**Outcome Status**

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| **DESIRED OUTCOMES** | **Status of outcome***Achieved = accomplished, removing from plan**On track = progressing as expected, no gaps/barriers**Limited or no progress = experiencing gaps/barriers or regress* | **Plan updates** |
| Start date: End date: [Enter Outcome Statement] | [ ]  Achieved [ ]  On track [ ]  Limited or no progressStatus description: **Comment based on status selected.**  | Plan change needed?[ ]  Yes [ ]  No If yes, describe: |
| Start date: End date: [Enter Outcome Statement] | [ ]  Achieved [ ]  On track [ ]  Limited or no progressStatus description: **Comment based on status selected.**  | Plan change needed?[ ]  Yes [ ]  No If yes, describe: |
| Start date: End date: [Enter Outcome Statement] | [ ]  Achieved [ ]  On track [ ]  Limited or no progressStatus description: **Comment based on status selected.**  | Plan change needed?[ ]  Yes [ ]  No If yes, describe: |

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| 1.  | For the reporting period have there been any **safety risks (health or behavioral)** identified? | [ ]  Yes [ ]  No | If yes, describe risks and how they were/will be addressed and documented in the plan:  |
| 2. | Does the person or substitute decision-maker desire and/or need any **changes** to the plan or services and supports? | [ ]  Yes [ ]  No  | If yes, describe plans to address:  |
| 3.  | Is the person and substitute decision-maker **satisfied** with all services and supports? | [ ]  Yes [ ]  No | Describe how you know the response indicated and any plans to address dissatisfaction:  |
| 4. | Were **all Medicaid services** in the plan **implemented**? | [ ]  Yes [ ]  No | If no, describe plans to address:  |
| 5. | Were there any **significant events** (health or otherwise) not reported above? | [ ]  Yes [ ]  No | If yes, describe:  |

Completed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature) Date: \_\_\_\_\_\_\_\_