

Provider Certification Review Day Habilitation 1 to 1 5.4.12

Identifier	Domain	Mandatory	QA/QI	Indicator	Guidance	Guidance
CQ.1	1	X	QA	Do staff treat the person in a respectful and dignified manner?	Observe: Is the person referred to by their preferred name? Does the staff use "people first" language when discussing the person? Is the person asked, before being engaged in an activity? Is the person extended the same common courtesies anyone would expect to receive? Is the person's physical appearance neat and appropriate for the culture and activities presented? Does staff use language that the reviewer would want to see used if describing another person?	Ask individual and/or family member if staff treats him or her in a respectful manner. Ask the person if the staff talks to him in a way that makes him feel good about himself. Review DDS policy on rights of persons with intellectual and/or developmental disabilities if needed. Ask the person if he likes his clothing and if he dresses similarly to his peers. Observe if the individual's attire is neat and clean and age appropriate. If the individual is dressed inappropriately for the season or culture or activity, or looks unkempt or dirty, determine if the person makes his or her own clothing choices, and whether staff educates the individual about alternatives.
CQ.2	1		QA	Is the person's right to privacy acknowledged and practiced?	Observe whether staff assists with personal care in a private area. Observe the staff interacting with the person. Are staff aware of any topics that may embarrass or upset the person? Are interactions with the person conducted in a manner that shows respect and sensitivity? Ask the person whether there has been any information that is shared without his permission. Observe whether any information is shared in your presence about the person. Ask staff what types of information gets shared about the person. Who does that information get shared with? How do staff know what information they may shared?	Ask staff about training they received on confidentiality. Ask the person (and/or guardian if applicable) what types of information he/she has given permission to be shared with others, and whether he/she has signed a consent form [note: even if the person has a guardian, it is respectful for the person to be consulted about things he/she considers private and how that information should be treated]. Look for copies of signed consents in the person's record. Are the consents time limited, and specific to a specific topic?

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CQ.3	1		QA	Is the person and/or their representative aware of actions they can take if they feel they have been treated unfairly, have concerns or are displeased with the services being provided?	Through conversation with the person and or guardian, learn if anyone has discussed their rights if they are not pleased with the services being provided. Has anyone ever explained an appeal process to them? Do they know who they can talk with about their services? Do they mention both the provider and the Service Coordinator as resources?	
CQ.25	1		QA	Is the person able to communicate and/or demonstrate their rights as a consumer of waiver services?	When coming into the DDS system, a person is given a copy of the DDS Bill of Rights and is asked to sign it.	Determine from the Bill of Rights, a couple that the person believes is important to them, and why. Does the person feel that these rights are provided within the service setting by the provider staff? Ask the Direct Support staff what they mean and how they ensure the rights are protected for the person. Ask both groups about "house rules". Are there any? How are they determined? Are they written down? What happens if they are not followed?
CQ.A	1			Does the person exhibit behaviors/symptoms that would benefit from the implementation of a BSP?	Assessments, Incident reports, data at service sites	Observe whether there are any behaviors or symptoms that might benefit from a BSP, and ask staff if they have observed any. Ask the person if there are any behaviors or symptoms that he/she is having a hard time controlling or that are causing problems. Review any documentation showing incidents indicating behavioral problems.

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CQ.A.1	1		QA	If yes, has a BSP been developed or is one currently under construction?	Is there a Prior Authorization for a behavior assessment? If it is a new service, it must be initiated within 90 days of approval.	
CQ.A.2	1	X	QA	If yes, does the BSP meet the requirements set forth in DDS policy?	Is the BSP based on a Diagnostic Assessment conducted in the relevant service environment? Does the BSP emphasize positive, proactive and effective strategies? Does it minimize and seek to eliminate the use of restrictive or intrusive procedures?	Review the record for a current diagnostic assessment that reflects the need for a BSP. Review the behavior support plan to determine if it includes positive strategies to prevent negative behaviors from occurring and to promote learning of appropriate behaviors. Are the strategies based on things that are important to the person being supported? Has the person been consulted regarding strategies that he/she believes would be positive and effective?
CQ.A.3	1		QA	If yes, is the BSP monitored for progress or need for revision?	Does the BSP contain goals? Is there a documentation strategy for tracking progress? Is there a regular (at least quarterly) professional assessment of BSP progress towards goals?	Determine if a behavior specialist or psychologist is routinely consulted to review the effectiveness of the behavior support plan. Ask the person, guardian if applicable and staff whether they believe the behavior support plan has been effective. Do direct support staff and the person being supported have an opportunity to discuss interventions and outcomes with the psychologist? Is data being collected? Review the data recorded on the behavior strategies.
CQ.B	1			Does the BSP contain restrictive components?	The use of psychotropic medications is a restrictive procedure and requires a BSP.	

