Case Management 90 Day Check List Interpretive Guidelines

This Guide is intended to provide clarification for questions which may have caused confusion in the past. IT IS NOT INTENDED TO CREATE MORE WORK FOR THE CASE MANAGER, but we hope you use it as a tool to document a "snapshot" of where the participant stands at this point in time and then adjust their care plan to address any unmet needs. Your comments explaining "No" responses will prove helpful as we gather and analyze the information for federal reporting purposes.

INDEX

A.	Cost Comparison Budget (CCB)	Page 2
B.	Individualized Support Plan (ISP)	Page 4
C.	Behavior Support Program	Page 4
D.	Choice and Rights	Page 5
E.	Medical Needs	Page 7
F.	Medications	Page 8
G.	Psychotropic Medications	Page 8
H.	Seizure Management	Page 9
I.	Nutritional/ Dining Needs	Page 10
J.	Health and Safety	Page 11
K.	Incident Review	Page 11
L.	Staffing Issues	Page 11
M.	Fiscal Issues	Page 12
Z.	Other/Misc. Issues	Page 12

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A. Cost Comparison Budget (CCB)	
A-1) Is the CCB/POC current?	Has the CCB/POC been updated within 365 days from the last CCB/POC? • Answer "Yes" when the CCB/POC has been updated within the past 365 days. • Answer "No" when the CCB/POC has not been updated within the past 365 days. • "NA" should not be selected for this question.
A-2) Does the CCB/POC address the needs of the individual?	Are the individual's CURRENT needs being addressed, using either formal (paid) or informal (unpaid) supports? Answering "No" may identify an unmet need or needs. Answering "No" is a cue that an issue likely needs to be addressed. A "No" will not be construed to imply the Case Manager was not or is not performing their duties correctly. • Answer "Yes" when the CCB/POC addresses the current needs by formal or informal supports. • Answer "No" when the CCB/POC does not meet the current needs and take appropriate action through identifying formal or informal supports. • Answer "N/A" if this is an initial 90 Day Review conducted prior to the implementation of a CCB/POC.
A-3) Is the CCB/POC being implemented appropriately by all providers?	Is the current CCB/POC being implemented appropriately by all providers? Do the services and quantities match those listed in the CCB/POC? Are delivered services in compliance with Waiver Service Definitions? • Answer "Yes" when the service(s) and quantities are being implemented as described in the CCP/POC. INsite will pull inactive providers into this question: Answer "Yes" when the provider is not on the most recent CCB/POC and is <u>appropriately not providing services.</u> • Answer "No" when the service(s) and quantities are not being implemented as described in the CCP/POC. Example: Is the HDM service being implemented correctly by provider? If the HDM's are "nutritionally balanced" and delivered according to the service definition and quantity described in the CCB/POC, but are not to the liking of the consumer you should answer "Yes". You may still facilitate the consumer choosing another HDM provider, but we would consider the service implemented appropriately. If the HDM provider is not delivering meals according to the service definition and quantity described in the CCB/POC or if they are not "nutritionally balanced meals" you should answer "No" and take action to correct the issue. Example: Is the HMK service being implemented correctly by provider? If the service is being delivered according to the service definition and quantity as described in the CCB/POC and assists the consumer to live in a "clean, safe and healthy

	home environment" you should answer "Yes". If the consumer requests a HMK of a different race, or cultural profile, but has been assisting the consumer to live in a "clean, safe and healthy home environment" you should answer "Yes". You may still facilitate the consumer choosing another HMK provider, but we would consider the service implemented appropriately. Example: Is the PRS service being implemented correctly by provider? If the PRS installation has not occurred or maintenance/service issue has not been addressed within a 30 day period from the provider receiving the request you should answer "No" and take action to resolve the issue.
A-4) Are actual staffing levels for services appropriate, based on the CCB/POC?	Do the staffing levels delivered (units as scheduled) match those described in the CCB/POC? Review service delivery log to verify. • Answer "Yes" when staffing levels generally match those described in the CCB/POC and small discrepancies do not affect the health or welfare of the individual. • Answer "No" when staffing levels generally DO NOT match those described in the CCB/POC. A "No" would likely lead the CM to work toward providing additional hours or adjusting the CCB/POC to meet the current needs. Example: Is the staffing level for the RNUR service appropriate based on the CCB/POC? If the RNUR service is not being implemented at the level, quantity, and time described in the CCB/POC, you should answer "No". Insufficient service hours have been a frequent issue due to the inability of providers to hire and retain nurses for RNUR. Resolution may be to facilitate the addition of other RNUR providers to meet the needs, or to reduce the number of RNUR hours in the CCB/POC if the number of RNUR hours described in the CCB/POC exceeds the needs of the consumer.
A-5) Is the level of care determination current?	Has a LOC determination been completed within the past 180 days? Does it reflect the individual's current status? The "LOC Review Date" is used to assess timeliness – not the E-Screen date. Review INSITE data displaying LOC Review Date. • Answer "Yes" when less than 180 days have lapsed since the most recent LOC Review Date. • Answer "No" if more than 180 days have lapsed since the most recent LOC Review Date.
A-6) Does the individual's routine include meaningful activities on a daily basis?	Does the consumer want to do more? When meeting with the participant ask about their interests and discuss with them and/or their advocates whether they are satisfied or want to do more or different activities. • Answer "Yes" when after discussion and probes the participant is satisfied with the level and type of activities they participate in.

	• Answer "No" when after discussion and probes the participant indicates they want to increase activity or explore different activities that are meaningful to them. We recognize health conditions may prevent some activities. If they are willing and able, assist them in identifying services or other ways for them to become more active and to participate in their community. Such activity will provide physical and mental health benefits. Adult Day Services, Senior centers and community support groups are good resources to explore.
B. Individualized Support Plan (ISP)	The A&D and TBI waivers do not require an ISP and in most cases all questions will be marked "N/A". If the individual chooses to have an ISP this section should be completed and not marked NA.
B-1) Is the ISP current?	
B-2) Does the ISP address the needs of the individual	
B-3) Is the ISP being implemented appropriately by all providers?	
B-4) Are the strategies/activities in the ISP measurable?	
B-5) Has progress on activities/strategies been reviewed and changed when appropriate?	
B-6) Does the individual's routine include meaningful activities on a daily basis?	
B-7) Is the individual/guardian/family satisfied with the quality and amount of community services?	
C. Behavior Support Program	For all questions in Section C, answer "N/A" if the individual does not have a BSP. Very few consumers will have a Behavior Support Plan, but for those who do have a BSP it should be monitored and implemented on a consistent basis like all services. BSPs should only be implemented once the provider and the consumer or their legal representative have signed off on the plan. In some cases there will be a BMAN-1 as well as a BMAN-2. The BMAN-1 is responsible for development of the plan and should also sign the plan as verification they developed or oversaw development of the plan. The BMAN-2 will generally be the entity available for day-to-day consult and making minor changes to the plan, and should also train staff who are involved in implementing the plan, including substitute or "occasional" caregivers. NOTE: NO BSP CAN INCLUDE ANY FORM OF RESTRAINT, SECLUSION, RESTRICITVE INTERVENTION OR APPLICATION OF PAINFUL STIMULI. ANY OCCURRENCE OF THIS MUST BE REPORTED AS AN INCIDENT.
C-1) If applicable, is the individual's behavior support plan up to date?	• Answer "Yes" if the BSP has been updated by the Behavior Management provider within the past 365 days and has been signed by the BMAN provider(s) and the individual or their representative. • Answer "No" if the BSP has not been updated by the Behavior Management

	provider within the past 365 days, or has not been signed by the appropriate BMAN provider(s).
C-2) Is the behavior support plan addressing the needs of the individual?	• Answer "Yes" if the current BSP is adequately addressing the needs of the individual. Keep in mind that by design the plan may not address all negative behaviors at once and the course of implementation is best determined by the BMAN provider. • Answer "No" if the BSP does not, in your opinion, adequately address the needs of the individual. Also answer "No" if the consumer's circumstances have changed to an extent that it appears the existing BSP is no longer relevant and has not been updated to reflect the current circumstances.
C-3) Has the behavior support specialist trained direct care staff and/or observed staff interacting with individual, using what was taught in training?	Behavior Management providers are required to train direct care staff, including temporary, substitute, or occasional caregivers, prior to that caregiver working with the individual. This includes any and all staff expected to implement the BSP. • Answer "Yes" if all caregivers working with the individual have been trained. • Answer "No" if this training has not been done or was not done timely.
C-4) Are staff members implementing the behavioral support plan?	• Answer "Yes" if all direct care staff are implementing the BSP as written. • Answer "No" if all direct care staff are not implementing the BSP as written or are implementing it inconsistently.
C-5) Is the behavior tracking sheet up to date?	• Answer "Yes" if the behavior tracking sheet is observed to be up-to-date. • Answer "No" if direct care staff has not kept the behavior tracking sheet up-to-date or if there is not a sheet for tracking purposes. In some cases the tracking sheet may be maintained by the individual. It is still appropriate to ask to see the tracking sheet and answer "Yes" or "No" relative to the individual keeping it updated, unless the BSP advises against this.
C-6) Given the frequency and severity of the individual's behavioral episodes, has their situation improved or remained stable over the past quarter?	This information may be difficult to ascertain from the behavior tracking sheet. Feel free to use whatever sources are available to you, including the individual, caregivers, or anyone else with knowledge of recent behavior. • Answer "yes" if the severity or frequency of the individual's behavior has improved or stayed the same. • Answer "No" if implementation of the BSP has not improved behaviors as of the date of this review. If "No" is checked on two or more consecutive 90 Day Reviews, consider marking C-2 as "No".
D. Choice and Rights	
D-1) Has the individual been free from infringement of rights in the following areas?	A "No" response on any D-1 item should prompt you to consider filing an incident report if this has not already been done.
D-1a) Access to personal possessions	• Answer "Yes" if the individual's personal possessions are accessible at all times

	• Answer "No" if there have been occurrences, or the individual complains, of not having access to personal possessions.
D-1b) Free from restrictions on visitors (unless otherwise noted in the CCB /ISP or other documentation)	• Answer "Yes" if the individual is free to have visitors without restriction. • Answer "No" if there have been occurrences, or the individual complains, of restrictions on visitation. • Answer "No" if the CCB, Behavior Support Plan, or medical necessity imposes restrictions on visitors.
D-1c) Free to receive and open their own mail	• Answer "Yes" if the individual receives their mail without screening or interference. • Answer "No" if mail that is sent to the consumer is withheld, screened or interfered with, even if that interference has been agreed to or is considered to be therapeutic.
D-1d) Free to receive and make phone calls without restrictions (unless otherwise noted in the CCB /ISP or other documentation)	• Answer "Yes" if the consumer's phone (landline or cellular) is available and accessible without restriction. • Answer "No" if phone calls to the consumer are screened or interfered with, even if that interference has been agreed to or is considered to be therapeutic.
D-1e) Free from abuse, neglect or exploitation	• Answer "Yes" if individual has been free from any instance or allegation of abuse, neglect, or exploitation within the last 90 days. • Answer "No" when there have been incident reports involving actual, alleged or suspicion of abuse in the last 90 days If "No", check to make sure that an incident report has been filed with the Div. of Aging.
D-1f) Forced Physical activity	• Answer "No" if there have been reports or evidence of this prohibited activity
D-1-g) Hitting	• Answer "No" if there have been reports or evidence of this
D-1h) Pinching	• Answer "No" if there have been reports or evidence of this
D-1i)The application of painful stimuli	• Answer "No" if there have been reports or evidence of this, even if included as part of a behavioral support plan
D-1j) Seclusion	• Answer "No" if there have been reports or evidence of this
D-1k) Denial of sleep, shelter, food, drink, physical movement, medical care or use of bathroom activities	• Answer "No" if there have been reports or evidence of this
D-1l) Work or chores (without pay) to benefit others	• Answer "No" if there have been reports or evidence of this
D-2 Has the individual/ guardian been provided information on the right to chose and change providers and case managers?	The right to choose and change providers has been explained to and understood by the individual. The right to choose and change case managers has been explained to and understood by the individual. A signed pick list on file serves as documentation.
D-3) Has the individual/ guardian been informed of rights of individual? (To receive mail, have possessions, visitors, phone calls, etc.)	There is not a requirement that this be performed more than once, but best practice would be to inform and remind individuals of their rights on a basis which meets their individual need.

	• Answer "Yes" if the individual receiving services, or their legal guardian, when applicable, has been informed of their rights at least one time since beginning services. Signed notification in file serves as documentation.
D-4) Is the individual/guardian able to understand and exercise these rights?	• Answer "Yes" when the individual or guardian has demonstrated that they understand their rights and their ability to exercise their rights. • Answer "No" if you suspect that the individual or their guardian does not comprehend their rights under the program.
E. Medical Needs	
E-1) Has the individual received appropriate follow-up from emergency room visits or hospitalizations over the past 90 days?	For an individual who has been discharged from a hospital setting or received emergency services either from an ER or Immediate Care provider: • Answer "Yes" if the individual received or cooperated with all recommendations for treatment or follow-up, including filling prescriptions, scheduling tests, and following up with primary care provider. • Answer "No" if they did not receive or follow through with appropriate follow-up care. (Document any education done to advise participant of potential consequences of not following-up.) • Answer "NA" if the individual has NOT been discharged from a hospital setting or received immediate care services in the past 90 days.
E-2) Has the individual seen a dentist within the last 2 years?	If the individual has dentures or any condition which negates the need for dental care every two years, this question should be answered "NA". Otherwise, it should be answered "Yes" or "No".
E-3) Has the individual had an eye examination within the past 2 years?	If the individual has any condition which negates the need for eye care every two years, this question should be answered "NA". Otherwise, it should be answered "Yes" or "No".
E-4) Has the individual seen their primary care physician within the past year?	Answer "Yes" or "No" only. • Answer "Yes" if the individual has seen a Primary Care Physician, or a Nurse Practitioner serving in that capacity, within the past year. • If the individuals routine needs are met using specialists, answer "No" and explain in the "CAP" section.
E-5) Has the individual received all routine periodic preventative health care visits? (e.g. mammograms, pap smears, prostate exams, ETC)	• Answer "Yes" or "No" only. Explain any "No" response in the "CAP" section. Document if "No" response is due to participant choice and any education done to advise participant of potential consequences.
E-6) Is the individual receiving appropriate level of health care monitoring based on medical need?	• Answer "Yes" or "No" only. Explain any "No" response in the "CAP" section. Document if "No" response is due to participant choice. Most healthcare conditions are better managed when identified early. Issues such as bedsores, diabetes, depression, fall risk, incontinence, dementia and vision problems are frequent. Most at risk for bedsores are individuals with limited ability to change positions

