



**Rolland v. Patrick**

**Active Treatment Protocol for Class Member:** \_\_\_\_\_

**Reviewer: Please check the box (☐) next to the question number to indicate verification of pre-entered data.**

- 1. ☐ Social Security Number: \_\_\_/\_\_\_/\_\_\_ 2. ☐ Identifier: \_\_\_\_\_
- 3. ☐ Date of Birth: \_\_\_/\_\_\_/\_\_\_ 3.a. ☐ Age: \_\_\_ 4. ☐ Gender: \_\_\_ Female \_\_\_ Male
- 5. ☐ Ethnicity: \_\_\_ Asian; \_\_\_ Black; \_\_\_ Hispanic; \_\_\_ Caucasian; \_\_\_ Native American; \_\_\_ Other (specify) \_\_\_\_\_
- 6. ☐ Legal Guardian's Name: \_\_\_\_\_ 6.a. ☐ Telephone: (\_\_\_\_)\_\_\_\_-\_\_\_\_
- 6.b. ☐ Address: \_\_\_\_\_ 6c. ☐ Is the Legal Guardian a corporate guardian? \_\_\_ Yes \_\_\_ No
- 7. ☐ Nursing Facility at which Class Member resides: \_\_\_\_\_
- 7.a. ☐ Address: \_\_\_\_\_ 7.b. ☐ Telephone: (\_\_\_\_)\_\_\_\_-\_\_\_\_
- 8. ☐ Date the Class Member entered (nursing facility name): \_\_\_/\_\_\_/\_\_\_.
- 9. ☐ Day Service Provider: \_\_\_\_\_
- 9.a. ☐ Where (address) is day/Specialized Service provided? \_\_\_\_\_
- 9.b. ☐ Telephone of service provider: (\_\_\_\_)\_\_\_\_-\_\_\_\_ 9.c. ☐ \_\_\_ hours per day are provided; 9.d. ☐ \_\_\_ hours per week.

Reviewer's Name: \_\_\_\_\_ Telephone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

QR Judge: \_\_\_\_\_ Telephone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Date of On Site Review: \_\_\_/\_\_\_/\_\_\_ Date Received by QR Judge: \_\_\_/\_\_\_/\_\_\_ Date Received by Court Monitor: \_\_\_/\_\_\_/\_\_\_

## 10. DESCRIPTION OF PERSON BEING REVIEWED

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Write a paragraph or two about this person. Your summary might include:

- Strengths, preferences, interests, abilities.
- Special relationships in [REDACTED]'s life.
- Level of community involvement/integration (memberships, roles, things he/she loves to do in the community).
- General quality of life.
- General history, if known.

## 11. DOCUMENTS PROVIDED

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The following is a numbered list of documents provided during the review. The initial list, provided in advance of the review, will be provided by DMR, listed here by the office of the Court Monitor, and must be verified by the Reviewer. If you receive additional documents while you are conducting the review, you must list them below under the heading "Documents not listed . . ." and include: name of document, date of document, and, a very brief summary of substance.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Documents not listed but received during the review** (listing name of document, date of document, and a brief summary):

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## 12. DIAGNOSIS/ES SECTION

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Verify/List Diagnosis/es and where this information was found. If you find multiple documents that do not have the same diagnoses, list the diagnoses that match under the name of the document. List those that do not match on a separate line under the document in which the information was found.

Diagnosis/es in each category	Doc #, page:	Doc #, page:	Doc #, page:
<b>Axis I: Major Psychiatric Disorders</b>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<b>Axis II: Level of MR, DD, secondary psychiatric disorders</b>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<b>Axis III. Physical Health</b>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<b>Other Conditions:</b>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

### 13. MEDICATIONS SECTION

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Does [redacted] currently take medications? \_\_\_ Yes \_\_\_ No.

***If yes, insert the Medication Information here.***

a.  If [redacted] currently takes antipsychotic medications has there been a Rogers Review? \_\_\_ Yes \_\_\_ No.

b.  If yes, date of most recent review: \_\_\_/\_\_\_/\_\_\_.

c. *If incompetent and taking antipsychotic medication, has there been a Rogers Review?* \_\_\_ Yes \_\_\_ No

d. *If competent and taking antipsychotic medications, is there a signed authorization in the file?* \_\_\_ Yes \_\_\_ No

## 14. Assessments Section

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List the current and relevant assessments (including the PASARR) which have been completed for [REDACTED]. List the recommendations contained in each assessment and whether or not each recommendation has been followed. If a recommendation has not been followed and the team identified why they did not follow the recommendation, please list the justification provided by the team and the source document from which you received that information.

Assm't Date	Name or Type of Assessment	General Findings List strengths & areas of deficit	Recommendations By strengths and areas of deficit	Were Rec's Followed/implemented?
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

## 15. Team Composition

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List the dates of RISP meetings and other meetings held on behalf of [redacted] and the names and titles of those who attended each meeting.

Date of Meeting	Type of Meeting	Name and Title of those who attended	Anyone missing? List them
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

## 16. The RISP

Categories	Previous RISP	Previous POC Carry Over	Current RISP	Current POC Carry Over	Evidence of Implementation* NF	DAY
Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Specialized Services (SS) Start Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Days Missed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Reason for missing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Identified Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Goals and Objectives</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

\* Evidence discovered during the review verifying implementation.



## 17. Observation Notes

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Describe what [redacted] is doing, identify the number of staff and consumers present; identify the **equipment** that is/is not being used; equipment that is/is not present in the room; note others that are engaged with [redacted] and the **type of engagement**; describe the environment including safety factors; accessibility and cleanliness. Also be aware and note things like:

- a. Is the activity taking place scheduled or planned?
- b. Are materials present to implement the activity? Are they used?
- c. Is [redacted] involved or engaged in the activity?
- d. Are the activity and materials age-appropriate, adaptive and functional?
- e. Are new skills and behaviors being taught or reinforced?
- f. Is [redacted] reinforced and prompted frequently?
- g. Are staff verbally and physically involved?
- h. Are there sufficient staff for the activity?
- i. Are interactions characterized by a "mentor/friend" tone?
- j. Does the activity relate directly to specific objectives and needs of [redacted] ?**
- k. How do staff demonstrate the skills necessary to train or reinforce training on the RISP objectives?**
- l. Are individuals observed to engage in aggression, self-injurious behavior or self-stimulatory behavior (e.g., rocking, finger flicking)? If so, does staff intervene per the RISP?

Based on your review of the records, what should be present in the nursing facility and/or the day environment? (e.g., adaptive equipment/assistive technology equipment, specific responses to behavior, specific equipment/supports during eating, etc.) List what should be present here. If the equipment/material is present, being used and functional, check the box to the left of the item. If not, highlight and use it as a reference when scoring.

**Adaptive Equipment:** [redacted] should have and be using:  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  
 \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

**Augmentative Communication Devices:** [redacted] should have and be using:  \_\_\_\_\_  \_\_\_\_\_  
 \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

**Recommendations/interventions staff should be following:**  \_\_\_\_\_  
 \_\_\_\_\_  \_\_\_\_\_  
 \_\_\_\_\_  \_\_\_\_\_





## 18. INTERVIEW: PERSON RECEIVING SERVICES

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Date of Interview with Individual: \_\_\_/\_\_\_/\_\_\_ If the person receiving services was not interviewed, check why:

- [redacted] was **unable** to respond to questions. Describe attempts to interact.
- [redacted] was **unwilling** to respond to questions. Describe attempts to interact.
- [redacted] was **not available** to be interviewed. List why.

**The reviewer is expected to phrase or rephrase questions as necessary to promote communication addressing the intent of the question.**

Write the responses, as best you can, in the exact words used by the person being reviewed.

CND = [redacted] does not know or based on the person's answer, the reviewer can not determine.

TAG	Question	Yes/No
	A. What do you like about where you live now?	
W247(FT)	What do you not like about it?	
	B. Do you want to continue living here? Why?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
W247(FT)		
	C. Do you feel safe and comfortable here? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, can you tell me why you don't feel safe and comfortable? Have you told your team? Anyone else? Who?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
W247(FT)		

TAG	Question	Yes/No
D.	Do you get to go out of the nursing facility? If yes, what do you do?  If no, would you like to?  If you were able to go out of the nursing facility, what would you like to do?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
W247(FT)	E. When you go out, what types of things do you do? (If <span style="background-color: #FF00FF;">          </span> does not go out this is an N/A)	<input type="checkbox"/> CND <input type="checkbox"/> N/A
W215 W206	F. Have people who work with you in the <b>Nursing Facility</b> asked you what you need?  a. What kinds of things do you think you need?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
W186(FT) W183 W249	G Do you always have <b>Nursing Facility</b> staff available to assist and help you when you need them?  a. Is this true for evenings and weekends?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
W190 W191 W192 W193 W194	H. Do you think <b>Nursing Facility</b> staff who work with you know what they are doing? Why/Why not?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
W246 W247(FT) W236	I. What do you do during the day?	<input type="checkbox"/> CND
W247	J. Do you like what you do? Why?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND

TAG	Question	Yes/No
W249	K. What are you learning?	___ CND
W225	L. Do you have a job? a. Where do you work? b. What do you do? c. Is someone helping you at work? d. Who is this person?	___ Yes ___ No ___ CND
W225	M. Do you want a job?  If yes, what would you like to do?	___ Yes ___ No ___ CND
W215 W206	N. Have people who work with you during the day asked you what you need? What do you think you need?	___ Yes ___ No ___ CND
W186(FT)	O. Do you always have <b>DAY</b> staff available to assist and help you when you need them?  a. Is this true for weekends?	___ Yes ___ No ___ CND
W190 W191 W192 W193 W194	P. Do you think that your <b>DAY</b> Staff who work with you know what they are doing? Why/Why not?	___ Yes ___ No ___ CND
W213(FT)	Q. What do you most like to do, what is important to you?	___ CND
W209(FT)	R. Do you go to meetings to talk about what you want, what you need, and about your future? Sometimes these meetings are called RISP or Plan of Care meetings. Note: If [redacted] does not attend meetings, put N/A on S, T, and U.	___ Yes ___ No ___ CND

TAG	Question	Yes/No
W209(FT)	S. Does someone help you get ready for these meetings so you can say what you want to say?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND <input type="checkbox"/> N/A
W209	T. Do people at the meetings listen to what you have to say?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND <input type="checkbox"/> N/A
W212	U. Do people at the meetings help you get what you want and need?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND <input type="checkbox"/> N/A
W227(FT) W240(FT)	V. Do you know what is in your Plan? If yes, please tell me about your plan.  If [redacted] answers no or it is "CND", skip to question Y.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
W215	W. Is the Plan what you want?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
W248	X. Do you have a copy of your plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
W255	Y. Do you know the person from DMR? (Be sure you know the Case Manager/Service Coordinator's name so you can ask them specifically about the person by name to be sure they know who you are talking about). If [redacted] answers this question no, skip to question BB and score Z and AA as CND.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
W255(FT) W256(FT) W257(FT) W258	Z. Do you get to see [redacted] (CM/SC's name) often?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
W255(FT) W256(FT) W257(FT) W258	AA. Does [redacted] (CM/SC's name) help make changes in your plan if you ask him/her to?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND

TAG	Question	Yes/No
BB.	Do you have a guardian?	____ Yes
	a. Who is your guardian?	____ No
	(If _____ is not sure of the guardian's name, ask specifically if _____ knows <u>use the guardian's name.</u> ) If _____ answers this question no score CC as CND.	____ CND
CC.	Does (guardian name) help you? ____ Yes ____ No	____ Yes
		____ No
		____ CND
DD.	Is there anything else you would like for me to know?	____ Yes
		____ No
		____ CND

Do you want the Court Monitor to contact you? \_\_\_\_ Yes \_\_\_\_ No. If yes, give them a card and be sure to let the Court Monitor know.