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CQ.B.1	1		QA	If yes, has the BSP been approved by the agency HRC?		Behavior support plans containing a restrictive control (including a psychotropic medication) must be reviewed by the HRC. Restrictive controls include any a) device or procedure that restricts, limits or directs a person's freedom of movement (e.g., mechanical restraint, manual restraint, time out); b) restricts access to personal property; c) removes something the person owns or has earned; d) may otherwise be considered to compromise the human or civil rights of an individual. Review minutes of the HR Committee to determine whether the specific BSP has been reviewed and approved.
CQ.B.2	1		QA	If yes, has the BSP been approved by the person and/or their guardian?		Ask the person being supported and/or guardian if he or she knows why behavioral support interventions are being used and if he/she agrees with the interventions. Did they go (or were they invited) to an HRC meeting when this was being discussed? [note: even when there is a guardian, it is respectful to make efforts to help the person being supported understand what is in the BSP and why]. Is there written evidence that the BSP was approved by the individual and/or guardian within ten (10) business days of the provider's HR meeting?
CQ.B.3	1		QA	If yes, has the BSP been approved by the person's interdisciplinary team?		Look for evidence that the BSP has been approved by members of the person's interdisciplinary team. This would include all people who participate as active members of the IDT.
CQ.B.4	1		QA	If yes, has the BSP been approved by the DDS Human Rights Committee?	The reviewer will need to get this information from DDS Human Rights (Emma Hambright)	

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CQ.B.5	1		QI	If yes, does the BSP contain a plan to fade or reduce the use of restrictive interventions?		Ask the person and guardian, if applicable, if they know what needs to happen before the restriction will be reconsidered. Are there criteria listed as to what the individual must do in order to have the restrictive components removed and does the individual know this? This could be defined objectives with measurable criteria. It could be a statement in the BSP that outlines when the restrictions will be lifted. Is this information located in a place where the person can see it and in language that the person understands?
CQ.C	1			Was an emergency use of a restricted control used with the person in the past year?		In conversation with the person, does he or she mention any incident in which a (formal or informal) restricted intervention was used? OR Is there evidence in the notes, discussion with staff, incident reports or other reports that a restrictive control was used.
CQ.C.1	1		QA	If yes, was a reportable incident report completed?		Review MCIS records for evidence of report related to this incident.
CQ.C.2	1		QA	If yes, was the incident reviewed by the person's team within 24 hours of the incident occurring?		Look for written evidence that the individual's team has met and discussed the incident. Look for evidence that the cause of the event was discussed, ways to prevent it in the future, and any follow up work that must be done as a result of the incident. Ask the person being supported if he/she met with the team and if he/she understands why the restrictive control was used.

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DH.50	1		QA	Is there documented collaboration between the day habilitation and residential providers in implementing the BSP?		
DH.A	1			Does the person receive In Home day habilitation?		
DH.A.1	1		QA	If yes, did the day habilitation provider submit evidence to DDS that providing day habilitation services in the person's home is necessitated by the person's medical or safety needs and is consistent with the ISP and/or HMCP?	Ask the plan developer to describe the rationale for in home day services. What are the reasons? Verify in the record that the reasons reflected in the discussion are consistent with the record.	Is the evidence provided consistent with information discovered in the person's ISP and/or HCMCP, functional assessment, progress notes, etc.?

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DH 1:1 A	1			Does the person receive day habilitation 1:1?		
DH 1:1 A 1	1		QA	If yes, does the person have a behavior support plan that meets the requirement for 1:1 staffing?	Per the provider letter dated 8/6/2010 from Emma Hambright on behalf of DDS Human Rights Office: "6. One to One Staffing and the BSP: the need for one to one staffing as the least restrictive and most appropriate support must be clearly documented in the BSP including how many hours a day this level of staffing is needed, an explanation of how staff is expected to intervene, training requirements, achievable goals, and a fading plan for staffing."	Review the BSP. Is there a clear description as to the need for 1:1 staff? Does it identify other less restrictive approaches that have been tried? Does it present a clear expectation as to how staff are supposed to support the person and intervene when specific behaviors occur? Are there goals and expectations identified? Through conversation with direct support staff, learn if they are aware of the goals and expectations. How do they report progress or a lack of progress on goals?
DH 1:1 A 2	1		QA	Does the person meet the characteristics established in 979.12 and 979.13 of the One to One Services regulations?	Refer to reg 979 regarding 1:1 services for the requirements.	
DH 1:1 A 3	1		QA	Have the staff been trained to implement the person's specific behavioral protocols?	Spend time with the person and their staff, observing how the staff supports the person. Ask them to define their role as a 1:1 support for that person. Is it consistent with what is in the BSP? Ask the Program Manager to explain the purpose of the 1:1. Does all evidence collected provide consistent information as to why the person needs 1:1 staff?	Ask staff how they learned about the person's plan. Were they provided training? By whom? Do they feel comfortable and confident with their ability to implement the plan? Review incident reports, staff notes, ABC data sheets, etc to determine if staff are following the plan.

