

INDIVIDUAL SERVED RECORD REVIEW FORM

DMHMRSAS—Office of Licensing

PROVIDER:	LICENSE #:
SERVICE:	SPECIALIST:
DATE:	<input type="checkbox"/> Scheduled Review <input type="checkbox"/> Unannounced Review

COMMENTS:	<i>Name/Record Number</i>								
	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>								

§ 640 SCREENING/REFERRAL DOCUMENTATION

§640.A.1	Date of Initial Contact								
§640.A.2	Name, Age, Gender of Individual								
§640.A.3	Address/Phone Number								
§640.A.4	Presenting Needs/Situation								
§640.A.5	Name of Screening Staff								
§640.A.6	Method of Screening								
§640.A.7	Screening								
§640.A.8	Disposition of Individual								
§640.B	Documentation retained for 6 months								

§ 650.B: ASSESSMENT OF INDIVIDUALS

§ 650.B.1	Onset/duration of problems								
§ 650.B.2	Social/behavioral/developmental/family history								
§ 650.B.3	Employment/vocation/educational background								
§ 650.B.4	Previous interventions/outcomes								
§ 650.B.5	Financial resources and benefits								
§ 650.B.6	Health history and current medical care needs								
	Legal status; guardianship, commitment, payee status, criminal charges/convictions, probation/parole								
§ 650.B.8	Daily Living skills								
§ 650.B.9	Social/family supports								
§ 650.B.10	Housing arrangements								
§ 650.B.11	Ability to access services								
§ 650.D.1	Preliminary Assessment before admission								
§ 650.D.2	Preliminary Assessment updated by 30 days								
§ 650.D.3	Reassessment annually or as needed								

§ 660 INDIVIDUALIZED SERVICE PLAN

§ 660. A	Preliminary ISP for first 30 days								
§ 660.B	ISP completed within 30 days								
§ 660.C.1	Addresses individual needs & preferences								
§ 660.C.2	Relevant psychological, behavioral, medical, rehabilitation, nursing needs								
§ 660.C.3	Individualized strategies/intensity								
§ 660.C.4	Communication plan, if applicable								
§ 660.C.5	Behavior plan, if applicable								

§ 660.D	Individual served involved in decision making									
§ 660.E	Involvement of family members									
§ 660.H	Reviewed at least quarterly									
§ 670 INDIVIDUALIZED SERVICE PLAN										
§ 670.A.1	ISP includes summary or reference to assessment									
§ 670.A.2	Goals & measurable objectives									
§ 670.A.3	Services & supports & frequency of services									
§ 670.A.4	Target dates									
§ 670.A.5	Estimated duration of plan									
§ 670.A.6	Discharge plan, where applicable									
§ 670.A.7	Staff responsible for coordination									
§ 670.B	Signed & dated by individual served & person responsible for implementation									
§ 680 PROGRESS NOTES										
§ 680	Signed & dated progress notes document services provided & implementation of ISP									
§690 INDIVIDUAL ORIENTATION										
§ 690.B.1	Mission of Provider									
§ 690.B.2	Individual Confidentiality Practices									
§ 690.B.3	Individual Rights & how to Report Violations									
§ 690.B.4	Participation in Tx and Discharge Planning									
§ 690.B.5	Fire Safety & Emergency Preparedness Procedures									
§ 690.B.6	The Grievance Procedure									
§ 690.B.7	Service Guidelines									
§ 690.B.8	Physical Plant/Building Layout:									
§ 690.B.9	Hours & days of Operation									
§ 690.B.10	Availability of After Hour Services									
§ 690.D	Documentation that orientation provided									
§710 CRISIS INTERVENTION AND CLINICAL EMERGENCY										
§710.A.1	Date and time									
§710.A.2	Nature of crisis or emergency									
§710.A.3	Name of individual									
§710.A.4	Precipitating factors									
§710.A.5	Interventions/treatment provided									
§710.A.6	Staff involved									
§710.A.7	Outcome									
§710.B	Crisis intervention documentation is part of the record									
§ 730.B HEALTH HISTORY										
§ 730.B.1	Allergies									
§ 730.B.2	Recent Physical Complaints									
§ 730.B.3	Chronic Conditions									
§ 730.B.4	Communicable Diseases									
§ 730.B.5	Handicaps or Restrictions, if any									

