

**CORE SAMPLE REVIEW CHECKLIST**

<b>Agency/Area Program:</b>	<b>Reviewer Name:</b>
<b>Core sample individual name/#:</b>	<b>Review Date:</b>

BASED ON FILE REVIEW -- THE FOLLOWING IS PRESENT	YES/NO/NA – NOTES FROM FILE REVIEW
<b>RECORD KEEPING (404 NAC 4-013)</b>	
The agency maintains records in a manner to ensure <b>accurate, current, and complete records specific to the individual &amp; administrative records.</b>	
The agency maintains <b>separate records for each individual.</b>	
The agency has a record organization system that ensures <b>permanency, accuracy, completeness, and easy retrieval of information.</b>	
The agency ensures <b>all record entries are dated, legible, and clearly identify the person making the entry.</b>	
The agency ensures <b>sufficient, current, and accurate documentation that verifies the delivery of services.</b>	
<b>HEALTH SERVICES (404 NAC 4-005.06)</b>	
Unless otherwise identified in the IPP, the agency <b>takes reasonable steps to assist and support individuals in obtaining health services consistent with his/her needs.</b>	



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<p><b>BASED ON FILE REVIEW -- THE FOLLOWING IS PRESENT</b></p>	<p><b>YES/NO/NA – NOTES FROM FILE REVIEW</b></p>
<p>Unless otherwise identified in the IPP, the agency <b>arranges or assists individuals in obtaining evaluations and services based on his/her needs.</b></p>	
<p><b>Medical and dental evaluations every 12 months.</b></p>	
<p>The agency ensures <b>health status and physical conditions are observed, reported, and responded to in a timely and appropriate manner as needed.</b></p>	
<p>If the responsibility of obtaining health services has been <b>assigned to someone other than the agency, the agency observes, reports, and responds to the individual’s health service needs to ensure needs can be appropriately met.</b></p>	
<p>The agency ensures <b>individuals receive care, treatment, and medications in accordance with orders from a medical practitioner.</b></p>	
<p>The agency ensures <b>recommendations from other health care professionals are reviewed by the IPP team and incorporated into the IPP, as needed.</b></p>	

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BASED ON <b>FILE REVIEW --</b> THE FOLLOWING IS PRESENT	YES/NO/NA – NOTES FROM <b>FILE REVIEW</b>
The agency maintains <b>health-related records on each individual to document the provision of services.</b>	
<b>PROGRAMS AND SUPPORTS (404 NAC 4-005.01C)</b>	
The agency develops <b>specific written plans with enough detail to consistently implement services.</b>	
Supports are <b>flexible and subject to change.</b>	
Programs are <b>based on goals identified in the IPP for the development of functional skills.</b>	
<b>ASSESSMENTS (404 NAC 4-005.01A)</b>	
Assessments are <b>conducted for each individual to obtain accurate and complete information related to the individual's history, preferences, strengths &amp; abilities, and needed services.</b>	
Assessments are the <b>basis for the development of the IPP.</b>	
Assessments are <b>completed within 30 calendar days of entry to services.</b>	
Assessments are <b>completed at least annually.</b>	

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Assessments are <b>reviewed and updated to reflect the individual's current status.</b>	
<b>HABILITATION (404 NAC 4-005.01)</b>	
The agency develops <b>specific written plans with enough detail to consistently implement services.</b>	
Supports are <b>flexible and subject to change.</b>	
Programs are <b>based on goals identified in the IPP for the development of functional skills.</b>	
Habilitation is <b>identifiable in the IPP and supporting documentation.</b>	
Strategies and supports are <b>developed based on prioritized needs, relevant to the IPP, functional, tailored to individual needs, respectful of individual choice, and documented in the IPP.</b>	
Performance is <b>accurately measured and modified based on data and changes in individual circumstances.</b>	
Service delivery is <b>monitored, and if needed, results in actions to ensure needs are addressed.</b>	



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When further growth or development is unlikely, <b>training and supports are designed to maintain skills and functioning and prevent further regression to the extent possible.</b>	
<b>INDIVIDUALS' PERSONAL FUNDS AND PROPERTY (404 NAC 4-005.05)</b>	
The agency <b>provides account balances and records of transactions to each individual or legal representative at least quarterly (unless otherwise requested).</b>	
<b>RESTRAINTS (404 NAC 6-006)</b>	
Use of restraints are prohibited (both mechanical and physical).	
<b>RESTRICTIVE MEASURES (404 NAC 6-004.01)</b>	
Restrictive measures <b>cannot affect other individuals who receive services in that setting.</b>	
Restrictive measures <b>cannot be used as a punishment, for the convenience of staff, due to shortage of staff, as a substitute for habilitation, or as an element of a positive behavior support plan.</b>	
Restrictive measures are the <b>least restrictive and intrusive (as possible).</b>	

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There is a <b>goal of reducing and eliminating the restrictive measure.</b>	
There is <b>documentation supporting evidence that other less restrictive methods applied by trained staff have failed.</b>	
There is <b>consent from the individual or his/her legal representative for the restrictive measure.</b>	
Restrictive measures are <b>safe for the individual.</b>	
Restrictive measures and considerations are <b>documented in the IPP.</b>	
There was <b>review and approval by the rights review committee and the IPP team prior to implementation of the restrictive measure.</b>	
<b>PSYCHOTROPIC MEDICATIONS (404 NAC 6-005)</b>	
Psychotropic meds are <b>only given as prescribed by a physician who has authority in his/her scope of practice to determine the diagnosis.</b>	
Psychotropic meds are <b>NOT given as PRN (as needed).</b>	

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Psychotropic meds are <b>NOT</b> used to deal with <b>under-staffing, ineffective/inappropriate/or other nonfunctional programs or environments.</b>	
There is <b>review by the IPP team to determine risks and potential side-effects and that the risk of the intervention has been weighed against the risk of the behavior.</b>	
There is <b>evidence that a less restrictive and more positive technique had been tried and was shown to be ineffective.</b>	
There is <b>review by the rights review committee.</b>	
There is <b>annual review by the prescribing physician.</b>	
There is <b>semi-annual review by the IPP team.</b>	
There is a <b>BSP to address symptoms when they occur (if symptoms reappear) and the use of medication is no longer effective.</b>	
There is <b>ongoing and documented review by the agency to provide the IPP team and physician sufficient information regarding: effectiveness of/and any side effects experienced from the meds, frequency/severity of symptoms, and effectiveness of the BSP.</b>	

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There is a <b>plan to reduce and eliminate the medication.</b>	
<b>POSITIVE BEHAVIORAL SUPPORTS (404 NAC 4-005.03)</b>	
If behaviors are present, the agency has conducted a <b>Functional Behavioral Analysis (FBA) that attempts to define the communicative function of the behavior and what purpose the identified behavior serves in the individual’s life.</b>	
If needed, there is a plan for the individual that <b>emphasizes positive meaningful activities and options that are inconsistent with the behavior targeted for change.</b>	
The plan includes a <b>description of potential stressors and triggers that may lead to the individual experiencing a crisis.</b>	
If identified as needed, a <b>comprehensive safety plan is developed and implemented.</b>	
There is <b>meaningful and individualized data collection and data analysis that tracks the progress of the individual.</b>	
<b>Restrictions are NOT included in the BSP.</b>	