

## **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:**

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

**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"> <li>• Discuss what the provider has done to address the action needed,</li> <li>• How individual responded</li> <li>• What he accomplished</li> <li>• Any barriers to accomplishing the outcome</li> </ul>	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>
<b>Supports for Daily Life</b>	<b>Implementation, Progress, Barriers,</b>	<b>Follow up on recommendations</b>	<b>Changes or Follow Up</b>

	<b>Medical Concerns this month</b>	<b>from last month</b>	<b>Needed</b>
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
<b>Other Risks in Person's Life</b>	<b>Implementation, Progress, Barriers</b>	<b>Follow up on recommendations from last month</b>	<b>Changes or Follow Up Needed</b>
Same as above	Same as above	Same as above	Same as above
<b>Supports for Non-Routine Events</b>	<b>Implementation, Progress, Barriers</b>	<b>Follow up on recommendations from last month</b>	<b>Changes or Follow Up Needed</b>
Same as above	Same as above	Same as above	Same as above
<b>Planning Meeting Follow Up Issues</b>	<b>Implementation, Progress, Barriers</b>	<b>Follow up on recommendations from last month</b>	<b>Changes or Follow Up Needed</b>
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.

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**Signature and Title of Therapeutic Services Provider**

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**Date**