

**DISABILITY-COMPETENT CARE SELF-ASSESSMENT  
TOOL MANUAL EVALUATION GRID**

Do you have a PROCESS in place? (circle)		If YES, is the existing process RELIABLE? (yes / no)	If NO, would the development of this process have a <i>higher</i> or <i>lower</i> IMPACT? (higher / lower)	AND If NO, is it possible to develop a reliable process with existing RESOURCES? (yes / no)	Notes
<b>1. Relational-based Care Management</b>					
<b>1.1. Participant-Centered Practice</b>					
1.1.1	Y   N				
1.1.2	Y   N				
1.1.3	Y   N				
1.1.4	Y   N				
1.1.5	Y   N				
<b>1.2. Eliminating Medical and Institutional Bias</b>					
1.2.1	Y   N				
1.2.2	Y   N				
1.2.3	Y   N				
1.2.4	Y   N				
<b>1.3. Interdisciplinary Team</b>					
<b>1.3.1. Composition</b>					
1.3.1.1	Y   N				
1.3.1.2	Y   N				
1.3.1.3	Y   N				
1.3.1.4	Y   N				

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1.3.1.5	Y	N				
1.3.1.6	Y	N				
1.3.1.7	Y	N				
	<b>1.3.2. Communications</b>					
1.3.2.1	Y	N				
1.3.2.2	Y	N				
1.3.2.3	Y	N				
1.3.2.4	Y	N				
1.3.2.5	Y	N				
	<b>1.4. Assessment</b>					
1.4.1	Y	N				
1.4.2	Y	N				
1.4.3	Y	N				
1.4.4	Y	N				
1.4.5	Y	N				
1.4.6	Y	N				

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	<b>1.5. Individualized Plan of Care</b>				
1.5.1	Y	N			
1.5.2	Y	N			
1.5.3	Y	N			
1.5.4	Y	N			
1.5.5	Y	N			
	<b>1.6. Individualized Plan of Care Oversight and Coordination</b>				
1.6.1	Y	N			
1.6.2	Y	N			
1.6.3	Y	N			
	<b>1.7. Transitions</b>				
1.7.1	Y	N			
1.7.2	Y	N			
1.7.3	Y	N			
1.7.4	Y	N			
1.7.5	Y	N			

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	<b>1.8. Tailoring Services and Supports</b>				
1.8.1	Y   N				
1.8.2	Y   N				
	<b>1.9. Advance Directives</b>				
1.9.1	Y   N				
1.9.2	Y   N				
1.9.3	Y   N				
1.9.4	Y   N				
1.9.5	Y   N				
	<b>1.10. Allocation of Care Management and Services</b>				
1.10.1	Y   N				
1.10.2	Y   N				
1.10.3	Y   N				
1.10.4	Y   N				
	<b>1.11. Care Partners</b>				
1.11.1	Y   N				
1.11.2	Y   N				
1.11.3	Y   N				

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	<b>1.12. Health Record</b>				
1.12.1	Y   N				
1.12.2	Y   N				
1.12.3	Y   N				
1.12.4	Y   N				
1.12.5	Y   N				
1.12.6	Y   N				
1.12.7	Y   N				

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<b>2. Highly Responsive Primary Care</b>					
<b>2.1. Primary Care Network Capacity</b>					
2.1.1	Y   N				
2.1.2	Y   N				
2.1.3	Y   N				
2.1.4	Y   N				
2.1.5	Y   N				
2.1.6	Y   N				
2.1.7	Y   N				
2.1.8	Y   N				

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<b>2.2. Availability of Care</b>					
2.2.1	Y   N				
2.2.2	Y   N				
2.2.3	Y   N				
2.2.4	Y   N				
2.2.5	Y   N				
2.2.6	Y   N				
2.2.7	Y   N				
<b>2.3. Medication Management</b>					
2.3.1	Y   N				
2.3.2	Y   N				
2.3.3	Y   N				
2.3.4	Y   N				
<b>2.4. Communication, Equipment, and Physical Access</b>					
2.4.1	Y   N				
2.4.2	Y   N				

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<b>2.5. Preventive Care and Health Education</b>					
2.5.1	<b>Y</b>   <b>N</b>				
2.5.2	<b>Y</b>   <b>N</b>				
2.5.3	<b>Y</b>   <b>N</b>				

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<b>3. Comprehensive Long-term Services and Supports</b>					
<b>3.1. Employment Supports</b>					
3.1.1	<b>Y</b>   <b>N</b>				
<b>3.2. Mobility Equipment, Home Modifications, and Supplies</b>					
3.2.1	<b>Y</b>   <b>N</b>				
3.2.2	<b>Y</b>   <b>N</b>				
3.2.3	<b>Y</b>   <b>N</b>				
3.2.4	<b>Y</b>   <b>N</b>				
3.2.5	<b>Y</b>   <b>N</b>				
3.2.6	<b>Y</b>   <b>N</b>				

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<b>3.3. Personal Assistance and Support Living</b>					
3.3.1	Y   N				
3.3.2	Y   N				
3.3.3	Y   N				
3.3.4	Y   N				
3.3.5	Y   N				
3.3.6	Y   N				
3.3.7	Y   N				
<b>3.4. Self-directed Option for Home- and Community-based Services</b>					
3.4.1	Y   N				
3.4.2	Y   N				
3.4.3	Y   N				

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<b>3.5. Agency Model and Shared-Living Alternatives</b>					
3.5.1	Y   N				
3.5.2	Y   N				
3.5.3	Y   N				
<b>3.6. Transportation</b>					
3.6.1	Y   N				
3.6.2	Y   N				
3.6.3	Y   N				
3.6.4	Y   N				
3.6.5	Y   N				
3.6.6	Y   N				
<b>3.7. Network Composition and Capacity</b>					
3.7.1	Y   N				
3.7.2	Y   N				
3.7.3	Y   N				
3.7.4	Y   N				