

System Analysis

Name										Social Security Number									

1. Date of Data

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2. Days attended this reporting period

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3. Residential Days this reporting period

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Applies to ICF/MR Residents Only

4. Has chosen community services

y	N
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If 4 is yes, 5 must be completed

5. Date Community Services Chosen

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6. A. Indicate how often the individual has utilized any of these health related services in this reporting period. If any one of the items is a 1, then please indicate in the second box the key factor preventing services. If there is no key factor preventing services, leave it blank.

6. B. In the past reporting period, if any of these health-related services have been needed, but not utilized, indicate those which have not been utilized:

Primary Medical Care		
Medical Specialists:		
Dental Services		
Ancillary Health Services		
Vision Services		
Mental Health Services		
Durable Medical Equip.		
Home Health Services		
Assistive Technology		
Other		

Codes for System Analysis Section

6. A. Key for how often the individual receives services.

1	Needed but not received this reporting period
2	Occasionally
3	Monthly
4	Weekly
5	Frequently
6	Daily
7	Did not need this reporting period

6. B. Key factor preventing services

1	Not available in person's immediate or nearby community
2	Service provider will not accept person's insurance
3	Service provider will not accept person because of DD
4	Financial limitations of the person
5	Currently inadequate exploration of options/ responsiveness to need
6	Opinions or beliefs of person's guardian
7	Opinions or beliefs of person's family
8	Other