

Provider Certification Review Organizational Outcomes 7.1.18

Identifier	Outcome	Weight Factor	QA/QI	Indicator	Guidance regarding rules, policies and procedures	Guidance: Information Gathering The guidance below identifies documents that may be reviewed, and is not intended to be a complete list. The documents reviewed and the interviews conducted may be expanded based on information revealed during discussion
H.OO.CQ.40.DS	1	3	QA	Has the provider created a culture in which visitors are accepted and encouraged?	Is there a policy/procedure related to visitors? Do people feel they can have guests visit when they want to? Do guests feel they are welcome at any time? Are people able to visit in an area that is comfortable to them and their guest? Does the procedure create a welcoming environment while minimizing risk? Are there different procedures and/or expectations for monitors, frequent guests and people known only to the person in service? Is there evidence that visitors have been present at regular frequencies?	
H.OO.CQ.40.RE S	1	3	QA	Has the provider created a culture in which visitors are accepted and encouraged?	Is there a policy/procedure related to visitors? Do people feel they can have guests visit when they want to? Do guests feel they are welcome at any time? Are people able to visit in an area that is comfortable to them and their guest? Does the procedure create a welcoming environment while minimizing risk? Are there different procedures and/or expectations for monitors, frequent guests and people known only to the person in service? Is there evidence that visitors have been present at regular frequencies?	
H.OO.CQ.41.DS	1	0	QI	Does the program facilitate individual choice regarding services and supports and who provides them?	Does the provider supports people to make choices in service providers? Some things that could possibly make this not met, would be if everyone sees the same physician, because that is who the provider likes. The provider might be a vendor of other services such as nutrition, fitness, etc and everyone uses that provider rather than being given a choice. This might be an example of where the provider does not support the person in making choices regarding providers.	

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H.OO.CQ.41.RE S	1	0	QI	Does the program facilitate individual choice regarding services and supports and who provides them?	Does the provider supports people to make choices in service providers? Some things that could possibly make this not met, would be if everyone sees the same physician, because that is who the provider likes. The provider might be a vendor of other services such as nutrition, fitness, etc and everyone uses that provider rather than being given a choice. This might be an example of where the provider does not support the person in making choices regarding providers. Were people able to talk about choices they had? Does everyone see the same physician or clinicians?	
H.OO.DS.2	1	3	QI	Does the provider have information available to people regarding how to choose services or change day providers?	It is expected that providers have information available for people in the event they want to change providers. Can the current provider tell you what the process is, if a person expresses a desire to change providers?	
OO.MAN.1	1	5	QA	Does the provider have a Human Rights Committee that functions in accordance with DDS policy?	The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to the functions of the provider's Human Rights Committee including their role in getting plans approved by the District's RCRC. This includes, but may not be limited to the following DDS policies and procedures: Human Rights Policy, Behavior Support Procedure, Human Rights Definitions Policy, Human Rights Advisory Committee Procedure, Restrictive Control Review Committee Procedures, and Health and Wellness Standards.	Documents to be reviewed include: The provider's HRC operating procedures, the HRC meeting minutes, documentation showing approval/denial of BSP's, review of restrictive restraints and review of SRI's. In addition, any documentation regarding rights restrictions or grievances will be reviewed. Interviews conducted may include: the provider's liaison to the HRC, the HRC Chairperson, HRC Committee members, persons served by the agency who have had plans reviewed and their guardians and/or advocates.

