

## Program Record (on-site)

DATE: \_\_\_\_\_

VENDOR: \_\_\_\_\_ VENDOR #: \_\_\_\_\_

EXPECTATION	DATE, COMMENT, Or N/A	Y	N
1. Program Design on file?			
2. Current SLS Contract on file?			
3. Correspondence from IRC in file?			
4. Annual Program Self-Evaluation?			
<b>RECORDS RELATED TO SERVICE DELIVERY</b>			
5. Time Sheets?			
6. Time Sheets agree with schedule?			
7. Accounting records on file?			
8. Service Evaluations – yearly - by consumer?			
9. Internal grievance procedure records?			
10. Funding authorizations/billing records?			
11. In-service documentation for staff training?			
12. Staff wages (average \$9.50 an hour)?			
13. Staff medical benefits offered?			
14. Staff pagers/cell phones?			
15. On call emergency response system in place?			
16. Are SIRs current and appropriate?			
17. Is there a check system for fiduciary abuse?			
18. Are consumer disaster supplies checked regularly? How is this monitored?			
19. Is vendor bonded for financial reimbursement?			
20. Is vendor insured for personal liability?			

ISSUES THAT REQUIRE FOLLOW UP FOR CPL

ISSUES THAT REQUIRE FOLLOW UP FROM VENDOR

Signature of Evaluator \_\_\_\_\_

Date \_\_\_\_\_

# Staff Record Review

Vendor \_\_\_\_\_ Vendor # \_\_\_\_\_ Date \_\_\_\_\_

Staff Name							
Date of Hire							
Wage							
Health Ins.							
Diploma/GED							
Application							
Experience							
Orientation							
Fingerprint clearance							
TB test clear							
First Aid card Current							
CPR card Current							
In-Service 8 hrs per yr							
Auto insurance							
DMV clearance							

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## SUPPORTED LIVING SERVICE ASSESSMENT

DATE: \_\_\_\_\_ VENDOR: \_\_\_\_\_  
 CONSUMER: \_\_\_\_\_ UCI# \_\_\_\_\_  
 CSC: \_\_\_\_\_ SLS WORKER \_\_\_\_\_  
 HAB HOURS; \_\_\_\_\_ PERSONAL SUPPORT HOURS \_\_\_\_\_

EXPECTATION Consumer File	DATE, COMMENT, Or N/A	Y	N
1. What date did consumer begin receiving service ?			
2. Is face sheet current w/in 1 year?			
3. Is physical description & photo w/in 1 year?			
4. Are emergency contact, important numbers and relationships listed?			
5. Is there conservatorship info in file, if applicable?			
6. Are IHSS hours for consumer listed?			
7. Is there a current schedule of SLS hours?			
8. Is there Housing Auth/HUD cert or application date?			
9. Is there a copy of lease/rental agreement ?			
10. Is there a consumer diagnosis/medical status?			
11. Is there a list of current meds/dosage/side effects/instructions?			
12. Is current weight listed?			
13. Is there a current med evaluation (w/in 1 year)?			
14. Is there a dental evaluation (w/in 1 year)?			
15. Are there other specialized medical services reports i.e. psychiatrist, neurologist ?			
16. Is the nutritional plan/diet in file - if applicable?			
17. Is there a current psychological eval (w/in 5 years – if consumer sees psychiatrist)			
18. Is consumer's financial info (budget, bank acct, bills) in file?			
19. Who is SSI/SSA payee/representative payee?			
20. Is the IRC IPP current w/in 1 year?			
21. Is the IRC Annual Review w/in 1 year?			
22. Is the IRC CDER w/in 1 year?			
23. Is a current copy of IRC auth for service/billing Information in file?			
24. Is there an exit Summary – if closed?			
25. Is there an SLS Assessment – intake?			
26. Is there an ISP 90 day evaluation?			
27. Is there a Current ISP?			
28. Is each ISP goal allotted hours for hab or P/S ?			

29. Does ISP clearly identify appropriate outcome for SLS?			
30. Does ISP incorporate IRC IPP goals and objectives?			
31. Is there a Semi-Annual progress report?			
32. Do progress <sup>reports</sup> match the desired outcomes noted on Semi-Annual progress report outcomes?			
33. reasonable progress being made on desired outcomes? Is consumer participating?			
34. Are there up to date, complete progress notes with date, amount of time spent, type of contact, what was accomplished, name of person making entry?			
35. Is there documentation on increase/decrease in hours, based on consumer needs?			
36. Are all SIRs for consumer completed and closed?			
37. Any signs of fiduciary abuse?			
38. Disaster supplies in place and complete?			

ISSUES THAT REQUIRE FOLLOW UP FOR CPL

ISSUES THAT REQUIRE FOLLOW UP FROM CSC

ISSUES THAT REQUIRE FOLLOW UP FROM VENDOR

Signature of Evaluator \_\_\_\_\_ Date \_\_\_\_\_