist

Date:

Agency: _____ Facility Name: _____

Agency staff name & title if assisting in review: _____ Location of Review: _____

Service Coordinator Conducting Review

	Yes	No	Date	N/A
1. Is facility clean and free from offensive odors?				
2. Is facility well maintained?				
3. Are grounds maintained?				
4. Are staff interactions with consumers respectful, attentive and positive?				

Date	Comments	Follow Up Necessary	Responsible Party	Timeline

Additional Notes

Date	General Comments	Follow Up Necessary	Responsible Party	Timeline