



Department of Behavioral Health and Developmental Services  
**INDIVIDUAL SERVED RECORD REVIEW FORM**  
 Office of Licensing

PROVIDER:	LICENSE #:
SERVICE:	SPECIALIST:
DATE:	<input type="checkbox"/> Scheduled Inspection <input type="checkbox"/> Unannounced Inspection

COMMENTS:	<i>Name/Record Number</i>							

**§ 645 SCREENING/ADMISSION, ASSESSMENT, SERVICE PLANNING, ORIENTATION AND DISCHARGE**

§645.B.1	Date of Contact								
§645.B.2	Name, Age, Gender of Individual								
§645.B.3	Address/Phone Number								
§645.B.4	Reason for service request								
§645.B.5	Disposition of individual including referral to other services								
§645.D	Documentation retained for 6 months								

**§ 650.E INITIAL ASSESSMENT OF INDIVIDUALS**

§ 650.E.1	Diagnosis								
§ 650.E.2	Presenting needs								
§ 650.E.3	Current medical problems								
§ 650.E.4	Current medication								
§ 650.E.5	Current & past substance use or abuse								
§ 650.E.6	At- risk behavior to self & others								

**§ 650.F COMPREHENSIVE ASSESSMENT OF INDIVIDUALS**

§ 650.F.1	Onset/duration of problems								
§ 650.F.2	Social/behavioral/developmental/family history								
§ 650.F.3	Cognitive functioning, including strengths and weaknesses								
§ 650.F.4	Employment/vocation/educational background								
§ 650.F.5	Previous interventions/outcomes								
§ 650.F.6	Financial resources and benefits								
§ 650.F.7	Health history and current medical care needs:								
§ 650.F.7.a	Allergies								
§ 650.F.7.b	Recent Physical Complaints								
§ 650.F.7.c	Nutritional Needs								
§ 650.F.7.d	Chronic conditions								
§ 650.F.7.e	Communicable diseases								
§ 650.F.7.f	Handicaps or Restrictions, if any								
§ 650.F.7.g	Past Serious Illness, Serious Injury and Hospitalizations								

§ 650.F.7.h	Family Medical History									
§ 650.F.7.i	Current & Past Drug Use, including alcohol, prescription, non-prescription and illicit drugs									
§ 650.F.8	Psychiatric and substance use issues including current MH or SA use needs									
§ 650.F.9	History of abuse, neglect, sexual, or domestic violence, or trauma including psychological trauma									
§ 650.F.10	Legal status; guardianship, commitment, payee status, criminal charges/convictions, probation/parole									
§ 650.F.11	Relevant criminal charges or convictions and probation or parole status									
§ 650.F.12	Daily Living skills									
§ 650.F.13	Housing arrangements									
§ 650.F.14	Ability to access services									
§ 650.F.15	Fall risks, communication needs, mobility and adaptive equipment needs									
<b>§ 660 INDIVIDUALIZED SERVICE PLAN (ISP)</b>										
§ 660.A	Individual served/Authorized Representative (AR) involved in decision making development, review and revision of person-centered ISP									
§ 660.B	Initial person-centered ISP shall be developed and implemented within 24 hours of admission to address immediate service, health and safety needs: For 1 <sup>st</sup> 30 days for MH/SA clients For 1 <sup>st</sup> 60 days for ID/DD clients									
§ 660.C	Comprehensive person-centered ISP completed: No later than 30 days for MH/SA clients, No later than 60 days for ID/DD clients									
<b>§ 665 ISP REQUIREMENTS</b>										
§ 665.A.1	Relevant and attainable goals, measureable objectives and specific strategies for addressing each need									
§ 665.A.2	Services & supports and frequency of services									
§ 665.A.3	Role of individual & others implementing ISP									
§ 665.A.4	Communication plan, if applicable									
§ 665.A.5	Behavior plan, if applicable									
§ 665.A.6	Safety plan addresses identified risks to self and other									
§ 665.A.7	A crisis or relapse plan, if applicable									
§ 665.A.8	Target dates for goals and objectives									
§ 665.A.9	Staff responsible of coordination & integration of services									
§ 665.A.10	Recovery plans, if applicable									

§ 665.B	Signed & dated by individual served & person responsible for implementation									
§ 665.C	Provider designates person responsible for developing, implementing and reviewing and revising individual's ISP									
§ 665.D	Staff responsible for implementing ISP demonstrates a working knowledge of the objective and strategies in ISP.									
§ 665.E	Short- term services (e.g. inpatient and crisis stabilization) provided in less than 30 days shall develop ISP with in a timeframe consistent with length of stay									
§ 665.F	ISP shall be consistent with plan of care									
§ 665.H	When possible, the identified goals in the ISP shall be written in the words of the individual receiving services.									
<b>§ 675 REASSESSMENT AND ISP REVIEWS</b>										
§ 675.A	Reassessments shall be completed at least annually or sooner when there is a medical, psychiatric or behavioral status change									
§ 675.B	Update ISP at least annually; reviews at least every three months (quarterlies)									
<b>§ 680 PROGRESS NOTES</b>										
§ 680	Signed & dated progress notes document services provided & implementation of ISP									
<b>§ 690 ORIENTATION</b>										
§ 690.B.1	Mission of Provider									
§ 690.B.2	Individual Confidentiality Practices									
§ 690.B.3	Individual Human Rights & how to Report Violations									
§ 690.B.4	Participation in Services and Discharge Planning									
§ 690.B.5	Fire Safety & Emergency Preparedness Procedures									
§ 690.B.6	The Grievance Procedure									
§ 690.B.7	Service Guidelines									
§ 690.B.8	Hours & days of Operation									
§ 690.B.9	Availability of After- Hours Service									
§ 690.B.10	Any changes or fees due from individual									
§ 690.D	Documentation that orientation provided									
<b>§691 TRANSITION OF INDIVIDUALS AMONG SERVICES</b>										
§ 691.B.1	Reason for transfer									
§ 691.B.2	Documentation of involvement of individual or AR in the decision to move and planning for transfer									
§ 691.B.3	Current psychiatric/medical condition of individual									
§ 691.B.4	Updated progress of ISP goals and objectives									



