

Clearwater Council of Governments

Name: _____

Phone #: (____) _____ Resident #: _____

Address: _____

City: _____ State: ____ Zip: _____

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:

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9. Service Span used for Review:

[Empty text box for Service Span used for Review]

10. Provider of Day Services:

[Empty text box for Provider of Day Services]

11. Date(s) of review:

[Empty text box for Date(s) of review]

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

[Empty text box for 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

[Empty text box for Adult Day Support activities]

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 disable 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

[Empty text box for Vocational Habilitation activities]

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

Comments:

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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

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:

24. Do you like coming to Day Services?

Choose One: Yes - Y, No - N

25. What do you like about it?

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26. What don't you like about it?

Empty text box for response to question 26.

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

Choose One: Yes - Y, No - N

Comments:

Empty text box for comments to question 27.

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

Choose One: Yes - Y, No - N

Comments:

Empty text box for comments to question 28.

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

Choose One: Yes - Y, No - N

Comments:

Empty text box for comments to question 29.

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

Choose One: Yes - Y, No - N

Comments:

Empty text box for comments to question 30.

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

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

Comments:

Empty text box for comments to question 31.

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

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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?

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:

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Narrative

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

[Empty text box for narrative response]

Compliance

40. Provider participated in the ISP process if requested?

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

Comments:

[Empty text box for 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:

[Empty text box for comments]

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:

[Empty text box for 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:

[Empty text box for comments]

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

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Choose One: Yes - Y, No - N

Comments:

[Empty comment box]

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:

[Empty comment box]

48. Place of service

Choose One: Yes - Y, No - N

Comments:

[Empty comment box]

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:

[Empty comment box]

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

Choose One: Yes - Y, No - N

Comments:

[Empty comment box]

53. Monthly notation indicating response to services delivered

Choose One: Yes - Y, No - N

Comments:

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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:

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:

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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:

Vertical line for comments

Provider Billing and Group Size

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

62. Billing history checked for the month of:

Vertical line for comments

63. Was there documentation to support the billing?

Choose One: Yes - Y, No - N

Comments:

Vertical line for comments

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:

Vertical line for comments

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:

Vertical line for comments

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

Choose One: Yes - Y, No - N

Comments:

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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:

Service Areas to Improve

For the Day Service Provider:

69. Recommendations for quality improvement:

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:

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Signatures

75. Quality Assurance Report prepared by:

76. Date:

77. cc:
