

**JOINT MONITORING QUESTIONNAIRE**

**SECTION 1: DEMOGRAPHICS/OBSERVATION**

1. a. Individual's Name:
  - b. Class Member:  Yes  No
  - c. Waiver:  Yes  No
2. Residential Provider:
3. Address:
4. Telephone Number:
5. Type of Residence:
6. Day Provider / Employment:
7. Day Activity Type:
8. Age Range:  
 21-30  31-40  41-50  51-60  61-70  71-80  81-90  91+
9. Gender:  Male  Female
10. Mobility Status:  
 Ambulatory without support  Uses wheelchair  
 Ambulatory with support  Confined to bed
11. Service Coordinator:
12. Attorney:
13. QMRP / House Manager:
14. Guardian:
15. Family:
16. QT Advocate:
17. Court Advocate:
18. Primary Physician:

**19. Dentist:**

**20. Brief Description / Observations:**

Reviewer's Name / Title: \_\_\_\_\_

Date(s) of Review: \_\_\_\_\_

**JOINT MONITORING QUESTIONNAIRE**  
**SECTION 2: INDIVIDUAL INTERVIEW**

21	<p>What method of communication does the person utilize?</p> <p>Language Spoken:_____</p> <p><input type="checkbox"/> Spoken Language, Fully Articulates Without Assistance  <input type="checkbox"/> Limited Spoken Language, Needs Some Staff Support  <input type="checkbox"/> Communication Device  <input type="checkbox"/> Gestures  <input type="checkbox"/> Vocalizations  <input type="checkbox"/> Facial Expressions  <input type="checkbox"/> Other (please specify)_____</p>			
22	<p>Does the person require staff support to answer interview questions?</p> <p>If yes, list name and title of staff:_____</p> <p>How many years of experience in the field does staff have?  <input type="checkbox"/> Less than 1 year  <input type="checkbox"/> 1-2 years  <input type="checkbox"/> 3-4 years  <input type="checkbox"/> 5+ years  <input type="checkbox"/> Other (please specify) _____</p> <p>How many years has staff worked with / known this person?  <input type="checkbox"/> Less than 1 year  <input type="checkbox"/> 1-2 years  <input type="checkbox"/> 3-4 years  <input type="checkbox"/> 5+ years  <input type="checkbox"/> Other (please specify) _____</p>	Yes	No	
23	<p>Does the person choose to proceed with interview questions?  Comment:</p>	Yes	No	CND
24	Do you feel well?	Yes	No	CND
25	Has your Service Coordinator visited you this year? *	Yes	No	CND
26	Did you attend your last ISP meeting? *	Yes	No	CND
27	Did you express any concerns at your last ISP meeting? *	Yes	No	CND
28	If yes, were your concerns addressed? *	Yes	No	CND
29	Do you have family involvement?	Yes	No	CND
30	Do you have relationships with people not paid to be in your life?	Yes	No	CND
31	Do you have friends without disabilities?	Yes	No	CND

32	Did you invite family or friends to your ISP meeting? *	Yes	No	CND
33	Did you choose where you live?	Yes	No	CND
34	Do you like your home?	Yes	No	CND
35	Would you rather live somewhere else? If yes, where: _____	Yes	No	CND
36	Is your home located near community resources (i.e. shopping, recreational sites, churches, etc?) *	Yes	No	CND
37	Did you choose your housemate(s)? (if applicable)	Yes	No	CND
38	Would you rather live with someone else? If yes, with whom: _____	Yes	No	CND
39	Do you have your own bedroom?	Yes	No	CND
40	Do you have privacy in your home if you want it?	Yes	No	CND
41	Do you have a key to your home?	Yes	No	CND
42	Have you met your neighbors?	Yes	No	CND
43	Do you have any personal goals?	Yes	No	CND
44	Do you choose your weekend activities? *	Yes	No	CND
45	Within the last quarter, have you participated in community outings on a consistent weekly basis? *	Yes	No	CND
46	Do you go out <u>primarily</u> with your housemates as a group? (if applicable) *	Yes	No	CND
47	Do you have access to public transportation?	Yes	No	CND
48	Do you use/take public transportation?	Yes	No	CND
49	Do you have the opportunity to attend a church / synagogue / mosque or other religious activity of your choice? *	Yes	No	CND
50	Do you belong to any community clubs or organizations? * If yes, specify: _____	Yes	No	CND
51	Are you registered to vote?	Yes	No	CND
52	If no, would you like to register to vote?	Yes	No	CND

53	Do you participate in grocery shopping?	Yes	No	CND
54	Do you participate in opening your mail? *	Yes	No	CND
55	Do you participate in buying your clothes? *	Yes	No	CND
56	Do you participate in your banking? *	Yes	No	CND
57	Do you answer the doorbell when it rings? (Waiver only) * (Check here if N/A) _____	Yes	No	CND
58	Do you answer the phone when it rings? (Waiver only) * (Check here if N/A) _____	Yes	No	CND
59	Did you choose your job or day program?	Yes	No	CND
60	Would you rather do something different during the day? If yes, what? _____	Yes	No	CND
61	Is there something else you'd like to tell me about yourself and what is important to you?	Yes	No	CND

Reviewer's Name / Title: \_\_\_\_\_

Date(s) of Review: \_\_\_\_\_



71	Does the individual require:  a. Adaptive equipment?  b. Assistive technology?  If Yes, list:  _____  _____  _____  _____	Yes	No	NA	CND
		Yes	No	NA	CND
72	a. Is the equipment available?  b. Is the technology available?	Yes	No	NA	CND
		Yes	No	NA	CND
73	a. Is the equipment/technology in good repair and functioning appropriately?  If NO, list any equipment in need of repair:  _____  _____	Yes	No	NA	CND
	b. Has the equipment been in need of repair more than sixty days?	Yes	No	NA	CND
74	Is staff knowledgeable and able to assist the individual to use the equipment/technology?	Yes	No	NA	CND
75	Is staff assisting the individual to use the equipment as prescribed?	Yes	No	NA	CND
76	Does the individual's ISP include an IFP?	Yes	No	NA	CND
77	Does the organization provide periodic financial statements to the individual?	Yes	No	NA	CND
78	Is the IFP based on the individual's preferences?	Yes	No	NA	CND

79	Does the individual have an interest-bearing account?	Yes	No	NA	CND
80	Is the individual receiving their personal needs allowance? (\$70 for ICF and \$100 for Waiver, if eligible)	Yes	No	NA	CND
81	Is the individual receiving the services identified in the ISP?  Services: a. Residential ----- b. Medical ----- c. Dental ----- d. Health ----- e. Day/Employment ----- f. Recreation ----- g. Mental Health ----- h. Is the individual refusing any of the above services? i. If yes, is the team addressing this issue?  <b>Note:</b> If the individual is refusing a service, this should be noted on the issues page. _____ _____ _____ _____	Yes	No	NA	CND
82	Does the ISP reflect specific staffing levels for support of this individual?	Yes	No	NA	CND
83	If yes, were those staffing levels in place during the review?	Yes	No	NA	CND
84	If a 1:1 was approved, is that staff person present and on duty?	Yes	No	NA	CND
85	Is the 1:1 working with the individual as detailed in the Behavior Support Plan or ISP regarding the level of supervision?	Yes	No	NA	CND
86	Is there evidence the staff has been trained on the goals and objectives of the individual's ISP?	Yes	No	NA	CND
87	Is residential staff able to describe the individual's likes and dislikes?	Yes	No	NA	CND

88	Is residential staff able to describe the individual's strengths and weaknesses?	Yes	No	NA	CND
89	Is residential staff able to describe the individual's health related needs and their role in ensuring that the needs are met?	Yes	No	NA	CND

Reviewer's Name / Title: \_\_\_\_\_

Date(s) of Review: \_\_\_\_\_

**JOINT MONITORING QUESTIONNAIRE**  
**SECTION 4: ENVIRONMENT**

Sources of information: \_\_\_\_\_

90	<p>Is the individual's residence clean?</p> <p>If No, check concerns:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Stained Carpet</td> <td style="width: 50%;"><input type="checkbox"/> Walls require paint</td> </tr> <tr> <td><input type="checkbox"/> Exterior house concerns</td> <td><input type="checkbox"/> Dirty appliances</td> </tr> <tr> <td><input type="checkbox"/> Torn furniture</td> <td><input type="checkbox"/> Walls dirty</td> </tr> <tr> <td><input type="checkbox"/> Torn carpet</td> <td><input type="checkbox"/> Smell of urine/foul odor</td> </tr> <tr> <td><input type="checkbox"/> Torn/stained bedding</td> <td><input type="checkbox"/> Dirty flooring</td> </tr> <tr> <td><input type="checkbox"/> Dirty toilet</td> <td><input type="checkbox"/> Other (describe):</td> </tr> </table>	<input type="checkbox"/> Stained Carpet	<input type="checkbox"/> Walls require paint	<input type="checkbox"/> Exterior house concerns	<input type="checkbox"/> Dirty appliances	<input type="checkbox"/> Torn furniture	<input type="checkbox"/> Walls dirty	<input type="checkbox"/> Torn carpet	<input type="checkbox"/> Smell of urine/foul odor	<input type="checkbox"/> Torn/stained bedding	<input type="checkbox"/> Dirty flooring	<input type="checkbox"/> Dirty toilet	<input type="checkbox"/> Other (describe):	Yes	No	CND
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<input type="checkbox"/> Torn/stained bedding	<input type="checkbox"/> Dirty flooring															
<input type="checkbox"/> Dirty toilet	<input type="checkbox"/> Other (describe):															
91	<p>Are food and supplies adequate?</p> <p>If no, check concerns:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Under 3 day supply</td> <td style="width: 50%;"><input type="checkbox"/> No Soap</td> </tr> <tr> <td><input type="checkbox"/> Recommended foods not available</td> <td><input type="checkbox"/> No paper towels</td> </tr> <tr> <td><input type="checkbox"/> No toilet paper in bathroom</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Food is spoiled/contaminated</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other (describe):</td> <td></td> </tr> </table>	<input type="checkbox"/> Under 3 day supply	<input type="checkbox"/> No Soap	<input type="checkbox"/> Recommended foods not available	<input type="checkbox"/> No paper towels	<input type="checkbox"/> No toilet paper in bathroom		<input type="checkbox"/> Food is spoiled/contaminated		<input type="checkbox"/> Other (describe):		Yes	No	CND		
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<input type="checkbox"/> No toilet paper in bathroom																
<input type="checkbox"/> Food is spoiled/contaminated																
<input type="checkbox"/> Other (describe):																
92	<p>Does the individual appear well kempt?</p> <p>If no, check concerns:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Appears dirty/unkempt</td> <td style="width: 50%;"><input type="checkbox"/> Wearing torn clothes</td> </tr> <tr> <td><input type="checkbox"/> Has unpleasant odor</td> <td><input type="checkbox"/> Needs a haircut/style</td> </tr> <tr> <td><input type="checkbox"/> Wearing dirty clothes</td> <td><input type="checkbox"/> Inappropriate dress for weather</td> </tr> <tr> <td><input type="checkbox"/> Other (describe):</td> <td></td> </tr> </table>	<input type="checkbox"/> Appears dirty/unkempt	<input type="checkbox"/> Wearing torn clothes	<input type="checkbox"/> Has unpleasant odor	<input type="checkbox"/> Needs a haircut/style	<input type="checkbox"/> Wearing dirty clothes	<input type="checkbox"/> Inappropriate dress for weather	<input type="checkbox"/> Other (describe):		Yes	No	CND				
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<input type="checkbox"/> Has unpleasant odor	<input type="checkbox"/> Needs a haircut/style															
<input type="checkbox"/> Wearing dirty clothes	<input type="checkbox"/> Inappropriate dress for weather															
<input type="checkbox"/> Other (describe):																

93	<p>Is the residence free of any safety issues?</p> <p>If no, check concerns:</p> <p><input type="checkbox"/> No working smoke detector      <input type="checkbox"/> No fire extinguisher/unchecked</p> <p><input type="checkbox"/> Carpet edge poses a fall hazard      <input type="checkbox"/> Loose railings</p> <p><input type="checkbox"/> Broken furniture/windows      <input type="checkbox"/> No first aid supplies</p> <p><input type="checkbox"/> Slanted/ unsteady stairs</p> <p><input type="checkbox"/> Other (describe):</p>	Yes	No	CND
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Reviewer's Name / Title: \_\_\_\_\_

Date(s) of Review: \_\_\_\_\_

**JOINT MONITORING QUESTIONNAIRE**

**SECTION 5: HEALTH CARE**

Sources of Information: \_\_\_\_\_

Informants: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Psychiatrist (if applicable): \_\_\_\_\_

Psychologist: \_\_\_\_\_

Health Indicator Checklist (Check all that apply)

