

Click to reset form

Participant name:

Case manager name:

Date of visit:

Location:

Time in:

Time out:

List individuals present:

**1. Preparation for Visit: Summarize any individual issues which should be addressed at this visit based on preparatory work.**

**2. Rights: List any rights restrictions you observed or learned about during the site visit. Check all that apply.**

- 1. Use of interventions containing rights restrictions without HRC approval
- 2. Use of EPR without HRC approval
- 3. In an agency operated building, the person does not have access to all areas of the setting (except based on safety & confid.)
- 4. Accessibility issues or concerns
- 5. Limited or denied access to non-disability specific settings/people
- 6. Limited or no privacy
- 7. No observable rights restrictions

**3. Rights: List any noted concerns with DSP awareness of important rights issues for the person. Check all that apply.**

- 1. DSP not aware of guardianship status
- 2. DSP not aware of applicable Decision Consultation Form (DCF)
- 3. DSP not aware of applicable Team Justification forms
- 4. DSP not aware of important rights
- 5. Other (explained in Rights Summary below)
- 6. Not applicable-No DSP are present
- 7. None of the above

**4. Rights Summary: Provide overall summary and detail of any positive observations and/or additional concerns, essential information which provides evidence for responses, and/or important detail needed to explain responses.**

**5. Individual Satisfaction: List any concerns identified regarding individual satisfaction. Check all that apply.**

- 1. Not satisfied with living care arrangement
- 2. Not satisfied with the level of choice offered in shopping for clothes, groceries, or other personal preferences
- 3. Not satisfied with choice of housemates
- 4. Not satisfied with level of choice offered in determining personal schedule
- 5. Has complaints about providers
- 6. Not satisfied with level of involvement in meal planning and choice of meals
- 7. Not satisfied with current relationships
- 8. Not satisfied with his/her community access and involvement
- 9. Not satisfied with level of access to personal money
- 10. Not satisfied with access to transportation
- 11. Not satisfied with job or job-related supports
- 12. Other (explained in Individual Satisfaction Summary below)
- 13. No concerns identified at this site visit

**6. Individual Satisfaction: List any concerns the person has with the ISP. Check all that apply.**

- 1. No longer satisfied with Vision(s)
- 2. Not satisfied with Desired Outcomes (Goals)
- 3. Not satisfied with the support he/she is receiving to accomplish his/her goals
- 4. Other (explained in Individual Satisfaction Summary below)
- 5. No concerns identified

**7. Individual Satisfaction: Is the person currently satisfied with his/her job status?**

- 1. Currently working and wants to keep working
- 2. Currently not working but wants to work
- 3. Currently does not want to work

**8. Individual Satisfaction Summary: Individual Satisfaction Summary: Based on above responses and any additional information gathered, how satisfied is the person with current services, choices, providers, relationships, and supports?**

1. Very      2. Mostly      3. A little      4. Not at all      5. Cannot determine

**9. Individual Satisfaction Summary: Provide detail of any positive observations and/or additional concerns, essential information which provides evidence for responses, and/or important detail needed to explain responses.**

**10. Environment: List any concerns with the environment at home or agency operated facility. Check all that apply.**

- |   |  |
|---|--|
| <input type="checkbox"/> 1. NA on community site visit  | <input type="checkbox"/> 5. Unsafe medication storage                      |
| <input type="checkbox"/> 2. Unhealthy conditions (e.g., excessive dirt, stale food, bugs, mold, rodent droppings, etc.) | <input type="checkbox"/> 6. Obvious need for environmental modification    |
| <input type="checkbox"/> 3. Setting unsafe  | <input type="checkbox"/> 7. Other (explained in Environment Summary below) |
| <input type="checkbox"/> 4. Lack of access to adequate food   | <input type="checkbox"/> 8. No concerns identified at this site visit      |

**11. Environment Summary: Provide detail of any positive observations as well as additional concerns, essential information which provides evidence for responses, and/or important detail needed to explain responses.**

**12. Equipment: List any equipment in a person’s ISP that is not present and functioning at the site if applicable to the person. Check all that apply.**

- 1. Durable Medical Equipment
- 2. Assistive Technology
- 3. Augmentive Communication Device
- 4. Personal Support Technology
- 5. No concerns identified during the site visit

**13. Equipment Summary: List the specific items seen and working as well as those that were seen but not functioning or not being used as indicated. Explain follow up action needed.**

**14. Health: List any concerns with the presentation of the person observed during the site visit. Check all that apply.**

