

Core Record Audit

Agency/Area Program:				Reviewer Name:	
Core Sample Individual Name/#:				Review Date:	
Date of Annual IPP:				Date of Semi-Annual:	
RECORD ITEM	YES	NO	N/A	DATE ITEM UPDATED	COMMENTS
RECORD KEEPING (404 NAC 4-013)					
Current IPP/ISP					
Date of entry to services					
Name, gender, birth date					
Current physical description and current photo					
Language or means of communication utilized					
Legal Status and name/phone #/address of legal guardian					
Name/phone #/address of person(s) to contact in an emergency					
Name/phone # of Service Coordinator					

RECORD ITEM	YES	NO	N/A	DATE ITEM UPDATED	COMMENTS
Social history information					
Notice of charges (4-013.01 #15) (also see below 4-005.04)					
Individual record is accurate, current, complete					
NOTICE OF COSTS (404 NAC 4-005.04)					
Written notice of costs (any associated cost for service or items and terms of payment)					
Designation of responsibility for replacing/compensation when individual's personal items are damaged or missing.					
Designation of responsibility for compensation when staff or other individuals in service (who do not reside in the location) use the environment and eat food paid for by the individuals. (Excludes any visitors/guests invited by individuals to socialize in his/her residence)					
CONSENTS (404 NAC 4-013; 4-013.02 G1&G2)					
Consents as appropriate					
Personal funds/property for restitution					
Release of information (including release of photographs)					
MEDICAL INFORMATION /HEALTH SERVICES (404 NAC 4-005.06-4-005.06E)					
Unless otherwise identified in IPP, the provider takes reasonable steps to assist and support individuals in obtaining health services consistent with needs,					
Name/phone # of current personal physician					

RECORD ITEM	YES	NO	N/A	DATE ITEM UPDATED	COMMENTS
Name/phone # of any other applicable health care professionals					
History of seizures					
Illness					
Documentation of treatment and medication administration					
Medication side effects					
Medication history					
Immunizations					
Physician contacts/current physician orders (for care, treatments, medications, and therapies)					
Counseling visits					
Medical evaluation (Current within 12 months unless otherwise specified by the physician)					
Dental evaluation (Current within 12 months unless an alternate schedule is identified by the dentist)					
Psychological evaluation/recommendations					

RECORD ITEM	YES	NO	N/A	DATE ITEM UPDATED	COMMENTS
Physical therapy evaluation/recommendations					
Occupational therapy evaluation/recommendations					
Speech therapy evaluation/recommendations					
Audiology evaluation/recommendations					
Nutrition therapy evaluation/recommendations					
Documentation of provision of health-related services					
Height/Weight record					
Information related to hospitalization, nursing facility stays, or other types of health care providers					
INCIDENTS/ACCIDENTS (404 NAC 4-013)					
Records of incidents and accidents (including notification, review, and resolution)					

RECORD ITEM	YES	NO	N/A	DATE ITEM UPDATED	COMMENTS
FBA/BSP/SAFETY PLAN (404 NAC 4-005.03)					
1. The assessment must attempt to define the communicative function of the behavior for the individual.					
2. The assessment must focus on what purpose the identified behavior serves in the individual's life.					
3. A review of the individual's day supports, residential supports, and other relevant data that must be incorporated in the assessment process.					
4. A plan must be developed that emphasize positive meaningful activities and options that are inconsistent with the behavior targeted for change.					
5. There must be a combination of a planned meaningful day and individualized supports for the individual.					
6. The plan must include a description of potential stressors and triggers that may lead to the individual experiencing a crisis. Once identified, there must be a comprehensive safety plan developed and implemented.					
7. There must be a meaningful and individualized data collection, data analysis that track the progress of the individual. The data must be presented in a useful manner and collected through a range of methods that are valid and meaningful for planning and evaluation efforts.					