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CQ.4	2		QI	Does the person currently feel safe and protected while receiving services from this provider?	The feeling of safety has to be defined by the person. You want to explore if they are comfortable where they are receiving services. Do they trust the staff? Do they have any fears? Is there anything they don't like that makes them feel uncomfortable?	
CQ.5.12	2		QA	Does the person know what to do and where to go in the event of an emergency while receiving services from this provider?	Ask the individual what he/she would do in the event of an emergency (such as fire, flooding, etc.) Ask if staff has talked to the person about what to do in the event of an emergency. Ask staff if they have practiced with the individual, what to do in an emergency. If the person does not know what to do, ask staff what measures are in place to make sure the person is safe, including whether the home has all needed special equipment for dealing with emergencies. Is there an emergency plan written for the person?	

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CQ.26	2		QA	Is there a Supervisor In-Service Orientation Checklist completed for each direct support staff that works with the person or some other type of written evidence that the employees have received person specific (Phase II) training?	This is a required form used to document Phase II training. All Direct Support Staff must have one completed before being allowed to work independently.	
CQ.27	2	X	QA	Are the Direct Support staff and their supervisors able to demonstrate competency in person specific training through conversation and actions?	You will be looking to see if staff can speak about or demonstrate the knowledge needed to work with a specific person. Is there consistency between what you are being told and what you are reading?	Through discussion and review of documents, is it apparent that the direct support staff and the supervisor have an understanding of any/all supports the individual needs? Are they able to discuss/demonstrate how to support the person with eating, bathing, walking, playing games, etc?

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CQ.D	2			Does the person have an identified need to use adaptive equipment?		Ask the person and staff, or observe whether the person uses any adaptive equipment. You should be able to confirm this in the ISP and Healthcare Management Plan.
CQ.D.1	2		QA	If yes, is it in good repair?		Through observation and interview, determine if the equipment is working as it should. Ask the individual to demonstrate how he/she uses the equipment and ask if it helps him do the things he needs to do. If the equipment is not functioning the way it should, ask staff what is being done to fix it. Ask the person, guardian if applicable and staff whether there have been any repairs needed on adaptive equipment and the response to the request. Review work orders and/or progress notes for adaptive equipment repairs.
CQ.D.2	2	X	QA	Do staff know how to support the person in using the equipment?		Ask the person if he or she needs help to use the equipment and if so, whether staff helps. Ask staff to explain and/or demonstrate when and how the individual should use the equipment. Ask staff to explain the need for the equipment. Observe the staff using the adaptive equipment and does it's use conform to available written information.
CQ.D.3	2		QA	Does the person use the adaptive equipment to meet the prescribed need?		Ask the person if he knows how he is supposed to use the equipment. Determine if the individual is supported to regularly use his or her adaptive equipment.

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CQ.E	2			Has the person been the subject of an allegation of abuse, neglect, exploitation, or the recipient of a serious injury, within the past year with this provider?		Ask the person if anything has happened that hurt him or made him feel mistreated, and the guardian if applicable whether he or she has been concerned or has reported any concerns about treatment of the person [note: even if the concern does not meet definitions for abuse, neglect or exploitation, it may provide information for other areas such as respect, health, safety, etc.]. Review the DDS Incident Management and Enforcement Unit (IMEU) policy. Check MCIS for an SRI report.
CQ.E.1	2		QA	If yes, were steps taken to protect the person while the investigation was taking place?		If the person was the subject of an allegation or a serious injury, ask what happened to address the concerns. Review the records and interview the individual and/or staff to determine if appropriate actions were taken to protect the individual from harm pending the outcome of the investigation (e.g., staff reassignment).
CQ.E.2	2	X	QA	If the investigation was substantiated, were remedies put in place to avoid reoccurrence?		What has been done to protect the person from future occurrences? Was a team meeting held to discuss possible supports that need to be put in place for the person? Have new goals been added to the ISP? Is the person receiving counseling? Have staff received training to watch out for similar signs/occurrences? Was the situation analyzed and strategies developed to support the person in protecting themselves?

