

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:
 Evaluator(s):
 Dates Covered by Review:

DESK REVIEW	* QAOS = Quality Assurance Observation Sheet	insert * QAOS #
Accreditation: Accreditation is no longer required by the state contract.		
Significant Events from the Agency: April '08 – April -09 <ul style="list-style-type: none"> • Special Olympic Area Games were held in April 2008. MDSC continues to show great attendance with 40 participants this year (almost a 68% participation rate)! For the State Games, 7 of our athletes represented MDSC in Billings. Once again, we had 1 client participate in the State Winter Games in Whitefish! • The Western Montana Fair was also a huge event where a number of residents entered their artwork, photographs and crafts. Several consumers were awarded ribbons for their entries. • MDSC also participated in a few Osprey games where clients and staff sold 50/50 raffle tickets while promoting MDSC services. All involved had a great time mingling with the crowd and watching the Osprey play. • Curtis Modular finished being built 10/08 with 4 clients moving in. The home is beautifully built and the clients who were selected to move in have been very successful in their new environment. • MDSC promoted 2 assistant managers into PM positions. Brad Crouch was promoted to Curtis PM on 6/09/08 and Wilma Bardgett was promoted to Kent PM on 3/16/09. 		
Agency Internal Communications Systems: MDSC utilizes a web based system (Therap Services) for documentation of client services, medical care including medical appointments and reporting of all incidents (internal, reportable and critical). All group homes and the Day Services Center have computers that include internet access.		
Policies and Administrative (DDP) Directives MDSC has appropriate policies in place that follow all DDP directives.		

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

Agency: MDSC
 Evaluator(s): Denise Smith/QIS
 Dates Covered by Review:

DESK REVIEW	insert QAOS #
<p>Fiscal (audits, cost plans, invoices):</p> <p>MDSC received an unqualified Audit for FY 2008 from Anderson – ZurMuehlen. There are no concerns or issues noted in the audit regarding MDSC’s fiscal management and auditor’s report was unqualified.</p>	
<p>Licensing (for Group Homes, Adult Foster sites and Assisted Living sites):</p> <p>MDSC has completed their annual Group Home licensing review. All homes were licensed. MDSC does not serve individuals in Adult Foster sites or Assisted Living sites.</p>	

Agency: MDSC
 Evaluator(s): Denise Smith
 Dates Covered by Review:

DESK REVIEW	insert QAOS #
<p>Quality Assurance Observation Sheets: (trends from past year)</p> <p style="text-align: right;">year.</p> <p>There were no trends or incidences that warranted the need for a QAOS during the past year. There is one concern noted during this annual review that resulted in a QAOS.</p>	
<p>Medication Errors: (trends from past year)</p> <p>MDSC serves a very medically involved population. They have have a medical group home that provides 24 hr nursing as well has having nursing staff on call for all consumers. They have a point based medication error policy and actions are determined by the seriousness of the error and the point value. Staff not only complete the state mandated medication tests but also have to complete a very rigorous medication training through MDSC. Staff who are involved in medication errors are evaluated and depending on the serious of the error must redemonstrate their competence with the assistance of medication administration. MDSC has struggled with staff turnover. When analyzing trends for this agency it appears that staff turnover has affected the error rate for one GH (Wylie) in particular. Medication errors are predominately incorrect dosages and missed medications. The number of medication errors for this agency is minimal when compared to the number of medications that each consumer is prescribed. The goal should always be zero percent medication errors but realistically this agency does an excellent job with medication administration and meeting the medical needs of their consumers.</p>	#01-09
<p>Incident Management: (Incident Management Committees - IMCs & trend reports, summary trends, steps to address trends, and investigation summaries)</p> <p>MDSC has a very comprehensive and working IMC Team. There is a core make up of administrative staff which includes the CEO, Director of Services, Day Services Supervisor, Medical Director and Day Center Nurse. Direct Care staff from both the center and the Group Homes and GH Program Managers are assigned and rotate every month. It is an extremely organized and effective group. The format is open and allows the opportunity to ask questions and receive answers. Follow-up on questions are timely and thorough. When it appears that perhaps a trend might be occurring the consumer or situation is referred to Behavior Support Committee. The Behavior Support Committee meets monthly and is comprised of Dr. Bill Doktor, a Pharmacist, the consumers CM and support staff. The committee analyzes the trend, the consumers behavior as well as takes a very focused look at medication and medical needs. IMC meeting notes and Trend reports are timely and comprehensive.</p>	#02-09

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

Agency: MDSC
 Evaluator(s): Denise Smith
 Dates Covered by Review:

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

Staff Related:

insert
QAOS #

Evidence Found of Orientation Training Use three to five staff ~ new hires

staff initials	KE	RW	GH		
+ or X / - or no	+	+	KE		

#03-09

Note where evidence found: Personnel files

Evidence Found DDCPT or equivalent: (CBT) For intensive staffing only - LOC for Waiver indicates Intensive determination

staff initials	KE	RW	GH	JB	JS	KP	SE	DB	
consumer initials									
+ or X / - or no	+	+	+	+	+	+	+	+	

Note where evidence found: Personell files and training files

Evidence of Criminal Background Checks: Use three to five staff ~ new hires

staff initials	KE	RW	GH		
yes/no	+	+	+		

Note where evidence found: 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								
+ or X / - or no		na	na	na	na			

Note where evidence found: Human resource files and training files. Met with training coordinator. Extensive training offered.

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 Evaluator(s):
 Dates Covered by Review:

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

Staff Related:

insert
QAOS #

Evidence Found of Staff Training:								
staff initials	KE	RW	JB	GH	SE	JS	DB	
1st aid/CPR	+	+	+	+	+	-	+	
Abuse Prevention	+	+	+	+	+	+	+	
Client Rights	+	+	+	+	+	+	+	
Incident Reporting	+	+	+	+	+	+	+	
Confidentiality	+	+	+	+	+	+	+	
IP/PSP Process	+	+	+	+	+	+	+	
CDS* complete w/in 6 months of hire date?	+	+	+	+	+	+	+	
Medication Cert	+	+	-	+	+	+	+	

Note where evidence found:

* CDS = College of Direct Supports

Comment: JS- The LPN's file reviewed indicated that his CPR/1st aide was expired by one month. He is scheduled to retake the test next month (May 09). As an LPN he is not required for nursing licensure to carry certification in these areas.

JB is a group manager whose Med. Certification expired last month. She has to take it also in May.

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

Agency: MDSC
 Evaluator(s): DENISE SMITH
 Dates Covered by Review:

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

IP Checklist:		Note Site Reviewed:				Add sites as needed:				insert QAOS #
		GH	GH	GH	GH	Day	Day	Day	Day	
Consumer Initials										
O n s i t e	Consumer/Family Survey	+	+	+	+	+	+	+	+	#04-09
	PSP/IP Available to all Staff	+	+	+	+	+	+	+	+	
	IPP/Actions Implemented	+	+	+	+	+	+	-	+	
	Data for IPP/Actions	+	+	+	+	+	+	-	+	
	Data Internally Monitored	+	+	-	+	+	-	-	-	
	Self Medication Objective	+	+	+	+	na*	+	+	+	
	Consumer informed of grievance procedure	+	+	+	+	+	+	+	+	
	SL consumer choice of SL staff	na	na	na	na	na	na	na	na	
	Rights Restrictions	na	na	na	na	na	na	na	na	
** M I N I P T	PSP/IP Checklist	+	+	+	+	+	+	+	+	
PSP/IP completed Annually?	+	+	+	+	+	+	+	+		
Individual Needs Addressed?	See below	+	+	+	No*	+	+	+		
Assessment Based?	+	+	+	+	+	+	+	+		
Quarterly Reports?	+	+	+	+	+	+	+	+		
Incident Reports Addressed?	+	+	+	+	+	+	+	+		
Behavioral Supports Addressed?	+	+	+	+	+	+	+	+		
Functional Analysis Needed?	na	na	na	na	na	na	na	na		
Free from Aversive Procedures?	+	+	+	+	+	+	+	+		
Comments: (regarding service planning and delivery)										
- File reviewed in both settings- no medication at day services. Needs not addressed completely- It was noted in the PSP that There were not any recommendations from a Speech and Language evaluation when in fact recommendations included 1. Potential for learning additional signs; 2 Good candidate for a relatively durable picture communication wallet to use in conjunction w/multi modalities such as sign, verbal or gestures and 1 month of intensive communication stimulation.										
- File reviewed in both settings- Data sheet to document episodes of regurgitation in Day program with no action or medical information relating to data sheet. Apparently it had been placed there by GH Manager but no follow through with Day services team.										
- Action in Day Services are not written the same as in the PSP very confusing to follow. Eating program Data ranges from 20%-										

100%. Could not understand how data is taken according to data sheet.#9 is different in day services client book then in PSP. Data collection information is not clear. Does not appear that staff understand the purpose or how to use the data sheets.

