

Report Filters:

Service: "GSE" Active Indicator? "Yes"

[RFU?](#)**CI Consumer Interview**

i	CI 3	Are your support staff nice and polite to you?	Pending
		The intent of this indicator is to determine if the individual feels that he or she is treated in a respectful manner by support staff.	
		Are you addressed by your name when support persons speak to you? Do support persons include you in conversations? When? How often? Be sensitive when interviewing: an individual may show concern for his or her relationship with a support person when asked this question.	
i	CI 56	Are you happy with the people who provide help and assistance to you at home or at your job?	No
		The intent of this indicator is to determine the individual's level of satisfaction with his or her support persons at the service being reviewed.	
		For example, for a day service, ask about daytime support person; at a work service, ask about happiness with work support persons; at a residential setting, ask about happiness with home support persons. An open, general question such as "Tell me what it's like to get help from the people who support you here" is suggested to avoid a yes or no response.	
i	CI 2	Do you like working at your job or going to your day program?	No
		The intent of this indicator is to rate the person's level of satisfaction with his or her day program or job, including the activities, environment, work site, co-workers, participants, support staff, hours, benefits or other areas as indicated by the individual.	
		What do you like about your job or day program? How's your job going? What do you like about it, not like about it?	
i	CI 76	Are you happy with the benefits you get at your job?	No
		The intent of this indicator is to rate the individual's level of satisfaction with the benefits they receive from their job.	
		Are you getting the benefits that you want (e.g., vacation, sick time, health insurances)? Do you get paid when you are out sick or take a vacation day from work?	
		Rate "Met" if the individual indicates that they do not get benefits at their job, but are satisfied with their job without receiving benefits.	
i	CI 74	Do you want a new job or one with more hours?	No
		The intent of this indicator is to determine if the individual is satisfied with their job and hours.	
		Are you satisfied with your job? If the individual does not have a job, ask him or her if they want one. If the individual answers yes and the individual is not assisted to get a new job or increase hours at their present job, rate "Not Met".	
i	CI 37	Do people ask for your opinions and input? When? How often?	No
		The intent of this indicator is to determine if the individual feels that his or her ideas, opinions and input are respected.	
		Do people ask you what you think? Do people ask you how you feel about things?	
		This is rated "Met" if the individual indicates they are routinely asked for his or her ideas, opinions and input about broad issues. (e.g., future plans, choice of staff, lifestyle, activities, supports, etc.)	
i	CI 40	Are the things you are doing now the things you want to do?	No
		The intent of this indicator is to determine if the individual is doing things that he or she wants to do.	
		Ask the individual if there are things that he or she wants to do and does not do now. Are these new things or things that the individual wanted to do for a long time? Ask the individual if they have discussed these desires with anyone? Have the things that the individual wanted to do been incorporated in the planning process?	
		If it has not been addressed through the individual's planning process, then rate "Not Met".	
i	CI 80	Did you choose the agency/vendor that is supporting you or providing you this residential or day/vocational service/program?	No
		The intent is to determine if the individual chose the agency/ vendor supporting them.	
		Did anyone tell you about other providers and their supports? Did you visit this and other sites before the service provider was chosen?	
i	CI 71	Do your staff listen to you? Do staff do what you want them to do, such as – be on time, be flexible, change schedule when you need them to?	No
		The intent is to determine if the support person is accommodating most of the time. Refers to day-to-day supports.	

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CI 59	What does abuse and neglect mean? The intent is to determine that the individual has a basic understanding of abuse and neglect.	<u>No</u>
CI 11	Do you have a guardian? If you have a guardian, do you like how your guardian helps you? If the person likes how his or her guardian helps him or her, rate "Met." If the individual does not have a guardian, rate "N/A".	<u>No</u>
CI 49	If you have a problem and/or complaint, do you have someone to talk to? Are you able to speak privately with someone about personal matters, if you want? The intent of this indicator is to determine that the individual has someone with whom they can privately share problems, complaints or personal matters. This refers to formal and informal complaints or grievances.	<u>No</u>
CI 53	Who can you tell if you feel you have not been treated like you want to? The intent of this indicator is to determine if the individual knows who to report their concerns to.	<u>No</u>
CI 67	Are you happy with the relationships you have? Are you happy with your close relationships?	<u>No</u>
CI 66	Do you get to control your money as much as you want to? The intent of this indicator is to determine how much control the individual has regarding his/her personal finances. Control includes the involvement or reasonable participation that the individual has in the administration of his or her finances. For example, is the individual able to control their money in order to make choices of what to purchase. Does the individual carry money on their person?	<u>No</u>
CI 73	Do you have enough money to buy necessary personal items and to participate in community activities? The intent of this indicator is to determine if the individual has sufficient money to purchase needed personal items and to participate in activities. Do you have enough money to buy necessary personal items (e.g. hygiene items, clothing, accessories)? Do you have enough money to participate in community activities that you desire?	<u>No</u>
CI 33	Are you happy with the money you make on your job? Are you satisfied with your hourly rate of pay? Are you satisfied with the dollar amount of your paycheck?	<u>No</u>
CI 69	Are you happy with your case manager? Tell me how you feel about your case manager.	<u>No</u>
CI 68	Are you getting the supports you want? What help do you get at home, at work, and in the community? Is there other help that you need? Are you satisfied with the amount and type of help you receive?	<u>No</u>
CI 72	Do you get enough hours of support? The intent of this indicator is to determine if the individual feels they have enough support hours. Do support persons spend enough time with you to give you the help you need? This may include the individual's need to feel safe, to be more independent, to participate in activities, etc.	<u>No</u>
CI 21	If you want to change your service, how do you make the change? The intent of this indicator is to determine if the individual is aware of the processes by which he or she can initiate a change in supports and services. Individuals can talk to their service provider, case manager, parents/family member, and guardian or advocate to initiate supports and service changes. If the individual does not know that he or she can change supports, rate as "Not Met".	<u>No</u>
CI 57	If you want to change what you are doing during the day, how do you go about it? The intent of this indicator is to determine if the individual is aware of the processes by which he or she can initiate a change in supports and services. Individuals can talk to their service provider, case manager, parents/family member, and guardian or advocate to initiate day supports and service changes. If the individual does not know that he or she can change supports, rate as "Not Met".	<u>No</u>
CI 38	Do you go to meetings to talk about your Individual Plan? The intent of this indicator is to determine that the individual is present at his/her planning meetings. When did you last meet with your team to discuss your life and plan for the future?	<u>No</u>

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CI 39	At your planning meeting, did people ask you what you like to do?	<u>No</u>
	<p>The intent of this indicator is to determine if the individual's opinions are respected and elicited during their planning meeting or before the planning meeting if he or she chose not to attend. Did you talk about your life at the planning meetings? Did people listen to what you had to say? Did people ask what you would like to do in the coming year?</p> <p>If the individual chose not to attend, rate as "Met" only if his or her opinions were elicited prior to the meeting and incorporated into their planning discussion. If the individual wanted to attend but did not, rate as "Not Met."</p>	
CI 41	Are you working on things that you identified at your planning meeting? What things are you working on now?	<u>No</u>
	<p>The intent of this indicator is to determine if the individual is working on his or her personal goals at the service being reviewed. Review the IP Action Plan to determine if what the individual communicates to you is consistent with what is described in his or her plan.</p>	
CI 48	Are you happy with progress you made to meet your goals?	<u>No</u>
	<p>What are your goals? Are you satisfied with the progress you've made? Do support persons help you with your goals? Are you happy with...? (e.g., choose a topic from one of the individual's goals, such as going shopping or taking dance lessons)? This indicator applies to goals in IP.5 Action Plan as well as IP.3 Future Vision.</p>	
CI 28	Do you choose the support staff who help you?	<u>No</u>
	<p>The intent of this indicator is to determine the involvement the individual had in choosing his or her support persons. Is the individual involved in the hiring process at any level? On a day-to-day basis, are support persons assigned to an individual or can the individual choose what support person helps him or her?</p>	
CI 31	Who chose your job or day activity program?	<u>No</u>
	<p>This indicator is "Met" if the individual chooses or participates in choosing his or her work, retirement or day activity or agrees with the choice that others have made on his or her behalf.</p>	
CI 81	Do you know who to contact if you have a health concern or do not feel well?	<u>No</u>
	<p>The individual is better able to make an informed decision about his or her health if he or she knows someone to contact about health concerns or circumstances.</p> <p>In family settings (FAM), when there is not an agency providing supports: If this indicator is "Not Met", choose "Not Met - DDS Responsible." When an agency is providing the FAM supports: If this indicator is "Not Met", choose "Not Met".</p>	
CI 60	Do you know how to ask for help if somebody is hurting you or someone else?	<u>Pending</u>
	<p>The intent of this indicator is to determine if the individual can effectively ask for help if someone is hurting him or her or others. What would you do if you felt in danger in the community or at home? Who would you tell?</p> <p>Connecticut General Statutes 17a-238(b) states that individuals "shall be protected from harm and receive humane and dignified treatment which is adequate for such person's needs and for the development of such person's full potential at all times".</p> <p>If an Immediate Jeopardy situation, refer to: J1 Abuse or Neglect Observed or Reported.</p>	
CI 43	Do you know what to do in an emergency such as a fire, a blizzard or if you get sick?	<u>No</u>
	<p>The intent of this indicator is to determine if the individual can appropriately respond to an emergency event.</p> <p>What would you do in an emergency? For example, if you feel ill, if there is a fire, if you lost electricity, etc.</p>	
CI 45	Are you safe at work, having the personal safety equipment you need?	<u>No</u>
	<p>The intent of this indicator is to determine if the individual is safe while attending work. Do you feel safe at work? Do you use safety equipment?</p> <p>Rate this indicator "Not Met" if required safety items, such as eye protection, steel-toed shoes, safety vests, ear protection, etc. are not readily available or used by the individual.</p>	

