

INSTRUCTIONS FOR THE QIS

These data sheets are appropriate for an Annual Quality Assurance Review of any and all adult service providers and Children's Group Homes.

There is no attached narrative, so in the comments sections it is imperative that bulleted information be included.

On each particular data worksheet, be sure to include narrative/bullets which explain deficiencies or commendations

Use appropriate scoring key listed at the top of each page ~ be consistent with the CODE you use.
for example - if using "+" for yes, use "+" on all sheets -or- if using "X" for yes, use "X" on all sheets...

SPECIFICS for WORKSHEETS

Please indicate in COLUMN M if there is a corresponding QAOS for narrative information included in each section

Refer to Appendix G in the Quality Assurance Process for more specifics of what to include

Adult Services Outline p1 - 3

Staff Training 1 & 2

IP Checklist

PSP Review

Add extra sheets as necessary, review the PSP, Actions, Protocols, Staff support provided, etc.

Residential Sites

Transportation

Staff Survey Pages 1 - 3

Ask one staff from each area one questions from each topic area. If they answer incorrectly, as a second question from that topic. If they still answer incorrectly, move on to the next topic area.

Refer to Appendix I in the Quality Assurance Process for specific questionnaire

Consumer survey 1
THIS SURVEY IS FOR CONSUMERS

USE this survey for consumers who can answer for themselves
Refer to Appendix J in the Quality Assurance Process for specific questionnaire

Consumer Support Survey 2
THIS SURVEY IS FOR CAREGIVERS

USE this survey to talk with caregivers when the consumer cannot answer for him/herself
Refer to Appendix J in the Quality Assurance Process for specific questionnaire

Developmental Disabilities Adult Service and Children's Group Home
Annual Quality Assurance Review

Agency Name: Creative Options
Evaluator(s): Mark Kluksdahl
Dates Covered by Review: 6/08-7/09

| DESK REVIEW: 7/09 | insert * QAOS # |
|--|--------------------|
| <p>Accreditation: Accreditation is no longer required by the state contract.</p> | |
| <p>Significant Events from the Agency:</p> <ul style="list-style-type: none"> *Creative Options has increased the number of individuals they serve. They have added three individuals into their program. *Creative Options has recently moved their office to 415 West Watson Lewistown MT 59457. Their mailing address is PO Box 614 Lewistown MT. *Creative Options is now a Qualified Provider for Residential Services, Transportation, and Community Supports. *Creative Options is currently working on becoming a Qualified Provider for Supported Employment. They hope to have this completed soon | |
| <p>Agency Internal Communications Systems:</p> <p>Creative Options continues to work on communication issues. They have been working with DDP and Case Management on weekly meetings for IM. There have been some inconsistencies with IM meetings and other required reports for the committee members and DDP. Creative Options has responded and issues are improving in this area. However, they are not getting the required meeting minutes in to the IM committee in a timely fashion. There are also issues of getting other required reports for IM in a timely fashion. Creative Options needs to improve in this area over the next fiscal year. QAOS # 4 for this years review and the Appendix I of their contract deal with these issues directly. Creative Options works with CMMC Case Management in Lewistown. Creative Options is always willing to listen and will try to improve communication. Creative Options uses phone, fax, and e-mail to communicate with DDP and Case Management.</p> | |
| <p>Policies and Administrative (DDP) Directives</p> <p>Creative Options follows policy, but is always having problems developing forms and systems to complete the processes in a timely fashion as required by policy. An example of this is Incident Management. They are improving on getting reports completed and having the required forms for the policy. Incident Management has been added to the Appendix I of their contract to continue to work on this policy and improve on it over the next fiscal year. DDP is working with Creative Options on finalizing a consistent Incident Management system. In addition QAOS # 1, 2, 3, and 4 deal with policy issues discovered in this years review. Creative Options always works well with DDP on complying or trying to comply with the complicated DD system within the State of Montana.</p> | |