## 19. INTERVIEW WITH GUARDIAN/FAMILY

The reviewer is expected to phrase or rephrase questions as necessary to promote communication addressing the intent of the question.

Name of Guardian: \_\_\_\_\_

Write the responses, as best you can, in the exact words used by the Guardian.

Date of Interview with Guardian: \_\_\_/\_\_\_/\_\_\_ 20.a. Was the interview with the Guardian \_\_\_ face-to-face or \_\_\_ over the phone

If the Guardian was not interviewed check why:

- the Guardian was **unable** to respond to questions
- the Guardian was **unwilling** to respond to questions
- the Guardian was **not available** to be interviewed. List why: \_\_\_\_\_

CND = The Guardian does not know or based on the person's answer, the reviewer can not determine.

TAG	Question	Yes/No
	A. Tell me about _____. The interviewee may ask, "What do you want to know?" The reviewer can respond by saying: I don't know _____ well, so please tell me about her/him".	
	B. What are his/her strengths?	
	C. What are _____'s most significant needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
	D. How long have you been _____'s Guardian?	
	E. How often do you get to see _____? (List how many times per week or month or year the guardian is in contact and type of contact, e.g., face-to-face, telephone, letter, etc.)	<input type="checkbox"/> CND
	F. Do you know who _____'s DMR case manager/Service Coordinator is? List name.	<input type="checkbox"/> Yes <input type="checkbox"/> No
W255	If the answer is no, skip to question H.	

TAG	Question	Yes/No
W255(FT) W256(FT) W257(FT) W258	G. How much contact do you have with the case manager/Service Coordinator?	
W209(FT)	H. Do you consider yourself a part of [redacted]'s Team? Note: If the Guardian indicates that s/he is not part of the Team, ask the guardian if s/he attends meeting about [redacted]. Try to determine if the guardian had any input into the RISP or the POC.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
W209(FT)	I. Are you invited to his/her planning meetings at the Nursing Facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
W209(FT)	J. Do you go to these meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
W251	K. Does [redacted] have any therapists that work with him/her?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
W207 W208	L. Do people who work closest with [redacted] and know him/her best come to these meetings? a. Is there someone you wish would come to these meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
W209(FT)	M. What would you like to see [redacted] doing in two or three years?	<input type="checkbox"/> CND
W212	N. Do people listen to what you have to say?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
W212	O. Does [redacted]'s team help him/her get what he/she wants and needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
W227(FT) W228 W229 W233 W240(FT)	P. What is in [redacted]'s Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND

TAG	Question	Yes/No
W209(FT)	Q. Is the Plan helpful? Is it what you want?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
	a. Will it move [redacted] closer to your hopes for his/her future? How?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
W248	R. Do you have a copy of [redacted]'s plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
W242	S. How do the Nursing Facility and Day Services Staff work together to support [redacted] and teach him/her new things?	<input type="checkbox"/> CND
	T. Does [redacted] get to leave the Nursing Facility and participate in community activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
	a. How often?	
	b. What does he/she do?	
W186(FT)	U. Does [redacted] always have <b>Nursing Facility</b> staff available to assist and help him/her when he/she needs them?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
	a. Is this true for evenings and weekends?	
W190 W191 W192 W193 W194	V. Are the <b>Nursing Facility</b> staff who work with [redacted] well trained? Why do you say that?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	W. Have the <b>Nursing Facility</b> staff who work most closely with [redacted] been with him/her for longer than a year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
W186 (FT)	X. Does [redacted] always have <b>DAY</b> staff available to assist and help when he/she needs them?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND

TAG	Question	Yes/No
W190 W191 W192 W193 W194	Y. Do you think that [redacted]'s <b>DAY</b> staff are well trained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
	Z. Have the <b>DAY</b> staff who work most closely with [redacted] been with him/her for longer than a year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
	AA. If you are a corporate guardian, for how many persons are you corporate guardian?	
	BB. Is there anything else you would like for me to know or is there anything you would like for me to tell the Court Monitor?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you want the Court Monitor to contact you?  Yes  No. If yes, give them a card and be sure to let the Court Monitor know.

## 20. CASE MANAGER/SERVICE COORDINATOR

Name of Case Manager/Service Coordinator interviewed (circle title): \_\_\_\_\_, E-Mail: \_\_\_\_\_

Date of Interview with Case Manager/Service Coordinator: \_\_\_/\_\_\_/\_\_\_

If the Case Manager/Service Coordinator was **unavailable for interview** please answer why:

If you interviewed someone other than or in addition to the Case Manager/Service Coordinator list this person's name and title: \_\_\_\_\_

CND = The person does not know or based on the person's answer, the reviewer can not determine.

TAG	QUESTION	Yes/No
	A. Tell me about _____ (person's name). What is important to him/ her?	____ CND
W212	B. What are _____'s strengths?	____ CND
W212 W242	C. What are _____'s needs? What does he/she need help with?	____ CND
W209(FT)	D. What would he/she really like to do in the next 1 to 2 years?	____ CND
W209(FT)	E. Does _____ participate in the team meetings where goals are decided and other decisions are made? a. How does he/she participate?	____ Yes ____ No
W209(FT)	F. Does someone help _____ prepare for team meetings? a. If yes, who is that person? b. How do they help _____ prepare?	____ Yes ____ No

TAG	QUESTION	Yes/No
W209(FT)	G. Do Team members listen to what [redacted] says?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
W209(FT)	H. Does [redacted]'s family / guardian attend the RISP meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
W207 W208	I. Did you participate in the development of [redacted]'s RISP? a. How did you participate/what did you do?	<input type="checkbox"/> Yes <input type="checkbox"/> No
W207	J. Do you attend all of his/her planning meetings? (RISP, POC, Reviews, IEP, Transition, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, skip the next question and write N/A</i>		
W208	a. If no, did information about [redacted] get from you to the Team and information from the meeting get back to you? b. How or Why Not?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
W207 W208 W209 (FT)	K. Are there people who know [redacted] really well who do not participate in the meetings? a. If yes, who? b. What has been done to insure adequate participation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
W255 W256 W257	L. Does the Team meet when major events occur or changes are noticed in [redacted]'s life? a. If yes, can you give me an example?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
W227 (FT) W240 (FT)	M. What are the goals in [redacted]'s plan?	<input type="checkbox"/> CND
W209 (FT)	a. Are these things important to [redacted]?	<input type="checkbox"/> Yes <input type="checkbox"/> No

TAG	QUESTION	Yes/No
	b. Do they support independence? How?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. How do they relate to the assessment information?	
	<i>Please note whether the person being interviewed can reference these items from their knowledge of [redacted] or if they must report by reading from the RISP.</i>	
W248	N. Do you have a copy of [redacted]'s current RISP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
W248	O. Does [redacted] have a copy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
W248	P. Does [redacted]'s Guardian have a copy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
W250	Q. Does [redacted] have an active treatment schedule?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
	a. What does it call for?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
	b. Is this schedule written down? If yes, where is it kept? If no, how do people know the schedule?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
	R. Do you think the members of [redacted]'s Team carry out their responsibilities as they are stated in [redacted]'s RISP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
W255 W258	S. Describe what you do to ensure that [redacted]'s RISP is implemented.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
W247 FT)	T. Does [redacted] make significant choices in his/her life?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
	a. Please give me examples.	
	b. If no, why not?	

TAG	QUESTION	Yes/No
U. W196 (FT) W249 (FT) W251	Is [redacted] active, doing and learning new things? a. If yes, what things? b. If no, why not?	___ Yes ___ No ___ CND
V. W225	Do you know if [redacted] has ever been asked if [redacted] would like to work? a. If Yes, what would [redacted] like to do?	___ Yes ___ No ___ CND
W. W225	Does [redacted] have a job? If Yes, describe the job.	___ Yes ___ No ___ CND
X. W216	Is [redacted] healthy? a. What are [redacted] health issues? b. Who helps with each of these issues? c. What are they doing?	___ Yes ___ No ___ CND
Y. W255 (FT) W256 (FT)	Do you visit [redacted] ?	___ Yes ___ No ___ CND
W257 (FT) W258	a. How often do you visit?	___ CND
	b. Who do you talk to when you visit/what do you do during your visit?	___ CND



TAG	QUESTION	Yes/No
Z. W255 (FT) W256 (FT) W257 (FT) W258	<p>Does [redacted]'s Team make changes in [redacted]'s plan and what [redacted] is learning?</p> <p>a. During the past year, how many changes have been made to [redacted]'s RISP beyond those made at Annual or quarterly meetings?</p> <p>b. Why were those changes made?</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> CND</p>
	<p>c. Were they made outside of the Annual or Quarterly RISP Meetings?</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> CND</p>
AA.	<p>How long do Annual RISP Meetings usually last?</p>	<p><input type="checkbox"/> CND</p>
BB.  W251	<p>Does [redacted] have therapists who work directly with him/her? (providing therapy, not just assessments) If yes,</p> <p>a. What do they each do to help [redacted] maintain or gain greater independence?</p> <p>b. How often does each therapist work with [redacted]?</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> CND</p>
CC.  W238 W239	<p>Are there things that [redacted] does that make it difficult for him/her to gain greater independence or that are hurtful to [redacted] or others?</p> <p>a. What is the Team doing to address this?</p> <p>b. Are these interventions successful? Why/Why not?</p> <p>c. How does the Team measure success?</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> CND</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> CND</p> <p><input type="checkbox"/> CND</p>

