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| **DESIRED OUTCOME** |
| Start date: Click or tap here to enter date.End date: Click or tap here to enter date. | Click or tap here to enter outcome statement. |
| **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** |
| Service 1: Click or tap here to enter service name.[ ]  Achieved[ ]  On track[ ]  Limited or no progressStatus description: Click or tap here to enter status. | Plan change needed?[ ]  Yes [ ]  NoIf yes, describe: Click or tap here to describe. |
| Service 2: Click or tap here to enter service name.[ ]  Achieved[ ]  On track[ ]  Limited or no progressStatus description: Click or tap here to enter status. | Plan change needed?[ ]  Yes [ ]  NoIf yes, describe: Click or tap here to describe. |
| Service 3: Click or tap here to enter service name.[ ]  Achieved[ ]  On track[ ]  Limited or no progressStatus description: Click or tap here to enter status. | Plan change needed?[ ]  Yes [ ]  NoIf yes, describe: Click or tap here to describe. |
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| Service 2: Click or tap here to enter service name.[ ]  Achieved[ ]  On track[ ]  Limited or no progressStatus description: Click or tap here to enter status. | Plan change needed?[ ]  Yes [ ]  NoIf yes, describe: Click or tap here to describe. |
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| Service 2: Click or tap here to enter service name.[ ]  Achieved[ ]  On track[ ]  Limited or no progressStatus description: Click or tap here to enter status. | Plan change needed?[ ]  Yes [ ]  NoIf yes, describe: Click or tap here to describe. |
| Service 3: Click or tap here to enter service name.[ ]  Achieved[ ]  On track[ ]  Limited or no progressStatus description: Click or tap here to enter status. | Plan change needed?[ ]  Yes [ ]  NoIf yes, describe: Click or tap here to describe. |

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| **Service** | Click or tap here to enter service 1. |
| 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: Click or tap here to enter text. |
| 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: Click or tap here to enter text. |
| 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: Click or tap here to enter text.  |
| 4. | Were all Medicaid services in the plan **implemented**? | [ ]  Yes [ ]  No | If no, describe plans to address: Click or tap here to enter text. |
| 5. | Were there any **significant events** (health or otherwise) not reported above? | [ ]  Yes [ ]  No | If yes, describe: Click or tap here to enter text. |

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| **Service** | Click or tap here to enter service 2. |
| 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: Click or tap here to enter text. |
| 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: Click or tap here to enter text. |
| 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: Click or tap here to enter text.  |
| 4. | Were all Medicaid services in the plan **implemented**? | [ ]  Yes [ ]  No | If no, describe plans to address: Click or tap here to enter text. |
| 5. | Were there any **significant events** (health or otherwise) not reported above? | [ ]  Yes [ ]  No | If yes, describe: Click or tap here to enter text. |

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| **Service** | Click or tap here to enter service 3. |
| 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: Click or tap here to enter text. |
| 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: Click or tap here to enter text. |
| 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: Click or tap here to enter text.  |
| 4. | Were all Medicaid services in the plan **implemented**? | [ ]  Yes [ ]  No | If no, describe plans to address: Click or tap here to enter text. |
| 5. | Were there any **significant events** (health or otherwise) not reported above? | [ ]  Yes [ ]  No | If yes, describe: Click or tap here to enter text. |

**Signatures (Optional):**

Individual: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Substitute Decision Maker: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Completed by:**

Service: Name: (print) (signature) Date: Service: Name: (print) (signature)Date: Service: Name: (print) (signature) Date: