

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES (DDS)
DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)**

**SERVICE QUALITY
PROVIDER REVIEW
PROCESS AND TOOLS**

**PREPARED FOR DDS, DDA BY THE
HUMAN SERVICES RESEARCH INSTITUTE
REVISED BY
THE DDA, QUALITY MANAGEMENT DIVISION**

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I. PURPOSE OF THE REVIEW

DDS, DDA, providers, and other internal and external stakeholders are committed to ensuring that individuals served are healthy, safe and receive services and supports that meet their needs. Through the Quality Enhancement and Improvement Unit information is gathered from a variety of sources in order to set benchmarks for improvement including: incident reports, case management monitoring reports, licensing reports and Service Quality Provider Reviews (SQPR). Following are key purposes of the SQPR:

- ❖ Identifies positive practices and areas for improvement in providers' services and supports.
- ❖ DDA quality enhancement and improvement system uses one of several processes to monitor provider quality of service. Other sources include information from licensing, the Incident Management Enforcement Unit (IMEU), Service Coordination monitoring and alerts.
- ❖ Provides evidence in accordance with the Quality Framework issued by the Centers for Medicare and Medicaid (CMS) and DDA, Resource Planning & Management and the DDA, Quality Management Division (QMD).
- ❖ Is part of the action steps to remediate problems and ensure compliance with DDA policies and procedures in accordance with DDA policy *Action Steps to Ensure Service Compliance* (refer to **Attachment A**).
- ❖ Results of the review can be used by individuals and families to make choices about providers.
- ❖ Service Quality Provider Reviews generates system-wide trends and, in conjunction with information from other quality management processes, will be used to develop strategies for improvement across all services and supports.

II. SERVICE QUALITY REVIEW PRINCIPLES

The Service Quality Provider Review process embodies the following principles:

- ❖ Data gathered through the Service Quality Provider Review has integrity.
- ❖ Outcomes measured through the review support individual choice.
- ❖ The review is not a "gotcha;" rather it promotes collaboration and relationship building among all stakeholders including DDA, providers, and other agencies/organizations to solve problems and improve the quality of services and supports.
- ❖ Improvement and sustainability of services is promoted through the SQPR.

- ❖ The review includes a process to identify and correct serious health and safety issues.
- ❖ The process is transparent and easily accessible and understood by everyone.
- ❖ The process not a stand alone; rather it is a part of the DDA quality management system.

III. SERVICE QUALITY PROVIDER REVIEW DOMAINS AND OUTCOMES

DDA uses the following domains and outcomes to measures performance across all of its quality enhancement and improvement processes:

PERSON-CENTERED OUTCOMES:

Domain C1: Rights & Dignity

- ❖ Outcome C1.1 People have the same rights and protections as others in the community.
- ❖ Outcome C1.2 People are treated with respect and dignity.

Domain C2: Safety and Security

- ❖ Outcome C2.1 People are safe from abuse, neglect and injury.
- ❖ Outcome C2.2 People live and work in safe environments.
- ❖ Outcome C2.3 People's funds are secure and used appropriately.

Domain C3: Health

- ❖ Outcome C3.1 People are supported to have the best possible health and health care services.
- ❖ Outcome C3.2 People's medications are prescribed and administered appropriately.

Domain C4: Choice and Decision Making

- ❖ Outcome C4.1 People make life choices.
- ❖ Outcome C4.2 People participate actively in planning person-centered services and supports.
- ❖ Outcome C4.3 People have choice of providers and services.

Domain C5: Community Inclusion

- ❖ Outcome C5.1 People use integrated community services and participate in everyday community activities.

Domain C6: Relationships

- ❖ Outcome C6.1 People maintain connections with family members/guardians.
- ❖ Outcome C6.2 People gain/maintain friendships and relationships.

Domain C7: Service Planning and Delivery

- ❖ Outcome C7.1 Service coordinators are accessible, responsive and support individual participation in service planning.
- ❖ Outcome C7.2 Service coordinators advocate for needed services and supports.
- ❖ Outcome C7.3 Services are provided according to people's Individual Support Plans.
- ❖ Outcome C7.4 Services maximize people's autonomy and independence.

Domain C8: Satisfaction

- ❖ Outcome C8.1 People are satisfied with their living arrangements and supports.

- ❖ Outcome C8.2 People are satisfied with their job or day program and supports.

PROVIDER ORGANIZATIONAL OUTCOMES:

Domain S1: Provider Capabilities

- ❖ Outcome S1.1 The provider has systems to protect individual rights.
- ❖ Outcome S1.2 The provider has a system to respond to emergencies and risk prevention.
- ❖ Outcome S1.3 The provider ensures that staff possess the needed skills, competencies and qualifications to support individuals.
- ❖ Outcome S1.4 The provider has a system to improve service quality over time.

IV. APPLICABLE SERVICES

All providers of services and supports provided to people with intellectual/developmental disabilities in the District of Columbia will be subject to the Service Quality Provider Review process including services funded by the District, funded through Medicaid (Title XIX) and funded through the federal Resource Planning & Management and Waiver Services. Providers serving DDA referrals outside of the District will also be subject to the SQPR process. Following is a listing of services subject to SQPR:

Residential

- Supervised apartment
- ICF/MR
- Specialized home care (foster care)
- Out of state residential institutions
- Community residence facility (CRF)
- Host Homes
- Respite Care

Work/day supports

- Workshop/prevocational services
- Supported/competitive employment
- Day habilitation

Ancillary Services

- Attendant care
- Adaptive equipment
- Adult companion
- Chore services
- Environmental accessibility/adaptations
- Family training services
- Homemaker services
- Independent habilitation
- Nutritional counseling
- Occupational therapy
- Personal care services
- Personal emergency response system

Physical therapy
Preventive consultation and crisis support services
Respite services
Skilled nursing
Speech, hearing and language services
Transportation services

As an additional function the SQPR will review DDA service coordinator services. Results of these reviews will be completed at the same time as the provider review and issued under a separate report to DDA management.

VI. SCOPE OF THE REVIEW

The SQPR process focuses on determining if the provider has the overall organizational strength, vision and capacity to safeguard individuals across all the type of services it provides. Therefore the provider will be reviewed for all aspects of the service delivery system in accordance with the Quality Framework issued by the Centers for Medicare and Medicaid (CMS) provided to individuals with intellectual/developmental disabilities. As an example, if the provider offers both ICF/MR services, day habilitation and some ancillary services (e.g., skilled nursing, physical therapy) all services will be encompassed in the review. The sample of individuals to be included in the review (refer to Section VIII. B.) will ensure that all services are represented during the review.

VII. THE SQPR TOOL AND RATING SYSTEM

As described in Section III., service quality is reviewed through person-centered and organizational outcomes. Each outcome in the tool is divided into measurable *indicators*. Each indicator has a rating, which consists of, at least, *yes* and *no* and may also include *sometimes*. A few indicators have an additional rating of *not applicable (N/A)* to the individual being reviewed. For example, if the individual does not need a behavior support plan those indicators will be coded as *N/A*. There are interpretative guides under many of the indicators that are intended to be helpful to both the provider whose services are being reviewed and to the Quality Improvement (QI) Specialists conducting the review. Next to many ratings are guides as to when to assign a *yes*, *no*, *sometimes* or *N/A*. This too will be helpful to both providers and QI Specialists.

Situations will arise where the provider will correct a condition leading to a *no* rating before the review is finished. Although fixing problems identified during the review should be encouraged (and in some instances required), a *no* rating still must be given reflecting the situation as it existed when first identified. Also next to the *no* rating is a *comment required (CR)* designation to signify that the QI Specialist must write a comment to give more specific information about why the *no* rating was given. These comments will be useful when writing the final provider report. QI Specialists are also encouraged to make comments when a rating of *yes* is given since that will become source information for identifying positive practices in the provider report. An *Alert Required (AR)* alongside some of the *no* ratings signifies that the QI Specialist must issue an alert. More information on *Alerts* is provided in Section VIII.F. A designation of Quality Enhancement (QE) or Quality Improvement (QI) is given to each indicator. QI indicators are thresholds that

must be present in all services and supports in order to receive a satisfactory review from DDA. QI indicators are positive practices that signify excellence in quality of services and supports. More information about how these designations relate to SQPR results can be found in Section VIII.H. The satisfaction and case management indicators do not have QE/QI designations.

The SQPR tool is divided into two sections:

Section I: Individual Outcomes – This section contains person-centered outcomes and indicators for each of the services listed in Section V. above. Included are outcomes for case management under which the services and supports of both contracted and state case managers are reviewed.

Section II: Organizational Outcomes – Under this section specific provider management outcomes and practices are reviewed. All indicators in this section apply to for- and non-profit provider agencies. Some indicators apply to individual (not agency) providers while others do not as indicated on the SQPR tool.

VIII. THE SERVICE QUALITY MONITORING PROVIDER REVIEW PROCESS

Following is a description of the SQPR process. (**Attachment B** contains a task chart for SQPR teams to use in planning a review.)

A. SURVEY TEAM

The survey team for a monitoring visit is composed of DDA staff from the QMD Unit. In general the review team consists of 2 or more people except if the sample is very small (5 or less) and all the services are provided in one location. If a team member provides technical assistance to the provider he or she cannot serve as a member of the team. On a rotating basis, one DDA QI Specialist serves as team leader for the review. QI Specialists who have worked in a provider organization within the last 5 years may not be on the team for that provider. QI Specialists must meet a specific level of reliability in conducting the SQPR before he or she can be on a team.

Teams will also include interested citizens such as individuals or family members. Citizens who receive services from the provider or who are provider employees may not participate in the review. However, they can participate in the review of a different provider's services. Citizen team members may do the same activities as QI Specialist including interviewing consumers and conducting interviews. They will not, however, review consumer case records. Support and training will be provided to citizens who are interested in participating in the SQPR process.

Team leaders for one review may serve as a team member on the next review, but may not be a leader. Team leader responsibilities include:

-  Coordinating all activities for the review process;
-  Completing the Service Quality Provider Review Report;
-  Monitoring completion of an action plan to correct areas identified as needing improvement.

B. SAMPLING

The sample of individuals to be included in the review will be both representative of and proportional to a duplicated count of people receiving residential, work/day and ancillary supports and services. The sample is designed so as not to exclude individuals who were included in the previous SQPR of the provider. As well, the team may expand the sample during the review when authorized by the Director of the Quality Enhancement/Improvement Unit.

Within these parameters the sample will be randomly selected. Once the basic sample is selected the team leader will review the list to ensure the sample includes:

- ❖ All the discrete services within the broad categories of residential/workday and ancillary supports.
- ❖ At least 10% of waiver recipients served by the provider.
- ❖ Individuals with specific needs such as individuals who have a behavioral support plan and/or take psychotropic medications, and need specialized medical supports and have a Health Care Management Plan.
- ❖ At least one individual in any location where there has been a pattern of serious reportable incidents and/or alerts over the past year and/or if the “conditions of participation” in the current licensing report have not been met.
- ❖ If only 1 individual is selected for a discrete service the sample will be increased to 2 individuals (unless only 1 individual is served).

Following is the basic sample selection chart:

Sample Selection Chart

Number of People Served	Sample Size
1-5	100% (1-5)
6-20	75% (5-15)
21-50	50% (11-25)
51-99	40% (20-40)
100 -144	30% (30-43)
Above 145	20% (29+)

C. NOTIFYING THE PROVIDER

The team leader will notify providers 5 business days in advance of the on-site review. Information will include start and end dates and names of team members. The team leader will request that the provider assign a staff person to be a liaison for the review. The team will also reserve the right to conduct an unannounced visit.

Names of the individuals who will be in the sample will be provided on the first day of the on-site review. If there are extenuating circumstances preventing an individual from being included in the review, the team leader will select another individual.

D. PRE-REVIEW PREPARATION

A number of activities take place before the actual on-site review including:

- ❖ Selecting the provider and sample
- ❖ Assigning the sample of individual team members
- ❖ Giving other team member assignments
- ❖ Collecting and reviewing the following documentation about the provider since the last review including:
 - ALERT system
 - Serious Reportable Incidents (IMEU)
 - Human Care Agreements (Contracts Department)
 - In-service training attendance records (Training Department)
 - Current Health Regulatory & Licensing survey (HRLA)
 - Consumer Profiles and Individual Support Plans (Central Record)
 - Service Coordination monitoring reports
 - Other information as needed (e.g., Evan's Reports).

- ❖ Speaking with key people about the provider's services and supports including:
 - DDA Service Coordination to obtain general information about the provider (not individuals in the sample).
 - DDA Resource Planning & Management for residential and day contract status.
 - Waiver Unit (when HCA services are being reviewed)
 - Other people as needed

E. ON-SITE REVIEW

The on-site review begins with an initial meeting with the liaison to discuss the purpose of the review, schedule of review activities, and materials needed to complete the review. Other provider staff may also participate in the initial meeting as determined by the liaison. After the discussion, each team member completes a review of the specific individuals who have been included in the sample.

1. Observation - Team members will visit individuals in their residence and/or where they work or receive day supports. Visits should include time for the team member to observe the individual at his or her residence and/or work/day support. Visits should be as least disruptive as possible; individuals should not cancel scheduled activities during the on-site visit. Visits can be conducted in the morning, evening and on weekends.

Following is a guide as to when specified locations are required to be visited or when they are visited with the individual/family permission

- ❖ Family's home/individual's home that is owned or leased by the individual – with permission.
 - ❖ ICFs, CRFs, Specialized Home Care and other residential locations– required.
 - ❖ Work/Day facilities – required.
 - ❖ Supported Employment work locations – the individual and employer must grant permission for the team member to visit the location where he or she works. For some work placements and supported employment, review at the site may not be appropriate and an off-site interview may need to be scheduled.
2. Interviewing – Team members will interview the individual whenever possible and appropriate. Team members may interview the guardian or involved family member, lawyers and advocates and direct support staff and program managers. Individuals may refuse to be interviewed but their services and supports will be reviewed through a documentation review and the interviewing of other people. Team members may also interview relevant clinicians and DDA staff in the Health & Wellness Unit if needed. DDA Service Coordinators will be interviewed for each individual in the sample.
 3. Documentation review – Team members will review the individual's record at (e.g., Individual Support Plan, behavior support plan, health and medication) and other documentation about services individuals receive at the location (e.g., staff training records, communication logs). In general, the record review will encompass information from the past year.
 4. Staff training/criminal check review - For indicators related to staff training/criminal background check in Section I (individual Outcomes) and Section II (Organizational Outcomes). All staff training/criminal background checks will be reviewed for the locations visited during the review. Included are all full-time, part-time, weekend and overnight staff. If the individual has one-on-one staffing the team member only reviews the training/criminal background check for that staff person. (Refer to **Attachment C: Staff Hiring and Training Checklist.**)

For Section II (Organizational Review) of the SQPR tool members of the team will meet with the executive director (or designee) and other key management staff. The provider is asked to give the team an overview of the services and supports, relevant policies and procedures, and any other information that they think will be helpful to the team (e.g., policies and procedures, quality assurance/improvement plan and strategies for improvement) in the following areas:

1. Significant changes in the organization over the past year.
2. How the provider systematically addresses health and safety to individuals including when individuals are at risk, when staff are not available and other emergencies, how they track significant incidents (e.g., medication errors, injuries).
3. How the provider supports individuals with significant health and/or behavioral needs.
4. How the provider supports staff in three areas:
 - Recruitment efforts;
 - Developing/maintaining staff competency;

- Ensuring effective communication and problem solving throughout the agency.
5. How the provider supports the organization to grow and change over time to keep pace with the consumer's changing preferences and needs as well as industry best practices.

Members of the team may also interview the Human Rights Committee (HRC) chairperson and/or other administrative/clinical staff and review documentation regarding the HRC and the Incident Coordinator to determine the effectiveness of the incident management system.

F. SERIOUS HEALTH AND SAFETY ISSUES

In DDA there are two processes for identifying serious issues as follows:

Serious Reportable Incidents - During the review, a team member may come across a situation that poses an imminent threat to the person's health, safety or welfare as defined in the DDA Serious Reportable Incident policy and procedure. When a team member has issued a Serious Reportable Incident, he or she will follow-up to ensure the provider takes protective action pending the outcome of the investigation. When there is a *no* rating given to specific indicators, the team member is required to complete a serious reportable incident report as identified by an *SRI* in the SQPR tool.

DDA team members are mandated reporters and are required to report any incidents of abuse, neglect or mistreatment to the appropriate authorities.

Alerts - The team member may identify other serious issues as defined in the DDA Alerts policy and procedure. If the provider can validate that the issue does not meet the criteria for an alert before the end of the on-site review, an alert will not be issued. Mandatory alerts are identified for specific indicators. When there is a *no* rating given to specific indicators, the team member is required to issue an *alert* as identified by an *AR* in the SQPR tool.

G. POST-REVIEW

Post On-Site Review Team Meeting - After the review is completed, the team enters the results (e.g., *yes, no, sometimes*) for each consumer in the sample and the organizational review. If an individual's work/day, residential services and/or ancillary supports are reviewed, then separate ratings are entered for each service. However, results for case management services are only entered once. (**Attachment D** describes how the ratings are calculated.)

Once the ratings are tabulated the team meets to review the patterns and to develop the recommendations that will be incorporated into the Service Quality Provider Review report.

Service Quality Provider Review Report - The team leader collects all the individual reviews that have been completed by the team members and uses the information to develop the Provider Service Quality Provider Review and DDA Quality Review Report.

The reports are written by domain. Each domain has a chart showing the aggregate ratings across all services and includes the overall strengths and the areas needing improvement. Individuals' names or initials along with personally revealing information are not included in the Service Quality Provider Report. There may be occasions where a team member encounters a serious health and safety issue for an individual who is not in the sample. These may be identified in the report under the applicable domain but will not affect the ratings.

The report also includes trends identified through other quality assurance processes as follows:

- Licensure – any patterns of “Immediate Jeopardy” or “Conditions of Participation” in the original licensing review in the past year in the following categories: governing body/management, client protection, health, facility staffing, active treatment, client behavioral and facility practices, health care services, physical environment, and diabetic services. This will be not applicable for any provider that has services not subject to licensure. (Not applicable for non-licensed providers.)
- Alerts and Serious Reportable Incidents (SRI) – any patterns of Alerts across all individuals issued 1 year prior to the start date of the review that are still open 60+ days and no pattern of Alerts and/or Serious Reportable Incidents the issued by the team during the survey.

The entire team reviews a draft of the report and, after final editing, it is sent to the Quality Enhancement/Improvement Chief for review and approval. The report is finalized and approved by the Quality Enhancement/Improvement Chief within 5 business days of the end of the on-site review. (Refer to **Attachment E** for a sample report format.)

Summary Meeting – The review team holds a meeting to discuss the initial results of the review with the provider within 1 to 3 business days after approval of the SQPR report. In addition to the provider and the review team, participants in the meeting may include the Service Coordinator(s) whenever possible, and may also include other DDA staff (e.g., Resource Planning & Management Unit, Training Unit, and Waiver Unit).

At the meeting the team highlights where they observed positive practices. They also identify where improvements are needed. The team encourages discussion amongst participants regarding strategies and resources that might support improved outcomes in the services being provided.

Any health/safety concerns that warrant immediate intervention for the protection of individuals will be discussed at the Summary Conference. At the meeting participants will collaboratively develop a provider action plan and timelines to address these serious issues.

H. SERVICE QUALITY MONITORING PROVIDER REVIEW DECISIONS

Service Quality Level of Quality Criteria:

1. SQPR Review Results criteria:

- a. Basic Assurance indicators – meets 80% or above of the threshold health/safety/rights indicators.
- b. Quality Improvement indicators – meets 80% or above of the quality improvement indicators.
- c. Organizational Outcomes – meets 80% or above of the organizational outcomes.
- d. Satisfaction Indicators – meets 80% or above of the satisfaction indicators.

The chart below describes how the criteria are applied in order to arrive at a level of quality for the provider:

Level of Quality	Criteria	Result
Excellence	Meets <u>all</u> applicable criteria: 1a, 1b, 1c, and 1d	If receives “Excellence” for 2 consecutive years, reviewed in 2 years
Satisfactory	Meets the following applicable criteria: 1a <u>and</u> 1c ¹	Must develop a Plan of Action (subject to follow-up) Reviewed in 1 year
Needs Improvement	Meets the following applicable criteria: 1a. <u>or</u> 1c. (not both)	Must develop a Plan of Action (subject to follow-up) Reviewed in 1 year
Unsatisfactory	Does not meet the following applicable criteria: 1a. <u>and</u> 1c.	Must follow the action steps described in <i>Action Steps to Ensure Compliance (Attachment A)</i> May be subject to a review in less than 1 year – dependent upon results of Action Steps to Ensure Compliance

I. RECONSIDERATIONS/APPEALS

If the provider disputes any of the facts of the report they have 5 business days to submit documentation to warrant any changes to the report. The team will take requests under advisement and make changes with which they agree. The team finalizes the report within 3 days of receiving any requests for changes from the provider. The final report is sent to the provider, managers within DDA, the Quality Trust, and the DDS Quality Improvement Committee (QIC).

A report for a consumer will be completed if there are concerns about the quality of his or her services, especially if they affect his or her health, safety or welfare. The report and an

¹ The satisfaction indicator results will not be applied to providers receiving an initial SQPR review. In subsequent reviews the satisfaction criteria (1d) will apply in order to receive “satisfactory” level of quality.

DDA “Issues Follow-up Tracking” form would be forwarded to the service coordinator and the Immediate Response Committee for resolution.

J. CORRECTIVE ACTION, FOLLOW-UP AND TECHNICAL ASSISTANCE

Once the report is finalized, the provider may be required to develop a Plan of Action (POA) to address specifically identified areas needing improvement in the report. Issues affecting consumer’s health, safety or welfare will be prioritized for remediation and DDA will collaborate with the provider to establish dates by which specific areas must be corrected. DDA will follow-up with the provider to verify that the corrections have been completed within the prescribed timelines. For providers receiving an unsatisfactory review, DDA will follow the steps described in **Attachment A**, *Action Steps to Ensure Service Compliance*.

K. CONTINUOUS QUALITY IMPROVEMENT WITHIN MRDDA

Once a year, DDA will complete a report showing cumulative data from all individual surveys completed during the past year to identify trends for the District of Columbia as a whole. The first year’s data is a baseline against which data from successive years is compared. DDA will develop an action plan of targets for improvement to address areas of concern identified through the data.

ATTACHMENT A

ACTION STEPS TO ENSURE SERVICE COMPLIANCE

PURPOSE: The Developmental Disabilities Administration (DDA) is committed to the provision of a comprehensive service delivery system of high quality. This involves continuous provision of technical assistance, site visits to evaluate program and service delivery and follow-up by its Divisions of Service Coordination (SC) and Quality Management (QM), through the Resource Planning & Management (RPM) and the Waiver Services (WS).

The purpose of these action steps is to:

- Ensure that our consumers are provided quality service;
- Ensure that providers demonstrate to the satisfaction of the District their capability to fully perform the requirements under the Human Care Agreement, Service Agreement or Specialized Home Care Agreement;
- Support the DDA partnership with the service provider;
- Ensure that provider services comply with customer ISPs; and
- Salvage consumer placement whenever possible and do so in a consistent and fair manner.

PROCESS

Whenever issues are encountered involving the provision of services to consumers, every effort will be made to resolve the issue(s).

However, when data from incident reports, case management monitoring, alerts or quality assurance monitoring indicates a provider to have multiple reports of deficiencies of the same type or when and where multiple reports are identify about an individual within the provider's care the following actions will be taken.

ACTIONS:

1. **Verify deficiencies and/or allegations:** Quality Management will take the lead in reviewing all information about the performance of the provider to determine if the issue is systemic and/or chronic.
2. **Convene a meeting:** If it is, a meeting will be called including the provider, the Divisions Service Coordination (SC), Resource Planning & Management (RPM), Quality Management (QM) and the Incident Management and Enforcement Unit (IMEU) to determine the exact nature of the issue, the probable cause and whether there is an immediate solution.
3. **Determine solution:** If this meeting determines there is an immediate solution, the provider will implement it and QM & SC will monitor to assure it solves the issue.
4. **Determine if chronic issue:** If this meeting determines the issue is chronic and/or the provider is unwilling to take reasonable steps to resolve it, the provider will be required to file a plan of correction with specific time frames. The provider may be given from 24 hours to 30 days to file depending on the severity of the issue.
5. **Send Letter:** If the plan of correction is not filed, a letter will be sent to the provider from the DDA Deputy Director to set up a meeting to discuss the issue.

6. **Inform “Governing” entities:** If the provider entity is operated by a National Headquarters or Board of Directors, they will be informed in writing about the issue, the expectations for corrective actions, performance and timelines for compliance.
7. **File allegation of neglect:** If at any time there is sufficient evidence of chronic failure to attend to the needs of consumers as described in their ISPs, DDA may file an allegation of neglect with the Incident Management Enforcement Unit, with copies to the HRLA for investigation and action.
8. **Refer for further action:** (A.) If the provider fails to file a plan of correction or to attend a scheduled meeting or to take steps to correct the identified issues for more than 90 days from the first meeting (see #2 above) the issue will be referred to Health Regulatory & Licensing Administration (HRLA). (B.) The issue will also be referred to MAA and/or the Office of Contracts and Procurement (OCP) for respective follow-up action, depending on the source of funding. (See No. 2. above for first meeting details.)
9. **Coordinate takeover:** If non compliance continues for 120 days, the provider will be asked to participate in a takeover of the facility by assisting with the coordination of services by a cooperating provider and assisting with the development of a strategic transition plan to ensure a quality transfer of consumers. SC will initiate referrals for the consumers to be moved and submit the referrals to RPM for processing and for placing consumer with the cooperating provider.
10. **Relocate consumer:** If at any time, there is deemed to be a significant threat to the health and safety of a consumer, DDA will take steps to relocate that consumer to another provider.
11. **Review for compliance by HRLA:** If a facility is certified for participation in ICF/MR, HRLA will review for compliance with applicable federal rules and issue findings of noncompliance as specified in those rules.
12. **Issue findings of noncompliance by HRLA:** If a facility is licensed by the District of Columbia to provide services to people with developmental disabilities, the HRLA will review applicable licensing rules and issue findings of noncompliance as specified in those rules.

(Please see attached flow chart of “Action Steps” process.)

ATTACHMENT A, CONTINUED
Attorney client privileged
ACTION STEPS TO ENSURE SERVICE COMPLIANCE

HRLA REGULATIONS AND STANDARDS

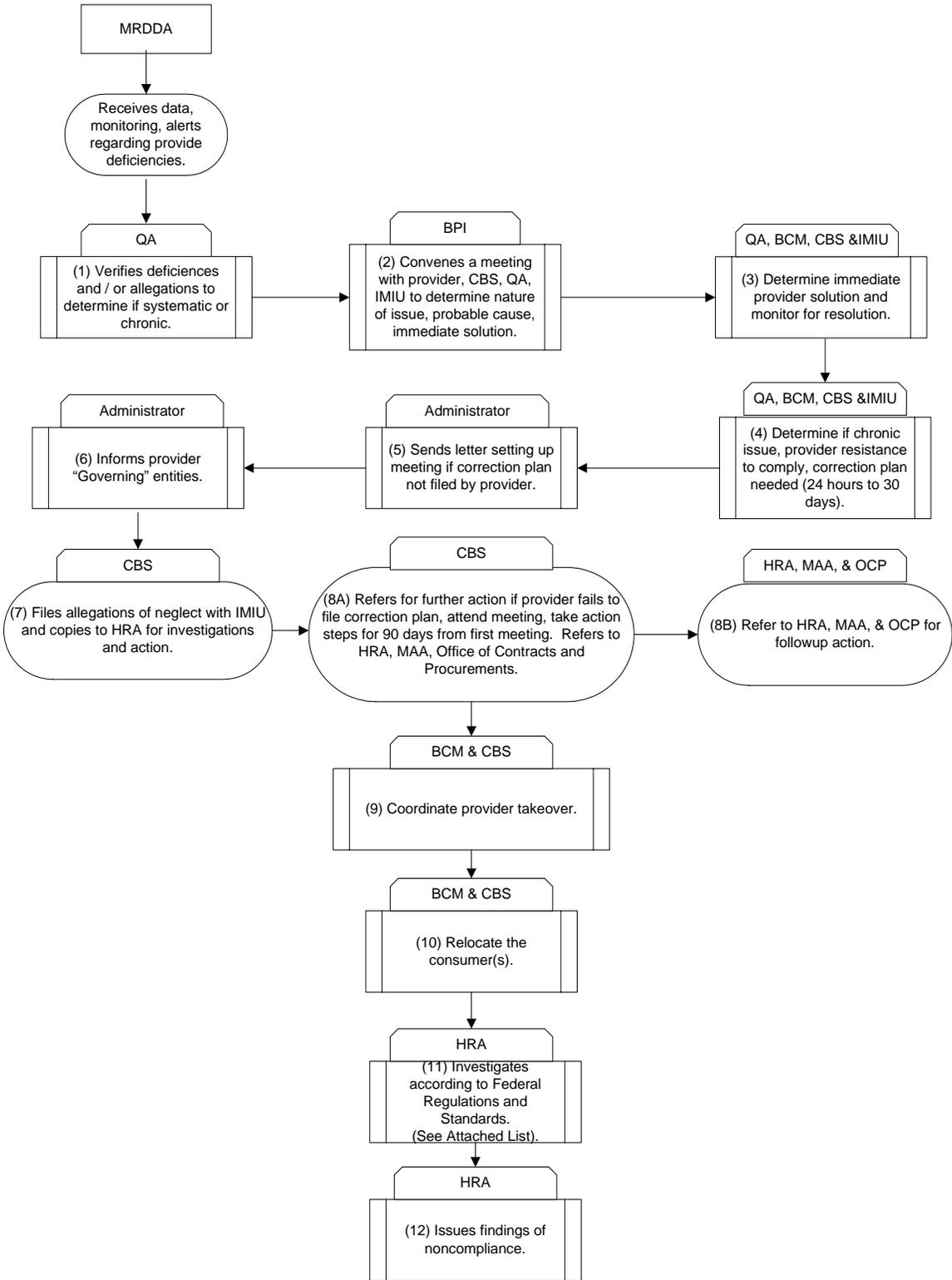
INTRODUCTION:

DDA will refer issues to HRLA that place the health, safety and well-being of DDA consumers in “immediate jeopardy.” Provider service compliance will be reviewed and based upon a set of regulatory “conditions of participation or standards” as noted below. There are specific regulations within the standards that will be applied according to HRLA Guidelines.

CONDITION OF PARTICIPATION	STANDARDS	REGULATORY TAG NOS.
GOVERNING BODY & MANAGEMENT	Governing body Compliance with federal, state and local laws Client records Services provided under outside source agreements	W102-106 W107-109 W110-116 W117-121
CLIENT PROTECTIONS	Protection of clients Client finances Communication with clients, parents and guardians Staff treatment of clients	W122-139 W140-142 W143-148 W149-157
FACILITY STAFFING	Qualified mental retardation professional Professional program services Facility staffing Direct Care (residential) living unit staff Staff training program	W158-163 W164-181 W182-185 W186-188 W189-194
ACTIVE TREATMENT SERVICES	Active treatment Admissions, transfers and discharges Individual program plan-264 Program implementation Program documentation Program monitoring and change	W195-197 W198-205 W206-248 W249-251 W252-254 W255-264
CLIENT BEHAVIOR & FACILITY PRACTICES	Conduct toward clients Management of inappropriate client behavior Timeout rooms Physical restraints Drug usage	W266-273 W274-290 W291-294 W295-309 W310-317
HEALTH CARE SERVICES	Physician services Physician participation in the individual program plan Nursing services Nursing staff Dental Services Comprehensive dental treatment Documentation of dental services Pharmacy services Drug regiment review Drug administration Drug regimen review Drug administration Drug storage and record keeping Drug labeling Laboratory services	W318-328 W319-328 W329-330 W331-342 W345-347 W348-350 W351-354 W355-356 W357-360 W361 W362-366 W367-374 W375-387 W388-392 W393-405
PHYSICAL ENVIRONMENT	Client living environment Client bedrooms Storage space in bedrooms Client bathrooms Heating and ventilation Floors	W406-408 W409-421 W422-423 W424-426 W427-430 W431-434

	Space and equipment Emergency plan and procedures Evacuation drills Fire protection Paint Infection control	W435-437 W438-439 W440-451 W450-451 W452-453 W454-459
DIABETIC SERVICES	Food and nutrition services Meal services Menus Dining areas and service	W459-466 W467-476 W477-481 W482-489

ACTION STEPS TO ENSURE SERVICE COMPLIANCE



ATTACHMENT B
DDA Service Quality Provider Review
Task Flow Sheet
November 2008

Provider: _____ **Executive Director:** _____

Provider liaison: _____ **On-site review projected start/end dates:** _____

Team members: _____

TASK:	RESPONSIBLE PERSON:
Provider Notification by letter (5 working days):	
Pre-Review (Look Ahead) Team Meeting:	
Schedule Initial Meeting (start of on-site review):	
Send SQPR tool/process to the provider:	
Select Sample (see chart below):	
Pre-Review Preparation Activity:	
Documents:	
❖ Serious Reportable Incidents from IMEU:	
❖ Human Care Agreements (Contracts Department) :	
Obtain in-service training attendance records from the Training Department	
❖ Obtain current licensing surveys from HRLA	

TASK:	RESPONSIBLE PERSON:
❖ Obtain list of alerts from past year	
❖ Individual Profile and Individual Support Plans (Central Record)	
❖ Service coordinator monitoring reports:	
❖ Other Reports	
Contacts:	
❖ Contact the Contract Division regarding contracts/Human Care Agreements	
❖ Contact Resource Planning & Management for day and residential issues	
❖ Waiver Unit for any outstanding waiver issues or concerns	
❖ Contact Service Coordination for provider relationships, responsiveness and cooperation, etc.	
❖ Other	
Post Review Tasks:	
❖ Enter Ratings:	
❖ Team Meeting:	

TASK:	RESPONSIBLE PERSON:
❖ Complete Preliminary Report:	
❖ Approval of Preliminary Report by Team and QE/QI Chief:	
❖ Send Preliminary Report to Provider:	
❖ Summary Meeting with Provider:	
❖ Finalize Report (if reconsideration):	

Sample Selection:

Total # (duplicated) individuals served:

Types of services:

Initial sample size (see chart):

Total # individuals receiving supports:

Proportion: $\div = \%$

Sample: $x =$

Total # individuals receiving independent habilitation supports:

Proportion: $\div = \%$

Sample: $x =$

Total # individuals receiving the following ancillary supports:

1. Skilled Nursing:

Proportion: $\div = \%$

Name	Service Location	Team Member	Alerts	IMEU	Residential				Work/Day				Ancillary				
					ICF								Indep Hab				
Total:																	

Task 10: Re-Review Team Meeting: Develop a list of questions that should be included in the Executive Director interview.

On-Site Review:

- **Executive interview: Team member : (TM) All team members will be involved**
- **Training/criminal background checks requirements review: (TM)** Ask provider for employee background check if it is in the record.
- **QI Plan Review: (TM)**

- **Other Information: (TM)**

DSP hiring/training requirements:	Required for the following staff:						Staff Initials																	
	DCSPs ²	SHC ³	Aides ⁴	Other	Other	Other																		
DSCP professionalism	X																							
Person centered planning	X	X	X																					
First aid	X		X																					
CPR	X		X																					
Crisis prevention	X																							
OSHA	X																							
Fire safety	X																							
MRDDA Policies:	X	X	X																					
Adaptive equipment																								
Behavior support																								
Incident management																								
Individual Support Plan																								
Medical																								
Most integrated settings																								
Psychotropic medications																								
Other																								
Training-Individual Outcomes Review:																								

ATTACHMENT D Rating Calculations

1. BA indicators:

- a. Add all **yes** ratings for the BA indicators by domain for all individuals and all services in the sample.
- b. Add all **no** ratings for the BA indicators by domain for all individuals and all services in the sample.
- c. Add all the **yes** and **no** indicators together to arrive at the total number of ratings that were given for all individuals and all services in the sample.
- d. Divide all the **yes** ratings by the total number of ratings that were given for all individuals in the sample. This calculation will generate the percentage of **yes** BA ratings. Example: 30 yes ratings + 45 no ratings = 75 total yes/no ratings. $30 \div 75 = .40$ or 40% yes BA ratings by domain.
- e. Divide the **no** ratings by the total number of ratings that were given for all the individuals in the sample. This calculation will generate the percentage of **no** BA ratings. Example: 30 yes ratings + 45 no ratings = 75 total yes/no ratings. $45 \div 75 = .60$ or 60% no BA ratings by domain.
- f. Add **yes** ratings for the BA indicators across all domains. Then add the **no** ratings for the BA indicators across all domains. Add the total yes and no ratings. Divide the yes ratings by the total yes and no ratings to arrive at the level of quality calculation for the provider in the BA indicators. Example: 100 yes ratings (across all domains) + 68 no ratings (across all domains) = 168 total yes/no ratings. $100 \div 168 = .595$ (or .60) or 60% yes ratings across all domains. $68 \div 168 = .404$ (or .40) or 40% no ratings across all domains.

2. QI indicators:

- a. Same as above for the BA indicators.

3. Satisfaction Indicators:

- a. Same as above for the BA indicators.

4. Organizational indicators

- a. Add all **yes** ratings for the BA indicators. (Note there are no QI organizational indicators.) Add all the **no** ratings for the BA indicators. Add the **yes** and **no** indicators together. Divide the **yes** ratings by the total **yes** and **no** ratings to arrive at the level of quality calculation for the provider in the organizational section of the review. Divide the **no** ratings by the total **yes** and **no** ratings. Example: 8 **yes** ratings across all indicators = 4 **no** ratings across all indicators = 12 **yes/no** ratings. $8 \div 12 = .666$ (or .67) or 67% **yes** ratings for the organizational section of the review. $4 \div 12 = .333$ (or .33) or 33% **no** ratings for the organizational of the tool.

5. Service Coordination indicators

- a. Same as above for the BA indicators. (Note: Service Coordination indicators are not designated as BA or QI).

6. Service Coordination satisfaction indicators

- a. Same as above for the BA indicators.

ATTACHMENT E
Developmental Disabilities Administration
Service Quality Provider Review Report

Provider:	Team Members: <i>Identify the team leader</i>
Administrative Address:	Survey Start/End Date:
Telephone: Email:	Report Date: Preliminary <input type="checkbox"/> Final <input type="checkbox"/>
Contact Persons:	# of individuals served (duplicated count):
Services: <i>From first page of SQPR tool</i>	Number of individuals in the sample:

Level of Quality Results

Excellence:

Satisfactory: Plan of Correction due date: _____

Needs Improvement: Plan of Correction due date: _____

Unsatisfactory: (Action Steps to Ensure Compliance)

Licensure:

Summary:

Alerts/Serious Reportable Incidents:

Summary:

Service Quality Provider Review (SQPR):

Basic Assurance Indicators: Met Not Met (____% of BA indicators receiving *yes* rating)

Quality Improvement Indicators: Met Not Met (____% of QI indicators receiving a *yes* rating)

Satisfaction Indicators: Met Not Met (____% of BA indicators receiving *yes* rating)

Organizational Outcomes: Met Not Met (____% of organizational outcomes receiving a *yes* rating)

Summary: Refer to next section of the report

Section I
Service Quality Provider Review Summary – Individual Outcomes

Domain C1: Rights and Dignity

For all domains include pie chart showing aggregated results by outcome across all services (except case management). For the Team present the aggregated data by indicator and outcome by service type.

Strengths:

Recommendations:

Follow-up results (Date: _____) (*a “follow-up” section can be added to each domain when needed*)

Domain C2: Safety and Security

Strengths:

Recommendations:

Domain C3: Health

Strengths:

Recommendations:

Domain C4: Choice and Decision Making

Strengths:

Recommendations:

Domain C5: Community Inclusion

Strengths:

Recommendations:

Domain C6: Relationships

Strengths:

Recommendations:

Domain C7: Service Planning and Delivery

Strengths:

Recommendations:

Domain C8: Satisfaction

Strengths:

Recommendations:

Section II
Service Quality Provider Review Report – Organizational Outcomes

Outcome S1.1: The provider has systems to protect individual rights Yes No

Strengths:

Recommendations:

Outcome S1.2: The provider has a system to respond to emergencies and risk prevention Yes No

Strengths:

Recommendations:

Outcome S1.3: The provider ensures that staff possess the needed skills, competencies and qualifications to support individuals Yes No

Strengths:

Recommendations:

Outcome S1.4: The provider has a system to improve service quality over time Yes No

Strengths:

Recommendations:

Domain C4: Choice and Decision Making
Domain C7: Service Planning and Delivery Strengths: Recommendations:
Domain C8: Satisfaction: Strengths: Recommendations:

DEPARTMENT ON DISABILITY SERVICES (DDS)
DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
SERVICE QUALITY REVIEW (SQR)
PART I – INDIVIDUAL OUTCOMES

OCTOBER 2008

Instructions for completing Part I of the Service Quality Review (SQR) tool: The purpose of the SQR is to determine the quality of services of the provider through the lens of a sample of individuals. Part I of SQR tool is completed for each individual in the sample. The tool is divided into 4 sections: residential supports, resource planning & management, ancillary supports (e.g., chore services, transportation) and service coordination. The QI Specialist should only complete the sections of the tool for the services the individual receives from the provider. Therefore, services provided by other agencies are not included in the review. For example, John receives residential services, speech therapy and nutritional counseling from XYZ provider. He also receives work/day services from a different provider. In this case, the QI Specialist would only review services provided by XYZ provider. The section of the tool for DDA service coordination is completed for every individual in the sample.

Each section of the SQR is divided by domain, outcome and finally indicators. The tool has different “rating” options: *yes*, *no*, *sometimes* and *not applicable (N/A)* for each indicator. Note that criteria is provided for some of the ratings, especially when to give a *not applicable*. All indicators must be rated even if the rating is *not applicable*. Whenever a rating of *no* or *sometimes* is given the QI Specialist must give a comment to document his or her findings. This requirement is noted by a *CR* (comment required) next to the rating. A tag of Quality Management Division (QMD) or Quality Improvement (QI) is given to each indicator in the tool. These tags are used to determine the Level of Quality given to the provider after the review has been completed.

During the on-site review the QI Specialist will review the case record and other documentation from the past years as well as interview the individual, provider’s executive and direct care support staff and other significant people in his or her life such as staff and circle of support members. The QI Specialist will also observe the individual where he or she lives and/or works. At the end of each section is a series of indicators about the person’s satisfaction with his or her services all of which follow outcome C8.1 (People are satisfied with their living arrangements and supports). This section should be completed through an interview with the individual. If the individual is not meaningfully able to answer the questions, interview another person who knows the individual well and is not paid to provide supports such as an involved family member, close friend or advocate. Check the appropriate box at the beginning of the indicators for satisfaction indicating whether or not the interview was conducted and if it was conducted who was interviewed.

During the course of the provider review if a Serious Reportable Incident is identified, the QI Specialist must notify the Incident Management and Enforcement Unit (IMEU) by phone immediately and must submit a written Incident Report within 24 hours.

When the tool is completed all the ratings must be entered into the MCIS database.. While it is possible to issue an “alert” under any of the indicators, a number of indicators receiving a *no* rating will automatically require that an alert be issued which is noted by an *ARS* (Alert Resolution System) next to the *no* rating. Alerts are entered into the MCIS database at the same time that the QI Specialist enters the ratings. Once all the individual reviews are data entered, the MCIS will aggregate ratings across all individuals in the review along with a compilation of all the comments for each indicator. This information will be used by the team during the SQR Review Summary meeting determine and report on the trends across the provider’s system and the practices in support of individuals reviewed who receive services. A separate report will also be completed on the trends identified from all the reviews from DDA service coordination.

**DEPARTMENT ON DISABILITY SERVICES (DDS)
 DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
 SERVICE QUALITY REVIEW (SQR)
 PART I - INDIVIDUAL OUTCOMES
 COVERSHEET**

Individual Name: _____ Home Address: _____

Medicaid Waiver Participant: Yes No Medicaid # _____ SS# ___/___/___ Date of Birth: ___/___/___ Gender: Male Female

Agency: _____ Corporate Address: _____

Quality Improvement Specialist: _____ Review Date(s): _____

Services Reviewed:

Residential (check services being reviewed at the agency):

- Supervised apartment
- ICF/MR
- Specialized home care (foster care) host home
- Out of state residential institutions
- Community residence facility (CRF)
- Other: _____

Work/day (check services being reviewed at the agency):

Address: _____

- Workshop/prevocational services
- Supported/competitive employment
- Day habilitation
- Other: _____

DDA Service Coordination

Ancillary (check services being reviewed at the agency):

- Attendant care
- Adaptive equipment
- Adult companion
- Chore services
- Environmental accessibility/adaptations
- Family training services
- Homemaker services
- Independent habilitation
- Nutritional counseling
- Occupational therapy
- Personal care services
- Personal emergency response system
- Physical therapy
- Preventive consultation and crisis support services
- Respite services
- Host Home
- Skilled nursing
- Speech, hearing and language services
- Supported employment (indicators located in Work/Day section of the SQR)
- Transportation services

ADD IN ALL SERVICES; COMPANION

Interviewed: _____

Involved Family Member: _____ Tel: (____) _____ Guardian: _____ Tel: (____) _____

Advocate: _____ Tel: (____) _____ Attorney: _____ Tel: (____) _____

Service Coordinator: _____ Tel: (____) _____ Staff: _____

Part 1
Service Quality Review
Indicators for Residential Supports



Outcomes/Indicators	Rating
Domain C1: Rights and Dignity	
<p>2. When needed, does the individual have a behavior support plan (BSP)? (QI)</p> <p>Outcome C1.1 People have the same rights and protections as others in the community.</p> <p>1. Is the individual afforded his or her rights in the residence? (SQR) <i>Guide: Review the DDS policy on rights of persons with intellectual /developmental disabilities. Observe if staff⁵ assists with personal care in a private area; if the individual opens his or her own mail or staff ask permission to assist the individual in opening the mail. Observe and/or review the records to determine if he or she has free access around the home or there no areas that are “off limits” (e.g., staff office); if there are no prohibitions on use of the phone, having visitors, attending religious services of the person’s own choosing, voting, etc.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, psychological assessment and/or staff report that a BSP is required and the individual has a BSP on the site case record. Complete indicators 2A-H.</p> <p><input type="checkbox"/> No, psychological assessment and/or staff report that a BSP is required but not present and/or QI Specialist observes that a behavioral intervention is being implemented absent a BSP. (CR) (AR)</p> <p><input type="checkbox"/> N/A, BSP not required.</p>

⁵ Note that the term *staff* refers to employees of an agency paid to provide residential supports to individuals. It also refers to “providers” who support individuals in specialized home care (foster care) living situations.

Outcomes/Indicators	Rating
<p>2A. Is there a current functional assessment of the individual's behavior? (SQR) <i>Guide: Review DDS restricted control procedures/behavior support policy. Review the case record to determine if a functional assessment has been completed.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, there is a written functional assessment of the individual's behavior, less than 1 year old.</p> <p><input type="checkbox"/> No, there is no written evidence that a functional assessment has been conducted. (CR)</p> <p><input type="checkbox"/> N/A, BSP not required.</p>
<p>2B. Are all procedures used to address behavioral issues consistent with the BSP and DDS policies? (SQR) <i>Guide: Review the DDS restrictive procedures/behavior support policy. Behavior support plans containing a restrictive control 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. Determine if a behavior specialist or psychologist is routinely consulted to review the effectiveness of the behavior support plan and that an intervention is not being implemented absent a behavior support plan. All provider HR and BS minutes from internal meetings must be submitted to DDS' HRAC for review within a 10 business day time frame for review..</i></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p> <p><input type="checkbox"/> N/A, BSP not required.</p>

Outcomes/Indicators	Rating
<p>2C. Has the behavior support plan been reviewed and approved by the provider’s Human Rights Committee (HRC) and the DDS HRAC and RCRC? (SQR) <i>Guide: Review the DDS restrictive control procedures/behavior support policy. Behavior support plans containing a restricted control must be reviewed by the HRC. d 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) one-to one restraints d) may otherwise be considered to compromise the human or civil rights of an individual.</i></p>	<p><input type="checkbox"/> Yes, there is written evidence that the BSP has been approved by the provider’s HRC and by the DDS HRAC and RCRC.</p> <p><input type="checkbox"/> No, there is no written/signed evidence available. (CR) (AR)</p> <p><input type="checkbox"/> N/A, BSP not required.</p>
<p>2D. Has the behavior support plan been reviewed and approved by the individual and/or guardian? (QI)</p>	<p><input type="checkbox"/> Yes, there is written evidence that the BSP has been approved by the individual and/or guardian within ten business days of the provider’s HR meeting.</p> <p><input type="checkbox"/> No, there is no written/signed evidence available. (CR) (AR)</p> <p><input type="checkbox"/> N/A, BSP not required.</p>
<p>2E. Are proactive, positive strategies identified in the plan? (SQR) <i>Guide: 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.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, strategies use positive rather than punitive methods to change behavior and/or behavior change strategies cite potentially accelerating situations to avoid.</p> <p><input type="checkbox"/> No, the plan contains only negative consequences and interventions. (CR)</p> <p><input type="checkbox"/> N/A, BSP not required.</p>

Outcomes/Indicators	Rating
<p>2F. Does staff know how to implement and document the behavior support plan? (SQR) <i>Guide: Review training records to verify that staff has been trained to implement the behavior plan. Where needed verify that staff has been trained in a DDS approved crisis intervention program. (Currently DDS approved programs are CPI, MANDT and Positive Behavior Strategies.). Through observation and/or interview determine if staff demonstrate competency to implement the behavior plan as written and if there is a match between the written plan and implementation.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> <i>Yes, staff observed implementing BSP properly and/or describes the protocol accurately.</i></p> <p><input type="checkbox"/> <i>No, staff are observed implementing BSP inappropriately and/or cannot describe the protocol. (CR) (AR)</i></p> <p><input type="checkbox"/> <i>N/A, BSP not required.</i></p>
<p>2G. Have behaviors of concern been stable or improving in the last three months? (SQR) <i>Guide: Review the data recorded on the behavior strategies and interview staff to determine if the plan has been effective.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> <i>Yes, there is current behavioral data available that substantiates stability or improvement.</i></p> <p><input type="checkbox"/> No, current data indicates that the behavior is not stable or there is no data available. (CR)</p> <p><input type="checkbox"/> N/A, BSP not required.</p>
<p>2H. Is there documented collaboration between the day and residential providers in implementing the BSP? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, there is written evidence that day and residential staff collaborate and communicate concerning BSP (e.g., evidence may include meeting minutes, correspondence).</p> <p><input type="checkbox"/> No, there is no written evidence of collaboration available. (CR) (AR)</p> <p><input type="checkbox"/> N/A, BSP not required.</p>

Outcomes/Indicators	Rating
<p>3. If the individual takes any psychotropic medications, has the medication been prescribed by a psychiatrist following an assessment? (SQR) <i>Guide: Review DDS restrictive control procedures/behavior support policy; use of psychotropic medication policy. Guide: Review the documentation to verify that the assessment has been made by a psychiatrist.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, there is documentation indicating that a psychiatrist completed an assessment and determined an Axis I diagnosis. Complete indicators 3A-F.</p> <p><input type="checkbox"/> No, no evidence can be found that a psychiatrist has completed an assessment and made an Axis I diagnosis. (CR) (AR)</p> <p><input type="checkbox"/> N/A, no psychotropic medication is prescribed.</p>
<p>3A. Is there informed consent for the psychotropic medication by the individual or guardian? (QI)</p>	<p><input type="checkbox"/> Yes, there is written evidence that the individual and/or guardian has consented to use of psychotropic medication.</p> <p><input type="checkbox"/> No, there is no written evidence that the individual and/or guardian has consented to use of psychotropic medication. (CR) (AR)</p> <p><input type="checkbox"/> N/A, no psychotropic medication is prescribed.</p>
<p>3B. Does the individual have an initial functional assessment and a formal behavior support plan when taking psychotropic medications? (SQR) <i>Guide: Review DDS policy on the use of psychotropic medications. Note that psychotropic medications taken for medical purposes do not require the individual to have a behavior support plan. Note that if the individual takes psychotropic medications, indicators 2 and 2A – G in this section must be completed.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, a current assessment/BSP is available.</p> <p><input type="checkbox"/> No, the assessment/BSP is not present but is indicated due to use of psychotropic medication. (CR) (AR)</p> <p><input type="checkbox"/> N/A, the individual does not take psychotropic medications; no assessment/BSP is required.</p>

Outcomes/Indicators	Rating
<p>3C. Does the provider ensure psychotropic medications are not used on a PRN⁶ basis? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, there are <u>no</u> PRNs for psychotropic medications indicated in MAR's or other medication documents.</p> <p><input type="checkbox"/> No, PRN psychotropic medications are included in MAR's or other medication documents. (CR) (AR)</p> <p><input type="checkbox"/> N/A, no psychotropic medication is prescribed.</p>
<p>3D. Has staff administering the medication participated in a competency-based training on psychotropic medications? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, there is evidence that staff have participated in a competency-based training on psychotropic medications.</p> <p><input type="checkbox"/> No, (CR) (AR)</p> <p><input type="checkbox"/> N/A, no psychotropic medication is prescribed.</p>
<p>3E. Is the individual monitored per the DDS policy for possible side effects of the psychotropic medication?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, there is documentation monitoring side effects of the psychotropic medications.</p> <p><input type="checkbox"/> No, (CR) (AR)</p> <p><input type="checkbox"/> N/A, no psychotropic medication is prescribed.</p>

⁶ PRN – “As needed” *pro re nata*. PRN frequently refers to a standing order for a medication or procedure.

Outcomes/Indicators	Rating
<p>3F. Does a psychiatrist review the medication at least monthly? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, there are monthly notes or reports concerning psychiatrist reviews.</p> <p><input type="checkbox"/> No, reviews are needed but there is no evidence they occur. (CR) (AR)</p> <p><input type="checkbox"/> N/A, no psychotropic medication is prescribed.</p>
<p>4. If an emergency use of a restricted control has been used with the individual in the past year, was the emergency use of restrictive controls implemented for more than five days, was a serious reportable incident report completed? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, there is evidence in notes, discussion with staff, incident reports or other reports that a restrictive control was used and an incident report was submitted. Complete indicator 4A.</p> <p><input type="checkbox"/> No, there are notations or evidence that a serious reportable incident occurred but no incident report can be produced. If the notation indicates emergency controls were used for more than five days. (CR) (SRI)</p> <p><input type="checkbox"/> N/A, no restricted control required or used.</p>
<p>4A. If an emergency restricted control was used, was it reviewed by the individual's team, including an appropriately credentialed professional within 24 hours? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, there is written evidence that the use of the emergency control was reviewed within 24 hours.</p> <p><input type="checkbox"/> No, it was not reviewed by the team. (CR) (AR)</p> <p><input type="checkbox"/> N/A, no restricted control required or used.</p>

Outcomes/Indicators	Rating
<p>Outcome C1.2 People are treated with respect and dignity.</p> <p>1. Does staff relate to the individual in a respectful and dignified manner? (SQR) <i>Guide: Review DDS policy on rights of persons with intellectual and/or developmental disabilities. Observe staff interactions with the individual such as if staff are using a respectful tone of voice; requesting that the individual do something rather than giving orders; include the individual in conversations; avoid using derogatory terms about the individual, etc. Ask individual and/or family member if staff treats him or her in a respectful manner.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, observed consistently over 1 or more visits.</p> <p><input type="checkbox"/> No, not observed during any visitation. (CR) (AR)</p> <p><input type="checkbox"/> N/A, no staff were present at the visit.</p>
<p>2. Is the individual dressed neatly and appropriately to the season and setting? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, observed consistently.</p> <p><input type="checkbox"/> No, individual's attire observed to be dirty, ill fitting, inappropriate to the season or person's age or atypical to the setting. Little/no effort by staff to present alternatives. (CR) (SRI)</p>
<p>3. Are the furnishings and décor at the residence typical of the individual's age? (SQR) <i>Guide: Review DDS policy on rights of persons with intellectual and/or developmental disabilities. Ask staff and/or the individual who picked out the furnishings and décor. If the furnishing or décor is more suitable for children, ask staff if they presented alternatives that are more in keeping with adults while respecting the individual's preferences.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, there is evidence that the furnishings and décor are typical of the individual's age. If not, staff have offered alternatives and are educating the individual about more age-appropriate choices.</p> <p><input type="checkbox"/> No, the furnishings and/or the furnishings are not typical for the individual's age and no alternatives are being presented. (CR)</p>

Outcomes/Indicators	Rating
<p>4. Are the materials used for leisure activities at the residence typical for the individual's age? (SQR) <i>Guide: Review DDS policy on rights of persons with intellectual and/or developmental disabilities.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, leisure materials are similar to those used by adults or individuals of the same age. If not, staff offered alternatives and are educating the individual about more age-appropriate leisure activities.</p> <p><input type="checkbox"/> No, leisure materials appear to be more suitable for children. (CR)</p>
<p>Domain C2: Safety and Security</p>	
<p>Outcome C2.1: People are safe from abuse, neglect and injury.</p> <p>1. If the individual has been the subject of a serious reportable incident within the past year was an incident report completed? (SQR) <i>Guide: Review the DDS Incident Management Enforcement Unit (IMEU) policy.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, a serious reportable incident was filed in the incident management system in the past year. Complete indicators 1A-B.</p> <p><input type="checkbox"/> No, a serious reportable incident occurred but a report was not completed and filed. (CR) (SRI)</p> <p><input type="checkbox"/> N/A, no incident occurred that should have been reported. (CR)</p>
<p>1A. Were steps taken to protect the individual until the investigation was completed? (SQR) <i>Guide: 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).</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, there is evidence that protective measures were taken.</p> <p><input type="checkbox"/> No, there is no evidence that protective actions were taken. (CR) (AR)</p> <p><input type="checkbox"/> N/A, no incident occurred that should have been reported.</p>

Outcomes/Indicators	Rating
<p>1B. If the investigation was substantiated, were remedies put in place to avoid re-occurrence? (SQR) <i>Guide: Review the records and interview the individual and/or staff to determine if appropriate follow-up has occurred to prevent reoccurrence in the future. Determine if the provider took action on recommendations stemming from their own investigation.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, a clear preventive plan has been developed and implemented.</p> <p><input type="checkbox"/> No, a preventive plan was required but not implemented. (CR) (AR)</p> <p><input type="checkbox"/> N/A, no incident occurred that should have been reported.</p>
<p>Outcome C2.3: People’s funds are secure and used appropriately.</p> <p>1. Is the individual financial plan (IFP) being implemented appropriately? (SQR) <i>Guide: Review the DDS individual funds management policy. Review the record to determine if specific staff are identified for monitoring, maintenance and use of the person’s funds and if expenditures match the spending plan listed in the IFP.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR)</p>
<p>2. Does the individual have access to his or her funds for leisure activities and to purchase personal items? (SQR) <i>Guide: Review the Individual Financial Plan to determine what leisure activities the individual uses his or her funds to pay for. Interview the individual and/or staff to determine if the individual can readily access his or her money to do leisure activities or make purchases. Determine if there are times when the person could not do an activity because of lack of access to his or her funds.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, the individual handles or can readily access his or her own money.</p> <p><input type="checkbox"/> No, the individual’s money cannot be readily accessed and there are many occasions where he or she cannot shop or do leisure activities because the money was not available. (CR) (AR)</p>

Outcomes/Indicators	Rating
<p>3. Is there appropriate budgeting and oversight of the individual's money? (SQR) <i>Guide: Review the records to determine if the individual's funds are maintained in an individual, interest-bearing account and are not co-mingled with provider funds; if bank statements and receipts for expenditures, withdrawals, deposits and interest earned for the past year are accurate; if the individual's money is kept in a secure location with designated staff only allowed access.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>Outcome C2.2 People live in safe environments.</p> <p>1. Is the location clean, free of obvious hazards and in good repair for the individual? (SQR) <i>Guide: Note observable environmental features such as exterior of the residence appears to be good repair without any obvious hazards; trash is stored in a covered container; bathrooms and kitchen are clean and the equipment in good repair; there are no overloaded electric outlets, outlets without covers, no electric cords across walking spaces; there are no signs of infestation; furniture is in good repair; walls are free of water damage and peeling paint; floors and carpets are in good repair; windows and doors are operable.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>

Outcomes/Indicators	Rating
<p>2. Is there an effective Disaster Plan and general evacuation or safety plan in case of fire or other emergencies for the individual? (SQR) <i>Guide: Review the evacuation or safety plan and interview the individual and/or staff to determine if they know how to carry out both plans. Review logs to determine if practice drills are routinely conducted at least 4 times/year for each shift. Check with staff to see if hotels are located; individual's have safety plans customized for their needs and the residential setting..</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>Domain C3: Health</p>	
<p>Outcome C3.1: People are supported to have the best possible health and health care services. People have Health Management Care Plans that are updated based on changes in medical conditions.</p> <p>1. Has the individual had a physical examination within the last year? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, the individual's case record contains the results of the physical examination.</p> <p><input type="checkbox"/> No, (CR) (AR)</p>

Outcomes/Indicators	Rating
<p>2. Has the individual had a dental examination within the last year? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, the individual's case record contains the result of the dental examination.</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>3. Has there been follow-up when the individual's health care provider made recommendations for further or continued treatment or diagnostic tests? (SQR)</p> <p><i>Guide: Review the individual's record to determine if it contains verification that all needed laboratory (or other diagnostic) tests were completed as order by the health care provider and that follow-up was completed on the health care provider's recommendations.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, the individual's case record contains evidence of follow-up when recommended by the health care provider.</p> <p><input type="checkbox"/> No, (CR) (AR)</p> <p><input type="checkbox"/> N/A, there are no recommendations for follow-up in the case record.</p>
<p>4. If the individual has specialized health care needs (e.g., seizures, heart condition, cancer, diabetes) does the comprehensive health care plan to address his or her needs? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, there is documentation in the case record (e.g., physical exam, medical evaluations, other medical records) and/or staff relates information about the individual's specialized health care needs and the case record contains the comprehensive health care plan. Complete indicators 4A-E.</p> <p><input type="checkbox"/> No, the individual has specialized health care needs but does not have a plan. (CR) (SRI)</p> <p><input type="checkbox"/> N/A, the individual does not have any specialized health care needs.</p>

Outcomes/Indicators	Rating
<p>4A. Does the individual see a specialist if required in his or her comprehensive health care plan? (SQR) <i>Guide: Review the record to determine if, when recommended in the comprehensive health care plan, the individual sees a specialist for his or her condition such as a neurologist, cardiologist, etc.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, the individual is recommended to see a specialist but this has not occurred. (CR) (AR)</p> <p><input type="checkbox"/> N/A, it is not recommended that the individual not see a specialist.</p>
<p>4B. Are the individual's medical care and medications coordinated with other health care providers and outlined by their Physician's Orders? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, there is no evidence that the individual's medical care and/or medications are coordinated between health care providers in nursing notes or other documentation. (CR) (AR)</p> <p><input type="checkbox"/> N/A, the individual does not have any specialized health care needs.</p>
<p>4C. Are staff knowledgeable about and responsive to the person's health care needs? (SQR) <i>Guide: Review the training records and interview staff to determine if they are knowledgeable about the individual's health care needs such as recognizing observable signs and symptoms that should be reported to the individual's health care provider. (Look at the provider's competency based training logs for the provider's staff.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p> <p><input type="checkbox"/> N/A, the individual does not have any specialized health care needs.</p>

Outcomes/Indicators	Rating
<p>4D. Is there follow-up care based upon the health care provider's orders? (SQR) <i>Guide: Review the case record and interview the individual and/or staff to determine if there has been follow-up care as ordered by the health care provider including dressing wounds, treatment of bed sores, range of motion exercise etc.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p> <p><input type="checkbox"/> N/A, the individual does not have any specialized health care needs.</p>
<p>4E. When required, are staff trained to follow the health care provider's instructions for body alignment and positioning, pressure points and signs and symptoms of skin breakdown? (SQR) <i>Guide: Review the records and interview staff to determine if any health/safety related protocols, such as nursing plans, feeding protocols, exercise plans, transferring protocols, taking blood pressure, monitoring weight, etc. developed to address health risk factors are appropriately implemented and documented.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p> <p><input type="checkbox"/> N/A, the individual does not need any special health protocols.</p>
<p>5. Does the individual exercise regularly? (SQR) <i>Guide: Review the case record to determine if the individual's health care provider was consulted before initiating an exercise regime. Determine if the individual has regular opportunities to exercise. If the individual does not want to exercise, ask staff if they provide education about the benefits of exercise and assist the individual to seek the type of exercise that he or she might enjoy.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, the health care provider was consulted <u>and</u> the individual exercises regularly or staff are continuing to assist the individual to find an exercise program.</p> <p><input type="checkbox"/> No, the health care provider was not consulted or the health care provider was consulted <u>and</u> the individual does not exercise regularly or there is no support to assist the individual to find an exercise program. (CR)</p> <p><input type="checkbox"/> N/A, the individual's health care provider recommends that the individual not engage in physical exercise.</p>

Outcomes/Indicators	Rating
<p>6. If the individual has any special dietary needs, does the individual's health care provider monitor his or her diet? (SQR) <i>Guide: Review the records for evidence that the diet is periodically reviewed by the persons' health care provider.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, the individual does have special dietary needs and is monitored by his or her health provider. Complete indicator 6A-B.</p> <p><input type="checkbox"/> No (CR) (AR)</p> <p><input type="checkbox"/> N/A, the individual has no documented special dietary needs.</p>
<p>6A. Are staff knowledgeable about and follow the individual's diet as outlined in the HMCP? (SQR) <i>Guide: Review the individual's record to determine if it contains documentation of assessments and recommendations by the health care provider and, where needed, a dietary or nutritional plan for the individual. Review records and interview staff to determine if they have been trained about the individual's diet. Note that needed food and equipment for special diets are available at the residence. If the individual does not want to follow the diet ask staff if they provided education about the benefits of the diet and any health risks that might be incurred if the diet is not followed.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, staff follow the diet or staff provide ongoing education and support when the individual does not follow the diet.</p> <p><input type="checkbox"/> No, (CR) (AR)</p> <p><input type="checkbox"/> N/A, the individual has no documented special dietary needs.</p>
<p>6B. Is there communication with the individual's work/day support about the diet and other HMCP needs for the individual? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, the case record contains documentation of communication with the work/day support.</p> <p><input type="checkbox"/> No, (CR)</p> <p><input type="checkbox"/> N/A, the individual does not have any specific dietary needs that require the attention of the work or day service or the individual does not attend a work/day support.</p>
<p>Outcome C3.2: People's medications are prescribed and administered appropriately.</p> <p>1. If the individuals takes any medications, is the medication administered by a nurse or staff trained in medication administration? (SQR) <i>Guide: 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 staff is trained in medication administration.</i></p>	<p><input type="checkbox"/> Yes the individual takes medications and the medications are administered by a nurse or trained staff. Complete indicators - 1A-C.</p> <p><input type="checkbox"/> No, (CR) (AR)</p> <p><input type="checkbox"/> N/A, the individual does not take any medications.</p>

Outcomes/Indicators	Rating
<p>Comment:</p>	
<p>1A. Are the medications safely administered to or by the individual? (SQR) <i>Guide: Review Medication Administration Records (MARs) from the past year to determine if medications were given as prescribed and follow DDS policy and procedures.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AB)</p> <p><input type="checkbox"/> N/A, the individual does not take any medications.</p>
<p>1B. Are direct support staff trained and knowledgeable about the medication regimen including the side effects and interactions of the medications? (SQR) <i>Guide: Review training records and interview staff to determine if they are knowledgeable about the individual's medications.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p> <p><input type="checkbox"/> N/A, the individual does not take any medications.</p>
<p>1C. Does the individual have a plan to participate in administering his or her own medication? (SQR) <i>Guide: Review the case record to determine if there is an assessment of the individual's ability to self-medicate. Also review case records to determine if the individual has a plan to participate in taking his or her medications such as getting a glass of water, opening the bottle ca, removing the medication from the blister pack, etc.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR)</p> <p><input type="checkbox"/> N/A, the individual does not take any medications.</p>

Outcomes/Indicators	Rating
Domain C4: Choice and Decision Making	
<p>Outcome C4.1: People make life choices.</p> <p>1. Is the individual supported to make choices in his or her everyday life? (SQR) Guide: Review the DDA Individual Support Plan policy. Interview the individual and/or staff to determine what choices the individual is supported to make including choice of meals, attire, leisure activities, when to retire at night, choice of religious and/or cultural affiliations, where to vacation and his or her primary care physician. Even when the individual has limited ability, determine if staff uses a variety of strategies to encourage choice such as through the use of pictures or objects.</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, staff supports the individual to make a wide range of choices.</p> <p><input type="checkbox"/> No, the individual makes few choices. (CR) (AR)</p>
<p>2. Does the person have input into hiring staff? (SQR) Guide: Interview the individual and/or staff to determine if he or she participates in the interview process. Determine if potential new staff meets the individual and his or her input is sought prior to hiring. If the individual is unable to participate in the interview, determine if potential staff visits the residence and interactions with the individual are considered when making a decision.</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, the individual is supported to participant in selecting new staff.</p> <p><input type="checkbox"/> No, the individual does minimal or no participation at all in the selection of new staff. (CR)</p>
Domain C5: Community Inclusion	

Outcomes/Indicators	Rating
<p>Outcome C5.1: People use integrated community services and participate in everyday community activities.</p> <p>1. Does the individual go out to shop, keep appointments and do errands? (SQR) Guide: Interview the individual and staff to determine if the he or she regularly uses community resources and services including going to the hairdresser/barbershop, shopping for groceries, shopping for clothes, filling a prescription, seeing his or her health care provider, etc.</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, the individual receives nearly all services in the community and routinely participates in shopping, banking, etc.</p> <p><input type="checkbox"/> No, the individual receives nearly all services at home and does not go out regularly to participate in grocery shopping, running personal errands, etc. (CR) (AR)</p>
<p>2. Does the individual participate in community life? (SQR) Guide: Interview the individual and staff to determine if he or she is an active participant in community life including attending religious services, taking adult education classes, participating in cultural associations, social organizations or deaf community associations. Determine how involved the individual is in doing leisure activities outside of the residence including going to movies, concerts, museums, library, health club, restaurants.</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>

Outcomes/Indicators	Rating
Domain C6: Relationships	
<p>Outcome C6.1: People maintain connections with family members/guardians.</p> <p>1. Does the individual have opportunities to spend time with his or her family? (SQR) <i>Guide: Interview the individual and/or staff to determine if the individual is encouraged and supported to maintain regular contact with involved family members, assisting the individual to make phone calls or email, send greeting cards, inviting family members to visit, etc.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR)</p> <p><input type="checkbox"/> N/A, there are no known family members or family members are not involved.</p>
<p>Outcome C6.2: People gain friendships and relationships.</p> <p>1. Does staff support the individual to see his or her friends? (SQR) <i>Guide: Interview the individual and/or staff to determine if he or she is encouraged and supported to call (and/or email) and do things with friends (i.e., friends that are not housemates and do not include people who are paid to provide supports to the individual). Determine if staff encourage and support the individual to meet other people and make friends.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR)</p>

Outcomes/Indicators	Rating
Domain C7: Service Planning and Delivery	
<p>Outcome C7.3: Services are provided according to people’s Individual Support Plans.</p> <p>1. Has the ISP meeting been held at least 30 days before the anniversary date and sent to DDS for approval within 20 days of the meeting? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>2. Is the current, approved ISP in the individual’s record? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>3. Does the individual receive the services specified in his or her ISP? (SQR) <i>Guide: Determine if the individual is receiving all identified supports from the provider. Determine if the services are being provided on a timely basis and are of the frequency and duration as identified in the consumer’s ISP. Observe the programming to determine if there are enough staff, materials and equipment to implement the goals.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, the individual receives all services specified in the ISP from the provider.</p> <p><input type="checkbox"/> No, the individual is not receiving one or more of the services specified in the ISP from the provider or is receiving all the services but they are not timely, frequent or of the duration specified in the ISP. (CR) (AR)</p>

Outcomes/Indicators	Rating
<p>Outcome C7.4: Services maximize people’s autonomy and independence.</p> <p>1. Is the individual learning skills that would maximize his or her autonomy? (SQR) <i>Guide: Determine if the individual is supported to gain independence in such areas as personal care, travel, budgeting/handling money, use of leisure time, social skills, etc. Included is the use of assistive technology to promote independence (e.g., coded appliances, communication boards, adapted meal preparation utensils).</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, there is evidence that the individual is provided opportunity and encouragement to do things as independently as possible.</p> <p><input type="checkbox"/> No, There is little or no evidence that the individual is provided opportunity and encouragement to do things independently. (CR)</p>
<p>2. Is the individual actively involved in service provision and planning to the degree of his or her choosing? (SQR) <i>Guide: Observe the individual and interview the individual and staff to determine if he or she is being supported to be involved in such tasks as preparing meals and snacks, taking out the trash, setting the table, cleaning his or her room and doing laundry, taking care of personal needs, and doing leisure activities.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR)</p>
<p>3. If the individual needs adaptive equipment⁷ at the residence, are staff knowledgeable and able to assist the individual to use the equipment? (SQR) <i>Guide: Review training records to determine if staff has participated in competency-based training in adaptive equipment. Observe the staff using the equipment.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p> <p><input type="checkbox"/> N/A, the individual does not require adaptive equipment. (CR)</p>

⁷ Adaptive equipment includes both durable medical equipment (e.g., wheelchairs, walkers, lifts) and assistive technology (e.g., TTY devices, talking calculators).

Outcomes/Indicators	Rating
<p>4. If the individual needs adaptive equipment at the residence, is the adaptive equipment in good repair and functioning optimally? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, the equipment is present and in good working order.</p> <p><input type="checkbox"/> No, the equipment is in poor repair (missing part, obvious poor fit) or some/all of the equipment is not available. (CR) (AR)</p> <p><input type="checkbox"/> N/A, the individual does not require adaptive equipment. (CR)</p>
<p>5. Does the individual use the adaptive equipment as prescribed? (SQR) Guide: Determine if the individual is supported to regularly use adaptive equipment such as walkers, assistive communication devices (e.g., TTYs, communication boards, computers, etc).</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR)</p> <p><input type="checkbox"/> N/A, the individual does not require adaptive equipment. (CR)</p>
<p>Domain C8: Satisfaction</p>	

Outcomes/Indicators	Rating
<p>Outcome C8.1: People are satisfied with their living arrangements and supports</p> <p><input type="checkbox"/> The interview was conducted; person interviewed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family member (including family members who are guardians) <input type="checkbox"/> Guardian/Advocate/Lawyer <p><input type="checkbox"/> The interview was <u>not</u> conducted</p>	
<p>1. Do you like your home (Do you like where you live? Do you like living here?)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Sometimes</p>
<p>2. Did you help pick out your home (or this residence)?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unsure</p> <p><input type="checkbox"/> N/A, the individual did not answer question.</p>
<p>3. I understand you live with (first names of other people who live in the residence).</p> <p>Did you choose to live with _____?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, chose people or chose to live alone.</p> <p><input type="checkbox"/> No, someone else chose.</p> <p><input type="checkbox"/> Sometimes, chose some people or had some input.</p> <p><input type="checkbox"/> N/A, the individual did not answer question.</p>

Outcomes/Indicators	Rating
<p>4. Do you have staff that helps you where you live? Does _____ help you at home (or at your residence)?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> N/A, the individual did not answer question.</p>
<p>5. Is the staff nice and polite to you?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (AR)</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> N/A, the individual did not answer question.</p>
<p>6. Does staff ask permission before coming into your bedroom?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> N/A, the individual did not answer question.</p>
<p>7. Can you be alone if you want to?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, has enough time alone.</p> <p><input type="checkbox"/> No, would like more time alone.</p> <p><input type="checkbox"/> Sometimes, has some time alone but not enough.</p> <p><input type="checkbox"/> N/A, the individual did not answer question.</p>

Outcomes/Indicators	Rating
<p>8. Do you decide your daily schedule?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, person decides (even when staff provide help in deciding).</p> <p><input type="checkbox"/> No, someone else decides.</p> <p><input type="checkbox"/> Sometimes, makes a few decisions.</p> <p><input type="checkbox"/> N/A, the individual did not answer question.</p>
<p>9. Do you have friends you like to talk to or do things with? (If the person answers yes, determine if they are family or staff.)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, have friends who are <u>not</u> paid staff. (CR)</p> <p><input type="checkbox"/> No, does not have friends.</p> <p><input type="checkbox"/> Yes, but all are staff or family.</p> <p><input type="checkbox"/> N/A, the individual did not answer question.</p>
<p>10. Do you have family that you can see when you want to? <i>Guide: Do not ask this question and use "N/A" if the individual does not have any involved family or if there are difficulties with family members.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, sees family when he or she wants to or chooses not to see family</p> <p><input type="checkbox"/> No (AR)</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> N/A, the individual did not answer question or the individual has no involvement with family members.</p>

Outcomes/Indicators	Rating
<p>11. Do you like the services you get here (at your residence)? (Do you like the services you get from _____?)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (CR)</p> <p><input type="checkbox"/> Sometimes, likes some services, but not all.</p> <p><input type="checkbox"/> N/A, the individual did not answer question.</p>
<p>12. Are there things you would change about your residence (your home)? <i>Guide: If the individual indicated yes, ask about what changes he or she would make.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes (CR)</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A, the individual did not answer the question.</p>

Service Quality Review Indicators for Work/Day Supports⁸



Outcomes/Indicators	Rating
Domain C1: Rights and Dignity	
<p>Outcome C1.1 People have the same rights and protections as others in the community.</p> <p>1. Is the individual afforded his or her rights at the work/day service? (SQR) <i>Guide: Review DDS policy rights of persons with intellectual and/or developmental disabilities. Observe if staff⁹ assists with personal care in a private area at work or the day service; if the individual has the same access around the workplace; there are no areas that are off limits (e.g., staff bathroom, break room or office); access and restriction to visitors are the same as that afforded to other employees and/or individuals served. Determine if the person has access and support to make phone calls when at work or the day service, consistent with employer policies.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, the individual exercise his or her rights consistent with his or her abilities.</p> <p><input type="checkbox"/> No, the individual is overly restricted in the exercise of his or her rights. Freedom of movement, decision-making and privacy is limited. (CR) (AR)</p>

⁸ The work/day section of the tool is also used for supported employment, day habilitation and prevocational HCBS waiver services.

⁹ Note that the term staff also applies to job coaches in the work/day section of the tool.

Outcomes/Indicators	Rating
<p>2. If the individual is doing paid work, does he or she receive at least minimum wage or in compliance with Department of Labor (DOL) standards? (SQR) <i>Guide: Review policy on rights of persons with mental retardation/developmental disabilities. If the individual is in a workshop review the records to determine if the provider has a Department of Labor Certificate and the provider completes time studies when the individual is paid a percentage of the prevailing wage. Note the provider is expected to complete a time study within 90 days of placement and every 6 months thereafter.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, the individual is paid minimum wage or below minimum wage and the agency has a DOL certificate or a special sub-minimum wage certificate specific to the individual.</p> <p><input type="checkbox"/> No, the individual is working but is not being paid at least minimum wage or a percentage of the prevailing wage. (CR)</p> <p><input type="checkbox"/> N/A, the individual is not in an employment program and paid work is not expected.</p>
<p>3. When needed, does the individual have a behavior support plan (BSP)? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, psychological assessment and/or staff report that a BSP is required and the individual has a BSP on the site case record. Complete indicators 3A-H.</p> <p><input type="checkbox"/> No, psychological assessment and/or staff report that a BSP is required but not present and/or QI Specialist observes that a behavioral intervention is being implemented absent a BSP. (CR) (AR)</p> <p><input type="checkbox"/> N/A, BSP not required.</p>
<p>3A. Is there a current functional assessment of the individual's behavior? (SQR) <i>Guide: Review DDS restricted control procedures/behavior support policy. Review the case record to determine if a functional assessment has been completed.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, there is a written functional assessment of the individual's behavior, less than 1 year old.</p> <p><input type="checkbox"/> No, there is no written evidence that a functional assessment has been conducted. (CR)</p> <p><input type="checkbox"/> N/A, BSP not required.</p>

Outcomes/Indicators	Rating
<p>3B. Are all procedures used to address behavioral issues consistent with the BSP and DDS policies? (SQR) Guide: Review</p> <p><i>DDS restricted control procedures/behavior support policy. Determine if a behavior specialist or psychologist is routinely consulted to review the effectiveness of the behavior support plan and that an intervention is not being implemented absent a behavior support plan.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p> <p><input type="checkbox"/> N/A, BSP not required.</p>
<p>3C. Has the behavior support plan been reviewed and approved by the human rights committee (HRC)? (SQR) Guide: Review the DDS restricted control procedures/behavior support policy. Behavior support plans containing a restricted control must be reviewed by the HRC. Restricted 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.</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, there is written evidence that the BSP has been approved by the HRC.</p> <p><input type="checkbox"/> No, there is no written/signed evidence available. (CR) (AR)</p> <p><input type="checkbox"/> N/A, BSP not required.</p>

Outcomes/Indicators	Rating
<p>3D. Has the behavior support plan been reviewed and approved by the ISP team including the individual or guardian? (QI)</p>	<p><input type="checkbox"/> Yes, there is written evidence that the BSP has been approved by the ISP team including the individual or guardian.</p> <p><input type="checkbox"/> No, there is no written/signed evidence available. (CR) (AR)</p> <p><input type="checkbox"/> N/A, BSP not required.</p>
<p>3E. Are proactive, positive strategies identified in the plan? (SQR) <i>Guide: 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.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, strategies use positive rather than punitive methods to change behavior and/or behavior change strategies cite potentially accelerating situations to avoid.</p> <p><input type="checkbox"/> No, the plan contains only negative consequences and interventions. (CR)</p> <p><input type="checkbox"/> N/A, BSP not required.</p>
<p>3F. Does staff know how to implement and document the behavior support plan? (SQR) <i>Guide: Review training records to verify that staff has been trained to implement the behavior plan. Where needed verify that staff have been trained in an DDA approved crisis intervention program. (Currently DDA approved programs are CPI, MANDT and Managing Disruptive Behavior.) Through observation and/or interview determine if staff demonstrate competency to implement the behavior plan as written and if there is a match between the written plan and implementation.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> <i>Yes, staff observed implementing BSP properly and/or describes the protocol accurately.</i></p> <p><input type="checkbox"/> <i>No, staff are observed implementing BSP inappropriately and/or cannot describe the protocol. (CR) (AR)</i></p> <p><input type="checkbox"/> <i>N/A, BSP not required.</i></p>

Outcomes/Indicators	Rating
<p>3G. Have behaviors of concern been stable or improving in the last three months? (SQR) <i>Guide: Review the data recorded on the behavior strategies and interview staff to determine if the plan has been effective.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, there is current behavioral data available that substantiates stability or improvement.</p> <p><input type="checkbox"/> No, current data indicates that the behavior is not stable or there is no data available. (CR)</p> <p><input type="checkbox"/> N/A, BSP not required.</p>
<p>3H. Is there documented collaboration between the day and residential providers in implementing the BSP? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, there is written evidence that day and residential staff collaborate and communicate concerning BSP (e.g., evidence may include meeting minutes, correspondence).</p> <p><input type="checkbox"/> No, no written evidence of collaboration available. (CR) (AR)</p> <p><input type="checkbox"/> N/A, BSP not required.</p>
<p>4. If the individual takes any psychotropic medications, has the medication been prescribed by a psychiatrist following an assessment? (SQR) <i>Guide: Review DDS restrictive control procedures/behavior support policy; use of psychotropic medication policy. Guide: Review the documentation to verify that the assessment has been made by a psychiatrist.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, there is documentation indicating that a psychiatrist completed an assessment and determined an Axis I diagnosis. Complete indicators 4A-F.</p> <p><input type="checkbox"/> No, no evidence can be found that a psychiatrist has completed an assessment and made an Axis I diagnosis. (CR) (AR)</p> <p><input type="checkbox"/> N/A, no psychotropic medication is prescribed.</p>

Outcomes/Indicators	Rating
<p>4A. Is there informed consent for the psychotropic medication by the individual or guardian? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, there is written evidence that the individual and/or guardian has consented to use of psychotropic medication.</p> <p><input type="checkbox"/> No, there is no written evidence that the individual and/or guardian has consented to use of psychotropic medication. (CR) (AR)</p> <p><input type="checkbox"/> N/A, no psychotropic medication is prescribed and taken at the work/day support.</p>
<p>4B. Does the individual have an initial behavioral assessment and where recommended, a formal behavior support plan when taking psychotropic medications? (SQR) Guide: <i>Review DDS policy on the use of psychotropic medications. Note that psychotropic medications taken for medical purposes does not require the individual to have a behavior support plan. Note that if the individual takes psychotropic medications indicators 3 and 3A-G in this section must be completed.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, a current assessment/BSP is available.</p> <p><input type="checkbox"/> No, the assessment/BSP is not present but is indicated due to use of psychotropic medication. (CR) (AR)</p> <p><input type="checkbox"/> N/A, the individual does not take psychotropic medications; no assessment/BSP is required.</p>
<p>4C. Does the provider ensure psychotropic medications are not used on a PRN¹⁰ basis? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, there are <u>no</u> PRN's for psychotropic medications indicated in MAR's or other medication documents.</p> <p><input type="checkbox"/> No, PRN psychotropic medications are included in MAR's or other medication documents. (CR) (AR)</p> <p><input type="checkbox"/> N/A, no psychotropic medication is prescribed and taken at the work/day support.</p>

¹⁰ PRN – “As needed” *pro re nata*. PRN frequently refers to a standing order for a medication or procedure.

Outcomes/Indicators	Rating
<p>4D. Has staff administering the medication participated in a competency-based training on psychotropic medications? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, there is evidence that staff have participated in a competency-based training on psychotropic medications.</p> <p><input type="checkbox"/> No, (CR)</p> <p><input type="checkbox"/> N/A, no psychotropic medication is prescribed and taken at the work/day support.</p>
<p>4E. Is the individual monitored as per DDS policy for possible side effects of the psychotropic medication? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, there is documentation of monitoring side effects of the psychotropic medications.</p> <p><input type="checkbox"/> No, (CR) (AR)</p> <p><input type="checkbox"/> N/A, no psychotropic medication is prescribed and taken at the work/day support.</p>

Outcomes/Indicators	Rating
<p>4F. Does a psychiatrist review the medication at least monthly? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, there are monthly notes or reports concerning psychiatrist reviews.</p> <p><input type="checkbox"/> No, reviews are needed but there is no evidence they occur. (CR) (AR)</p> <p><input type="checkbox"/> N/A, no psychotropic medication is prescribed and taken at the work/day support</p>
<p>5. If an emergency use of a restricted control been used with the individual in the past year, was a serious reportable incident report completed? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, there is evidence in notes, discussion with staff, incident reports or other reports that a restrictive control was used and an incident report was submitted. Complete indicator 5A.</p> <p><input type="checkbox"/> No, there are notations or evidence that a serious reportable incident occurred but no incident report can be produced. (CR) (SRI)</p> <p><input type="checkbox"/> N/A, no restricted control required or used.</p>
<p>5A. If an emergency restricted control was used, was it reviewed by the individual's team, including an appropriately credentialed professional within 24 hours? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, there is written evidence that the use of the emergency control was reviewed within 24 hours.</p> <p><input type="checkbox"/> No, it was not reviewed by the team. (CR) (AR)</p> <p><input type="checkbox"/> N/A, no restricted control required or used.</p>

Outcomes/Indicators	Rating
<p>Outcome C1.2 People are treated with respect and dignity.</p> <p>1. Does staff relate to the individual in a respectful and dignified manner? (SQR) <i>Guide: Review DDS policy on rights of persons with intellectual and/or developmental disabilities. Observe staff interactions with the individual such as if staff are using a respectful tone of voice; request that the individual to do something rather than giving orders; include the consumer in conversations; avoid using derogatory terms about the consumer, etc. Ask individual and/or family member if staff treats them in a respectful manner.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, observed consistently over 1 or more visits.</p> <p><input type="checkbox"/> No, not observed during any visitation. (CR) (AR)</p> <p><input type="checkbox"/> N/A, no staff member present such as in competitive or supported employment, unemployment or other non-typical day program settings.</p>
<p>2. Is the individual dressed neatly and appropriately to the season and setting? (SQR) <i>Guide: Observe if the individual follows the same dress code as other employees (e.g., specific uniforms); if the individual's attire is neat and clean and age appropriate. If the individual is dressed inappropriately, determine staff educates the individual and/or works with his or her residence or family about alternatives.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, observed consistently.</p> <p><input type="checkbox"/> No, individual's attire observed to be dirty, ill fitting, inappropriate to the season or person's age or atypical to normative clothing work in that setting. Little/no effort by staff to present alternatives. (CR) (SRI)</p>

Outcomes/Indicators	Rating
<p>3. Are the work and other activities typical of those done by adults? (SQR) <i>Guide: Review DDS policy rights of persons with mental retardation and/or developmental disabilities. Observe if work products, materials, leisure and educational materials are the same as those typically used by adults and staff avoids using materials more suitable for children.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes.</p> <p><input type="checkbox"/> No, (CR)</p> <p><input type="checkbox"/> No, materials appear to be more suitable for children and the individual had no input into the selection. (CR)</p>

Domain C2: Safety and Security

Outcomes/Indicators	Rating
<p>Outcome C2.1: People are safe from abuse, neglect and injury.</p> <p>1. If the individual has been the subject of a serious reportable incident within the past year was an incident report completed? (SQR) <i>Guide: Review the DDS Incident management system policy.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, a serious reportable incident was filed in the incident management system in the past year. Complete indicators 1A-B.</p> <p><input type="checkbox"/> No, a serious reportable incident occurred but a report was not completed and filed. (CR) (SRI)</p> <p><input type="checkbox"/> N/A, a serious reportable incident was not filed in the incident management system in the past year <u>or</u> no incident occurred that should have been reported. (CR)</p>
<p>1A. Were steps taken to protect the individual until the investigation was completed? (SQR) <i>Guide: 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).</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, there is evidence that protective measures were taken.</p> <p><input type="checkbox"/> No, there is no evidence that protective actions were taken. (CR) (SRI)</p> <p><input type="checkbox"/> N/A, no incident occurred that should have been reported.</p>
<p>1B. If the investigation was substantiated, were remedies put in place to avoid reoccurrence? (SQR) <i>Guide: Review the records and interview the individual and/or staff to determine if appropriate follow-up has occurred to prevent reoccurrence in the future. Determine if the provider took action on recommendations stemming from their own investigation.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, a clear preventive plan has been developed and implemented.</p> <p><input type="checkbox"/> No, a preventive plan was required but not implemented. (CR) (AR)</p> <p><input type="checkbox"/> N/A, no incident occurred that should have been reported.</p>

Outcomes/Indicators	Rating
<p>Outcome C2.2 People work in safe environments.</p> <p>1. Is the location where the individual works or receives day supports clean, free of obvious hazards, and in good repair? (SQR) <i>Guide: Note observable environmental features such as exterior of the work/day support appears to be good repair without any obvious hazards; bathrooms and kitchens are clean and the equipment is in good repair; there are no overloaded electric outlets, outlets without covers, no electric cords across walking spaces; there are no signs of infestation; work equipment and work areas appears to be in good repair; walls are free of water damage and peeling paint; floors and carpets are in good repair; hallways, egresses, walkways and ramps are in good repair and free of obstructions.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>2. Does the individual's work/day support have an effective evacuation or safety plan in case of fire or other emergencies? (SQR) <i>Guide: Review the evacuation or safety plan and interview the individual and staff to determine if they know how to carry out the plan. Review logs to determine if practice drills are routinely conducted.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR)</p> <p><input type="checkbox"/> No, (CR)</p>
<p>Domain C3: Health</p>	

Outcomes/Indicators	Rating
<p>Outcome C3.1: People are supported to have the best possible health and health care services.</p> <p>1. If the individual has specialized health care needs (e.g., seizures, heart condition, cancer, diabetes) does he or she have a comprehensive health care plan to address his or her needs? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, there is documentation in the case record (e.g., physical exam, medical evaluations, other medical records) and/or staff relates information about the individual's specialized health care needs and the case record contains the comprehensive health care plan. Complete indicators 1A-C.</p> <p><input type="checkbox"/> No, the individual has specialized health care needs but does not have a plan. (CR) (SRI)</p> <p><input type="checkbox"/> N/A, the individual does not have any specialized health care needs.</p>
<p>1A. Are staff knowledgeable about and responsive to the person's health care needs at work or the day service? (SQR) <i>Guide: Review records to verify that staff members have been trained on the individual's medical condition and health needs. Through interview determine if staff are knowledgeable about the individual's health care needs including medications that the individual is taking (e.g., medication side effects and interactions, medical conditions) that may impact the type of work or activities the individual does.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, staff are knowledgeable about the individual health and medication needs.</p> <p><input type="checkbox"/> No, (CR) (AR)</p> <p><input type="checkbox"/> N/A, the individual does not have any specialized health care needs.</p>
<p>1B. Is the individual's medical care and medications coordinated with other health care providers? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, there is no evidence that the individual's medical care and/or medications are coordinated between health care providers in nursing notes or other documentation. (CR) (AR)</p> <p><input type="checkbox"/> N/A, the individual does not have any specialized health care needs.</p>

Outcomes/Indicators	Rating
<p>1C. When required are staff trained to and follow the health care provider’s instructions for body alignment and positioning, pressure points and signs and symptoms of skin breakdown? (SQR) <i>Guide: Review the records and interview staff to determine if any health/safety related protocols, such as nursing plans, feeding protocols, exercise plans, transferring protocols, taking blood pressure, monitoring weight etc. developed to address health risk factors are appropriately implemented and documented.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p> <p><input type="checkbox"/> N/A, the individual does not need any special health protocols.</p>
<p>2. If the individual has any special dietary needs, does the individual’s health care provider monitor his or her diet? (SQR) <i>Guide: Review the records for evidence that the diet is periodically reviewed by the persons’ health care provider.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, the individual does have special dietary needs and is monitored by his or her health provider. Complete indicator 2A-B.</p> <p><input type="checkbox"/> No (CR) (AR)</p> <p><input type="checkbox"/> N/A, the individual has no documented special dietary needs.</p>

Outcomes/Indicators	Rating
<p>2A. Are staff knowledgeable about and follow the individual’s diet? (SQR) <i>Guide: Review the individual’s record to determine if it contains documentation of assessments and recommendations by the health care provider and, where needed, a dietary or nutritional plan for the individual. Review records and interview staff to determine if they have been trained about the individual’s diet. Note that needed food and equipment for special diets are available at the residence. If the individual does not want to follow the diet ask staff if they have provided education about the benefits of the diet and any health risks that might be incurred if the diet is not followed.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, staff follow the diet or staff provide ongoing education and support when the individual does not follow the diet.</p> <p><input type="checkbox"/> No, (CR) (AR)</p> <p><input type="checkbox"/> N/A, the individual has no documented special dietary needs.</p>
<p>2B. Is there communication with the individual’s residence about the diet? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, the case record contains documentation of communication with the work/day support.</p> <p><input type="checkbox"/> No, (CR)</p> <p><input type="checkbox"/> N/A, the individual does not have any specific dietary needs that require the attention of the work or day service or the individual does not attend a work/day support.</p>
<p>Outcome C3.2: People’s medications are prescribed and administered appropriately.</p> <p>1. If the individuals takes any medications, is the medication administered by a nurse or staff trained in medication administration? (SQR) <i>Guide: 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 staff are trained in medication administration.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes the individual takes medications and the medications are administered by a nurse or trained staff. Complete indicators 1A-B.</p> <p><input type="checkbox"/> No, (CR) (AR)</p> <p><input type="checkbox"/> N/A, the individual does not take any medications.</p>

Outcomes/Indicators	Rating
<p>1A. Are the medications safely administered to or by the individual? (SQR) <i>Guide: Review the MARs from the past year to determine if medications were given as prescribed and follow DDS policy and procedures.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p> <p><input type="checkbox"/> N/A, the individual does not take any medications.</p>
<p>1B. Are direct support staff trained and knowledgeable about the medication regimen including the side effects and interactions of the medications? (SQR) <i>Guide: Review training records and interview staff to determine if staff is knowledgeable about the individual's medication. If the individual takes psychotropic medications, determine if staff knowledgeable about the side effects and interactions with other medications.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, staff demonstrate understanding of the medication regimen and side effects, and if psychotropic medication, interactions with other medications.</p> <p><input type="checkbox"/> No, (CR) (AR)</p> <p><input type="checkbox"/> N/A, the individual does not take any medications.</p>

Outcomes/Indicators	Rating
Domain C4: Choice and Decision Making	
<p>Outcome C4.1: People make life choices.</p> <p>1. Are the individual's choices and preferences taken into consideration in the work or other day activities he or she does? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, the individual is encouraged and supported to choose work tasks, work location and other activities.</p> <p><input type="checkbox"/> No, the individual makes few choices. (CR)</p>
Domain C5: Community Inclusion	
<p>Outcome C5.1: People use integrated community services and participate in everyday community activities.</p> <p>1. Does the individual participate in social or leisure activities in the community accommodating his or her interests and appropriate to his or her age? (QI) <i>Guide: Review the records and interview the individual and staff to determine if the individual is supported to choose leisure and social activities of his or her own interest and that transportation and other supports are provided to participate in community activities. Determine if the individual is support to develop social skills to enhance community participation, if needed.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, the individual does participates in limited or no community activities while receiving day services. (CR)</p> <p><input type="checkbox"/> N/A, the individual focuses on work supports.</p>

Outcomes/Indicators	Rating
Domain C7: Service Planning and Delivery	
<p>Outcome C7.3: Services are provided according to people’s Individual Support Plans.</p> <p>1. Is the current, approved ISP in the individual’s record? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>2. Does the individual receive work/day supports as specified in his or her ISP? (SQR) <i>Guide: Determine if the individual is receiving all identified supports from the provider. Determine if the services are being provided on a timely basis and are of the frequency and duration as identified in the consumer’s ISP. Observe the programming to determine if there are enough staff, materials and equipment to implement the goals.</i></p>	<p><input type="checkbox"/> Yes, the individual receives all services specified in the ISP from the provider.</p> <p><input type="checkbox"/> No, the individual is not receiving one or more of the services specified in the ISP from the provider or is receiving all the services but they are not timely, frequent or of the duration specified in the ISP. (CR) (AR)</p>
<p>3. When in supported employment, does the individual participate in an assessment of the supportive services he or she needs to succeed in a work environment? (SQR) <i>Guide: Interview the individual and staff and review the records to determine if an assessment (e.g., situational, vocational profile) was completed.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, an assessment was completed.</p> <p><input type="checkbox"/> No, (CR)</p> <p><input type="checkbox"/> N/A, the individual does not receive supported employment services.</p>

Outcomes/Indicators	Rating
<p>4. When in supported employment, is the individual assisted to find employment consistent with his or her preferences and needs? (SQR) <i>Guide: Interview the individual and staff and review the records to determine if the individual receives job development supports and assistance in such areas as completing employment applications, preparing for interviews, learning about job expectations (e.g., attire, behaviors, expectations), job exploration and placement, visiting employment sites, job searching, negotiating employment terms, etc.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR)</p> <p><input type="checkbox"/> N/A, the individual is already employed or does not receive supported employment services.</p>
<p>5. When in supported employment, do the support activities and follow-along meet the individual's needs? (SQR) <i>Guide: Interview the individual and staff and review the records to determine if the person receives on-the-job supports including assistance to learn the tasks and responsibilities of the job, on and off-site coaching according to the individual's' needs, negotiating raises and opportunities for advancement, resolving conflicts, etc.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR)</p> <p><input type="checkbox"/> N/A, the individual does not receive supported employment services.</p>
<p>6. When receiving prevocational services, does the individual participate in an assessment and to develop work skills in preparation for paid or unpaid employment? (SQR) <i>Guide: Review the records and interview the individual and/or staff to determine if the individual participates in assessments activities including situational assessments at community businesses and other community resources. Determine if the individual is being taught work-related skills such as compliance with employer instructions, attendance, completing work assignments, and safety.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR)</p> <p><input type="checkbox"/> N/A, the individual does not receive prevocational services.</p>

Outcomes/Indicators	Rating
<p>Outcome C7.4: Services maximize people’s autonomy and independence.</p> <p>1. Is the individual learning skills at the work or day support that would maximize his or her autonomy? (QI) <i>Determine if the individual is supported to gain independence in such areas as completing work tasks, requesting work, checking the quality of his or her work, etc. Included is the use of assistive technology to support autonomy in the work place.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, there is evidence that the individual is provided opportunity and encouragement be as independent as possible in the work place.</p> <p><input type="checkbox"/> No, There is little or no evidence that the individual is provided opportunity and encouragement to be independent. (CR)</p>
<p>2. If the individual needs adaptive equipment at the work/day support, is staff knowledgeable about and can assist the individual to use the equipment? (SQR) <i>Guide: Review training records to determine if staff has participated in competency-based training in adaptive equipment. Observe view the individual using the equipment.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p> <p><input type="checkbox"/> N/A, the individual does not require adaptive equipment. (CR)</p>

Outcomes/Indicators	Rating
<p>3. If the individual needs adaptive equipment at the work/day support, is the adaptive equipment in good repair and functioning optimally? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, the equipment is present and in good working order.</p> <p><input type="checkbox"/> No, the equipment is in poor repair (missing part, obvious poor fit) or some/all of the equipment is not available. (CR)</p> <p><input type="checkbox"/> N/A, the individual does not require adaptive equipment. (CR)</p>
<p>4. Does the individual use the adaptive equipment as prescribed? (SQR) Guide: Determine if the individual is supported to regularly use his or her adaptive equipment such as walkers, assistive communication devices such as TTYs, communication boards, computer software, etc.</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR)</p> <p><input type="checkbox"/> N/A, the individual does not require adaptive equipment. (CR)</p>
<p>Domain C8: Satisfaction</p>	
<p>Outcome C8.1: People are satisfied with their job or day program and supports.</p> <p><input type="checkbox"/> The interview was conducted; person interviewed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family member (including family members who are guardians) <input type="checkbox"/> Guardian/Advocate/lawyer <p><input type="checkbox"/> The interview was <u>not</u> conducted</p>	

Outcomes/Indicators	Rating
<p>1. Do you work at (go to) _____? Do you like working (going) there?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> N/A, the individual did not answer the question.</p>
<p>2. Do you have staff that helps you where you work (at your day service)? Does _____ help you at work (the day service)?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> N/A, the individual did not answer the question.</p>
<p>3. Is the staff nice and polite to you?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (AR)</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> N/A, the individual did not answer the question.</p>

Outcomes/Indicators	Rating
<p>4. Do you like the services you get here (do you like your work or the day activities you do; do you like the services you get from _____)?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Sometimes, likes some services but not all.</p> <p><input type="checkbox"/> N/A, the individual did not answer the question.</p>
<p>5. What things would you change at work (the day service) if you could? <i>Guide: If the individual indicated yes, ask about what changes he or she would make.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, there are things I would change.</p> <p><input type="checkbox"/> No, I like the services and would not make any changes.</p> <p><input type="checkbox"/> NA, the individual did not answer the question.</p>

Service Quality Review Ancillary Supports Indicators for Adaptive Equipment Services



Outcomes/Indicators	Rating
Domain 7: Service Planning and Delivery	
<p>Outcome C7.3: Services are provided according to people’s Individual Support Plans.</p> <p>1. Was adaptive equipment provided as identified in the ISP? (SQR) <i>Guide: Adaptive equipment includes adapted or modified equipment for activities of daily living (e.g., ability to get in/out of bed, bathe, dress, eat, toileting and medication administration); adaptive communication devices; functional mobility aids; installation; repair and maintenance costs.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>2. Does the individual (family or staff) know how to use the adaptive equipment? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR)</p>

Outcomes/Indicators	Rating
<p>3. Does the adaptive equipment work properly? (SQR) <i>Guide: Interview the individual, family and/or staff to determine if there have been any problems with the equipment and if the adaptive equipment provider was responsive and made any necessary repairs.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, the equipment is working and repairs were done quickly when there were problems.</p> <p><input type="checkbox"/> No, there have been chronic problems with the equipment that have not been fixed. (CR) (AR)</p>

Domain C8: Satisfaction

<p>Outcome C8.1: People are satisfied with their living arrangements and supports</p> <p><input type="checkbox"/> The interview was conducted; person interviewed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family member (including family members who are guardians) <input type="checkbox"/> Guardian/Advocate/Lawyer <p><input type="checkbox"/> The interview was <u>not</u> conducted</p>
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Outcomes/Indicators	Rating
<p>1. I understand you had a _____ put in your home. <i>Guide: Describe the adaptive equipment that was provided.</i> Has the adaptive equipment been helpful to you?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> N/A, the family/individual did not answer the question.</p>
<p>2. Does your _____ (type of adaptive equipment) always work?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, if no go to the next indicator.</p> <p><input type="checkbox"/> Sometimes, if sometimes go to the next indicator.</p> <p><input type="checkbox"/> N/A, the family/individual did not answer the question.</p>
<p>3. Were the problems fixed with your _____ (type of adaptive equipment)?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> N/A, the family/individual did not answer the question.</p>
<p>4. Are there any changes would you would make to your adaptive equipment? <i>Guide: If the individual indicated yes, ask about what changes he or she would make.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, there are things I would change (CR)</p> <p><input type="checkbox"/> No, I like the adaptive equipment and would not make any changes.</p> <p><input type="checkbox"/> N/A, the family/individual did not answer the question.</p>

**Service Quality Review
Ancillary Supports
Indicators for Adult Companion Services**

Outcomes/Indicators	Rating
Domain 7: Service Planning and Delivery	
<p>Outcome C7.3: Services are provided according to people’s Individual Support Plans.</p> <p>1. Are adult companion services being implemented as identified in the ISP? (SQR) <i>Guide: Adult companion services provide non-medical care, supervision; socialization; and assistance to enable the individual to perform household activities and access community resources and services. Services include assistance in using natural/informal supports; accessing community resources; on-site companionship to ensure health and safety; assistance/supervision with meal preparation; laundry; shopping and other light housekeeping tasks; and using public transportation (including accompanying the individual to community activities).</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>2. Does the companion come when scheduled? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>3. Does the companion assist the individual to access community activities, resources and services? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>4. Is back-up coverage provided if the assigned companion cannot provide the</p>	<p><input type="checkbox"/> Yes</p>

Outcomes/Indicators	Rating
<p>services? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> No, (CR) (AR)</p>
<p>5. Is the companion able to communicate with the individual? (SQR) <i>Guide: Determine if the companion enlists appropriate help of a translator or interpreter (e.g., ASL interpreter or into another language) when needed, or is she or he able to simplify language so that the individual is able to understand.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>Domain C8: Satisfaction</p>	
<p>Outcome C8.1: People are satisfied with their living arrangements and supports.</p> <p><input type="checkbox"/> The interview was conducted; person interviewed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family member (including family members who are guardians) <input type="checkbox"/> Guardian/Advocate/Lawyer <p><input type="checkbox"/> The interview was <u>not</u> conducted</p>	

Outcomes/Indicators	Rating
<p>1. I understand _____ (name of companion(s) helps you at your home (where you live) and to do community activities. Is _____ helpful to you?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> N/A, the individual did not answer the question.</p>
<p>2. Is he or she nice and polite to you?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (AR)</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> N/A, the individual did not answer the question.</p>
<p>3. Does he or she come on time (come when you need him/her)?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (AR)</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> N/A, the individual did not answer the question.</p>

Outcomes/Indicators	Rating
<p>4. Do you get the services you need from _____ (your companion?) <i>Guide: Refer to some of the services described in the individual's ISP.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR)</p> <p><input type="checkbox"/> Some, but not all of the services are provided.</p> <p><input type="checkbox"/> N/A, the individual did not answer the question.</p>
<p>5. Are there any changes would you would make to your services? <i>Guide: If the individual indicated yes, ask about what changes he or she would make.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, there are things I would change. (CR)</p> <p><input type="checkbox"/> No, I like the services and would not make any changes.</p> <p><input type="checkbox"/> N/A, the individual did not answer the question.</p>

**Service Quality Review
Ancillary Supports
Indicators for Attendant Care Services**

Outcomes/Indicators	Rating
Domain 7: Service Planning and Delivery	
<p>Outcome C7.3: Services are provided according to people’s Individual Support Plans.</p> <p>1. Are attendant care services being implemented as identified in the ISP? (SQR) <i>Guide: Attendant care services include basic personal care (e.g., assistance with bathing, personal hygiene, grooming, lifting and transferring, feeding and bowel and bladder care); household tasks (e.g., meal preparation, shopping, cleaning, laundry); cognitive services (e.g., money management, use of medications); mobility services (e.g., escort and transporting); and health-related services that can be performed by a non-licensed person.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>2. Does the attendant come as scheduled? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>3. Does the attendant work a full schedule? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>

Outcomes/Indicators	Rating
<p>4. Is back-up coverage provided if the assigned attendant cannot provide the services? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>5. Is the attendant able to communicate with the individual? (SQR) <i>Guide: Determine if the attendant enlists appropriate help of a translator or interpreter (e.g., ASL interpreter or into another language) when needed, or is she or he able to simplify language so that the individual is able to understand.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>Domain C8: Satisfaction</p>	
<p>Outcome C8.1: People are satisfied with their living arrangements and supports.</p> <p><input type="checkbox"/> The interview was conducted; person interviewed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family member (including family members who are guardians) <input type="checkbox"/> Guardian/Advocate/Lawyer <p><input type="checkbox"/> The interview was <u>not</u> conducted</p>	
<p>1. I understand _____ (name of attendant(s) helps you at your home (where</p>	<p><input type="checkbox"/> Yes</p>

Outcomes/Indicators	Rating
<p>you live). Is _____ helpful to you (provides the services you need)?</p> <p>Comment:</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> N/A, the individual did not answer the question.</p>
<p>2. Is he or she nice and polite to you?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No. (AR)</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> N/A, the individual did not answer the question.</p>
<p>3. Does he or she come on time (come when you need him or her)?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (AR)</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> N/A, the individual did not answer the question.</p>
<p>4. Are there any changes would you would make to your services? <i>Guide: If the individual indicates yes, ask about what changes he or she would make.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, there are things I would change. (CR)</p> <p><input type="checkbox"/> No, I like the services and would not make any changes.</p> <p><input type="checkbox"/> N/A, the individual did not answer the question.</p>

**Service Quality Review
Ancillary Supports
Indicators for Chore Services**

Outcomes/Indicators	Rating
Domain 7: Service Planning and Delivery	
<p>Outcome C7.3: Services are provided according to people’s Individual Support Plans.</p> <p>1. Are chore services being implemented as identified in the ISP? (SQR) <i>Guide: Chore services include washing windows, walls and floors; moving heavy furniture in order to provide safe egress; tacking down loose rugs and flooring; performing non-skilled minor home repair, yard maintenance and snow removal to provide safe access to the home.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>2. Does the chore aid come as scheduled? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>3. Does the chore aid work a full schedule? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>4. Is the chore aid able to communicate with the individual? (SQR) <i>Guide: Determine if</i></p>	<p><input type="checkbox"/> Yes</p>

Outcomes/Indicators	Rating
<p><i>the chore aid enlists appropriate help of a translator or interpreter (e.g., ASL interpreter or another language) when needed, or is she or he able to simplify language so that the individual is able to understand.</i></p> <p>Comment:</p>	<input type="checkbox"/> No, (CR)
Domain C8: Satisfaction	
<p>Outcome C8.1: People are satisfied with their living arrangements and supports.</p> <p><input type="checkbox"/> The interview was conducted; person interviewed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family member (including family members who are guardians) <input type="checkbox"/> Guardian/Advocate/Lawyer <p><input type="checkbox"/> The interview was <u>not</u> conducted</p>	
<p>1. I understand _____ (name of chore aid(s)) helps you at your home (where you live). Is _____ helpful to you (provide the services you need)?</p> <p>Comment:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> N/A , the individual did not answer the question.
<p>2. Is he or she nice and polite to you?</p>	<input type="checkbox"/> Yes

Outcomes/Indicators	Rating
<p>Comment:</p>	<p><input type="checkbox"/> No, (AR)</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> N/A, the individual did not answer the question.</p>
<p>3. Does he or she come on time (come when you need him/her)?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (AR)</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> N/A, the individual did not answer the question.</p>
<p>4. Do you get the services you need from _____ (your chore aid?)</p> <p><i>Guide: Refer to some of the services described in the individual's ISP.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Some, but not all of the services are provided.</p> <p><input type="checkbox"/> N/A, the individual did not respond.</p>

Outcomes/Indicators	Rating
<p>5. Are there any changes you would make to your services? <i>Guide: If the individual indicated yes, ask about what changes he or she would make.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, there are things I would change. (CR)</p> <p><input type="checkbox"/> No, I like the services and would not make any changes.</p> <p><input type="checkbox"/> N/A, the individual did not respond.</p>

Service Quality Review
Ancillary Supports
Indicators for Dental Services How does DDS address this now???

Outcomes/Indicators	Rating
Domain 7: Service Planning and Delivery	
<p>Outcome C7.3: Services are provided according to people’s Individual Support Plans.</p> <p>1. Did the dentist complete an evaluation of the individual’s need for dental services? (SQR) <i>Guide: Dental services are defined as those which meet the standards set forth by the American Dental Association. Treatment shall be documented in a treatment plan which is updated annually and services must be provided by a dentist or dental hygienist who is supervised by a licensed dentist.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>2. Has the individual received treatment as specified in the treatment plan and ISP? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>3. Has the dental plan been updated at least annually? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, the individual’s case record contains the result of an annual update of the treatment plan.</p> <p><input type="checkbox"/> No, (CR) (AR)</p>

Outcomes/Indicators	Rating
<p>5. Is the dentist able to communicate with the individual? (SQR) <i>Guide: Determine if the dentist enlists appropriate help of a translator or interpreter (e.g., ASL interpreter or another language) when needed, or is she or he able to simplify language so that the individual is able to understand.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR)</p>
<p>Domain C8: Satisfaction</p>	
<p>Outcome C8.1: People are satisfied with their living arrangements and supports.</p> <p><input type="checkbox"/> The interview was conducted; person interviewed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family member (including family members who are guardians) <input type="checkbox"/> Guardian/Advocate/Lawyer <p><input type="checkbox"/> The interview was <u>not</u> conducted</p>	
<p>1. I understand that you recently visited Dr. _____ (name of dentist/dental hygienist). Is _____ helpful to you (provide the services you need)?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> N/A, the individual did not answer the question.</p>

Outcomes/Indicators	Rating
<p>2. Is he or she nice and polite to you?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (AR)</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> N/A, the individual did not answer the question.</p>
<p>3. Does the dentist talk to you about the care that he or she is providing?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (AR)</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> N/A, the individual did not answer the question.</p>
<p>4. Do you get the services you need from Dr. _____ (your dentist?) <i>Guide: Refer to some of the services described in the individual's ISP.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Some, but not all of the services are provided.</p> <p><input type="checkbox"/> N/A, the individual did not answer the question.</p>
<p>5. Are there any changes would you would make to your services? <i>Guide: If the individual indicated yes, ask about what changes he or she would make.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, there are things I would change. (CR)</p> <p><input type="checkbox"/> No, I like the services and would not make any changes.</p> <p><input type="checkbox"/> N/A, the individual did not answer the question.</p>

**Service Quality Review
Ancillary Supports
Indicators for Environmental Accessibility Adaptation (EAA) Services**

Outcomes/Indicators	Rating
Domain 7: Service Planning and Delivery	
<p>Outcome C7.3: Services are provided according to people’s Individual Support Plans.</p> <p>1. Were EAA services being provided as identified in the ISP? (SQR) <i>Guide: EAA services include installing ramps and grab-bars; widening doorways; modifying bathrooms; and installing specialized electric and plumbing systems necessary to accommodate medical equipment and supplies.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>2. Does the environmental adaptation work properly? (SQR) <i>Guide: Interview the individual, family and/or staff to determine if there have been any problems with the adaptation and if the provider was responsive and made any necessary repairs.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, the adaptation is working and repairs were done quickly when there were problems.</p> <p><input type="checkbox"/> No, there have been chronic problems with the adaptation that have not been fixed. (CR) (AR)</p>
<p>3. Was the work completed as specified? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>

Outcomes/Indicators	Rating
Domain C8: Satisfaction	
<p>Outcome C8.1: People are satisfied with their living arrangements and supports.</p> <p><input type="checkbox"/> The interview was conducted; person interviewed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family member (including family members who are guardians) <input type="checkbox"/> Guardian/Advocate/lawyer <p><input type="checkbox"/> The interview was <u>not</u> conducted</p>	
<p>1. I understand you had a _____ put in your home. Guide: Describe the specific EAA service that was provided. Has the _____ been helpful to you?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A, the individual did not answer the question.</p>
<p>2. Did the people do a good job?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A, the individual did not answer the question.</p>

Outcomes/Indicators	Rating
<p>3. Was the work done on time? <i>Guide: Ask if they can on time and finished the work when they said they would.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A, the individual did not answer the question.</p>
<p>4. Were the people who did the work nice to deal with? <i>Guide: Ask if they were helpful and listen to the individual. See if there were any problems.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> NA, the individual did not answer the question.</p>
<p>5. Does your _____ (type of environmental adaptation) always work?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, if no go to the next indicator.</p> <p><input type="checkbox"/> Sometimes, if sometimes go to the next indicator.</p> <p><input type="checkbox"/> N/A, the individual did not answer the question.</p>
<p>6. Were the problems fixed with your _____ (type of environmental adaptation)?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> N/A, the family/individual did not answer the question.</p>

**Service Quality Review
Ancillary Supports
Indicators for Family Training Services**

Outcomes/Indicators	Rating
Domain 7: Service Planning and Delivery	
<p>Outcome C7.3: Services are provided according to people’s Individual Support Plans.</p> <p>1. Are the family training services been provided as identified in the ISP? (SQR) <i>Guide: Family training and counseling includes instruction about treatment regimens; training on the use of equipment; training on understanding the needs of the individual; counseling to address the family’s psychosocial needs; and follow-up training in order to safely maintain the individual in the home.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>2. Do the training services meet the family’s needs? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>3. Is follow-up training provided to the family if needed? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p> <p><input type="checkbox"/> NA, follow-up was not needed.</p>

Outcomes/Indicators	Rating
<p>4. Does the provider have the specific competencies to provide the family training services? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p><i>Domain C8: Satisfaction</i></p>	
<p>Outcome C8.1: People are satisfied with their living arrangements and supports.</p> <p><input type="checkbox"/> The interview was conducted; person interviewed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family member (including family members who are guardians) <input type="checkbox"/> Guardian/Advocate/Lawyer <p><input type="checkbox"/> The interview was <u>not</u> conducted</p>	
<p>1. I understand that _____ (name of the provider) provided family training services to you at your home (where you live). Has the family training provider(s) been helpful to you?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> N/A, the family/individual did not answer the question.</p>
<p>2. Has the family training provider(s) been nice and polite to you?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (AR)</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> N/A, the family/individual did not answer the question.</p>

Outcomes/Indicators	Rating
<p>3. Has the family training provider (name of the provider) come when you needed them?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (AR)</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> N/A, the family/individual did not answer the question.</p>
<p>4. Do you get the services you need from _____ (your family training provider(s))? <i>Guide: Refer to some of the services described in the individual's ISP.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Some, but not all of the services are provided.</p> <p><input type="checkbox"/> N/A, the family/individual did not answer the question.</p>
<p>5. Are there any changes would you would make to your services? <i>Guide: If the individual/family indicated yes, ask about what changes he or she would make.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, there are things I would change. (CR)</p> <p><input type="checkbox"/> No, I like the services and would not make any changes.</p> <p><input type="checkbox"/> N/A, the family/individual did not answer the question.</p>

**Service Quality Review
Ancillary Supports
Indicators for Homemaker Services**

Outcomes/Indicators	Rating
Domain 7: Service Planning and Delivery	
<p>Outcome C7.3: Services are provided according to people’s Individual Support Plans.</p> <p>1. Are homemaker services being implemented as identified in the ISP? (SQR) <i>Guide: Homemaker services include light housekeeping; laundry; doing essential errands; and meal preparation.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>2. Does the homemaker come as scheduled? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>3. Does the homemaker work a full schedule? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>4. Is back-up coverage provided if the assigned homemaker cannot provide the</p>	<p><input type="checkbox"/> Yes</p>

Outcomes/Indicators	Rating
<p>services? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> No, (CR) (AR)</p>
<p>5. Is the homemaker able to communicate with the individual? (SQR) <i>Guide: Determine if the homemaker enlists appropriate help of a translator or interpreter (e.g., ASL interpreter or another language) when needed, or is she or he able to simplify language so that the individual is able to understand.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>Domain C8: Satisfaction</p>	
<p>Outcome C8.1: People are satisfied with their living arrangements and supports.</p> <p><input type="checkbox"/> The interview was conducted; person interviewed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family member (including family members who are guardians) <input type="checkbox"/> Guardian/Advocate/lawyer <p><input type="checkbox"/> The interview was <u>not</u> conducted</p>	

Outcomes/Indicators	Rating
<p>1. I understand that _____ (name of homemaker(s) helps you at your home (where you live). Is _____ helpful to you?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> N/A, the individual did not answer the question.</p>
<p>2. Is he or she nice and polite to you?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (AR)</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> N/A, the individual did not answer the question.</p>
<p>3. Does he or she come on time (come when you need him/her)?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (AR)</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> N/A, the individual did not answer the question.</p>

Outcomes/Indicators	Rating
<p>4. Do you get the services you need from _____ (your homemaker?) <i>Guide: Refer to some of the services described in the individual's ISP.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Some, but not all of the services are provided.</p> <p><input type="checkbox"/> N/A, the individual did not answer the question.</p>
<p>5. Are there any changes you would make to your services? <i>Guide: If the individual indicated yes, ask about what changes he or she would make.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, there are things I would change. (CR)</p> <p><input type="checkbox"/> No, I like the services and would not make any changes.</p> <p><input type="checkbox"/> N/A, the individual did not answer the question.</p>

**Service Quality Review
Ancillary Supports
Indicators for Independent Habilitation Services**

Outcomes/Indicators	Rating
Domain 7: Service Planning and Delivery	
<p>Outcome C7.3: Services are provided according to people’s Individual Support Plans.</p> <p>1. Are independent habilitation services being implemented as identified in the ISP? (SQR) <i>Guide: Independent habilitation services of up to 40 hours include training in activities of daily living and independent living skills; assistance in performing personal care tasks; training and assistance in using community resources; training and assistance in monitoring the individual’s health, nutrition, and physical condition; training in adapting to a community and home environment (e.g., management of financial and personal affairs and awareness of health and safety precaution; and coordinating transportation to community events.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>2. Does the staff come as scheduled? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>3. Does the staff work a full schedule? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>

Outcomes/Indicators	Rating
<p>4. Is back-up coverage provided if assigned staff cannot provide the services? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>5. Is the staff able to communicate with the individual? (SQR) <i>Guide: Determine if independent habilitation staff enlist appropriate help of a translator or interpreter (e.g., ASL interpreter or another language) when needed, or is she or he able to simplify language so that the individual is able to understand.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (AR)</p>
<p>Domain C8: Satisfaction</p>	
<p>Outcome C8.1: People are satisfied with their living arrangements and supports.</p> <p><input type="checkbox"/> The interview was conducted; person interviewed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family member (including family members who are guardians) <input type="checkbox"/> Guardian/Advocate/Lawyer <p><input type="checkbox"/> The interview was <u>not</u> conducted</p>	
<p>1. I understand that _____ (name of independent habilitation staff) helps you at your home (where you live). Is _____ helpful to you?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> N/A, the individual did not answer the question.</p>

Outcomes/Indicators	Rating
<p>2. Is he or she nice and polite to you?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (AR)</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> NA, the individual did not answer the question.</p>
<p>3. Does he or she come on time (come when you need him or her)?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (AR)</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> N/A, the individual did not answer the question.</p>
<p>4. Do you get the services you need from _____ (your provider)?</p> <p><i>Guide: Refer to some of the services described in the individual's ISP.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Some, but not all of the services are provided.</p> <p><input type="checkbox"/> N/A, the individual did not answer the question.</p>

Outcomes/Indicators	Rating
<p>5. Are there any changes would you would make to your services? <i>Guide: If the individual indicated yes, ask about what changes he or she would make.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, there are things I would change. (CR)</p> <p><input type="checkbox"/> No, I like the services and would not make any changes.</p> <p><input type="checkbox"/> N/A, the individual did not answer the question.</p>

**Service Quality Review
Ancillary Supports
Indicators for Nutritional Counseling (NT) Services**

Outcomes/Indicators	Rating
<i>Domain 7: Service Planning and Delivery</i>	
<p>Outcome C7.3: Services are provided according to people’s Individual Support Plans.</p> <p>1. Has the nutritionist completed an evaluation of the individual’s needs for NT services? (SQR) <i>Guide: Nutritional counseling includes development of a regular cycle of meals; conducting comprehensive nutritional assessments, biochemical, clinical dietary appraisals, food-drug interaction potential and environmental review; conducting needs assessments for adaptive eating equipment and dysphagia management; and teaching and training on food preparation and shopping.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>2. Has the nutritionist developed a treatment plan with the individual? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>3. Are nutritional services being implemented as identified in the ISP? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>

Outcomes/Indicators	Rating
<p>4. Are nutritional services being provided as described in the treatment plan? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>5. Does the nutritionist come as scheduled? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>6. Was training and consultation provided to the individual, family and/or staff when needed? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p> <p><input type="checkbox"/> N/A, training and consultation was not needed.</p>
<p>7. Does the NT complete progress notes for the visits? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>

Outcomes/Indicators	Rating
<p>8. Is the NT able to communicate with the individual? (SQR) <i>Guide: Determine if the nutritionist enlists appropriate help of a translator or interpreter (e.g., ASL interpreter or another language) when needed, or is she or he able to simplify language so that the individual is able to understand.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR)</p>
<p>9. Does the NT consult with other providers when needed? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (AR)</p> <p><input type="checkbox"/> N/A, consultation with other providers was not needed.</p>
<p><i>Domain C8: Satisfaction</i></p>	
<p>Outcome C8.1: People are satisfied with their living arrangements and supports.</p> <p><input type="checkbox"/> The interview was conducted; person interviewed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family member (including family members who are guardians) <input type="checkbox"/> Guardian/Advocate/lawyer <input type="checkbox"/> Staff <p><input type="checkbox"/> The interview was <u>not</u> conducted</p>	

Outcomes/Indicators	Rating
<p>1. I understand that _____ (name of nutritionist) helps you at your home (where you live). Is _____ helpful to you?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> NA, the individual did not answer the question.</p>
<p>2. Is he or she nice and polite to you?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (AR)</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> NA, the individual did not answer the question.</p>
<p>3. Does the nutritionist talk to you about the care that he or she is providing?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> NA, the individual did not answer the question.</p>

Outcomes/Indicators	Rating
<p>4. Does he or she come on time (come when you need him/her)?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> NA, the individual did not answer the question.</p>
<p>5. Do you get the services you need from _____ (your nutritionist?) <i>Guide: Refer to some of the services described in the individual's ISP.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Some, but not all of the services are provided.</p> <p><input type="checkbox"/> NA, the individual did not answer the question.</p>
<p>6. Are there any changes would you would make to your services? <i>Guide: If the individual indicated yes, ask about what changes he or she would make.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, there are things I would change. (CR)</p> <p><input type="checkbox"/> No, I like the services and would not make any changes.</p> <p><input type="checkbox"/> NA, the individual did not answer the question.</p>

**Service Quality Review
Ancillary Supports
Indicators for Occupational Therapy (OT) Services**

Outcomes/Indicators	Rating
Domain 7: Service Planning and Delivery	
<p>Outcome C7.3: Services are provided according to people’s Individual Support Plans.</p> <p>1. Has the occupational therapist completed an evaluation of the individual’s need for OT services? (SQR) <i>Guide: Occupational therapy services include evaluating the individual’s ability to manage normal daily functions; maintaining ongoing involvement and consultation with other service providers; ensuring that OT-related needs identified in the ISP are met; developing treatment plans for the individual; designing, fabricating and fitting orthotic or self-help devices for the individual (e.g., wheelchairs, splints, aids for eating and dressing); providing vocational/pre-vocational assessment and training (e.g., learning to use computer-aided equipment or other assistive technology); establishing task-oriented activities or a home exercise program; providing consultation and instruction to the individual, family or other caregivers; recording progress notes for each visit; conducting periodic examinations of and modifying treatment for the individual when needed.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>2. Has the OT develop a treatment plan with the individual? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>

Outcomes/Indicators	Rating
<p>3. Are OT services being implemented as identified in the ISP? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>4. Are OT services being provided as described in the treatment plan? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>5. Does the OT come as scheduled? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>6. Was training and consultation provide to the individual, family and/or staff when needed. (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p> <p><input type="checkbox"/> N/A, training and consultation was not needed.</p>

Outcomes/Indicators	Rating
<p>7. Does the OT complete progress notes for the visits? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>8. Is the OT able to communicate with the individual? (SQR) <i>Guide: Determine if the OT enlists appropriate help of a translator or interpreter (i.e... ASL interpreter or another language) when needed, or is she or he able to simplify language so that the individual is able to understand.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR)</p>
<p>9. Does the OT consult with other providers when needed? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (AR)</p> <p><input type="checkbox"/> N/A, consultation with other providers was not needed.</p>

Outcomes/Indicators	Rating
Domain C8: Satisfaction	
<p>Outcome C8.1: People are satisfied with their living arrangements and supports.</p> <p><input type="checkbox"/> The interview was conducted; person interviewed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family member (including family members who are guardians) <input type="checkbox"/> Guardian/Advocate/Lawyer <input type="checkbox"/> Staff <p><input type="checkbox"/> The interview was <u>not</u> conducted</p>	
<p>1. I understand that _____ (name of OT) helps you at your home (where you live). Is _____ helpful to you?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> NA, the individual did not respond</p>
<p>2. Is he or she nice and polite to you?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (AR)</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> NA, the individual did not answer the question.</p>

Outcomes/Indicators	Rating
<p>3. Does the OT talk to you about the care that he or she is providing?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> NA, the individual did not answer the question.</p>
<p>4. Does he or she come on time (come when you need him/her)?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (AR)</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> NA, the individual did not answer the question.</p>
<p>5. Do you get the services you need from _____ (your OT)? <i>Guide:</i> <i>Refer to some of the services described in the individual's ISP.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (AR)</p> <p><input type="checkbox"/> Some, but not all of the services are provided.</p> <p><input type="checkbox"/> NA, the individual did not answer the question.</p>
<p>6. Are there any changes would you would make to your services? <i>Guide: If the</i></p>	<p><input type="checkbox"/> Yes, there are things I would change. (CR)</p>

Outcomes/Indicators	Rating
<p><i>individual indicated yes, ask about what changes he or she would make.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> No, I like the services and would not make any changes.</p> <p><input type="checkbox"/> NA, the individual did not answer the question.</p>

**Service Quality Review
Ancillary Supports
Indicators for Personal Care Services**

Outcomes/Indicators	Rating
Domain 7: Service Planning and Delivery	
<p>Outcome C7.3: Services are provided according to people’s Individual Support Plans.</p> <p>1. Are personal care services being implemented as identified in the ISP? (SQR) <i>Guide: Personal care services include assistance with those activities of daily living which allow for individuals to live in clean, sanitary and safe surroundings</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR)</p>
<p>2. Does the personal care aid come when scheduled? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR)</p>
<p>3. Does the personal care aid assist the individual with those daily activities which he or she is unable to perform on his or her own? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR)</p>
<p>4. Is back-up coverage provided if the assigned personal care aid cannot provide the</p>	<p><input type="checkbox"/> Yes</p>

Outcomes/Indicators	Rating
<p>services? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> No, (CR)</p>
<p>5. Is the personal care aid able to communicate with the individual? (SQR) <i>Guide: Determine if the personal care enlists the help of a translator or interpreter (e.g., ASL interpreter or another language) when needed, or is she or he able to simplify language so that the individual is able to understand.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR)</p>
<p>7. Has the personal care aid kept ongoing records of the individual and updated any plans of care and treatment? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR)</p>
<p>Domain C8: Satisfaction</p>	
<p>Outcome C8.1: People are satisfied with their living arrangements and supports.</p> <p><input type="checkbox"/> The interview was conducted; person interviewed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family member (including family members who are guardians) <input type="checkbox"/> Guardian/Advocate/Lawyer <p><input type="checkbox"/> The interview was <u>not</u> conducted</p>	

Outcomes/Indicators	Rating
<p>1. I understand _____ (name of personal care aid) helps you at your home (where you live). Is _____ helpful to you?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> N/A, the individual did not respond.</p>
<p>2. Is he or she nice and polite to you?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (AR)</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> N/A, the individual did not answer the question.</p>
<p>3. Does he or she come on time (come when you need him/her)?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> N/A, the individual did not answer the question.</p>

Outcomes/Indicators	Rating
<p>4. Do you get the services you need from _____ (your personal care aid?) <i>Guide: Refer to some of the services described in the individual's ISP.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Some, but not all of the services are provided.</p> <p><input type="checkbox"/> N/A, the individual did not answer the question.</p>
<p>5. Are there any changes would you would make to your services? <i>Guide: If the individual indicated yes, ask about what changes he or she would make.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, there are things I would change.</p> <p><input type="checkbox"/> No, I like the services and would not make any changes.</p> <p><input type="checkbox"/> N/A, the individual did not answer the question.</p>

**Service Quality Review
Ancillary Supports
Indicators for Personal Emergency Response System (PERS)**

Outcomes/Indicators	Rating
Domain 7: Service Planning and Delivery	
<p>Outcome C7.3: Services are provided according to people’s Individual Support Plans.</p> <p>1. Are crisis services being provided as identified in the ISP? (SQR) <i>Guide: A Personal Emergency Response System (PERS) provides access to emergency services through a two-way communication system that dials a 24-hour response center. The system includes a console or receiving base that is connected to the individual’s telephone, a portable emergency response activator and a response center that monitors calls.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>2. Does the individual demonstrate that he or she knows how to use PERS? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>3. Does the equipment work properly? (SQR) <i>Guide: Interview the individual to determine if there has been any trouble with the equipment and if the PERS provider was able to respond and made timely repairs.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>

Outcomes/Indicators	Rating
<p>4. Does the PERS provider submit a written report to the DDA service coordinator within 24-hours of an emergency response signal? (SQR) <i>Guide: Reports must include, at a minimum, the date and time of each emergency signal response to the individual.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p> <p><input type="checkbox"/> NA, no emergencies have occurred in the past year.</p>
<p>Domain C8: Satisfaction</p>	
<p>Outcome C8.1: People are satisfied with their living arrangements and supports.</p> <p><input type="checkbox"/> The interview was conducted; person interviewed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family member (including family members who are guardians) <input type="checkbox"/> Guardian/Advocate/Lawyer <input type="checkbox"/> Staff <p><input type="checkbox"/> The interview was <u>not</u> conducted</p>	
<p>1. Has the Personal Response System been helpful to you?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> NA, the individual did not answer the question.</p>
<p>2. Are the people at the PERS company nice to you?</p>	<p><input type="checkbox"/> Yes</p>

Outcomes/Indicators	Rating
<p>Comment:</p>	<p><input type="checkbox"/> No, (AR)</p> <p><input type="checkbox"/> NA, the individual did not answer the question.</p>
<p>3. Have you had any problems with your PERS?</p> <p>Comments:</p>	<p><input type="checkbox"/> Yes, if yes go to next indicator.</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> NA, the individual did not answer the question.</p>
<p>4. Were the problems fixed?</p> <p>Comments:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> NA, the individual did not answer the question or there were no problems.</p>
<p>5. Does the Personal Response System always work? <i>Guide: Determine if the PERS always connects to the respondent.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> NA, the individual did not answer the question.</p>

Outcomes/Indicators	Rating
<p data-bbox="130 175 800 207">6. Is the Personal Response Equipment easy to use?</p> <p data-bbox="130 365 264 397">Comment:</p>	<p data-bbox="1228 186 1314 219"><input type="checkbox"/> Yes</p> <p data-bbox="1228 251 1304 284"><input type="checkbox"/> No</p> <p data-bbox="1228 316 1409 349"><input type="checkbox"/> Sometimes</p> <p data-bbox="1228 381 1814 414"><input type="checkbox"/> NA, the individual did not answer the question.</p>

**Service Quality Review
Ancillary Supports
Indicators for Physical Therapy (PT) Services**

Outcomes/Indicators	Rating
<i>Domain 7: Service Planning and Delivery</i>	
<p>Outcome C7.3: Services are provided according to people’s Individual Support Plans.</p> <p>1. Did the physical therapist complete an evaluation of the individual’s needs for PT services? (SQR) <i>Guide: PT services include completing an initial assessment and evaluation of the individual’s medical history; maintaining involvement and consultation with other providers; ensuring that the individual’s need for PT-related services is provided according to the ISP; measuring the individual’s strength, range of motion, balance and coordination, posture, muscle performance, respiration and motor functions; developing a treatment plan; providing therapeutic exercise, gait training and range of motion, ultrasound, short-wave, microwave, diathermy, hot packs, infrared, paraffin and whirlpool therapies; providing consultation and instruction to the individual, family and other caregivers; completing progress notes for each visit; conducting periodic examinations and modifying treatments needed; and establishing a home exercise program.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>2. Has the PT develop a treatment plan with the individual? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>

Outcomes/Indicators	Rating
<p>3. Are PT services being implemented as identified in the ISP? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>4. Are PT services being provided as described in the treatment plan? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>5. Does the PT come as scheduled? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>6. Has PT training and consultation been provided to the individual, family and/or staff when needed? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR)</p> <p><input type="checkbox"/> NA, training and consultation was not needed.</p>
<p>7. Does the PT complete progress notes for the visits? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR)</p>

Outcomes/Indicators	Rating
<p>8. Does the PT consult with other providers when needed? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A, consultation with other providers was not needed.</p>

Domain C8: Satisfaction

<p><input type="checkbox"/> The interview was conducted; person interviewed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family member (including family members who are guardians) <input type="checkbox"/> Guardian/Advocate/Lawyer <input type="checkbox"/> Staff <p><input type="checkbox"/> The interview was <u>not</u> conducted</p>

<p>Outcome C8.1: People are satisfied with their living arrangements and supports.</p> <p>1. I understand that _____ (name of PT) helps you at your home (where you live). Is _____ helpful to you?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> NA, the individual did not respond</p>
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Outcomes/Indicators	Rating
<p>2. Is he or she nice and polite to you?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (AR)</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> NA, the individual did not answer the question.</p>
<p>3. Does the PT talk to you about the care that he or she is providing?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> NA, the individual did not answer the question.</p>
<p>4. Does he or she come on time (come when you need him or her)?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (AR)</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> NA, the individual did not answer the question.</p>
<p>5. Do you get the services you need from _____ (your PT?)</p> <p><i>Guide: Refer to some of the services described in the individual's ISP.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (AR)</p> <p><input type="checkbox"/> Some, but not all of the services are provided.</p> <p><input type="checkbox"/> NA, the individual did not answer the question.</p>

Outcomes/Indicators	Rating
<p>6. Are there any changes would you would make to your services? <i>Guide: If the individual indicated yes, ask about what changes he or she would make.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, there are things I would change. (CR)</p> <p><input type="checkbox"/> No, I like the services and would not make any changes.</p> <p><input type="checkbox"/> NA, the individual did not answer the question.</p>

**Service Quality Review
Ancillary Supports
Indicators for Preventive, Consultative and Crisis Support**

Outcomes/Indicators	Rating
Domain 7: Service Planning and Delivery	
<p>Outcome C7.3: Services are provided according to people’s Individual Support Plans.</p> <p>1. Has an assessment been completed of the crisis situation? (SQR) <i>Guide: Preventive, consultative and crisis supports include on-site assessment of the crisis situation; development of person-specific intervention strategies; training on proactive strategies and behavioral interventions; crisis supervision or expanded supervision and monitoring; and follow-up to review the individual’s progress. Review the records to determine if an assessment was completed. Determine if the assessment also identifies the individual’s strengths and resources.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>2. Has a written crisis plan been developed? (SQR) <i>Guide: Review the record to determine if a plan was developed and that it includes, among other information, referrals, conflict resolution counseling and problem solving strategies, training of informal caregivers for crisis stabilization, an evaluation that includes diagnosis, proposed treatment and the goals of treatment.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>3. Are crisis services being provided as identified in the ISP? (QI)</p>	<p><input type="checkbox"/> Yes</p>

Outcomes/Indicators	Rating
<p>Comment:</p>	<input type="checkbox"/> No, (CR) (AR)
<p>4. Have the services been provided as identified in the crisis plan? (SQR) <i>Guide: Review the records to determine what services were provided. Ask the family and/or provider staff about the services that were provided.</i></p> <p>Comment:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No, (CR) (AR)
<p>5. Has there been follow-up to determine the status of the crisis and the need for additional support? (QI)</p> <p>Comment:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><i>Domain C8: Satisfaction</i></p>	
<p>Outcome C8.1: People are satisfied with their living arrangements and supports.</p> <p><input type="checkbox"/> The interview was conducted; person interviewed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family member (including family members who are guardians) <input type="checkbox"/> Guardian/Advocate/Lawyer <input type="checkbox"/> Provider staff <p><input type="checkbox"/> The interview was <u>not</u> conducted</p>	
<p>1. Were the crisis intervention services helpful?</p>	<input type="checkbox"/> Yes

Outcomes/Indicators	Rating
<p>Comment:</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> NA, the individual did not answer the question.</p>
<p>2. Did the crisis team come quickly (come when you needed them)?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> NA, the individual did not answer the question.</p>
<p>3. Were the people who came helpful?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> NA, the individual did not answer the question.</p>
<p>4. Did the people come back to see if things were better?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> NA, the individual did not answer the question or follow-up was not needed.</p>
<p>5. Are there any changes would you would make to your services? <i>Guide: If the</i></p>	<p><input type="checkbox"/> Yes, there are things I would change. (CR)</p>

Outcomes/Indicators	Rating
<p><i>individual, family or staff indicated yes, ask about what changes he or she would make.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> No, I like the services and would not make any changes.</p> <p><input type="checkbox"/> NA, the individual did not answer the question.</p>