§ 691.B.5	Emergency medical information										
§ 691.B.6	Current medications and dosages in use and over-the-counter medications										
§ 691.B.7	Transfer date										
§ 691.B.8	Signature of Transfer Summary Author										

**§ 693 DISCHARGE**

§ 693.B	Written discharge instructions										
§ 693.C	Appropriate arrangements for referrals										
§ 693.D	Discharge consistent with ISP & criteria										
§ 693.E	Documented involvement										
§ 693.F	Within 30 Days of Discharge										
§ 693.F.1	Reason for admission and discharge										
§ 693.F.2	Individual's Participation in D/C Planning										
§ 693.F.3	Individual's Level of Functioning										
§ 693.F.4	Recommendations on procedures, activities, or referrals & status, arrangements and location & arrangements of future services										
§ 693.F.5	Status, location and arrangements made for future services										
§ 693.F.6	Progress made toward Goals/ Objectives										
§ 693.F.7	Discharge Date										
§ 693.F.8	Discharge Medications, if applicable										
§ 693.F.9	Date Discharge Summary was written										
§ 693.F.10	Signature of Discharge Summary Author										

**§710 CRISIS INTERVENTION AND EMERGENCIES**

§710.A.1	Date and Time										
§710.A.2	Nature of crisis or emergency										
§710.A.3	Name of individual										
§710.A.4	Precipitating factors										
§710.A.5	Interventions/treatment provided										
§710.A.6	Staff involved										
§710.A.7	Outcome										
§710.B	Crisis intervention documentation is part of the record										

**§ 740.B PHYSICAL EXAM:**

§ 740.A	Physical Exam within 30 days										
§ 740.B.1	General Physical Condition										
§ 740.B.2	Evaluation for Communicable Diseases										
§ 740.B.3	Recommendation for Further Treatment										
§ 740.B.4	Other Exams that might be Indicated										
§ 740.B.5	Date & Signature of a Qualified Practitioner										

**§ 750 EMERGENCY MEDICAL INFORMATION**

§ 750A.1.a	Name, Address, Phone # of Physician to be called										
§ 750A.1.b	Name, Address, Phone # of Relative or Significant other to be notified										
§ 750A.2	Medical Insurance Information										
§ 750A.3	Medications Being Used										
§ 750A.4	Medication and Food Allergies										
§ 750A.5	History of Substance Abuse										
§ 750A.6	Significant Medical Problems										



§ 750A.7	Significant ambulatory or sensory problems									
§ 750A.8	Significant communication problems									
§ 750A.9	Advance Directive, if one exists									
§ 750.B	Current emergency medical information shall be readily available to staff who may respond to a medical emergency									
<b>§770 &amp; §780 MEDICATIONS</b>										
§ 770.D	Medication log maintained									
§ 780. 6	Medication errors documented in individual medication record									
<b>§ 810 BEHAVIOR TREATMENT PLANS</b>										
§ 810	Behavior Plan developed by trained staff									
<b>§ 830 DOCUMENTATION OF SECLUSION, RESTRAINT AND TIME OUT</b>										
§ 830.C.1	Physician's Order (applies to seclusion & restraint)									
§ 830.C.2	Date and Time									
§ 830.C.3	Employees or Contractors Involved									
§ 830.C.4	Circumstances and Reasons for Use including other Behavior Management Techniques Attempted									
§ 830.C.5	Duration									
§ 830.C.6	Type of Technique Used									
§ 830.C.7	Outcomes, including debriefing of individual and staff following the incident									
<b>§ 890.B IDENTIFYING INFORMATION ON ADMISSION</b>										
§ 890.A	Single primary record									
§ 890.B.1	Unique Identifier:									
§ 890.B.2	Name of Individual:									
§ 890.B.3	Current Address (if known):									
§ 890.B.4	SSN:									
§ 890.B.5	Gender:									
§ 890.B.6	Marital Status:									
§ 890.B.7	Date of Birth:									
§ 890.B.8	Name of Legal Guardian: (if applicable)									
§ 890.B.9	Name, Address, Phone # of Emergency. Contacts									
§ 890.B.10	Legal Status:									
§ 890.B.11	Date of Admission:									
<b>§ 890.C PRIMARY RECORD CONTENTS</b>										
§ 890.C	Admission Form									
§ 890.C.1	Screening/Referral Documentation									
§ 890.C.2	Assessments									
§ 890.C.3	Medical Evaluation: (applicable to service)									
§ 890.C.4	Ind. Service Plan(s) and Reviews:									
§ 890.C.5	Progress Notes									
§ 890.C.6	Discharge Summary: (if applicable)									