

# Vermont Department of Disabilities, Aging & Independent Living HCBS Provider Self -Assessment (DAIL)

## 1 - PROVIDER INFORMATION

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### Provider Name and Mailing Address \*

Provider or Host Agency Name:

7 Royce Street  
Addison County Home Health and Hospice  
Allenwood At Pillsbury Manor  
Alternatives f.k.s. Harbour House  
Arbors  
Arioli Community Care Home  
Ascutney House  
Autumn House  
Ave Maria Community Care Home  
Barbara's 1840 House, Inc.  
Barre Project Independence  
Bayada Nurse's Service, Inc.  
Bel-Aire Center  
Bennington Project Independence  
Blue Spruce Home For The Retired  
Bradford Oasis  
Brookdale At Filmore  
Brookwood  
Brownway Residence  
Canterbury Inn, Inc  
CarePartners Adult Day Center  
Cathedral Square Senior Living  
Cedar Lane Home f.k.a. Lyndon Women's Home  
Central Vermont Council on the Aging  
Central Vermont Home Health and Hospice  
Champlain Community Services  
Champlain Valley Agency on Aging  
Choice TBI Support Services  
Clara Martin Center  
Converse Home  
Copley House Community Care Home  
Counseling Service of Addison County/Community Associates

Country Village Community Care Home  
Craftsbury Community Care Center  
Davis Home  
Eagle Eye Farm, Inc.  
East Terrace  
Eastview at Middlebury  
Elderly Services, Inc.  
Emma's Place  
Equinox Terrace  
Ethan Allen Residence  
Fairwinds Residential Care Home  
Families First  
Forest Hill Residential Care Home  
Fortier's Community Care Home  
Four Seasons Care Home  
Frances Atkinson Residence For The Retired  
Gary Home  
Gatling House Group Home  
Gazebo Apartments at Pillsbury Manor  
Gifford Medical Center Adult Day Center  
Gingras Community Care Home  
Giordano Manor  
Green Mountain Adult Day Services  
Green Mountain Support Services  
Harvey House, Ltd  
Head Injury/Stroke Independence Project  
Health Care and Rehabilitation Services of Southeastern Vermont  
Heaton Woods  
Hill Street  
Historic Homes of Runnemedede - Evarts House  
Historic Homes of Runnemedede - Stoughton House  
Holiday House Residential Care Home  
Holton Home  
Homestead  
Homestead at Pillsbury, LLC  
Howard Center  
InterAge Adult Day Program  
Johnson Care Home  
Kingdom Way  
King's Daughters Home  
Kirby House  
Lakeview Community Care Home  
Lamoille County Home Health and Hospice  
Lamoille County Mental Health Services

Franklin County Mental Health Services

Lenny Burke's Farm, Inc.  
Lincoln House  
Lincoln Street  
Linden Residential Care  
Living Well Residential Care Home  
Loch Lomond  
Loretto Home  
Manchester Health Services  
Manes House  
Mansfield Place  
Maple Hill Residential Care Home  
Maple Lane Retirement Home  
Mayo Residential Care f.k.a Mayo Manor RCH  
Meadows At East Mountain  
Metivier Residential Care Home  
Michaud Memorial Manor  
Misty Heather Morn Community Care Home  
Mountain View Of Vershire  
Newport Residential Care Center  
Northeast Kingdom Human Services  
Northeast Kingdom Council on the Aging  
Northeastern Family Institute  
Northern Counties Health Care/Caledonia Home Health Care  
Northwestern Counseling and Support Services  
Orleans/Essex Visiting Nurse Association and Hospice  
Our House At Park Terrace  
Our House Outback  
Our House Residential Care Home  
Our House Too Residential Care Home  
Our Lady Of Providence Residence  
Our Lady Of The Meadows  
Out & About  
Owen House  
Oxbow Senior Independence Program  
Pathways to Housing  
Pennington House  
Pillsbury Manor North  
Pillsbury Manor South  
Pine Knoll Community Care Home  
Pleasant Street Home  
PRIDE Supports and Services, Inc.  
Residential Care At The Manor  
Ringer's Home Care

Riverbend Residential Care Home  
River's Edge Community Care Home  
Riverside Life Enrichment Center  
Riverview Life Skills Center  
Roadhouse  
Rutland Area Visiting Nurse Association and Hospice  
Rutland Mental Health Services  
Saltis Home  
Scenic View Rural Edge LLC  
Senior Solutions - Council on Aging  
Shard Villa  
Single Steps  
South Bay Home  
Southwestern Vermont Council on Aging  
Specialized Community Services  
Springfield Area Adult Day Services  
St. Joseph Kervick Residence III  
St. Joseph's Residential Care Home  
Sterling House At Richmond  
Sterling House At Rockingham  
Sunset Home  
The Bradley House f.k.a. Hilltop House  
The Gables At East Mountain  
The Gathering Place  
The Meeting Place  
The Residence at Otter Creek  
The Residence at Otter Creek f.k.a. The Lodge At Otter Creek  
The Residence at Quarry Hill  
The Residence at Shelburne Bay West  
The Residence at Shelburne Bay East  
Thompson Residential Home  
United Counseling Service/Northshire Counseling Services  
Upper Valley Services  
Valley Terrace  
Valley View Home For The Retired  
Vergennes Residential Care  
Vermont Veterans' Home Domiciliary  
Vernon Assisted Living Residence  
Village at Cedar Hill, Inc.  
Visiting Nurse Association & Hospice of Vermont and New Hampshire  
Visiting Nurse Association and Hospice of Southwestern Vermont  
Visiting Nurse Association of Chittenden and Grand Isle Counties  
Washington County Mental Health Services  
Washington Elms

wASHINGTON EMIS

Waterford Group Home  
Watson House  
West River Valley Assisted Living Residence  
Westview Meadows At Montpelier  
Willows Of Windsor  
Windover House  
Wintergreen Residential Care Home  
Wintergreen Residential Care Home-North  
Woodstock Terrace  
Other