- Significant Change in Health Behavior in past year
- Choking Precautions
- 2 or more Medical Hospitalizations in the past year
- Ventilator
- Oxygen Therapy
- Tracheotomy
- Suction Required
- Tube Feeding
- Bowel Elimination Problems- colostomy, ileostomy
- Bowel Elimination Problems-diarrhea or constipation
- Bladder Elimination Problems- recurrent UTI (3 or more a year)
- Excessive Fluid Intake
- PICA
- Communicable Disease- TB/Hepatitis A, B or C, HIV/AIDS, STD, MRSA
- Pressure Ulcer/Skin Breakdown

<input type="checkbox"/> Major Seizure Disorder <input type="checkbox"/> Dialysis <input type="checkbox"/> Injuries <input type="checkbox"/> Falls (2 or more a month) <input type="checkbox"/> Diabetes <input type="checkbox"/> Use of Insulin for Diabetes <input type="checkbox"/> Use of Anti-Coagulants <input type="checkbox"/> Difficulty Maintaining or Losing Weight <input type="checkbox"/> Immobility <input type="checkbox"/> Baclofen Pump <input type="checkbox"/> Recurrent (3 or more a year) respiratory infections <input type="checkbox"/> Chronic Pain <input type="checkbox"/> CPAP Mask <input type="checkbox"/> Hypertension <input type="checkbox"/> Psychotropic Medications (total number = _____) <input type="checkbox"/> Anti-Convulsant Medications (total number = _____)					
94	Does the Health Management Care Plan reference all of the individual's current and significant health problems/risks?	Yes	No	NA	CND
95	Does the Health Management Care Plan specify appropriate interventions in clear basic terms that are understood easily by lay people?	Yes	No	NA	CND
96	Does staff report that they have received training in implementation of the Health Management Care Plans and the corresponding interventions?	Yes	No	NA	CND
97	Is the individual's Health Management Care Plan revised and/or updated to reflect and address any changes in health problems/risks?	Yes	No	NA	CND
98	Do provider-nurses monitor Health Management Care Plans at least quarterly?	Yes	No	NA	CND
99	If applicable, does the provider's Qualified Developmental Disability Professional (or other appropriate staff in waiver	Yes	No	NA	CND

	homes) monitor the individual's Health Management Care Plan?				
100	Are program/provider staff knowledgeable about the contents of the individual's Health Management Care Plan?	Yes	No	NA	CND
101	Waiver: If recommended by the IDT and ordered by a physician, was there a current physical therapy assessment? Date: _____  ICF: If required or recommended by the IDT and ordered by a physician, was there a current physical therapy assessment?  Date: _____	Yes	No	NA	CND
102	Waiver: If recommended by the IDT and ordered by a physician, was there a current occupational therapy assessment? Date: _____  ICF: If required or recommended by the IDT and ordered by a physician, was there a current occupational therapy assessment?  Date: _____	Yes	No	NA	CND
103	Waiver: If recommended by the IDT and ordered by a physician, was there a current psychological assessment? Date: _____  ICF: If required or recommended by the IDT and ordered by a physician, was there a current psychological assessment?  Date: _____	Yes	No	NA	CND
104	Waiver: If recommended by the IDT and ordered by a physician, was there a current speech and language assessment? Date: _____  ICF: If required or recommended by the IDT and ordered by a physician, was there a current speech and language assessment?  Date: _____	Yes	No	NA	CND
105	Waiver: If recommended by the IDT and ordered by a physician, was there a current nutritional assessment? Date: _____  ICF: If required or recommended by the IDT and ordered by a physician, was there a current nutritional assessment?	Yes	No	NA	CND

	Date:_____				
106	<p>If recommended by the IDT and ordered by a physician, was there a current Behavior Support Plan (BSP)? Date:_____</p> <p>ICF: If required or recommended by the IDT and ordered by a physician, was there a current Behavior Support Plan (BSP)? Date:_____</p>	Yes	No	NA	CND
107	Does the BSP include:				
	a Targeted behavior(s) that are consistent with the diagnosis	Yes	No	NA	CND
	b. Collection of data relevant to the BSP	Yes	No	NA	CND
	c. Demonstrated review of data by the psychologist	Yes	No	NA	CND
	d. Procedures used to address behavioral issues consistent with the BSP and DDA policies	Yes	No	NA	CND
108	Are the BSP and ISP consistent with each other?	Yes	No	NA	CND
109	Does the BSP include a functional analysis of the targeted behavior(s)?	Yes	No	NA	CND
110	Are there proactive, positive strategies identified in the BSP?	Yes	No	NA	CND
111	<p>Have all of the direct care staff who support the individual been trained on the individual's BSP?</p> <p>Ask staff member(s) and document response:</p> <p>_____</p> <p>_____</p>	Yes	No	NA	CND
112	<p>Have all of the direct care staff who support the individual received training in positive means of managing the individual's behavior?</p> <p>Ask staff member(s) and document response:</p> <p>_____</p> <p>_____</p>	Yes	No	NA	CND

113	Does direct care staff implement the individual's BSP including positive, proactive strategies?	Yes	No	NA	CND
114	Are all cases in which Restricted Control Procedures have been initiated reviewed annually by a DDS Review Committee and the results of such review sent to the Court Monitor and the Quality Trust?	Yes	No	NA	CND
115	Has the person or other legal or surrogate decision maker provided consent for the BSP?	Yes	No	NA	CND
116	Were any other relevant medical/clinical evaluations or assessments recommended? If yes, list with date: _____ _____ _____ _____ _____	Yes	No	NA	CND
117	Are there needed assessments that were not recommended?	Yes	No	NA	CND
118	Are clinical therapy recommendations (OT, PT, S/L, psychology, nutrition) implemented or is staff actively engaged in scheduling appointments?  a. OT                   —       —       —       — b. PT                   —       —       —       — c. S/L                   —       —       —       — d. Psychology       —       —       —       — e. Nutrition           —       —       —       — f. Other               —       —       —       — g. Other               —       —       —       —	Yes	No	NA	Pending
		Yes	No	NA	Pending
		Yes	No	NA	Pending
		Yes	No	NA	Pending
		Yes	No	NA	Pending
		Yes	No	NA	Pending
		Yes	No	NA	Pending
119	Did the individual have a physical examination within the last 12 months or is there a variance approved by the physician?	Yes	No	NA	CND

120	Did the individual have a dental examination within the last 12 months or is there a variance approved by the dentist? Date of last exam: _____  If no, why _____	Yes	No	NA	CND
121	Is prior-authorization for dental services causing an excessive delay?  If yes, explain:	Yes	No	NA	CND
122	Were the dentist's recommendations implemented within the time frame recommended by the dentist?	Yes	No	NA	CND
123	Were the PCP's recommendations addressed/implemented within the time frame recommended by the PCP?  If no, explain:	Yes	No	NA	CND
124	Were the medical specialist's recommendations addressed/implemented within the time frame recommended by the medical specialist?  If no, explain:	Yes	No	NA	CND
125	Is lab work completed as ordered by the physician?	Yes	No	NA	CND
126	List any significant lab work not completed:				
127	For an individual living in an ICF/IDD, does the PCP review lab work?	Yes	No	NA	CND
128	Are physician ordered diagnostic consults completed as ordered within the time frame recommended by the physician?	Yes	No	NA	CND
129	List any significant consults not completed:				

130	For an individual living in an ICF/IDD, does the PCP review consults?	Yes	No	NA	CND
131	For questions 122,123,124,125,128, is there an excessive delay in providing treatment because of the lack of consent?	Yes	No	NA	CND
132	Is appropriate action being taken to obtain consent?	Yes	No	NA	CND
133	If the person has been hospitalized 2 or more times within the last year for recurring health related issues, has the ISP or HMCP been amended?	Yes	No	NA	CND
134	Does the provider monitor fluid intake, if applicable per the ISP or physician orders?	Yes	No	NA	CND
135	Does the provider to monitor food intake, if applicable per the ISP or physician orders?	Yes	No	NA	CND
136	Does the provider monitor tube feedings, if applicable per the ISP or physician orders?	Yes	No	NA	CND
137	Does the provider monitor seizures, if applicable per the ISP or physician orders?	Yes	No	NA	CND
138	Does the provider monitor weight fluctuations, if applicable per the ISP or physician orders?	Yes	No	NA	CND
139	Does the provider monitor positioning protocols, if applicable per the ISP or the physician orders?	Yes	No	NA	CND
140	Does the provider monitor bowel movements, if applicable per the ISP or the physician orders?	Yes	No	NA	CND
141	If applicable, is there documentation that caregivers/clinicians: a. Did a review of fluid intake? b. Made necessary changes, as appropriate?	Yes Yes	No No	NA NA	CND CND

142	If applicable, is there documentation that caregivers/clinicians: a. Did a review of food intake? b. Made necessary changes, as appropriate?	Yes Yes	No No	NA NA	CND CND
143	If applicable, is there documentation that caregivers/clinicians: a. Did a review of tube feeding? b. Made necessary changes, as appropriate?	Yes Yes	No No	NA NA	CND CND
144	If applicable, is there documentation that caregivers/clinicians: a. Did a review of seizures? b. Made necessary changes, as appropriate?	Yes Yes	No No	NA NA	CND CND
145	If applicable, is there documentation that caregivers/clinicians: a. Did a review of weight fluctuations? b. Made necessary changes, as appropriate?	Yes Yes	No No	NA NA	CND CND
146	If applicable, is there documentation that caregivers/clinicians: a. Did a review of bowel movements? b. Made necessary changes, as appropriate?	Yes Yes	No No	NA NA	CND CND
147	Do nursing assessments meet professional standards as reflected in the DDA Health and Wellness Standards?	Yes	No	NA	CND
148	Is there evidence that age and gender appropriate preventative health care is provided in a consistent and current manner? (Look at Health Form I)	Yes	No	NA	CND
149	Is there evidence of a nourishing and healthy diet?	Yes	No	NA	CND
150	If applicable, is the dining plan followed?	Yes	No	NA	CND
151	If applicable, is the positioning plan followed?	Yes	No	NA	CND
152	In your professional judgment as a Registered Nurse: Are the individual's serious physical health care needs met?	Yes	No	NA	CND

	If no, cite the circumstances and the specific professional standard, Health and Wellness Standard and Nursing Practice Act.																													
153	Are the health care interventions consistent with professional standards of care?  If no, cite the circumstances and the specific professional standard, Health and Wellness Standard and Nursing Practice Act	Yes	No	NA	CND																									
154	Does nursing care meet professional standards?  If no, cite the circumstances and the specific professional standard, Health and Wellness Standard and Nursing Practice Act.	Yes	No	NA	CND																									
155	Does this individual receive prescribed medication(s)? If yes, list all medications, dosage(s), frequency, and route of administration, including standing, psychotropic, PRN, topical, and treatment medication(s).	Yes	No	NA	CND																									
<table border="1"> <thead> <tr> <th>Medication</th> <th>Dosage</th> <th>Frequency</th> <th>Route</th> <th>Diagnosis/Rationale/indication</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Medication	Dosage	Frequency	Route	Diagnosis/Rationale/indication																				
Medication	Dosage	Frequency	Route	Diagnosis/Rationale/indication																										
156	Are medications consistently stored, administered, and accounted for in accordance with the licensing regulations for the state in which the individual resides?	Yes	No	NA	CND																									
157	Was the prescribed medication available according to the physician orders?	Yes	No	NA	CND																									
158	Did the nurse or TME administer medication with privacy?	Yes	No	NA	CND																									
159	Did the nurse or TME pre-pour medication?	Yes	No	NA	CND																									
160	Were the medications administered in sanitary conditions?	Yes	No	NA	CND																									

161	Does this individual receive psychotropic medication?  If no, skip to #181.  If yes, list medications, dosage, diagnosis/rationale/indication below and continue with questionnaire.	Yes	No	NA	CND																				
<table border="1"> <thead> <tr> <th>Medication</th> <th>Dosage</th> <th>Frequency</th> <th>Route</th> <th>Diagnosis/Rationale/indication</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Medication	Dosage	Frequency	Route	Diagnosis/Rationale/indication															
Medication	Dosage	Frequency	Route	Diagnosis/Rationale/indication																					
162	If yes, list DSM diagnosis documented in the record:  Axis I:  Axis II:																								
163	If any of the psychotropic medication(s) is/are used for sedation prior to medical appointment(s), is there a desensitization or behavioral support plan describing the positive, proactive approaches that will be utilized to reduce the need for sedation?  If yes, is there evidence of implementation of the plan?	Yes	No	NA	CND																				
164	Is the termination date for prescription (i.e., physician's order) for psychotropic medication for 30 days or less?	Yes	No	NA	CND																				
165	If the individual has been hospitalized 2 or more times within the last year for psychiatric related issues, has the ISP or HMCP been amended?	Yes	No	NA	CND																				
166	Are only appropriately trained and qualified staff permitted to administer drugs?	Yes	No	NA	CND																				
167	Is there documentation of the intended effects and side effects of the medication?	Yes	No	NA	CND																				
168	Is there documentation that the individual and/or a legal guardian/surrogate decision-maker has given informed consent for the use of psychotropic medication(s)? List name and position of person who gave consent.  _____  _____	Yes	No	NA	CND																				

