

WAITLIST FILE SUMMARY

CDDO of SEK
QA Checklist
Revised
6/10/26

Client Name:

Date:

Guardian Name:

Agency Providing

Kristy Warner CDDO of SEK

Service(s) Reviewed: _____

Review Completed By: _____

Quality Assurance Coordinator

Services Reviewed

Day

☐

Residential

☐

PCS

☐

TCM: _____

Item		Present	Not Present	In Process	N/A	Comments	FOR CDDO USE ONLY
CDDO IS RESPONSIBLE FOR THE UPLOAD OF THESE DOCUMENTS:							
1	Application for IDD Services						
2	Documents used to determine eligibility						
3	Functional Assessment						
4	Choice Form						
TCM IS RESPONSIBLE FOR THE UPLOAD OF THESE DOCUMENTS:							
5	Guardianship Papers- <i>Can also be uploaded by CDDO or provider.</i>						
6	PCSP within 365 days						
7	Documentation that training on rights & ANE offered within 365 days						

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Date of PCSP							
Standard		Present	Not Present	In Process	N/A	Comments	FOR CDDO USE ONLY
1	Person, guardian & support team actively involved in the development of the plan. Lead coordinator is listed.						
2	Approved by guardian and person.						
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 necessary activities, training, material, equipment, AT & services needed to support the person						
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. All restrictive plans must be approved by behavior management committee.						

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Standard		Present	Not Present	In Process	N/A	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	Multiple providers worked together to prepare a single plan						
17	There is documented indication of review & revision of plan in response to the changes in lifestyle preference, needs or when plan is ineffective.						

Summary:

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

Date Sent		Date CAP Due		Date of CDDO Follow Up	
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