

Monthly Review of Progress Therapeutic Services

The Monthly Review form is intended to be a documentation tool for the therapeutic service provider to report the results of their on-going reassessment of the effectiveness of their service delivery to each individual. It is to be used as an opportunity to provide a hands-on reassessment of the individual's skills, to obtain information from staff (verbally and through observation) about progress and to review written documentation. Review of this information should be used by the agency to determine whether any changes are needed in staff instructions, staff training, and/or ISP actions.

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

The Monthly Review format should follow the ISP organization to ensure that all of the areas for which the provider is responsible are addressed.

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

DMRS Therapeutic Services
Monthly Review of Progress

Service Recipient: _____ Month/Year: _____
Therapeutic Services Provider _____ ISC: _____

Data Regarding Services Provided:

Dates of Services Provided this month:	
Total units Authorized for the month:	
Total Units Provided during the month:	
Reasons for units not utilized:	

Data Regarding Service Provision and Its Impact:

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	<ul style="list-style-type: none"> Discuss what the provider has done to address the action needed, How individual responded What he accomplished Any barriers to accomplishing the outcome 	Report what the agency has done to address any changes or needed follow-up from the previous monthly report	<p>Example:</p> <p>Also address here other changes the provider or other provider needs to make to address barriers or other issues identified (e.g. scheduling, staff training, staff instructions, needed equipment, outcomes or actions, additional services.)</p>
Supports for Daily Life	Implementation, Progress, Barriers,	Follow up on recommendations	Changes or Follow Up

	Medical Concerns this month	from last month	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

Clinical Interpretation

* Overall analysis regarding whether the current services are meeting the service recipient's needs, if services can be decreased, initial plans for discharge, etc.

Signature and Title of Therapeutic Services Provider

Date