TAG	QUESTION	Yes/No
	d. Is there a specialist involved to address this area? If yes, who?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
W186(FT) W249	DD. Are there always staff available to assist and help [redacted] when he/she needs them?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
	a. Are staff available at night and on weekends to implement [redacted]'s goals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
	b. Are goals implemented during all shifts in line with [redacted]'s needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
W190	EE. Have you received training to work with people who have mental retardation and/or developmental disabilities?  If yes, what training have you received?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
440 (f)	FF. Describe what you look for when you monitor the implementation of the RISP and what approaches you utilize.  Where do you document this?	<input type="checkbox"/> CND
W194	GG. Have staff who work with [redacted] received the training necessary to perform their job duties, as required? a. Please provide some examples (Whether answered yes or no, ask for examples of how this has impacted on services provided).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
W193	HH. Have the Day and Nursing Facility staff who work regularly with [redacted] (including evening and weekend staff) received training from therapists and/or other professions so that they can assist [redacted] in ways that are consistent with the RISP?  If yes, please provide specific information about the training provided.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND

TAG	QUESTION	Yes/No
W190 W191 W192 W193 W194	II. Have you received training to work specifically with [redacted]? If yes, what?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
	JJ. How long have you been [redacted]'s Case Manager/Service Coordinator?	<input type="checkbox"/> CND
	KK. How many persons do you have on your caseload?	
	LL. If you could recommend doing one thing that would better meet [redacted]'s needs, what would it be?	

Is there anything else you'd like for me to know?

Do you want the Court Monitor to contact you?  Yes  No. If yes, give them a card and be sure to let the Court Monitor know.

## 21. INTERVIEW: NURSING FACILITY STAFF

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Date of Interview/s with **Nursing Facility** staff: \_\_\_/\_\_\_/\_\_\_

Name of primary **Nursing Facility** staff interviewed: \_\_\_\_\_, Title: \_\_\_\_\_ Phone: \_\_\_/\_\_\_/\_\_\_

Is this person the **Nursing Facility** staff person who works most closely with [redacted]? \_\_\_ Yes \_\_\_ No

If no, who is the **Nursing Facility** staff who works most closely with [redacted]?

Why is this **Nursing Facility** staff who works most closely with [redacted] unavailable for interview:

Name of *additional* **Nursing Facility Staff** interviewed: \_\_\_\_\_, Title: \_\_\_\_\_ Phone: \_\_\_/\_\_\_/\_\_\_

Name of additional **Nursing Facility Staff** interviewed: \_\_\_\_\_, Title: \_\_\_\_\_ Phone: \_\_\_/\_\_\_/\_\_\_

Name of *additional* **Nursing Facility Staff** interviewed: \_\_\_\_\_, Title: \_\_\_\_\_ Phone: \_\_\_/\_\_\_/\_\_\_

Name of *additional* **Nursing Facility Staff** interviewed: \_\_\_\_\_, Title: \_\_\_\_\_ Phone: \_\_\_/\_\_\_/\_\_\_

***This interview is to be with the current Nursing Facility staff who has the best working knowledge of and experience with \_\_\_\_\_.***

CND = The person does not know, or based on the person's answer, the reviewer can not determine.

TAG	QUESTION	
	A. Tell me about _____. What is important to him/her?	___ CND
W212	B. What are _____'s strengths?	___ CND
W212 W242	C. What are _____'s needs? What does he/she need help with?	___ CND
W209(FT)	D. What is important to _____? What would he/she really like to do in the next 1 to 2 years?	___ CND
W209(FT)	E. Does _____ participate in the team meetings where goals are decided and other decisions are made? a. How does he/she participate?	___ Yes ___ No
W209(FT)	F. Does someone help _____ prepare for team meetings? a. If yes, who is that person? _____ b. How do they help _____ prepare?	___ Yes ___ No ___ CND
W209(FT)	G. Do people listen to what _____ says?	___ Yes ___ No ___ CND
W209(FT)	H. Does _____'s family / guardian attend the RISP meetings?	___ Yes ___ No ___ CND
W207 W208	I. Did you participate in the development of _____'s RISP? a. If yes, how did you participate/what did you do?	___ Yes ___ No ___ CND
W207	J. Do you attend all of his/her planning meetings? (RISP, POC, Reviews, IEP, Transition, etc.)	___ Yes

TAG	QUESTION	
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		___ No ___ CND
	a. If no, did information about [redacted] get from you to the Team and information from the meeting get back to you?	___ Yes ___ No
	b. If yes, how was the information passed and who passed the information?	___ CND

W207 W208 W209(FT)	K. Are there people who know [redacted] really well who do not participate in the meetings?	___ Yes ___ No
	a. If yes, who?	___ CND
	b. What has been done to insure adequate participation?	___ CND

	L. Does the Team meet when major events occur in [redacted]'s life?	___ Yes ___ No
	a. If yes, would you give me any examples?	___ CND

W227 (FT) W228 W229 W233 W240 (FT)	M. What are the goals in [redacted]'s plan?	___ CND
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W209 (FT)	a. Are these things important to [redacted]?	___ Yes ___ No
	b. Do they support independence? How?	___ Yes ___ No

c. How do they relate to the assessment information?

*Please note whether the person being interviewed can reference these items from their knowledge of [redacted] or if they must report by reading from the RISP.*

W234 – W240(FT) W241 W255 W258	N. What are your responsibilities to implement [redacted]'s RISP? Please describe what you do to implement his/her RISP.	
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W248	O. Do you have a copy of [redacted]'s current RISP?	___ Yes ___ No
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TAG	QUESTION	
W250	P. Does [redacted] have an active treatment schedule? a. What does it call for? Please describe the schedule.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
	b. Is this schedule written down? c. If yes, where is it kept? If no, how do people know the schedule?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
	Q. Do you think the other members of [redacted]'s Team carry out their responsibilities as they are stated in [redacted]'s RISP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
W252 W253 W254	R. Do you document the progress or lack of progress that [redacted] experiences with his/her objectives and plan? a. Where do you document? ( <u>get copies of 2 months of data</u> ) b. What do you do if you believe that changes are needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
W246 W247(FT)	S. Does [redacted] make significant choices in his/her life? a. If yes, please give me examples. b. If no, why not?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
W196 (FT) W249 (FT) W251	T. Is [redacted] active, doing and learning new things? a. If yes please give me examples. b. If no, why not?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
W225	U. Do you know if [redacted] has ever been asked if he/she would like to work? a. If yes, what would he/she like to do?	<input type="checkbox"/> Yes <input type="checkbox"/> No

TAG	QUESTION	
		___ CND
W225	V. Does [redacted] have a job? a. If yes, describe the job.	___ Yes ___ No ___ CND
W216	W. Is [redacted] healthy?  a. What are [redacted] his/her health issues?  b. Who helps with each of these issues?  c. What are they doing?	___ Yes ___ No ___ CND
W255 (FT) W256 (FT) W257 (FT) W258	X. Who is [redacted]'s case manager/service coordinator?	___ CND
W255 (FT) W256 (FT) W257 (FT) W258	Y. Does [redacted]'s case manager/service coordinator visit?  a. How often does the [redacted] case manager/service coordinator visit?  b. Who does [redacted] he/she talk to when here?  c. What else does [redacted] he/she do?	___ Yes ___ No ___ CND ___ CND
W255 (FT) W256 (FT) W257 (FT) W258	Z. Does [redacted]'s Team suggest or make changes in [redacted]'s plan and what [redacted] is learning? a. If yes, identify some changes that you recall being made.	___ Yes ___ No ___ CND



TAG	QUESTION	
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AA. How long do Annual RISP Meetings usually last?

BB. Does [redacted] have therapists who work directly with him/her? (providing therapy not just assessments) \_\_\_ Yes  
\_\_\_ No  
\_\_\_ CND

a. If yes, what do they each do to help [redacted] maintain or gain greater independence?

b. If yes, how often does each therapist work with [redacted]?

W251

CC. Are there things that [redacted] does that make it difficult for him/her to gain greater independence or that are hurtful to [redacted] or others? (If no, skip a. through d. and ask question DD) \_\_\_ Yes  
\_\_\_ No  
\_\_\_ CND  
\_\_\_ N/A

a. If yes, what is the Team doing to address this?

W238  
W239

b. Are these interventions successful? Why/Why not? \_\_\_ Yes  
\_\_\_ No  
\_\_\_ CND

c. How does the Team identify and measure success with these interventions? \_\_\_ CND

d. Is there a specialist involved with [redacted] and his/her team to assist with these interventions? \_\_\_ Yes  
\_\_\_ No  
\_\_\_ CND

DD. Are there always staff available to assist and help [redacted] when he/she needs them? \_\_\_ Yes  
\_\_\_ No  
\_\_\_ CND

W186(FT)

a. Are staff available at night and on weekends to implement [redacted]'s goals? \_\_\_ Yes  
\_\_\_ No  
\_\_\_ CND

TAG	QUESTION	
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b. Are goals implemented during all shifts in line with [redacted]'s needs? 
 Yes  
 No  
 CND

W189 EE. Have you received training to work specifically with [redacted]? 
 Yes  
 No  
 CND
  
W190 a. If yes, describe the training and who provided it.  
W191  
W192  
W193 NOTE: If staff doesn't mention specific health related training for the person you are reviewing, ask them. E.g., if the person has diabetes,  
W194 ask if they have received training on diabetes and what they watch for.

FF. Have you received training to work with people who have mental retardation and/or developmental disabilities? 
 Yes  
 No  
 CND
  
a. If yes, what training have you received?

GG. Have you received training on how to support appropriate behavior and/or how to address inappropriate behavior? 
 Yes  
 No  
 CND
  
W191

HH. Do you feel that other staff with whom you work have received the training necessary to perform their job duties, as required, for [redacted]? 
 Yes  
 No  
 CND
  
a. If yes, explain why and please provide some examples.  
  
b. If no, explain why and please provide some examples.

II. How long have you worked with [redacted]?

JJ. If you could recommend doing one thing that would better meet [redacted]'s needs, what would it be? 
 CND

Is there anything else you'd like for me to know?

Do you want the Court Monitor to contact you?  Yes  No. If yes, give them a card and be sure to let the Court Monitor know.