169	Did the individual undergo a formal psychiatric assessment?	Yes	No	NA	CND
170	Was there evidence that the following were notified of the initial use of psychotropic medication(s) immediately, but no later than, within 24 hours of initiation?  a. Court Monitor  b. Quality Trust  c. Family/Guardian (if health care decision-maker)	Yes	No	NA	CND
171	Has a licensed, board-certified psychiatrist made all decisions as to:  a. Whether the individual has an Axis I mental disorder?  b. Whether individual is likely to benefit from taking psychotropic medication?  c. The prescription, administration, monitoring and oversight of such medication(s)?	Yes	No	NA	CND
172	Has the prescribing psychiatrist established a review protocol as part of the individual's treatment plan that must include at least seeing the individual every 90 days (or more frequently if/when adjustments are needed or for stabilization)?	Yes	No	NA	CND
173	Did the psychiatrist conducting the quarterly reviews include:  a. an assessment of response to medications  b. a mental and behavioral status review (i.e. review of behavioral data)  c. any change in functioning  d. medication review for side effects/adverse reactions  e. changing only one medication at a time unless clear clinical rationale to do otherwise is documented	Yes	No	NA	CND
174	Does the individual's nurse or psychiatrist conduct monitoring as indicated for the potential development of tardive dyskinesia using a standardized tool (e.g. AIMS) at baseline and at least every 6 months thereafter)?	Yes	No	NA	CND

175	Do the individual's clinical professionals conduct monitoring for digestive disorders that are often side effects of psychotropic medication(s), e.g., constipation, GERD, hydration issues, etc.?	Yes	No	NA	CND
176	Do the individual's behavioral consultant, residential and/or day providers, and/or family document and provide information regarding any changes in behavior and/or health to the prescribing psychiatrist that assists the psychiatrist in: <ul style="list-style-type: none"> <li>a. assessing the effectiveness of the medication,</li> <li>b. assessing the individual's response to the medication,</li> <li>c. assessing any suspected side effects?</li> </ul> <b>(Explain any No response)</b>	Yes	No	NA	CND
		Yes	No	NA	CND
		Yes	No	NA	CND
177	Were behavior data collected and considered prior to determining that psychotropic medication(s) was the least intrusive to address the individual's specific behavior(s) and prior to authorizing the use of psychotropic medication(s)?	Yes	No	NA	CND
178	Is there any evidence of administering excessive or unnecessary medication(s)?	Yes	No	NA	CND
179	When/if monitoring uncovers noncompliance with these policies, is prompt corrective action(s) taken to remedy the noncompliance?	Yes	No	NA	CND
180	When/if monitoring uncovers any incident in which there has been (or is) prohibited use of psychotropic medication, is the incident reported to DDS as a "Serious Reportable Incident"?	Yes	No	NA	CND

Reviewer's Name / Title: \_\_\_\_\_

Date(s) of Review: \_\_\_\_\_

**JOINT MONITORING QUESTIONNAIRE**  
**SECTION 6: SERVICE COORDINATION**

Service Coordinator's Name: \_\_\_\_\_

Individual's Name: \_\_\_\_\_

Class Member: \_\_\_\_\_ Yes \_\_\_\_\_ No

Reviewer / Title: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

181	How many service coordinators have been assigned to this individual within the past 3 years?			
182	How long has the current service coordinator been assigned to this individual?			
183	Was the service coordinator able to describe this individual and his/her preferences, strengths and abilities?	Yes	No	CND
184	Does the service coordinator have a case load of 1:30 or less?  If no, list the number of people on this service coordinator's case load: _____	Yes	No	CND
185	Was the service coordinator able to describe the individual's health related needs?	Yes	No	CND
186	Did the service coordinator ensure such health needs were addressed in the ISP?	Yes	No	CND
187	Did the service coordinator receive all of the required training on the topics needed to assist him/her in meeting the needs of this individual?	Yes	No	CND

188	Did the service coordinator participate in the development of the ISP for this individual?	Yes	No	CND	
189	Is there documentation that the service coordinator is monitoring and tracking the delivery of services as outlined in the ISP?	Yes	No	CND	
190	Has the service coordinator ensured that all services that are required by this individual are identified in the ISP and are currently available?	Yes	No	CND	
	<p>a. If <u>no</u>, describe _____.</p> <p>b. If the ISP is <u>not</u> being implemented, did the service coordinator take action?</p>	Yes	No	CND	
191	For all issues, does the service coordinator continue monitoring until the issue(s) is/are resolved?	Yes	No	NA	CND
	<p>a. Number of issues in the last twelve months _____</p> <p>b. Number of issues noted by the service coordinator in MCIS case notes with follow-up _____</p>				
192	For all serious reportable incidents, does the service coordinator follow up on recommendations and ensure that there was prompt implementation of appropriate preventative, corrective or disciplinary action with appropriate documentation?	Yes	No	NA	CND
	<p>a. Number of serious reportable incidents in the last twelve months _____</p> <p>b. Number of serious reportable incidents noted by the service coordinator in MCIS case notes with follow-up _____</p>				
	c. When issues are encountered (access, quality, timeliness), does the service coordinator document the issues and his/her attempts to resolve them?	Yes	No	NA	CND
193	For all incidents, does the service coordinator follow up to ensure that the individual was safe and protected from harm?	Yes	No	NA	CND

**JOINT MONITORING QUESTIONNAIRE**  
**SECTION 7: DAY / VOCATIONAL SERVICES AND SUPPORTS**

Sources of information: \_\_\_\_\_

Informants: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>ENVIRONMENT</b>			
194	Number of people assigned to day / vocational program (area in which this person is supported).	#	
195	Number of staff assigned to the area in which this person is involved.	#	
196	At the time of the review, the number of staff on-duty in this area in which this person is involved.	#	
197	Is the day program / vocational site:  a.      clean?  b.      in a good state of repair?  c.      free of safety hazards? If no, list hazard(s). _____ _____ _____	Yes	No
198	Is the day setting/community fully accessible as it relates to the individual's needs, mobility, vision, etc.?		
199	The furniture in the day program / vocational site is:  a.      in a good state of repair?  b.      sufficient in number and comfort?  c.      appropriate to the environment / tasks?	Yes	No

200	The general environment has: a. sufficient space for all tasks? b. An acceptable noise level? c. An acceptable level of supervision? d. the necessary equipment available?	Yes	No		
201	Is the individual dressed appropriately and well groomed?	Yes	No		
202	Is clothing available that is appropriate to weather conditions?	Yes	No		
203	Were day / vocational staff able to communicate effectively with the person?	Yes	No		CND
<b>DOCUMENTATION</b>					
204	Is there an on-site ISP at the day / vocational program that is current and approved by DDA within the past 12 months?	Yes	No		
205	Is there a vocational assessment that addresses the consumer's need and interest for community-based day programs and services, including employment, as appropriate?  <i>[Define vocational assessment]</i>	Yes	No		
206	If the individual has specialized health care needs, does he or she have a current on-site Health Care Management Plan at the day program / vocational site?	Yes	No		NA
207	If the individual is prescribed psychotropic or neuroleptic medications or if recommended by the IDT including a psychologist, is there a current on-site Behavior Support Plan (BSP) at the day / vocational program?  If yes, date of BSP: _____	Yes	No		NA
<b>STAFF TRAINING</b>					
208	Is there evidence the day / vocational staff have been trained on the individual's ISP, including goals and objectives?	Yes	No	NA	CND
209	Is there evidence day / vocational staff have been trained on the individual's HCMP, if relevant?	Yes	No	NA	CND
210	Is there evidence day / vocational staff have been trained on the individual's health needs?	Yes	No	NA	CND
211	Are day / vocational staff able to describe the individual's health related needs and their role in ensuring that the needs are met?	Yes	No	NA	CND

212	Are staff who work with individual able to identify typical behaviors or habits of the individual to detect any changes that need to be referred to the primary care provider?	Yes	No	NA	CND
213	Have day / vocational staff been trained about the individual's medication regimen and are they knowledgeable about the regimen?	Yes	No	NA	CND
214	Do staff know where to find information related to the side effects of medication?	Yes	No	NA	CND
215	If the individual has a BSP, is there evidence that all of the day program / vocational staff who support the individual have been trained on implementation of the BSP, including training in positive means of managing the individual's behavior?  Ask staff member(s) and document response:  _____ _____	Yes	No	NA	CND
216	If the individual has specific dining needs, is there evidence day / vocational staff have been trained on the protocol?	Yes	No	NA	CND
217	If the individual has a positioning protocol, is there evidence day / vocational staff have been trained on the protocol?	Yes	No	NA	CND
218	If the individual has adaptive equipment, is there evidence day / vocational staff have been trained on the adaptive equipment?  List equipment:  _____ _____	Yes	No	NA	CND
219	Were staff trained in CPR present at the day / vocational site?	Yes	No	NA	CND
220	Were staff trained in seizure disorders present at the day / vocational program site?	Yes	No	NA	CND
<b>SERVICE DELIVERY AND IMPLEMENTATION</b>					
221	a. Does the ISP reflect specific staffing levels for support of this individual?	Yes	No	NA	CND
	b. If yes, were those staffing levels in place during the review?	Yes	No	NA	CND
222	If a 1:1 was approved, is that staff person present and working with the individual as detailed in the Behavior Support Plan or ISP regarding the level of supervision?	Yes	No	NA	CND
223	Are goals at the day / vocational setting developed as per individual's strengths and interests?	Yes	No	NA	CND

224	Are the goals for day / vocational setting described in measurable terms?	Yes	No	NA	CND
225	Is there evidence that day / vocational program staff are collecting data toward goals and outcomes as specified in the individual's ISP?	Yes	No	NA	CND
226	Is there evidence that data is being reviewed regarding progress towards the desired outcomes as reflected in the individual's ISP?	Yes	No	NA	CND
227	Are goals and strategies revised as appropriate based on the review?	Yes	No	NA	CND
228	If required by the individual's HCMP or the ISP, are day / vocational staff tracking and recording health monitoring data?  a. Fluid Intake/Restriction b. Meal Portions Consumed c. Bowel Monitoring d. Blood Pressure e. Other, specify: _____	Yes Yes Yes Yes Yes	No No No No No	NA NA NA NA NA	CND CND CND CND CND
229	When there are health or medication changes, does the residential provider advise the day/vocational provider and, in turn, does the day/vocational provider advise the residential provider of the same?	Yes	No	NA	CND
230	Are health or medication changes reflected in the records and in the HCMP as warranted?	Yes	No	NA	CND
231	Are the relevant sections of the HMCP being implemented at the day/vocational program?	Yes	No	NA	CND
232	If the individual has a BSP, is it site-specific to the day or vocational program?  <b>If no, move to Question # 238.</b>  <b>If N/A, move to Question # 241.</b>	Yes	No	NA	CND
233	If the individual has a site-specific BSP, was it developed for the day / vocational program?	Yes	No	NA	CND
234	Does the BSP include:  a. Targeted behavior(s) that are consistent with the diagnosis b. Collection of data relevant to the BSP c. Demonstrated review of data by the psychologist d. Procedures used to address behavioral issues consistent	Yes Yes Yes Yes	No No No No	NA NA NA NA	CND CND CND CND

	with the BSP and DDA policies	Yes	No	NA	CND
235	Does the BSP include a functional analysis of the targeted behavior(s)?	Yes	No	NA	CND
236	Are there proactive, positive strategies identified in the BSP?	Yes	No	NA	CND
237	If the individual also has a residential BSP, is it consistent with the day program's BSP?	Yes	No	NA	CND
238	Do day / vocational staff implement the individual's BSP including positive, proactive strategies?	Yes	No	NA	CND
239	Do day / vocational program staff collect and track data, including targeted behaviors, as specified in the BSP?	Yes	No	NA	CND
240	Is the individual's BSP consistent with his/her ISP?	Yes	No	NA	CND
241	If the individual has special dietary needs, is there a plan in place to address those needs?	Yes	No	NA	CND
242	Is there evidence that day/job staff follow specified dining protocols?	Yes	No	NA	CND
243	If the individual has a positioning protocol, is there evidence that the day / vocational staff follow and implement the positioning protocol?	Yes	No	NA	CND
244	If the individual needs adaptive equipment, is it available at the day / vocational site? (e.g., wheelchair, walker, cane, eating utensils, dentures, eye glasses, hearing aid, transferring equipments, CPAC, communication devices)	Yes	No	NA	CND
245	Is the adaptive equipment in good condition and functioning properly?	Yes	No	NA	CND
246	Does the individual use the adaptive equipment as prescribed?	Yes	No	NA	CND
247	Is the individual receiving the services identified in the ISP at his or her day / vocational program?				
	<b>Services:</b> a. Medical b. Dental c. Health	Yes Yes Yes	No No No	NA NA NA	CND CND CND