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SPI Support Person Interview

:	SPI 7	Describe how the individual communicates.	<u>No</u>
		The intent of the indicator is to ensure that the support person is knowledgeable in the specific manner that the individual communicates. If the individual speaks a different language, can the support person speak that language or have another means to communicate with the individual. If the individual uses sign language, does the support person know the meaning of the signs and how to communicate with the individual using sign language?	
:	SPI 47	Is the individual happy with his or her life right now? If not what changes would make things better?	<u>No</u>
		The intent of this indicator is to determine the support person's knowledge of the individual's current life satisfaction level as it pertains to the service being provided. If the support person discusses changes that would make things better for the individual, determine if the support person knows how to initiate or express those changes. This indicator should be evaluated in the context of the service being reviewed.	
:	SPI 51	How do you know the individual is satisfied with supports identified in his or her plan?	<u>No</u>
		The intent of this indicator is to determine that the support person understands their role in helping the individual to express satisfaction with the supports identified in his or her plan.	
:	SPI 53	What aspects of the support that the individual receives are you satisfied with? Not satisfied with?	<u>No</u>
		The intent of the indicator is to determine support person's knowledge of the individual's supports. The indicator should be rated "Not Met" if the support person does not have enough knowledge of the individual's supports to answer the question.	
:	SPI 25	Is the individual satisfied with his or her routine? How do you know this? Give some recent examples.	<u>No</u>
		Is the individual satisfied with the pattern and flow of activities? For employment supports: Does the individual like the shift and/or days that they are currently working?	
:	SPI 26	Does the individual participate in the activities that he or she chooses? Describe the activities the individual chooses to participate in.	<u>No</u>
		The intent of this indicator is to determine the support person's knowledge of the activities the individual chooses to participate in. Refer to the IP for the individual's preferred activities. Is the support person knowledgeable of the activities in which the individual chooses to participate? What activities does the individual participate in that he or she chooses? Tell me about them. Are the individual's preferences reflected in his or her daily routine? Is there a leisure activity the individual likes to do but is unable to for any reason?	
		Indicator should be rated "Not Met" if support person does not have sufficient knowledge of the individual's preferences.	
:	SPI 30	If the individual chooses, what would you do to support the individual to change his or her lifestyle, personal activities and/or routines?	<u>No</u>
		The intent of this indicator is to determine if the support person knows how to support the individual to make changes to his or her lifestyle, personal activities and/or routines should the individual choose.	
:	SPI 29	How do you help the individual to choose and participate in experiences and activities that he or she wants? Give some recent examples.	<u>No</u>
		The intent of this indicator is to determine if the support person assists the individual to participate in chosen activities and to learn about community resources and activities. Support person is able to give recent examples of the how the individual was assisted to choose and participate.	
:	SPI 14	How do you support the individual to develop new and healthy relationships?	<u>No</u>
		The intent of this indicator is to determine if the support person has knowledge of the individual's ability in developing relationships.	
		How do you support the individual to understand the benefits and risks of developing new relationships?	
		Are there obstacles that impede the individual from developing relationships (e.g., staff support levels, support staff schedules, finances, transportation, medical complications, and family relationships)? If so, how does this affect the support you provide?	
:	SPI 1	How is the individual helped to prepare for and participate in his or her planning process?	<u>No</u>
		The intent of this indicator is to determine if the support person is knowledgeable of their role in supporting the individual to prepare for the IP meeting. How do you contribute and support the individual in preparing and participating in his or her IP planning process and meeting?	
		For Family Respite Center guests, review information regarding pre-admission, admission and visitation as identified in DDS Family Respite Services Policy and Procedures.	

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i	SPI 2	<p>What are the specific strategies in place to help the individual achieve his or her goals?</p> <p>Support persons are able to discuss identified goals from the individual's IP. The support person identifies and discusses how the individual's goals are integrated into his or her daily routine.</p> <p>For Family Respite Center guests – refer to information regarding pre-admission, admission and visitation as identified in DDS Family Respite Services Policy and Procedures.</p>	<p><u>No</u></p>
j	SPI 3	<p>Is the individual's plan reviewed and updated based on changes in his or her life and personal choice?</p> <p>The intent of this indicator is to determine the support person's knowledge of revisions to the IP based on changes in the individual's life and personal choices.</p>	<p><u>No</u></p>
i	SPI 4	<p>How do you provide input on the individual's behalf for plan modification, regarding changes in his or her life and personal choice?</p> <p>The intent of this indicator is to determine if the support person is knowledgeable of his or her role to advocate for the individual and provide information to the team regarding changes, as needed. Support person should be knowledgeable of individual's IP and goals.</p>	<p><u>No</u></p>
i	SPI 5	<p>How have any changes to the individual's plan been communicated to you?</p> <p>How are you informed of changes in the individual's IP?</p>	<p><u>No</u></p>
r	SPI 22	<p>How do you support the individual to learn money management skills?</p> <p>The intent of this indicator is to determine if the support person is knowledgeable of his or her responsibility to help the individual participate and learn money skills. Examples include: incidental teaching opportunities, money exchange during a purchase, making selections, informing the individual during a transaction process, support independent purchase transactions, banking, formal programs, budgeting, identifying coins and bills.</p> <p>If the IP identifies that the individual is independent or another party is responsible for money management, then rate "N/A".</p>	<p><u>No</u></p>
i	SPI 11	<p>What are the behavioral interventions used to support the individual?</p> <p>The intent of this indicator is to determine if the support person is knowledgeable of the individual's behavioral support needs as identified in his or her IP and behavior support plan.</p> <p>Any physical intervention techniques that support persons use are from a DDS approved curriculum, for example, P.M.T. (Physical and Psychological Management Techniques). Refer to DDS Procedure No.I.D.PR.009 – Incident Reporting, Attachment I - DDS Approved Training Curriculum for Use of Aversive and Physical Restraint Procedures for a complete list that is periodically updated.</p> <p>This indicator will be rated as "N/A" if there are no behavioral support needs / interventions / guidelines.</p> <p>Refer to: DDS Policy No. I.F.PO.001 – Abuse and Neglect, and DDS Procedure No.I.F.PR.001 – Abuse/Neglect Prevention, Notification if unapproved behavioral interventions are used. I.F.PR.001 – Abuse/Neglect Allegations Reporting, I.F.PR.004 – Abuse/Neglect Investigations-Recommendations and Prevention Activities.</p>	<p><u>No</u></p>
j	SPI 44	<p>Was the individual supported to choose his or her day activity and to explore other options?</p> <p>The intent of this indicator is to determine that the individual was supported and had opportunities to make choices about where to work, or to choose day activities. Support person is able to describe how this was achieved.</p> <p>This indicator may be rated "Not Rated" if the support person being interviewed was not supporting the individual at the time the choice was made.</p>	<p><u>No</u></p>
i	SPI 15	<p>How are any safety concerns for the individual addressed?</p> <p>The intent of this indicator is to determine that support persons are knowledgeable of the individual's specific safety needs and how they are addressed. (e.g.: pica, bolting behavior, dietary needs, bed rails, water safety, ambulation, regulating hot water, bathing, etc.). Do you have any other concerns about the individual's safety that are not currently identified or addressed?</p>	<p><u>No</u></p>
i	SPI 19	<p>Does the individual know how to respond in emergency situations?</p> <p>The intent of this indicator is to determine the support person's knowledge of the individual's needs in emergency situations.</p> <p>Ask the staff person how the individual typically responds in an emergency.</p>	<p><u>No</u></p>
j	SPI 18	<p>Does the individual know what the emergency and fire evacuation plans require him or her to do?</p> <p>The intent of this indicator is to determine the staff person's knowledge of the individual's needs in case of emergency or fire. Refer to the individual's emergency and fire evacuation plans. Ask the staff person how the individual typically responds in an emergency. If the staff person states the individual does not know what the emergency and fire evacuation plans require him or her to do, ask the staff person how he or she would support the individual in that situation.</p> <p>If the staff person's knowledge of the individual's needs reflected in emergency and fire evacuation plans are not in accord with these plans, rate this indicator "Not Met."</p>	<p><u>No</u></p>