## 22. INTERVIEW: DAY SERVICES STAFF

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Date of Interview/s with Day Services Staff: \_\_\_/\_\_\_/\_\_\_

Name of primary **Day Services** staff interviewed: \_\_\_\_\_, Title: \_\_\_\_\_ Phone: \_\_\_/\_\_\_/\_\_\_

Is this person the Day Services staff who regularly provides direct support to [redacted]? \_\_\_ Yes \_\_\_ No

If no, who is the Day Services staff who regularly provides direct support to [redacted]?

If [redacted]'s Day Services direct support staff is not available/allowed to participate in this interview find out why and note the reason and who is giving you this information. Make these notations here:

Name of additional **Day Services Staff** Interviewed: \_\_\_\_\_, Title: \_\_\_\_\_ Phone: \_\_\_/\_\_\_/\_\_\_

Name of additional **Day Services Staff** Interviewed: \_\_\_\_\_, Title: \_\_\_\_\_ Phone: \_\_\_/\_\_\_/\_\_\_

Name of additional **Day Services Staff** Interviewed: \_\_\_\_\_, Title: \_\_\_\_\_ Phone: \_\_\_/\_\_\_/\_\_\_

***This interview is to be with the current Day Services direct support staff who regularly works with \_\_\_\_\_.***

CND = The person does not know or based on the person's answer, the reviewer can not determine.

TAG	QUESTION	
	A. Tell me about [redacted]. What is important to him/ her?	___ CND
W212	B. What are [redacted]'s strengths?	___ CND
W212 W242	C. What are [redacted]'s needs? What does he/she need help with?	___ CND

TAG	QUESTION	
W209(FT)	D. What is important to [redacted]? What would he/she really like to do in the next 1 to 2 years?	___ CND
W209(FT)	E. Does [redacted] participate in the team meetings where goals are decided and other decisions are made? a. How does he/she participate?	___ Yes ___ No
W209(FT)	F. Does someone help [redacted] prepare for team meetings? a. If yes, who is that person? _____ b. How do they help [redacted] prepare?	___ Yes ___ No ___ CND
W209(FT)	G. Do team members listen to what [redacted] says?	___ Yes ___ No ___ CND
W209(FT)	H. Does [redacted]'s family/guardian attend the RISP meetings?	___ Yes ___ No ___ CND
W207 W208	I. Did you participate in the development of [redacted]'s RISP? a. How did you participate/what did you do?	___ Yes ___ No ___ CND
W207	J. Do you attend all of his/her planning meetings? (RISP, POC, Reviews, IEP, Transition, etc.)	___ Yes ___ No ___ CND
	a. If no, did information about [redacted] get from you to the Team and information from the meeting get back to you?	___ Yes ___ No ___ CND
	b. If yes, how was the information passed and who passed the information?	
W207 W208 W209(FT)	K. Are there people who know [redacted] really well who do not participate in the meetings? a. If yes, who? b. What has been done to insure adequate participation?	___ Yes ___ No ___ CND
	L. Does the Team meet when major events occur in [redacted]'s life? a. If yes, can you give me an example?	___ Yes ___ No ___ CND

TAG	QUESTION	
W227 (FT) W228 W229 W233 W240 (FT)	M. What are the goals in this [redacted]'s plan?	___ CND
W209(FT)	a. Are these things important to [redacted]?	___ Yes ___ No
	b. Do they support independence? How?	___ Yes ___ No
	c. How do they relate to the assessment information?	___ CND
	<i>Please note whether the person being interviewed can reference these items from their knowledge of [redacted] or if they must report by reading from the RISP.</i>	
W234 – W240(FT) W241 W255 W258	N. What are your responsibilities to implement [redacted]'s RISP? Please describe what you do to implement his/her RISP.	___ CND
W248	O. Do you have a copy of [redacted]'s current RISP?	___ Yes ___ No
W250	P. Does [redacted] have an active treatment schedule? a. What does it call for? Please describe the schedule.	___ Yes ___ No ___ CND
	b. Is this schedule written down?	___ Yes
	c. If yes, where is it kept? If no, how do people know the schedule?	___ No ___ CND
	Q. Do you think the other members of [redacted]'s Team carry out their responsibilities as they are stated in [redacted]'s RISP?	___ Yes ___ No ___ CND
W252 W253 W254	R. Do you document the progress or lack of progress that [redacted] experiences with his/her objectives and plan? a. Where do you document? (get copies of 2 months of data) b. What do you do if you believe that changes are needed?	___ Yes ___ No ___ CND

TAG	QUESTION	
<p>S.</p> <p>W246 W247(FT)</p>	<p>Does [redacted] make significant choices in his/her life?</p> <p>a. If yes, please give me examples.</p> <p>b. If no, why not?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> CND</p>
<p>T.</p> <p>W196 (FT) W249 (FT) W251</p>	<p>Is [redacted] active, doing and learning new things?</p> <p>a. If yes, please give me examples.</p> <p>b. If no, why not?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> CND</p>
<p>U.</p> <p>W225</p>	<p>Do you know if [redacted] has ever asked if he/she would like to work?</p> <p>a. If yes, what would he/she like to do?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> CND</p>
<p>V.</p> <p>W225</p>	<p>Does [redacted] have a job?</p> <p>a. If yes, describe the job.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> CND</p>
<p>W.</p> <p>W216</p>	<p>Is [redacted] healthy?</p> <p>a. What are his/her health issues?</p> <p>b. Who helps with each of these issues?</p> <p>c. What are they doing?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> CND</p>
<p>X.</p> <p>W255 (FT) W256 (FT) W257 (FT) W258</p>	<p>Who is [redacted]'s case manager/service coordinator?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> CND</p>
<p>Y.</p> <p>W255 (FT) W256 (FT) W257 (FT)</p>	<p>Does [redacted]'s case manager/service coordinator visit?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

TAG	QUESTION	
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W258 \_\_\_\_\_ CND

a. How often does the case manager / service coordinator visit?

b. Who does he/she talk to when here? \_\_\_\_\_ CND

c. What else does he/she do? \_\_\_\_\_ CND

Z. Does [redacted]'s Team suggest or make changes in [redacted]'s plan and what [redacted] is learning? \_\_\_\_\_ Yes

W255 (FT)  
W256 (FT)  
W257 (FT)  
W258

a. If yes, identify some changes that you recall being made. \_\_\_\_\_ No  
\_\_\_\_\_ CND

AA. How long do Annual RISP Meetings usually last?

BB. Does [redacted] have therapists who work with him/her? (providing therapy not just assessments) \_\_\_\_\_ Yes

a. If yes, what do they each do to help [redacted] learn? \_\_\_\_\_ No  
\_\_\_\_\_ CND

W251

b. If yes, how often does each therapist work with [redacted]?

CC. Are there things that [redacted] does that make it difficult for him/her to gain greater independence or that are hurtful to [redacted] or others? (If no, skip a through d and answer question DD.) \_\_\_\_\_ Yes

W238  
W239

a. If yes, what is the Team doing to address this? \_\_\_\_\_ No  
\_\_\_\_\_ CND  
\_\_\_\_\_ N/A

TAG	QUESTION	
	b. Are these interventions successful? Why/Why not?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
	c. How does the Team identify and measure success with these interventions?	<input type="checkbox"/> CND
	d. Is there a specialist involved with [redacted] and his/her team to assist with these interventions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
W186(FT)	DD. Are there always staff available to assist and help [redacted] when he/she needs them?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
	a. Are staff available at night and on weekends to implement [redacted]'s goals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
	b. Are goals implemented during all shifts in line with [redacted]'s needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
W189 W190 W191 W192 W193 W194	EE. Have you received training to work specifically with [redacted]? If yes, describe the training and who provided it?  NOTE: If staff doesn't mention specific health related training for the person you are reviewing, ask them. E.g., if the person has diabetes, ask if they have received training on diabetes and what they watch for.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
W189 W190 W191 W192 W193 W194	FF. Have you received the training to work with people who have mental retardation and/or developmental disabilities?  a. If yes, what training have you received?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
W191	GG. Have you received training on how to support appropriate behavior and/or how to address inappropriate behavior?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND
	HH. Do you feel that other staff with whom you work have received the training necessary to perform their job duties, as required, for [redacted]?  a. If yes, explain why and please provide some examples.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND



TAG

QUESTION

b. If no, explain why and please provide some examples.

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II. How long have you worked with [REDACTED]?

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JJ. If you could recommend doing one that that would better meet [REDACTED]'s needs, what would it be? \_\_\_\_\_ CND

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Is there anything else you'd like for me to know?

Do you want the Court Monitor to contact you? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, give them a card and be sure to let the Court Monitor know.

## **ASSESSMENT: Scoring**<sup>1</sup>

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See Reviewers Guide for more information and definitions relevant to Assessments.

**Comprehensive Functional Assessment (CFA) (42 CFR §483.440(c)(3))** may consist of a combination of assessments, including the PASARR assessment, all specialized services assessments and any other assessments done for that person. The CFA identifies the results of salient assessments with the complete diagnostic work-up or problem list identified if relevant to a particular assessment. Findings are recorded in terms that facilitate clear communication across disciplines. Diagnoses or imprecise terms and phrases in the absence of specific terms are not acceptable.

**483.440(c)(3)** Within (90) days after admission, the IDT must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.

The Comprehensive Functional Assessment must take into account the person's chronological age and the person being assessed must have the opportunities to participate in age appropriate activities to assess his/her functioning ability in those activities or settings. The CFA must also identify the presenting problems and disabilities and where possible, their causes; the person's developmental strengths; specific developmental and behavioral management needs; the person's need for services without regard to the actual availability of those services needed; and assess the person in the ten (10) different developmental areas:

- physical development and health,
- nutritional status,
- sensorimotor development,
- affective development,
- speech and language development and
- auditory functioning,
- cognitive development,
- social development,
- adaptive behaviors or independent living skills necessary for him/her to be able to function in the community, and as applicable,
- Vocational development.

Before scoring each question, you must first complete the Evidence and References column using a (+) to indicate examples of compliance and a (-) to indicate examples of non-compliance.

When scoring each item you are limited to the optional responses listed. For instance, if a question does not list CND as a possible response, you may not use it. A finding cannot be scored yes if there is any evidence to the contrary, or of non compliance.