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| DESK REVIEW: 7/09 | insert QAOS # |
|---|------------------|
| <p>Fiscal (audits, cost plans, invoices):</p> <p>Creative Options needs to complete a A-133 Federal Audit this fiscal year. It is also recommended by DDP that either a cash reserve and or credit at a bank be established in order to deal with any untimely issues that occur and to have the needed montly cash flow.</p> <p>Because Creative Options hadn't met the financial threshold DPHHS audit dept has not yet reviewed internal audits. When an internal audit is completed a copy should be sent to DPHHS audit division and the regioanal office. Creative Options submits required budgets and finacial information in a timely manner.</p> | |
| <p>Licensing (for Group Homes, Adult Foster sites and Assisted Living sites):</p> <p>Creative Options does not have any licensed facilities in their corporation at the time of this review.</p> | |

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| DESK REVIEW: 7/09 | insert QAOS # |
|--|------------------|
| <p>Quality Assurance Observation Sheets: (trends from past year)</p> <p>All QAOS sheets from the previous year have been accepted. QAOS # 2 from last years review involved employee orientation check lists. These has been developed and were present during this years review. QAOS # 3 dealt with staff surveys. These also have been developed and available during this years review period. QAOS # 1 dealt with no incident reports for two restraints that occurred in December of 08. This area continues to be monitored (See QAOS #4 from this years review and the Appendix I of Creative Options contract for FY 10). Incident reports are coming in on a more regular basis. Incident Management needs further work. QAOS # 4 from last years review dealt with lack of tracking on medication errors. This also has been resolved.</p> | |
| <p>Medication Errors: (trends from past year)</p> <p>See attached information. This information covers from 6/08-6/09</p> | |
| <p>Incident Management: (Incident Management Committees - IMC's & trend reports, summary trends, steps to address trends, and investigation summaries)</p> <p>See attached information to this report. This information covers from 6/08-6/09.</p> | |

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| | | | | | | | | |
|--|-----|-----|-------|-------|-----|--|--|--|
| Staff Related: 6/09 and 7/09 | | | | | | | insert QAOS # | |
| Evidence Found of Orientation Training | | | | | | | Use three to five staff ~ new hires | |
| staff initials | KG | AL | TA-CS | ML | CA | | | |
| + or X / - or no | X | X | X | X | X | | | |
| Note where evidence found: Found in personnel files | | | | | | | | |
| Evidence Found DDCPT or equivalent: | | | | | | | For intensive staffing only - LOC for Waiver indicates Intensive determination | |
| staff initials | KG | AL | TA-CS | ML | CA | | | |
| consumer initials | N/A | N/A | N/A | N/A | N/A | | | |
| + or X / - or no | | | | | | | | |
| Note where evidence found: Creative Options certifies their staff in MANDT. All staff are or have completed tier 1 of CDS. One staff has DDCPT | | | | | | | | |
| Evidence of Criminal Background Checks: | | | | | | | Use three to five staff ~ new hires | |
| staff initials | KG | AL | TA-CS | ML | CA | | | |
| yes/no | X | X | X | X | X | | | |
| Note where evidence found: Found in personnel files personnel files, staff training records, agency employment application | | | | | | | | |
| Evidence of Staff Survey: | | | | | | | Interview at least one staff per site visited, no less than 5 staff | |
| staff initials | TJB | EH | DW | TA-CS | CA | | | |
| + or X / - or no | X | X | X | X | X | | | |
| Note where evidence found: At the main office at Creative options | | | | | | | | |

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| Staff Related: 6/09 and 7/09 | | | | | | | insert QAOS # | |
|---|--|------|----|-------|----|----|------------------|--|
| Evidence | Found of Staff Training: Orientation checklists and certificates for completed training | | | | | | | |
| | staff initials | KG | AL | TA-CS | ML | CA | | |
| | 1st aid/CPR | No | X | X | X | X | | |
| | Abuse Prevention | X | X | X | X | X | | |
| | Client Rights | X | X | X | X | X | | |
| | Incident Reporting | X | X | X | X | X | | |
| | Confidentiality | X | X | X | X | X | | |
| | IP/PSP Process | X* | X* | X* | X* | X* | | |
| | CDS* complete w/in 6 months of hire date? | No** | X | X | X | X | | |
| Medication Cert | X | X | X | X | X | | | |
| Note where evidence found: * Reviewed in orientation checklist. They are working on getting all staff to go through the CDS module on PSP. Also they will send all managers and administration through the next available training. **KG was hired 3 months ago. Will be completed by July 1, 2009 * CDS = College of Direct Supports | | | | | | | | |
| Comments: ML-has completed tier 1 of CDS and is working on tier 2. | | | | | | | | |

