**NC Division of Aging and Adult Services**

**Home Care Independence Monitoring Tool**

**for Consumer Directed Services**

**Participant File Review**

Participant’s Name (First Name, Last Name Initial):

Care Advisor’s Name and Provider Agency:

Person Completing Monitoring:       Representing: AAA [ ]  DAAS [ ]

Monitoring Date:       Funding: HCCBC [ ]  Other:

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1. Participant is 60 years of age or older: Yes [ ]  No [ ]

1. Based on functional status and Care Advisor notes, the Participant is appropriate for CDS? Yes [ ]  No [ ]  Comments:
2. Are the forms properly completed and maintained in provider agency files?
3. DAAS 101 Yes [ ]  No [ ]  Comments:
4. Initial or Current Annual Assessment Form (updated annually)

 Yes [ ]  No [ ]  Comments:

1. Initial or Current Annual Self-Assessment Form Yes [ ]  No [ ]  Comments:
2. Participant Enrollment Form Yes [ ]  No [ ]  Comments:
3. Current Care Plan/Budget Form Yes [ ]  No [ ]  Comments:
4. Current Back-up Plan of Care Yes [ ]  No [ ]  Comments:
5. Copy of CBC Report(s) Yes [ ]  No [ ]  Comments:
6. FMS Referral Form Yes [ ]  No [ ]  Comments:
7. FMS Change Order Form (s) Yes [ ]  No [ ]  NA [ ]  Comments:
8. Appointment of Representative Form Yes [ ]  No [ ]  NA [ ]  Comments:
9. Participant is required to receive telephone and in-home visits periodically by the Care Advisor as specified in the Home Care Independence Operations Manual. For a two year period, if applicable, indicate the dates of these contacts.
	* Telephone Contact Dates:
	* Home Visit Dates:
* Did the participant receive at least one telephone call and one in-home visit within the first month the Participant is accepted into the program? Yes [ ]  No [ ]  Comments:
* Did the participant receive two additional home visits during the first year of service? Yes [ ]  No [ ]  Comments:
* Did the Participant receive a quarterly telephone call for the purpose of monitoring the provision of assistance by the Personal Assistant? Yes [ ]  No [ ]  Comments:
* After year one of service, did the Participant receive quarterly telephone calls and at least two home visits during a 12 month period? Yes [ ]  No [ ]  NA [ ]  Comments:
1. Has the Participant been hospitalized at any point since the last monitoring report? Yes [ ]  No [ ]
2. If Yes, did Personal Assistant continue to work for the Participant?

Yes [ ]  No [ ]  Comments:

1. If Participant was hospitalized, was the FMS notified?

Yes [ ]  No [ ]  NA [ ]  Comments:

1. If Participant was out of the program for any reason, was the FMS notified?

Yes [ ]  No [ ]  NA [ ]  Comments:

Comment upon the general organization: