

Focus Area	Yes/No:	Select:	Comments/Actions Needed: Concerns, Barriers, Successes	
<b>Environment</b>				
1	Is the home/site accessible to the individual?	Select ▼	Select ▼	<div style="border: 1px solid gray; height: 60px; width: 100%;"></div>
2	Does the individual have access to privacy for personal care?	Select ▼	Select ▼	<div style="border: 1px solid gray; height: 60px; width: 100%;"></div>
3	Does the individual have a private place in the home to visit with friends or family?	Select ▼	Select ▼	<div style="border: 1px solid gray; height: 60px; width: 100%;"></div>
4	Does the individual have access to privacy for phone discussions with friends or family?	Select ▼	Select ▼	<div style="border: 1px solid gray; height: 60px; width: 100%;"></div>
5	Does the individual have access to receive and view their mail/email privately?	Select ▼	Select ▼	<div style="border: 1px solid gray; height: 60px; width: 100%;"></div>

6	Is the individual able to have private communications with family and friends through other means?	Select ▼	Select ▼	
7	The home setting allows the individual the option to have a private bedroom.	Select ▼	Select ▼	
8	Are all assistive technologies being utilized as planned?	Select ▼	Select ▼	
9	Are all assistive technologies in good working order?	Select ▼	Select ▼	
10	Does the individual have adequate clothing to accommodate the individual's needs or preferences/choices?	Select ▼	Select ▼	
11	Does the individual have adequate food and supplies to accommodate the individual's needs or preferences/choices?	Select ▼	Select ▼	



18	Does the HRST align with current health and safety needs?	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text"/>
19	Is the ISP available to staff on site? If there have been ISP addendums, are they available to staff on site?	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text"/>
20	Are all staff knowledgeable about all information contained within the individual's ISP?	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text"/>
21	Are indicated healthcare plans current (i.e. not expired)?	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text"/>
22	Are indicated healthcare plans available to staff on site?	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text"/>
23	Are all staff knowledgeable about all of the individual's healthcare plans?			
24	Are indicated healthcare plans being implemented?	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text"/>

25	Are skilled nursing hours being provided, as ordered?	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text"/>
26	Are all medical/therapeutic appointments being scheduled and attended?	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text"/>
27	Are all follow-up appointments being scheduled and attended?	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text"/>
28	Are all physician/clinician recommendations being followed?	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text"/>
29	Are all prescribed medications being administered, as ordered, and documented accurately?	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text"/>
30	Are all required assessments/evaluations completed?	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text"/>

31	Has the individual had any hospital admissions, emergency room, or urgent care visits since the last review?	Select ▼	Select ▼	<input type="text"/>
32	Have hospital/ED/urgent care discharge plan instructions been followed?	Select ▼	Select ▼	<input type="text"/>

**Supports and Services**

33	Do the individual's paid staff appear to treat them with respect and dignity?	Select ▼	Select ▼	<input type="text"/>
34	Do the individual's natural supports appear to treat them with respect and dignity?	Select ▼	Select ▼	<input type="text"/>
35	Are supports and services being delivered to the individual, as identified in the current ISP?	Select ▼	Select ▼	<input type="text"/>
36	Is the individual being supported to make progress in achieving their goals (both ISP goals and informally expressed goals)? Indicate the status of the individual's progress	Select ▼	Select ▼	<input type="text"/>

	toward achieving established goals.			
37	Are there any additional service/support needs not being met at this time? Describe.	Select ▼	Select ▼	
<b>Behavioral and Emotional</b>				
38	Since the last visit, are there any emerging or continuing behavioral/emotional responses for the individual?	Select ▼	Select ▼	
39	Are current supports and behavioral interventions adequate to prevent engaging external interventions?	Select ▼	Select ▼	
40	Does the individual currently have a Behavioral Support Plan, Crisis Plan, and/or Safety Plan relating to behavioral interventions?	Select ▼	Select ▼	
41	Is/Are the plan(s) available on site for staff review?	Select ▼	Select ▼	

42	<p>Is there evidence of implementation of the Behavioral Support Plan, Crisis Plan, and/or Safety Plan? (Includes staff being knowledgeable about plan and ability to describe how they are implementing the plan.)</p>	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<div style="border: 1px solid gray; height: 100%; width: 100%;"></div>
43	<p>Since the last visit, has the individual accessed GCAL or the Mobile Crisis Response Team? If yes, describe reason, frequency, duration of any admissions, and if discharge recommendations have been followed. As a result, has the BSP/Safety Plan/Crisis Plan been adapted to reflect any new recommendations or interventions needed?</p>	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<div style="border: 1px solid gray; height: 100%; width: 100%;"></div>
44	<p>Since the last visit, has the individual had contact with law enforcement? If yes, describe reason and length of involvement. As a result, has the BSP/Safety Plan/Crisis Plan been adapted to reflect any new</p>	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<div style="border: 1px solid gray; height: 100%; width: 100%;"></div>



	recommendations or interventions needed?			
<b>Home/Community Opportunities</b>				
45	Does the individual have unpaid community connections? If no, describe steps being taken to further develop community connections.	Select ▼	Select ▼	
46	Is the individual receiving services in a setting where he/she has the opportunity to interact with people who do not have disabilities (other than paid staff)?	Select ▼	Select ▼	
47	Is the individual being offered/provided documented opportunities to participate in activities of choice with non-paid community members?	Select ▼	Select ▼	
48	Does the individual have the opportunity to participate in activities he/she enjoys in their home and community? Describe steps being taken to increase opportunities to meet this objective and allow choices to be offered while in services.	Select ▼	Select ▼	

49	Is the individual actively supported to seek and/or maintain employment in competitive and integrated settings and/or offered customized opportunities, if desired? Is yes, note how he/she is supported to do so. If no, how is the issue being addressed?	Select ▼	Select ▼	<div style="border: 1px solid gray; height: 235px; width: 100%;"></div>
50	Does the individual have the necessary access to transportation for employment and community activities of his/her choice?	Select ▼	Select ▼	<div style="border: 1px solid gray; height: 145px; width: 100%;"></div>
<b>Financial</b>				
51	Are there barriers in place that limit the individual's access to spend his/her money, as desired?	Select ▼	Select ▼	<div style="border: 1px solid gray; height: 107px; width: 100%;"></div>
<b>Satisfaction</b>				
52	What is the individual's overall satisfaction with their life activities since the last review?	Select ▼	Select ▼	<div style="border: 1px solid gray; height: 107px; width: 100%;"></div>

53	What is the individual's overall satisfaction with their service providers since the last review?	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text"/>
54	What is the individual's overall satisfaction with their type of services received since the last review?	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text"/>
55	What is the individual's overall satisfaction with their family relationships/natural supports since the last review?	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text"/>

## Section II: Additional

Observations / Comments: