

Provider Certification Review Organizational Outcomes  
Effective 7.1.18

Identifier	Outcome	Weight Factor	QA/QI	Indicator	Guidance regarding rules, policies and procedures	Guidance: Information Gathering The guidance below identifies documents that may be reviewed, and is not intended to be a complete list. The documents reviewed and the interviews conducted may be expanded based on information revealed during discussion
OO.CQ.35.13	1	5	QA	Does the provider have and implement a system to ensure that the rights of all people are recognized and protected?	The provider is expected to present copies of their policies which ensure that each person receiving services has their rights protected. This includes rights outlined in the waiver General Provisions Rule, all DDS policies and procedures related to Human Rights and BSP's, and the Bill of Rights for Consumers of Home and Community Based Waiver Services.	Documents to be reviewed include the providers policies and procedures related to rights, copies of agreements signed acknowledging limited access to places, people and things, copies of Human Rights Committee minutes, copies of rules written and agreed to by the person, and any contracts written and signed between the person and the provider. People to be interviewed: people receiving services, their family/ guardians and all staff.
H.OO.CQ.40.RES	1	3	QA	Has the provider created a culture in which visitors are accepted and encouraged?	Is there a policy/procedure related to visitors? Do people feel they can have guests visit when they want to? Do guests feel they are welcome at any time? Are people able to visit in an area that is comfortable to them and their guest? Does the procedure create a welcoming environment while minimizing risk? Are there different procedures and/or expectations for monitors, frequent guests and people known only to the person in service? Is there evidence that visitors have been present at regular frequencies?	Documents to be reviewed include the providers policies and procedures related to rights, copies of agreements signed acknowledging limited access to visitors, copies of Human Rights Committee minutes, copies of rules written and agreed to by the person, and any contracts written and signed between the person and the provider. People to be interviewed: people receiving services, their family/ guardians and all staff.

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H.OO.CQ.40.D S	1	3	QA	Has the provider created a culture in which visitors are accepted and encouraged?	Is there a policy/procedure related to visitors? Do people feel they can have guests visit when they want to? Do guests feel they are welcome at any time? Are people able to visit in an area that is comfortable to them and their guest? Does the procedure create a welcoming environment while minimizing risk? Are there different procedures and/or expectations for monitors, frequent guests and people known only to the person in service? Is there evidence that visitors have been present at regular frequencies?	Documents to be reviewed include the providers policies and procedures related to rights, copies of agreements signed acknowledging limited access to visitors, copies of Human Rights Committee minutes, copies of rules written and agreed to by the person, and any contracts written and signed between the person and the provider. People to be interviewed: people receiving services, their family/ guardians and all staff.
H.OO.CQ.41.D S	1	1	QA	Does the program facilitate individual choice regarding services and supports and who provides them?	Does the provider supports people to make choices in service providers? Some things that could possibly make this not met, would be if everyone sees the same physician, because that is who the provider likes. The provider might be a vendor of other services such as nutrition, fitness, etc and everyone uses that provider rather than being given a choice. This might be an example of where the provider does not support the person in making choices regarding providers.	Documents to be reviewed include any processes the provider has in writing regarding how they support a person with selcting supports/services. People to be interviewed include people in service, their families and/or guardians as appropraite and provider leadership.

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H.OO.CQ.41.RES	1	1	QA	Does the program facilitate individual choice regarding services and supports and who provides them?	Does the provider supports people to make choices in service providers? Some things that could possibly make this not met, would be if everyone sees the same physician, because that is who the provider likes. The provider might be a vendor of other services such as nutrition, fitness, etc and everyone uses that provider rather than being given a choice. This might be an example of where the provider does not support the person in making choices regarding providers. Were people able to talk about choices they had? Does everyone see the same physician or clinicians?	Documents to be reviewed include any processes the provider has in writing regarding how they support a person with selcting supports/services. People to be interviewed include people in service, their families and/or guardians as appropraite and provider leadership.
H.OO.DS.2	1	1	QA	Does the provider have information available to people regarding how to choose services or change day providers?	It is expected that providers have information available for people in the event they want to change providers. Can the current provider tell you what the process is, if a person expresses a desire to change providers?	Documents to be reviewed include any processes the provider has in writing regarding how they support a person with selcting supports/services. People to be interviewed include people in service, their families and/or guardians as appropraite and provider leadership.

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OO.MAN.1	1	5	QA	Does the provider have a Human Rights Committee that functions in accordance with DDS policy?	The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to the functions of the provider's Human Rights Committee including their role in getting plans approved by the District's RCRC. This includes, but may not be limited to the following DDS policies and procedures: Human Rights Policy, Behavior Support Procedure, Human Rights Definitions Policy, Human Rights Advisory Committee Procedure, Restrictive Control Review Committee Procedures, and Health and Wellness Standards.	Documents to be reviewed include: The provider's HRC operating procedures, the HRC meeting minutes, documentation showing approval/denial of BSP's, review of restrictive restraints and review of SRI's. In addition, any documentation regarding rights restrictions or grievances will be reviewed. Interviews conducted may include: the provider's liaison to the HRC, the HRC Chairperson, HRC Committee members, persons served by the agency who have had plans reviewed and their guardians and/or advocates.
OO.CQ.14	1	3	QA	Does the provider have a Human Rights Committee that is trained in accordance with DDS policy?	The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to training required by the provider's Human Rights Committee to effectively discharge the service which they have been entrusted to regarding protecting people's rights. This includes, but may not be limited to the current Human Rights Policy and the Human Rights Advisory Committee Procedure.	Documents to be reviewed include: Training records for all HRC members on all required policies. Copies of the actual policies the HRC was trained on, and an operating procedure that identifies the time frame for training HRC members on new or revised policies. Interviews conducted may include: The HRC provider liaison, the HRC Chairperson, other committee members, as deemed appropriate.