Service Quality Review
Ancillary Supports
Indicators for Respite Care & Host Home Services

Outcomes/Indicators	Rating
<i>Domain 7: Service Planning and Delivery</i>	
<p>Outcome C7.3: Services are provided according to people’s Individual Support Plans.</p> <p>1. Are respite services being implemented as identified in the ISP? (SQR) <i>Guide: Respite care & Host Home services of up to 30 days or 720 hours may be provided in the individual’s home, foster home, an ICF/MR, group home, respite or host home facility, community residential care facility, etc. If respite or host home care is provided in a place other than the individuals’ home the reviewer should also apply the indicators for residential supports.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>2. Does the respite provider come as scheduled? (SQR) <i>Guide: Use this indicator only if respite or host home services are provided in the individual’s home.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p> <p><input type="checkbox"/> N/A, respite is not provided in the individual’s home.</p>

Outcomes/Indicators	Rating
<p>3. Does the respite provider work a full schedule? (SQR) <i>Guide: Use this indicator only if respite or host home services are provided in the individual's home.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p> <p><input type="checkbox"/> N/A, respite is not provided in the individual's home.</p>
<p>4. Is the respite provider able to communicate with the individual? (SQR) <i>Guide: Use this indicator only if respite or host home services are provided in the individual's home.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>5. Is there a substitute if the assigned respite provider is unavailable? (SQR) <i>Guide: Use this indicator only if respite services are provided in the individual's home.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A, respite is not provided in the individual's home.</p>

Outcomes/Indicators	Rating
Domain C8: Satisfaction	
<p>Outcome C8.1: People are satisfied with their living arrangements and supports.</p> <p><input type="checkbox"/> The interview was conducted; person interviewed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family member (including family members who are guardians) <input type="checkbox"/> Guardian/Advocate/Lawyer <input type="checkbox"/> Staff <p><input type="checkbox"/> The interview was <u>not</u> conducted</p>	
<p>1. I understand that _____ (name of respite provider) helps you at your home (where you live). Is _____ helpful to you?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> N/A, the individual did not respond</p>
<p>2. Is he or she nice and polite to you?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (AR)</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> N/A, the individual did not answer the question.</p>

Outcomes/Indicators	Rating
<p>3. Does the respite provider do things with you that you like? <i>Guide: This could include leisure activities in the home or community.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> N/A, the individual did not answer the question.</p>
<p>4. Does the respite or host home provider come on time (come when you need him or her)?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (AR)</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> N/A, the individual did not answer the question.</p>
<p>5. Are there any changes would you would make to your services? <i>Guide: If the individual indicated yes, ask about what changes he or she would make.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, there are things I would change. (CR)</p> <p><input type="checkbox"/> No, I like the services and would not make any changes.</p> <p><input type="checkbox"/> N/A, the individual did not answer the question.</p>

**Service Quality Review
Ancillary Supports
Indicators for Skilled Nursing Services**

Outcomes/Indicators	Rating
Domain 7: Service Planning and Delivery	
<p>Outcome C7.3: Services are provided according to people’s Individual Support Plans.</p> <p>1. Did the nurse complete a nursing assessment? (SQR) <i>Guide: Skilled nursing services include completing an initial assessment and evaluation; coordinating care and referrals; ensuring the nursing related needs in the ISP are met; implementing preventive and rehabilitative nursing procedures and treatment regimens; supervising services provided by home health or personal aides, or direct care support staff as needed; completing progress notes for each visit and quarterly summaries; reporting changes in the person’s condition to his or her physician; providing consultation and instruction to the individual, family or other caregivers; and discharge planning; and wound and tube feeding..</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (SRI)</p>
<p>2. Are nursing services being implemented as identified in the ISP? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (SRI)</p>

Outcomes/Indicators	Rating
<p>3. Does the nurse come as scheduled? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>4. Does the home health agency provide a back-up nurse if the assigned nurse is not available? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR)</p>
<p>5. Has training and consultation been provided to the individual, family and/or staff when needed? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR)</p> <p><input type="checkbox"/> N/A, training and consultation was not needed.</p>
<p>6. Does the nurse complete progress notes for the visits and quarterly summaries? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

Outcomes/Indicators	Rating
<p>7. Does the nurse communicate with the individual's physician when needed? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>Domain C8: Satisfaction</p>	
<p>Outcome C8.1: People are satisfied with their living arrangements and supports.</p> <p><input type="checkbox"/> The interview was conducted; person interviewed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family member (including family members who are guardians) <input type="checkbox"/> Guardian/Advocate/Lawyer <input type="checkbox"/> Staff <p><input type="checkbox"/> The interview was <u>not</u> conducted</p>	
<p>1. I understand that _____ (name of nurse) helps you at your home (where you live). Is _____ helpful to you?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> NA, the individual did not answer the question.</p>

Outcomes/Indicators	Rating
<p>2. Is he or she nice and polite to you?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (AR)</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> NA, the individual did not answer the question.</p>
<p>3. Does the nurse talk to you about the care that he or she is providing?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> NA, the individual did not answer the question.</p>
<p>4. Does he or she come on time (come when you need him or her)?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> NA, the individual did not answer the question.</p>
<p>5. Do you get the services you need from _____ (your nurse?)</p> <p><i>Guide: Refer to some of the services described in the individual's ISP.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Some, but not all of the services are provided.</p> <p><input type="checkbox"/> NA, the individual did not answer the question.</p>

Outcomes/Indicators	Rating
<p data-bbox="128 175 1115 237">6. Are there any changes would you would make to your services? <i>Guide: If the individual indicated yes, ask about what changes he or she would make.</i></p> <p data-bbox="128 381 264 410">Comment:</p>	<p data-bbox="1228 207 1772 240"><input type="checkbox"/> Yes, there are things I would change. (CR)</p> <p data-bbox="1228 272 1934 305"><input type="checkbox"/> No, I like the services and would not make any changes.</p> <p data-bbox="1228 337 1814 370"><input type="checkbox"/> NA, the individual did not answer the question.</p>

**Service Quality Review
Ancillary Supports
Indicators for Speech, Hearing and Language Services**

Outcomes/Indicators	Rating
Domain 7: Service Planning and Delivery	
<p>Outcome C7.3: Services are provided according to people’s Individual Support Plans.</p> <p>1. Did the speech pathologist¹¹ complete an evaluation of the individual’s needs for speech, hearing and language services? (SQR) <i>Guide: Speech, hearing and language services include conducting a comprehensive assessment; developing a plan identifying goals and the procedures to achieve stated goals; implementation, supervision and evaluation of the therapeutic tasks and activities; an environmental review; conducting an assessment for adaptive eating and dysphagia management, biochemical, clinical and dietary recommendations; teaching/training the individual, family and/or staff to augment the speech-language communication program; establishing and effective maintenance program; assisting with voice disorders to develop control of the vocal and respiratory systems for voice production; and aural rehabilitation by teaching sign language and/or lip reading.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>2. Did the speech pathologist develop a treatment plan with the individual? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (AR) (CR)</p>

¹¹ Can also be an audiologist.

Outcomes/Indicators	Rating
<p>3. Are speech, hearing and language services being implemented as identified in the ISP? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>4. Are speech, hearing and language services being provided as described in the treatment plan? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>5. Does the speech pathologist come as scheduled? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>6. Did the speech pathologist provide training and consultation to the individual, family and/or staff when needed? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR)</p> <p><input type="checkbox"/> N/A, training and consultation was not needed.</p>

Outcomes/Indicators	Rating
<p>7. Does the speech pathologist consult with other providers when needed? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, AR</p> <p><input type="checkbox"/> N/A, consultation with other providers was not needed.</p>

Domain C8: Satisfaction

Outcome C8.1: People are satisfied with their living arrangements and supports.

The interview was conducted; person interviewed:

- Individual
- Family member (including family members who are guardians)
- Guardian/Advocate/Lawyer
- Staff

The interview was not conducted

<p>1. I understand that _____ (name of speech pathologist) helps you at your home (where you live). Is _____ helpful to you?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> NA, the individual did not answer the question.</p>
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Outcomes/Indicators	Rating
<p>2. Is he or she nice and polite to you?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (AR)</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> NA, the individual did not answer the question.</p>
<p>3. Does _____ (speech pathologist) come on time (come when you need him or her)?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (AR)</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> NA, the individual did not answer the question.</p>
<p>4. Do you get the services you need from _____ (your speech pathologist)? <i>Guide: Refer to some of the services described in the individual's ISP.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Some, but not all of the services are provided.</p> <p><input type="checkbox"/> NA, the individual did not answer the question.</p>
<p>5. Are there any changes would you would make to your services? <i>Guide: If the individual indicated yes, ask about what changes he or she would make.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, there are things I would change. (CR)</p> <p><input type="checkbox"/> No, I like the services and would not make any changes.</p> <p><input type="checkbox"/> NA, the individual did not answer the question.</p>

Service Quality Review

Ancillary Supports Indicators for Transportation Services

Outcomes/Indicators	Rating
Domain 7: Service Planning and Delivery	
<p>Outcome C7.3: Services are provided according to people’s Individual Support Plans.</p> <p>1. Does the transportation come on time? (SQR) <i>Guide: Interview the individual and/or family to determine if the transportation has consistently come on time over the past year and if the person usually gets to his or her activities and appointments on time.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>2. Is the travel time appropriate given the distance and traffic patterns? (SQR) <i>Guide: Interview the individual and/or family to determine if the amount of time spent in transit appears to be reasonable. Find out if there were any problems in the past year.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>3. Is supervision available when needed during transportation? (SQR) <i>Guide: Interview the individual and/or family to determine if the transportation company provides the needed staffing/supervision as specified in the ISP.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>4. Are transportation staff trained on individual transportation needs? (SQR) <i>Guide:</i></p>	<p><input type="checkbox"/> Yes</p>

Outcomes/Indicators	Rating
<p><i>Interview the individual and/or family to determine if the drivers and other transportation personnel are able to address individual health and/or behavioral issues. Review incident reports related to the transportation services from the past year.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> No, (CR) (AR)</p>
<p>5. Is the vehicle heated and air conditioned? (SQR) <i>Guide: Interview the individual and/or family to determine if the ride is consistently comfortable.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>Domain C8: Satisfaction</p>	
<p>Outcome C8.1: People are satisfied with their living arrangements and supports.</p> <p><input type="checkbox"/> The interview was conducted; person interviewed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family member (including family members who are guardians) <input type="checkbox"/> Guardian/Advocate/Lawyer <p><input type="checkbox"/> The interview was <u>not</u> conducted</p>	
<p>1. I understand that you receive transportation services. Are you generally picked up on time?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> NA, the individual did not answer the question.</p>

Outcomes/Indicators	Rating
<p>2. Are the drivers (and supervisors, if any) nice and polite to you?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (AR)</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> NA, the individual did not answer the question.</p>
<p>3. Can you get transportation when you need it?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (AR)</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> NA, the individual did not answer the question.</p>
<p>4. Is the car (or van) clean and comfortable?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> NA, the individual did not answer the question.</p>

Outcomes/Indicators	Rating
<p>5. Are there any changes you would make to your services? <i>Guide: If the individual indicated yes, ask about what changes he or she would make.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, there are things I would change. (CR)</p> <p><input type="checkbox"/> No, I like the services and would not make any changes.</p> <p><input type="checkbox"/> NA, the individual did not respond</p>

Individual Service Quality Monitoring Tool Indicators for Service Coordinator



Outcomes/Indicators	Rating
<i>Domain 1: Rights and Dignity</i>	
<p>Outcome C1.1: People have the same rights and protections as others in the community.</p> <p>1. Does the service coordinator inform the individual about his or her rights and responsibilities?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>2. Does the service coordinator provide information about how to access available Home and Community-Based Waiver and other community services?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>3. If needed, does a guardian/attorney to act on behalf of and for the benefit of the</p>	<p><input type="checkbox"/> Yes</p>

Outcomes/Indicators	Rating
<p>individual?</p> <p>Comment:</p>	<p><input type="checkbox"/> No, the individual needs a surrogate decision maker, but no one has been identified. (CR) (AR)</p> <p><input type="checkbox"/> NA, the individual did not need a surrogate decision-maker.</p>
<p><i>DomainC2: Safety and Security</i></p>	
<p>Outcome C2.1: People are safe from abuse, neglect and injury.</p> <p>1. If any serious incidents occurred during the past year did the service coordinator follow-up to assure the individual was safe and protected from harm pending the outcome of the investigation?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, follow-up occurred.</p> <p><input type="checkbox"/> No, there is no evidence follow-up occurred. (CR) (SRI)</p> <p><input type="checkbox"/> N/A, there were no serious incidents in the past year that should have been reported.</p>
<p>2. For all serious incidents, did the service coordinator follow-up on recommendations and ensure that there is prompt implementation of appropriate preventive, corrective, or disciplinary action, and document his or her actions?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, follow-up occurred if the incident was substantiated.</p> <p><input type="checkbox"/> No, there is no evidence follow-up occurred. (CR) (SRI)</p> <p><input type="checkbox"/> N/A, there were no serious incidents in the past year that should have been reported.</p>

Outcomes/Indicators	Rating
Domain C4: Choice and Decision Making	
<p>Outcome C4.2 People participate actively in planning person-centered services and supports.</p> <p>1. Is the individual (and guardian or involved family member) involved in planning his or her services?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>2. Does the individual, involved family/guardian, provider staff, advocate and service coordinator participate in the Individual Support Planning (ISP) meeting?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>Outcome C4.3: People have choice of providers and services.</p> <p>1. Does the service coordinator assist the individual/family/ guardian to select services from among the qualified providers?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR)</p>

Domain C7: Service Planning and Delivery

Outcome C7.1: Service coordinators are accessible, responsive and support individual participation in service planning.

1. Are relevant assessments specifically associated with the individual's goals and outcomes completed for the ISP (including assessments to identify the individual's health and safety needs)?

Comment:

Yes

No, (CR) (AR)

2. Is there an ISP that is current and approved by DDA within the past year?

Comment:

Yes

No, (CR) (AR)

3. Was the ISP disseminated to service providers and placed in the individual's record within 30 days of the ISP planning meeting?

Comment:

Yes

No, (CR) (AR)

<p>4. Are the services the individual needs, including unmet needs, specified in his or her ISP?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>5. Is the ISP revised when changes in the individual's abilities and needs are identified?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p> <p><input type="checkbox"/> NA, there were no changes in the individuals' abilities and needs.</p>
<p><i>Domain C8: Satisfaction</i></p>	
<p>Outcome C8.1 People are satisfied with their living arrangements and supports.</p> <p><input type="checkbox"/> The interview was conducted person interviewed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family member (including family members who are guardians) <input type="checkbox"/> Guardian/Advocate/Lawyer <p><input type="checkbox"/> The interview was <u>not</u> conducted</p>	

<p>1. Do you know your service coordinator? (Do you know _____?)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> NA, the individual did not answer the question.</p>
<p>2. If you ask for something, does _____ (your service coordinator) help you get what you need?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> NA, the individual did not answer the question.</p>
<p>3. Does he or she ask you what you want?</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> NA, the individual did not answer the question.</p>
<p>4. Are there any changes would you that make to your services? <i>Guide: If the individual indicated yes, ask about what changes he or she would make.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes, there are things I would change. (CR)</p> <p><input type="checkbox"/> No, I like the services and would not make any changes.</p> <p><input type="checkbox"/> NA, the individual did not answer the question.</p>

**DEPARTMENT ON DISABILITY SERVICES
DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
SERVICE QUALITY REVIEW (SQR)
PART II – ORGANIZATIONAL OUTCOMES
COVERESHEET**

Provider: _____ **Corporate Address:** _____

Quality Improvement Specialist(s): _____ **Review Date(s):** _____

Services Reviewed:

Residential (check services being reviewed at the agency):

- Supervised apartment
- ICF/MR
- Specialized home care (foster care)host home
- Out of state residential institutions
- Community residence facility (CRF)
- Other: _____

Work/day (check services being reviewed at the agency):

Address: _____

- Workshop/prevocational services
- Supported/competitive employment
- Day habilitation
- Other: _____

Ancillary (check services being reviewed at the agency):

- Attendant care
- Adaptive equipment
- Adult companion
- Chore services
- Dental services
- Environmental accessibility/adaptations
- Family training services
- Homemaker services
- Independent habilitation
- Nutritional counseling
- Occupational therapy
- Personal care services
- Personal emergency response system
- Physical therapy
- Preventive consultation and crisis support services
- Respite services
- Host Home services
- Skilled nursing
- Speech, hearing and language services
- Transportation services

INDICATORS	RATING
<p>Outcome S1.1: The provider has systems to protect individual rights.</p> <p>1. Does the provider have an effective human rights committee? (SQR) <i>Guide: Review the provider's policy procedures for its human rights committee. Interview the HRC chairperson to determine if the committee meets regularly, has the proper composition and there is follow-up on questions/concerns identified by the committee. Review patterns from applicable indicators resulting from the individual reviews.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>Outcome S1.2: The provider has a system to respond to emergencies and risk prevention.</p> <p>1. Does the provider have an on-call system for emergencies? (SQR) <i>Guide: Review the provider's written emergency preparedness plan for responding to natural disasters, fire, etc. Review patterns from applicable indicators resulting from the individual reviews.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>

INDICATORS	RATING
<p>2. Does the provider have emergency plans and a back-up system when regular staff is not available? (SQR) <i>Guide: Review the provider’s emergency staff back-up system to access “relief” staff when regular staff is sick, on vacation or when there are vacancies. Determine if there is also a back-up system to cover all ancillary supports such as speech, occupational therapy, physical therapy, etc. Review patterns from applicable indicators resulting from the individual reviews.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>3. Does the provider have a system for reporting significant incidents including injuries, medication errors, and restraints? (SQR) <i>Guide: review the provider’s incident management policy to determine if it conforms to DDS policy. If needed interview the provider’s Incident Management Coordinator to determine how the policy is put into operation.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (SRI)</p>
<p>4. Does the provider take action to rectify situations and protect individuals from harm? (SQR) <i>Guide: Review all incidents from the past year to determine trends in completed investigations with recommendations. Determine if the provider followed-up and made the necessary corrections.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>

INDICATORS	RATING
<p>5. Does the provider track incident trends to develop prevention strategies over time? (SQR) <i>Guide: Interview the Incident Management Coordinator and review documentation to determine if the provider tracks incidents and implements prevention strategies.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR)</p> <p><input type="checkbox"/> NA, Individual providers</p>
<p>Outcome S1.3: The provider ensures that staff possess the needed skills, competencies and qualifications to support individuals.</p> <p>1. Does the provider have a system for recruiting qualified staff including conducting criminal records and reference checks for all potential new employees? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>
<p>2. Does the provider ensure that all new staff receives competency-based orientation before given sole responsibility for providing direct support to individuals? (SQR) <i>Guide: Review the DDS Direct Support Training policy. Determine if the provider has a system for ensuring staff have the needed competencies and skills (in areas such as ISP goals and strategies, first aid, CPR, incident reporting, human rights, etc) to support individuals before working with individuals without direct supervision. Review trends from the individual reviews that indicate staff have the necessary competencies to provide supports. Refer to the supplementary SQR Training Requirements Checklist. All staff records for the locations visited during the review will be reviewed.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p> <p><input type="checkbox"/> NA, Individual providers</p>

INDICATORS	RATING
<p>3. Does the provider have a system to provide on-going training so that staff develop, acquire and maintain the knowledge and skills required for their positions? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p> <p><input type="checkbox"/> NA, Individual providers</p>
<p>4. Does the provider have systems to ensure effective communication throughout the organization to share ideas and resolve problems? (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR)</p> <p><input type="checkbox"/> NA, Individual providers</p>
<p>Outcome S1.4: The provider has a system to improve service quality over time.</p> <p>1. Does the provider have a grievance reporting system that individuals and families can easily access to resolve issues. (QI)</p> <p>Comment:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p> <p><input type="checkbox"/> NA, Individual providers</p>
<p>2. Does the provider have a quality enhancement and improvement plan along with strategies to improve the quality of services and supports over time. (SQR) Guide: When reviewing the provider's quality enhancement and improvement plan determine if they have collected data about the quality of services</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, (CR) (AR)</p>

INDICATORS	RATING
<p><i>(e.g., individual surveys, QI reviews, incident reports, staff surveys), if they have a process for analyzing the data, if the data has been used to develop improvement strategies and if they have a means to measure the effective of the strategies that were implemented.</i></p> <p>Comment:</p>	<p><input type="checkbox"/> NA, Individual providers</p>

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