

**NC DIVISION OF AGING AND ADULT SERVICES  
MONITORING TOOL FOR IN-HOME AIDE SERVICES  
CLIENT RECORD REVIEW**

<b>CLIENT NAME OR ID#:</b>						
<b>REVIEW DATE:</b>						
<b>STATE FISCAL YEAR:</b>						
<b>REVIEWER(S):</b>						
<b>SERVICE PROVIDER:</b>						
	<b>YES</b>	<b>NO</b>	<b>DATE</b>	<b>N/A</b>	<b>Documentation Verifying Compliance:</b>	<b>Comments:</b>
<b>1. Eligibility is Established</b>						
<b>A.</b> Individual meets the criteria for the target population and need for the services is established and documented.						
1. No other need criteria are imposed.						
<b>B.</b> DAAS-101 are current and complete. Correct In-Home Aide Services code is entered. (See Attachment 3, NC Home and Community Care Block Grant Procedures Manual for Community Service Providers)						
DSS 5027 is completed correctly in regards to IHA Services						
<b>C.</b> Waiting list status is documented, (if applicable).						
<b>D.</b> Services are denied and reason documented.						
	<b>YES</b>	<b>NO</b>	<b>DATE</b>	<b>N/A</b>	<b>Documentation Verifying Compliance:</b>	<b>Comments:</b>
<b>2. Client Assessment /Reassessment</b>						
<b>A.</b> Initial Screening/Intake completed for each client (HCCGB only).						
<b>B.</b> Date of most recent assessment/reassessment.						
<b>C.</b> Does completed assessment/reassessment address:						
1. Physical Health						
2. ADL Functioning						
3. IADL Functioning						
4. Social Support Status						
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6. Economic Functioning						
7. Environmental Status						
<b>D.</b> Appropriate agency staff completes the client assessment and conducts quarterly reviews.						
<b>E.</b> Assessments/reassessments are conducted in the individual's or family's home by an appropriate professional(s).						
<b>F.</b> Initial assessment is completed prior to development of In-Home Aide Service Plan and initiation of In Home Aide Services.						

Is signed and dated by the appropriate professional.						
<b>G.</b> Reassessment is conducted at least every twelve months.						
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<b>H.</b> A review of the individual's/family's situation is conducted and documented at least quarterly. (For Level II and Level III-PC, Home Care Licensure requires a quarterly visit to the home of each client.)						
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<b>3. Service Provision</b>						
<b>A.</b> In-Home Aide Service Plan includes:						
1. Measureable client outcome goal(s) (to be addressed by In-Home Aide Services)						
2. Level(s) of service provided;						
3. Specific tasks performed;						
4. Frequency of service provision;						
5. Anticipated duration of service;						
6. Conditions for continuing or discontinuing service;						
7. Safety measures and activity restrictions (for Level II and III - personal care only);						
8. Signature of the professional developing the plan;						
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<b>B.</b> All changes in tasks are documented and dated on the service plan.						
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<b>4. Other documentation re: Purchase of Service, if applicable. Service and Level for client are correctly authorized.</b>						
<b>5. Consumer Contribution Form</b>						
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	YES	NO	DATE	N/A	Documentation Verifying Compliance:	Comments:
<b>1. Eligibility is Established</b>						
<b>A.</b> Individual meets the criteria for the target population and need for the services is established and documented.						
1. No other need criteria are imposed.						
<b>B.</b> DAAS-101 are current and complete. Correct In-Home Aide Services code is entered. (See Attachment 3, NC Home and Community Care Block Grant Procedures Manual for Community Service Providers)						
DSS 5027 is completed correctly in regards to IHA Services						
<b>C.</b> Waiting list status is documented, (if applicable).						
<b>D.</b> Services are denied and reason documented.						
	YES	NO	DATE	N/A	Documentation Verifying Compliance:	Comments:
<b>2. Client Assessment /Reassessment</b>						
<b>A.</b> Initial Screening/Intake completed for each client (HCCGB only).						
<b>B.</b> Date of most recent assessment/reassessment.						
<b>C.</b> Does completed assessment/reassessment address:						
1. Physical Health						
2. ADL Functioning						
3. IADL Functioning						
4. Social Support Status						
5. Mental/Emotional Functioning						
6. Economic Functioning						
7. Environmental Status						
<b>D.</b> Appropriate agency staff completes the client assessment and conducts quarterly reviews.						
<b>E.</b> Assessments/reassessments are conducted in the individual's or family's home by an appropriate professional(s).						
<b>F.</b> Initial assessment is completed prior to development of In-Home Aide Service Plan and initiation of In Home Aide Services.						