	or those confined to a bed for extended periods. Bedsores develop most frequently on skin that covers bony areas of the body such as back or side of the head, rim of ears, heels, ankles, hips, tailbone or buttocks. For those at risk for bedsores ask the individual or advocate whether any areas of skin redness, irritation or pressure sores exist and if they have been examined and/or treated by a healthcare professional. For more information on bedsores, visit http://www.mayoclinic.com/health/bedsores/DS00570
E-7) Are all apparent health care needs being met?	• Answer "Yes" or "No" only. Explain any "No" response in the "CAP" section. Answer "No if the participant chooses not to address an apparent healthcare need. Explain any "No" response in the "CAP" section. Document any education done to advise participant of potential consequences.
E-8) Has the individual seen appropriate specialists within designated timeframe, based on their health needs and concerns?	• Answer "No if the participant has not seen an appropriate specialist for any reason. Explain any "No" response in the "CAP" section. Document any education done to advise participant of potential consequences and any plan to advise medical personnel. • Answer "NA" if the individual has not had any recommendations to see, or scheduled appointments with, a specialized medical practitioner.
F. Medications	
F-1) If applicable, are there records of medications routinely taken by the individual? (Including prescription and non-prescription)	This should only be checked as "NA" if the individual is not prescribed any medications. All prescription medications should be documented in the ACCM and in the home.
F-2) Is the individual on same medications and dosages as previous quarter?	This should only be check as "NA" if the individual is not prescribed any medications.
F-3) Is the administration of medication, including storage of medications, appropriate?	• Answer "Yes" if it appears that medications are administered, taken, and stored appropriately. • Explain any "No" response in the "CAP" section along with a plan to correct the situation if possible. • Check "NA" only if the individual is not prescribed any medications.
F-4) Does it appear that the individual is free from side effects?	• Answer "No" if the individual is reported or observed to experience side effects of medications, regardless of whether this has been reported before. Explain any "No" response in the "CAP" section along with a plan to advise medical personnel if appropriate. • Answer as "NA" only if the individual is not prescribed any medications.
G. Psychotropic Medications	Answer "NA" to all if the individual does not have any psychotropic medications.
G-1) If applicable, does the individual's file have records showing use of psychotropic medications?	• Answer "Yes" if the individual has any documented history indicating prescribed psychotropic medications
G-2) When required, has Human Rights Committee reviewed	Division of Aging Services does not require the participation of a Human Rights Committee

medical necessity for psychotropic medications?	so this can be answered as "NA" in all circumstances.
G-3) Does it appear that psychotropic medications are effective on the individual's symptoms?	From your observations or the individual's report, do the prescribed psychotropic medications appear to benefit the individual?
G-4) Does it appear that the individual is free from side effects?	• Answer "No" if the individual is reported or observed to experience side effects of psychotropic medications, regardless of whether this has been reported before. Explain any "No" response in the "CAP" section along with a plan to advise medical personnel if appropriate. .
G-5) Has the individual seen a psychiatrist within appropriate timeframe?	• Answer "No" only if the individual is under the care of a psychiatrist who has prescribed psychotropic medications but has not seen the psychiatrist within the appropriate timeframe. • Answer "Yes" if the individual is prescribed psychotropic medication and has seen the psychiatrist within the appropriate timeframe.
H. Seizure Management	Answer "NA" to all if the individual does not have a seizure condition.
H-1) If applicable, are there appropriate records of the individual's seizures or history of seizures?	If the individual has a seizure history: Does the provider agency have records of the individual's seizure history? Documentation of previous seizures may be important for future treatment. Documentation need not be extensive if the individual has not had a seizure in the last 2 years. • Answer "Yes" if records are included in documentation. • Answer "No" if records are not up to date or are not included in documentation. Seizure management resource site: http://www.doe.virginia.gov/support/health_medical/seizure_management.pdf
H-3) Is seizure activity relatively the same as or improved from the previous quarter?	If the individual has a seizure history: Ask the individual or advocate whether seizure activity is relatively the same since last reviewed or has recently improved. • Answer "NA" if there is no seizure history, or no seizures have occurred in the last 2 years. • Answer "Yes" if seizure activity is relatively the same or has recently improved. • Answer "No" if seizure activity has recently worsened. Probe whether the individual has taken appropriate healthcare action such as scheduling a visit to their doctor.
H-4) Has seizure activity remained relatively the same or improved over the past 4 quarters?	If the individual has a seizure history: Ask the individual or advocate whether seizure activity is relatively the same or has improved over the last year. • Answer "NA" if there is no seizure history, or no seizures have occurred in the last year. • Answer "Yes" if seizure activity is relatively the same or has improved in past year. • Answer "No" if seizure activity has worsened. Probe whether the individual has taken appropriate healthcare action such as scheduling a visit to their doctor.
H-5) Has the individual been seen by their neurologist within	If the individual has a seizure history: Ask the individual or advocate whether the individual