- Liquid tracking sheet in Day Services book. In the PSP it states that he needs to be reminded to drink water. Where does this information on the Liquid Tracking sheet go and how is it used? Data sheet very confusing regarding his action pertaining to working at McDonalds.

MDSC is very good at implementing all actions in the PSP. In Day services there are some concerns with the data sheets not making

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IP Checklist:		Note Site Reviewed:				Add sites as needed:				insert QAOS #
		GH	GH	GH	GH	Day	Day	Day	Day	
Consumer Initials										
O n s i t e	Consumer/Family Survey	+	+	+		+	+	+		
	PSP/IP Available to all Staff	+	+	+		+	+	+		
	IPP/Actions Implemented	+	+	+		+	+	+		
	Data for IPP/Actions	+	+	+		-	+	+		
	Data Internally Monitored	+	+	+		-	+	+		
	Self Medication Objective	+	+	+		+	+	+		
	Consumer informed of grievance procedure	+	+	+		+		+		
	SL consumer choice of SL staff	na	na	na		na	na	na		
Rights Restrictions	na	na	na		na	na	na			
**	M I N I P T	PSP/IP Checklist	+	+	+		+	+	+	
		PSP/IP completed Annually?	+	+	+		+	+	+	
		Individual Needs Addressed?	+	+	+		+	+	+	
		Assessment Based?	+	+	+		+	+	+	
		Quarterly Reports?	+	+	+		+	+	+	
		Incident Reports Addressed?	+	+	+		+	+	+	
		Behavioral Supports Addressed?	+	+	+		+	+	+	
		Functional Analysis Needed?	na	na	na		na	na	na	
		Free from Aversive Procedures?	+	+	+		+	+	+	
Comments: (regarding service planning and delivery)										# 04-09
<p>- The HTWWM was 3 years old in the Day Services Book- Bathroom Protocol -Data sheet key not followed (data information such as "not yet" is not measurable). The same activity was counted for two different programs- the OT activity and the exercise activity. There was no Implementation strategy for the communication program.</p> <p>**Site Review- MDSC does an excellent job of implementing programs and following the PSP providing their consumers with a full active lifestyle. There is some concern in Day Services and in one GH with their data collection process. 4-7 files revealed inconsistent, confusing or lack of data information. It does not appear that staff understand the data sheets or the data sheets are not appropriate for the action.</p>										

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Agency:
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KEY (mark "+" or "X" if present, "-" or "no" if not)

Make note of site reviewed

Residential Site Checklist:									insert QAOS #
Site Name		South H	Kent	Curtis Mod	Spurgin				
H e a l t h S a f e t y	Bathing procedures posted	+	+	+	+				
	Clean/Sanitary Environment	+	+	+	+				
	Egress	+	+	+	+				
	Hot Water Temps	+	+	+	+				
	Emergency Assistance	+	+	+	+				
	Fire Extinguishers/smoke Detectors	+	+	+	+				
	1st Aid/CPR Supplies Accessible/Available	+	+	+	+				
	PRN Medications	+	+	+	+				
	Medication Procedures	+	+	+	+				
	Medication Locked Storage	+	+	+	+				
	Medication Administration Records	+	+	+	+				
	Staff Ratios or ICP staffing	+	+	+	+				
	Awake Overnight Staff	+	+	+	+				
Adequate Supplies	+	+	+	+					
Storage of Supplies	+	+	+	+					
Free from aversive procedures?	+	+	+	+					
D a i l y	Weekly integrated activities	+							
	House or Site Rules	+	+	+	+				
	Opportunities for choice, self determination	+	+	+	+				
	Meal Prep, Mealtime	+	+	+	+				
	Engagement in Daily Life	+	+	+	+				
	Participation in Daily Living Skills	+	+	+	+				
	Daily Leisure Opportunities	+	+	+	+				
	Staff Trained in Individual Specifics	+	+	+	+				
All sites visited were clean. Bathing procedures are posted in every bathroom in a confidential manner. Medication is appropriately stored and locked. Every home enjoys a variety of community outings that are specific to individual interests or group interests. There are no house rules or site rules that every consumer must adhere to. Every individual treats the site as their home with their own room as their private space. Common areas are clean and arranged to accommodate a family style setting.									