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OO.CQ.20	1	1	QA	Does the provider ensure proper handling of all consumer records including security, confidentiality, and retention in accordance with DDS and federal policies?	The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to the handling, storage, and retention of consumer records. The provider shall also be in compliance with federal HIPPA standards. This includes, but is not limited to the waiver service rules and the DSP training policy and procedure.	Documents to be reviewed include: training curriculum used to train staff on the expectations regarding who can look at records and under what circumstances. Evidence of staff training on HIPPA standards. Any sign out sheets or other forms the provider uses to monitor access to records. Interviews conducted may include: people served by the agency, the training coordinator, supervisory staff and direct support professionals.
OO.MAN.2	2	5	QA	Does the provider have and implement a policy that governs incident management and meets the requirements set forth in DDS policy regarding the reporting of incidents?	The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to the reporting of incidents. The includes, but may not limited to the current IMEU Policy and Procedure, and the DSP Training Policy and Procedure.	Documents to be reviewed may include: the providers incident management policy and procedures, incident reports for SRIs and RIs, nursing notes and progress notes of persons served by the agency, the monitoring process used by the agency to track other employment by direct support professionals. Interviews conducted may include: the Incident Management Coordinator, supervisory staff, Direct support professionals, people in the sample.
OO.MAN.3	2	5	QA	Does the provider have and implement a policy that governs incident management and meets the requirements set forth in DDS policy regarding the investigation of incidents?	The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to the investigation of incidents. The includes, but may not limited to the current IMEU Policy and Procedure, and the DSP Training Policy and Procedure.	Documents to be reviewed may include: the providers incident management policy and procedures, and copies of investigations for all SRIs and RIs to include incident reports, investigative packets and documentary evidence. Interviews conducted may include: the Incident Management Coordinator and supervisory staff.

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OO.CQ.40.16	2	5	QA	Does the provider have a system in place to respond to MCIS issues in a timely manner?	The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to issues. This includes, but may not be limited to the current IMEU Policy and Procedure, Sanctions Procedures all Waiver rules.	Documents to be reviewed include: issues in MCIS, providers tracking system, and any provider policies and procedures related to issues. Interviews conducted may include: conversations with the persons responsible for issue management.
OO.2	2	5	QA	Does the provider have and implement a policy that ensures protection of people's money, but does not limit access to it?	This indicator applies to the services of Residential Habilitation, Supported Living and Host Home. The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to the protection and management of consumer funds. This includes, but may not be limited to the Personal Funds Policy and Procedure and the Individualized Support Plans Policy.	Documents to be reviewed may include: the providers policy and procedures on consumer funds management, financial records including IFP's of persons served by the agency, evidence that finances were reviewed with the appropriate people. In addition, MCIS will be reviewed to ensure financial information is being uploaded per DDS policy. Interviews conducted may include: the bookkeeper, person responsible for maintaining the records, people served by the agency and their guardian, and direct support professionals.
OO.MAN.5.14	2	3	QA	Does the provider have a system in place to ensure it meets all DDS requirements related to staff schedules and employment expectations?	The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to ensuring each individual's support needs are met and a plan is in place for the continuation of services when assigned staff are not available. This includes, but may not be limited to the individual waiver service rules, the General Provisions rule, the IMEU Procedure, the Adaptive Equipment Policy and Procedure, and the ISP Policy.	Documents to be reviewed may include: staffing plan and schedules, emergency contact information for staff, waiver prior authorizations. Interviews conducted may include: staffing coordinator, direct support professionals and people in the sample.

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OO.CQ.32.13	2	3	QA	Does the provider have an effective system in place to ensure required equipment, such as adaptive equipment and other equipment necessary to support people in being safe, is acquired in a timely manner, monitored for functionality, and repaired or replaced in a timely manner and done so in accordance with DDS policy and procedures?	The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to ensuring each individuals support needs are met and a plan is in place for the attainment, care and replacement of safety equipment. This includes, but may not be limited to the individual waiver service rules, the General Provisions rule, the IMEU Procedure, the Adaptive Equipment Policy and Procedure, and the ISP Policy.	Documents to be reviewed may include: the providers procedure/protocol for adaptive equipment, documentation the adaptive equipment is monitored per procedures/protocols, ISP's, HCMP's, Waiver Prior Authorizations, clinical notes, Service Coordinator notes and training records. Interviews conducted may include: Program Coordinators, Nurses, Clinicians, Direct Support Professionals, people in the sample and their guardians, and Service Coordinators.
OO.CQ.17	2	3	QA	Does the provider have a system in place to ensure individuals are safe during emergencies and unusual circumstance?	The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to keeping people safe during unusual events. This includes, but may not be limited to the current Fire and Natural Disaster Policy and Procedures, the DSP Training Procedure.	Documents to be reviewed may include: the providers policy and procedures on emergency preparedness, copies of fire and disaster drills, the comprehensive emergency plan for each provider location and evidence it has been reviewed annually and submitted to DDS PRMU for approval, individualized emergency plans, ISP's, HCMP's, and staff training records. Interviews conducted may include: Program Coordinator, Direct Support Professionals and people in the sample.