the appropriate timeframe?	has seen the physician who is treating the seizures within the appropriate time frame. • Answer "NA" if no seizures have occurred in the last 2 years, or no anti-seizure medications are being prescribed. • Answer "Yes" if the individual has seen the physician treating the seizures within the appropriate time frame. • Answer "No" if the individual has not seen the physician treating the seizures within the appropriate time frame. Probe whether they have taken appropriate healthcare actions such as scheduling a visit to their doctor.
I. Nutritional/ Dining Needs	
I-1) Is the individual receiving and consuming nutritious meals?	Ask participant what they had for breakfast and what they had for dinner last night. Ask about favorite foods and how often they have them, etc. Ask to look in the kitchen and refrigerator. This should give you a sense of how well they are eating. Do not answer "NA"
I-2) Is the individual's weight currently at a safe and healthy level?	In your estimation, is the individual at a healthy weight? A "No" response does not require a corrective action. Do not answer "NA"
I-3) Has the individual's weight been at a safe and healthy level over the last 4 quarters?	Note any trends occurring in weight over the past year. Ask consumer if they think they have gained or lost weight since you last saw them. Has weight remained within 10 lbs or changed for the better? Note their perceptions as well as your observations of actual weights if known and offered by participant. • Answer "Yes" if weight has been generally stable and at a safe and healthy weight. • Answer "No" if weight has not been stable or if either sections I-1 or I-2 above is marked "No". • Do not answer "NA"
I-4) If applicable, are the individual's dining needs/ restrictions in their files?	If the individual has special dining needs or restrictions: • Answer "Yes" if these are documented in the individual's file • Answer "No" if these are not documented in the individual's file • Answer "NA" if there are no special dining needs or restrictions.
I-5) Are dining needs/restrictions clearly identified and implemented?	If the individual has special dining needs or restrictions: • Answer "Yes" if these are readily available and implemented by caregivers • Answer "No" if these are not readily available or implemented by caregivers • Answer "NA" if there are not special dining needs or restrictions.
I-6) Has the individual been free of choking/aspiration events?	Answer "Yes" if there have been no "reportable incidents" of choking. A reportable choking event is one in which intervention was required, such as the Heimlich or an ER visit. A choking event in which the individual was able to resolve it themselves by coughing is not considered a "reportable" event.
I-7) Does it appear that staff-members are aware of dining needs/ restrictions?	Is there evidence of staff implementing dining accommodations or special needs? Do providers make note of these? If present, ask the provider about any restrictions.