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| IP Checklist: 6/09 and 7/09 | | Note Site Reviewed: | | | | Add sites as needed: | | | |
|--|--|---------------------|-----|-----|-----|----------------------|--|--|--|
| Consumer Initials | | SL | SL | SL | CSP | | | | |
| C R E A T I V E | Consumer/Family Survey | | | | | | | | |
| | PSP/IP Available to all Staff | X | X | X | No | | | | |
| | IPP/Actions Implemented | X | X | X | No | | | | |
| | Data for IPP/Actions | No | X | X | No | | | | |
| | Data Internally Monitored | X | X | X | X | | | | |
| | Self Medication Objective | No | *No | *No | N/A | | | | |
| | Consumer informed of grievance procedure | X | X | X | X | | | | |
| | SL consumer choice of SL staff | X | X | X | X | | | | |
| | Rights Restrictions | X | N/A | X | N/A | | | | |
| M O N I T O R I N G | PSP/IP Checklist | X | X | X | X | | | | |
| | PSP/IP completed Annually? | X | X | X | X | | | | |
| | Individual Needs Addressed? | X | X | X | X | | | | |
| | Assessment Based? | X | X | X | X | | | | |
| | Quarterly Reports? | X | X | X | No | | | | |
| | Incident Reports Addressed? | Yes | Yes | Yes | X | | | | |
| | Behavioral Supports Addressed? | Yes | Yes | Yes | N/A | | | | |
| | Functional Analysis Needed? | NO | No | NO | N/A | | | | |
| Free from Aversive Procedures? | X | X | X | X | | | | | |

Comments: (regarding service planning and delivery)

The following areas were noted during the review listed below. Otherwise everything else is in compliance.

Data missing for washing dishes and medication program for (See PSP review)

not on med program due to past history of overdosing and not taking his meds properly.

-not on med program due to mental health issues and other issues. The team felt at this time it was not appropriate for him to be on a self medication program.

PSP for was not available for staff. Data not being tracked properly. (See PSP review)

** = Case manager

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COPY THIS WORKSHEET AS NECESSARY
USE ONE SHEET PER PSP REVIEWED

For consumer's sampled, list the PSP actions and documentation supporting the delivery of those services. List all protocols and determine whether staff were able to accurately describe the supports necessary for the individual.

ICP = Individual Cost Plan

| Consume | Hours per ICP: | | | | | | | |
|------------------------|----------------|--|--|--|--|--|--|--|
| Actions per PSP | | Evidence support provided consistently? | | | | | | |
| | | Data missing for washing dishes and medication program. QAOS #1 Need to add trans to PSP | | | | | | |
| | | Data present on all action points. | | | | | | |
| | | Data is present. Need to add transportation to PSP and Daily schedule | | | | | | |
| | | No PSP available for staff to use. QAOS #2 . Some data not being tracked. | | | | | | |
| | | Data for checking his meds and data for checking to see if his apartment is clean and organized. QAOS # 3 | | | | | | |
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| | | | | | | | | |