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OO.MAN.6	2	5	QA	Does the provider have a system in place to ensure it has current and accurate health care information that impacts the services the provider offers to individuals?	The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to documentation of the health care needs of the individuals. This includes, but may not be limited to the ISP Policy and Procedure, the Health and Wellness Standards, and the Utilization of Local Funds to Purchase, Repair, Rent or Lease Adaptive Equipment Policy and Procedures.	Documents to be reviewed may include: medical records of people in the sample to include, health passports, HCMP's, Form 1, Nursing Assessment form A or B, physician orders, MAR's and medication side effect sheets. Interviews conducted may include: health care professionals, program coordinators, health care clinicians and people in the sample.
OO.CQ.31.13	2	5	QA	Has the provider taken necessary actions to meet the health care needs of the individuals, through timely evaluation of needs and modification of supports, as required by DDS standards?	The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to the ongoing health care needs of the individuals. This includes, but may not be limited to the ISP Policy and Procedure, the Health and Wellness Standards, and the Utilization of Local Funds to Purchase, Repair, Rent or Lease Adaptive Equipment Policy and Procedures.	Documents to be reviewed may include: nursing notes, physician orders, clinical assessments, Service Coordinator notes and Waiver Prior Authorizations. Interviews conducted may include: health care professionals, program coordinator, Direct Support professionals and people in the sample.
OO.CQ.33.13	2	5	QA	Does the provider ensure a TME's ability to properly administer, document and store medications is evaluated by a registered nurse per current DDS standards?	This indicator is specific to those providers that utilize TME's. The provider is expected to be in compliance with the DDS Health and Wellness Standards related to medication administration by TME's.	Documents to be reviewed may include: evaluation records used by the RN and training records. Interviews conducted may include: TME certified staff and nursing staff.

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OO.CQ.19	2	3	QA	Does the provider maintain a safe environment at service delivery sites?	The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to maintaining a safe and clean environment where services are delivered. This includes, but may not be limited to the DDA Provider Certification Review Guide.	Documents to be reviewed may include: Universal Precaution plan and evidence of its implementation, maintenance checklists, and maintenance receipts. The process for checking fire extinguishers, smoke detectors and carbon monoxide detectors will be reviewed. Interviews conducted may include: maintenance personnel, QI staff, Program Coordinators, Direct Support professionals and people in the sample.
OO.CQ.36.13	2	3	QA	Does the provider have and implement a system to demonstrate all vehicles have appropriate certifications and are properly licensed and insured?	The provider is expected to be in compliance with all licensing regulations and transportation rules outlined in the DC Municipal Code, Waiver General Provisions rule and the Supported Living with Transportation service rule.	Documents to be reviewed: copies of their vehicle registration, their vehicle insurance and inspections. They are expected to present a sample of vehicles for inspection by the PCR team. People to be interviewed: staff responsible for the maintenance and licensing of vehicles.
OO.MAN.7	3	5	QA	Does the provider ensure that individuals served are protected from employee's with prohibitive criminal backgrounds?	The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to required criminal background checks. This includes, but may not be limited to the General Provisions Waiver Rule and the Health Care Facility Unlicensed Personnel Criminal Background Check Amendment Act of 2002.	Documents to be reviewed may include: copies of criminal background checks. Interviews conducted may include: HR personnel and program coordinators.
OO.CQ.21.14	3	3	QA	Does the provider ensure that staff meet the requirements of the role they fill within the organization?	The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to the basic staff requirements. This includes, but may not be limited to the General Provisions Waiver Rule.	Documents to be reviewed may include: personnel files of all staff. Interviews conducted may include: HR personnel, program coordinators and direct support professionals.

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OO.CQ.37.13	3	3	QA	Does the provider have and implement a system to ensure that staff are informed of their job duties and expectations that is in accordance with DDS guidelines?	The provider is expected to be in compliance with the General Waiver rule regarding staff records and each individual service rule regarding the need to have written job descriptions.	Documents to be reviewed: copies of job descriptions, copies of supervision plans. People to be interviewed: Direct Support Staff, HR Director, Program Manager.
OO.MAN.8	3	3	QA	Is there evidence present that all staff have met the requirements of Phase I Direct Support Staff training?	The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to staff training. This includes, but may not be limited to the DSP Training Policy and Procedure.	Documents to be reviewed may include: personnel files, staff training records, and training curriculum. Interviews conducted may include: training personnel, program coordinators, and direct support professionals.
OO.MAN.9	3	5	QA	Is there evidence present that all staff have met the requirements of Phase II Direct Support Staff training?	The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to staff training. This includes, but may not be limited to the DSP Training Policy and Procedure.	Documents to be reviewed may include: personnel files, training records, records of people being served by the agency. Interviews conducted may include: training personnel, program coordinators, direct support professionals, persons served by the agency.
OO.SE.6	3	3	QA	When paraprofessionals provide supported employment activities, is evidence available that they are supervised by a supported employment professional?	This indicator is specific to Supported Employment. The provider is expected to be in compliance with the Supported Employment waiver rule regarding staff qualifications. In addition, they must meet all other DDS policies/rules and published guidelines related to this indicator.	Documents to be reviewed may include: resume of supported employment professional and progress notes. Interviews conducted may include: the supported employment professional, job coaches and persons served by the agency.

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OO.CQ.34.13	4	3	QA	Has the provider written all policies/procedures/protocols required by DDS and have evidence of implementation when appropriate?	The provider is expected to present copies of their policies that correspond with DDS policy requirements. The providers policies will be reviewed to ensure the provider has all required policies and that they are being implemented. Policies related to other organizational indicators such as consumer funds (referenced at OO.RH.2, OO.SL.2 and OO.HH.2) will not be cited here if it is not available or is not being implemented. This will prevent a provider from being cited twice if certain policies are not available.	Documents to be reviewed include: the provider's policies and procedures and documents verifying implementation of them. People to be interviewed: all staff may be interviewed to confirm training on staff policies.
H.OO.CQ.42.DS	5	3	QA	Does the provider support people to engage in community life?	Does the provider has flexibility in their schedule to support people in going out and being able to flex their schedule to accommodate personal needs and desires?	
H.OO.CQ.42.RE S	5	3	QA	Does the provider support people to engage in community life?	Does the provider have rules about when and where a person can go out and with whom? Does the provider promote a flexible staff schedule so people have the support they need to go out?	
H.OO.DS.1	5	3	QA	Is the program located among local shops, businesses and recreational areas?	Is the location is part of a neighborhood/ community -- versus, say, a warehouse district. Looking around, what is around within walking distance? Are there places to eat, shop, or participate in recreational activities? For more rural or isolated incidents related to out of state providers, this may be NA and should be judged using the standard of the "greater community" or what the norm is for the area.	

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OO.MAN.11	5	5	QA	Does the provider have a system in place to ensure that services are delivered throughout the ISP year?	The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to the implementation of goals and objectives established for each person. This includes, but may not be limited to the waiver rules specific to each service, the General Provisions waiver rule, the ISP policy and the procedure, and the BSP policy and procedure.	Documents to be reviewed may include: ISP's data collection records and progress notes. Interviews conducted may include: persons served by the agency, direct support professionals and program coordinators.
OO.CQ.30	5	3	QA	Does the provider have a system in place that ensures the current ISP is present and accurately reflects the person and services being provided?	The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to having the current ISP available and assurance that the service are being delivered in accordance with the ISP and the Waiver Service Authorization. This includes, but may not be limited to the waiver rules specific to each service, the General Provisions waiver rule and the ISP policy and the procedure.	Documents to be reviewed may include: ISP's data collection records, progress notes, ISP amendments, quarterly reports, prior authorizations and service coordinator notes. Interviews conducted may include: people served by the agency and their advocates, program coordinators and direct support professionals.

Outcomes

1. The provider has systems to protect individual rights.
2. The provider has a system to respond to emergencies and risk prevention.
3. The provider ensures that staff possess the needed skills, competencies and qualifications to support individuals.
4. The provider has a system to improve Provider Certification over time.
5. The provider ensures that each individual has the opportunity to develop and maintain skills in their home and community.
6. The provider will ensure individuals are safe and receive continuity of services when receiving respite services.