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<sup>1</sup> Much of the content in the scoring section of this Protocol come from, Intermediate Care Facilities Service Persons with Mental Retardation Rules, Regulations, & Guidelines, Med Pass, Heaton Resources, H50215, Miamisburg, OH 45342

CFR ID# & Survey Tag	Regulation	Finding	Evidence and References
W210 (FT)	<p>23. Within 90 days after admission, has the IDT had accurate assessments or reassessments completed as needed to supplement the preliminary evaluation conducted prior to admission?</p> <p>Note: If [REDACTED] was admitted more than 12 months prior to this review this should be N/A.</p> <p>Note: If this is scored yes, you have consistent evidence that the following is true:</p> <ol style="list-style-type: none"> <li>For new admissions, the assessment is completed within 90 days of admission;</li> <li>New, revised or updated assessments accurately identify the functional abilities of [REDACTED].</li> <li>Observations and interviews confirm the accuracy of these assessments.</li> </ol>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A</p>	
<b>THE COMPREHENSIVE FUNCTIONAL ASSESSMENT</b>			
W211 (FT)	<p>24. Does the comprehensive functional assessment take into consideration [REDACTED]'s age (e.g., child, young adult, elderly person) and the implications for active treatment at each stage?</p> <p>Note: If this is scored yes, you have consistent evidence that the following is true:</p> <ol style="list-style-type: none"> <li>Assessments address areas and active treatment needs which are relevant to [REDACTED]'s chronological age.</li> <li>[REDACTED] is given opportunities to participate in age-appropriate activities to assess [REDACTED]'s functioning in those activities or settings.</li> </ol>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
W212 (FT)	<p>25. Does the comprehensive functional assessment identify [REDACTED]'s presenting problems and disabilities and where possible, their causes?</p> <p>Note: If this is scored yes, you have consistent evidence that the following is true:</p> <ol style="list-style-type: none"> <li>Diagnoses are present, when applicable.</li> <li>Diagnoses are based on relevant, objective and accurate data.</li> </ol>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	

CFR ID# & Survey Tag	Regulation	Finding	Evidence and References
	c. Diagnoses are modified as necessary to be accurate, relevant, and updated as medical or other professional information becomes available.		
W213 (FT)	<p>26. Does the comprehensive functional assessment identify [redacted]'s specific developmental strengths?</p> <p>Note: If this is scored yes, you have consistent evidence that the following is true:</p> <p>a. [redacted]'s preferences, methods of coping, friendships and positive attributes are clearly described in functional terms in assessments.</p> <p>b. assessments address each area of deficit;</p> <p>c. Identified strengths are current, complete and consistent with [redacted]'s observed functional status.</p> <p>d. Specific "developmental" strengths describe what [redacted] can do".</p>	<p>_____ Yes</p> <p>_____ No</p>	
W214 (FT)	<p>27. Does the comprehensive functional assessment identify [redacted]'s specific developmental and behavioral management needs?</p> <p>Note: If this is scored yes, you have consistent evidence that the following is true:</p> <p>a. The individual's needs, skill deficits, and functional limitations are clearly described in functional terms in the assessment.</p> <p>b. Identified needs are current, accurate, and complete and reflect [redacted]'s observed functional status.</p> <p>c. The assessment of maladaptive behavior includes analysis of the potential causes, such as lack of exposure to positive models and teaching strategies, lack of ability to communicate needs and desires, lack of success experiences, a history of punishing experiences, presence of a physiological condition, or other environmental or social condition which may elicit or sustain the behavior.</p> <p>d. The assessment reflects how the environment could be changed to support [redacted].</p> <p>e. All areas of need are identified and effectively addressed or a plan for when these needs will be addressed has been identified.</p>	<p>_____ Yes</p> <p>_____ No</p>	

CFR ID# & Survey Tag	Regulation	Finding	Evidence and References
W215 (FT)	<p>28. Does the comprehensive functional assessment identify [redacted]'s needs for services without regard to the actual availability of the services needed?</p> <p>Note: In the presence of significant developmental deficits, it is not acceptable for the comprehensive evaluation to identify that a particular professional therapy or treatment is NOT needed. To meet the requirement for "need for service," the assessment must identify the course of specific interventions recommended to meet [redacted]'s needs in lieu of direct professional therapy or treatment.</p> <p>Note: If this is scored yes, you have consistent evidence that the following is true:</p> <p>a. Identification of needed services is based on the comprehensive functional assessment.</p> <p>b. Recommendations are present to address all areas of significant deficits.</p> <p>c. Assessments conclude whether or not "hands-on" therapy conducted by professionals is indicated, and if an individual problem still exists, the assessment recommends how the team should deal with the problem.</p> <p>Note: If there is a pattern of individual need area(s) not addressed in the RISP objectives that correspond to the absence of professional/non-professional service areas at the facility this cannot be scored yes.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
W215FT	<p>29. Is there a comprehensive functional supports assessment, that is accurate, current, and includes:</p> <p>Note: For all domains, assessments must describe what individuals can and cannot do in terms of skills needed within the context of their daily lives.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	

CFR ID# & Survey Tag	Regulation	Finding	Evidence and References
	<p>If this is scored yes, you have consistent evidence that the following is true:</p> <ul style="list-style-type: none"> <li>a. Assessments are accurate;</li> <li>b. Assessments are current;</li> <li>c. Assessment of each area (note 29.i to 29.x. below) is present.</li> <li>d. Assessment of each area provides specific information about [redacted]'s ability to function in different environments, specific skills or lack of skills, and how function can be improved, either through training, environmental adaptations, or provision of adaptive, assistive, supportive, orthotic, or prosthetic equipment.</li> </ul>		
W216 (FT)	<p>29.i. physical development and health;</p> <p>Note: physical development includes [redacted]'s developmental history, results of the physical examination conducted by a licensed physician, physician assistant, or nurse practitioner, health assessment data (including a medication and immunization history), which may be compiled by a nurse, and skills normally associated with the monitoring and supervision of one's own health status, and administration and or scheduling of one's own medical treatments. When indicated by physical examination results, consultations by specialists are provided or obtained. The need for advanced directives or do not resuscitate (DNR) orders may be assessed on a case-by-case basis, as part of this area by individuals qualified to do so.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
W217FT	<p>29.ii. nutritional status;</p> <p>Note: Nutritional status includes determination of appropriateness of diet, adequacy of total food intake, and the skills associated with eating, (including chewing, sucking and swallowing disorders), food service practices, and monitoring and supervision of the individual's own nutritional status.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
W218 (FT)	<p>29.iii. sensorimotor development;</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

CFR ID# & Survey Tag	Regulation	Finding	Evidence and References
	<p>Note: Sensory development includes the development of perceptual skills that are involved in observing the environment and making sense of it. Motor development includes those behaviors and primarily involve: muscular, neuromuscular, or physical skills and varying degrees of physical dexterity. Because sensory and motor development are intimately related, and because activities in these areas are functionally inseparable, attention to these two aspects of bodily activities is often combined in the concept of sensorimotor development. Assessment data identify the extent to which corrective, orthotic, prosthetic, or support devices would impact on functional status.</p>		
W219 (FT)	<p>29.iv. affective development;</p> <p>Note: Affective or emotional development includes the development of behaviors that relate to one's interests, attitudes, values, and emotional expressions.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
W220 (FT)	<p>29.v. speech and language development (communication);</p> <p>Note: Communication development refers to the development of both verbal and nonverbal and receptive and expressive communication skills. Assessment data identify the appropriate intervention strategy to be applied, and which, if any, augmentative or assistive devices will improve communication and functional status.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
W221 (FT)	<p>29. vi. auditory functioning;</p> <p>Note: Auditory functioning refers to the extent to which a person can hear and to the maximum use of residual hearing if a hearing loss exists and whether or not [redacted] will benefit from the use of amplification, including a hearing aid or a program of amplification. An individual's treatment might need to include being desensitized to tolerate the use of a hearing aid or assistive listening device to prevent the device from being rejected or destroyed. Assessment may include</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

CFR ID# & Survey Tag	Regulation	Finding	Evidence and References
	teaching techniques for conducting the assessment or the use of electrophysiologic techniques.		
W222 (FT)	29.vii. cognitive development;  Note: Cognitive development refers to the development of those processes by which information received by the senses is stored, recovered, and used. It includes the development of the processes and abilities involved in memory, reasoning and problem solving.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
W223 (FT)	29.viii. social development;  Note: Social development refers to the formation of those self-help, recreation and leisure, and interpersonal skills that enable an individual to establish and maintain appropriate roles and fulfilling relationships with others.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
W224 (FT)	29. ix. adaptive behaviors or independent living skills necessary for [redacted] to be able to function in the community;  Note: Adaptive behavior refers to the effectiveness or degree with which individuals meet the standards of personal independence and social responsibility expected of their age and cultural group. Independent living skills include, but are not limited to, activities such as meal preparation, doing laundry, bed making and budgeting. Assessments may be performed by anyone trained to do so. Standardized tests are not required. Standardized adaptive behavior scales which identify all or predominately all "developmental needs" are not sufficient enough to meet this requirement, but can serve as a basis for screening.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
W225 (FT)	29. x. and, as applicable, vocational skills.  Note: Vocational development refers to work interests, work skills, work attitudes, work-related behaviors, and present and future employment options. The determination of whether or not a vocational assessment is "applicable" is typically based on age (adolescents or	<input type="checkbox"/> Yes <input type="checkbox"/> No	



CFR ID# & Survey Tag	Regulation	Finding	Evidence and References
	<p>adults more than likely require this type of assessment).</p> <p>Note: If this is scored yes, you have consistent evidence that the following is true:</p> <ul style="list-style-type: none"> <li>a. The assessment is based on actual performance of the individual against objective criteria;</li> <li>b. The assessment is individualized; and</li> <li>c. The assessment is conducted in appropriate environments.</li> </ul>		
W259	<p>30. Were the Comprehensive Functional Assessment(s) reviewed and revised as needed based on the person's needs.</p> <p>Note: If this is scored yes, you have consistent evidence that the following is true:</p> <ul style="list-style-type: none"> <li>a. Assessments are accurate;</li> <li>b. Assessments are completed, as needed. Reassessments are completed every five years, or as needed based on the person's needs.</li> <li>c. Assessment of each area (29.i to 29.x.) is present, and adequate.</li> <li>d. Reassessments reflect changes in [redacted] since the last assessment.</li> <li>e. Reassessments incorporate information about [redacted]'s progress, regression.</li> </ul>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	

**Total Possible: 18**

## TEAM COMPOSITION AND FUNCTION: Scoring

See Reviewers Guide for information and definitions relevant to Team Composition and Function.

- 483.440 (c)(1) Each person must have an RISP developed by an IDT that represents the professions, disciplines or service areas that are relevant to:
- (i) identifying the person's needs, as described by the comprehensive functional assessments... and
  - (ii) designing programs that meet the person's needs.