Agency: MDSC
 Evaluator(s): Denise Smith
 Dates Covered by Review: April 2008- April 2009

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

Residential Site Checklist:								insert QAOS #
	Site Name	MDSC Center	SH	Spurgin	Kent	Curtis Mod		
T r a n s p o r t a t i o n	Driver Orientation Program	+	+	+	+	+		
	Wheelchair tie downs	+	+	+	+	+		
	Wheelchair Lift	+	+	+	+	+		
	Driver's Licenses	+	+	+	+	+		
	Emergency Supplies	+	+	+	+	+		
	Fire Extinguisher	+	+	+	+	+		
	Transportation Log	+	+	+	+	+		
	Scheduled Maintenance Program	+	+	+	+	+		
	Training--Staff Doing Maintenance Checks	+	+	+	+	+		
	Procedures for Timely Repairs	+	+	+	+	+		
MDT* inspection on file (MDT vehicles only)								
Comments:								
* MDT = Montana Department of Transportation								
Comments:								
<p>MDSC has a maintenance position whose job duties include vehicle and lift maintenance and employee vehicle orientation/ training. All transportation related records were kept at the main center. Human Resource had copies of all employees Driver's Licenses and Motor Vehicle records. Training records are kept by the Training Coordinator and records relating to the upkeep of vehicles are kept by the the Maintenance position. MDSC's policy is that no one under the age of 21 can drive the vehicles. They have 2 levels of vehicle training, basic van training which includes wheelchair tie down and lift operation and advanced training which includes training on how to drive the MDSC bus. All employees are trained to drive the standard vans and then depending on position, experience and interest they complete the bus drivers training. All records were in order. Maintenance on wheelchair lifts are completed weekly and the agency works closely with an area Occupational Therapist who specializes in wheelchairs and lifts.</p>								

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Agency:
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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)

KEY

Staff Survey:		Staff Initials	Staff #1	Staff #2	Staff #3	Staff #4				insert QAOS #
A b u s e	Allegations are reported to? (APS)	-	-	-	-					#05-09
	Do you notify Supervisor first? (NO)	-	-	-	-					
	Steps to take if abuse is discovered?									
	Comments: This is an area of concern. Only one staff person stated that they would notify APS if concerns were not addressed. All staff replied that they would notify their supervisor. It is important that staff understand that they are mandated to report to APS when there are concerns regarding abuse or neglect and that supervisors do not have to be informed prior to the APS report.									
r i g h t s	Suspect theft of gloves, steps to take?	+	+	+	+					
	IP/PSP requests Doctors appt									
	No jacket, -25 consumer wants to leave									
	Review Right's Restriction									
Comments:										
** b m p **	describe consumer behaviors	+	+	+	+					
	staff response to behaviors by plan	+	+	+	+					
	list proactive or environmental strategies									
	Comments: Very impressive understanding of individual consumer behaviors, needs and communication abilities.									
H o u s e h o l d e r s	former employee wants info	+	-	+	+					
	what is consumer information?		+							
	training to meet health and safety needs?		+							
	emergency evacuation procedures?		+							
Comments: Staff demonstrated an understanding of what is considered confidential information. One staff was unclear what to do if it was a former employee requesting information but demonstrated understanding that it was questionable and the importance of maintaining confidentiality regarding consumer information.										
Comments:										

** = Behavior Management Plans

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 Dates Covered by Review:

FOR EACH STAFF:
 Ask one question per topic area, if incorrect as a second
 if still incorrect move on the next topic area.