	<p><b>Waiver:</b></p> <p>d. Day/Employment</p> <p>e. Recreation</p> <p>f. Mental Health</p> <p>g. Is the individual refusing any of the above services?</p> <p>h. If yes, is the team addressing this issue?</p> <p><b>Note:</b> If the individual is refusing a service, this should be noted on the Issues page.</p>	Yes Yes Yes  Yes Yes	No No No  No No	NA NA NA  NA NA	CND CND CND  CND CND
248	<p>Are clinical therapy (OT, PT, S/L, psychology, nutrition) recommendations specified in the individual's ISP being implemented as relevant at the day / vocational program?</p> <p>a. OT</p> <p>b. PT</p> <p>c. S/L</p> <p>d. Psychology</p> <p>e. Nutrition</p> <p>f. Other</p> <p>g. Other</p>	Yes Yes Yes Yes Yes Yes Yes	No No No No No No No	N/A N/A N/A N/A N/A N/A N/A	Pending Pending Pending Pending Pending Pending Pending
249	Is the day / vocational staff able to describe the individual's likes, dislikes, strengths and weaknesses?	Yes	No	NA	CND
250	Are there any barriers to service delivery including staffing and transportation?	Yes	No	NA	CND
251	Does the person need vocational or day services that he/she is not receiving? If yes, list needed services and date when each service was identified as being needed in Issues section.	Yes	No	NA	CND
252	Is there evidence that the individual's ISP is being implemented at the day / vocational program?	Yes	No	NA	CND
<b>COMMUNITY INCLUSION / INTEGRATION</b>					
253	Do the activities offered at the day program and/or vocational program promote the development of skills to facilitate community integration or employment?	Yes	No	NA	CND
254	Is the individual participating in community integration activities through the day program?	Yes	No	NA	CND
255	Does the individual participate in social, leisure or volunteer activities in the community accommodating their interests and appropriate to their age?	Yes	No	NA	CND

256	Does the individual participate in social, leisure or volunteer activities in the community with people who do not have disabilities?	Yes	No	NA	CND
<b>CHOICE AND DECISION-MAKING</b>					
257	Does the day / vocational provider participate in ISP meetings?	Yes	No	NA	CND
258	Was this person offered informed choice regarding the type of day services he/she is receiving?	Yes	No	NA	CND
259	Are the individual's choices and preferences taken into consideration in the work or other day activities he or she does?	Yes	No	NA	CND
260	Did this person have a choice regarding how she would spend the day?	Yes	No	NA	CND
261	If the person is retired, does he/she have opportunities to engage in activities of interest during the day?	Yes	No	NA	CND
<b>SUPPORTED EMPLOYMENT</b>					
262	Does the person have a job? <b>If no, please move to Question #267.</b>	Yes	No	NA	CND
263	If yes, how many hours per week does this person work? <b>Develop guidelines</b>	Yes	No	NA	CND
264	If yes, how much does this person earn per hour? <b>Develop guidelines</b>	Yes	No	NA	CND
265	Does this person work in the community in an integrated job site (a workplace including non-disabled co-workers?)	Yes	No	NA	CND
266	Does the job have opportunities for advancement, pay increases, benefits, and increases in responsibilities?	Yes	No	NA	CND
267	Was an individualized job goal developed for this participant through a person-centered process that matches jobs to individual interests/preferences?	Yes	No	NA	CND
268	Did the agency utilize Benefits Planning, including referral for benefits planning assistance, to assist the participant and family understand the impact of wages on benefits?	Yes	No	NA	CND
269	If the person is not employed but is interested, has this person been referred to Vocational Rehabilitation? If yes, list date of referral and current status. Date _____ Status _____	Yes	No	NA	CND

Reviewer's Name / Title: \_\_\_\_\_

Date(s) of Review: \_\_\_\_\_



**JOINT MONITORING QUESTIONNAIRE**

**SECTION 8: INCIDENT REPORTING**

270	Is staff in the residential setting trained on documentation protocols and incident reporting procedures?	Yes	No	N/A	CND
271	Is staff in the day / vocational setting trained on documentation protocols and incident reporting procedures?	Yes	No	N/A	CND
272	List how many incident reports and alerts have been filed for this individual in the last 12 months at the residential program:  _____				
	Were the incident reports filed timely according to DDS policy?	Yes	No	N/A	CND
273	List how many incident reports and alerts have been filed for this individual in the last 12 months at the day / vocational program:  _____				
	Were the incident reports filed timely according to DDS policy?	Yes	No	N/A	CND
274	For each incident, was the IMEU investigation completed with 45 days?  If no, list:  [Need guidelines from Ken]	Yes	No	N/A	CND
275	For each incident, was there evidence of follow-up by the provider?  If no, list:	Yes	No	N/A	CND
276	For each incident, was there evidence of follow-up by the case manager?  If no, list:	Yes	No	N/A	CND

277	If applicable, did the investigation identify factors potentially causing or contributing to the occurrence of the incident?	Yes	No	N/A	CND
278	Is there evidence of any serious incident that was not reported? If yes, describe:	Yes	No	N/A	CND

Reviewer's Name / Title: \_\_\_\_\_

Date(s) of Review: \_\_\_\_\_

**JOINT MONITORING QUESTIONNAIRE**

**ISSUES PAGE**

279	Is there any evidence of actual or potential harm, including neglect? If yes, cite:	Yes	No	NA	CND
280	In your professional judgment as a Registered Nurse, does this individual require further review?	Yes	No	NA	CND
281	Was nursing staff available, if needed?	Yes	No	NA	CND
282	Did the individual appear sick and without treatment?	Yes	No	NA	CND
283	Did the individual appear injured and without treatment?	Yes	No	NA	CND
284	Was the service coordinator able to describe the individual's health related needs?	Yes	No	NA	CND
285	Was the individual refusing a service? See #81, #247. If so, please note the service(s) and discuss here.	Yes		No	

Reviewer's Name / Title: \_\_\_\_\_

Date(s) of Review: \_\_\_\_\_

# JOINT MONITORING QUESTIONNAIRE

Evans et al. v. Gray et al.

## INTERPRETIVE GUIDELINES

January 2011

## JOINT MONITORING QUESTIONNAIRE

### SECTION 1: DEMOGRAPHICS/OBSERVATIONS

#### Interpretive Guidelines

General Guidelines: This Section is for informational purposes only. It is the cover page for the completed monitoring tool. Please complete this section, and the entire monitoring tool, on-line.

Sources of Information: Information for this Section is obtained from the individual's record at the residential or day program site and/or through interviews with the staff or the individual, if possible.

1. Write in the individual's full name. Check whether the individual is a class member in the Evans case and whether he/she resides in a Home and Community-Based Waiver (Waiver) funded residence.
2. Write in the name of the residential provider.
3. Write in the address of the residential site.
4. Write in the telephone number for the residential site.
5. Describe the type of residential setting; i.e., ICF/DD, supported apartment, nursing facility, family home, psychiatric hospital or independent living.
6. Write in the name of the day program or the individual's employer.
7. Describe the type of day activity experienced by the individual; i.e., supported employment, employment without supports, day activity center, or senior citizen program. If there is no day activity, write in "None."
8. Check the box which corresponds to the individual's age.
9. Check whether the individual is male or female.
10. Check the description that best describes the individual's mobility status.
11. Write in the name of the individual's Service Coordinator.
12. Write in the name of the individual's lawyer, if there is a lawyer assigned. Usually, the attorney will be assigned by the Superior Court to represent the individual's interests.

13. Write in the name of the QMRP and/or House Manager employed by the provider agency.

14. Write in the name of the Court-appointed Guardian, if there is one assigned to the individual.

15. Write in the name and relationship of any involved family members.

16. Write in the name of the Advocate assigned by the Quality Trust, if applicable.

17. Write in the name of any other Advocate appointed by the Court. For example, this would include a Conservator for the individual's finances.

18. Write in the name of the Primary Care Physician responsible for the individual's health care.

19. Write in the name of the dentist responsible for the individual's dental care.

20. This question should be responded to by a brief narrative. Complete this question only after observing the individual in the residential or day setting. The description should be factual rather than subjective. Describe what activity the individual was engaged in or note that the individual was not engaged. Describe any interactions between the individual and staff and between the individual and his/her housemates. Describe the individual's appearance. Describe the residential or day program environment. If there are any serious concerns, describe them more fully on the Issues Page at the end of the monitoring tool.

Complete your name and position title and the date of the review on the final lines on this page and as indicated in every Section in the remainder of the monitoring tool.

## JOINT MONITORING QUESTIONNAIRE

### SECTION 2: INDIVIDUAL INTERVIEW

#### Interpretive Guidelines

General Guidelines: With the exception of the questions marked by an asterisk, this Section is for informational purposes. It is intended to provide details about the individual's preferences, choices, relationships, autonomy and routines of the day. It is intended to provide the reviewer and the reader of the completed monitoring tool with a sense of who the individual is and what he/she experiences in the residential and day program setting. The responses to these questions will indicate the degree to which the individual has access to integrated community-based experiences and social networks. The responses will provide information about the individual's opportunities for decision-making on a daily basis. The responses to the following Questions are either "Yes", "No" or "Cannot Determine" (CND). Mark "CND" if the answer is not known by the respondent or if the response is a subjective one and a staff person is completing the interview for the person.

Sources of Information: The individual being reviewed should be interviewed for this Section. Ask his/her permission for the interview. If the individual is not able to respond directly, the staff person who knows the individual best should sit with the individual and respond to the questions for him/her.

21. Record the primary language spoken and/or understood by the individual. Check the box that best represents the individual's means of communicating with others.

22. If the individual cannot respond directly to the interview questions, ask the staff person who knows the individual best to sit with the individual and respond for him/her. Write in the name of the staff person and indicate how many years of experience he/she has in this field. Then, indicate how long the staff person has known this individual.

23. Indicate whether the person agrees to be interviewed or if the staff person agrees for the individual.

24. This question is asked to help make the individual begin to feel comfortable with the interview.

25. Ask the respondent if the Service Coordinator assigned by the Developmental Disabilities Administration (DDA) has met with the individual during the last 12 months.
26. Document whether the individual attended his/her last Individual Support Plan (ISP) meeting.
27. If the answer is "Yes", list any concerns expressed by the individual at the last ISP meeting.
28. Indicate whether any expressed concerns were addressed. Provide as much detail as possible about the actions taken to respond to the individual's concerns.
29. List the names and relationship of any involved family members.
30. This Question refers to relationships with anyone other than the family noted in the preceding Question or any staff.
31. Note whether the individual has friendships with people who do not have an intellectual or physical disability.
32. Note whether the individual invited his family or friends to participate in his/her last ISP meeting.
33. This Question must be answered by the individual or there must be evidence of actual choice described by the staff person.
34. This Question must be answered by the individual. If the individual cannot answer directly, mark the response "CND."
35. This Question must be answered by the individual. If the individual cannot answer directly, mark the response "CND."
36. This Question relies on observation of the surrounding neighborhoods. In considering proximity, think about the transportation options available to the individual.
37. This Question must be answered by the individual or there must be evidence of actual choice described by the staff person.
38. This Question must be answered by the individual. If the individual cannot answer directly, mark the response "CND."
39. This Question can be answered by the individual or by staff and should be confirmed through observation.

40. This question can be answered by the individual or by staff and should be confirmed through observation.
41. Confirm a “Yes” response by requesting to see the key.
42. Attempt to elicit details from the individual or staff about the frequency and nature of any interactions. Record the details here.
43. This Question must be answered by the individual. If the individual cannot answer directly, mark the response “CND.”
44. This Question must be answered by the individual or there must be evidence of actual choice described by the staff.
45. This Question can be answered by either the individual or by staff but a “Yes” response must be confirmed by looking at the log of community outings or in the progress notes found in the individual’s records.
46. If the answer to the preceding Question is “Yes”, inquire as to how many individuals go out at one time. “Primarily” means “usually” or “most often.”
47. Confirm a “Yes” response through observation of bus or metro access within reasonable proximity to the individual’s residence. Public transportation may also include use of MetroAccess.
48. A “Yes” response to this Question requires confirmation in the record or through a sufficiently detailed description of the use of public transportation.
49. This Question must be answered by the individual or there must be evidence of actual choice described by the staff. Frequency of participation in religious activities should be documented in the individual’s progress notes or in the log of community outings.
50. The purpose of this Question is to determine participation in integrated community clubs or organizations. “Integrated” means inclusion with other people who do not have a disability.
51. If the response to this Question is “Yes”, inquire whether the individual voted in the last election. If the individual’s cognitive disability precludes voting, state that and do not mark a response.
52. This Question must be answered by the individual or the marked response should be “CND”. If the individual’s cognitive disability precludes voting, make certain that is noted in the preceding Question and write “See #51.”

53. If staff responds “Yes” to this Question, obtain sufficiently detailed information to confirm the individual’s participation.

54. If staff responds “Yes” to this Question, obtain sufficiently detailed information to confirm the individual’s participation in opening mail.

55. If staff responds “Yes” to this Question, obtain sufficiently detailed information to confirm the individual’s participation in purchasing his/her own clothes.

56. If staff responds “Yes” to this Question, obtain sufficiently detailed information to confirm the individual’s participation in banking.

57. and 58. These two Questions pertain to Waiver-funded residences only. The response “N/A” should be marked if the individual is physically or cognitively unable to answer the doorbell or the telephone.