Is signed and dated by the appropriate professional.						
<b>G. Reassessment is conducted at least every twelve months.</b>						
Is signed and dated by the appropriate professional.						
<b>H. A review of the individual's/family's situation is conducted and documented at least quarterly. (For Level II and Level III-PC, Home Care Licensure requires a quarterly visit to the home of each client.)</b>						
	<b>YES</b>	<b>NO</b>	<b>DATE</b>	<b>N/A</b>	<b>Documentation Verifying Compliance:</b>	<b>Comments:</b>
<b>3. Service Provision</b>						
<b>A. In-Home Aide Service Plan includes:</b>						
1. Measureable client outcome goal(s) (to be addressed by In-Home Aide Services)						
2. Level(s) of service provided;						
3. Specific tasks performed;						
4. Frequency of service provision;						
5. Anticipated duration of service;						
6. Conditions for continuing or discontinuing service;						
7. Safety measures and activity restrictions (for Level II and III - personal care only);						
8. Signature of the professional developing the plan;						
9. Signature of client/designated person						
<b>B. All changes in tasks are documented and dated on the service plan.</b>						
<b>C. Termination of Service. If service is terminated, documentation of reason is referenced in the client's record.</b>						
	<b>YES</b>	<b>NO</b>	<b>DATE</b>	<b>N/A</b>	<b>Documentation Verifying Compliance:</b>	<b>Comments:</b>
<b>4. Other documentation re: Purchase of Service, if applicable. Service and Level for client are correctly authorized.</b>						
<b>5. Consumer Contribution Form</b>						
A. Completed Consumer Contribution form contained in record						
B. Consumer Contribution form was reviewed with consumer						
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**NC DIVISION OF AGING AND ADULT SERVICES  
MONITORING TOOL FOR IN-HOME AIDE SERVICES  
CLIENT RECORD REVIEW**

<b>CLIENT NAME OR ID#:</b>	
<b>REVIEW DATE:</b>	
<b>STATE FISCAL YEAR:</b>	
<b>REVIEWER(S):</b>	
<b>SERVICE PROVIDER:</b>	

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MONITORING TOOL FOR IN-HOME AIDE SERVICES  
CLIENT RECORD REVIEW**

<b>CLIENT NAME OR ID#:</b>						
<b>REVIEW DATE:</b>						
<b>STATE FISCAL YEAR:</b>						
<b>REVIEWER(S):</b>						
<b>SERVICE PROVIDER:</b>						
	<b>YES</b>	<b>NO</b>	<b>DATE</b>	<b>N/A</b>	<b>Documentation Verifying Compliance:</b>	<b>Comments:</b>
<b>1. Eligibility is Established</b>						
<b>A.</b> Individual meets the criteria for the target population and need for the services is established and documented.						
1. No other need criteria are imposed.						
<b>B.</b> DAAS-101 are current and complete. Correct In-Home Aide Services code is entered. (See Attachment 3, NC Home and Community Care Block Grant Procedures Manual for Community Service Providers)						
DSS 5027 is completed correctly in regards to IHA Services						
<b>C.</b> Waiting list status is documented, (if applicable).						
<b>D.</b> Services are denied and reason documented.						
	<b>YES</b>	<b>NO</b>	<b>DATE</b>	<b>N/A</b>	<b>Documentation Verifying Compliance:</b>	<b>Comments:</b>
<b>2. Client Assessment /Reassessment</b>						
<b>A.</b> Initial Screening/Intake completed for each client (HCCGB only).						
<b>B.</b> Date of most recent assessment/reassessment.						
<b>C.</b> Does completed assessment/reassessment address:						
1. Physical Health						
2. ADL Functioning						
3. IADL Functioning						
4. Social Support Status						
5. Mental/Emotional Functioning						
6. Economic Functioning						
7. Environmental Status						
<b>D.</b> Appropriate agency staff completes the client assessment and conducts quarterly reviews.						
<b>E.</b> Assessments/reassessments are conducted in the individual's or family's home by an appropriate professional(s).						
<b>F.</b> Initial assessment is completed prior to development of In-Home Aide Service Plan and initiation of In-Home Aide Services.						

Is signed and dated by the appropriate professional.						
<b>G. Reassessment is conducted at least every twelve months.</b>						
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<b>H. A review of the individual's/family's situation is conducted and documented at least quarterly. (For Level II and Level III-PC, Home Care Licensure requires a quarterly visit to the home of each client.)</b>						
	<b>YES</b>	<b>NO</b>	<b>DATE</b>	<b>N/A</b>	<b>Documentation Verifying Compliance:</b>	<b>Comments:</b>
<b>3. Service Provision</b>						
<b>A. In-Home Aide Service Plan includes:</b>						
1. Measureable client outcome goal(s) (to be addressed by In-Home Aide Services)						
2. Level(s) of service provided;						
3. Specific tasks performed;						
4. Frequency of service provision;						
5. Anticipated duration of service;						
6. Conditions for continuing or discontinuing service;						
7. Safety measures and activity restrictions (for Level II and III - personal care only);						
8. Signature of the professional developing the plan;						
9. Signature of client/designated person						
<b>B. All changes in tasks are documented and dated on the service plan.</b>						
<b>C. Termination of Service. If service is terminated, documentation of reason is referenced in the client's record.</b>						
	<b>YES</b>	<b>NO</b>	<b>DATE</b>	<b>N/A</b>	<b>Documentation Verifying Compliance:</b>	<b>Comments:</b>
<b>4. Other documentation re: Purchase of Service, if applicable. Service and Level for client are correctly authorized.</b>						
<b>5. Consumer Contribution Form</b>						
A. Completed Consumer Contribution form contained in record						
B. Consumer Contribution form was reviewed with consumer						
<a href="#">NO CHANGES TO DAAS CONSUMER CONTRIBUTION POLICY</a>						
<a href="#">Click on the link above for the consumer contribution policy</a>						
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15											
16											
17											
18											
19											
20											
<b>TOTAL</b>											

**Total # of client records reviewed**  
**% of total clients in compliance**