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i	SPI 17	What are the individual's needs during an evacuation?	<u>Yes</u>
<p>The intent is to ensure that the support person is knowledgeable of the individual's specific needs and requirements. Information from the support person should coincide with the individual's needs as outlined in the site emergency plan. (Examples: Transfer guidelines, staffing, supervision, prompting.)</p>			
f	SPI 16	How is the individual taught to recognize and report unsafe situations to others?	<u>No</u>
<p>The intent of this indicator is to ensure that the support person is knowledgeable of their role in teaching the individual safety skills. This can be in the form of incidental teaching opportunities or formal teaching strategies. (Examples: Broken latches and locks, lack of heat, safe flooring, walkways, stove, cooking, hot water, overloaded outlets, safe transportation, staffing levels and supervision and public safety awareness.)</p>			
i	SPI 35	What are the individual's medical needs and how are these addressed?	<u>Pending</u>
<p>The intent of this indicator is to determine the staff person's knowledge of the individual's medical needs and how they are addressed. Refer to the individual's plan and other medical documents for information about the individual's medical circumstances and treatment expectations including guidelines and protocols (e.g., for seizures, psychiatric conditions, cardiac issues, diabetic conditions).</p>			
<p>Tell me about the individual's medical needs, how they are addressed and what support you provide, if any, to carry them out. Alternate question: Tell me about [name a specific condition identified in the individual's medical record], how the condition is addressed and what support you might provide.</p>			
<p>If the staff person's knowledge of the individual's medical needs is not in accord with treatment expectations for him or her, rate this indicator "Not Met."</p>			
i	SPI 8	How is the individual supported to acquire, use and maintain equipment needed to sustain his or her health, wellness and independence?	<u>No</u>
<p>The intent of this indicator is to determine if the support person is knowledgeable of their role in assisting the individual in acquiring, using and maintaining assistive/adaptive equipment to maintain his or her health, wellness and independence. (e.g., positioning equipment, AFOs, wheelchairs, mechanical lifts, switch plates, communication devices, dining utensils). Use and maintenance procedures should be individualized. Refer to the individual's IP and relevant therapeutic assessments (e.g., occupational, physical, speech and language therapies, dietary requirements).</p>			
<p>Tell me what supportive equipment the individual uses. When and how is it used? What are the cleaning, maintenance and storage requirements for the equipment? Is there any supportive equipment you believe the individual would benefit from that he or she does not presently have?</p>			
<p>If the support person is not knowledgeable of the necessary supportive equipment the individual needs, and its use and maintenance requirements, rate this indicator "Not met."</p>			
r	SPI 11a	Have you ever had to physically restrain the individual? If so, when and how?	<u>Pending</u>
<p>The intent of this indicator is to determine that the support person uses approved restraint techniques that are in accord with the individual's Behavior Support Plan. Refer to the individual's IP to see if the individual has a Behavior Support Plan. If so, refer to the Behavior Support Plan for specific restraint information and DDS Form 255(s), as relevant. Also refer to behavior support strategies/training identified in the individual's IP.7 - Provider Qualifications and Training Form.</p>			
<p>Have you ever had to restrain the individual? If so, what type of restraint?</p>			
<p>Rate this indicator as "Not Met" if the support person discussed using an unapproved restraint technique. Also refer to: DDS Policy No. I.F.PO.001 – Abuse and Neglect, and DDS Procedure No.I.F.PR.001 – Abuse/Neglect Prevention, Notification if unapproved interventions were used.</p>			
<p>Refer to DDS CLA Licensing Regulation: 15b5</p>			
i	SPI 40	How do you help the individual to learn to avoid potentially abusive and neglectful situations?	<u>No</u>
<p>The intent of this indicator is to ensure that the support person is knowledgeable of their role in teaching the individual to avoid potential abusive and neglectful situations. Informal ways: support persons counsel the individual about the safe and unsafe places in town, people who you don't know who ask for favors and possible responses to them, keeping money in personal accounts, etc. Formal ways: harm prevention, "street-smart" classes, etc.</p>			
i	SPI 10	How do you help the individual exercise his or her rights?	<u>No</u>
<p>The intent of this indicator is to determine if the support person actively supports the individual to exercise rights. Examples may include, but are not limited to: assisting to make choices, request changes, refuse requests, use the phone, have privacy, maintain confidentiality and send and receive mail.</p>			
<p>Refer to Connecticut General Statutes, 17a-238(a)</p>			
i	SPI 45	How would you support the individual to make a complaint if he or she wants to?	<u>No</u>
<p>The intent of this indicator is to determine if the support person is knowledgeable of their role in supporting the individual to make a complaint if he or she wants to.</p>			
<p>Refers to Connecticut General Statutes, 17a-238(e)(7)</p>			

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SPI 9 What would you do if you witness abuse or neglect occurring? Pending

The intent of this indicator is to determine if the support person is knowledgeable about the intervention and reporting requirements associated with witnessing abuse or neglect.

A "Met" rating indicates that the support person identifies that he or she would intervene immediately on behalf of the individual if he or she witnesses abuse or neglect. The support person identifies he or she is to make a verbal report as a mandated reporter to the appropriate agency (OPA, DCF, DSS or DPH) and to the supervisor of the agency to which they are assigned, informing them of any apparent or suspected abuse or neglect. The support person initiates reporting the circumstances on a DDS Form 255.

This indicator is rated "Not Met" when the support person's statements are not consistent with DDS policy and procedure.

Refer to: DDS Policy No. I.F.PO.001 – Abuse and Neglect and DDS Procedure No.I.F.PR.001 – Abuse/Neglect Allegations: Reporting and Intake Processes

SPI 37 What are your agency's accident and incident reporting policies and procedures? No

The intent of this indicator is to ensure that the support person is knowledgeable of reporting requirements for accidents and other incidents.

Refer to DDS Procedure No. I.D.PR.009 Incident Reporting.

In family settings (FAM), this indicator is only applicable to support persons hired through a provider.

Refer to DDS Procedure No: I.D.PR.009a Incident Reporting for Individuals who live in own/Family Home & Receive DDS Funded Services.

SPI 32 How is the individual supported to make a change in his or her services if desired? No

The intent of this indicator is to determine if the support person is knowledgeable of their role in supporting the individual to make a change in their services if he or she wants to. Examples include: Assisting the person in notifying the Case Manager or other team members, assisting the person to request meetings, assisting the person in identifying service and provider options.

SPI 50 What steps are taken to respond to the individual's concerns about his or her supports? No

The intent of this indicator is to determine if the support person is knowledgeable of their responsibility to address the individual's concerns about their supports.

Examples may include: following the agency's process regarding individual's concerns, assisting the individual in notifying the Case Manager or other team members, assisting the individual to request meetings, assisting the individual to learn about self-advocacy, reporting suspected abuse, neglect or financial exploitation.

SPI 54 If you have a concern about the individual's supports and services, are your concerns addressed? No

The intent of this indicator is to ensure that support person's concerns regarding the individual's supports and services are addressed.

Rate as "N/A" if there have been no concerns.

SPI 41 How is the individual involved in staff hiring? No

The intent of this indicator is to determine if the provider involves the individual in aspects of the staff hiring process.

The individual's involvement may be direct or indirect involvement in the hiring process (e.g., voicing the desired qualities of a staff person, writing ads, interviewing potential hires).

This indicator is rated "Not Met" if the support person indicates that the individual has no involvement in any aspect of the hiring process.

SPI 38 What would you do should a vehicle break down when traveling? No

The intent of this indicator is to determine the support person's knowledge of the provider's emergency procedures for handling a vehicle breakdown. Does the support person have means to call emergency personnel or provider staff for assistance? Does the support person know whom they should call? Does the support person understand the individual's safety needs in the event the vehicle is inoperable on a road or highway?

Rate "N/A" if the support person does not provide transportation for individuals.

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SC Safety Checklist

- ! **SC 1** An Emergency Relocation Plan, a part of the DDS Special Operations Plan for Emergency Relocation, is maintained in a special notebook, the "Red Book", easily accessible to the staff. Pending
- Contents of the Emergency Relocation Plan "Red Book" must include: The DDS Special Operations Plan for Emergency Relocation, DDS Emergency Fact Sheets for all individuals, Emergency Relocation Plan for Levels 1, 2, and 3 emergencies with all necessary directions and personnel contact information. This book should be updated as any changes occur.
- Emergency Fact Sheets and identification badges must include a color photo of the individual. Fact sheets and badges must be reviewed at least annually, and more frequently if supports change for the individual, or revisions to the plan occur.
- Refer to DDS CLA Licensing Regulation: 12a
- ! **SC 2** The emergency response plan accommodates the support needs of the individual, each person's role during an emergency, and the availability of necessary medical information when the individual is away from his or her service location. Pending
- The emergency plan addresses the supports each individual requires to evacuate safely (e.g., independently evacuates, needs verbal or physical assistance), identifies individuals' ambulation capability and level of supervision needed, medical needs, the support person/staff levels and responsibilities, and any physical environment or fire safety accommodations (fire doors, sprinklers, egress doors, smoke detectors, fire extinguishers, etc.).
- Refer to DDS Fire Safety and Emergency Guidelines.
- Refer to DDS CLA Licensing Regulation: 12a
- ! **SC 19** Basic first aid supplies are readily available in vehicles used to transport the individual. Pending
- Basic first aid supplies include only non-medicated items, excluding epi-pens. Refer to 11/2006 memorandum to providers from the DDS Director of Health and Clinical Services, regarding recommended first aid kit contents.
- If unlocked medications are found in first aid supplies, rate SC 17 as "Not Met" for individual's who cannot self-medicate.
- Refer to DDS CLA Licensing Regulation: 11h
- ! **SC 46** Vehicle adaptive equipment and vehicle safety devices are in good condition and used as designed. Pending
- The intent of this indicator is to ensure that vehicle adaptive equipment and safety devices are used and maintained according to manufacturer's specifications, are functional and that they are utilized as designed. This includes manufacturer installed seat belts as well as wheelchair tie down & restraint systems, safety harnesses/vests, seatbelt clips, wheelchair lifts, etc.
- All adaptive equipment shall be secured so that it does not present a hazard while the vehicle is in use.
- The vehicle is clean and well maintained. There is no evidence of people smoking in vehicles.
- If immediate jeopardy situation refer to: J17 Vehicle safety equipment is in disrepair (seatbelts, wheelchair anchors, vehicle maintenance).
- ! **SC 47** There is documentation that the safe condition and designed use of adaptive vehicle safety devices is monitored. Pending
- Periodic monitoring and documentation of the safe condition and designed use of vehicle adaptive equipment and safety devices should occur on a regular basis. This includes wheelchair tie down & restraint systems, safety harnesses/vests, seatbelt clips, wheelchair lifts, etc. This does not include non-adaptive vehicle seat belts.
- Refer to DDS CLA Licensing Regulation: 18a2E

Report Filters:

Service: "GSE" Active Indicator? "Yes"

RFU?

D Documentation

- D 1** The individual's plan indicates he or she directed or participated in the planning process to the extent that he or she chose to participate. Pending
- The intent of this indicator is to ascertain if the individual has involvement in the planning process to his or her desire and capability. Family members sometimes participate along with the consumer. Individuals and their family members are encouraged to participate in the planning process to the greatest degree possible; they may or may not choose to participate in the process. Individuals and their family members are encouraged to communicate their needs and preferences and to choose from among support options and providers. Every effort will be made to schedule the planning meeting at times and locations that will facilitate participation by the individual and his or her family, guardian, advocate or other legal representative, as applicable.
- If the individual chooses not to attend his or her planning meeting, a personal support team member will seek from the individual his or her feedback that will be used at the planning meeting to develop his or her Individual Plan. If the individual chooses not to attend his or her planning meeting, the plan is to be communicated to the individual by a support team member and the nature and date of this communication is to be documented in the plan.
- The individual's plan documents how the individual was involved in directing his or her plan. As possible, the individual signs his or her plan. Individuals and the people who are important in their lives will receive the supports they need to be directly involved in the development and implementation of their Individual Plan including supports in their native language or primary mode of communication.
- Refer to IP 9, Individual's Participation in the Planning Process. Refer to IP.11, IP Signature Sheet. Refer to Procedure No. I.C.1.PR.002b Subject: Planning and Support Team.
- At Family Respite Centers, an individual's planning process is documented on DDS Family Respite Center forms. (DDS Family Respite Center Procedure Attachments B, F, G, H, I and L)
- For individuals living in private ICF/MR homes, this indicator is to be rated Not Rated (NR) for the following service types: CLA4 (four or more individuals living in the home), DSO, GSE, SHE, SEI.
- Refer to DDS CLA Licensing Regulation: 17d
- D 57** The individual's plan is on file at the service location, available for support staff to implement. Yes
- The individual's current Individual Plan must be on file at the service location within 30 days of plan development. The individual's IP may be at a provider location for support persons' use when the individual has mobile support services or an own home/family setting.
- In the service types of DSO, GSE, SHE and SEI, if an individual lives in a private ICF/MR home, the plan used may be other than an Individual Plan. For example; IP short, IP transition, OPS, Person-centered Plan may be used.
- If the individual's plan is not available at the service location, and service provider can show documentation of their attempts to obtain this information from DDS, the indicator will be rated "Not Met, DDS Responsible".
- D 2** The Individual Plan is developed on a timely basis. Pending
- Refer to Policy No. I.C.1.PO.002 Subject: Individual Planning: [When a person is determined to be eligible for services of the department, and he or she is determined by PRAT to begin receiving services], "The person's assigned case manager will ensure that an initial individual plan will be developed within 60 days of the [case manager's] initial visit. A new individual plan will be developed within 60 days when an individual moves to a new residence."
- Refer to "A Guide to Individual Planning": Individual Planning Timeframe – At a minimum, Individual Plans will be developed for persons on the waiver annually. For HCBS waiver recipients, the plan must be reviewed within 365 days of the prior plan date.
- For CLAs only, per regulation: "The plan shall be developed no longer than 45 days from the time the individual is admitted. Time frames may be specified due to individual needs but not for the convenience of staff." "If an individual exceeds 30 days in respite status, the licensee shall conduct an IDT meeting within 10 working days following the expiration of the 30 day respite status to identify and implement priority health and habilitative needs."
- In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.
- In the service types of DSO, GSE, SHE and SEI, if an individual lives in a private ICF/MR home, the plan used may be other than an Individual Plan. For example; IP short, IP transition, OPS, Person-centered Plan may be used.
- Refer to DDS CLA Licensing Regulation: 17b, 17c, 17k

Report Filters:

Service: "GSE" Active Indicator? "Yes"

RFU?

i	D 43a	The plan is implemented on a timely basis.	<u>Pending</u>
		<p>The intent of this indicator is to determine if the provider has implemented the components of the IP they are responsible for in a timely manner. Time frames for implementation of the IP may be specified based on a person's specific needs, but not for the convenience of staff. If a goal has not been addressed, documentation as to why should be on file. All reviewers should review provider documentation including progress notes, data sheets, and in-service training records to determine if all of the services and supports were implemented in accord with the IP date.</p> <p>In the service types of DSO, GSE, SHE and SEI, if an individual lives in a private ICF/MR home, the plan used may be other than an Individual Plan. For example; IP short, IP transition, OPS, Person-centered Plan may be used.</p> <p>Refer to DDS Policy No. I.C.1.PR.002a: Refer to the IP Action Plan form for specific information on timelines for implementation of specific goals and strategies.</p> <p>Refer to CLA Licensing Regulations: 17b, 17c, 17i</p>	
r	D 11a	Demographic and personal information is maintained in the individual's record.	<u>Pending</u>
		<p>The IP Information Profile and other documented personal information are updated annually or when changes in the person's life occur. This information includes the individual's name, date of admission, date of birth, place of birth, social security number, department number, current family information, and personal characteristics including language, ethnicity, legal status and any other demographic information relevant to the individual.</p> <p>In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.</p> <p>Refer to DDS CLA Licensing Regulations: 16e, 16g, and 16i</p>	
i	D 3	Each HCBS Waiver service relates to an identified need in the Individual Plan.	<u>Pending</u>
		<p>Each HCBS Waiver service in IP.6: Summary of Supports and Services relates to an identified need in the IP.5: Action Plan or IP.2: Personal Profile.</p> <p>Refer to "A Guide to Individual Planning": The Summary of Supports and Services, IP.6, identifies the individual's support providers. The information documented in the plan should include the agency or individual who will provide support, the type of service or support and the amount of service or support. IP's that include waiver services should specify which waiver service(s) to be provided (ex. Personal Support, Group Supported Employment, Respite, Consultative Services). This Section should also include the type and frequency of contact the case manager will have with the person. For individuals who self-direct, the Summary of Supports and Services does not have to include specific costs associated with hiring staff such as workers compensation or background checks.</p> <p>In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.</p> <p>For consumers living in private ICF/MR homes, this indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SHE, SEI.</p>	
i	D 4	The individual's preferences and personal goals are identified in his or her plan.	<u>Pending</u>
		<p>Refer to IP.2, Personal Profile and IP.3, Future Vision. The individual's preferences can include relationships with family and friends, routines, community participation, ethnic, cultural, and religious identities, a vision for the future, etc.</p> <p>In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.</p> <p>For consumers living in private ICF/MR homes, this indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SHE, SEI.</p> <p>Refer to DDS CLA Licensing Regulation: 17f</p>	
i	D 13	The individual's plan indicates he or she is working on chosen goals.	<u>Pending</u>
		<p>The individual is working on one or more chosen goal(s) that reflect his or her interests and life circumstances.</p> <p>The individual's planning process includes the identification of personal goals, desired outcomes and personal preferences as reflected in IP.2: Personal Profile, IP.3: Future Vision, I.P. 5: Action Plan, IP.9: Individual's Participation in the Planning Process and IP.12: Periodic Review of Plan.</p> <p>In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.</p> <p>For consumers living in private ICF/MR homes, this indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SHE, and SEI.</p> <p>Refer to DDS CLA Licensing Regulation: 17d, and 17f</p> <p>This indicator will be considered "Met" when the individual's record notes that the individual is working on one or more chosen goals.</p>	

Report Filters:

Service: "GSE" Active Indicator? "Yes"

RFU?

D 17

The record indicates the individual is engaging in activities that reflect personal preferences.

No

Review the individual's documented personal preferences in his or her Individual Plan. Review documentation of preferred activities in which the individual participates.

Refer to DDS CLA Licensing Regulation: 17g

D 5a

The individual's record contains necessary and current health assessments, screenings, evaluations, reports and/or profiles.

Pending

Evidence found in IP.2: Personal Profile, IP.3: Future Vision, IP.4: Assessments, IP.5: Action Plan, and IP.6: Summary of Supports and Services. As part of the assessment review, the individual and his or her planning and support team shall complete and review the Level of Need (LON). If a significant need is identified in the LON it must be addressed in the IP.5 Action Plan. The individual's record, including assessments, shall include the status of current and needed healthcare.

Refer to "A Guide to Individual Planning", Individual Planning Sections "Review Recent Assessments, Screenings, Evaluations and Reports" and the Assessments section of the Individual Plan, IP.4, should list the current assessments, screenings, evaluations, and reports that are available or needed by the individual. Any assessments identified as needed must be referenced in the Action Plan, IP.5 and should be completed within three months. However, any issue or concern that poses an immediate risk must be addressed immediately.

