

**Volunteers of America of Greater Ohio - Residential Reentry Program
Record Review**

Reviewer:		Date:						
Facility: <input type="checkbox"/> CRRP <input type="checkbox"/> DRRP <input type="checkbox"/> MRRP <input type="checkbox"/> TRRP								
Resident Name:								
Case #:								
Programs: (check all that apply) <input type="checkbox"/> SO <input type="checkbox"/> SA <input type="checkbox"/> Outpatient <input type="checkbox"/> CRC <input type="checkbox"/> EM <input type="checkbox"/> TC								
Intake Date:								
Discharge Date:								
Risk Level: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Very High								
Case Manager:								
		INDICATOR		COMPLIANCE		COMMENTS		INITIALS
Case Management - Section 1		Yes	No	N/A				
1	File Format completed upon opening							
2	File Format completed upon closing							
3	CCIS Intake form completed within 14 days of intake							
4	Placement documentation (PSI, Criminal History, ORAS risk level from referral)							
5	ORAS completed within 48 hours of intake							
6	ORAS Self Report done upon intake							
7	CESI completed within 48 hours of intake							
8	CEST completed every 3 months							
9	Lethality Assessment completed within 48 hours of intake							
10	Mental Status Exam completed within 48 hours of intake							
11	PREA Screening completed within 72 hours of intake							
12	PREA Update Screening completed 30 days after intake							
13	Case Plan completed within 14 days of intake							
14	Case Plan is updated every 90 days							
15	Session summaries are completed regularly							
16	Signed group schedules							
17	Signed group rules							
18	Phase movement documentation							
19	In-Program Behavior Assessment completed monthly							
20	Structured Activities worksheets are completed weekly							
21	Group certificates							
22	Group notes							
23	Case notes match level of service frequency for each risk level							
24	Monthly progress notes present for each month (with delivery confirmation)							
25	Subsistence policy completed							
26	Copies of check stubs							
27	Money requests							
28	Resident weekly itineraries							
29	Verification of location in community (coincide with weekly itineraries)							
30	Employment seeking itineraries							
31	Completed Employment Verification forms							
32	Passes and approvals documented							
33	Visitor list with approval							
34	Behavior Review Committee signed notification							
35	Hearing scheduled within 24hrs of notice & no later than 7 days from							
36	Behavior Review Committee Outcome Report completed							
37	Signed violation reports within 24 hours of report							
38	Behavior contracts							
39	Discharge Summary completed within 2 or 10 business days							
40	Aftercare Plan completed prior to planned discharge							
41	CEST completed upon discharge							
42	CCIS Discharge form completed within 14 days of discharge							
		Compliance Score			#DIV/0!			
NOTES:								

"Completed" indicates that the form has been filled out in its entirety to include signatures and dates.

**The last column should only be initialed once noncompliance corrections have been made.

**Volunteers of America of Greater Ohio - Residential Reentry Program
Record Review**

Reviewer: _____ **Date:** _____

Facility: CRRP DRRP MRRP TRRP

Resident Name: _____

Clinical SO - Section 2		COMPLIANCE		COMMENTS	INITIALS
1	File Format completed upon opening (signed/dated)				
2	File Format completed upon closing (signed/dated)				
3	Static-99 R completed for SO within 7 days of initial ORAS				
4	Stable 2007 completed for SO within 7 days of initial ORAS				
5	Stable 2007 completed prior to discharge				
6	ACUTE completed every 30 days				
7	Session summaries are completed regularly				
8	Signed group schedules				
9	Signed group rules				
10	Group certificate				
11	Group notes				
12	Individual session notes				
Compliance Score				#DIV/0!	
AoD - Section 3		COMPLIANCE		COMMENTS	INITIALS
1	File Format completed upon opening				
2	File Format completed upon closing				
3	Physical Description form completed				
4	Confidentiality information form completed				
5	HIPPA acknowledgement completed				
6	Releases of information completed				
7	Client Rights form completed				
8	Consent for Treatment completed				
9	Orientation Checklist completed				
10	Intake Inventory completed				
11	Resident Handbook receipt completed				
12	Complaint/Grievance forms completed				
13	ASI completed within 7 days of ORAS				
14	ASI updates documented				
15	ITP completed within 7 days of ASI				
16	ITP updated regularly				
17	Session summaries are completed regularly				
18	Signed group schedules				
19	Signed group rules				
20	Group certificate				
21	Group notes				
22	Individual session notes				
23	Admission and discharge protocols for Level of Care in file				
24	Relapse Prevention Plan completed prior to discharge				
25	AoD Discharge summary completed				
Compliance Score				#DIV/0!	
Medical - Section 4		COMPLIANCE		COMMENTS	INITIALS
1	File Format completed upon opening				
2	File Format completed upon closing				
3	Intake Health Screen form completed at intake				
4	Special Needs Diet form completed				
5	TC Medical Waiver				
6	UA/BA completed monthly				
7	Documentation of resident notification of positive readings on UA/BA				
8	Medication logs completes (name of med, date, time and dosage of				
9	Close observation sheets completed when indicated				
10	Community medical information documented				
Compliance Score				#DIV/0!	

NOTES:

"Completed" indicates that the form has been filled out in its entirety to include signatures and dates.

**The last column should only be initialed once noncompliance corrections have been made.