#### **Attachment A:**

#### **Service Documentation**

**CLIENT DATA OR RECORD REVIEW:** Used to support monitoring decisions for client eligibility, service provision, and service documentation in Part 1: Program Verification.

1. **Information**

Request all data on log (paper or electronic) for a given month. Sample 1/10 of contacts for each staff persons handling Information contacts with multiple days of the month included. The maximum sample per staff member should be 10. If there are fewer than 10 log entries, review all.

If any data is missing from more than 20% of sampled contacts, then corrective action may be needed.

For each of the contacts sampled, check ([x] ) if the data exists.

**STAFF PERSON #1 – NAME:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Record Includes: Date, Nature of Concern, and Action Taken |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**STAFF PERSON #2 – NAME:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Record Includes: Date, Nature of Concern, and Action Taken |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**STAFF PERSON #3 – NAME:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Record Includes: Date, Nature of Concern, and Action Taken |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

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**2. Assistance**

Request all client records (paper or electronic) for a given month. Use a random sample of 1/10 of Assistance records (or a minimum of 10 client records); if there are fewer than 10 records, review all. Make sure that a least one record maintained by each staff member providing “Assistance” is included in the sample. Look for trends by staff person.

Items 1-4 should be found in each record. If absent in more than 20% of records, corrective action may be needed. Items 5 and 6 should be found in record, based on the assistance requested/indicated. If not included in more than 20% where requested/indicated, corrective action may be needed.

For each of the records sampled, check ([x] ) if the data exists.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| CLIENT INITIALSor LAST NAME |       |       |       |       |       |       |       |       |       |       |
| 1. Record Includes: Date of contact, Client ID (name, address/phone and/or email address, depending on contact), and Client/Caregiver age eligible (60+) |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 2. Client needs (problems) identified, information and/or referral given to address needs  |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 3. Client plan exists |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 4. Follow-up contact and date  |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 5. Coordination of services |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 6. Individual/family advocacy |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

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**3. Options Counseling**

Request all client records (paper or electronic). Use a random sample of 1/10 of the agency’s Options Counseling records (or a minimum of 10 client records); if there are fewer than 10 records, review all. It is likely that multiple months will need to be reviewed to have a full sample. Make sure that a least one record maintained by each staff member providing “Options Counseling” is included in the sample. Look for trends by staff person.

Items 1-11 should be found in each record. If absent in more than 20% of records, corrective action may be needed.

For each of the records sampled, check ([x] ) if the data exists.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| CLIENT INITIALSor LAST NAME |       |       |       |       |       |       |       |       |       |       |
| 1. Record Includes: Date of contact, Client ID (name, address/phone and/or email address, depending on contact), and age eligible (60+) |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 2. Setting/Method of Contact, Time Spent, and Counselor’s Signature/Initials are noted |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 3. Summary of contacts provides a clear picture of client’s situation & addresses: preferences & needs, options discussed, & options selected.  |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 4. Summary, or electronic attachment, or a written copy of action plan (unless declined & documented) Includes components outlined in Standard IX |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 5. Follow-up outlines client’s current situation, outcomes since last contact, whether Action Plan steps occurred, if not, why, & any next steps needed.  |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 6. Notation & date when Options Counseling ends. |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

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