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CQ.K	3			Is the person currently receiving Residential Habilitation, Supported Living or Host Home services? If yes, answer CQ.K.1 and CQ.K.2		
CQ.K.1	3		QA	If the person has health concerns that may impact the service being delivered, does the HMCP address those concerns?	Required for Res Hab, SL and HH. It should summarize an individuals' health needs and outline interventions required to maintain optimum health. It should be updated at least annually as part of the ISP.	Through review of the ISP and discussion with the person and staff, determine if the individual has any chronic or acute health issues or diagnoses that staff need to be aware of. If yes, are they identified in the HMCP, including strategies for what to do if any signs or symptoms are experienced while engaged in service delivery.
CQ.K.2	3		QA	Is a current health passport that meets the requirements of the Health & Wellness Standards in the person's file?	This is required for Res Hab, Supported Living, and in Host Home. It is recommended for individuals living independently or in a family home. The service coordinator should educate the individual and family and provide assistance with preparing a health passport if desired. The Health Passport should accompany the person to all waiver programs or a current copy should be present at all programs.	Review the file for a current health passport. Does it reflect the persons current status? If there is not a current one present, ask staff what has been done to obtain one.

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CQ.7	3		QA	If the person takes medication that has side effects which could potentially affect their active participation in services, are staff aware of the side effects?	The reviewer will need to be familiar with the side effects to know if the staff are giving you accurate information. Information is readily available on the internet .	Review training records and interview staff to determine if staff (and the individual) is knowledgeable about the individual's medication. Determine if staff (and the individual) are knowledgeable about the side effects. Through interview with staff, determine if staff is able to identify the actions required when someone may be experiencing side effects of their medications.
CQ.8	3	X	QA	If the person has health concerns that may impact the service, are staff aware of those concerns and able to explain the process for reporting?	For Res Hab, SL and HH you could find this information in the HMCP. Are direct support staff aware of what is in the HMCP? For all other services, the reviewer will need to pull together a "health snapshot" after preliminary reading and discussions. Are direct support staff aware of the same types of things the reviewer discovered?	Through review of the ISP and discussion with the person and staff, determine if the individual has any chronic or acute health issues or diagnoses that staff need to be aware of. If yes, are staff aware of them and what they should do in the event the signs or symptoms become an issue during service delivery.

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CQ.9	3	X	QA	<p>If the person has restricted mobility needs through the use of a wheelchair or other medical equipment, is there a clear and consistent plan for its use regarding positioning, and physical transfers, when equipment should be worn, etc.?</p>	<p>You are looking for anything that may restrict someone's ability to move their body or a part of their body freely. It could be a wheelchair, a splint, a hand glove, an elbow splint, etc. Is there a written plan that describes how and when the equipment should be used? Are staff able to share this information with the reviewer? Is what staff report consistent with the written plan? Why not? Follow up with a supervisor as to why they are not consistent.</p>	
CQ.11	3		QA	<p>Are the staff that work with the person able to identify typical behaviors or habits of the person in order to detect any changes that need to be reported to the primary care giver?</p>		<p>During interview with direct support staff are they able to describe the typical behavior for the person? In the case of an individual that is not able to communicate verbally, how do they know if the person is not feeling well? What changes in behavior may be an alert that something is going on with the person that may need attention? Examples of typical behaviors or habits—sleep habits, ways of talking and interacting, more than usual irritability or aggression, isolating, leaving home or workplace, new “anxious” habits such as picking at skin or fingernails, suddenly spending time with someone different, changes in hygiene or appearance.</p>

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CQ.F	3			Is the person prescribed psychotropic medications?		
CQ.F.1	3		QA	Is there an easy to understand information sheet available to all staff that describes the potential side effects and potential adverse drug interactions that may occur from use of the medication?	This is required in all day, residential and vocational settings. It can be provided by the dispensing pharmacy, physician, agency nurse, etc.	Ask staff if they have easy access to a sheet that explains potential side effects or drug interactions of the person's psychotropic medication, and have them show it to you. Ask staff if they understand the side effects/interactions and how to watch for them.
CQ.G	3			Does the person have special dietary needs?	This could include calorie intake, food consistency, allergies, special diets.	Through interview and record review, determine if the individual has any special dietary needs.
CQ.G.1	3		QA	If yes, are staff able to articulate them?		Interview staff to determine if they have been trained about the individual's diet. Ask staff if they are aware of the benefits and any health risks that might be incurred if the diet is not followed, and ask staff if they have provided education about the benefits of the diet and any associated health risks to the person.

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CQ.G.2	3	X	QA	Is there clear, consistent written documentation that supports the information staff are giving the reviewer regarding dietary needs of the person?		Is there a plan in place that provides direction for the staff regarding the person's needs? Through interview and record review look for evidence that staff implement the plan the way it is prescribed and document on the implementation of the plan including any successes to implementation. Do all documents contain the same information regarding the dietary needs?
CQ.J	3			Does the person take medications during the time services are being provided by this provider?		
CQ.J.1	3		QA	Is there evidence that an assessment in self-administration of medications has been completed?	Ask the plan developer how the person's skills and interests in taking medications were assessed. What are their skills? How do they participate in taking their medications? What supports do they receive in taking their medication? How is it known what supports are needed? Verify through documentation review that an assessment in self administration of medication was conducted.	

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CQ.J.2	3		QA	Are the medications safely administered to or by the person?	Observe the person taking or being given their medications. Do the staff adhere to the guidelines outlined in the health and wellness standards? Was anything observed that caused you concern? What explanation was provided?	
CQ.J.3	3	X	QA	If medication is administered to the person, is it done by a person trained in medication administration?		Ask the person who typically gives him/her medication or if he/she does not need assistance. Review training records to verify that medications are only administered by a nurse or by a staff person trained in medication administration. Review training to determine if the staff is trained in medication administration.
CQ.12	4		QA	Is the person aware they can change service providers if they choose?		Through interview with the person and guardian if applicable, ask how he/she decided on the provider. What options and information were given and was this sufficient to make an informed choice? Ask the person and/or guardian if they know that they can change providers.

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CQ.13	4		QA	Does the person have opportunities to learn about self-advocacy?	Learning about self-advocacy is something that can be done in all settings with all people. The degree of knowledge taught can vary from person to person and can occur naturally. Self advocacy can be about exercising rights, it can be about people feeling empowered to make decisions, it can be about experiencing the consequences that come with making decisions. Some people may enjoy or benefit from a self advocacy group. Self advocacy is more than just having a persons rights read to them.	Through interview with the person and staff learn if the person has opportunities to participate in any self advocacy groups. Is this something the person is interested in doing ? Does the person have an opportunity to learn about rights, choices and responsibilities? In interview with direct support staff, ask how they provide opportunities for the person to advocate for themselves. Are they provided choices? Is coaching done regarding choices and responsibilities? What do staff know about self-advocacy? Are they able to share examples of how they encourage the person to advocate for themselves?
CQ.14	4		QA	Do the goals/objectives the person is working on match their priorities regarding their life goals?	Is there a purpose behind what the person is doing? Is it going to get them to where they want to be?	Interview the individual, family, friends, guardian if applicable and staff to determine what the person's goals are. Observe what the person does in various settings to confirm or get additional information about possible personal/life goals. Ask the person and guardian if applicable if the person's goals are reflected in the plan. Through record review, observation and interview of the person, determine if the plan identifies things of importance to the person, and if the person is working on these things.
CQ.15	4		QA	Is there evidence that the staff assigned to the person is acceptable to the person?		During conversation with the individual, ask if the staff that work with them treat them well. Have they ever had any complaints about the person? Have they ever requested that a particular staff person not work with them? If yes, what happened? Is the assigned staff able to support the person in meeting his/her personal goals? Does the person feel comfortable with the staff helping with personal care? Is the person told in advance about staff changes? Is their opinion asked before changes occur?

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CQ.24	4		QA	Is there evidence that the person made an informed decision when choosing their service provider?		Ask the person and/or guardian how it was decided who provided their services. Did they have a choice? Did they visit with multiple providers and visit multiple sites?
DH.20	5		QI	Are opportunities provided for socialization and leisure activities in the community?	What community activities has the person participated in during the previous year? What has their reaction been to those opportunities? How did you change or accommodate the community activities based on their reaction? What are the interests of the person? How have you used this knowledge to plan activities?	Besides being present in their community, what opportunities are presented for social interaction with other members of the community? Does the person volunteer anywhere? Does the person order food for themselves or purchase admission tickets?
DH.21	5		QI	Are staff aware of the persons desire for socialization and leisure activities in the community?	Ask the person and staff what the person likes to do and where they like to go. Does the person like to be out and involved with other people? How do the staff know that?	
DH.22	5		QI	Are opportunities provided for training and skill development that will increase participation in the community?	Determine through staff interview and interview/observation of the person, if there are any skills the person needs to develop that will allow them to increase their participation in their community.	Are there concerns preventing the person from being out, from volunteering, from socializing with others? If yes, are there training opportunities going on to help overcome those barriers? Are positive results coming from the training? How is that determined?

