



**Region:** \_\_\_\_\_  
**Completed by:** \_\_\_\_\_

**CIL:** \_\_\_\_\_

15.	Documented review choices, right, responsibilities: Yes + NA = 100%	100%
16.	Know name and how to contact ILC: Yes = 95%	95%
17.	Consumer involved in POC development: Yes = 100%	100%
18.	Consumer offered choice of provider: Yes = 90%	90%
19.	How consumer feels needs are met: All and most = 95%	95%
20.	Told Rights of Appeal & decision on case: Yes + does not remember = 100%	100%
21.	Self-direction has been explained: Yes + does not remember = 100%	100%

Q 1	S 1	Q 2	S 2	Q 3	S 3	Q 4	S 4

**Region:** \_\_\_\_\_  
**Completed by:** \_\_\_\_\_  
**CIL:** \_\_\_\_\_

**Information Only - Do Not Score**

<b>FYI Questions</b>	
1.	Reason for most recent UAI
2.	Documented POC changes with approval: Yes + NA = 100%
3.	Documented letters, NOA, date sent: Yes + NA = 100%
4.	Documented ILC / Provider changes: Yes + NA = 100%
5.	Cognition issues were identified: Yes scores
6.	Whom to call, if not ILC (Safety issue)
7.	Rating of ILC services
8.	Consumer wants to continue HCBS
9.	30 days between Initial Assessment and personal services start date