Documentation must be available to show what type of support the nurse is providing. If a nurse is provided through a Healthcare agency, the individual must sign a release so that copies of the agency's documentation of services provided is available in the home.

Self-Administration of Medication Assessments: All individuals are required to have a baseline assessment on file. The RN must identify on at least an annual basis that the assessment remains current. An updated assessment shall be completed whenever there is a change in the individual's self-administration abilities.

For day services, this indicator refers to assessments, etc., relevant to the day service circumstances.

In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.

Refer to DDS CLA Licensing Regulation: 17e, 17k

17k states the OPS planning process shall be conducted annually based on an annual assessment of the individuals functioning skills.

For DDS Family Respite Centers, refer to the Guest Profile and other respite documents identified in DDS procedures. Refer to DDS Family Respite Center forms (attachments B, C and D- physician's orders).

D 5b

The individual's record contains necessary and current safety assessments, screenings, evaluations, reports and/or profiles.

Pending

Evidence found in IP.2: Personal Profile, IP.3: Future Vision, IP.4: Assessments, IP.5: Action Plan, and IP.6: Summary of Supports and Services. As part of the assessment review, the individual and his or her planning and support team shall complete and review the Level of Need (LON). If a significant need is identified in the LON it must be addressed in the IP.5 Action Plan.

Refer to "A Guide to Individual Planning", Individual Planning Sections "Review Recent Assessments, Screenings, Evaluations and Reports" and the Assessments section of the Individual Plan, IP.4, should list the current assessments, screenings, evaluations, and reports that are available or needed by the individual. Any assessments or reviews identified as needed must be referenced in the Action Plan, IP.5 and should be done within three months. However, any issue or concern that poses an immediate risk must be addressed immediately.

For Bed and side rail safety: Bed safety audits must be completed at least annually. Refer to DDS Health Bulletin #98-4 R Bed and Side Rail Safety (Rev. 10/2000).

Aquatic Activity Screening: Refer to DDS Policy I.PR.E.001 Water Safety

An individual's Bathing Guideline identifies the level of supervision needed and whether or not the individual can safely regulate water temperature. Refer to Safety Alert "Bathing and Personal care" issued 12/19/00, reissued 5/13/10.

Includes individualized training on procedures to educate the individual about abuse and neglect detection and prevention if appropriate.

For day services, this indicator refers to assessments, etc., relevant to the day service circumstances.

In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.

Refer to DDS CLA Licensing Regulation: 17e, 17k

17k states the OPS planning process shall be conducted annually based on an annual assessment of the individuals functioning skills.

For DDS Family Respite Centers, refer to the Guest Profile and other respite documents identified in DDS procedures. Refer to DDS Family Respite Center forms (attachments B, C and D- physician's orders).

Report Filters:

Service: "GSE" Active Indicator? "Yes"

RFU?

D 5c	The individual's record contains necessary and current programmatic assessments, screenings, evaluations, reports and/or profiles.	<u>Pending</u>
	<p>Evidence found in IP.2: Personal Profile, IP.3: Future Vision, IP.4: Assessments, IP.5: Action Plan, and IP.6: Summary of Supports and Services. As part of the assessment review, the individual and his or her planning and support team shall complete and review the Level of Need (LON). If a significant need is identified in the LON it must be addressed in the IP.5 Action Plan.</p> <p>Refer to "A Guide to Individual Planning", Individual Planning Sections "Review Recent Assessments, Screenings, Evaluations and Reports" and the Assessments section of the Individual Plan, IP.4, should list the current assessments, screenings, evaluations, and reports that are available or needed by the individual. Any assessments or reviews identified as needed must be referenced in the Action Plan, IP.5 and should be done within three months. However, any issue or concern that poses an immediate risk must be addressed immediately.</p> <p>The individual's plan shall consider the individual's need to participate in training for the detection and prevention of abuse and neglect, and to learn about economic supports (i.e. insurances, benefits, income).</p> <p>For DDS Family Respite Centers, refer to the Guest Profile and other respite documents identified in DDS procedures.</p> <p>For day services, this indicator refers to assessments, etc., relevant to the day service circumstances.</p> <p>In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.</p> <p>Refer to DDS CLA Licensing Regulation: 17e, 17k 17k states the OPS planning process shall be conducted annually based on an annual assessment of the individuals functioning skills.</p>	
D 9	The individual's plan identifies behavioral issues and strategies, as applicable.	<u>Pending</u>
	<p>Behavioral issues and strategies shall be identified in IP.2: Personal Profile, LON and IP.4: Assessments and IP.5: Action Plan. The IP shall specify in which settings/supports the strategies are to be utilized.</p> <p>In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.</p> <p>For consumers living in private ICF/MR homes, this indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SHE, SEI.</p> <p>Refer to DDS CLA Licensing Regulation: 17f</p>	
D 10	The individual's plan identifies any supports that require coordination across settings.	<u>Pending</u>
	<p>Refer to "A Guide to Individual Planning", Action Plan –IP.5. Settings include home, work and the community. Coordination of supports across settings may include specialized diets, medical concerns and adaptive equipment needs.</p> <p>For consumers living in private ICF/MR homes, this indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SHE, SEI.</p> <p>Refer to DDS CLA Licensing Regulation: 17f</p>	
D 12	There is evidence that, if necessary, the individual is supported to obtain a legal representative to manage his or her finances.	<u>No</u>
	<p>The need for a legal representative to manage the individual's finances may be identified in IP.5 Action Plan, IP.1 Information Profile, IP.2 Finances section and/or IP.9: Individual's Participation in the Planning Process. A legal representative may be a conservator.</p> <p>In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.</p> <p>For consumers living in private ICF/MR homes, this indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SHE, SEI.</p>	
D 16	The individual's choice of service options and support providers are reflected in his or her Individual Plan.	<u>Pending</u>
	<p>Refer to IP.6, Summary of Supports and Services. Refer to the IP.1, Information Profile to see that the individual was notified of service options and choices in the Notification and Reviews section.</p> <p>In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.</p> <p>For consumers living in private ICF/MR homes, this indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SHE, SEI.</p>	

Report Filters:

Service: "GSE" Active Indicator? "Yes"

RFU?

- D 19** The individual's record indicates the case manager shared information with the person and his or her representatives and was supported to choose his/her service options, providers and degree of self-direction and management, as desired. Pending
- Refer to IP.1 Information Profile, Notifications and Reviews Section.
- In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.
- For consumers living in private ICF/MR homes, this indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SHE, SEI.
- D 24** The Individual Plan identifies the supports the individual needs to manage his or her finances. Pending
- Refer to IP.2: Personal Profile Finances Section, IP.5 Action Plan for the individual's financial management supports.
- For consumers living in private ICF/MR homes, this indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SHE, SEI.
- D 42** The individual's record documents that applications/redeterminations for Medicaid Title 19 and other entitlements and benefits have been processed. Pending
- Refer to IP.1: Information Profile – Resource and Benefit information.
- D 43** Direct service providers maintain documentation of supports and services provided and progress made. Yes
- The intent of this indicator is to determine if the services are being delivered to the individual as identified in the IP and that the provider maintains documentation of services and supports provided and progress made. Providers should maintain documentation of specific plans to implement goals identified in the Individual Plan. This includes documentation of individual progress, data and/or anecdotal notes, as applicable.
- Review provider specific plans including teaching strategies, nursing plans of care, protocols and guidelines. If the person is not receiving the supports or services necessary, or if the individual is not making progress in his/her identified goals, the team should address the issue to ensure that the individual is receiving needed services.
- Attendance records may also be reviewed.
- Support providers who are hired directly by the person or family to provide support should document progress on specific personal outcomes and goals for which they are responsible.
- Refer to DDS CLA Licensing Regulation: 17h, 17j
- D 43b** After the IP development, providers obtain needed assessments, screenings evaluations reports and/or profiles and/or follow-up on recommendations. Pending
- The intent of this indicator is to determine if providers have obtained needed assessments, screenings, evaluations, and reports in a timely manner. Refer to IP.4 Assessments, Screenings, Reports, and Evaluations, and the IP.5 Action Plan to determine if these have been addressed within the timeframes specified in the IP.
- D 44** The individual's plan identifies health and safety issues and strategies. Pending
- Refer to the Level of Need (LON) and IP.4: Assessments, Screenings, Evaluations, and Reports. Areas identified shall be addressed in IP.2: Personal Profile or IP.5: Action Plan.
- In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.
- For consumers living in private ICF/MR homes, this indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SHE, SEI.
- Refer to DDS CLA Licensing Regulation: 17e
- D 33** The Individual Plan documents responsiveness to the individual's requests to make changes in supports and services or providers, if applicable. Pending
- The intent of this indicator is to ensure that there is documentation available to show that the individual's team and/or provider has responded to the individual's requests to make changes in supports, services or providers.
- Evidence exists in the Plan or Periodic Review that demonstrates that if the person requested a change there was a response to this request. For example, implementation of the portability process, changes in service type, or amount of support is documented.
- In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.
- For consumers living in private ICF/MR homes, this indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SHE, SEI.

Report Filters:

Service: "GSE" Active Indicator? "Yes"

RFU?