59. This Question should be answered by the individual or there should be evidence of actual choice described by staff.

60. This Question should be answered by the individual or the marked response should be “CND.”

61. The individual should answer this Question directly. If the individual cannot respond, staff may answer but note that the response came from a staff person. An individual may choose not to answer this Question and it should be so noted.

## JOINT MONITORING QUESTIONNAIRE

### SECTION 3: INDIVIDUAL SUPPORT PLAN

#### Interpretive Guidelines

General Guidelines: This Section relies on the Individual Support Plan (ISP) prepared with and for the individual being reviewed. The Questions are designed to help document whether the services and supports outlined in the ISP are truly individualized according to the person's strengths and needs and whether they are delivered in a timely manner by trained and responsive staff.

(Please note that the ISP should be in the residence prior to your site visit. If it is not, request that a copy be provided and ask why the ISP was not available. Record the response on the issues page.)

Sources of Information: Information for responding to the Questions should be found in the ISP document itself; in the Individual Financial Plan (IFP); in the Site Visit Monitoring Tool(s); through interviews with staff and the individual being reviewed, as appropriate; and through observations in the residential and day/vocational program sites. **REVIEW THE ISP BEFORE BEGINNING TO COMPLETE THIS SECTION.**

All sources of information should be listed on the first line of the first page for this Section.

62. The ISP should be available at the residential site. The document should be dated within the last twelve months (see page 1 of the ISP).

63. See page 21 of the ISP. Before responding to (d), ask who best knows the individual. Determine whether that person attended the ISP meeting.

64. Look at the bottom of page 6 of the ISP.

65. Before answering this question, read the entire ISP and be familiar with the responses to the individual interview in Section 2. In particular, review pages 13-19 of the ISP. Look at all assessments completed by the Interdisciplinary Team (IDT). The response to this Question is based on what actually is written in the ISP.

66. Review the day program goals on the top of page 4 of the ISP document.

67. This Question relates to both the residential and day program goals.

There should be measurable criteria developed by the team for each goal. QMRP notes should capture the monthly progress of each goal and outcome. Ask staff if they are aware of the goals, as well as the steps involved in reaching the goals. Staff should also be able to answer questions regarding the ways in which they work with each individual on achieving the goals.

68. DO NOT RESPOND TO THIS QUESTION. The current ISP document does not provide this information. A forthcoming revised ISP document will reference barriers and unmet needs.

69. Look at any Addendum to the ISP and, also, on page 1 of the ISP where the date of any amended ISP is documented.

70. In order to respond to this Question, look at any assessments conducted by or at the request of members of the IDT. Meet the individual being reviewed and interview him/her, if possible. Page 4 of the ISP will include this information. See also, C.5.3 of the Site Visit Monitoring Tool, if available.

71. Review the information referred to in response to the preceding Question.

72. Respond after observation.

73. Respond after observation.

74. Respond after observation of and interviews with staff persons present and working with the individual at the site. In addition, review documentation of staff training on the use of the adaptive equipment/technology. If the training documentation is not available at the site, request that it be sent to the Court Monitor's office by the end of the next business day. Document that this information was requested to be sent.

Ask to see the staff support the individual using/getting the adaptive equipment. Watch a meal if there are requirements for such items as weighted utensil, tilted wheelchair, sip cup, etc. Ask to see equipment not in use such as a shower chair. Ask the staff why the individual uses the equipment.

75. Respond after observation of and interviews with staff persons working with the individual at the site.

76. Depending on the date of the ISP, look at either supporting documents in the MCIS or on page 19 of the ISP. As of October 1, 2010, this information should be included on page 19 of the ISP.

77. Ask to see these documents at the residential site.

Ask the individual if a staff person reviews their finances with them every month and shows them the statement from the bank. If the individual cannot answer, ask the staff when and how they convey the individual's financial statement. Ask to see the individual's bank statements. If bank statements are not located in the home, ask how the staff manages this task, what is the policy for reviewing finances with an individual?

78. This Question may be difficult to determine but look at the projected expenses listed in the ISP to see whether they reflect the individual's interests.

Ask the individual what is important to him/her. For example, if the individual loves getting her nails done, inquire whether there is a budget for regular salon visits. If an individual has family members who are important to him/her, inquire whether there is a budget to buy holiday gifts. If an individual enjoys music, inquire whether there are funds budgeted for purchasing a stereo or a CD or for tickets to a concert. If the individual cannot talk, staff should be able to tell you what the individual enjoys.

79. This information should be contained in the financial records maintained at the residential site.

80. If possible, ask this Question of the individual. Also, review the individual's financial records maintained at the residential site.

81. Review page 5 of the ISP and the Plan of Care included in the ISP. Compare this information with the information you gather through record review, observation and interviews with the individual, if possible, and with staff persons working in the residence. Also review any screening, evaluation and assessment.

Regarding Question 81i: If the individual is refusing services, determine whether the BSP references this refusal. If the individual refuses medical or dental care, determine whether there is a plan to desensitize the individual to medical/dental appointments. Staff should be able to demonstrate and explain how they are intervening to preempt behavioral episodes before they occur. Ask to look at the ABC data, and ask staff to relate their understanding of the ABC data. Is there a match?

82. Look at the "routine supports" included on pages 9-11 of the ISP. Also, review page 8 of the ISP for any 1:1 staffing that is authorized. (AT THIS TIME, THE DDA POLICY ON 1:1 STAFFING IS BEING REVISED. EXCEPTIONS TO "ARMS LENGTH" WILL BE DESCRIBED IN THE NEW POLICY.) The Behavior

Support Plan (BSP) should be reviewed to determine whether 1:1 staffing is specified there.

83. Rely on observation of the individual and any staff working with him/her at the residential site. Unless specified otherwise, an assigned 1:1 should be within line of sight of the individual assigned this level of staffing.

84. Rely on observation of the individual and any staff working with him/her at the residential site. Unless specified otherwise, an assigned 1:1 should be within line of site of the individual assigned this level of staffing.

85. Rely on observation and the instructions specified in the BSP or ISP.

86. Request the training sign-in sheets from the supervisor present at the residential site. If this documentation is not available, it can be faxed to the Court Monitor's office by the end of the next business day. Document that this information was requested to be sent.

Ask for the training sign in sheet for the individual's ISP. Generalized ISP training is not sufficient; there should be training specific to the individual's ISP. Ask the staff to describe the individual's preferences, strengths/weaknesses and closest relationships. Ask staff who work with the individual "what (if any) medical concerns does this individual have and what is your role in ensuring that this individual's needs are met." Ask staff whether they have read the HMCP. If so, what is their understanding of their role in carrying out the medical supports in the HMCP.

87. Interview staff about the individual's likes and dislikes.

Regarding an individual with limited to no verbal communication skills: Have you (DSP) read the ISP regarding the individual's likes and dislikes? Do you agree? If not, what else needs to be added? How do you know when the individual is happy? Sad? How does the individual let you know when he/she wants to communicate? Are you (DSP) comfortable with what you are doing for the individual?

Regarding an individual with adequate to ample verbal communication skills: How do you (DSP) and the individual discuss his/her preferences? How do you negotiate when a person prefers outcomes that you (DSP) are not certain you can accommodate? How much of your time with the individual is spent understanding his/her preferences? How/where do you document the outcomes of your work with this individual?

88. Interview staff about the individual's strengths and weaknesses.

Regarding an individual with limited to no communication skills: Have you (DSP) read the ISP regarding the individual's documented strengths and needs? Do you agree that this information is accurate? If not, what should be added? If so, how do you know? How/where do you (DSP) document the process of determining the individual's strengths and needs?

Regarding an individual with adequate to ample communication skills: How do you (DSP) and the individual discuss his/her perceived strengths and needs? Describe your process for supporting the individual's strengths. How do you handle his/her needs, especially if they involve personal issues such as relationships or choices? How do you (DSP) negotiate when an individual chooses not to participate in activities outlined in the ISP that are designed to meet his/her needs? How much of your time with the individual is spent understanding and expanding your knowledge of the individual's strengths and needs? How/where do you document the outcomes of your work with this individual?

89. Interview staff about the individual's health related needs and their responsibilities regarding those health needs.

Regarding an individual with little to no verbal language skills: Have you (DSP) read the ISP regarding the individual's health related needs? If not, why? If so, do you think this information is accurate or should something be added? Have you read the HMCP? If not, why? If so, do you understand it and your role in ensuring that it is carried out? Give me an example of a diagnosis for this individual and your role in implementing the HMCP's instructions regarding that diagnosis. How do you (DSP) know when the individual is feeling well? Feeling ill? Feeling sad? Tell me about some of your (DSP) interactions with the individual that enabled you to know these aspects of their communication. Do you (DSP) know all of the diagnoses for this individual? (Ask for examples.) Have you received training on the signs and symptoms for these diagnoses? Do you (DSP) feel comfortable that you can respond to a significant health issue for this individual should it arise? Do you (DSP) have a clear communication pathway with the nurse? (Ask for example.) Do you think you have been provided with the information you need regarding your role in supporting this individual's health needs. Is this individual afraid to attend medical appointments? How do you know? Provide me with a specific example of an intervention you are using to help the individual overcome his/her fear. How/where do you document these efforts?

Regarding the individual with adequate to ample communication skills: Have you read the ISP regarding the individual's health related needs? If not, why? If so, do you think this information is accurate? Should something be added? Have you read the HMCP? If not, why? If so, do you understand its contents and your role in ensuring that the HMCP is implemented? Give me an example of a diagnosis for this individual and your role in implementing the HMCP instructions regarding this diagnosis. How much conversation have you (DSP) had with the individual about his/her health care? Do you (DSP) think the individual understands the diagnoses they have been given? If so, how do you know that? If not, what specific supports have you provided the person so he/she can manage his/her own health care to the best of his/her ability? How do you ensure that adequate privacy is offered to the individual in carrying out health care related services and supports? Does this individual choose not to attend some or all of the required medical appointments required for his/her good health? If so, what interventions have you used to provide sufficient information about possible consequences of refusing health care? If you believed that the individual's refusal to participate in health care was exposing him/her to a high level of risk, who would you contact? How/where do you document these efforts?

## JOINT MONITORING QUESTIONNAIRE

### SECTION 4: ENVIRONMENT

#### Interpretive Guidelines

General Guidelines: This Section applies to residential settings ONLY. The purpose of this Section is to document general environmental conditions, including the presence of any health/safety concerns, as well as the attention paid to the grooming of the individual being reviewed. Additional detail, both positive and negative, may be documented on the Issues page. This Section should be completed after walking through the entire residence and after observing the individual. You should request permission to enter the individual's private space.

Sources of Information: Observation of the residential setting and of the individual being reviewed.

**IMPORTANT NOTE: ANY OBSERVED CONCERNS MUST BE DOCUMENTED AND REPORTED IMMEDIATELY TO THE COURT MONITOR. THE COURT MONITOR WILL REPORT ISSUES/INCIDENTS AS REQUIRED BY DDA POLICY AND PROCEDURES.**

90. If the residence is clean and none of the exceptions listed below are observed, respond "Yes." If any of the listed concerns are observed, check the applicable box/boxes and respond "No." Only use "CND" if the residence cannot be toured. The reason for this should be documented on the Issues page.

91. If there is sufficient food in the refrigerator, freezer and closets for the entire household for at least three days and if there are soap, paper towels and toilet paper available in the appropriate rooms, respond "Yes." If any of the listed concerns are observed, check the box/boxes and respond "No." Only use "CND" if the residence cannot be toured. The reason for this should be documented on the Issues page.

92. The individual must be observed to answer this Question. If the individual appears clean and groomed and, if his/her clothing is appropriate, respond "Yes." If any of the listed concerns are observed, check the box/boxes and respond "No." Only use "CND" if the residence cannot be toured. The reason for this should be marked on the Issues page.

93. After observation, if the residence is free of any safety issues, respond "Yes." If any of the listed concerns are observed, check the box/boxes and

respond "No." Only use "CND" if the residence cannot be toured. The reason for this should be noted on the Issues page.

## JOINT MONITORING QUESTIONNAIRE

### SECTION 5: HEALTH CARE

#### Interpretive Guidelines

##### General guidelines

- Read the Individual Support Plan (ISP) and Health Management Care Plan (HMCP) prior to the review.
- All “No” or negative responses require complete explanation.
- If any one of the items 152.-154. is scored “Yes,” an explanation must be documented on the “Issues” page.

Sources of Information: Request Medical and Program records; Individual Support Plan (ISP); and any log/tracking data that is filed/recorded separately from the records which pertain to the individual being reviewed.

Informants: Names and titles, when appropriate, of any/all individuals who provide information, including, when appropriate, the individual who is being reviewed. It is also helpful to note how long the informant(s) have been working with the individual and/or agency.

