

**Rolland v. Patrick**  
**THOSE REFUSING SPECIALIZED SERVICES<sup>1</sup>**

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Class Member's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Date(s) of Review: \_\_\_\_\_  
Name of Nursing Facility: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone #: (\_\_\_\_) \_\_\_\_\_

Is this class member on the Community Placement list?  Yes  No

If yes, what year is this class member projected to transition? \_\_\_\_\_

1. What is the decision making status of this person? (check one)

- This person is competent to make his/her own decisions. (If competent, skip Question #2)
- This person is incompetent and has a guardian.
- This person is adjudicated as incompetent and does not have a guardian. (explain)

2. Does this person have a guardian?  Yes  No (if no, skip this question)

Name of Guardian: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ \_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2.a. How often is this guardian in contact with or see this person? (Identify frequency/type of contact)

2.b. List what the guardian identified as Specialized Services.

2.c. List what the guardian identified as potential benefits of Specialized Services.

2.d. List what the guardian identified as his/her objections to Specialized Services?

Reviewers: please refer to DDS or UMASS refusal form that also documents guardian's objections.)

2.e. Is there evidence that solutions to these objections have been discussed with and proposed to this guardian? (Describe, e.g., proposed solutions, when they were proposed, alternatives if unsatisfactory, etc.)

2.f. Has the Guardianship Decree been reviewed? (If so, identify dates of review, If not explain)

3. List what this person identified as Specialized Services.

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<sup>1</sup> In line with ¶35 of the Settlement Agreement, the Court Monitor is to conduct a review of those class members who are refusing specialized services to determine if their refusal is knowing and informed. This questionnaire will be completed on all Rolland class members refusing Specialized Services.

- 3.a. List what this person identified as benefits of Specialized Services.
- 3.b. List what this person identified as his/her objections to Specialized Services.
- 3.c. Is there evidence that solutions to these objections have been sought with and proposed to this person? (Describe, e.g., proposed solutions, when they were proposed, alternatives if unsatisfactory, etc.)
4. Is there evidence that specialized services have been explained to this person?  Yes  No  
(List evidence, e.g., SC/CM notes, interviews, etc.)
5. Is there evidence that the benefits and ability to individualize specialized services have been sufficiently explained to the person/guardian?  Yes  No  
(List evidence, e.g., SC/CM notes, interviews, etc.)
6. Is there evidence that the person/guardian understands that Specialized Services can be individualized in order to meet the person's needs and interests?  Yes  No  Other?  
(explain)
7. Is there evidence that the person's/guardian's refusals and reasons for refusals are documented?
8. How was the offer of Specialized Services presented? (e.g., primary language of the person/guardian, verbal only, verbal and written information that the person/guardian can understand, etc.)
9. Is there evidence that the class member/guardian was informed that he/she could influence the location or community (i.e. Specialized Services can be offered at the nearby community Day Hab site or within the individual's NF) where Specialized Supports would be provided?
10. How often is the decision regarding the receipt of Specialized Services reviewed?

People to be interviewed: Individual, Guardian and Service Coordinator/Case Manager.