- D 36** The Individual Plan identifies additional qualifications and training required for staff to adequately support the person, if needed. Pending
- The intent of this indicator is to ensure that there is documentation in the individual's IP.7: Provider Qualifications and Training section regarding support person training, specific to the individual's needs that are related to the support service being reviewed.
- IP.7 should reference staff qualifications and training specific to the individual, which may include but is not limited to the individual's health needs, behavioral support plans, ambulation protocols, allergy protocols, adaptive equipment, positioning, dietary / dining guidelines, etc.
- In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.
- For consumers living in private ICF/MR homes, this indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SHE, SEI.
- D 48** For HCBS Waiver recipients, the Individual Plan HCBS Redetermination Form is complete and current. Pending
- The intent of this indicator is to ensure that the HCBS Re-determination Form (IP.10) is present in the DDS Case management record and completed on an annual basis. An original HCBS Re-determination form with actual Case Manager signature must be maintained in the Case Management record.
- Check to see if the individual is an HCBS Waiver recipient: CAMRIS; CDMMEN; status 1 field - if an individual is in the waiver, this field will display either "IFS" or "HCB". If the individual is in the waiver, in the individual's record look for: DDS Form 219 IFS or the IP.10 HCBS Re-determination form.
- If the individual is not on a waiver, rate as "N/A".
- D 15** Individual Progress Reviews identify that needed services and supports are received. Pending
- The intent of this indicator is to ensure that the service provider reviews and documents that the supports and services on the specific personal outcomes and actions for which they are responsible, as outlined in the Action Plan IP. 5 are being implemented.
- Service providers are required to submit a written six month Individual Progress Review to the Case Manager and other team members prior to the annual Plan and six months thereafter.
- Staff hired directly by the individual or family to provide self-directed supports will maintain ongoing documentation of the individual's progress on goals.
- Refer to Procedure No. I.C.1.PR.002b Subject: Planning and Support Team. On an ongoing basis, the planning and support team will discuss any significant changes in the individual's life that warrant a revision of the Individual Plan. The planning and support team will identify the nature and minimum frequency of Plan reviews and shall meet to review and update the Individual Plan at least annually. A formal review of the Individual Plan may be requested at any time by a planning and support team member. In cases where more frequent meetings or progress reports are required by other state or federal regulations, the more stringent requirements shall prevail.
- For consumers living in private ICF/MR homes, this indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SHE, SEI.
- Refer to DDS CLA Licensing Regulation: 17h, 17j
- D 18** Individual Progress Reviews reflect progress on personal outcomes identified in the individual's plan. No
- The intent of this indicator is to ensure that the service provider reviews and documents progress on the specific personal outcomes and actions for which they are responsible, as outlined in the action steps IP. 5.
- The provider should have documentation that a review has been made based on written, measurable, goals as identified in the Action Plan IP.5.
- This indicator will be considered "Met" when the individual's record indicates that there is documentation that the provider has reviewed one or more personal outcomes noted in Action Plan IP.5 that the provider is responsible for.
- In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.
- For consumers living in private ICF/MR homes, this indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SHE, SEI.
- Refer to "A Guide to Individual Planning".
- Refer to DDS CLA Licensing Regulation: 17h

Report Filters:

Service: "GSE" Active Indicator? "Yes"

RFU?

- D 20** The Individual Plan is modified based on changes in the individual's life goals or circumstances and preferences. Pending
- The intent of this indicator is to ensure that there is documentation to show that the individual's Plan has been modified to reflect changes in the individual's life goals, circumstances or preferences.
- Refer to the individual's current IP, Individual Progress Reviews of the Plan.
- Refer to Procedure No. I.C.1.PR.002b Subject: Planning and Support Team. On an ongoing basis, the planning and support team will discuss any significant changes in the individual's life that warrant a revision of the Individual Plan. A formal review of the individual plan may be requested at any time by a planning and support team member. Substantial changes in the person's Individual Plan require formal agreement and documentation by the planning and support team. Revisions to the Individual Plan shall be documented on the plan or the Individual Progress Review.
- Rate "N/A" if no major/significant life changes have occurred.
- In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.
- For consumers living in private ICF/MR homes, this indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SHE, SEI.
- Refer to "A Guide to Individual Planning"
- Refer to DDS CLA Licensing Regulation: 17h
- D 21** The Individual Plan or Individual Progress reviews document the individual's satisfaction with supports and services. Pending
- The intent of this indicator is to ensure that there is documentation available regarding the individual's satisfaction with supports and services.
- In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.
- For consumers living in private ICF/MR homes, this indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SHE, SEI.
- D 23** The individual's record contains necessary notifications. Pending
- The intent of this indicator is to ensure that there is documentation available to show that the individual and his or her representatives have been properly notified as required.
- Notifications should include all those listed in IP. 1: Information Profile, Notifications and Reviews Section.
- In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.
- Refer to DDS CLA Licensing Regulation: 15a1
- D 26** The individual's record contains necessary Human Rights Committee (HRC), Program Review Committee (PRC), and consent documents, as applicable. Pending
- The intent of this indicator is to ensure that there are applicable HRC, PRC and consents available in the individual's record as required.
- Consents include those addressed during annual planning by the Case Manager. Consents include, as applicable (but not limited to): use of behavior modifying medication, use of restrictive programs and/or procedures, administration of medication, routine medical treatment, emergency medical treatment, medication disposal, photo release, release of confidential information and consent for pre-sedation for medical and dental procedures (as needed). There is evidence that the individual or his or her guardian controls access to personal information.
- Initial consent is required for routine medical treatment and additional consent is required for non-routine invasive procedures, as needed.
- If applicable, documentation of PRC and HRC reviews are on file, including documentation of follow-up to qualifications.
- Refer to P&P I.E.PO.003 subject: Behavior Modifying Medications
I.E.PR.003 subject: Behavior Modifying Medications (Attachment A) & See D1B, D2C&D
I.E.PO.004 subject: Program Review Committee
I.E. PR. 004 subject: Program Review Committee
I.E. PR. 006 subject: Pre-Sedation for Medical/Dental Procedures
- In a family setting (FAM), review the Case Management file only when there is not an agency providing the FAM supports. When an agency is providing the FAM supports, review the agency's records for the individual.
- Note: PRC does NOT review psychotropic medications for individuals living with their families. PRC policy does apply if staff use restrictive programs with individuals living in their family homes.
- Refer to DDS CLA Licensing Regulation: 15a1, 15b1, 15b2, 15b3B, 18a2A, 18a2B, 18a2C, 18a2D

Report Filters:

Service: "GSE" Active Indicator? "Yes"

RFU?

i	<p>D 27 The individual's record identifies that required procedures were followed if his or her rights were restricted.</p> <p>The intent of this indicator is to ensure that there is documentation available showing that required procedures were followed if the individual's rights were restricted.</p> <p>Refer to documents such as the Individual Plan, Behavioral Support Plan or DDS Incident Reports (DDS 255) to discover if the individual's rights have been restricted.</p> <p>Refer to relevant Policies and Procedures (e.g., restraint and/or aversive program methods). Restrictions may include buzzers installed on doors to restrict movement, and physical restraint or aversive program methods. Check for approval by PRC and/or HRC. Procedures are followed as designed and associated documentation is complete.</p> <p>In a family setting (FAM), review the Case Management file only when there is not an agency providing the FAM supports. When an agency is providing the FAM supports, review the agency's records for the individual.</p> <p>Refer to DDS Procedure I.E.PR.002 - Behavior Support Plans</p> <p>Refer to DDS CLA Licensing Regulation: 15a, 15b1, 15a4</p>	<p><u>Pending</u></p>
i	<p>D 27d Approved behavioral techniques are used when an emergency restraint occurs.</p> <p>The intent of this indicator is to ensure that approved behavioral techniques are used when an emergency restraint occurs and proper documentation of the emergency restraint is available.</p> <p>Review records, including staff notes, the behavioral support plan, behavior data, DDS 255s to see if unapproved behavioral techniques or unauthorized restraint has been documented as having been used for the individual. Documentation of approved behavioral techniques includes proper notification of the use of emergency restraint, appropriate team notification and review of restraint, as required.</p> <p>Refer to list of DDS approved curriculum of restraints, PR.009 attachment I.</p> <p>Refer to DDS Procedure I.E.PR.002 - Behavior Support Plans</p> <p>Refer to DDS CLA Licensing Regulation: 15b1, 15b5</p>	<p><u>Yes</u></p>
i	<p>D 58 The individual has been informed of the complaint procedure to follow if he or she is not satisfied with his or her services and supports.</p> <p>The intent of this indicator is to ensure that there is documentation available to show that the individual and his or her representatives have been informed of the complaint procedure to follow if he or she is not satisfied with the services and supports being reviewed.</p> <p>Refer to agency policy and see if there is a documented complaint process. Documentation may include but is not limited to: consumer handbook, resident rights, agency policy, etc.</p> <p>Verify that the individual and/or guardian have signed an acknowledgement of the agency's grievance procedure.</p> <p>In a family setting (FAM), review the Case Management file only when there is not an agency providing the FAM supports. When an agency is providing the FAM supports, review the agency's records for the individual.</p>	<p><u>Pending</u></p>
i	<p>D 39 The individual's record contains documentation on DDS Form 255's for incidents of injury, restraint, unusual incidents and medication errors.</p> <p>The intent of this indicator is to determine that the provider is maintaining a copy of DDS 255's & 255m's at the service location. Review the individual's file to see if the DDS 255's & 255m's are on file for incidents involving injuries, unusual incidents, hospitalizations including ER & Walk-in visits, use of restraint and medication errors.</p> <p>Refer to DDS Procedure I.D.PR.009 Incident Reporting. This procedure delineates a standard process for reporting, documentation and follow-up.</p> <p>For Individuals who live in Own/Family Home and receive DDS funded services, refer to I.D.PR.009a.</p> <p>In a family setting (FAM), review the Case Management file only when there is not an agency providing the FAM supports. Documentation may be found in the family home for people who hire their own staff. The reviewer should ask the individual or personal representative if there is any documentation kept in these areas. Otherwise, documentation will be maintained in the case management record and with the FI record. When an agency is providing the FAM supports, review the agency's records for the individual.</p> <p>Refer to DDS CLA Licensing Regulation: 15a4B, 15a4D, 16a, 16b, 16c</p>	<p><u>Pending</u></p>

Report Filters:

Service: "GSE" Active Indicator? "Yes"

RFU?