| Protocols: | Evidence staff clearly understood and were able to implement protocol? |
|-------------------|--|
| | Yes |
| | Yes |
| | Yes-protocol is available to staff. |
| | Yes-protocols are available to staff. Need to formalize them following the OTC PRN |
| | Protocol guidelines from Dr.Justad |
| | |
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| Residential Site Checklist: 6/09 and 7/09 | | | | | insert QAOS # |
|---|--|--------|--------|--------|------------------|
| | Site Name | Site 1 | Site 2 | Site 3 | CS |
| H e a l t h S a f e t y | Bathing procedures posted | N/A | N/A | N/A | N/A |
| | Clean/Sanitary Environment | X | X | X | X |
| | Egress | N/A | N/A | N/A | N/A |
| | Hot Water Temps | 120 | 110 | 118 | did not check |
| | Emergency Assistance | X* | X* | X* | X |
| | Fire Extinguishers/smoke Detectors | X* | X* | X* | X |
| | 1st Aid/CPR Supplies Accessible/Available | X* | *No | *No | X |
| | PRN Medications | X | X | X* | N/A |
| | Medication Procedures | X | X | X | X |
| | Medication Locked Storage | X | X | X | X |
| | Medication Administration Records | X | X | X | X |
| | Staff Ratios or ICP staffing | X | X | X | X |
| | Awake Overnight Staff | X | X | X | N/A |
| | Adequate Supplies | X | X | X | N/A |
| | Storage of Supplies | X | X | X | N/A |
| Free from aversive procedures? | X | X | X | N/A | |
| D a i l y | Weekly integrated activities | X | X | X | X |
| | House or Site Rules | X | X | X | X |
| | Opportunities for choice, self determination | X | X | X | X |
| | Meal Prep, Mealtime | X | X | X | X |
| | Engagement in Daily Life | X | X | X | X |
| | Participation in Daily Living Skills | X | X | X | X |
| | Daily Leisure Opportunities | X | X | X | X |
| | Staff Trained in Individual Specifics | X | X | X | X |
| Comments: | | | | | |
| Site 1= -DDP recommends cleaning carpets in trailer. Lots of grease spots. has since moved to a new location this is no longer necessary to complete. Site 2= Site 3= *All fire drills are completed and current. At site 1 the fire drills were destroyed by former staff but they are current since 1/09. It was suggested by DDP that CO develops a system/policy to have the fire drills and other information moved on a regular basis from the SL sites (or any other sites developed in the future) to the main office. *CPR mask needed at home. Also needed at home as well * -PRN protocols need to be spelled out better. | | | | | |

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| Residential Site Checklist: 6/09 | | SL and CS | | | | | | | insert QAOS # |
|--|---|-----------|--|--|--|--|--|--|------------------|
| | Site Name | ALL | | | | | | | |
| T r a n s p o r t a t i o n | Driver Orientation Program | X | | | | | | | |
| | Wheelchair tie downs | N/A | | | | | | | |
| | Wheelchair Lift | N/A | | | | | | | |
| | Driver's Licenses | X | | | | | | | |
| | Emergency Supplies | X | | | | | | | |
| | Fire Extinguisher | X | | | | | | | |
| | Transportation Log | X | | | | | | | |
| | Scheduled Maintenance Program | X | | | | | | | |
| | Training--Staff Doing Maintenance Checks | X | | | | | | | |
| | Procedures for Timely Repairs | X | | | | | | | |
| | MDT* inspection on file (MDT vehicles only) | N/A | | | | | | | |
| Comments: Looked at sample of employees used for staff training checks. All required transportation items are currently met. * MDT = Montana Department of Transportation | | | | | | | | | |
| Comments: | | | | | | | | | |

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FOR EACH STAFF:
 Ask one question per topic area, if incorrect as a second
 if still incorrect move on the next topic area.
 (mark "+" or "X" if correct, "-" or "no" if not)