- |   |  |
|---|--|
| <input type="checkbox"/> 1. Observable unmet physical needs (injury, sickness)          | <input type="checkbox"/> 4. Signs of pain including dental pain                |
| <input type="checkbox"/> 2. General appearance (clothing, grooming, etc.)               | <input type="checkbox"/> 5. Other (explained in Health Summary Question below) |
| <input type="checkbox"/> 3. Odor (indicating sickness, hygiene, high blood sugar, etc.) | <input type="checkbox"/> 6. No concerns identified during the site visit       |

**15. Health: List any changes in health status identified at the site visit. Check all that apply.**

- |  |   |
|--|---|
| 1. Changes in seizure frequency  | 5. Changes in activity level, mood, or other typical behavior/routines that may indicate a health concern |
| 2. Changes in aspiration frequency or new signs/symptoms of aspiration | 6. Unexpected weight gain or loss   |
| 3. Changes in sleep patterns   | 7. Other (explained in Health Summary question below)   |
| 4. Changes in bowel/bladder function                                   | 8. No noted concerns  |

**16. Health: At least quarterly, list any missing, inaccurate, or outdated health related documents that belong at the setting or should be electronically accessible to DSP. Check all that apply.**

- |   |   |
|---|---|
| 1. HCP  | 7. MAR, including PRN medications               |
| 2. MERP                                       | 8. Health tracking not complete as required     |
| 3. CARMP                                      | 9. Other (explained in Health Summary question) |
| 4. Dietary instruction                        | 10. Quarterly review already complete           |
| 5. Oral care plans                            | 11. No missing, outdated, or inaccurate plans   |
| 6. Hospital discharge plan or physician order |   |

**17. KPI #2: Health (Medical Appointments): How many health-related appointments have been completed during the calendar month prior to this month's site visit?**

**18. KPI #2: Health (Medical Appointments) How many health-related appointments should have been completed during the calendar month prior to this month's site visit?**

**19. Health (Medical Appointments): Based on preparation and completion of this site visit, list appointments that should be scheduled timely (e.g. swallow study ordered but not scheduled.)**

**20. Health: Are there any observable, documented or reported concerns that indicate the need for a referral to or consultation with an existing or new therapy discipline?**

- |  |   |
|--|---|
| 1. Yes (explained in Health Summary below) | 2. No (explained in Health Summary below) |
|--|---|

**21. Health Summary: Provide detail of any additional concerns, essential information which provides evidence for responses, and/or important detail needed to explain responses.**

**22. Behavior: List any behavior plans that DSP are not aware of when applicable to the person. Check all that apply.**

- |         |  |
|---------|--|
| 1. PBSP | 5. DSP aware of all applicable plans       |
| 2. BCIP | 6. Not applicable - no DSP present         |
| 3. PPMP | 7. Not applicable- no behavior plans apply |
| 4. RMP  |  |

**23. Behavior: At least quarterly, list any applicable behavior plans missing from the service setting or electronically accessible, as applicable to the person. Check all that apply.**

- |         |  |
|---------|--|
| 1. PBSP | 4. PPMP                                    |
| 2. BCIP | 5. Quarterly review already completed      |
| 3. RMP  | 6. No plans missing                        |
|         | 7. Not applicable- no behavior plans apply |

**24. Behavior: Are there any observable, documented or reported behaviors that indicate a referral to an existing or new BSC is needed?**

- |  |   |
|--|---|
| 1. Yes (explained in Behavior Summary below) | 2. No (explained in Behavior Summary below) |
|--|---|

**25. Behavior Summary: Provide detail of any positive observations and/or additional concerns, essential information which provides evidence for responses, and/or important detail needed to explain responses.**

**26. Service Delivery: List DSP interactions with the person that demonstrate dignity and respect for the person. Check all that apply.**

- |  |  |
|--|--|
| 1. DSP offer adequate choice in shopping (e.g., clothes, groceries, other) | 5. DSP provide the person with information and opportunities to make informed choices  |
| 2. DSP adequately involve the person in meal planning and choice of meals  | 6. DSP communicate appropriately with the person, showing respectful tone  |
| 3. DSP allow the person privacy  | 7. NA- No DSP present  |
| 4. DSP include the person in developing his/her schedule                   | 8. DSP interactions with the person do not consistently demonstrate dignity and respect (explained in Service Delivery summary question) |

**27. Service Delivery: Does the person have the level of support needed at the setting?**

- |  |   |
|--|---|
| 1. Yes (explained in Service Delivery Summary below) | 2. No (explained in Service Delivery Summary below) |
|--|---|

