

Developmental Services  
**Medication Review**  
 Monitoring Checklist

Provider Number: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Review Date: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Reviewer Name: \_\_\_\_\_



\_\_\_\_\_

District: \_\_\_\_\_

\_\_\_\_\_

Location: \_\_\_\_\_

Agency Provider       Solo Provider       Onsite Review       Desk

Cite	Standard	Met	Not Met	N/A
<b>Explanation of Monitoring Tool Symbols/Codes</b>				
	Alert: Denotes a critical standard or cite relating to health, safety and rights. A deficiency requires a more intense corrective action and follow-up cycle.			
<b>“W”</b>	Weighted Element: A “W” followed by 2.0 or 4.0 in the Cite column denotes elements that have a greater impact on the monitoring score.			
<b>“R”</b>	Recoupment: An “R” in the Cite column denotes an element that is subject to recoupment of funds by the State if the element is “Not Met.”			
<b>B. Provider Qualifications and Requirements</b>				
1  W4.0	The provider is a consultant pharmacist licensed by the Department of Health and certified, in accordance with Chapter 465 F.S.			
<b>C. Service Times and Limits</b>				
2	The provider limits medication review services to two per fiscal year per individual.			
<b>D. Documentation</b>				
3	Provider has at a minimum a copy of the authorization for service.			
4 R	Provider has at a minimum a copy of a report summarizing the medication review.			
5 W2.0	The provider will follow-up with the prescribing physician on report recommendations and findings.			