

Assisted Living for the Elderly Waiver Case File Review Tool

PSA _____

County _____

Date _____

Facility Name _____

Identifier from random sample									
Initials									
LOC									
Freedom of choice (available programs)									
Date of admission									
Fair hearing									
Legal guardianship									
Eligibility documents									
Assessment is current									
Care Plan is current									
Dated and signed by case manager									
Signed by client or representative									
Care Plan meets assessed needs									
Significant change reassessments									
Quarterly updates									
Copies of medical records									
Legible and maintained in detail									
Annual reassessment									
Documentation of receipt of services									
Interviews with caregiver/family members									
Complaints/ Grievances									
Hospital visits (inpatient and ER)									
Client satisfaction									
Narratives/ Progress of care									
Initials and Comments									

Note: Indicate Y for yes, N for no, or NA for not applicable in boxes.