

Assessment Information Standards
(JOB TOOL)

YES	NO	STANDARDS	COMMENTS/RECOMMENDATIONS
		Is the information current?	
		Does the assessment contain sufficient detail for team planning?	
		Did qualified personnel complete the assessment?	
		Do opinions/recommendations relate only to the person's area of expertise?	
		Is the information based on direct observation and/or interaction with the person and is pertinent and accurate historical information considered (except in emergency situations)?	
		Does the information seem to fit with other information about the person and to the issues under discussion?	
		Are the information, conclusions, and recommendations explained clearly so that you feel you understand it?	
		Have you discussed strengths as well as areas of deficit?	
		Did you use straight-forward person-centered language without clinical jargon?	
		Have you considered the person's interests, preferences, learning style and cultural preferences?	
		Are the ways that therapy or BSC supports can assist the person and IDT in achieving participation/independence and ISP outcomes clearly identified?	
		Are recommendations consistent with current ideas and practices about providing person-centered supports?	
		Is the information (primarily recommendations) in conflict with any order of the courts?	
		*Please note: Interviewing DSP or others who know the individual well before the meeting can be a great source of information for Therapists/BSCs	

SUMMARY OF PROVIDER ASSESSMENTS

WHO	WHAT	WHEN
Case Manager	<p>Meets with the individual and guardian to explain rights, review client complaint procedures and/or dispute resolution process, and obtain signatures on the Addendum A form.</p> <p>Review of the Supports Intensity Scale® (SIS) and DDW group assignment with the individual and guardian. The C.I.A. is distributed to the IDT.</p>	<p>Before the annual ISP.</p> <p>At least 14 days prior to the annual ISP meeting.</p>
IDT Members	<p>Submit draft individual-specific training requirements to the case manager (which will be finalized at the meeting with input from the entire team).</p> <p>Complete Person-Centered Assessment</p>	<p>Before the annual ISP meeting.</p> <p>At least 14 days prior to the annual ISP meeting.</p>
Behavior Support Consultant	<p>The first semi-annual report to the case manager and all other team members.</p> <p>The second semi-annual is integrated into the Positive Behavior Supports Assessment.</p>	<p>Due 190 calendar days after the effective ISP date.</p> <p>At least 14 days prior to the annual ISP meeting.</p>
Therapists (OT, PT, SLP)	<p>Annual Therapy Re-Evaluation</p> <p>Semi-Annual Therapy Progress Report</p> <p>Written Direct Support Instructions (WDSI)</p>	<p>At least 14 days prior to the annual ISP meeting.</p> <p>Due 190 calendar days after the effective ISP date.</p> <p>Three weeks prior to the new ISP effective date.</p>
Service Coordinators	<p>Sends Semi-Annual reports to the case manager and all other team members.</p> <p>For Respite, provide quarterly reports to the case manager, if this is the only service other than Case Management.</p>	<p>Up to 190 days after the effective ISP date and at least 14 days prior to the annual ISP.</p> <p>Quarterly based upon the effective ISP term.</p>
Nurse	<p>Completes the eCHAT, MAAT and ARST.</p> <p>Provides a Semi-Annual report to the IDT.</p> <p>Intensive Medical Living Services provides a quarterly report to the IDT. (Except for short-term stays)</p>	<p>45 to 14 days prior to the annual ISP.</p> <p>Up to 190 days after the effective ISP date and at least 14 days prior to the annual ISP.</p> <p>Quarterly based upon the effective ISP term.</p>