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DH.10	6		QI	Does the person spend time with people who have similar interests?	Ask the person/staff to describe someone the person likes to "hang out with". Are these the characteristics of the people they are with at the day program? Does the person have friends that they like to do things with? Are they supported to spend time together at the program? What happens if the person is in a group with someone they don't like? Can changes be made? How are those changes made?	Through interview with the person and staff, learn what the person is interested in doing and who the person interacts with during the day. Do these people share the same interests? Does the person "have to" spend time with people that do not have common interests, or participate in activities with other people that are not interesting to him/her? Assure that the person participates with people in activities that are consistent with his/her interests and personal goals.
DH.6	6		QI	Are opportunities presented for the person to interact with others outside their group?	Ask staff how they ensure the person has opportunities to interact with people. With who does the person interact in the program? In the community? How is the person supported to interact with other people in the community? When does the person have opportunities to interact with others outside their group? Who orders in restaurants/ who asks for directions? Who pays for purchases? Who purchases admission tickets?	Ask the person what people, places or activities in the community are of interest, and whether he/she is able to go places in the community where he/she can interact with people who have the same interests. Is the person offered support for active participation (i.e. learning about associated responsibilities, arranging transportation, etc.)? Through discussion with the person and others, determine if the person is informed of events happening in the community and what they would need to do in order to participate and/or attend events with others who share the same interests.
DH.7	6		QI	Are staff aware and/or responsive to the personal preferences of the person when organizing activities?	Ask the person what they are doing today. Ask how they feel about what they are doing. Ask staff how much influence the person has in how they spend their time. Who decides what activities are going to be done? What happens if the person does not like an activity and chooses not to participate?	Ask the person and staff how it is decided what the person does each day? Does staff know the personal preferences of the individual? How does staff take that into consideration when planning activities? How do negotiations occur when activities include other people?

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CQ.16	7	X	QA	Is the person engaged in productive, outcome oriented activities?		Through observation and interview of the person and staff, determine if the person is working on things that will help him/her develop skills that will benefit him/her in daily life. Can the person, guardian if applicable and the staff tell you what the person will gain from the activity and how that knowledge will be useful to them? Do these responses correlate with the goals and objectives identified in the ISP and /or day program plan? Through record review, determine if the objectives clearly measure progress. Are the objectives geared toward skills that are needed to reside and work in the community in the lifestyle that the person wants to live?
CQ.17	7		QA	Did the service provider participate as a member of the interdisciplinary team at the annual ISP meeting?		Ask the staff if they or anyone from the agency attended the ISP meeting. Confirm through listing of attendees in person's record/ISP or in meeting minutes.
CQ.18	7	X	QA	Is a copy of the current ISP and Plan of care maintained by the service provider?		Look at the ISP and Plan of Care in the chart. Is it current? If not, ask what the provider has done to obtain the current information.

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CQ.19	7		QA	Are services being provided in accordance with the waiver prior authorization agreement and in accordance with the ISP?		Look at the Waiver Provider Authorization Agreement in MCIS. Determine what services and the level of service are being provided through the waiver. During document review and interview determine if the services being delivered match the services on the prior authorization. If they do not, is a reason given?
CQ.30	7		QA	Is progress being documented on the goals/objectives that are outlined in the ISP, as well as any goals/objectives being implemented by the provider?		Look at the objectives being implemented by the provider. These may be objectives in the ISP or other objectives created by the provider. In order to assess progress, data must be collected. The reviewer is looking for evidence that data is being collected. Each time a trial is attempted, there needs to be some form of progress being recorded.
CQ.20	7		QA	Were quarterly reports written and distributed per DDS policy?		Review the record to determine if quarterly reports are present. Is there a record of who received copies of the report? Are staff able to tell you who received copies of the report? Ask the person, and/or guardian if applicable, if he or she has a copy or was given a copy of the quarterly report.