§ 730.B. 6	Past Serious Illness, Serious Injury and Hospitalizations									
§ 730.B.7	Family Medical History									
§ 730.B.8	Current & Past Drug Use, including alcohol, prescription, non-prescription and illicit drugs									
§ 730.B.9	Sexual health and reproductive history									
§ 740.B PHYSICAL EXAM:										
§ 740.A	Physical Exam within 30 days									
§ 740.B.1	General Physical Condition									
§ 740.B. 2	Evaluation for Communicable Diseases									
§ 740.B.3	Recommendation for Further Treatment									
§ 740.B.4	Other Exams Indicated									
§ 740.B.5	Date & Signature of Qualified									
§ 750 EMERGENCY MEDICAL INFORMATION										
§ 750A.1.a	Name, Address, Phone # of Physician to be called									
§ 750A.1.b	Name, Address, Phone # of Relative or Significant other to be notified									
§ 750A.2	Medical Insurance Information									
§ 750A.3	Medications Being Used									
§ 750A.4	Medication and Food Allergies									
§ 750A.5	History of Substance Abuse									
§ 750A.6	Significant Medical Problems									
§ 750A.7	Significant communication problems									
§ 750A.8	Advance Directive, if one exists									
§ 750.B	Current emergency medical information shall be readily available to staff who may respond to a medical emergency									
§770 & §780 MEDICATIONS										
§ 770.D	Medication log maintained									
§ 780. 6	Medication errors documented in individual medication record									
§ 810 BEHAVIOR TREATMENT PLANS										
§ 810	Behavior Plan developed by trained staff									
§ 830 DOCUMENTATION OF SECLUSION, RESTRAINT AND TIME OUT										
§ 830.C.1	Physician's Order (applies to seclusion & restraint)									
§ 830.C.2	Date and Time									
§ 830.C.3	Staff Involved									
§ 830.C.4	Circumstances and Reasons for Use including other Behavior Management Techniques attempted									
§ 830.C.5	Duration									
§ 830.C.6	Type of Technique Used									
§ 830.C.7	Outcomes, including debriefing of individual and staff following the incident									
§ 850.B TRANSFER SUMMARY (if applicable)										
§ 850.B.1	Originating service									
§ 850.B.2	Destination service									
§ 850.B.3	Reason for transfer									
§ 850.B.4	Current psychiatric/medical condition of individual									

§ 850.B.5	Updated progress of ISP goals and objectives									
§ 850.B.6	Medications and dosage in use									
§ 850.B.7	Transfer date									
§ 850.B.8	Signature of Transfer Summary Author									

§ 860.F DISCHARGE SUMMARY

§ 860.B	Written discharge instructions									
§ 860.C	Appropriate arrangements for referrals									
§ 860.D	Discharge consistent with ISP & criteria									
§ 860.E	Documented involvement individual/family									
§ 860.F	Within 30 Days of Discharge									
§ 860.F.1	Reason for admission and discharge									
§ 860.F.2	Individual 's Participation in D/C Planning									
§ 860.F.3	Individual 's Level of Functioning									
§ 860.F.4	Recommendations on Procedures, activities, or referrals & Status, arrangements and location & arrangements of future services									
§ 860.F.5	Progress made toward Goals/ Objectives:									
§ 860.F.6	Discharge Date									
§ 860.F.7	Discharge Medications, if applicable									
§ 860.F.8	Date Discharge Summary was written									
§ 860.F.9	Signature of Discharge Summary Author									

§ 890B IDENTIFYING INFORMATION ON ADMISSION

§ 890.A	Single primary record									
§ 890.B.1	Unique Identifier:									
§ 890.B.2	Name of Individual:									
§ 890.B.3	Current Address (if known):									
§ 890.B.4	SSN:									
§ 890.B.5	Gender:									
§ 890.B.6	Marital Status:									
§ 890.B.7	Date of Birth:									
§ 890.B.8	Name of Legal Guardian: (if applicable)									
§ 890.B.9	Name, Address, Phone # of Emergency. Contacts									
§ 890.B.10	Legal Status:									
§ 890.B.11	Date of Admission:									

§ 890.C PRIMARY RECORD CONTENTS

§ 890.C	Admission Form									
§ 890.C.1	Screening/Referral Documentation									
§ 890.C.2	Assessments									
§ 890.C.3	Medical Evaluation: (applicable to service)									
§ 890.C.4	Ind. Service Plan(s) and Reviews:									
§ 890.C.5	Progress Notes									
§ 890.C.6	Discharge Summary: (if applicable)									