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| --- | --- | --- | --- | --- | --- |
| **Agency:** | | | | **Date:** | |
| **Service Recipient Identifier:** | | | | **Review Period:** | |
| **CHART REVIEW** | **YES** | **NO** | **NA** | **COMMENTS** | **MANUAL REFERENCE** |
| Is the service recipient 60 years of age or older? |  |  |  |  | 300.18.4 |
| Is there a SAEF for the review period? |  |  |  |  | 300.18.4 |
| Does the service recipient have “Much Assistance” or “Unable to Perform” in at least two ADL areas on the SAEF? |  |  |  |  | 300.18.4 |
| Is there a Personal Care Plan of Care and Service Worksheet (Attachment 18) for the review period? |  |  |  |  | 300.18.4 |
| Did the SW or RN sign and date the form section for the development of the Personal Care Plan of Care? |  |  |  |  | 300.18.4 |
| Is the total time documented each day by the direct care service worker? |  |  |  |  | 300.18.4 |
| Is the direct care service worker following the Personal Care Plan of Care? |  |  |  |  | 300.18.4 |
| Did the direct care service worker sign their initials for each daily service provided? |  |  |  |  | 300.18.4 |
| Did the service recipient sign and date the Personal Care Plan of Care? |  |  |  |  | 300.18.4 |
| Did the direct care service worker sign and date the Personal Care Plan of Care? |  |  |  |  | 300.18.4 |
| Did the SW or RN sign and date that they reviewed the Personal Care Plan of Care? |  |  |  |  | 300.18.4 |
| Was the service documented in SAMS? |  |  |  |  | 300.14 and 300.18.4 |
| Was the service documented in SAMS by the 10th calendar day of the month? |  |  |  |  | 300.14 |
| Was the service recipient prioritized based on their SAEF scores and prioritization processes established by the provider agency? |  |  |  |  | 300.16 |
| Was the service recipient given the opportunity to cost share? |  |  |  |  | 300.17 |
| Were cost share policies followed? |  |  |  |  | 300.17 |