

Section Q Participation in Assessment and Goal Setting

Q0100. Participation in Assessment

Enter Code <input type="checkbox"/>	A. Resident participated in assessment 0. No 1. Yes
Enter Code <input type="checkbox"/>	B. Family or significant other participated in assessment 0. No 1. Yes 9. No family or significant other available
Enter Code <input type="checkbox"/>	C. Guardian or legally authorized representative participated in assessment 0. No 1. Yes 9. No guardian or legally authorized representative available

Q0300. Resident's Overall Expectation

Complete only if A0310E = 1

Enter Code <input type="checkbox"/>	A. Select one for resident's overall goal established during assessment process 1. Expects to be discharged to the community 2. Expects to remain in this facility 3. Expects to be discharged to another facility/institution 9. Unknown or uncertain
Enter Code <input type="checkbox"/>	B. Indicate information source for Q0300A 1. Resident 2. If not resident, then family or significant other 3. If not resident, family, or significant other, then guardian or legally authorized representative 9. Unknown or uncertain

Q0400. Discharge Plan

Enter Code <input type="checkbox"/>	A. Is active discharge planning already occurring for the resident to return to the community? 0. No 1. Yes → Skip to Q0600, Referral
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Q0490. Resident's Preference to Avoid Being Asked Question Q0500B

Complete only if A0310A = 02, 06, or 99

Enter Code <input type="checkbox"/>	Does the resident's clinical record document a request that this question be asked only on comprehensive assessments? 0. No 1. Yes → Skip to Q0600, Referral 8. Information not available
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Q0500. Return to Community

Enter Code <input type="checkbox"/>	B. Ask the resident (or family or significant other if resident is unable to respond): "Do you want to talk to someone about the possibility of leaving this facility and returning to live and receive services in the community?" 0. No 1. Yes 9. Unknown or uncertain
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Q0550. Resident's Preference to Avoid Being Asked Question Q0500B Again

Enter Code <input type="checkbox"/>	A. Does the resident (or family or significant other or guardian, if resident is unable to respond) want to be asked about returning to the community on all assessments? (Rather than only on comprehensive assessments.) 0. No - then document in resident's clinical record and ask again only on the next comprehensive assessment 1. Yes 8. Information not available
Enter Code <input type="checkbox"/>	B. Indicate information source for Q0550A 1. Resident 2. If not resident, then family or significant other 3. If not resident, family or significant other, then guardian or legally authorized representative 8. No information source available

Q0600. Referral

Enter Code <input type="checkbox"/>	Has a referral been made to the Local Contact Agency? (Document reasons in resident's clinical record) 0. No - referral not needed 1. No - referral is or may be needed (For more information see Appendix C, Care Area Assessment Resources #20) 2. Yes - referral made
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