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CQ.21	7	X	QA	Did the quarterly report contain the required information as identified in current guidelines?		The report should contain a list of activities and support provided to the person to achieve his/her identified outcomes and progress to date. There should be a review of the ISP and POC goals, objectives and activities. Any proposed modifications to the plan should be included in the report.
CQ.22	7	X	QA	Are staff able to describe the purpose and implementation strategies of each objective?		Review the plan. Ask staff the purpose for working on each objective. Ask staff what strategies are in the plan, what is expected to be gained from the strategies and how they are implemented. As you review progress notes, assure that the notes seem consistent with what staff is saying.
CQ.23	7		QA	Is the implementation and/or interpretation of objectives and programs consistent between all staff involved?		Ask several staff members to describe the purpose and implementation of the person's plan, noting any inconsistencies. Ask staff how they communicate with each other about the person's life, daily events and progress and how they coordinate services. Observe the individual receiving services from more than one person if possible and be alert for any changes in demeanor or response by the person, as well as difference in approaches used. Notice if the person says anything that implies a difference in interpretation or implementation of strategies.
CQ.28	7		QA	Are the tools and supplies needed to implement the plan available and in working condition?	This could include communication devices, arts/crafts supplies, cooking utensils, paper, pens, books, street signs, etc. Ask direct support staff if they have everything they need to implement the goals and objectives. If not, have they told anyone? What was done?	

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CQ.H	7			Were there any changes in the circumstances (eligibility, changes in health, ability to make informed decisions, whether goals are consistent with desires, preferences, support community integration), with the person in the past year?		Ask the person, and/or family, guardian and staff what changes have occurred for the person during the past year. Notice any significant changes in provider progress notes, physician or therapy orders and plans, etc.
CQ.H.1	7		QA	If yes, was the interdisciplinary team responsive to the changing needs of the person?		If circumstances have changed, what has staff done to incorporate changes into the ISP process and/or change their approaches and supports for this person?

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Identifier	Domain	Mandatory	QA/QI	Indicator	Guidance	Guidance
CQ.H.2	7		QA	Was the ISP reviewed and revised as appropriate based upon the persons needs and DDS policy?		Does the current ISP reflect the person's changing circumstances? If not, why not? Examples of significant change which would result in a change in the ISP include, hospitalizations with a change in the person's condition or diagnoses, life changing event(i.e. pregnancy), change in provider, change in service, new medical or behavioral diagnosis that requires training and a change in staff supports and change in legal status.
DH.8	7		QA	Has an analysis/assessment of the person's capabilities been completed within the previous twelve months?	Who is responsible for assessing the persons skills and capabilities? Interview that person about what they have done. What has changed since last year? Is there written evidence of this?	Is an assessment available in the record? Does the assessment reflect changes in the person's capacities for the last year?
DH.B	7			Is a ratio identified in the ISP for the person?		
DH.B.1	7		QA	If yes, is that level of support being provided?	In spending time with the person, pay attention to the number of people and staff in the area. Is there always at least the number of staff needed to maintain the ratio established in the ISP?	Through interview with staff, ask who else they are responsible for. You cannot assume that individuals require the same ratio.
DH.B.2	7		QA	If no ratio is identified, is at least a 1:4 ratio being maintained?	In spending time with the person, pay attention to the number of people and staff in the area. Is there always at least the number of staff needed to maintain the ratio established in the ISP	Through discussion with staff and people receiving services, determine how many individuals the staff supports during any given time. Ask staff if there are any times when the 1:4 ratio is/was not maintained and what is done about that?

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Identifier	Domain	Mandatory	QA/QI	Indicator	Guidance	Guidance
S.1	8			The person is satisfied with their staff.	What does the individual like about the staff that work with them? What does the individual dislike about the staff that work with them?	Overall, are they satisfied? Once information has been gathered through questions, a determination needs to be made if the person is satisfied or not. The person will be asked if they are satisfied. If their response is contradicted with any information previously gathered, it will be mentioned to them and clarity gained.
S.2	8			The person is satisfied with the provider.	What does the person like about the provider? What do they dislike? Are there things they wished the provider would do differently? What are they? Do they feel the provider is available and willing to listen? What are some examples?	Overall, are they satisfied? Once information has been gathered through questions, a determination needs to be made if the person is satisfied or not. The person will be asked if they are satisfied. If their response is contradicted with any information previously gathered, it will be mentioned to them and clarity gained.
S.3	8			The person is satisfied with how the provider responds to inquiries, needs, wants and concerns.	What needs, wants or concerns have been communicated to the provider staff? Does the individual feel that the staff/provider responded to their needs, wants, and/or concerns in an acceptable manner? What was the time frame for response? How many times did the person have to contact the provider to get something accomplished?	Overall, are they satisfied? Once information has been gathered through questions, a determination needs to be made if the person is satisfied or not. The person will be asked if they are satisfied. If their response is contradicted with any information previously gathered, it will be mentioned to them and clarity gained.
S.4	8			The person feels respected and valued by the provider staff.	How does the person describe how they want staff to treat them? How does the person describe how the staff treat them? Are the answers consistent?	Overall, are they satisfied? Once information has been gathered through questions, a determination needs to be made if the person is satisfied or not. The person will be asked if they are satisfied. If their response is contradicted with any information previously gathered, it will be mentioned to them and clarity gained.