Staff Survey:		Staff #1	Staff #2	Staff #3	Staff #4				insert QAOS #
Staff Initials									
m e d i c a t i o n s	describe procedure to assist with meds	+	+	+	+				
	if med is unavailable?								
	if gave wrong med?								
	if moving to a new place or gets new med?								
	requirement to assist with meds?								
	describe PRN or OTC* is to be given	+							
	what constitutes a med error?								
Comments: Staff was well trained in this area									
* OTC = over-the-counter									
E R C	steps to avoid power struggles	+							
	how to respond to someone who is upset		+	+	+				
	what if you start to lose control?								
	Comments: Staff understood what was meant by power struggles. They were able to explain a situation when a specific consumer was upset and how they handled that situation. All staff handled situations in a very respectful way that avoided power struggles								
** = Emotionally Responsible Caregiving									
I N C I D E N T R E P O R T I N G A N D M A N A G E M E N T	when do you fill out an incident report?	+	+	+	+				
	notifications for Emergency Room visit?								
	consumer to consumer incidents	+							
	who writes the Incident Report?		+						
	Comments: Staff had clear understanding of Incident reporting.								
* = Incident Reporting and Management									

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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.

Staff Survey:		KEY (mark "+" or "X" if correct answer, "-" or "no" if not)							insert QAOS #
		Staff #1	Staff #2	Staff #3	Staff#4				
Staff Initials									
B O H O M E	consumer destroying things	+		+	+				
	staff pinches consumer back		+						
	how do you know a support plan is needed?								
	Comments: Staff were very knowledgeable of client protocols and behavior plans.								
* I P / P S P	what is IP/PSP based on?	+	+	+	+				
	you have an idea for an objective.....		+						
	why do assessments?								
	How do you find out what someone would like to do?								
	Comments: Staff indicated that they do have input into PSP's. Level of input does seem to depend on Group Home Manager. Addressing this expectation as an agency is encouraged.								
* = IP = Individual Plan PSP = Personal Support Plan									
Comments:									

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

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 Evaluator(s):
 Dates Covered by Review:

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.		ALL questions are MANDATORY					insert QAOS #
USE THIS FOR FOLKS WHO CAN ANSWER QUESTIONS							
Consumer initials							
Consumer has/shows ID card? (if PSP documents this is not applicable, mark NA)		+	+	+			
c o n s u m e r	Do you have nice staff at home/work?	+	+	+			
	Is anyone mean to you at home/work?	+	+	+			
	Do you like where you live/work?	+	+	+			
	Are you ever afraid of anyone?	+	+	+			
	Someone hits/hurts you, who can you tell?	+	+	+			
	Does anyone talk to you about this?	+	+	+			
	Can you get help when you need it?	+	+	+			
	from staff?	+	+	+			
	from Case Manager?	-	+	+			
	Can you get your own food/drink?	+	+	+			
	Do people come into your house/room without knocking or getting permission?	+	+	+			
	Do staff ever take things from you?	+	+	+			
	Can you get rides to places you need to go?	+	+	+			
	Rides to the places you want to go?	+	+	+			
Who is your Case Manager?	+	+	+				
Does s/he talk to you about waiver services?	NA	NA	+				
Does s/he help you get what you need?	+	+	+				
Comments: Consumer's were very clear that they liked where they lived and they liked the staff that worked with them. All consumer's discussed other consumer's whom they didn't care for but stated that they were not afraid of those consumers. It was evident through the consumer interviews and the staff interviews that a consumer's property and space is respected. The consumers interviewed did not have the ability to understand the concept of a "Waiver Service".							

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 "-" or "no" indicates need for follow up
 and comments in the 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								
S u p p o r t	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?	NA	NA	NA	NA			
	Who provided that training?	Staff	Staff	Staff	Staff			
	Who will the individual call or report to?	NA	NA	NA	NA			
	Who provided that info?	NA	NA	NA	NA			
	Does the person have transportation to all services and places s/he would like to go?	+	NA	NA	NA			
	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?	NA	NA	NA	NA				

Comments:

- Staff know this person very well. Staff stated that better walking shoes would help him walk more-Knows that is afraid of medical personell such as lab techs, knew favorite staff and how he communicates. Very comfortable and knowlegable regarding client. Staff did not know CM but there have been two CM changes in the last few months. Every consumer has a curriclm regarding abuse neglect and exploitation-WM does not have the cognitive nor communicative ability to express the information. cannot communicate who his CM is or the information regarding waiver services.

has not been in services a very long time Staff interviewed answered with a knowledge base that was impressive. has very limited communication skills though she is able to communicate basic wants and needs.

is a long term client. Staff knew and liking and respect for this individual was evident in the staff person described Excllent understanding of client needs.