| Staff Survey: 6/09 and 7/09 | | Site 1 | KEY Site 2 | Site 3 | CS | insert QAOS # | | |
|--|---|----------|---------------|-----------|------------|------------------|--|--|
| A b u s e | Allegations are reported to? (APS) | X | X | No | X | | | |
| | Do you notify Supervisor first? (NO) | X | X | No | X | | | |
| | Steps to take if abuse is discovered? | | | | | | | |
| | Comments: Good DW-Did not know the answers to these questions. New employee here for 10 days | | | | | | | |
| r i g h t s | Suspect theft of gloves, steps to take? | X | | | | | | |
| | IP/PSP requests Doctors appt | | X | | X | | | |
| | No jacket, -25 consumer wants to leave | | X | X | | | | |
| | Review Right's Restriction | X | | X | N/A | | | |
| Comments: AL has a rights restriction on phones. Correctly identified the restriction | | | | | | | | |
| ** b m p ** | describe consumer behaviors | X | N/A | X | N/A | | | |
| | staff response to behaviors by plan | | N/A | | N/A | | | |
| | list proactive or environmental strategies | X | N/A | No | N/A | | | |
| | Comments: AI has a BMP. Staff correctly identified the behaviors and strategies. DW-New staff could give three behaviors. Could not given any other information. Just hired ten days before this interview. | | | | | | | |
| H O U S E H O L D E R S | former employee wants info | X | | X | X | | | |
| | what is consumer information? | | X | | X | | | |
| | training to meet health and safety needs? | | | X | | | | |
| | emergency evacuation procedures? | X | X | | N/A | | | |
| Comments: Good | | | | | | | | |
| Comments: Site 1=AL Site 3=DD Site 2=KH CS=KL ** = Behavior Management Plans | | | | | | | | |

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 (mark "+" or "X" if correct, "-" or "no" if not)

| Staff Survey: 6/09 and 7/09 | | Site 1 | KEY Site 2 | Site 3 | CS | | | | insert QAOS # |
|--|--|--------|------------|--------|-------|--|--|--|---------------|
| Staff Initials | | TJB | EH | DW | TA-CS | | | | |
| MEDICATIONS | describe procedure to assist with meds if med is unavailable? | X | | N/A | | | | | |
| | if gave wrong med? | | X | N/A | X | | | | |
| | if moving to a new place or gets new med? requirement to assist with meds? | | | N/A | | | | | |
| | describe PRN or OTC* is to be given | | X | N/A | | | | | |
| | what constitutes a med error? | X | | N/A | X | | | | |
| | Comments: Good DW-Not med certified yet. He was just hired 10 days prior to this interview. However he has a understanding of the process. | | | | | | | | |
| | * OTC = over-the-counter | | | | | | | | |
| EMERGENCY | steps to avoid power struggles | X | X | X | X | | | | |
| | how to respond to someone who is upset | | X | | X | | | | |
| | what if you start to lose control? | X | | X | | | | | |
| | Comments: Good | | | | | | | | |
| ** = Emotionally Responsible Caregiving | | | | | | | | | |
| INCIDENT REPORTING AND MANAGEMENT | when do you fill out an incident report? | X | | X | | | | | |
| | notifications for Emergency Room visit? | | X | | X | | | | |
| | consumer to consumer incidents | X | | | X | | | | |
| | who writes the Incident Report? | | X | X | | | | | |
| Comments: Good | | | | | | | | | |
| * = Incident Reporting and Management | | | | | | | | | |

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| Staff Survey: 6/09 and 7/09 | | KEY (mark "+" or "X" if correct answer, "-" or "no" if not) | | | | | insert QAOS # | |
|--|--|---|--------|--------|----|--|---------------|--|
| Staff Initials | | Site 1 | Site 2 | Site 3 | CS | | | |
| B | consumer destroying things | X | | X | X | | | |
| | staff pinches consumer back | X | X | No | | | | |
| | how do you know a support plan is needed? | | X | | X | | | |
| | Comments: Good DW-Needs training on APS issues. Newly hired within the last 10 days. | | | | | | | |
| I P / P S P | what is IP/PSP based on? | X | | X | | | | |
| | you have an idea for an objective..... | | | | X | | | |
| | why do assessments? | X | X | | X | | | |
| | How do you find out what someone would like to do? | | X | X | | | | |
| Comments: Good | | | | | | | | |
| * = IP = Individual Plan PSP = Personal Support Plan | | | | | | | | |
| Comments: | | | | | | | | |

