

Monthly Review of Progress

The Monthly Review is intended to be a tool for provider agency management to make an on-going assessment of the effectiveness of their service delivery to each individual. It should be used as an opportunity to review all of the sources of information about the person's services including daily documentation from and interviews with direct support staff, results of announced and unannounced site visits, clinician monthly reviews, incident reports, complaints. Review of this information should be used by the agency to determine whether any changes are needed in the staffing plan, staff schedule, staff instructions, staff training, staff supervision, ISP outcomes or actions.

Patterns of results across monthly reviews for a number of individuals may indicate more systemic actions the provider agency needs to take.

At minimum, it is ideal that the Monthly Review format follow the ISP organization to ensure that all of the areas for which the provider is responsible are addressed. Many Providers may choose to add additional sections such as tracking the AIMS test, etc.

The attached Monthly Review of Progress form addresses all of the requirements for monthly reviews for residential, day and personal assistance providers. Only those outcomes or actions that are noted to be the responsibility or a shared responsibility of the provider must be addressed.

Monthly Review Of Progress

Person Supported:			Dates of Service:	
Review Completed By:			Title:	Date Review Sent to ISC:
Dates of announced visits:			Dates of unannounced visits:	
Were there any reportable incidents?	Yes	No	Dates:	
Personal Outcomes	Implementation, Progress, Barriers		Follow up on recommendations from last month	Changes or Follow Up Needed
List all “Actions Needed” for which the provider is responsible or shares responsibility	Discuss what the provider has done to address the action needed.		Report what the agency has done to address any changes or needed follow-up from the previous monthly	Address here other changes the provider or other provider needs to make to address barriers or other issues identified (e.g. staffing plan, staff schedule, staff training, staff instructions, outcomes or actions, additional services.)
Supports for Daily Life	Implementation, Progress, Barriers, Medical Concerns this month		Follow up on recommendations from last month	Changes or Follow Up Needed
Same as above	In addition to addressing the actions as in the above example, for this section, describe any medical concerns that emerged during the month and the action taken by the provider.		Same as above	Same as above
Other Risks in Person’s Life	Implementation, Progress, Barriers		Follow up on recommendations from last month	Changes or Follow Up Needed

Same as above	Same as above	Same as above	Same as above
Supports for Non-Routine Events	Implementation, Progress, Barriers	Follow up on recommendations from last month	Changes or Follow Up Needed
Same as above	Same as above	Same as above	Same as above
Planning Meeting Follow Up Issues	Implementation, Progress, Barriers	Follow up on recommendations from last month	Changes or Follow Up Needed
Same as above	Same as above	Same as above	Same as above