Provider Name:

Street or PO Box:

City:

State:

Zip Code:

## Program and Setting \*

Program: \*

- Choices for Care
- Developmental Disability Services
- Traumatic Brain Injury

Setting:

- Adult Day
- Adult Family Care
- Enhanced Residential Care

Setting:

- Group Community Supports (provider settings only)
- Group Living
- Shared Living
- Staffed Living
- Supervised Living

Setting:

- Residential Care Home
- Shared Living
- Staffed Living
- Supervised Living

## Provider Service Location \*

Location Name:

Street or PO Box:

City:

State:

Zip Code:

Number of program enrollees served in this location:

## Individual Completing Self-Assessment \*

Last Name:

First Name:

Title:

Street or PO Box:

City:

State:

Zip Code:

Office Telephone:

Email:

## 2 - PHYSICAL LOCATION CHARACTERISTICS

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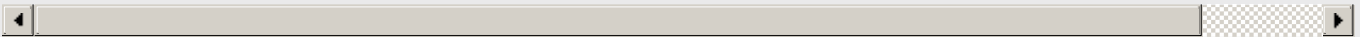


## 2.1 \*

Is the residence/service setting located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment (NF, IMD, ICF/ID or hospital)?

- Yes
- No

Comment:

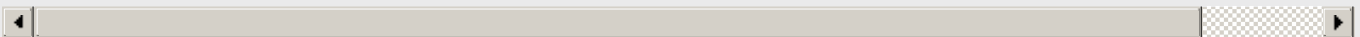


## 2.2 \*

Is the residence/service setting located in a building on the grounds of, or immediately adjacent to, a public institution (e.g. prison or State-operated hospital)?

- Yes
- No

Comment:

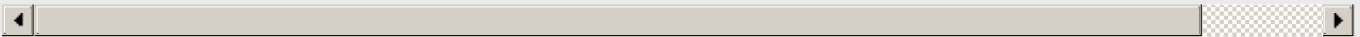


### 2.3 \*

Is the residence/service setting one of multiple locations that the provider owns or operates on the same street? (Answer “no” if the residence/service setting is a duplex or multiplex and there are no others owned or operated by the provider on the street.)

- Yes
- No

Comment:

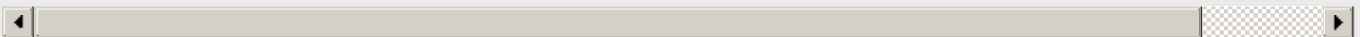


### 2.4 \*

Is the residence/service setting located in a gated/secured community for persons with disabilities?

- Yes
- No

Comment:



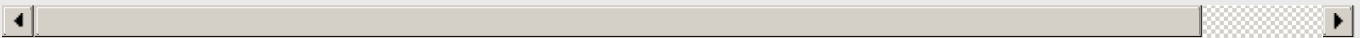
2.5 \*

Is the residence/service setting located in a farmstead or disability-specific community?

Yes

No

Comment:



2.6 \*

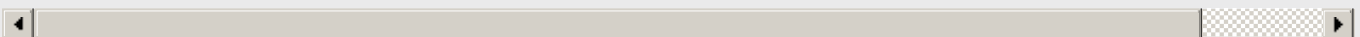
Is the residence/service setting designed specifically for persons with disabilities?

(Please note for community-based home settings developed specifically and uniquely for one or two residents based on their needs and preferences, please check "No")

Yes

No

Comment:

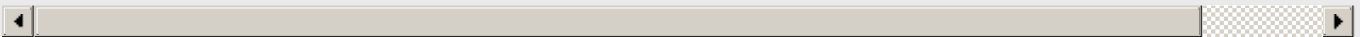


## 2.7 \*

Are the individuals who reside/receive services in the setting primarily people with disabilities? (Please note for community-based home settings developed specifically and uniquely for a one or two residents based on their needs and preferences, please check "No")

- Yes
- No

Comment:



## 2.8 \*

Is the service setting located in the same building as an educational program or school?

- Yes
- No

Comment:



### 3 - INTEGRATION WITH THE COMMUNITY

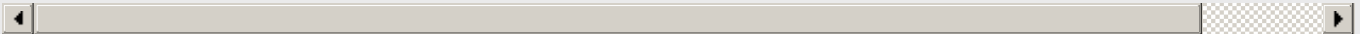
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#### 3.1 \*

Is the setting located among other residential buildings, private businesses, retail businesses, restaurants, doctor's offices etc. so as to facilitate integration with the greater community?

- Yes
- No
- N/A

Comment:

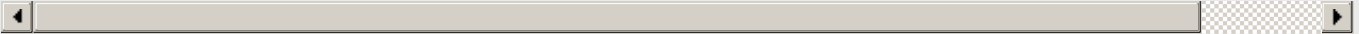


### 3.2 \*

Does the setting provide opportunities for regular, meaningful non-work activities in integrated community settings for the period of time desired by the individual?