Health Indicator Checklist: Check box when/if your review reveals that “Yes” the individual has the condition, requires the treatment/intervention, etc., as referenced in the Checklist. Note: “significant” change in health behavior in past year is checked as “Yes,” when/if changes in the individual’s health behavior constitute a persistent pattern of change, which has/had an impact on the individual’s health, safety, and well being during the year preceding the review. For example, an individual, who was ambulatory, fell fracturing his/her hip, became immobile, and developed a decubitus ulcer which was positive for MRSA. Another example is an individual who, over the past several months, had become non-compliant with taking his/her medication and was non-adherent to scheduled medical appointments and/or his/her primary physician and/or medical specialists’ recommendations.

On the line regarding Communicable Disease: If the individual is HIV/AIDS positive, do not mark the form but notify the Court Monitor. This instruction is designed to protect confidentiality.

94. “Current” and “significant” health problems/risks constitutes all of the individual’s health problems/risks that are present, in progress, meaningful, and potentially/actually impactful on the individual’s health, safety, and well being. For example, an individual who has fractured his/her hip and is immobile is at risk of

alteration in skin integrity, constipation, etc. The HMCP should reference these actual/potential health problems and risks.

95. The “interventions” referenced in the HMCPs are usually referred to as “Risk Management Strategies.” These interventions must be complete, i.e., reference all necessary steps and must be stated in terms that are free from ambiguity or obscurity and easily understood by lay people.

96. Information to answer this item should be obtained through observation, documentation of training, and interview. Ask the staff members supporting the individual to describe the training that they have received in the implementation of the individual’s HMCP and corresponding “interventions”/Risk Management Strategies. Note: If the training documentation is not present and available for the review, notify the provider that this documentation should be faxed to the Court Monitor within 24 hours of the review (fax # (202) 448-1477).

97. A “current” HMCP will be maintained in the health record. The HMCP will be updated at least annually as part of the ISP process and more frequently in the instance of individuals with changing health issues. Check the first page of the HMCP for the date the HMCP was developed and the last page of the HMCP for the date(s) of review/revision. Note whether or not the HMCP is “current,” i.e., it has been reviewed/revised to reflect/address changes in the individual’s health problems/risks, in accordance with the time frames specified in the Health and Wellness Standards.

98. Review the nurses’ periodic reviews/assessment reports. Documentation by the nurse should reflect a thoughtful/analytical process that includes a review of the individual’s response to the care given and, if applicable, action steps to promote progress and achievement of desired health goals.

Note: For new admissions to the agency, the registered nurse must initiate the HMCP within 30 days of admission period. The registered nurse’s signature and the date of any updates, including the quarterly reviews, must be documented on the last page of the HMCP. A signature is the nurse’s attestation that he/she has reviewed and revised, as necessary, the HMCP. If an electronic record system is in place, follow the agency’s procedures to determine what constitutes an electronic signature.

99. Review the QDDP/QMRP monthly and/or quarterly reports/summaries for evidence of his/her “monitoring” of the delivery of the individual’s health care supports and services. Also, the reports should include a review of the outcomes of the implementation of the HMCP’s interventions, including the individual’s progress/lack of progress, toward his/her desired health goals.

100. Ask the staff members supporting the individual to describe their understanding of the individual's desired health outcomes and the relationship of these expected outcomes to the care that they provide. The staff members' interpretation may be presented using the terms and language that is representative of their education and background, but they should clearly provide evidence of understanding of the health outcome.

101. – 106. This series of items requires a review of the individual's current, annual ISP, physician's orders, and medical plan of care, as referenced by the individual's physician in the individual's annual medical evaluation, for whether or not "updated" or initial therapy/nutrition evaluations and/or Behavior Support Plan (BSP) are recommended/ordered.

107.a. The "targeted" behaviors consistent with the diagnosis are those behaviors identified by the psychologist in the individual's psychological evaluation. A diagnostic assessment is defined as a clinical and functional evaluation of a person's psychological and behavioral condition.

107.b. The individual's psychologist in his/her evaluation and BSP specifies the data to be collected and method of data collection.

107.c. The psychologist's review of behavior data is referenced in the psychologist's review reports and/or psychotropic medication reviews. These reviews are done at least quarterly and more frequently if indicated in the individual's BSP.

107.d. The individual's psychologist references the procedures used to address behavioral issues in the individual's BSP. Typically, the individual's psychologist identifies positive proactive strategies and reactive strategies in the individual's BSP.

108. The individual's ISP and BSP should be compatible, consistent, in agreement and harmony, not contradictory, and fit together as a whole.

109. Self-explanatory.

110. Self-explanatory.

111. Ask the staff members supporting the individual to describe their training on the individual's BSP and their understanding of the individual's desired behavior goals/outcomes to be achieved vis-a-vis their BSP.

112. Ask the staff members supporting the individual to describe their training in the positive means of managing the individual's behavior including examples of what they do in response to the individual's target behavior(s).

113. Evidence of compliance may be obtained through direct observations of the staff member supporting the individual during an episode of target behavior(s) or through a review of the staff member's progress notes and/or documentation of A-B-C data tracking logs.

114. Inquire of staff whether the DDS Human Rights Advisory Committee has reviewed any Restricted Control Procedure.

115. Consent for the BSP is not always filed in the individual's record. If the consent is not filed in the record, ask the agency staff member to provide evidence of consent. Note the date of the signature and the time period covered by the consent to ensure that the consent has not expired.

116. Check the ISP, physician's orders, medical plan of care (referenced in the individual's annual medical evaluation), and clinical professionals' assessments/evaluations to determine whether or not "other relevant medical/clinical evaluations or assessments were recommended."

117. This item is scored "Yes" when there is evidence that the individual's current health needs/risks have not been completely evaluated/assessed and there is evidence that needed evaluations/assessments were not considered/recommended.

118.a-g. This series of items requires a review of the individual's current therapy and nutrition assessments and recommendations. If one or more of the therapist and/or dietician's recommendations have not been implemented or one or more are not in the process of implementation, the item is scored "No."

119. Self-explanatory. If there is a "variance approved by the physician," explain the "variance."

120. Self-explanatory. If there is a "variance approved by the dentist," explain the "variance."

121. "Excessive delay" is determined on a case-by-case basis depending upon the nature and severity of the dental problem.

122. The dentist's recommendations for at least the past year should be reviewed. If one or more of the dentist's recommendations were not implemented within the dentist's recommended time frame, score "No," and explain the delay.

123. The Primary Care Physician's (PCP) recommendations from his/her annual medical evaluation, consultation reports, progress notes and orders for the past

year should be reviewed. If one or more of the physician's recommendations were not implemented within the PCP's recommended time frame, score "No," and explain the delay.

124. All medical specialists' reports/reviews/summaries and recommendations for the past year should be reviewed. If one or more of the medical specialists' recommendations were not implemented within the recommended time frame, score "No," and explain the delay.

125. Check the physician's orders, consultation reports, progress notes, and medical plan of care (as referenced in the individual's annual medical evaluation) for the specific type and frequency of lab tests ordered/recommended. If one or more of these tests are not completed, score "No," and list the test(s) not done under item 126.

126. List lab tests not completed.

127. Evidence of the PCP's review of lab work includes documentation of his/her review via progress note and/or initials on lab work.

128. Check the physician's orders, consultation reports, progress notes, and medical plan of care (as referenced in the individual's annual medical evaluation) for the specific type and frequency of diagnostic consultations ordered/recommended. If one or more of these tests are not completed, score "No," and list the consultation(s) not done under item 129.

130. Evidence of the PCP's review of consultations includes documentation of his/her review via progress note and/or initials on consultation(s).

131. "Excessive delay" is determined on a case-by-case basis depending upon the clinical issue.

132. Actions taken to obtain consent should be exhaustive and clearly documented so that anyone at anytime can identify the actions that have been taken, are pending, etc.

133. Self-explanatory.

134.-140. This series of items requires a review of the individual's current, annual ISP, clinical professionals' evaluations (e.g., dietician, PT, OT, ST), annual medical evaluation, physician's orders, and PCP's progress notes/consultation reports for the past year. From these documents, ascertain what, if any, health status indicators require monitoring and the frequency of said monitoring (daily, weekly, monthly, etc.) – fluid intake, food intake, tube feedings, seizures, weight, position, bowels. Once the nature and frequency of the

required monitoring is determined, the provider's system(s) of monitoring and recording is examined and evaluated for completeness, accuracy, legibility, etc.

141.-146. This series of items requires a review of any/all documentation by caregivers, including but not limited to clinical professionals, to determine whether or not the individual's caregivers reviewed the required monitoring data and responded to the findings of their review(s).

147. This item should be answered as close to the end of the review as possible. In order to score this item "Yes," both the form/format and the documentation/information of the nursing assessment must be accurate and completed, in accordance with the standards referenced in the DDA Health and Wellness Standards.

148. The Health Form I must be complete and up-to-date. For example, annual screening dates should be the date that the most current annual screen occurred, not the date of the annual screen when the form was initially completed. All age/gender appropriate preventative health care for an individual that is checked "No" or marked "N/A," must be explained.

149. To answer this item, review the physician's orders for the current prescribed diet. Ask the staff member supporting the individual to demonstrate how he/she knows what to prepare for the individual's next (upcoming) meal and request that he/she show you the necessary ingredients to prepare the meal. In addition, check the individual's home for presence of healthy foods/fluids (e.g., fresh fruits and vegetables) and availability of diet-appropriate snacks. If present during meal preparation, observe for safe food handling practices/procedures.

150. Ascertain the most current prescribed diet order, including any modifications of texture/consistency, mealtime guidelines/protocol, if appropriate, and observe a meal to ensure that the staff member supporting the individual is knowledgeable of and implements the individual's dining plan.

151. From the review of the individual's current, annual ISP, clinical professionals' evaluations (e.g., dietician, PT, OT, ST), annual medical evaluation, physician's orders, and PCP's progress notes/consultation reports for the past year, ascertain whether or not the individual's Interdisciplinary Team (IDT) and/or PCP has recommended/ordered a positioning plan. If not, mark "N/A," but, if so, during the review observe and note whether or not the individual's positioning plan is implemented as recommended/ordered.

152. For this item, you must rely upon your judgment as a registered professional nurse and indicate whether or not, in your opinion, the individual's basic needs for health and safety (i.e., "serious physical health care needs") are being met.

153. If the answer to 152 is “No,” you must provide a complete explanation, including but not limited to, citing the circumstances, standards, practices, recommendations, orders, etc. that have not been met/implemented.

154. For this item, you must rely upon your judgment as a registered professional nurse and indicate whether or not, in your opinion, nursing care meets professional standards of practice. If “No,” you must provide a complete explanation, including but not limited to, citing the circumstances, standards, practices, etc.

155. Self-explanatory.

156. Depending upon the rules/licensing regulations for the state where the individual lives, review medication storage, administration, and record keeping and indicate whether or not medications are stored, administered, and accounted for (reconciled), in accordance with the applicable rules/regulations. If any one area (i.e., storage, administration, record-keeping) is not found to be in accordance with the applicable rules/regulations, this item is scored, “No,” and a complete explanation should be documented.

157. Review/reconcile all of the individual’s medications, which are present/available, with the current physician’s orders and/or Medication Administration Record (MAR). If one or more medications are not present/available, this item is scored “No,” unless the provider has evidence to show that the medication(s) will be present/available prior to the next scheduled administration.

158. “Privacy” is maintained during medication administration by ensuring that information pertaining to the individual’s prescribed medications and treatments is limited to only the individual and those persons whose knowledge of the individual’s medications/treatments is permitted (or not objected to) by the individual.

159. “Pre-poured” medications are those medications that have been removed from the pharmacy-labeled bottle/blisterpack/etc. and placed in a medication cup(s) or other receptacle in advance of the administration of the individual’s medications and not immediately prior to the individual’s receipt of the medication(s).

160. Medications must be stored in a clean, sanitary manner, and the nurse/TME who administers the medication(s) must sanitize his/her hands between individual contact(s).

161. Self-explanatory.

Note: A “psychotropic medication” is a psychopharmacologic drug prescribed to stabilize or improve mood, mental status and/or behavior. This includes medication for sleep and seizure medication prescribed to treat mood and/or behavior. This does not include seizure medication(s) prescribed to treat a seizure disorder.

162. The DSM diagnosis may be documented on the psychotropic medication reviews, psychiatrist’s consultation report, psychologist’s evaluation, and/or annual medical evaluation. Note if there are inconsistent Axis I and/or Axis II diagnoses across these documents.

163. Evidence of implementation (and outcomes) of a desensitization plan may be obtained through interview of a staff member supporting the individual and through review of PCP and medical consultants’ reports, psychotropic medication reviews, and/or behavior data tracking logs. Note: It is a federal requirement to exhaust all possible means of supporting the individual prior to the development and implementation of a desensitization plan. If, however, a desensitization plan is developed/implemented and it is clinically determined to be ineffective, note whether or not there is a statement to that effect in the individual’s BSP.

164. Self-explanatory.

165. Self-explanatory.

166. In accordance with the rules/licensing for the state where the individual lives, only appropriate trained and qualified individuals are permitted to administer medication(s).

167. Evidence of documentation of the intended effects and side effects of medication are usually provided by the pharmacy and dispensed with the medication. This documentation must be immediately available and accessible at all times to the individuals administering the medications and the staff members supporting the individual.

