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 eligibility  Criteria-  Yes or No  Evidence that participant and/or caregiver had input into service plan -  Yes or No  Evidence 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 eligibility  Criteria -  Yes or No  Evidence that participant and/or caregiver had input into service plan -  Yes or No  Evidence 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)**

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| --- | --- | --- | --- | --- | --- | --- |
| **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 eligibility  Criteria -  Yes or No  Evidence that participant and/or caregiver had input into service plan -  Yes or No  Evidence 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 eligibility  Criteria -  Yes or No  Evidence that participant and/or caregiver had input into service plan -  Yes or No  Evidence 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)**

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| --- | --- | --- | --- | --- | --- | --- |
| **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 eligibility  Criteria -  Yes or No  Evidence that participant and/or caregiver had input into service plan -  Yes or No  Evidence 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 eligibility  Criteria -  Yes or No  Evidence that participant and/or caregiver had input into service plan -  Yes or No  Evidence 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**

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| --- | --- | --- | --- |
| **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 #: |  |  |  |