- Yes
- No
- N/A

Comment:

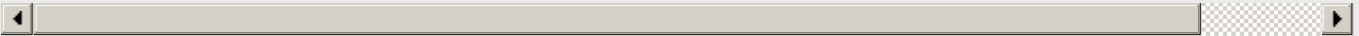


### 3.3 \*

Does the setting afford opportunities for individual schedules that focus on the needs and desires of the individual and an opportunity for individual growth?

- Yes
- No
- N/A

Comment:



### 3.4 \*

Does the setting assure that tasks and activities for individuals receiving program services are comparable to tasks and activities for people of similar ages who do not receive program services?

- Yes
- No
- N/A

Comment:





### 3.5 \*

Does the setting afford opportunities for individuals to have knowledge of, or access to information regarding age-appropriate activities, including shopping, attending religious services, medical appointments, dining out etc. outside of the setting?

- Yes
- No
- N/A

Comment:

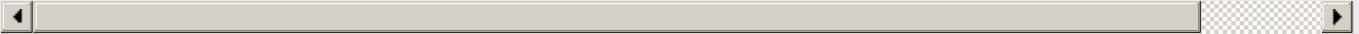


### 3.6 \*

If the individual would like to work in competitive employment, is there activity that ensures the option is pursued (subject to age appropriateness)?

- Yes
- No
- N/A

Comment:



### 3.7 \*

Do individuals know who in the setting will facilitate and support access to outside activities?

- Yes
- No
- N/A

Comment:

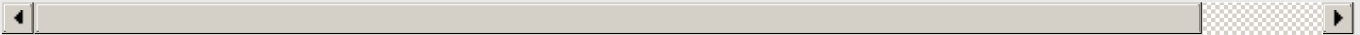


### 3.8 \*

Is the setting physically accessible, such that there are no obstructions limiting individuals' mobility in the setting (e.g., steps, lips in a doorway, narrow hallways), or if they are present, are there environmental adaptations to ameliorate the obstruction(s) (e.g., stair lifts or elevators)?

- Yes
- No
- N/A

Comment:



3.9 \*

Are individuals who receive program services facilitated in gaining access to amenities, such as a pool or gym, used by others onsite?

- Yes
- No
- N/A

Comment:



### 3.10 \*

Does the setting allow individuals the freedom to move about inside and outside of the setting, as opposed to one restricted room or area within the setting? For example, do individuals receive program services in an area of the setting that is fully integrated with individuals not receiving program services?

- Yes
- No
- N/A

Comment:

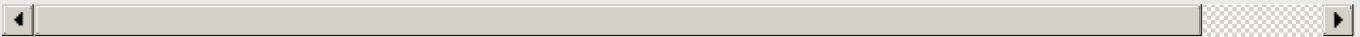


### 3.11 \*

Does the setting encourage visitors or other people from the greater community (other than paid staff) to be present, and is there evidence that visitors have been present at regular frequencies?

- Yes
- No
- N/A

Comment:

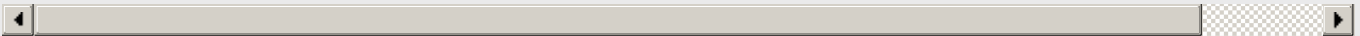


### 3.12 \*

Are visiting hours unrestricted?

- Yes
- No
- N/A

Comment:





### 3.13 \*

Do employment settings provide individuals receiving program services with the opportunity to participate in negotiating work schedules, break/lunch times and leave and medical benefits with employers to the same extent as individuals not receiving program services?

- Yes
- No
- N/A

Comment:



### 3.14 \*

If applicable, does the setting facilitate the opportunity for the individual to have a checking or savings account or other means to have access to and control his or her funds. For example, is it clear that the individual is not required to sign over his or her paychecks to the provider?

- Yes
- No
- N/A

Comment:

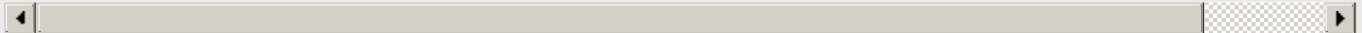


### 3.15 \*

Does the setting provide individuals with contact information, access to and training on the use of public transportation, such as buses and taxis, and are public transportation schedules and telephone numbers available in a convenient location? Alternatively, where public transportation is limited, does the setting provide information about resources for the individual to access the greater community, including accessible transportation for individuals who use wheelchairs?

- Yes
- No
- N/A

Comment:

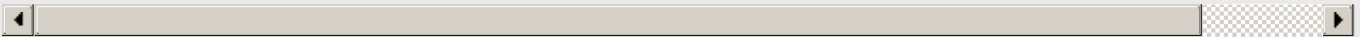


### 3.16 \*

Does the individual have the option to receive community services in lieu of onsite services (e.g. day habilitation, medical, behavioral, therapeutic, social and/or recreational services)?

- Yes
- No
- N/A

Comment:

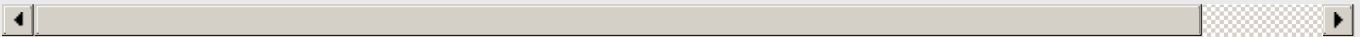


### 3.17 \*

Do the options offered include non-disability specific settings, such as competitive employment in an integrated public setting, volunteering in the community or engaging in general non-disabled community activities, such as those available at a YMCA?

- Yes
- No
- N/A

Comment:



3.18 \*

Do the setting options include the opportunity for the individual to choose to combine more than one service delivery setting or type of program service in any given day/week (e.g., combine competitive employment with community habilitation)?

