

Electronic File Audit Form

Training Center SEVTC	Click on box to check X indicates the information is present in the file	Individual Name:						
BSP <small>Provider information only required if requested by Independent Reviewer (IR)</small>	TC BSP or BSG	<input type="checkbox"/>						
	Provider ISP and BSP	<input type="checkbox"/>	Psychological	<input type="checkbox"/>	Behavior related Training Records <input type="checkbox"/>			
			Functional Behavior Assessment	<input type="checkbox"/>	BSP modifications <input type="checkbox"/>			
			Blank and completed daily data sheets	<input type="checkbox"/>	Consents from guardian and or physician <input type="checkbox"/>			
			Three months of graphed data	<input type="checkbox"/>	Review by Human Rights Committee for any rights restrictions <input type="checkbox"/>			
Case Notes Related to AR contact and Discharge	SW Notes –	<input type="checkbox"/>	From beginning of DC process					
	CSB Notes – CM notes	<input type="checkbox"/>	At least 30 days prior to discharge to present					
Discussion Record with Signatures <small>(Comparable Care, Specialist Form and Equipment List should be included in this folder)</small>	Annual	<input type="checkbox"/>						
	Initial	<input type="checkbox"/>						
	Provider	<input type="checkbox"/>						
	Final	<input type="checkbox"/>						
	Special Circumstance	<input type="checkbox"/>						
ISP	ISP TC	<input type="checkbox"/>	ISP Provider	<input type="checkbox"/>	Daily schedule and/or Day Support ISP <input type="checkbox"/>			
PIRs	OHR Emp./Day Residential	<input type="checkbox"/>	OLS Emp./Day Residential	<input type="checkbox"/>	Additional information or related documents			
		<input type="checkbox"/>		<input type="checkbox"/>				
PMM	TC 1	<input type="checkbox"/>	SD TC 1	<input type="checkbox"/>	CSB-30	<input type="checkbox"/>	OHR-60	<input type="checkbox"/>
	TC 2	<input type="checkbox"/>	SD TC 2	<input type="checkbox"/>	CSB-60	<input type="checkbox"/>	OHR-90	<input type="checkbox"/>
	TC 3	<input type="checkbox"/>	SD TC 3	<input type="checkbox"/>	CSB-90	<input type="checkbox"/>	Other	<input type="checkbox"/>
	TC 4	<input type="checkbox"/>	SD TC 4	<input type="checkbox"/>		<input type="checkbox"/>	Incident Report Follow Up	<input type="checkbox"/>
RST and FRC Referrals <small>Updated FRC form with contact noes available upon request by IR</small>	RST Referral and Informed Choice Form	<input type="checkbox"/>						
	FRC Referral	<input type="checkbox"/>						
Supporting Documentation/Assessments/Plans	EPP/MG	<input type="checkbox"/>	Nursing/Medical Assessment	<input type="checkbox"/>	SIS	<input type="checkbox"/>		
	NMP	<input type="checkbox"/>	Fall Risk Evaluation/Plan	<input type="checkbox"/>	Psychological	<input type="checkbox"/>		
	PMP	<input type="checkbox"/>	Fracture Assessment	<input type="checkbox"/>	Capacity Evaluation	<input type="checkbox"/>		
	Speech Evaluation	<input type="checkbox"/>	PT	<input type="checkbox"/>		<input type="checkbox"/>		
	Nutritional Evaluation	<input type="checkbox"/>	OT	<input type="checkbox"/>		<input type="checkbox"/>		
Training Records	Introductory	<input type="checkbox"/>	PMP	<input type="checkbox"/>	Fall Prevention Plan	<input type="checkbox"/>		
	Day Support	<input type="checkbox"/>	NMP	<input type="checkbox"/>	Communication Dictionary/Plan	<input type="checkbox"/>		
	BSP	<input type="checkbox"/>	Medication/Treatment Regimen	<input type="checkbox"/>	ADL's/Residential Support	<input type="checkbox"/>		
	EPP/MG	<input type="checkbox"/>	Nursing/Medical Information	<input type="checkbox"/>		<input type="checkbox"/>		
Visit Forms –	Day	<input type="checkbox"/>						
	Evening	<input type="checkbox"/>						
	Overnight	<input type="checkbox"/>						
	Other/Tours	<input type="checkbox"/>						
Stand Alone Documents	Discharge Memo	<input type="checkbox"/>		<input type="checkbox"/>				