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KEY (mark "+" or "X" if positive/correct, "-" or "no" if not)
 - or "no" indicates need for follow up
 and comments in lilac area below

| Consumer Questionnaire by QIS; 6/09 and 7/09 | | ALL questions are MANDATORY | | | | insert QAOS # |
|--|---|-----------------------------|------------|------------|------------|------------------|
| USE THIS FOLKS WHO CAN ANSWER QUESTIONS | | Consumer initials | | | | |
| Consumer has/shows ID card? (if PSP documents this is not applicable, mark NA) | | X | X | X | X | |
| C O n s u m e r | Do you have nice staff at home/work? | X | X | X | X | |
| | Is anyone mean to you at home/work? | X | X | X | X | |
| | Do you like where you live/work? | X | X | X | X | |
| | Are you ever afraid of anyone? | X | X | X | X | |
| | Someone hits/hurts you, who can you tell? | The police | The police | The police | The police | |
| | Does anyone talk to you about this? | X | X | X | ? | |
| | Can you get help when you need it? | X | X | X | X | |
| | from staff? | X | X | X | X | |
| | from Case Manager? | X | X | X | No | |
| | Can you get your own food/drink? | X | X | X | X | |
| | Do people come into your house/room without knocking or getting permission? | X | X | X | X | |
| | Do staff ever take things from you? | X | X | X | X | |
| | Can you get rides to places you need to go? | X | X | X | X | |
| | Rides to the places you want to go? | X | X | X | X | |
| | Who is your Case Manager? | X | X | X | X | |
| Does s/he talk to you about waiver services? | *NO | X | X | No | | |
| Does s/he help you get what you need? | X | X | X | No | | |
| Comments: | | | | | | |
| <p>said he would tell staff or tell his Case Manager if someone was hurting him. He is on a program learning about APS. indicated that Barb does not tell him about any services at Creative Options. However, documentation indicates otherwise. answered that he has not been threatened to go to MDC or any other place while getting.</p> <p>answered all questions correctly. indicated that no one has threatened him that he will go to MDC. indicated that things are ok. He indicated recently that a staff told him to "shut-up". Staff was on the phone and was being loud at that time. Currently, CO is dealing with this issue. He also indicated that a former staff had "been mean to him" This has been dealt with by CO. That particular staff has been let go and is no longer working at CO.</p> <p>overall was pleased with his services with CO except for his CM. The family has had issues with the CM and to a lesser extent CO so it is not surprising that is not happy with the CM. indicated that he has never been threatened by staff from CO. was a little shaky on his answer to the question concerning staff or others talking to him about how to tell if someone hurts you who should you tell. CO indicated that they will work on this area with him.</p> | | | | | | |

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KEY (mark "+" or "X" if positive/correct, "-" or "no" if not)
 - or "no" indicates need for follow up
 and comments in lilac area below

| Consumer Questionnaire (used by QIS). | | ALL questions are MANDATORY | | | | | | | insert QAOS # |
|--|---|-----------------------------|--|--|--|--|--|--|------------------|
| ASK CAREGIVERS IF THE CONSUMER IS UNABLE TO ANSWER QUESTIONS | | Consumer initials | | | | | | | |
| Support | Who helps this person and how? | | | | | | | | |
| | Are there some staff/peers they like better? | | | | | | | | |
| | Staff/peers they don't like? Why? | | | | | | | | |
| | Current needs not being met? | | | | | | | | |
| | Health and Safety related? | | | | | | | | |
| | Who do you talk to about these concerns? | | | | | | | | |
| | Does the person have input to his/her life? | | | | | | | | |
| | If you have concerns, who do you talk to? | | | | | | | | |
| | are they resolved? | | | | | | | | |
| | What are this persons wishes/dreams? | | | | | | | | |
| | is the plan moving that direction? | | | | | | | | |
| | what would make things better? | | | | | | | | |
| | does this person ever seem afraid? | | | | | | | | |
| | are you afraid for them? | | | | | | | | |
| | Does this person know how or where to report abuse? | | | | | | | | |
| | who provided that training? | | | | | | | | |
| | Who will the individual call or report to? | | | | | | | | |
| | who provided that info? | | | | | | | | |
| | Does the person have transportation to all services and places s/he would like to go? | | | | | | | | |
| | who is the person's case manager? | | | | | | | | |
| Does CM help the person access services? | | | | | | | | | |
| Does the CM explain waiver services? | | | | | | | | | |
| Does the person understand this info? | | | | | | | | | |
| Comments: | | | | | | | | | |