Before scoring each question, you must first complete the Evidence and References column using a (+) to indicate examples of compliance and a (-) to indicate examples of non-compliance.

When scoring each item you are limited to the optional responses listed. For instance, if a question does not list CND as a possible response, you may not use it.

CFR ID & Survey Tag	Regulation	Finding	Evidence and References
W206	<p>31. Does [redacted] have an RISP developed by an IDT that represents the professions, disciplines or service areas that are relevant to: identifying [redacted]'s needs as described by the comprehensive functional assessment; and designing programs that meet [redacted]'s needs?</p> <p>Note: If this is scored yes, you have consistent evidence that:</p> <p>a. [redacted]'s IDT is composed of those individuals (professionals, paraprofessionals and non-professionals) who possess the knowledge, skills and expertise necessary to accurately identify the comprehensive array of [redacted]'s needs and design a program which is responsive to those needs.</p> <p>Note: There is no "correct" number of individuals who comprise the IDT. There are no set professional disciplines which make up the IDT. Based upon all evidence, assess whether the expertise available to the team was appropriate to meet the needs of [redacted].</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
W207	<p>32. Have appropriate nursing facility and specialized services staff participated in the IDT meetings?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	

CFR ID & Survey Tag	Regulation	Finding	Evidence and References
	<p>Note: If this is scored yes, you have consistent evidence that the following is true:</p> <p>a. meetings were scheduled and conducted to facilitate the participation of all members of the team.</p> <p>b. relevant nursing facility and day/specialty services staff participated.</p>		
W208	<p>33. Was participation by other agencies serving [redacted] encouraged?</p> <p>Note: If this is scored yes, you have consistent evidence that the following is true:</p> <p>a. the Nursing Facility aggressively pursued the attendance of all relevant agency and professional participants at the team meeting (e.g., a conference call with a consultant during deliberations meets this requirement).</p> <p>b. the views of individuals not present at the meeting are identified and incorporated in the RISP.</p> <p>c. If members are unable to attend, the results of meetings are reviewed with missing members.</p>	<p>_____ Yes</p> <p>_____ No</p> <p>_____ N/A</p>	
W209 (FT)	<p>34. Did [redacted] and his/her parent (if the person is a minor), or [redacted]'s legal guardian participate in the development of the RISP (this is required unless the legal guardian/parent is unobtainable or it is found to be inappropriate)?</p> <p>Note: If this is scored yes, you have consistent evidence that the following is true:</p> <p>a. if the individual served does not attend the RISP meetings it is because he/she is unable and/or unwilling.</p> <p>b. the staff provides the information and support needed for [redacted] and his/her guardian to be informed so they can participate in the RISP meeting.</p> <p>c. [redacted] and his/her guardian are provided with information prior to a meeting which can be used at the meeting to make decisions.</p>	<p>_____ Yes</p> <p>_____ No</p>	

**Total Possible: 4**

## **ADEQUACY OF PLANNING: Scoring**

See Reviewers Guide for information and definitions relevant to Assessments.

483.440(c)(1): the person must have an RISP:

- (i): Identifying this person's needs, as described in the comprehensive functional assessments required in paragraph (c)(3) of this section; and
- (ii): designing programs that meet this person's needs.

Before scoring each question, you must first complete the Evidence and References column using a (+) to indicate examples of compliance and a (-) to indicate examples of non-compliance.

When scoring each item you are limited to the optional responses listed. For instance, if a question does not list CND as a possible response, you may not use it.

CFR ID# & Survey Tag	Standard	Finding	Evidence and References
DMR	<p>35. Did the Team convene a meeting and develop a document called an RISP?</p> <p>Note: You are not making a judgment on the adequacy of the RISP or on whether or not it meets the definition of a RISP. This is a score on whether or not the Team met and developed a document called a RISP.</p>	<p>_____ Yes _____ No</p>	
W226 ATMD	<p>36. Does [redacted] have a RISP?</p> <p>Note: If this is scored yes, you have consistent evidence that the following is true: A complete annual RISP is present, dated within the preceding 12 months, is in the NF record and includes all of the following: (ATMD)</p> <ul style="list-style-type: none"> <li>a. Pages 1 &amp; 2 of the RISP form, completed;</li> <li>b. Service Planning pages, fully completed, if appropriate, or the DMR Individual Support Plan (ISP) for RICCI class members or DMR-funded vocational or educational services. In addition, strategies that are identified in the</li> </ul>	<p>_____ Yes _____ No</p>	

CFR ID# & Survey Tag	Standard	Finding	Evidence and References
	<p>Service Planning pages with an identifier that cross-references the location of the strategy (POC, SS Plan);</p> <p>c. There are carryover objectives in the NF POC for every goal in the SS Plan;</p> <p>d. The Specialized Services Plan or Day Habilitation Services Plan (DHSP);</p> <p>e. Copies of all relevant assessments; and</p> <p>f. All relevant professionals/members attended the RISP meeting or otherwise participated in the developing the RISP.</p>		
W226	<p>37. Was the RISP developed within the first 90 days after admission?</p> <p>This is "N/A" if [redacted] was not admitted to the Nursing Facility within the past 12 months.</p>	<p>_____ Yes          _____ No          _____ N/A</p>	
W196 (FT)	<p>38. Is [redacted]'s RISP based on assessed needs and strengths and does it address major life areas essential to increasing independence and ensuring rights?</p>	<p>_____ Yes          _____ No</p>	
W227	<p>39. Does the RISP contain objectives necessary to meet [redacted]'s needs as identified by the comprehensive assessment?</p> <p>Note: If this is scored yes, you have consistent evidence that the following is true:</p> <p>a. The RISP contains a list of specific objectives based on needs identified in the comprehensive functional assessment.</p> <p>b. There is a clear link between the specific objectives and the functional assessment data and recommendations.</p> <p>c. Objectives are developed for those needs that are</p>	<p>_____ Yes          _____ No</p>	

CFR ID# & Survey Tag	Standard	Finding	Evidence and References
	observed to most likely impact on [redacted]'s ability to function in daily life. (This applies whether or not priority needs are addressed in the comprehensive functional assessment).		
W228	<p>40. Are objectives organized in a planned sequence?</p> <p>Note: If this is scored yes, you have consistent evidence that the following is true:</p> <p>a. objectives are arranged in a sequence identifying the logical order in which they will be addressed.</p> <p>b. objectives are organized in a sequence relevant to [redacted]'s long term development.</p>	<p>_____ Yes</p> <p>_____ No</p>	
W229	<p>41. Are objectives stated separately, in terms of a single behavioral outcome?</p> <p>Note: If this is scored yes, you have consistent evidence that the following is true:</p> <p>a. each objective clearly states one expected learning result.</p>	<p>_____ Yes</p> <p>_____ No</p>	
W230	<p>42. Is each objective assigned projected completion dates?</p> <p>Note: If this is scored yes, you have consistent evidence that the following is true:</p> <p>a. completion dates are assigned to each objective on which [redacted] is currently working.</p> <p>b. completion dates are based on [redacted]'s rate of learning.</p>	<p>_____ Yes</p> <p>_____ No</p>	
W231	<p>43. Are objectives expressed in behavioral terms that provide measurable indices of performance?</p> <p>Note: If this is scored yes, you have consistent evidence that the following is true:</p> <p>a. the learning outcomes are stated in a manner which enables all staff working with [redacted] to consistently identify the target behavior and to clearly identify when it is</p>	<p>_____ Yes</p> <p>_____ No</p>	

CFR ID# & Survey Tag	Standard	Finding	Evidence and References
	being displayed. b. the objective is stated in a manner which permits it to be quantifiably measured.		
W232	44. Are the outcomes organized to reflect a developmental progression appropriate to [redacted]?  Note: If this is scored yes, you have consistent evidence that the following is true: a. objectives and criteria for success are based on [redacted]'s current or baseline functional abilities. b. objectives are designed to allow [redacted] to experience success in achieving those objectives. c. objectives are individualized to take into consideration [redacted]'s abilities and disabilities. d. objectives are organized to begin with the next logical step, given [redacted]'s current functioning and move toward more complex behavior.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
W233	45. Are the outcomes assigned priorities?  Note: If this is scored yes, you have consistent evidence that the following is true: a. the IDT has identified which objectives are the most important to work on now. b. skills and behaviors which significantly impact upon [redacted]'s day-to-day functioning are worked on first.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	REGARDING THE WRITTEN TRAINING PROGRAM		Note: The written training programs being scored in Questions #46 to #54 refer to those objectives which the team is implementing.
W234	46. Does each written training program designed to implement the objectives in the RISP specify the methods to be used?  Note: If this is scored yes, you have consistent evidence that the following is true:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

CFR ID# & Survey Tag	Standard	Finding	Evidence and References
	a. The training program provides clear directions to any staff person working with [redacted] on <u>how</u> to implement the teaching strategies.		
W235	<p>47. Does each written training program designed to implement the objectives in the RISP specify the schedule to be used?</p> <p>Note: If this is scored yes, you have consistent evidence that the following is true:</p> <p>a. The training program provides clear directions to any staff person working with [redacted] about <u>when</u> the strategies are to be implemented.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
W236	<p>48. Does each written training program designed to implement the objectives in the RISP specify the person responsible for the program?</p> <p>Note: If this is scored yes, you have consistent evidence that the following is true:</p> <p>a. The person who will monitor the program and ensure it is being implemented appropriately, is clearly identified on the written training program.</p> <p>Note: This may or may not be the same person who implements the program. There is no requirement to identify who implements the program.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
W237	<p>49. Does each written training program designed to implement the objectives in the RISP specify the type of data and frequency of data collection necessary to be able to assess progress toward the desired objectives?</p> <p>Note: If this is scored yes, you have consistent evidence that the following is true:</p> <p>a. The training program provides clear directions to any staff person working with [redacted] about the type of data to record, and the frequency which data is to be recorded.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	



CFR ID# & Survey Tag	Standard	Finding	Evidence and References
	b. The data collection system is directly related to the outcome stated in the objective.		
W238	<p>50. Does each written training program designed to implement the objectives in the RISP specify the inappropriate behaviors, if applicable?</p> <p>Note: If this is scored yes, you have consistent evidence that the following is true:  a. Any behaviors which would interfere with [redacted]'s ability to function in or benefit from the training program are identified.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
W239	<p>51. Does each written training program designed to implement the objectives in the RISP provide for the appropriate expression of behavior and the replacement of inappropriate behavior, if applicable, with behavior that is adaptive or appropriate?</p> <p>Note: If this is scored yes, you have consistent evidence that the following is true:  a. The training program provides specific information as to how to elicit or strengthen appropriate behavior and what behaviors to teach, reinforce or encourage which would reduce or replace the inappropriate behavior.  b. Replacement behaviors are functionally related to the target behavior.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>REGARDING THE RISP</b>			
W240	<p>52. Does the RISP describe relevant interventions to support [redacted] toward independence?</p> <p>Note: If this is scored yes, you have consistent evidence that the following is true:  a. The RISP provides specific information to any staff person working with [redacted] about what services and supports they are to provide to assist [redacted] in functioning</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

CFR ID# & Survey Tag	Standard	Finding	Evidence and References
	at a more independent level.		
W241	<p>53. Does the RISP identify the location where program strategy information (which must be accessible to any person responsible for implementation) can be found?</p> <p>Note: If this is scored yes, you have consistent evidence that the following is true:  a. Staff know where to find information about the programs to be implemented.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
W242	<p>54. Does the RISP include, if [redacted] lacks them, training in personal skills essential for privacy and independence (including but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that [redacted] is developmentally incapable of acquiring them.</p> <p>Note: If this is scored yes, you have consistent evidence that the following is true:  a. if [redacted] lacks the skills listed, he/she is receiving training designed to meet his/her needs.  b. the RISP provides specific information to any staff person working with [redacted] about what services and supports they are to provide to assist [redacted] in functioning at a more independent level.  c. these programs are consistently implemented in both formal and informal settings.  d. there is documentation of consistent, appropriate attempts to teach [redacted] these skills, or specific evidence as to a medical condition which would preclude acquisition, prior to determination of developmental incapability.  e. Appropriate materials, adaptations and modifications to equipment and the environment are available in order to</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

CFR ID# & Survey Tag	Standard	Finding	Evidence and References
	promote and support individual training programs.		
	REGARDING MECHANICAL SUPPORTS		
W242	<p>55. Does the RISP identify mechanical supports, if needed, to achieve proper body position, balance, or alignment?</p> <p>Note: If this is scored yes, you have consistent evidence that the following is true:</p> <p>a. Mechanical devices needed to support [redacted]'s proper body position or alignment are available, functional, and used;</p> <p>b. Mechanical devices are not used to restrict movement of [redacted] and are not used as a substitute for programs or therapy.</p> <p>Examples of mechanical devices include, but are not limited to: splints, wedges, bolsters, lap trays, adaptations to wheelchairs which position and align the body.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A</p>	
W243 W244 W245	56. Does the RISP identify the reason for each support, the situations in which each is to be applied, and the schedule for use of each support?	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A</p>	
W246	<p>57. Does the RISP provide that [redacted] (if he/she has multiple disabilities) spend a major portion of each waking day out of bed and outside the bedroom area, moving about by various methods and devices whenever possible?</p> <p>Note: If this is scored yes, you have consistent evidence that the following is true:</p> <p>a. individuals with sensory or physical difficulties have the same opportunities to move around in their environments as individuals who do not have those difficulties. (with the exception of those who are acutely ill).</p> <p>b. you have no evidence of regression, contractures and</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	

CFR ID# & Survey Tag	Standard	Finding	Evidence and References
	deformities as a result of staff not following therapeutic recommendations.		
W247	<p>58. The RISP includes opportunities for [redacted] to have choice and self-management.</p> <p>Note: If this is scored yes, you have consistent evidence that the following is true:</p> <p>a. Individuals are provided opportunities for choice, encouraged and taught to make choices, and to exercise control over themselves and their environment.</p> <p>b. Devices, if any, needed to enable [redacted] to communicate his/her choice(s) are available, functional and used;</p> <p>c. The services maximize daily activities for [redacted] in such a way that varying degrees of decision-making can be practiced as skills are acquired.</p> <p>Examples include but are not limited to: choosing housing or roommates, choosing clothing to purchase or wear, choosing what to eat, making and keeping appointments and choosing from an array of appropriate activities.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
W248	<p>59. Is a copy of [redacted]'s RISP made available to all relevant staff including staff of other agencies who work with [redacted] and to [redacted]'s parents (if the person is a minor) or legal guardian?</p> <p>Note: If this is scored yes, you have consistent evidence that the following is true:</p> <p>a. The individual or legal representative, as well as the facility staff, and the staff from outside the nursing facility has or can access a copy of the RISP.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
W226	60. Overall, is the RISP adequate to meet [redacted]'s needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Total Possible: 26**

## STAFFING AND TRAINING: Scoring

See Reviewers Guide for information and definitions relevant to Assessments.

**483.430 (e)(1)** The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently and competently.

Before scoring each question, you must first complete the Evidence and References column using a (+) to indicate examples of compliance and a (-) to indicate examples of non-compliance.

When scoring each item you are limited to the optional responses listed. For instance, if a question does not list CND as a possible response, you may not use it.

CFR ID# & Survey Tag	Standard	Finding	Evidence and References
W189 – W194	61. Have staff received training focused on skills and competencies directed towards [redacted]s		When you answer be sure to indicate which type of staff have not, e.g., day, nursing facility or case management or therapists, etc.
430(e)(2)	a. Developmental needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	b. Behavioral needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	c. and health needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
430(e)(3)	62. Have staff demonstrated the skills and techniques necessary to administer interventions to manage the inappropriate behavior of [redacted]?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Answer a., b., and c. first, then answer this question.
W193	62. a. Did <b>DAY/Specialized Services</b> staff demonstrate the knowledge, skills and techniques necessary to administer interventions to manage the inappropriate behavior of [redacted]?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	62. b. Did <b>Nursing Facility staff</b> demonstrate the knowledge, skills and techniques necessary to administer	<input type="checkbox"/> Yes <input type="checkbox"/> No	

CFR ID# & Survey Tag	Standard	Finding	Evidence and References
	interventions to manage the inappropriate behavior of [redacted]?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	62. c. Did the <b>Case Manager/Service Coordinator</b> demonstrate the knowledge, skills and techniques necessary to understand and monitor interventions to manage the inappropriate behavior of [redacted]?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
W194	63. Staff demonstrated the skills and techniques necessary to implement the RISP for [redacted].	<input type="checkbox"/> Yes <input type="checkbox"/> No	Answer a. and b. first, then answer this question.
	63.a. Did the <b>Day/Specialized Services</b> staff demonstrate the skills and techniques necessary to implement the RISP for [redacted]?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	63.b. Did the <b>Nursing Facility staff</b> demonstrate the skills and techniques necessary to implement the RISP for [redacted]?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
430(e)(1) 430(e)(3) 430(e)(4)	64. Staff reported that they have had and could describe what they had received as training to work with [redacted]?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Answer a., and b., first, then answer this question.
	64.a. Did the Day/Specialized Services staff receive and describe training necessary to work with [redacted]?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	64.b. Did the Nursing Facility staff receive and describe training necessary to work with [redacted]?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
430(d)(1)	65. Is staffing sufficient to carry out [redacted]'s RISP.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Answer a., and b., first, then answer this question.
	65.a. Is Day/Specialized Services staffing sufficient?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	65.b. Is Nursing Facility staffing sufficient?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Total Possible: 7**

## IMPLEMENTATION/RECEIPT OF ACTIVE TREATMENT: Scoring

See Reviewers Guide for information and definitions relevant to Assessments.

- 483.440(d)(1)** As soon as the interdisciplinary team has formulated [REDACTED]'s RISP, [REDACTED] must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the RISP.
- (2) The facility must develop an active treatment schedule that outlines the current active treatment program that is readily available for review by relevant staff.
  - (3) Except for those facets of the RISP that must be implemented only by licensed personnel, [REDACTED]'s RISP must be implemented by all staff who work with [REDACTED], including professional, paraprofessional and nonprofessional staff.
- (e)(1) Data relative to accomplishment of the criteria specified in [REDACTED]'s RISP objectives must be documented in measurable terms.

**483.440(a)** [REDACTED] must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services, that is directed toward:

- (1)(i): the acquisition of the behaviors necessary for [REDACTED] to function with as much self determination and independence as possible; and
- (1)(ii): the prevention or deceleration of regression or loss of current optimal functional status.

Before scoring each question, you must first complete the Evidence and References column using a (+) to indicate examples of compliance and a (-) to indicate examples of non-compliance.

When scoring each item you are limited to the optional responses listed. For instance, if a question does not list CND as a possible response, you may not use it. Reviewer's must examine and evaluate all negative findings related to active treatment, and if determined to be significant, those findings should be cited at the salient tag numbers related to each of the components of the active treatment process.

CFR ID# & Survey Tag	Standard	Finding	Evidence and References
	REGARDING THE IMPLEMENTATION OF THE RISP		
W249	66. Does [REDACTED] receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the RISP.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

CFR ID# & Survey Tag	Standard	Finding	Evidence and References
	<p>Note: <u>Continuous</u> is defined to mean the competent interaction of staff with individuals served at all times, whenever the need arises or opportunities present, in both formal and informal settings.</p> <p>Note: If this is scored yes, you have consistent evidence that the following is true:</p> <ul style="list-style-type: none"> <li>a. [REDACTED] is receiving training and services consistent with the current RISP.</li> <li>b. Staff use the adaptive equipment, assistive devices including communication aides, environmental supports, materials, supplies, etc. specified in each individual's RISP to accomplish stated objectives.</li> <li>c. A consistent approach is being implemented in all environments.</li> <li>d. The pattern of interactions observed supports the active treatment program (e.g., informal opportunities to reinforce learning or appropriate skill development are taken, needs are addressed as they present themselves).</li> <li>e. The active treatment program is not delayed or suspended while waiting for the written RISP.</li> <li>f. Activities support the accomplishment of the RISP objectives.</li> <li>g. If applicable, [REDACTED]'s persistent refusal to participate in active treatment is being addressed by the IDT.</li> </ul>		
W251	<p>67. [REDACTED]'s RISP is implemented by all staff who work with him/her including professional, paraprofessional and non-professional staff except for those facets of the RISP that must be implemented only by licensed personnel.</p> <p>Note: If this is scored yes, you have consistent evidence that the following is true:</p> <ul style="list-style-type: none"> <li>a. All staff working with [REDACTED] implement all aspects of the active treatment program unless such implementation is restricted to licensed personnel.</li> </ul>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	



