POMs Discovery Summary Tool

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| --- | --- | --- | --- | --- | --- |
| Person Interviewed: |  |  | Follow Up 1 Contact: |  | Certification Status🞏 Interviewer (Ambassador)🞏 Certified Interviewer- Current🞏 Certified Interviewer- Expired🞎 Certified Trainer- Current |
| Date of Interview: |  |  | Follow Up 2 Contact: |  |
| Primary Interviewer:  |  |  | Reviewer: |  |
| Secondary Interviewer: |  |  | Date Entered into PORTAL: |  |

 (Entered by Quality Systems Coordinator)

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| Date of Birth:  |  | Diagnosis (check all that apply) 🞏 Alzheimer’s Disease / Dementia  🞏 Anxiety Disorder 🞎 Autism Spectrum Disorder 🞏 Behavior Challenges 🞏 Brain Injury 🞏 Cerebral Palsy 🞏 Chemical Dependency/Substance Abuse 🞏 Down Syndrome 🞏 Eating Disorder 🞏 Hearing Loss- Severe or Profound 🞏 Impulse Control Disorder 🞏 Intellectual/Developmental Disability 🞏 Limited or No Vision-Legally Blind 🞏 Mood Disorder 🞏 Obesity 🞏 Personality / Psychotic Disorder 🞏 Physical Disability 🞏 Prader-Willi Syndrome 🞏 Seizure Disorder/Neurological Problem  🞏 Other: ­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Indicator** | **Outcome Present** | **Support Present** |
|
| Are Safe | Select | Select |
| Free from Abuse / Neglect | Select | Select |
| Best Possible Health | Select | Select |
| Continuity and Security | Select | Select |
| Exercise Rights | Select | Select |
| Treated Fairly | Select | Select |
| Are Respected | Select | Select |
| Use Their Environments | Select | Select |
| Integrated Environments | Select | Select |
| Interact with Others | Select | Select |
| Participate in Community | Select | Select |
| Natural Supports | Select | Select |
| Have Friends | Select | Select |
| Intimate Relationships | Select | Select |
| Share Personal Information | Select | Select |
| Social Roles | Select | Select |
| Where / With Whom to Live | Select | Select |
| Where to Work | Select | Select |
| Choose Services | Select | Select |
| Choose Personal Goals | Select | Select |
| Realize Personal Goals | Select | Select |
| **TOTAL PRESENT** |  |  |
|
|  |

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|  |
| Gender: 🞏 Male 🞏 Female |
|  |
| Marital Status: 🞏 Single 🞏 Married  |
|  |
| Race / Ethnicity 🞏 Asian🞏 Black🞏 Caucasian🞏 Hispanic 🞏 Native American / Alaska Native |
|  |
| Primary Method of Communication🞏 Verbal / Spoken Language🞏 Sign Language 🞏 Communication Device🞏 Facial / Body Expression 🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| Living Situation🞏 IRA 🞏 Own/Rent home 🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

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| c.c. |  |  |  |  |  |
|  | MSC / CC |  | Program Manager |  | Quality Systems Coordinator |
|  |  |  |  |  |
| MSC / CC Supervisor |  | Program Coordinator |  | Other |

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| --- | --- | --- |
| Themes Identified (Interviewers) |  | Best Practices (Interviewers) |
|  |  |  |
|  |  |  |  |  |
| Recommendations (Interviewers)  |  | Within 6 Month Follow Up (MSCS / PC) |  | Other Follow Up / Information |
| 1. |  |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |

**Instructions:** The POMs Discovery Tool should be initially completed by the POMs interview team and reviewer before being emailed or faxed to the members identified in the cc.

Follow up should be gathered by the MSC Supervisor (Residential, or Habilitation Program Coordinator in the absence of an internal MSC). Once information has been updated on the Discovery Tool, that person should upload and attach it to the Individual Data form in Therap. An email notification should be sent to the Quality System Coordinator, advising of such.