168. Consent for psychotropic medication is not always filed in the individual’s record. If the consent is not filed in the record, ask the agency staff member to provide evidence of the consent. Note whether or not the consent is complete, including but not limited to the name, dosage, frequency of medication, rationale for its use, any possible side effects, the date of the signature and the time period covered by the consent to ensure that the consent has not expired. Consents are in effect for a 1-year period unless otherwise indicated on the consent form.

169. A formal psychiatric assessment should be a comprehensive assessment that incorporates a review of the individual’s history, results of a mental status

examination, formulation of the individual's Axis I diagnosis, and development of the Plan of Care.

170.a.- c. Often, this item is "CND" because, to date, there has been no way to identify whether or not the Court Monitor, Quality Trust, and family/guardian/healthcare decision-maker were notified of the initial use of psychotropic medication immediately, but no later than, within 24 hours of initiation. Notwithstanding this issue, if medication was initiated during the past year, review the QDDP/QMRP reports for this information or request evidence of notification from the QDDP/QMRP.

171.a.- c. Review the individual's psychiatrist's consultation reports and/or psychotropic medication reviews for his/her formulation of the individual's Axis I diagnosis, opinion regarding the individual's benefit from taking psychotropic medication, and recommendation for prescription, administration, monitoring, and oversight of medication(s).

172. Review the individual's psychiatrist's consultation reports and/or psychotropic medication reviews for his/her recommendation for follow-up appointments/visits.

173.a.- e. Review the psychotropic medication reviews for evidence of the psychiatrist's assessment of the individual's response to medication, mental status review, review of behavior data, evaluation of individual's change, if any, in functioning, and review of medication for side effects/adverse reactions.

174. Evidence of compliance consists of complete, every six-month assessments for tardive dyskinesia using AIMS, MOSES, or another standardized tool for monitoring tardive dyskinesia. Note if the individual's psychiatrist reviews the results of the assessment and if the assessment is signed/dated by a registered professional nurse.

175. Review the individual's clinical professionals' reports, evaluations, assessments, etc. for evidence of their review of the individual's GI status and functioning.

176.a.- c. Review the individual's psychotropic medication reviews for evidence that the individual's behavior consultant, residential provider, day program provider, if applicable, and/or family provided information regarding changes in the individual's behavior and/or health to the individual's psychiatrist.

177. Often, this item is "CND" because, to date, there has been no way to identify whether or not behavior data were collected and reviewed prior to the initiation and authorization of the use of psychotropic medication to address the

individual's specific behavior(s). Request information from an agency staff person to help clarify the answer to this question.

178. Evidence of "excessive" or "unnecessary" medication includes observations and/or documentation of toxicity, over sedation, quantities that interfere with ADLs and/or quality of life, and/or persistent pattern of failure to respond to treatment.

179. Evidence of "prompt" corrective action is doing what is required to address noncompliance without delay.

180. Prohibited uses of psychotropic medication include but are not limited to punishment, convenience of staff, substitute for programming, quantities that interfere with the individual's developmental program, and/or administration on a PRN basis.

## JOINT MONITORING QUESTIONNAIRE

### SECTION 6: SERVICE COORDINATION

#### Interpretive Guidelines

General Guidelines: This Section is focused on the service coordination provided to and for the individual being reviewed. To respond to the Questions below, you must first read the individual's ISP and review the notes of the Service Coordinator documented in the MCIS. Directions for accessing information in the MCIS will be provided at the training sessions for the reviewers.

Sections 2 (Individual Interview) and 3 (Individual Support Plan) should be completed prior to beginning this Section.

Sources of Information: The ISP, Service Coordinator notes and completed monitoring tools available in the MCIS; training documentation for the Service Coordinator; incident reports for the individual being reviewed; observation of and, if possible, interview with the individual being reviewed; interviews with staff working with the individual; interview with the Service Coordinator assigned to the individual being reviewed.

List the names of the Service Coordinator and the individual being reviewed on the top of the first page of this Section. Indicate whether or not the individual is a Class Member. Indicate your name and title on the applicable line. Provide the date of the interview with the Service Coordinator.

181. This information is obtained by looking in the MCIS.

182. This information is obtained by looking in the MCIS.

183. After completing and/or reviewing Sections 2 and 3, interview the Service Coordinator.

184. This information is obtaining by looking in the MCIS.

185. The Service Coordinator should be knowledgeable of the individual's Health Management Care Plan (HMCP) and ISP. Information for this Question is obtained in the interview conducted for #183 above.

186. The HMCP should be appended to the ISP and should reflect the individual's health needs and risks. See also Section 5: Health Care, if available.

187. The Service Coordinator should provide this information from the Training Information System (TIS).

188. Look at the signature page (page 21) of the ISP for this information.

189. Look at the Site Visit Monitoring Tool for this information. (THIS TOOL IS BEING REVISED; A CITATION FOR THIS INFORMATION WILL BE ADDED.)

190. In essence, this Question is a summary of the Service Coordinator's actions on behalf of the individual being reviewed. It should be answered after all other work for the monitoring tool has been completed. Information should be gathered through interviews, record review and the service/support requirements mandated by the ISP.

191. Review the Issues documented in the MCIS. In order to mark a "Yes" response, the number of issues noted in (a) and (b) should be the same.

192. This Question is answered in the same way as #191, through review of information in the MCIS, but it refers to Serious Reportable Incidents (SRIs). The information obtained from the Service Coordinator's notes, site visit monitoring reports, and interview is the basis for responding to (c).

193. This Question refers to the Service Coordinator's actions within the past twelve months. In addition to the information obtained for #192 above, review the information contained in other Sections of this monitoring tool. The word "all" means just that - there can be no exceptions for a "Yes" response to this Question.

## JOINT MONITORING QUESTIONNAIRE

### SECTION 7: DAY/VOCATIONAL SERVICES AND SUPPORTS

#### Interpretive Guidelines

General Guidelines: This Section is focused on the day/vocational services and supports provided to and for the individual being reviewed. To respond to the questions below, you must first read the individual's Individual Support Plan (ISP). Also, if the individual has a Health Management Care Plan (HMCP) and/or Behavior Support Plan (BSP), these Plans also must be read. The questions are designed to help document whether the day/vocational services being provided are truly individualized and promote individual growth and progress towards increased community integration and inclusion, including opportunities for employment, if that is the preference of the individual.

This Section is primarily about facility-based services. Typically, the reviewer will not visit someone who is working. However, if it is determined necessary to visit someone who works or volunteers, the reviewer should observe unobtrusively. For example, if someone works in a restaurant, the reviewer might go to the restaurant for lunch or, if someone works in a store, the reviewer might shop at the store.

Supported employment means competitive employment. If an individual receives waiver services (Job Training and Support), go to Questions 262 to 269.

Sources of Information: Information for responding to the Questions should be found in the ISP and, if relevant, the HMCP and/or BSP; through interviews with the individual and day/vocational services staff and coordinator assigned to work with the individual; and through observations of the individual as he/she participates in his or her day/vocational services program. Also, it may be helpful to compare the most recent ISP to ISPs for the individual covering the last 12 months for the purpose of documenting any changes/updates that have occurred with ISP goals and services.

Informants: Individual being reviewed; day/vocational services staff; and work supervisor, if appropriate.

#### ENVIRONMENT

194. This information is obtained from the Day/Vocational Services Coordinator. For this question, "Day/vocational program area in which the person is

supported” is the primary day/vocational service in which the person is engaged at the moment-in-time of the monitoring visit. List the identified program area.

195. This information is obtained from the Day/Vocational Services Coordinator, typically an employee of the provider not the Developmental Disabilities Administration (DDA).

196. Observe the number of staff actually present and on-duty in the program area. Confirm the number of staff on-duty with the Day/Vocational Services Coordinator. Your observation keys on the moment-in-time of the monitoring visit. Comment on whether the assigned staff is actually present and engaged in providing services to the persons assigned to the program area. Note behaviors you might observe of on-duty staff who are not engaged in their program area duties (e.g. personal cell phone use for extended periods; repeated absences from program area).

197. This information is obtained by observing the program area and noting the following:

(a) Note whether the site is clean by looking for evidence of regular janitorial services and, for example, the absence of trash/litter. Note, for example, if counters, floors, and/or training areas are washed regularly and are not soiled.

(b) Note whether the program area is in a good of state of repair by observing if floors, walls, and the overall surrounding sites are well maintained. Note any examples where improved site maintenance is needed, such as repairs to walls, doorways and/or floors. Note specific example of repair needs, if identified.

(c) List any potential safety hazards, such as jagged edges, unsecured electrical cords in passage areas, or portable heaters or other equipment that could injure a program participant.

198. Observe if the person can move freely around the program/community setting. If individualized accessibility accommodations are needed (e.g. ramps, sensory aids), are these provided? Comment on any examples of noted accessibility issues.

199. This information is obtained by observing furnishings in the program area and noting the following:

(a) Note if furnishings are free of jagged edges or broken/unstable legs/surfaces and if upholstery is not torn or noticeably soiled.

(b) Note if furnishings are adequate to provide seating and training surfaces sufficient to the number of staff and individuals assigned to the program area.

(c) Note if furnishings match the training/service purpose of the program area.

200. This information is obtained by observing the general environment in the program area and noting the following:

(a) Observe the space in the assigned program area. Is it conducive to the assigned training? Note any signs that the space is not adequate for the assigned tasks, such as crowding or people needing to wait for training because of inadequate space.

(b) Note if the general noise level appears to be disrupting the training by, for example, making it difficult for staff to give instruction or contributing to over-stimulation of persons in the program area.

(c) Note if individuals assigned are supervised in a way that allows for accomplishment of the assigned program tasks. Note any issues, such as individuals being disruptive, consistently off task, behavioral issues not being appropriately addressed, and/or individuals being consistently inactive because of the lack of supervision.

(d) Observe if the space is equipped with the items needed for assigned training to be completed. Note any equipment that appears absent or inoperable. If the equipment is either not there or is not working at the moment, the reviewer should ask the question at the time so that the person or staff demonstrates that it works and that is being used.

201. Note whether the individual is dressed in a manner consistent with services to be provided in the program. Is the clothing appropriate for training in a community based setting? Is clothing clean and in good repair? Note any issues in the individual's personal grooming and/or hygiene that would impede training and movement to increased community integration. And, in talking with the staff, ask what the staff typically do to support the person with appropriate hygiene/grooming and dressing.

202. Note if individual has clothing readily available that matches to the current weather conditions.

203. Observe if the day/vocational staff provide instructions/training to the individual consistent with the goals of the ISP. Note if the staff person is able to effectively get the attention of the individual and if the staff person could make

himself/herself understood. Did the individual respond to the staff person? Communicating effectively is not just about someone's formal goals. Effective communication might be about whether staff can use the language the person knows, including sign language, Spanish, etc.

#### DOCUMENTATION

204. Ask to review the ISP for the individual and document whether there is an ISP on-site that is current and approved by DDA within the last 12 months.

205. Note whether there is a Vocational Assessment report in the individual's service record. Vocational assessments should help to obtain information about an individual's aptitudes and interests, work habits or history, socialization skills, attitudes toward work, and work tolerance. This information can be gleaned from reviewing person-centered planning data, community based vocational experiences where data should be present for review, and specific work preference data obtained from work tryouts in different occupations and settings. The reviewer should be able to see written observations and data gleaned from several weeks of assessment activities. Part time jobs or volunteer work experiences also are valuable ways of collecting vocational assessment data. Standardized vocational test batteries tend NOT to reflect well the vocational capacity of persons with significant disabilities and, as such, should be minimized in consideration. The criteria for vocational assessment is met when the provider has assessed the person's aptitudes and interests, work habits or history, socialization skills, attitudes toward work, and work tolerance.

206. Confirm whether the individual has specialized health care needs by using, for example, interviews with staff who know the individual well; the ISP; and information from the residential program, if appropriate. If the person has specialized health care needs, document whether he or she has a Health Management Care Plan available on site at the day/vocational program.

207. Confirm whether the individual is prescribed psychotropic or neuroleptic medications. If these medications are prescribed, confirm if there is a current BSP at the day/vocational program site. If the BSP is present, record its date.

#### STAFF TRAINING

208. Request training logs/documentation for each staff member assigned to the individual's program area. Note if there is evidence in the training logs that staff have been trained in the individual's ISP. Interview each assigned staff person

regarding the ISP. Is each staff person knowledgeable about the individual's ISP, including goals and objectives?

209. If the individual has an HMCP, review training logs/documentation for each staff member assigned to the individual's program area. Note if there is evidence in the training logs that staff have been trained in the individual's HMCP. Interview each assigned staff person regarding the HMCP. Is each staff person generally knowledgeable about the individual's HMCP?

210. Review training logs and interview each staff person assigned to the individual's program area. Is there evidence that staff have been trained on the individual's health care needs?

