

FILE SUMMARY

Client Name:

Guardian Name:

Date of review:

Agency Providing

Service(s) Reviewed:

Services Reviewed: Day ☐ Residential ☐ Shared Living ☐ PCS ☐
Residential ☐

Review completed by:

Kristy Warner CDDO of SEK
Quality Assurance Coordinator

TCM:

Item	Present	Not Present	In Process	N/A	CDDO Comments	FOR CDDO USE ONLY
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CDDO IS RESPONSIBLE FOR THE UPLOAD OF THESE DOCUMENTS:

1	Application for IDD Services					
2	Documents used to determine eligibility (psych. Evals, medical reports etc.) MR 9					
3	Functional Assessment, within 365 days					
4	Choice Form					

PROVIDER (S) RESPONSIBLE FOR THE UPLOAD OF THESE DOCUMENTS:

5	Financial and/or Service Agreement					
6	Release for emergency medical & publications					
7	Current ISP, MCO Funding Documents					
8	Physical Exam within past 2 years					
9	Medically Fragile Exemption					
10	Rental/Lease Agreement					
11	Final Rule Certificate					
12	PCSP with Signatures					

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Item	Present	Not Present	In Process	N/A	CDDO Comments	FOR CDDO USE ONLY
TCM IS RESPONSIBLE FOR UPDATING AND/OR UPLOADING OF THESE DOCUMENTS:						
13	Guardianship papers- <i>can also be uploaded by CDDO/Provider</i>					
14	Current Information Sheet update as needed. Email these to: cddo@cddosek.org DO NOT upload.					
15	Behavior plan, if take psychotropic medication or restrictive interventions within 365 days					
16	Informed Consent for Psychotropic Medications					
17	Documentation that training on rights & ANE offered within 365 days					
18	External TCM Checklist					

Comments:

FILE SUMMARY

Date of PCSP							
Standard		Present	Not Present	In Process	N/A	CDDO Comments	FOR CDDO USE ONLY
1	Names of all individuals involved in the development of plan to include the person, guardian, and provider(s). Lead coordinator is listed.						
2	Signed and dated by person, guardian, and provider.						
3	Updated within 365 days.						
4	Describes the type of setting the person wants to live. Can include next best options.						
5	Describes who the person wants to live with. Can include next best options.						
6	Describes what work or valued activity the person wants to do. Can include next best options						
7	Describes who the person wants to socialize with. Can include next best options.						
8	Describes the social, leisure, religious or other activities the person wants to participate in. Can include next best options.						
9	Describes what is needed to assist person accomplish preferred lifestyle, meet needs						
10	Describes any medical concerns or medical support needed. List any special diet needs. List Lead Coordinator for addressing health care needs.						
11	Describes any behavioral support needs & detailed description of how those needs will be met or plan confirms there is no need for support in this area.						

FILE SUMMARY

	All restrictive plans must be approved by behavior management committee.						
Standard		Present	Not Present	In Process	N/A	CDDO Comments	FOR CDDO USE ONLY
12	Describes any assistance needed with financial issues, whom to contact for bills etc. Plan considers the financial limitations of the person and the provider.						
13	Describe any assistance the person needs regarding self-advocacy, rights & responsibilities.						
14	Describes any assistance needed with emergency preparedness.						
15	Describes in detail how opportunities of choice are offered & supported.						
16	There are documented indications of review & revision of plan in response to the changes in lifestyle preference, needs or when plan is ineffective.						

Summary of PCSP:

PLEASE MAKE CORRECTIONS, UPLOADS BY DUE DATE AND EMAIL ME TO CONFIRM THIS HAS BEEN DONE- *Thanks!*

Date Sent		Date CAP Due		Date of CDDO Follow Up	
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