- Yes
- No
- N/A

Comment:



**Category 3 - Documentation of compliance: Check any documentation methods that will be used to support one or more “Yes” answers.**

\*

Select all that apply.

- Policies/procedures
- Activity schedules/attendance sheets
- Staff training curriculum/attendance sheets
- Visitor logs
- Plans of care
- Resident/member handbooks
- Other (specify):

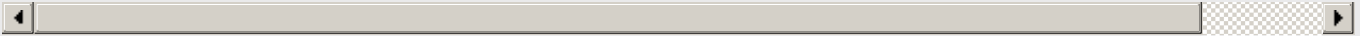
Comment:

4.1 \*

Is individual health information kept private?

- Yes
- No
- N/A

Comment:





## 4.2 \*

Are schedules related to individual health activities (e.g., therapies, medication management, diet restrictions) kept in a private location?

- Yes
- No
- N/A

Comment:

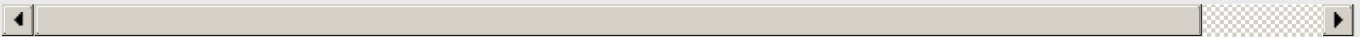


### 4.3 \*

Do setting requirements assure that staff members do not talk to each other about an individual in the presence of other persons, or in the presence of the individual as if she or he was not present?

- Yes
- No
- N/A

Comment:

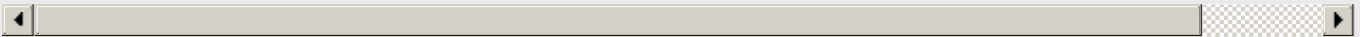


#### 4.4 \*

Does the setting support individuals who need assistance with their personal appearance to appear as they desire, and is personal assistance provided in private, as appropriate?

- Yes
- No
- N/A

Comment:

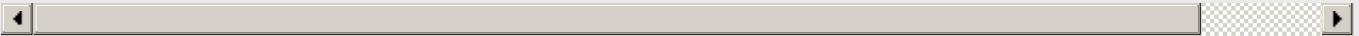


4.5 \*

Are individuals who need dressing assistance dressed in their own clothes, appropriate to the time of day and individual preferences?

- Yes
- No
- N/A

Comment:

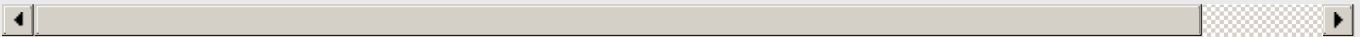


#### 4.6 \*

Does the setting assure that staff members interact and communicate with individuals respectfully and in a manner in which the individuals would like to be addressed, while providing assistance during the regular course of daily activities?

- Yes
- No
- N/A

Comment:



#### 4.7 \*

Does the setting policy require that the individual or his or her representative grant informed consent prior to the use of restraints and/or restrictive interventions, and that these interventions be documented in the person-centered care plan?

- Yes
- No
- N/A

Comment:

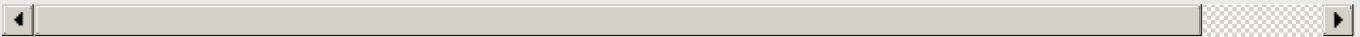


#### 4.8 \*

Does the setting policy ensure that each individual's supports and plans to address behavioral needs are specific to that individual and not the same as everyone else in the setting?

- Yes
- No
- N/A

Comment:



4.9 \*

Does the setting policy ensure that plans to address behavioral needs are not restrictive to the rights of individuals receiving support within the setting?

- Yes
- No
- N/A

Comment:



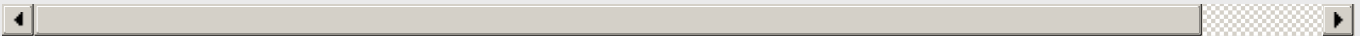


4.10 \*

Does the setting offer a secure place for the individual to store personal belongings?

- Yes
- No
- N/A

Comment:



**Category 4 - Documentation of compliance: Check any documentation methods that will be used to support one or more “Yes” answers.**

\*

Select all that apply.

- Policies/procedures
- Activity schedules/attendance sheets
- Staff training curriculum/attendance sheets
- Visitor logs
- Plans of care
- Resident/member handbooks
- Other (specify):

Comment:

**5 - INDIVIDUAL INITIATIVE, AUTONOMY & INDEPENDENCE**

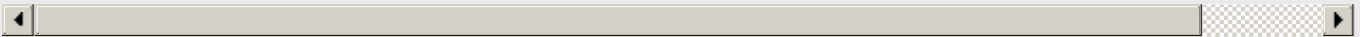
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## 5.1 \*

Notwithstanding DAIL approved security measures, is the setting free from gates, Velcro strips, locked doors and other barriers preventing residents from entering or exiting certain areas of the setting?

- Yes
- No
- N/A

Comment:

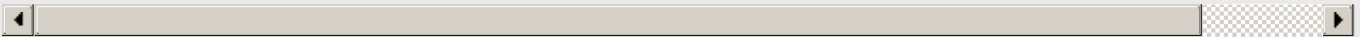


## 5.2 \*

Are supports, such as grab bars, wheelchair ramps, bathroom seats and viable emergency exits, provided for individuals who need supports to move about the setting as they choose?

- Yes
- No
- N/A

Comment:



### 5.3 \*

Are tables and chairs at a convenient height and location so that individuals can access and use them comfortably?

- Yes
- No
- N/A

Comment:



## 5.4 \*

Does the physical environment support a variety of individual goals and needs (e.g., does the setting provide indoor and outdoor gathering spaces; does the setting provide for larger group activities as well as solitary activities; does the setting provide for stimulating as well as calming activities)?

- Yes
- No
- N/A

Comment:

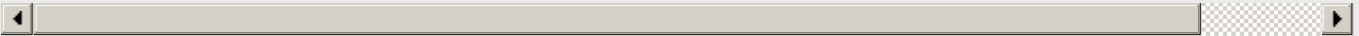


5.5 \*

Does the setting afford opportunities for individuals to choose with whom to do activities, both in or outside of the setting?

- Yes
- No
- N/A

Comment:



## 5.6 \*

Does the setting allow for individuals receiving program services to have a meal or snacks at the time and place of their choosing, consistent with individuals in similar and/or the same setting who are not receiving program services?

- Yes
- No
- N/A

Comment:



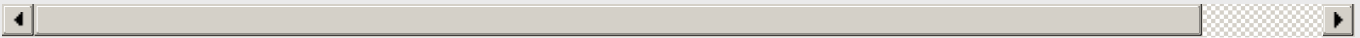


5.7 \*

Can individuals request an alternative meal, if desired?

- Yes
- No
- N/A

Comment:

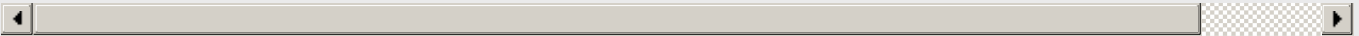


5.8 \*

Does the dining area have comfortable seating, configured to afford individuals the opportunity to converse with others during meal or break times?

- Yes
- No
- N/A

Comment:

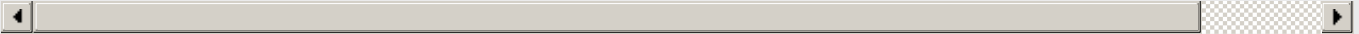


## 5.9 \*

Does the dining area afford dignity to diners, including by not requiring individuals to wear bibs and by not using disposable cutlery, plates and cups?

- Yes
- No
- N/A

Comment:

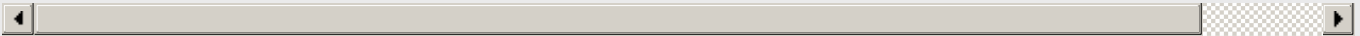


5.10 \*

Does the setting post in a prominent location or otherwise furnish information on the provider's policies concerning individual rights?

- Yes
- No
- N/A

Comment:

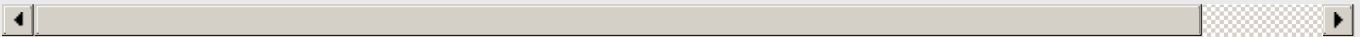


5.11 \*

Does the setting treat individuals receiving program services and others in the same manner with respect to prohibiting otherwise legal activities (e.g., consuming alcohol for individuals 21 or older)?

- Yes
- No
- N/A

Comment:

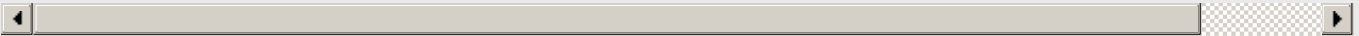


5.12 \*

Do both paid and unpaid staff receive new hire training and continuing education related to individuals' rights as outlined in HCBS rules?

- Yes
- No
- N/A

Comment:

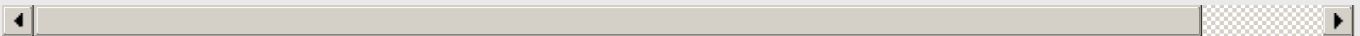


5.13 \*

Are provider policies concerning individuals' rights and HCBS rules regularly reviewed for compliance and effectiveness, and amended as necessary?

- Yes
- No
- N/A

Comment:



**Category 5 - Documentation of compliance: Check any documentation methods that will be used to support one or more “Yes” answers.**

\*

Select all that apply.

- Policies/procedures
- Activity schedules/attendance sheets
- Staff training curriculum/attendance sheets
- Visitor logs
- Plans of care
- Resident/member handbooks
- Other (specify):

Comment:

**6 – RESIDENT RIGHTS (applies to provider-owned or controlled residential settings)**

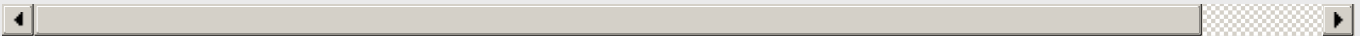


6.1 \*

Do all residents have a legally enforceable agreement with the setting landlord?

- Yes
- No
- N/A

Comment:



## 6.2 \*

Does the setting offer the same responsibilities and protections from eviction for program enrollees as for all tenants under Vermont's Residential Rental Agreement laws? (Click Here for 9 V.S.A. Chp 137 §4467)

- Yes
- No
- N/A

Comment:

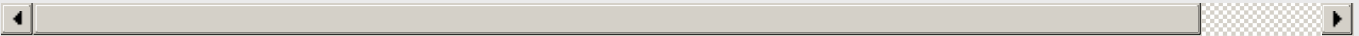


### 6.3 \*

Do residents know their rights regarding housing and when they could be required to relocate?

- Yes
- No
- N/A

Comment:

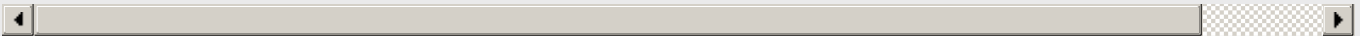


6.4 \*

Do residents know how to relocate and request new housing?

- Yes
- No
- N/A

Comment:

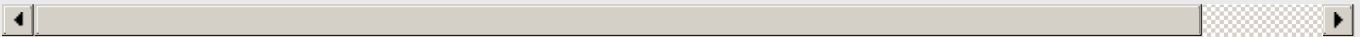


6.5 \*

Does each unit have lockable entrance doors, possession of keys limited to the resident and appropriate staff? (Unit may refer to a home, an apartment or a resident's unit in an Assisted Living Facility.)

- Yes
- No
- N/A

Comment:

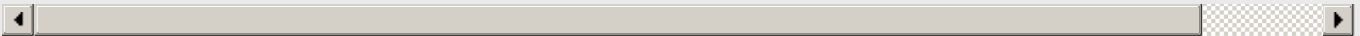


6.6 \*

Can residents close and lock their bedroom doors?

- Yes
- No
- N/A

Comment:



6.7 \*

Can residents close and lock their bathroom doors?

- Yes
- No
- N/A

Comment:

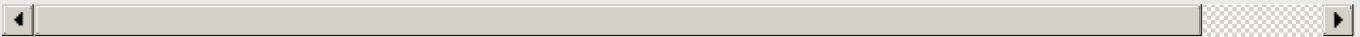


6.8 \*

Do staff members or other residents always knock and receive permission prior to entering an individual's private living space (e.g. bedroom, apartment, or assisted living unit)?

- Yes
- No
- N/A

Comment:



## 6.9 \*

Do staff members only use a key to enter a living area or private space (e.g. bedroom, apartment or assisted living unit) under limited circumstances, as agreed upon with the resident?

- Yes
- No
- N/A

Comment:





6.10 \*

Do residents have the option of choosing a private unit (e.g. bedroom, apartment or assisted living unit), as appropriate?

- Yes
- No
- N/A

Comment:

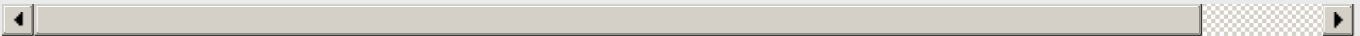


6.11 \*

Do residents have privacy in their sleeping or living space?

- Yes
- No
- N/A

Comment:

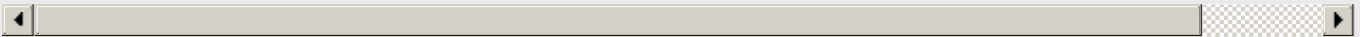


6.12 \*

Are residents permitted to have a private cell phone, computer or other personal communication device, or have access to a telephone or other technology device to use for personal communication in private at any time?

- Yes
- No
- N/A

Comment:

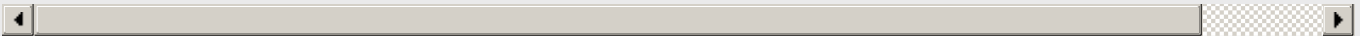


6.13 \*

Are rooms equipped with a telephone jack, WI-FI or ETHERNET jack?

- Yes
- No
- N/A

Comment:



## 6.14 \*

Are any cameras present inside the setting utilized solely in direct relation to the person-centered plan of care? (Use of cameras for recreational purposes or assistive technology for appropriate monitoring purposes is acceptable. This question is to assess the use of cameras for the purpose of surveillance that could violate a resident's right to privacy. If cameras are not present, answer N/A.)

- Yes
- No
- N/A

Comment:

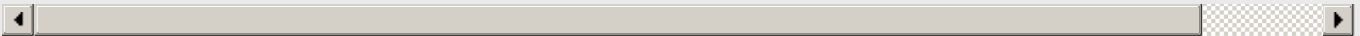


6.15 \*

Is the furniture arranged as residents prefer, to assure privacy and comfort?

- Yes
- No
- N/A

Comment:



6.16 \*

Do residents either have private rooms or a choice of roommates?

- Yes
- No
- N/A

Comment:

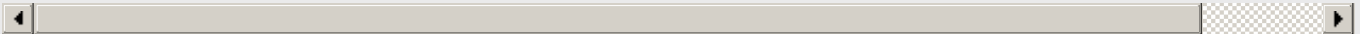


6.17 \*

Do residents have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement?

- Yes
- No
- N/A

Comment:

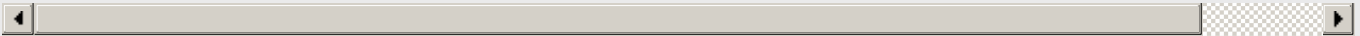


6.18 \*

Do residents have full access to typical facilities in a home, such as a kitchen with cooking facilities, dining area, laundry and comfortable seating in shared areas?

- Yes
- No
- N/A

Comment:





6.19 \*

Are appliances accessible to residents (e.g., are washers/dryers front loading for residents in wheelchairs)?

- Yes
- No
- N/A

Comment:

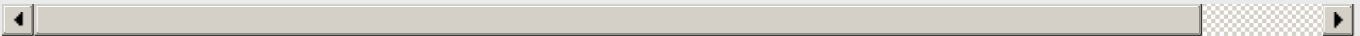


6.20 \*

Is the furniture in shared areas arranged to support small group conversations?

- Yes
- No
- N/A

Comment:



6.21 \*

Can residents come and go from the setting as they wish (i.e., without being subject to a curfew or other requirement for a scheduled return)?

- Yes
- No
- N/A

Comment:

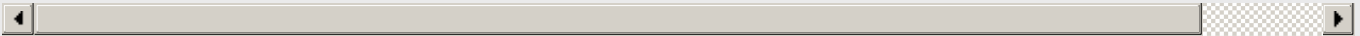


6.22 \*

If modifications to the setting requirement are deemed necessary for a resident, are they supported by an assessed need and justified in the person-centered care plan?

- Yes
- No
- N/A

Comment:

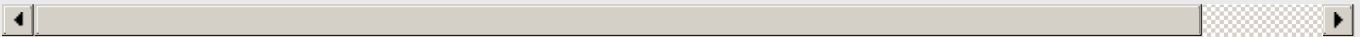


6.23 \*

If modifications to the setting requirement are deemed necessary for a resident, does documentation note if positive interventions/supports and less intrusive methods were used prior to any plan modifications?

- Yes
- No
- N/A

Comment:

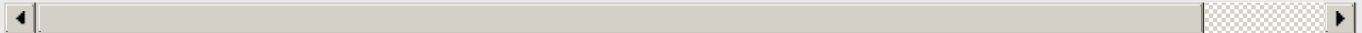


## 6.24 \*

If modifications to the setting requirement are deemed necessary for a resident, does the person-centered care plan include all of the following: a description of the condition that is directly proportional to the assessed need, data to support ongoing effectiveness of the intervention; time limits for periodic reviews to determine the ongoing necessity of the modification; informed individual consent; and assurance that the intervention will not cause the individual harm?

- Yes
- No
- N/A

Comment:



**Category 6 - Documentation of compliance: Check any documentation methods that will be used to support one or more “Yes” answers.**

\*

Select all that apply.

- Policies/procedures
- Activity schedules/attendance sheets
- Staff training curriculum/attendance sheets
- Visitor logs
- Plans of care
- Resident/member handbooks
- Other (specify):

Comment:

## 7.1 \*

Does the individual (or individual's representative) participate in selecting the time and place for the development of the person-centered care plan?

- Yes
- No
- N/A

Comment:





## 7.2 \*

Does the individual choose who is invited to participate in the development of their person-centered care plan?

- Yes
- No
- N/A

Comment:

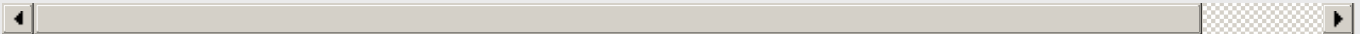


### 7.3 \*

Does the person-centered planning process include a functional assessment for the purpose of determining needed services and supports?

- Yes
- No
- N/A

Comment:

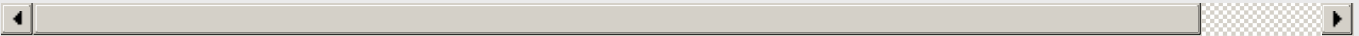


## 7.4 \*

Does the person-centered planning process include an assessment of medical and/or behavioral needs, as appropriate?

- Yes
- No
- N/A

Comment:

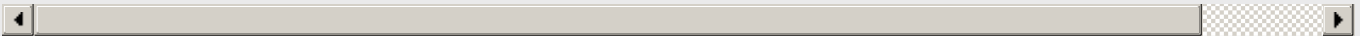


7.5 \*

Is the person-centered care plan driven by the individual's preferences?

- Yes
- No
- N/A

Comment:

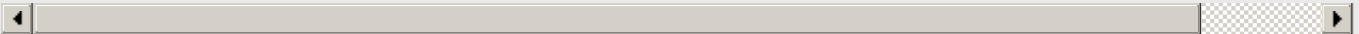


7.6 \*

Is the person-centered care plan developed in a way that supports the individual in meeting his or her goals?

- Yes
- No
- N/A

Comment:

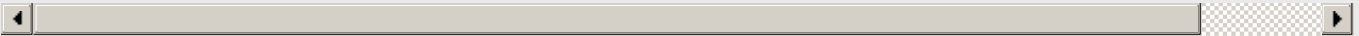


## 7.7 \*

Is a comprehensive risk assessment included that identifies risks specific to the individual and strategies to mitigate those risks?

- Yes
- No
- N/A

Comment:

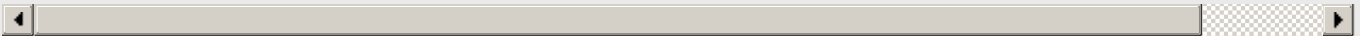


## 7.8 \*

Is the individual educated about the services for which he or she is eligible?

- Yes
- No
- N/A

Comment:

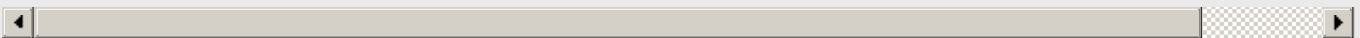


## 7.9 \*

Are health care providers included in the person's planning process?

- Yes
- No
- N/A

Comment:

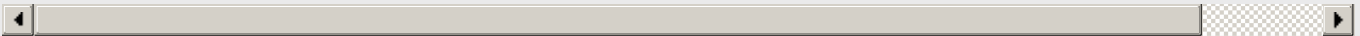


7.10 \*

Is the individual educated about options for selecting providers?

- Yes
- No
- N/A

Comment:



7.11 \*

Is there a record of which agencies and/or workers were considered by the individual?

- Yes
- No
- N/A

Comment:



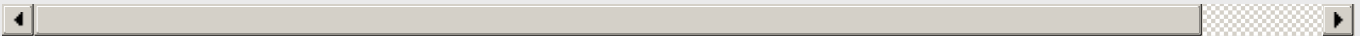


7.12 \*

Does the person-centered care plan identify the individual's paid and unpaid caregivers?

- Yes
- No
- N/A

Comment:

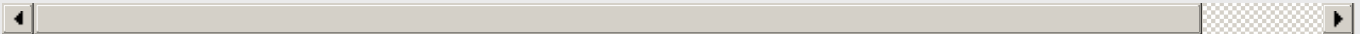


7.13 \*

Do service/support providers understand their role in facilitating the individual's achievement of his or her identified goals?

- Yes
- No
- N/A

Comment:



7.14 \*

Is the person-centered planning process designed to prevent the provision of unnecessary and inappropriate services and supports?

- Yes
- No
- N/A

Comment:

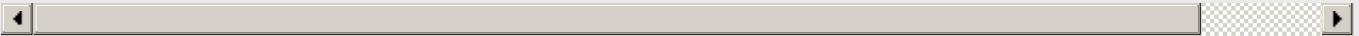


7.15 \*

Is information (written and oral communication) presented in a language that the individual understands?

- Yes
- No
- N/A

Comment:

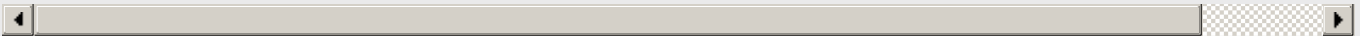


7.16 \*

Does the individual receiving services sign the person-centered care plan?

- Yes
- No
- N/A

Comment:



7.17 \*

Do all members of the team, including paid and unpaid caregivers, review and/or sign the person-centered plan or a summary of goals and objectives from the person-centered care plan related to their roles and responsibilities?

- Yes
- No
- N/A

Comment:

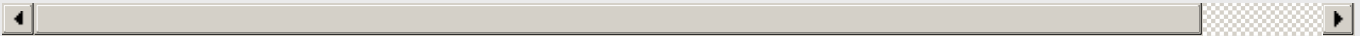


7.18 \*

Is there a process for monitoring the individual's person-centered care plan to identify when significant changes in circumstances occur?

- Yes
- No
- N/A

Comment:

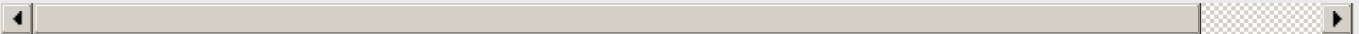


7.19 \*

Do the person(s) coordinating services understand their roles with respect to monitoring the individual and service providers?

- Yes
- No
- N/A

Comment:





7.20 \*

Is there a formal schedule and tracking method for ensuring completion of an annual person-centered care plan review?

- Yes
- No
- N/A

Comment:



7.21 \*

Is the individual made aware of the annual review process and how to request a review?

- Yes
- No
- N/A

Comment:

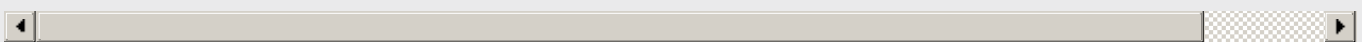


7.22 \*

Can the individual ask for a meeting to discuss making a change to their care plan?

- Yes
- No
- N/A

Comment:

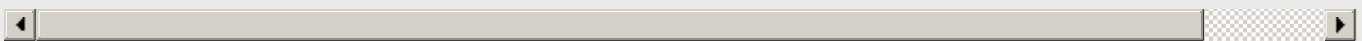


7.23 \*

Can the individual identify other providers to render his or her services?

- Yes
- No
- N/A

Comment:

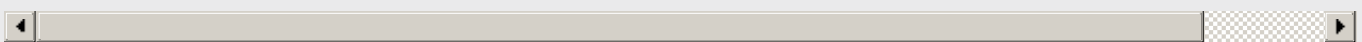


7.24 \*

Does the individual know how and to whom to make a request for a new provider?

- Yes
- No
- N/A

Comment:

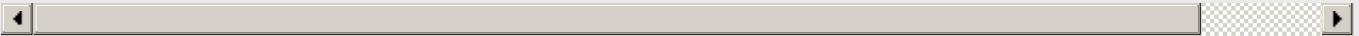


7.25 \*

Is information about filing a complaint posted in a prominent location and in an understandable format?

- Yes
- No
- N/A

Comment:

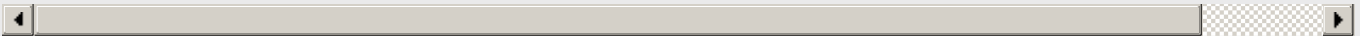


7.26 \*

Is the individual made comfortable discussing his or her concerns?

- Yes
- No
- N/A

Comment:



7.27 \*

Can the individual file an anonymous complaint?

- Yes
- No
- N/A

Comment:

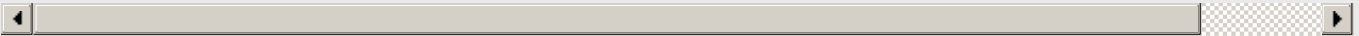


7.28 \*

Does the individual know the person to contact or the process to follow in making an anonymous complaint?

- Yes
- No
- N/A

Comment:



**Category 7 - Documentation of compliance: Check any documentation methods that will be used to support one or more “Yes” answers.**

\*

Select all that apply.

- Policies/procedures
- Activity schedules/attendance sheets
- Staff training curriculum/attendance sheets
- Visitor logs
- Plans of care
- Resident/member handbooks
- Other (specify):

Comment: