

General

1. Individual's Name:

2. Address:

3. County:

Choose One: - Crawford, - Erie, - Huron, - Marion, - Morrow, - Ottawa, - Sandusky, - Seneca

4. Phone:

5. Type of Funding:

Choose One: - IO, - Level 1

6. Guardian:

7. Guardian's Address:

8. Service & Support Administrator:

9. Service Span used for Review:

Signature _____

Clearwater Council of Governments

10. Provider of Day Services:

11. Date(s) of review:

12. Information for this review was obtained from the following sources:

Adult Day Support/Vocational Habilitation

5123:2-9-17

13. Type of Service:

Choose One: Adult Day Support - ADS, Vocational Habilitation - Voc Hab, Combination - Combo

14. The individual's Adult Day Support activities include: N/A, Assessment, Personal Care, Skill Reinforcement (includes BSP), Self Determination, Recreation and Leisure, Med Administration or Assisting with Self Med Administration

15. The individual's Vocational Habilitation activities include: N/A, Vocational assessment and on-going job support, Developing systemic plan of on-the-job instruction and support, including task analysis, Social integration with disabled and non-disabled employees on the work site, Support and training in the use of generic and/or individualized transportation, Problem solving and meeting job related expectations, Natural supports or generic community resources, Developing and implementing a plan to assist to transition from a vocational setting to Supported Employment or competitive employment, emphasizing the use of natural supports

16. Are the Day Services provided in a non-residential setting, and for individuals who are no longer eligible for educational services?

Choose One: Yes - Y, No - N

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Comments:

17. Are the Day Services provided four or more hours per day on a regular basis, for one or more days per week?

Choose One: Yes - Y, No - N

Comments:

18. What is the Staff to Individual Ratio (SIR)?

Choose One: 1:12 - A, 1:16 - A1, 1:6 - B, 1:3 - C, - N/A

Personal Satisfaction/Individual Response to Day Services

19. What are the outcomes trying to be achieved?

20. Have the targeted outcomes been achieved?

Choose One: Yes - Y, No - N

21. Your typical day at Day Services includes?

22. Are you learning new skills?

Choose One: Yes - Y, No - N

Comments:

23. Are you offered choices in your Day Services activities?

Choose One: Yes - Y, No - N

Comments:

Signature _____

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24. Do you like coming to Day Services?

Choose One: Yes - Y, No - N

25. What do you like about it?

26. What don't you like about it?

27. If you were dissatisfied about something would you tell someone? If so, who?

Choose One: Yes - Y, No - N

Comments:

28. Do you like the staff that work with you?

Choose One: Yes - Y, No - N

Comments:

29. Do you like the people that you experience Day Services activities with?

Choose One: Yes - Y, No - N

Comments:

30. Is there anything you would like to change about your Day Services? If so, what?

Choose One: Yes - Y, No - N

Comments:

Signature _____

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31. The guardian is satisfied with Day Services? If no, what are the concerns?

Choose One: Yes - Y, No - N, Not Applicable - NA

Comments:

32. The guardian is satisfied with the Day Services Array staff. If no, what are the concerns?

Choose One: Yes - Y, No - N, Not Applicable - NA

Comments:

33. Was the free choice of provider process used?

Choose One: Yes - Y, No - N

Comments:

Provider's Input

34. What new skills were acquired?

35. What skills are maintained?

36. What skills are improving?

Signature _____

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37. Does the provider have any suggestions regarding how the individual's services could be improved?

Choose One: Yes - Y, No - N

Comments:

38. The provider feels they have enhanced the individual's life to enable him/her to grow personally within the past year. If so, explain.

Choose One: Yes - Y, No - N

Comments:

Narrative

39. Positive outcomes attributed to the Individual's Day Services experience include:

Compliance

40. Provider participated in the ISP process if requested?

Choose One: Yes - Y, No - N, Not Applicable - NA

Comments:

41. Is there a copy of the ISP/BSP on site for staff to reference?

Choose One: Yes - Y, No - N

42. Were changes in behavior and condition reported in writing to the SSA?

Choose One: Yes - Y, No - N, Not Applicable - NA

Comments:

Signature _____

Clearwater Council of Governments

43. Were safety and sanitation hazards that occur on the work site reported to employers having the responsibility to remedy the condition?

Choose One: Yes - Y, No - N, Not Applicable - NA

Comments:

Provider Documentation Review

5123:2-9-19 Appendix E & 5123:2-9-05

Day Services provider documentation included the following:

44. Name of individual and their Medicaid number

Choose One: Yes - Y, No - N

Comments:

45. Name of provider and their 7-digit provider number

Choose One: Yes - Y, No - N

Comments:

46. Type of service (Adult Day Support, Vocational Habilitation)

Choose One: Yes - Y, No - N

47. Date of service

Choose One: Yes - Y, No - N

Comments:

48. Place of service

Choose One: Yes - Y, No - N

Comments:

Signature _____

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49. Signature or initials of persons delivering the service

Choose One: Yes - Y, No - N

50. Number of units delivered or continuous amount of uninterrupted time during which the service was provided

Choose One: Yes - Y, No - N

51. Includes arrival and departure times

Choose One: Yes - Y, No - N

Comments:

52. Description and details of the services provided that relate to the ISP

Choose One: Yes - Y, No - N

Comments:

53. Monthly notation indicating response to services delivered

Choose One: Yes - Y, No - N

Comments:

54. Tasks and duties were performed according to the ISP?

Choose One: Yes - Y, No - N

Comments:

55. SIR (Staff Intensity Ratio)

Choose One: Yes - Y, No - N

56. Service Codes (Adult Day Supports; ADF, ADS, FDF, FDS) (Voc Hab; AVF, AVH, FVF, FVH) (Combo; AXF, AXD, FXF, FXD)

Choose One: Yes - Y, No - N

57. Verification of SIR per calendar day

Choose One: Yes - Y, No - N

Comments:

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58. Verification includes the names of other individuals present

Choose One: Yes - Y, No - N

Comments:

59. Verification includes names of direct services staff who delivered services

Choose One: Yes - Y, No - N

Comments:

60. Verification includes initials of direct services staff indicating all time periods/time spans during which they provided waiver services

Choose One: Yes - Y, No - N

Comments:

61. Verification includes the average SIR for combined time periods when one or more waiver services are provided during the calendar day by direct services staff

Choose One: Yes - Y, No - N

Comments:

Provider Billing and Group Size

5123:2-9-19 (I) and (J)

62. Billing history checked for the month of:

63. Was there documentation to support the billing?

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Choose One: Yes - Y, No - N

Comments:

[Empty comment box]

64. If the individual's Day Services' duration was less than 5 hours or more than 7 hours, the billing was submitted in 15 minute units

Choose One: Yes - Y, No - N, Not Applicable - NA

65. If the individual received Day Services from more than 1 provider during the same day the billing for each provider was submitted in 15 minute units

Choose One: Yes - Y, No - N, Not Applicable - NA

Comments:

[Empty comment box]

66. There was sufficient number of staff assigned to provide Day Services at the SIR for the individual

Choose One: Yes - Y, No - N

Comments:

[Empty comment box]

67. The group in which the individual received Day Services was never more than 16 individuals

Choose One: Yes - Y, No - N

Comments:

[Empty comment box]

68. The individual's SIR matched that ISP for at least 75% of the time during the time period reviewed

Choose One: Yes - Y, No - N

Comments:

[Empty comment box]

Service Areas to Improve

For the Day Service Provider:

69. Recommendations for quality improvement:

Signature _____

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70. Recommendations for the Day Services Provider that warrant SSA follow-up

Choose an answer in the range 0 to 25

Comments:

For the Service and Support Administrator:

71. Recommendations for quality improvement:

72. Quality Improvement Plan (QIP) indicated for the SSA:

Choose an answer in the range 0 to 25

Comments:

73. Quality Improvement Plan due to Clearwater COG by:

74. Additional recommendations for the ISP Team to consider:

Signatures

75. Quality Assurance Report prepared by:

76. Date:

77. cc:

Signature _____

Clearwater Council of Governments

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Signature _____