D 40	<p>Individual's incidents and accidents are reported, investigated and followed-up as appropriate.</p> <p>The intent of this indicator is to determine if the provider is routinely reporting all incidents and accidents using the DDS 255 Incident Report Forms and Critical Incident Follow-Up Form as necessary.</p> <p>Verify that Follow-up is complete for all incidents and accidents that warrant follow up (e.g., follow-up may be by a nurse, team, clinician or other professional).</p> <p>Discovery of accidents and incidents may occur in the course of reviewing documentation in general. For example, a provider log or nursing progress notes may indicate an occurrence of an incident or accident. If so, look for related incident and accident reports completed by the provider.</p> <p>Refer to DDS Procedure I.D.PR.009 Incident Reporting. This procedure delineates a standard process for reporting, documentation and follow-up.</p> <p>For Individuals who live in Own/Family Home and receive DDS funded services, refer to I.D.PR.009a.</p> <p>In a family setting (FAM), review the Case Management file only when there is not an agency providing the FAM supports. Documentation may be found in the family home for people who hire their own staff. The reviewer should ask the individual or personal representative if there is any documentation kept in these areas. Otherwise, documentation will be maintained in the case management record and with the FI record. When an agency is providing the FAM supports, review the agency's records for the individual.</p> <p>Refer to DDS CLA Licensing Regulation: 15a4B, and 15a4D</p>	<p><u>Pending</u></p>
D 54	<p>The individual has not experienced abuse or neglect.</p> <p>The intent of this indicator is to determine if the individual has experienced substantiated abuse and/or neglect involving the service being reviewed.</p> <p>The reviewer shall reference eCamris prior to the review to identify reports of abuse or neglect.</p> <p>At the time of the review, the reviewer shall ask the provider to identify reports of abuse or neglect.</p> <p>Rate "Not Met" if the individual has experienced substantiated abuse or neglect during the review period.</p> <p>Rate "Not Rated" if an investigation is pending.</p> <p>This indicator shall not be rated "N/A".</p> <p>In a family setting (FAM), review the Case Management file only when there is not an agency providing the FAM supports. When an agency is providing the FAM supports, review the agency's records for the individual.</p> <p>Refer to DDS CLA Licensing Regulation: 15a4a, 15a4C</p> <p>Refer to DDS Policy and Procedure: I.F. PO.001: Abuse and Neglect I.F. PR.001: Abuse and Neglect, Allegations: Reporting and Intake Processes I.F. PR.003: Abuse and Neglect, Investigation: Assignment, Tracking, Review, Completion I.F. PO.004: Abuse and Neglect: Recommendations and Prevention Activities</p>	<p><u>Pending</u></p>

Report Filters:

Service: "GSE" Active Indicator? "Yes"

RFU?

D 45

The individual's record shows Abuse and Neglect policy and procedures were followed.

Yes

The intent of this indicator is to verify that policies and procedures were followed if there was a report of abuse or neglect.

Refer to DDS Policy and Procedure I.F.PO.001, Abuse and Neglect.

The individual's record verifies that all allegations of abuse or neglect were made within required time frames ("report, or cause a report to be made to Office of Protection and Advocacy [OPA] as soon as is practically possible upon noticing or learning of the suspected abuse or neglect"/DMR OPA Interagency Agreement) and to appropriate agencies: OPA if the individual is between 18-59 years of age; Department of Children and Families (DCF) if the individual is under 18 years of age; Department of Social Services (DSS) if the individual is 60 years of age or over; and Department of Public Health (DPH) if a medical facility or provider is licensed by the DPH.

Documentation verifies an investigation was completed, with a subsequent determination. If abuse or neglect was substantiated, and recommendations were a result of that determination, documentation verifies implementation of the recommendations. If recommendation(s) were not implemented, documentation reflects rationale for no implementation.

If the individual is between 18-59 years of age, Protective Services, or Immediate Protective Services, may be warranted and imposed by the OPA. Protective Services are actions intended to prevent abuse or neglect, and include, but are not limited to: the provision of medical care for physical and mental health needs; the provision of support services in the facility (if applicable), including the time limited placement of department staff in such facility; the relocation of a person with mental retardation to a facility able to offer such care; assistance in personal hygiene; food; clothing; adequately heated and ventilated shelter; protection from health and safety hazards; protection from maltreatment, the result of which includes, but is not limited to, malnutrition, deprivation of necessities or physical punishment; and transportation necessary to secure any of the above-stated services. Documentation verifies the development and submission to the OPA of a Protective Service Plan within fifteen calendar days from receipt of the investigation report. The commencement of Immediate Protective Services shall occur prior to receipt of the completed investigation report.

Subsequent to the initial provision of protective services, the individual's record contains evidence of review of the plan, including meeting with the individual at least once every six months, to determine whether continuation or modification of the services is warranted. The review of the protective service plan also verifies implementation across all applicable settings.

In a family setting (FAM), review the Case Management file only when there is not an agency providing the FAM supports. When an agency is providing the FAM supports, review the agency's records for the individual.

Refer to DDS CLA Licensing Regulation: 15a4A, 15a4C, 15a4D

D 46

The individual's record shows follow-up to Abuse and Neglect concerns regarding the individual, including notification to families.

Pending

The intent of this indicator is to verify that there is documentation detailing follow-up to abuse and neglect concerns, including notification to families and guardians.

Refer to DDS Procedure I.F.PR.002, Abuse and Neglect/Notification.

If the individual is between 18-59 years of age, Protective Services, or Immediate Protective Services, may be warranted and imposed by the OPA. Protective Services are actions intended to prevent abuse or neglect, and include, but are not limited to: the provision of medical care for physical and mental health needs; the provision of support services in the facility (if applicable), including the time limited placement of department staff in such facility; the relocation of a person with mental retardation to a facility able to offer such care; assistance in personal hygiene; food; clothing; adequately heated and ventilated shelter; protection from health and safety hazards; protection from maltreatment, the result of which includes, but is not limited to, malnutrition, deprivation of necessities or physical punishment; and transportation necessary to secure any of the above-stated services. Documentation verifies the development and submission to the OPA of a Protective Service Plan within fifteen calendar days from receipt of the investigation report. The commencement of Immediate Protective Services shall occur prior to receipt of the completed investigation report.

Subsequent to the initial provision of protective services, the individual's record contains evidence of review of the plan, including meeting with the individual at least once every six months, to determine whether continuation or modification of the services is warranted. The review of the protective service plan also verifies implementation across all applicable settings.

In a family setting (FAM), review the Case Management file only when there is not an agency providing the FAM supports. When an agency is providing the FAM supports, review the agency's records for the individual.

Refer to DDS CLA Licensing Regulation: 15a4A, 15a4C, 15a4D

Report Filters:

Service: "GSE" Active Indicator? "Yes"

RFU?

- D 7b** Support providers carry out all health related orders as determined by health care professionals. Pending
- Documentation shall reflect that the individual's support team and health care provider(s) have considered and implemented all health related orders and recommendations. This applies to medical treatment, special dietary requirements, occupational therapy, physical therapy, and other therapeutic services.
- Refer to IP.4 – Assessments, Screenings, Evaluations and Reports. Refer to DDS Health Standard #09-1, Routine Preventative Health Care and Attachment A, Minimum Preventative Care Guidelines.
- For review purposes, D7b does not apply to medication administration or dental orders.
- In a family setting (FAM), documentation may be found in the family home for people who hire their own staff. The reviewer should ask the individual or personal representative if there have been any medical visits and if there is any documentation kept in these areas e.g. calendar. The reviewer should rate "met" when the family reports that they have had a medical appointment even if documentation is not available. Families often do not keep documentation of visits and do not send all information to their Case Manager; otherwise, documentation will be maintained in the case management record.
- When an agency is providing the FAM supports, review the agency's records for the individual.
- Refer to DDS CLA Licensing Regulation: 18a3A, 18a4B, 18c2
- D 6** There is evidence that the individual has the needed support to manage his or her medication. Pending
- Documentation shall identify the support the individual requires to manage his or her medications. Depending upon the individual's assessed need, the support of medication management can be part of a daily routine or an individual teaching plan.
- Refer to physician's orders, medication administration record (MAR), Self-Administration of Medication Assessment and IP as applicable.
- Self-Administration of Medication Assessments: All individuals are required to have a baseline assessment on file. The RN must identify on at least an annual basis that the assessment remains current. An updated assessment shall be completed whenever there is a change in the individual's self-administration abilities.
- D 27c** Behavior modifying medications are managed consistent with the physician's treatment plan. Pending
- Review the physician's treatment plan and related documentation for consistent implementation (e.g., how often blood work is done, how often TD screens are completed, other treatment directives, monitoring of side effects). Compare physician's orders with the individual's treatment plans.
- Verify that TD screenings and blood work are completed as recommended, psychiatrist appointments are attended as designated, medications are reviewed and changes are documented and current, the medication administration record (MAR) is checked for behavior medication administration and the monitoring of side effects, and behavior support plans are consistent with the physician's treatment plan.
- In DSO, GSE, SHE: Check the physician's orders and medication administration record (MAR) for behavior medication administration. Related documentation that is not the responsibility of the day service provider (bloodwork, TD screens, etc.) may not be required to be in the record.
- Refer to DDS CLA Licensing Regulation: 15b2, 18a1
- D 32** The individual's record documents monitoring of medications and side effects. Pending
- The intent of this indicator is to determine if the individual's record documents that provider licensed personnel are monitoring the individual's medications and side effects. Check the individual's medication administration record (MAR) to ensure that his or her medications are administered as prescribed.
- If the Self-Medication Administration Assessment identifies the individual is independent in self-administering medication and receives nursing oversight, the individual's progress reviews shall identify that a registered nurse monitors the administration of medication, including any adverse side effects. For self-administering individual's who live in their own home with no nursing support, rate "N/A".
- Refer to DDS CLA Licensing Regulation: 18a1

