Attachment F: Participant File Review Worksheet

**Active Participant File (6 files) Review: Admission/Discharge, Assessment, and Core Services (Personal Care, Socialization, Supervision/Monitoring, Nutrition)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Participant #1 initials or identifying number and three questions** | **Admission/Discharge** | **Assessment and Service Plan** | **Core Service****Personal Care** | **Core Service****Socialization** | **Core Service****Supervision/****Monitoring** | **Core Service****Nutrition**  |
| P1 Initials or Identifying #:Meets eligibilityCriteria- Yes or NoEvidence that participant and/or caregiver had input into service plan - Yes or NoEvidence that participants’ rights were explained and provided to participants and/or caregiver - Yes or No |  |  |  |  |  |  |

**Active Participant File (6 files) Review:**

**Optional Services (Transportation, Caregiver Assistance, Case Coordination and Assistance, Maintenance and Enhancement of Daily Living Skills)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Participant #1****initials or identifying number** | **Optional Services****Transportation** | **Optional Services****Caregivers** **Assistance** | **Optional Services****Case Coordination** |  **Optional Services** **Maintenance and Enhancement of Daily Living Skills** |
| P1 Initials or Identifying #: |  |  |  |  |

**Active Participant File (6 files) Review: Admission/Discharge, Assessment and Service Plan, and Core Services (Personal Care, Socialization, Supervision/Monitoring, Nutrition)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Participant #2****initials or identifying number and three questions** | **Admission/****Discharge** | **Assessment and Service Plan** | **Core Service****Personal Care** | **Core Service****Socialization** | **Core Service****Supervision/****Monitoring** | **Core Service****Nutrition**  |
| P2 Initials or Identifying #:Meets eligibilityCriteria - Yes or NoEvidence that participant and/or caregiver had input into service plan - Yes or NoEvidence that participants’ rights were explained and provided to participants and/or caregiver - Yes or No |  |  |  |  |  |  |

**Active Participant File (6 files) Review:**

**Optional Services (Transportation, Caregiver Assistance, Case Coordination and Assistance, Maintenance and Enhancement of Daily Living Skills)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Participant #2****initials or identifying number** | **Optional Services****Transportation** | **Optional Services****Caregivers** **Assistance** | **Optional Services****Case Coordination** |  **Optional Services** **Maintenance and Enhancement of Daily Living Skills** |
| P2 Initials or Identifying #: |  |  |  |  |

**Active Participant File (6 files) Review: Admission/Discharge, Assessment and Service Plan, and Core Services (Personal Care, Socialization, Supervision/Monitoring, Nutrition)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Participant #3 initials or identifying number and three questions** | **Admission/****Discharge** | **Assessment and Service Plan** | **Core Service****Personal Care** | **Core Service****Socialization** | **Core Service****Supervision/****Monitoring** | **Core Service****Nutrition**  |
| P3 Initials or identifying #:Meets eligibilityCriteria - Yes or NoEvidence that participant and/or caregiver had input into service plan - Yes or NoEvidence that participants’ rights were explained and provided to participants and/or caregiver - Yes or No |  |  |  |  |  |  |

**Active Participant File (6 files) Review:**

**Optional Services (Transportation, Caregiver Assistance, Case Coordination and Assistance Maintenance and Enhancement of Daily Living Skills)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Participant #3****initials or identifying number** | **Optional Services****Transportation** | **Optional Services****Caregivers** **Assistance** | **Optional Services****Case Coordination** | **Optional Services** **Maintenance and Enhancement of Daily Living Skills** |
| P3 Initials or Identifying #: |  |  |  |  |

**Active Participant File (6 files) Review: Admission/Discharge, Assessment and Service Plan and Core Services (Personal Care, Socialization, Supervision/Monitoring, Nutrition)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Participant #4 initials or identifying number and three questions** | **Admission/****Discharge** | **Assessment and Service Plan** | **Core Service****Personal Care** | **Core Service****Socialization** | **Core Service****Supervision/****Monitoring** | **Core Service****Nutrition**  |
| P4 Initials or Identifying #:Meets eligibilityCriteria - Yes or NoEvidence that participant and/or caregiver had input into service plan - Yes or NoEvidence that participants’ rights were explained and provided to participants and/or caregiver - Yes or No |  |  |  |  |  |  |

**Active Participant File (6 files) Review:**

**Optional Services (Transportation, Caregiver Assistance, Case Coordination and Assistance, Maintenance and Enhancement of Daily Living Skills, )**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Participant #4****initials or identifying number** | **Optional Services****Transportation** | **Optional Services****Caregivers** **Assistance** | **Optional Services****Case****Coordination** | **Optional Services** **Maintenance and Enhancement of Daily Living Skills** |
| P4 Initials or Identifying #: |  |  |  |  |

**Active Participant File (6 files) Review: Admission/Discharge, Assessment and Service Plan and Core Services (Personal Care, Socialization, Supervision/Monitoring, Nutrition)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Participant #5 initials or identifying number and three questions** | **Admission/****Discharge** | **Assessment and Service Plan** | **Core Service****Personal Care** | **Core Service****Socialization** | **Core Service****Supervision/****Monitoring** | **Core Service****Nutrition**  |
| P5 Initials or Identifying #:Meets eligibilityCriteria - Yes or NoEvidence that participant and/or caregiver had input into service plan - Yes or NoEvidence that participants’ rights were explained and provided to participants and/or caregiver - Yes or No |  |  |  |  |  |  |

**Active Participant File (6 files) Review:**

**Optional Services (Transportation, Caregiver Assistance, Case Coordination and Assistance, Maintenance and Enhancement of Daily Living Skills)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Participant #5****initials or identifying number** | **Optional Services****Transportation** | **Optional Services****Caregivers** **Assistance** | **Optional Services****Case****Coordination** | **Optional Services** **Maintenance and Enhancement of Daily Living Skills** |
| P5 Initials or identifying #: |  |  |  |  |

**Active Participant File (6 files) Review: Admission/Discharge, Assessment and Service Plan and Core Services (Personal Care, Socialization, Supervision/Monitoring, Nutrition)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Participant #6 initials or identifying number and three questions** | **Admission/****Discharge** | **Assessment and Service Plan** | **Core Service****Personal Care** | **Core Service****Socialization** | **Core Service****Supervision/****Monitoring** | **Core Service****Nutrition**  |
| P6 Initials or Identifying #:Meets eligibilityCriteria - Yes or NoEvidence that participant and/or caregiver had input into service plan - Yes or NoEvidence that participants’ rights were explained and provided to participants and/or caregiver - Yes or No |  |  |  |  |  |  |

**Active Participant File (6 files) Review:**

**Optional Services (Transportation, Caregiver Assistance, Case Coordination and Assistance, Maintenance and Enhancement of Daily Living Skills)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Participant #6****initials or identifying number** | **Optional Services****Transportation** | **Optional Services****Caregivers** **Assistance** | **Optional Services****Case** **Coordination** | **Optional Services** **Maintenance and Enhancement of Daily Living Skills** |
| P6 Initials or Identifying #:  |  |  |  |  |

**Discharged Participant File (2 files) Review: Requirements, Documentation**

|  |  |  |  |
| --- | --- | --- | --- |
| **Discharged Participant #1** **initials or identifying number** | **Requirements: participants no longer eligible are discharged and assistance with discharge was provided, if appropriate** | **Documentation** | **Comments** |
| P1 Initials or Identifying #: |  |  |  |

**Discharged Participant File (2 files) Review: Requirements, Documentation**

|  |  |  |  |
| --- | --- | --- | --- |
| **Discharged Participant #2****initials or identifying number** | **Requirements: participants no longer eligible are discharged and assistance with discharge was provided, if appropriate**  | **Documentation** | **Comments** |
| P2 Initials or Identifying #: |  |  |  |