**28. KPI #3: Service Delivery: (CCS in Non-Disability Specific Settings): Is the person accessing CCS in a non-disability specific setting?**

1. Yes            2. No            3. Does not have CCS

**29. Service Delivery Summary: Provide detail of any positive observations as well as additional concerns, essential information which provides evidence for responses, and/or important detail needed to explain responses.**

**30. ISP: Is the complete ISP, including TSS and WDSI's, current and accessible to the DSP at the site?**

- 1. Yes
- 2. No
- 3. Partial (explained in ISP Summary below)
- 4. Unable to determine if no DSP are present or visit occurs in community setting

**31. ISP: Can DSP describe essential elements of the ISP?**

1. Yes            2. No            3. Partial            4. Unable to determine at this site visit

**32. ISP: Can DSP describe their role in implementing TSS and WDSI's?**

1. Yes            2. No            3. Partial            4. Unable to determine at this site visit

**33. ISP: Is work on Desired Outcomes documented or demonstrated?**

1. Yes (Explained in ISP Summary below)            3. Partial (Explained in ISP summary below)  
2. No (Explained in ISP Summary below)            4. Unable to determine at this visit

**34. KPI #1: (ISP Implementation): Does the balance of the evidence suggest that the ISP is being implemented?**

1. Yes            2. No            3. Partial            4. Unable to determine at this site visit

**35. ISP: Are there any significant health, behavior, individual preferences, other life changes or other notable issues that may suggest the need to revise the ISP?**

- 1. Yes (explained in summary below)
- 2. No (explained in summary below)

**36. ISP Summary: Provide detail of any additional concerns, essential information which provides evidence for responses, and/or important detail needed to explain responses.**

**37. ANE: Are there any reportable incidents identified during the site visit?**

1. Yes (explained in ANE Summary question below)      2. No

**38. ANE: Do DSP know how to report ANE?**

1. Yes      2. No      3. NA-No DSP Present

**39. ANE: Is the IASP being followed (when applicable)?**

1. Yes      2. No      3. NA- Provider has not provided IASP      4. NA- No known ANE report

**40. ANE: If an ANE investigation was opened, check the response that applies since last site visit.**

1. A Decision Letter: SUBSTANTIATED was received, an IDT meeting that covers all areas in the decision letter was held, and the meeting minutes were sent to IMB within 10 days of receipt of the letter.
2. A Decision letter: SUBSTANTIATED was received, and an IDT meeting and/or submission of meeting minutes to cover ALL the areas in the Decision Letter is still needed.
3. No Decision Letter received so far.
4. Not applicable - No open ANE investigation.

**41. ANE: If an ANE investigation was opened, check the response that applies since last visit.**

1. A Closure Letter: SUBSTANTIATED was received, and I verbally notified the victim of the outcome from the closure letter during this visit.
2. A Closure Letter: UNSUBSTANTIATED was received, and I verbally notified the alleged victim of the outcome from the closure letter during this visit.
3. No Closure Letter received so far.
4. Not applicable - No open ANE investigation.

**42. ANE Summary: Provide detail of any additional concerns, essential information which provides evidence for responses, and/or important detail needed to explain responses.**

**43. Actions Needed: List follow-up actions needed before the next site visit. Check all that apply.**

- 1. Collaborate, coordinate, and share information with other DD Waiver Service Providers
- 2. Contact guardian
- 3. Request provider action
- 4. Request health tracking updates
- 5. Seek scheduling confirmation from agency nurse, HCC or responsible party
- 6. Schedule an IDT meeting
- 7. Review / provide SFOCs
- 8. Refer to DVR
- 9. Refer to Therapist or BSC
- 10. Contact agency nurse
- 11. Follow up with Aspiration Risk Management activities
- 12. Request HRC review
- 13. Make an ANE report (DHI Hotline: 1-800-445-6242)
- 14. Link or refer to specialty clinic or community resource
- 15. Contact MCO Care Coordinator
- 16. File RORA about lack of access to specialty services for more than 2 months
- 17. File RORA for lack of provider action or technical assistance
- 18. Provide education about DNR or advanced directives
- 19. Other (explained in Actions Summary question below)
- 20. No further action needed based on the site visit

**44. Actions Needed Summary: Provide detail of any additional concerns, essential information which provides evidence for responses, and/or important detail needed to explain responses.**

**45. Quality Assurance (Optional per Agency's QA procedure): Document information related to agency QA of this document.**

**Overall Summary Notes**