CFR ID# & Survey Tag	Standard	Finding	Evidence and References
	<p>b. [redacted] receives aggressive and consistent training, treatment and services by trained staff in accordance with his/her needs and the RISP.</p> <p>c. each discipline works together to provide a uniform, consistent approach to implementation of the RISP across disciplines.</p> <p>d. [redacted]'s RISP must be implemented by all staff who work with [redacted], including professional, paraprofessional and nonprofessional staff.</p>		
REGARDING THE ACTIVE TREATMENT SCHEDULE			
W250	<p>68. Does [redacted] have an active treatment schedule that outlines the current active treatment program and that is readily available for review by staff?</p> <p>Note: If this is scored yes, you have consistent evidence that the following is true:</p> <p>a. The schedule is individualized and consistent with [redacted]'s objectives.</p> <p>b. The schedule is known to staff working with [redacted].</p> <p>c. Staff know where to locate a schedule when they need it.</p> <p>d. The active treatment schedule allows flexibility and is adjusted to the needs and preferences of [redacted] as necessary.</p> <p>e. The active treatment schedule reflects normal daily rhythms.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
REGARDING DOCUMENTATION			
W252	<p>69. Is data relative to accomplishment of the criteria specified in [redacted]'s RISP objectives documented in measurable terms?</p> <p>Note: If this is scored yes, you have consistent evidence that the following is true:</p> <p>a. Data are collected in the form and frequency required by</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	

CFR ID# & Survey Tag	Standard	Finding	Evidence and References
	<p>the plan.</p> <p>b. Data are accurate, i.e., reflective of actual individual performance.</p>		
W253	<p>70. Is there documentation of significant events that are related to [REDACTED]'s RISP and assessments?</p> <p>Note: If this is scored yes, you have consistent evidence that the following is true:</p> <p>a. Changes in [REDACTED]'s functional status, health condition, accomplishments, activities or needs which affect the comprehensive functional assessment and RISP are documented.</p> <p>b. The program records reflect unusual episodes and other incidents that suggest the need to respond with a changing program or other special attention.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
W254	<p>71. There is documentation that is related to [REDACTED]'s RISP and assessments, and that contributes to an overall understanding of [REDACTED]'s ongoing level and quality of functioning.</p> <p>Note: If this is scored yes, you have consistent evidence that the following is true:</p> <p>a. Any occurrence(s) inside or outside the facility which provides information about [REDACTED]'s interactions, responses, progress, or problems beyond the specific parameters of the RISP, are documented.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
REGARDING THE RECEIPT OF ACTIVE TREATMENT OVERALL			
W196 (FT)	<p>72. Does [REDACTED] receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services?</p> <p>Note: <u>Continuous</u> is defined to mean the competent interaction of staff with individuals served at all times, whenever the need arises or</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	

CFR ID# & Survey Tag	Standard	Finding	Evidence and References
	<p>opportunities present, in both formal and informal settings.</p> <p>Note: If this is scored yes, you have consistent evidence that the following is true:</p> <p>a. [redacted]'s strengths and needs have been accurately assessed. Your score on Q.#26. is _____. Your score on Q.#27. is _____.</p> <p>b. relevant input has been obtained from team members. Your score on Q.#31. is_____.</p> <p>c. [redacted]'s RISP is based on assessed needs and strengths and addresses major life areas essential to increasing independence and ensuring rights. Your score on Q.#36. is _____. Your score on Q. # 38. is _____.</p> <p>d. The RISP is consistently implemented in all relevant settings both formally and informally in accordance with [redacted]'s needs. Your score on Q. #67. is _____.</p> <p>e. [redacted] has the adaptive equipment and assistive technology necessary for him/her to function with increased independence. Your score on Q. #55. is _____. Your score on Q.58. is _____.</p> <p>f. Staff demonstrated the skills and techniques necessary to implement the RISP. You score on Q. #66. is _____.</p>		
W196 (FT)	<p>73. Does [redacted] receive a continuous active treatment program which is directed toward the acquisition of the behaviors necessary for [redacted] to function with as much self determination and independence as possible?</p> <p>Note: If this is scored yes, you have consistent evidence that the following is true:</p> <p>a. each individual receives aggressive and consistent training, treatment and services by trained staff in accordance with their needs and the RISP.</p> <p>b. New skills and appropriate behaviors are encouraged</p>	<p>_____ Yes</p> <p>_____ No</p>	

CFR ID# & Survey Tag	Standard	Finding	Evidence and References
	and reinforced;		
W196 (FT)	<p>74. Does [redacted] receive a continuous active treatment program which is directed toward the prevention or deceleration of regression or loss of current optimal functional status?</p> <p>Note: If this is scored yes, you have consistent evidence that the following is true:</p> <p>a. each person with degenerative conditions receive training, treatment and services designed to maintain skills and functioning and to prevent further regression to the extent possible.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
W249 (FT) W196	75. Did the activities and interactions you observed support the accomplishment of the RISP Objectives in [redacted]'s active treatment program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Total Possible: 10**

## MONITORING AND FOLLOW-UP: Scoring

483.440(f)(1) The RISP must be reviewed at least by the Qualified Mental Retardation Professional (QMRP) and revised as necessary, including, but not limited to situations where this person:

- 483.440(f)(1)(i) Has successfully completed an objective or objectives identified in the RISP;
- 483.440(f)(1)(ii) Is regressing or losing skills already gained;
- 483.440(f)(1)(iii) Is failing to progress toward identified objectives after reasonable efforts have been made; or,
- 483.440(f)(1)(iv) Is being considered for training towards new objectives.

483.440(f)(2) At least annually, the Comprehensive Functional Assessments of this person must be reviewed by the Interdisciplinary Team (IDT) for relevancy and updated as needed; and the RISP must be revised, as appropriate....

**Before scoring each question, you must first complete the Evidence and References column using a (+) to indicate examples of compliance and a (-) to indicate examples of non-compliance.**

**When scoring each item you are limited to the optional responses listed.** For instance, if a question does not list CND as a possible response, you may not use it.

CFR ID# & Survey Tag	Standard	Finding	Evidence and References
440(f)(1)	<p>76. Was the RISP reviewed, at least, by the <b>Case Manager/Service Coordinator</b>?</p> <p>Note: If this is scored yes, you have consistent evidence that the following is true:            a. The CM/SC monitored implementation of the RISP;            b. The CM/SE routinely visits program areas and discusses performance and problems of _____?</p>	<p>_____ Yes            _____ No</p>	
440(f)(1)(i)	<p>77. Was the RISP reviewed/revised when _____ successfully completed an objective or objectives identified in the RISP?</p> <p>Note: If this is scored yes, you have consistent evidence that the</p>	<p>_____ Yes            _____ No            _____ N/A</p>	

CFR ID# & Survey Tag	Standard	Finding	Evidence and References
	<p>following is true:</p> <p>a. The CM/SC ensures the RISP and program has been modified or changed in response to _____'s specific accomplishments and/or need for new programs.</p>		
W256	<p>78. Was the RISP reviewed/revise when _____ regressed or lost skills already gained?</p> <p>Note: If this is scored yes, you have consistent evidence that the following is true:</p> <p>a. The CM/SC ensures the RISP and program has been modified or changed in response to _____'s regression or loss of skills already gained.</p>	<p>_____ Yes</p> <p>_____ No</p> <p>_____ N/A</p>	
W257	<p>79. Was the RISP reviewed/revise if _____ was failing to progress toward identified objectives after reasonable efforts were made?</p> <p>Note: If this is scored yes, you have consistent evidence that the following is true:</p> <p>a. The CM/SC ensures the RISP and program has been modified or changed in response to _____'s failing, after reasonable efforts have been made, to progress toward identified objectives.</p>	<p>_____ Yes</p> <p>_____ No</p> <p>_____ N/A</p>	
W258.	<p>80. Was the RISP reviewed/revise when _____ was being considered for training towards new objectives?</p>	<p>_____ Yes</p> <p>_____ No</p> <p>_____ N/A</p>	
W258	<p>81. Was the RISP reviewed at least annually?</p> <p>Note: If this is scored yes, you have consistent evidence that the following is true:</p> <p>a. The RISP must be completed by at least the 365<sup>th</sup> day after the last review.</p>	<p>_____ Yes</p> <p>_____ No</p>	

**Total Possible: 6**

## **Findings and Recommendations**

In an effort to identify things that people should be recognized and thanked for as well as to identify those things that need to be done in order to ensure a good quality of life for the class member and the provision of Active Treatment in line with the Protocol Document, please provide some of your most important findings and recommendations using the format provided below.

Considering the information you have collected during your review, and in your best professional judgment, what recommendations for improvements would you make for this individual? State your findings clearly. What was missing? Substantiate your findings by indicating the sources of your conclusions (e.g., interviews with day or residential, specific documents – give dates and names of documents- observations, describe concisely what you saw and where). Findings should, but may not always, correlate to findings in your protocol document.

Type your findings and directly opposite from your findings type your recommendation. Add boxes as needed – do not put more than one finding and one recommendation in each line. You do not have to list every finding. List those that you believe will make a positive difference in the person's life or which will improve the Active Treatment needed for the person.

Recommendations can include areas such as: personal safeguards which need improvement (Service Coordination/Case Management or Guardianship); specific provider concerns; quality of the RISP, lack of needed services, services or staff; competency/training issues which affect the quality of supports/services offered; usefulness of RISP and intensity of services; use and access to natural supports; major unmet needs; coordination of service delivery including medical services and other coordination issues, effective/appropriateness of the goals, etc. State these recommendations concisely. Do not contradict other sections of this review.

## **Identifying Immediate or Special Needs**

If you identify this person as an individual for whom urgent health, safety, environment, and/or abuse/neglect/exploitation issues were identified, which the team is not successfully and actively in the process of addressing in a timely fashion you must notify the agency providing the service where the person is in jeopardy, your QR Judge and Court Monitor immediately. You must also highlight this issue(s) in your individual findings and recommendations. After conferring with your QR Judge and the Court Monitor, this person may be identified as having **Immediate Needs**. If so, the Court Monitor will notify DMR. The reasons for this classification should be the FIRST finding you list in the following Findings and Recommendation chart.

If you identify this person as an Individual for whom issues have been identified that, if not addressed, are likely to become an urgent health and/or safety concern, you must notify the QR Judge and the Court Monitor. The Court Monitor will notify DMR. This person will be identified as having **Special Attention** needs. The reasons for this classification should be the FIRST finding you list in the following chart, unless there are immediate needs, then this finding would be listed second.

Class Member's Initials:

Date of Review:

### Findings and Recommendations

Be sure to identify the good examples of active treatment/supports that you see happening and thank teams/individuals!

#	Findings	Recommendations	Applies to Day	Applies to NF
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				