



Person:	Service Visited: <input type="checkbox"/> TCM <input type="checkbox"/> Day / Employment <input type="checkbox"/> Residential
Birth Month:	Service Provider:
TCM:	Address of site visited:
Date of Visit:	Staff present:
QO Visit completed by:	Contact Phone Number:

Person visited is non-verbal; who provided responses on behalf of the Person? _____

I. Person Centered Support Planning

(30-63-21: The provider shall prepare a written person-centered support plan for each person served that is developed with the person, the guardian, and the support network, includes a description of the preferred lifestyle, how choice is provided, training and support needed, any consequences of choices, history of decision making, limitations to reaching the preferred lifestyle, goals towards achieving the preferred lifestyle and delivery of services)

The Person has a current Person Centered Support Plan within the past 12 months (located on site)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Person Centered Support Plan is signed/dated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Person Centered Support Plan includes Person's measurable Goals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
The services/supports in place focus on the Person's Goals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Individual participated in Person Centered Support Planning process	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
The staff present have been trained on the Person Centered Support Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Community Employment is discussed as a service option in the Person Centered Support Plan (ages 18-65)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
The Person has a current Behavior Support Plan within the past 12 months (located on site) with Committee approval	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
The staff present have been trained on the Behavior Support Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comments:			

II. Rights & Responsibilities & Abuse/Neglect/Exploitation

(30-63-22: Each provider shall at all times encourage and assist each person served to understand and exercise the person's individual rights and to assume the responsibilities that accompany these rights) & (30-63-28: Whenever any agent of a provider suspects abuse, neglect, or exploitation has taken place that agent shall immediately take appropriate action to ensure that any involved person and all others are protected while an investigation is conducted)

The right to privacy is observed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Whenever possible, choices are offered (daily living, housing, work, etc.).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
The Person can name at least two of their individual rights	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No Response
The Person can name at least two people to tell if someone was hurting or taking advantage of him/her	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No Response
The staff has an understanding of abuse/neglect/exploitation & how to report it to Protection Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:			



III. Individual Health & Nutrition Assistance

(30-63-24 & 30-63-25: A provider shall assist each person served, as necessary, in obtaining the medical and dental services to which the person has access and that may be required for the person's specific health care needs. The provider shall assist each person served in obtaining daily access to a well-balanced, nutritious diet consistent with the provisions of 30-63-21 regarding opportunities of choice)

Who coordinates the Person's health care?	<input type="checkbox"/> Person	<input type="checkbox"/> Family	<input type="checkbox"/> Agency
Procedures are in place for medication administration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
The Person, to the best of his/her ability, has the opportunity to participate in meal planning	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comments:			

IV. Staffing

(30-63-26: A provider shall provide professional and direct service staff in numbers sufficient to meet the support and service needs of each person being served, an employee should be able to perform job duties before working without oversight, each employee will satisfactorily perform job duties, sufficient staff trained in first aid and CPR present, professionals subject to certification or accreditation standards are in compliance with those standards, each staff will monitor personal health and avoid exposing person served to contagious disease or health endangerment)

The staff can describe how they support the Person in meeting their daily needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
The staff can describe how they support the Person in engaging in activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
The Person can name regular activities in which he/she participates	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
The staff to Person interaction is positive and responsive	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Personal Care Services staff has a job description/list of responsibilities & has received training	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comments:			

V. Emergency Preparedness

(30-63-27: Each agent of the provider shall be trained in general fire, safety, and emergency procedures, to evacuate, account for persons present in the building, have a designated meeting place outside and storm shelter, and respond to emergency conditions including power outages or flooding)

The Person and staff are aware of designated emergency evacuation routes / shelter areas	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Routine emergency drills are conducted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Appropriate fire and safety equipment is in good repair and readily accessible	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comments:			



VI. Environmental Issues

(30-63-30: A provider shall maintain each site in which services are provided to any person and that is owned, leased, or made available by contract to be operated by a provider, any employee or board member or a provider, or any entity owned or controlled by a provider, a site shall meet these requirements)

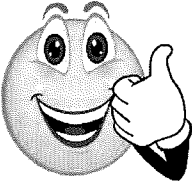
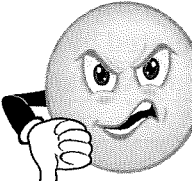
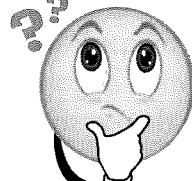
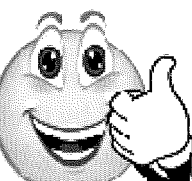
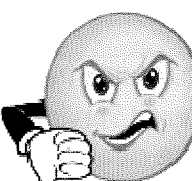
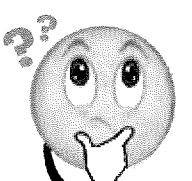
The space is adequate for the Person's needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
The area is clean	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
The area seems safe	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
The area and materials are in good repair	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Main routes of travel are free of obstacles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comments:			

VII. Person-Centered Service Plan

(M2018-042: Intellectual and Developmental Disability Person-Centered Service Plan: All participants of a 1915 (c) HCBS waiver shall have a Person-Centered Service Plan completed by their Managed Care Organization (MCO). The plan's contents shall be clearly documented, including the scope, amount and duration of services established based on participant assessment when a signature is obtained. The MCO Care Coordinator shall obtain a signature of understanding from the participant or participant's designated legal representative prior to implementation of the Person-Centered Service Plan. The MCO Care Coordinator shall supply each of the participant's applicable providers with a copy of the Person-Centered Service Plan within the established timeframe of the Person-Centered Service Plan meeting.)

The Person has a current Person-Centered Service Plan within the past 12 months (located on-site)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The Person-Centered Service Plan is signed/dated	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:		

* Indicate only the Person's response to the questions below*

<p>How do you feel about where you are living?</p>	 <input type="checkbox"/> HAPPY	 <input type="checkbox"/> UNHAPPY	 <input type="checkbox"/> I DON'T KNOW	<input type="checkbox"/> NO RESPONSE
<p>How do you feel about what you do during the day?</p>	 <input type="checkbox"/> HAPPY	 <input type="checkbox"/> UNHAPPY	 <input type="checkbox"/> I DON'T KNOW	<input type="checkbox"/> NO RESPONSE

Is there anything you would like to change about your TCM services?

Yes No

If yes, please explain _____