Report Filters:

Service: "GSE" Active Indicator? "Yes"

RFU?

i **D 29**

The individual's personal finances are protected through systematic record keeping.

Pending

The intent of this indicator is to ensure that individual's personal monies are maintained and accounted for.

Refer to provider policies and procedures for management of client funds. Refer to DDS Procedures for Handling Client Monies. Refer to IP.1 and IP Personal Profile, to determine the individual's capability in managing his/her finances and the level of assistance needed. Ensure that individual is receiving earned and unearned income (DSS personal needs allowance).

Refer to I.F.ADV.001, The Use of Client's Personal Funds for Transportation to and from or while at a DDS Funded Day Program; I.F. ADV.003, The Use of Client's Personal Funds for Donations to Their Support Provider; and I.F. ADV. 004, Use of Consumer Funds to Procure Prescription and Nonprescription Medications and Outpatient Services

In OHSL, CRS, CLA, CTH and RC, this refers to the individual's personal finances at home as well as bank accounts (checking accounts, savings accounts, etc). Review cash on hand balance sheets, cash on hand, check registers, checking account statements, saving statements, paystubs, bills and receipts. Ensure adequate documentation of all income and expenses. Ensure that expenses benefit the personal needs of the individual.

In DSO, GSE and SHE, this applies to funds maintained at the program site. Review balance sheets and cash on hand.

In RES, refer to DDS Family Respite Center form, Attachment J, Personal Spending Sheet.

If the IP clearly states that the individual or family is responsible for managing the individual's finances and the provider is not responsible, rate "N/A".

Refer to DDS CLA Licensing Regulation: 19a1, 19a3

' **D 47**

There is evidence that emergency plans as required by policy and procedures are in place.

Pending

The emergency plan addresses the supports each individual requires to evacuate safely (e.g., independently evacuates, needs verbal or physical assistance), identifies individuals' ambulation capability and level of supervision needed, medical needs, the support person/staff levels and responsibilities, and any physical environment or fire safety accommodations (fire doors, sprinklers, egress doors, smoke detectors, fire extinguishers, etc.).

Refer to DDS Fire Safety and Emergency Guidelines.

Refer to DDS CLA Licensing Regulation: 12a

Report Filters:

Service: "GSE" Active Indicator? "Yes"

RFU?

D 35

Support person training regarding the individual's health, safety, and plan is documented.

Pending

The intent of this indicator is to determine if the support person interviewed for the review is trained in all areas necessary to support the individual. Refer to the individual's IP to determine training needs including additional training/qualifications identified in IP-7. There is documentation that the support person is trained within 30 days of hire and prior to working alone regarding the individual's health, safety and programmatic support needs including the IP, LON and DDS Aquatic Safety Screening. This may include training on the individual's behavior support plan, dietary needs, OT/PT protocols, nurse delegated tasks, etc. Individual-specific training will occur at least annually and whenever there are changes in the individual's health, safety and plan.

Additionally, in all services in which there is a public or private provider agency delivering services, there is documentation that the support person is trained in the following areas:

Within 30 days of hire and prior to working alone: DDS Safety Alerts.

Training will occur on an ongoing basis as new DDS Safety Alerts are issued.

Within 30 days of hire, prior to working alone and, annually thereafter:

Blood borne Pathogens

Water Safety Policy and Procedure

Emergency Procedures including the Red Book/Emergency Relocation Plan

Fire Safety

Within 30 days of hire, prior to working alone, and every two years thereafter:

Provider Policies and Procedures

Dysphagia

Communicable Disease Control

Hazardous Materials Handling

Signs and Symptoms of Disease and Illness

Basic Health and Behavioral Needs

Within 30 days of hire, prior to working alone, and at a frequency determined by the provider:

HIPPA and confidentiality

Within six months of hire and every two years thereafter:

Individual Program Planning Process

First Aid (note: Where certification exceeds this timeframe, for example Red Cross, this shall be considered met.)

Behavioral Emergency Techniques (note: the retraining requirements of the DDS-approved curriculum must be implemented to be considered met, for example PMT).

Additionally, in CLAs:

Within 30 days of hire and prior to working alone, and every two years thereafter:

Routines of the residence

Refer to provider staff development policies and procedures to determine if any additional provider-mandated training is completed as required.

Refer to:

DDS Policy II-D-PO-5, "Staff Training"

DDS Procedure I.P.R.E.001, "Water Safety Procedure"

CLA Licensing regulation, 17a-227-14

DDS Health Standard 07-01, "Dysphagia"

DDS Safety Alerts

DDS "Fire Safety Prevention, Safety Training and Awareness"

Department of Labor (OSHA) Standard

D 37

There is documentation that at least one support staff on duty per shift is currently trained in cardiopulmonary resuscitation (CPR).

Yes

The intent of this indicator is to determine if there is one support person per shift currently trained in CPR. Refer to the weekly support person schedule and sample the shift prior to the review, the shift on which the review is conducted and the shift after the review (for a total 24 hour period). Then, refer to CPR training documentation to ensure that at least one support person per shift is currently CPR trained.

Activity schedules should take into account the availability of CPR certified support staff both at the service location and in the community including transportation.

Refer to DDS CLA Licensing Regulation: 14d

Report Filters:

Service: "GSE" Active Indicator? "Yes"

RFU?

D 38	<p>There is documentation that only licensed personnel or certified unlicensed personnel administer medications to the individual.</p> <p>Certified unlicensed personnel may administer medications in any facility in which fifteen or fewer individuals reside, during recreational activities outside the facility, or at a day program location. The intent of this indicator is to determine that only licensed or certified unlicensed personnel have administered medications.</p> <p>A list of support personnel certified to administer medications and copies of medication cards should be on file. Verify that the documentation shows that the support persons on duty have valid medication certification. Sample one month of the medication administration record (MAR) for the initials of support persons who have administered medication. Documentation must reflect that unlicensed support persons who administered medication are currently certified to administer medication. You may also ask the support person to show his or her medication card. Personnel not on the certification list, or support persons without medication cards should not be administering medication and initialing the medication administration record (MAR).</p> <p>Determine that certified unlicensed personnel comply with all training requirements as specified in DDS Medical Advisory #99-3. There is evidence that support persons have completed competency based training requirements which are a prerequisite to medication certification (e.g., New Employee Training [NET] Part 1 and NET Part 2 or an equivalent training program), and have had this task delegated by the supervising RN, as evidenced by current Checklists A and B. Review documentation of annual medication administration observation by RN (Checklist B).</p> <p>Check for a copy of nurses' licenses on file.</p> <p>If the individual self-medicates, rate "N/A".</p> <p>Refer to DDS CLA Licensing Regulation: 18a1</p>	<p><u>Yes</u></p>
D 55	<p>The support person has documented training regarding individual rights.</p> <p>The intent of this indicator is to determine that the support person who is interviewed for this review has documentation of training in human rights. Refer to provider policies and procedures regarding the frequency of this training.</p> <p>In a family setting (FAM), when there is not an agency providing the FAM supports, review the Fiscal Intermediary record. When an agency is providing the FAM supports, review the agency's records.</p>	<p><u>Pending</u></p>
D 56	<p>The support person has documented training regarding abuse and neglect reporting and prevention.</p> <p>Review the training record of the support person interviewed for this QSR to determine that annual Abuse and Neglect reporting and prevention is documented.</p> <p>Refer to DDS Policy and Procedure: I.F. PO.001: Abuse and Neglect I.F. PR.001: Abuse and Neglect, Allegations: Reporting and Intake Processes I.F. PO.004: Abuse and Neglect: Recommendations and Prevention Activities</p> <p>In a family setting (FAM), when there is not an agency providing the FAM supports, review the Fiscal Intermediary record. When an agency is providing the FAM supports, review the agency's records.</p> <p>Refer to DDS CLA Licensing Regulation: 14c3</p>	<p><u>Pending</u></p>