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Identifier	Domain	Mandatory	QA/QI	Indicator	Guidance	Guidance
S.5	8			The person is satisfied with the progress they are making and the support they are given to achieve their life dreams.	What are the persons hopes and dreams for the future? How is the provider helping the person to achieve their dreams? Is the person making progress at a rate they are comfortable with?(Does the person believe they are making progress toward realizing their hopes and dreams? What evidence did the person give to demonstrate this progress ?) Is it taking too long or going to quickly? Is the person able to describe the progress they are making?	Overall, are they satisfied? Once information has been gathered through questions, a determination needs to be made if the person is satisfied or not. The person will be asked if they are satisfied. If their response is contradicted with any information previously gathered, it will be mentioned to them and clarity gained.
S.6	8			The person is satisfied with their community presence.	How is the person supported to be in their community? What forms of transportation are used? Are they comfortable with the transportation? Would they like to use other modes of transportation? If yes, what? Have they told anyone? How much time is the person out doing things with this provider? Is it enough? Are there places they want to go but can't? Why not? Have they discussed this with anyone? Are there people they are connected to and enjoy seeing, such as a particular bank teller, waitress, etc? Do they see this person as often as they want? Are they satisfied with the type of contact? If not, what has been done to change it?	Overall, are they satisfied? Once information has been gathered through questions, a determination needs to be made if the person is satisfied or not. The person will be asked if they are satisfied. If their response is contradicted with any information previously gathered, it will be mentioned to them and clarity gained.

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Identifier	Domain	Mandatory	QA/QI	Indicator	Guidance	Guidance
S.7	8			The person is satisfied with how changes to service delivery are handled by the provider.	Does the provider communicate changes to the person before they occur? Are changes in staff discussed with the person? Are changes in house mates discussed with the person? Are changes in policies such as access to money, restrictions in the home, explained to the person before being implemented? Has the provider ever changed something the person didn't like? Did they feel they could express their concerns about it?	Overall, are they satisfied? Once information has been gathered through questions, a determination needs to be made if the person is satisfied or not. The person will be asked if they are satisfied. If their response is contradicted with any information previously gathered, it will be mentioned to them and clarity gained.
S.8	8			The person is satisfied with the amount of support they receive to develop and maintain relationships.	Does the provider know the characteristics the person desires in their friends? Are supports provided to assist them with meeting new people? Are supports provided at work sites to help them meet coworkers? Do staff support them in maintaining relationships with current friends and family members? Is transportation arranged/provided? Are they assisted to write letters and make phone call? Is the amount of support provided "enough"? "Enough" must be defined by the person, in order for them to be satisfied. It cannot be defined for them by the staff who work with them.	Overall, are they satisfied? Once information has been gathered through questions, a determination needs to be made if the person is satisfied or not. The person will be asked if they are satisfied. If their response is contradicted with any information previously gathered, it will be mentioned to them and clarity gained.

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Identifier	Domain	Mandatory	QA/QI	Indicator	Guidance	Guidance
S.9	8			The person is satisfied with the amount of support they receive to advocate for their rights.	Does the person know what rights they have? Does the provider support the person to exercise rights? How? Is this enough for the person? Does the person feel that their right to privacy is respected? Can they give examples?	Overall, are they satisfied? Once information has been gathered through questions, a determination needs to be made if the person is satisfied or not. The person will be asked if they are satisfied. If their response is contradicted with any information previously gathered, it will be mentioned to them and clarity gained.
S.10	8			The person is satisfied with the amount of knowledge staff have about them.	Do staff know the things they need to know in order to support the person? These may be preferences or quirks that are not included in the ISP. Do staff know too much about the person? Is private information shared that may not be necessary to successfully support the person in the services they are receiving? Have they asked that certain information not be shared? Has that desire been respected?	Overall, are they satisfied? Once information has been gathered through questions, a determination needs to be made if the person is satisfied or not. The person will be asked if they are satisfied. If their response is contradicted with any information previously gathered, it will be mentioned to them and clarity gained.