

**Self- Monitoring
TBIW Service Plan Quality Review
Initial/Annual/6 Month**

<p>This is an optional tool for case managers to use to assure they have placed all identified needs from the assessment onto the service plan. It is beneficial to have the assessment beside you to review as you are including items on the service plan. The sections below come straight from the Provider Review Tool used during your provider review.</p>	
<p>Required Areas to Address</p>	
<p>Place a ✓ beside each area once it has been included in the service plan.</p>	
	Detail of all services are in the member's Service Plan including, Service Type, Provider of Service, and frequency,
	Informal Supports that provide assistance are documented in the member's Service Plan,
	Social needs are addressed in the member's Service Plan,
	Emotional needs are addressed in the member's Service Plan,
	Educational needs are addressed in the member's Service Plan,
	Medical needs are addressed in the member's Service Plan,
	Service Plan contains reference to any other services regardless of source of payment.
	Crisis/backup plan for the following events Disruption in Personal Attendant Service, natural disasters and weather conditions was developed in the Service Plan
	The Service Plan meeting must be scheduled and held within seven (7) calendar days of the person's Assessment, not to exceed 14 business days from date of confirmation of enrollment.
<p>Required Signatures</p>	
<p>Place a ✓ beside each person once that signature has been included on the service plan.</p>	
	Person-Centered Service Plan was provided to the member or legal representative.
	The member attended (in person) and signed his/her Initial/Annual /6 Month Service Plan
	Court appointed legal Guardian (if applicable) attended (in person) and signed the Initial/ Annual /6 Month Service Plan.
	Case Manager attended (in person) and signed the Initial/ Annual/6 Month Service Plan.
	The Personal Attendant Service provider agency representative attended (in person) and signed the Initial/ Annual /6 Month Service Plan. (NA-if PO)