	• Answer "NA" if there are no special dining needs or restrictions.
J. Health and Safety	
J-1) Are all identified health and safety measures in place for the individual?	• Answer "Yes" if identified health and safety measures are consistently implemented by caregivers. • Answer "No" if these measures are not consistently implemented by caregivers, or if new health and safety needs have emerged and have not yet been addressed.
J-2) Does it appear that staff members are aware of specific health and safety risks for the individual?	Do providers specifically note health and safety risks and how related protective measures are implemented?
J-3) Does the environment appear to be free of health and safety issues?	Based on your own observation, does the individual's living environment appear to be free from health and safety issues? Ask to see bathroom and kitchen. Address any "No" responses in the CAPs section.
J-4) Are all identified environmental modifications/ assistive devices needed by the individual in place?	Verify that assistive devices needed by participant are present and in good working order. If ramps or other modifications have been made, are they still in good condition?
K. Incident Review	
K-1) Have all necessary incident reports been filed within the 48 hour reporting criteria (24 hours for abuse, neglect or exploitation)?	• Answer "NA" if individual has not had any reportable events since the last 90 Day Review. • If "No", indicate in "CAP" section whose responsibility it was to submit the IR (provider of first knowledge).
K-2) Have all incidents filed with the last 90 days been resolved appropriately?	• Answer "NA" if participant has not had any reportable events since the last 90 Day Review. • Answer "No" if individual has any unresolved incident reports. Explain any "No" responses in the "CAP" section along with what is being done to resolve.
K-3) Have all incidents been reviewed to identify trends and has this information been shared with the ISP or CCB team?	• Answer "NA" if participant has not had any reportable events since the last 90 Day Review. • Answer "Yes" if there have been incidents and these reports have been reviewed with caregivers to identify any measures which might prevent future incidents.
K-4) Do staff members seem to be aware of incident reporting requirements?	Answer "Yes" or "No" only, considering all of participant's direct care-giving staff. Explain any "No" response along with actions taken to correct the finding.
L. Staffing Issues	
L-1) Does staff training appear to be adequate for all appropriate areas? (Consumer/advocate interview and discussion.)	When meeting with the participant/advocate observe the participant in their environment and note whether there are issues or areas that do not meet your expectations. Ask the participant and or advocate whether they are satisfied with the services provider under the Service Plan. Using participant/advocate statements and/or direct observation: • Answer "No" if it appears staff do not have the skills to perform the services they are responsible for, or when participant/advocate states services are not

	performed satisfactorily. Use "CAP" section to note which specific services are inadequate. • Answer "Yes" when participant/advocate states services are satisfactory, and/or staff clearly exhibit that they have the skills to perform their specific service. • Do not answer "NA" for this question.
L-2) Does the individual feel that they are being treated with respect by the support staff?	The waiver population is a vulnerable population. When meeting with the participant/advocate observe interactions with any support staff noting whether there appears to be any unusual behaviors/reactions. Ask participant/advocate whether they feel that they are treated with respect and dignity by support staff. Note that this question asks specifically whether <u>the individual</u> feels they are treated with respect by support staff. When the individual is not able to respond, please ask an advocate. • Answer "Yes" when the individual or their advocate expresses they are treated with respect and dignity by their support staff. • Answer "No" when individual or their advocate states that they are not treated with respect and dignity by their staff. • Do not answer NA for this question
M. Fiscal Issues	
M-1) If applicable, is there a provider that is responsible for the individual's fiscal transactions?	• Answer "Yes" only if there is a paid provider involved who has taken on formal responsibility for management of the individual's finance. This would include a paid provider functioning as the representative payee for the individual. If yes, then you must answer all the other questions in this section. • Answer "No" if the individual or an informal support is managing the individual's finances. If "No", all the other questions in this section would be "NA".
M-2) Has the provider obtained insurance at the individual's expense to protect assets and property?	If the answer to M-1 is yes, you must answer yes or no to this question.
M-3) Has the provider maintained a separate account for the individual?	If the answer to M-1 is yes, you must answer yes or no to this question.
M-4) Has the provider supplied monthly account balances and records of transactions to the individual/ guardian?	If the answer to M-1 is yes, you must answer yes or no to this question.
M-5) Is there clear documentation that the individual's checkbook has been balanced?	If the answer to M-1 is yes, you must answer yes or no to this question.
M-6) Are there bank statements with clear documentation that the bank statements and the individual's checkbook have been reconciled?	If the answer to M-1 is yes, you must answer yes or no to this question.
Z. Other/Misc. Issues	
Z-1) Is the individual's situation satisfactory, in regards to any issues not covered in the other sections?	Answer "Yes" of "No" only. Explain any "No" response in the "CAP" section.