RECORD ITEM	YES	NO	N/A	DATE ITEM UPDATED	COMMENTS
RESTRICTIVE MEASURES (404 NAC 6-004.01-01.a; and 4-011)					
1. The restrictive measures determined necessary for one individual, must not affect other individuals who receive services in that environment.					
2. The restrictive measure must not be used as punishment, or 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.					
3. The restrictive measure must be the least restrictive and intrusive as possible.					
4. There is a goal of reducing and eliminating the restrictive measure.					
5. Prior to proposing a restrictive measure, there must be documented evidence that shows other less restrictive methods have been regularly applied by trained staff and failed.					
6. The individual or their legal representative, if applicable, must give consent to the restrictive measure.					
7. The restrictive measure is safe for the individual.					
8. The restrictive measure and the above considerations must be documented in the IPP.					
Prior to implementation of a restrictive measure, the provider must ensure review and approval by the IPP team and rights review committee as outlined in 404 NAC 4-011.					

RECORD ITEM	YES	NO	N/A	DATE ITEM UPDATED	COMMENTS
PSYCHOTROPIC MEDICATION (404 NAC 6-005.01)					
1. Only be given as prescribed by a physician who has authority in his/her scope of practice to determine the diagnosis. PRN (as needed) psychotropic medications are prohibited					
2. Be reviewed by the IPP team to determine if the benefits outweigh the risks and potential side effects.					
3. Be supported by evidence that a less restrictive and more positive technique has been tried and shown ineffective.					
4. Be reviewed by the rights review committee in accordance with 404 NAC 4-011.					
There must be an annual review by the prescribing physician.					
A semi-annual review by the IPP team of all psychotropic medications utilized. There must be a clear and convincing evidence that the individual has a person-centered plan demonstrated by data and outcome measures.					
5. Not be used as a way to deal with understaffing; ineffective, inappropriate or other nonfunctional programs or environments.					
6. Have a positive behavioral support plan in place to address the symptoms when they occur if symptoms reappear and the ongoing use of medication is no longer effective.					

RECORD ITEM	YES	NO	N/A	DATE ITEM UPDATED	COMMENTS
7. Be monitored and documented on an ongoing basis by the provider to provide the IPP team and the physician sufficient information regarding:					
7 a. The effectiveness of and any side effects experienced from the medication;					
7 b. Frequency and severity of symptoms;					
7 c. The effectiveness of the positive behavioral support plan.					
PSYCHOTROPIC MEDICATION (404 NAC 6-005.02)					
1. There is a plan to reduce and eliminate the medication.					
2. The drug used in conjunction with a positive behavioral support plan (as outlined in 4-005.03).					
PERSONAL FUNDS/PROPERTY (404 NAC 4-005.05)					
Designation of who manages funds/property					
Charges for management of funds/property					
Minimum of annual review by IPP team of funds/property management					

RECORD ITEM	YES	NO	N/A	DATE ITEM UPDATED	COMMENTS
Documentation of all cash funds, savings & checking accounts, deposits, and withdrawals					
Individual ledger providing a record of all funds received & disbursed and current balance					
Non-Routine expenditures exceeding \$100 have prior authorization from individual/legal representative and IPP team notified					
PROGRAMS/SUPPORTS/HABILITATION (404 NAC 4-005.01 & 4-005.01C)					
Specific written plan (enough detail to consistently implement services)					
Comprehensive Assessments					
Individualized plan					
Training and supports					
Documentation of service delivery					
Measured progress of plan					
Monitoring of service					

RECORD ITEM	YES	NO	N/A	DATE ITEM UPDATED	COMMENTS
ASSESSMENTS (404 NAC 4-005.01A)					
Contain Individual's history					
Identify individual's preferences, strengths, and abilities					
Indicate individual's needed services					
Are the basis for development of the IPP					
Completed within 30 calendar days of entry to service (if applicable)					
Completed at least annually					
Reviewed and updated to reflect individuals current status					
DATA COLLECTION					
Program data collection forms					
Program attendance					

Objectives as Indicated in the IPP	Data for the last 6 months					

Additional Comments or Follow-up Recommendations:

Record Audit Completed by: _____ Date: _____