211. Interview staff assigned to the individual's program area. Does staff demonstrate awareness of the individual's health care needs and the staff's role in addressing these needs? For example, if asthma/breathing issues are present, does staff demonstrate knowledge of how to respond to these health care needs?

212. Review the HMCP and/or BSP, if available. Interview the assigned staff persons regarding the HMCP and BSP. Is staff able to describe typical behaviors and/or habits of the individual? Does staff demonstrate awareness of potential changes in behaviors or habits that would be reason to refer the individual to a primary care physician?

213. Review the HMCP and identify the individual's medication regimen, if relevant. Interview assigned staff. Does staff demonstrate knowledge about the medication regimen at the day/vocational program? Knowledge does not require staff to be able to identify specific prescribed medications. It does involve knowledge of the primary health care needs for which medications are prescribed and the medication schedule at the day/vocational program.

214. Review with staff their knowledge of potential side effects of medications, if relevant. Does staff demonstrate knowledge of where to find information on the potential side effects of medications taken by the individual?

215. If the individual has a BSP, review training logs/documentation for each staff member assigned to the individual's program area.

216. Review the individual's ISP, medical and personal records; interview staff. Identify if the individual has specific dining needs. If specific dining needs are present, document if assigned staff have been trained on these dining needs and

are knowledgeable about responding to these needs. If possible, observe the individual at a meal time at the day/vocational period. Is staff responding effectively to dining needs?

217. Review the individual's ISP, medical and personal records; interview staff. Identify if the individual has a positioning protocol. If a positioning protocol is present, document if assigned staff have been trained on this protocol and are knowledgeable about responding it. Observe the staff interaction with the individual. Is staff responding effectively to the individual's positioning protocol?

218. Review ISP for evidence of an ISP goal for adaptive equipment. (Note that responses obtained in answering Question 71 provide information useful to this question). If the person uses adaptive equipment, review staff training logs to document that staff has been trained on this adaptive equipment. Observe staff interactions with the individual and note if staff appear knowledgeable about using the adaptive equipment.

List the adaptive equipment used by the individual at the day/vocational site.

219. Review staff training logs for CPR training. Note if there is documentation that assigned staff trained in CPR were present at the day/vocational program site.

220. Review staff training logs. Note if there is documentation that staff trained in responding to seizure disorders were present at the day/vocational program site.

#### SERVICE DELIVERY AND IMPLEMENTATION

221. Same as Question 82 and 83.

222. Same as Questions 84 and 85.

223. Same as Question 65.

224. Are there measurable criteria for each goal by which the team can determine if the outcome has been achieved?

225. Ask to see logs and progress notes. Ask how data is documented.

226. Ask how data is reviewed, frequency, and who is involved. Ask where to find evidence of that review.

227. Indicate if any goals and/or teaching strategies have been revised as a result of Question 226.

228. Ask to see any logs and/or progress notes for tracking health concerns identified in HMCP. Ask how tracking is accomplished.
229. Ask the Day/Vocational Services Coordinator the process for notification. Is there any recent evidence that can be reviewed?
230. Examine the HMCP and any relevant records.
231. Ask Day/Vocational Services Coordinator what, if any, sections of the HMCP are implemented. How would we determine relevancy? Is it identified in the staff responsible?
232. Review BSP, if available, and discuss how it is implemented with the Day/Vocational Services Coordinator.
233. Review BSP, if available, and discuss with the Day/Vocational Services Coordinator.
234. Same as Question 107.
235. Same as Question 109.
236. Same as Question 110.
237. Compare both BSPs and note any conflicting information or instructions.
238. Same as Question 113.
239. Ask to examine any tracking logs, data sheets, etc. Ask how the data is collected.
240. Same as Question 108.
241. Inquire of staff after reading HMCP.
242. Observe meal, interview staff and document observations.
243. Refer to ISP. Observe the individual and staff.
244. Refer to ISP. Ask to see adaptive equipment.
245. Request that adaptive equipment be used by the individual or by staff. Intervene to stop the demonstration if the equipment does not appear safe.
246. Observe the individual's use of the adaptive equipment.
247. Same as Question 81 except observe and interview day program staff.

248. Refer to ISP and observe the individual's program routine and activities.

249. Interview day program staff. Also see Question 88.

250. Interview staff regarding any obstacles to the timely implementation of the ISP goals for the day/vocational program. If possible, interview the individual about any problems with service delivery.

251. Refer to ISP. Also inquire of staff and the individual, if possible. Observe day program activities.

252. Document observations. Consider whether there are any weaknesses or omissions in the implementation of the individual's ISP.

### COMMUNITY INCLUSION/INTEGRATION

253. Review ISP and primary activities provided through the day/vocational program in which the individual participates. Community based instruction is an essential part of community inclusion/integration. Is there clear evidence that the program activities are goal oriented and focused on personal growth and development that emphasize community integration? Does the day/vocational program promote community integration through community based instruction such as awareness and mobility training that takes place in the community; supporting volunteer activities outside of the day program; arranging job tryouts and work experiences; and/or employment? A non-community integration oriented day program is one that focuses primarily on repetitive routines that are maintenance oriented and where programming primarily takes place in settings that are not community integrated.

List examples of community based instruction received by the individual.

254. Identify the primary activities in which the individual participates through the day/vocational program. Note if these activities provide regular and consistent opportunities for the individual to interact with persons in the community who do not have a disability. Have any changes in these activities occurred over the last 12 months to promote progress towards increased community integration? Does the program provide for and support diversified opportunities for the individual to participate in community-based experiences? A non-community integration oriented day program is one where activities mainly involve interaction with other individuals with disabilities and staff/caregivers.

255. Interview the individual and staff. Identify primary social, leisure, and volunteer activities. Do these activities reflect the interests of the individual? Are

they age appropriate for the individual? Are social and leisure activities chosen by the individual (as compared to activities that are typically prescribed by the day program with limited options to choose preferred activities)?

256. Identify primary social, leisure, or volunteer activities. Do they involve contact and interaction with non-disabled same-aged peers? Are these activities community integrated?

### CHOICE AND DECISION MAKING

257. Review the ISP development and review process with the Day/Vocational Services Coordinator and with the individual. Note if there is clear evidence that the day/vocational provider participates in the ISP process.

258. Ask the individual about the day/vocational services being received. Did the individual participate in choosing these services? "Informed choice" indicates that choices are drawn from a personal awareness of opportunities in a variety of settings. Is there evidence that the individual was given the opportunity to observe and experience various day/vocational service opportunities, including activities based in the community, as a part of the choice making process?

259. Review the ISP. Does the ISP reflect evidence that the individual's choices and preferences were incorporated into the planned day/vocational services? Do the day/vocational services meet their expectation?

260. In talking with the individual and reviewing the ISP, is there evidence that the person had a choice in how he/she spends the day? Does the individual express a preference to be involved in activities different from his/her current day/vocational services?

261. If the individual is retired, review how he/she spends the day. Identify the individual's primary daily activities. Is there evidence that these daily activities are of interest to the person?

### SUPPORTED EMPLOYMENT

262. Identify if the person has a job. If the person has a job, note the following in documenting the presence of a job:

- Identify what the job duties are, the employer, and the setting where the job takes place;

- Indicate whether the person receives his/her paycheck directly from the employer or from the day/vocational service provider;

263. List the number of hours per week the person is employed. If hours vary from week to week, use the average of the last 4 weeks of employment.

264. Obtain a copy of a recent pay stub for the individual. List the hourly pay. Indicate whether the hourly pay is at or above minimum wage (the current Federal Minimum Wage is \$7.25 an hour).

265. An integrated job site is one where workers without a disability are present and where the individual has a consistent opportunity to interact with them. Indicate whether the individual works in a job setting alongside co-workers who primarily are persons without a disability. A non-integrated worksite involves the individual working mainly within a group of persons with a disability. Potential examples of non-integrated work settings would be work performed within the day/vocational program setting, work done by a mobile crew of persons with a disability after regular work hours for the business, and/or work where the individual has very limited contact with co-workers without a disability.

266. Review the individual's pay history, benefits, and job duties. Information can be obtained from the individual supervisor at his or her job site. Indicate if there is evidence of opportunities for pay increases. Is the individual receiving benefits, and are these benefits consistent with those received by co-workers with the same or similar responsibilities? Is there evidence that the person's job duties have or could change with an increase in responsibilities?

267. If the individual is employed, review the job development process with the individual and Day/Vocational Services Coordinator. Did the individual participate in the job development process and have an opportunity to express his/her interests and preferences in the job match process? Is the individual satisfied with the job? An example of a job match process that is not person centered is one where a person is assigned a job without an opportunity to explore job options.

If the person does not have a job, indicate whether the individual has a job goal. If a job goal is present, is there evidence that the individual participated in choosing that job goal? If a job goal is not present, is there evidence that the individual was given the opportunity to explore the interest in employment and has chosen not to establish a job goal?

268. Indicate whether the individual receives Social Security Disability Benefits. Did the day/vocational services program arrange for benefits planning on the impact of wages on benefits? If yes, note the source of the benefits planning.

269. If the person is not employed, ask the individual if he or she is interested in working. If the answer is yes, indicate if the person has been referred to the Washington D.C. Rehabilitation Services Commission, the District's Vocational Rehabilitation (VR) Program. If the referral has taken place, list the date of the referral and indicate its current status. If the person is interested in employment but no referral to VR has taken place, indicate why the referral has not been made.

## JOINT MONITORING QUESTIONNAIRE

### SECTION 8: INCIDENT REPORTING

#### Interpretive Guidelines

Sources of Information: Review the Incident Management and Enforcement Policy and Procedures; MCIS data reports and recommendations, as relevant; requirements for DDS Direct Support Professional training; any logs or notes regarding the individual being reviewed; and the checklist for reviewing Providers' investigation reports.

Informants: Names and titles of any/all individuals who provide information, including, when appropriate, the individual who is being reviewed. It is also helpful to note how long the staff informant(s) has/have been working with the individual and/or agency.

270. Ask staff whether they are aware of reporting requirements; the provider investigation process; and the requirements for mandated reporting.

271. Ask staff whether they are aware of reporting requirements; the provider investigation process; and the requirements for mandated reporting.

272. Review the individual's record in the home. Reports in this record should include the data from MCIS. Determine whether reports were filed within 24 hours or the next business day after the incident.

273. Review the individual's record in the home. Reports in this record should include the data from MCIS. Determine whether reports were filed within 24 hours or the next business day after the incident.

274. For incident reports alleging abuse and/or neglect and for reports of serious physical injury, determine whether the IMEU investigator completed the investigation within 45 days from the date the incident is reported to the Incident Review Committee.

275. Determine whether the recommendations have been closed in MCIS. Determine whether there is continuity in the implementation of any recommendation. Determine whether corrective actions are still in place as recommended.

276. Review the Service Coordinator's reports in the MCIS.

277. Determine whether the investigation outlines the incident and what occurred. Determine whether the conclusions are reasonable based on the evidence presented.

278. Review documentation, including shift logs or notes, to determine whether there was any incident not reported to DDA. Through interviews with the individual being reviewed and staff, determine whether there is an incident that was not reported to DDA. If so, ask whether the individual or staff person is reporting this for the first time. If so, inform the Court Monitor's office without delay. (The Court Monitor will report to DDA.)

## JOINT MONITORING QUESTIONNAIRE

### ISSUES PAGE

#### Interpretive Guidelines

General Guidelines: If issues or concerns are identified during this monitoring review, the reviewer should note the relevant Question number and provide a brief explanation on the Issues Page. The responses to some Questions, such as Questions 20, 90, 91, 93, 152, 153, and 154, may warrant an explanation depending on the reviewer's finding.

279. The reviewer must determine whether or not there is evidence of existing or possible physical or psychological injury or damage to the individual.

280. In your opinion as a registered professional nurse, determine whether or not the individual needs additional and/or follow-up review by a clinical professional. Also, consider recommending which clinical professional, in your opinion, should conduct the additional and/or follow-up review.

281. Review the nursing notes, reports, summaries for evidence of nurses' response to significant changes in individual's health and/or emergent health issues, including but not limited to, the timeliness and nature of the nurses' response. Also, ask the staff member supporting the individual to explain how the individual's nurse is notified of significant changes in the individual's health and/or emergent health issues.

282. During the conduct of the review, note whether or not the individual appears to be sick and/or is reported to be "sick" by the staff member supporting him/her. If so, review physician's orders, PCP consultation reports, and nurses' notes for evidence that the individual was provided timely and appropriate treatment.

283. During the conduct of the review, note whether or not the individual appears to be injured and/or is reported to be "injured" by the staff member supporting him/her. If so, review physician's orders, PCP consultation reports, ER reports (if applicable), and nurses' notes for evidence that the individual was provided timely and appropriate treatment.

284. Near the end of the review period, ask the individual's service coordinator to describe the individual's health related needs. His/her answer should reference the health needs and risks, as identified in the individual's HMCP, annual medical evaluation, Health Passport problem list, PCP's consultation reports, and physician's orders.

285. Questions #81 and #247 ask whether an individual is refusing any services. If so, describe the client's refusal here - i.e. what service is being refused and why, if the reason is known.