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OO.CQ.15	1	3	QA	Does the provider have a Human Rights Committee that maintains the proper membership in accordance with DDS policy?	The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to the membership requirements of the provider Human Rights Committee. This includes, but may not be limited to current Human Rights Policy and the Human Rights Advisory Committee Procedure.	Documents to be reviewed include: The provider's HRC operating procedures, the HRC committee membership and attendance lists from the HRC meetings. Interviews conducted may include: The HRC provider liaison, the HRC Chairperson, other committee members, as deemed appropriate.
OO.CQ.20	1	1	QA	Does the provider ensure proper handling of all consumer records including security, confidentiality, and retention in accordance with DDS and federal policies?	The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to the handling, storage, and retention of consumer records. The provider shall also be in compliance with federal HIPPA standards. This includes, but is not limited to the waiver service rules and the DSP training policy and procedure.	Documents to be reviewed include: training curriculum used to train staff on the expectations regarding who can look at records and under what circumstances. Evidence of staff training on HIPPA standards. Any sign out sheets or other forms the provider uses to monitor access to records. Interviews conducted may include: people served by the agency, the training coordinator, supervisory staff and direct support professionals.
OO.CQ.16	2	3	QA	Does the provider have and implement a policy that governs incident management and meets the requirements set forth in DDS policy regarding incident prevention?	The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to incident prevention. The includes, but may not limited to the current IMEU Policy and Procedure, and the DSP Training Policy and Procedure.	Documents to be reviewed may include: the providers incident management policy and procedures, the providers process for identifying people who are at risk of abuse, neglect or exploitation, plans of prevention for people who are identified at risk, training curriculum used to educated persons served by the agency on the recognition of, prevention and how to report abuse, and evidence of annual staff training for all mandated reporters. Interviews conducted may include: the training coordinator, supervisory staff, persons identified at risk, families/guardians, direct support professionals and persons in the sample.

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OO.MAN.2	2	5	QA	Does the provider have and implement a policy that governs incident management and meets the requirements set forth in DDS policy regarding the reporting of incidents?	The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to the reporting of incidents. The includes, but may not limited to the current IMEU Policy and Procedure, and the DSP Training Policy and Procedure.	Documents to be reviewed may include: the providers incident management policy and procedures, incident reports for SRIs and RIs, nursing notes and progress notes of persons served by the agency, the monitoring process used by the agency to track other employment by direct support professionals. Interviews conducted may include: the Incident Management Coordinator, supervisory staff, Direct support professionals, people in the sample.
OO.MAN.3	2	5	QA	Does the provider have and implement a policy that governs incident management and meets the requirements set forth in DDS policy regarding the investigation of incidents?	The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to the investigation of incidents. The includes, but may not limited to the current IMEU Policy and Procedure, and the DSP Training Policy and Procedure.	Documents to be reviewed may include: the providers incident management policy and procedures, and copies of investigations for all SRIs and RIs to include incident reports, investigative packets and documentary evidence. Interviews conducted may include: the Incident Management Coordinator and supervisory staff.
OO.MAN.4	2	3	QA	Does the provider have and implement a policy that governs incident management and meets the requirements set forth in DDS policy regarding the tracking and trending of incidents and following through on recommendations?	The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to the tracking and trending of incidents and following through on recommendations. The includes, but may not limited to the current IMEU Policy and Procedure, and the DDS Human Rights Advisory Committee Procedure.	Documents to be reviewed may include: incident management policy and procedures, raw data of incidents, quarterly reports and evidence of submission to the DDS IMEU, documentation regarding recommendations and evidence of following up on recommendations in a timely manner. Interviews conducted may include: incident management coordinator and provider representative at monthly incident management meeting.
OO.CQ.40.16	2	5	QA	Does the provider have a system in place to respond to MCIS issues in a timely manner?	The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to issues. The includes, but may not limited to the current IMEU Policy and Procedure, Sanctions Procedures all Waiver rules.	Documents to be reviewed include: issues in MCIS, providers tracking system, and any provider policies and procedures related to issues. Issues conducted may include: conversations with the persons responsible for issue management.

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

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OO.CQ.32.13	2	3	QA	Does the provider have an effective system in place to ensure required equipment, such as adaptive equipment and other equipment necessary to support people in being safe, is acquired in a timely manner, monitored for functionality, and repaired or replaced in a timely manner and done so in accordance with DDS policy and procedures?	The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to ensuring each individuals support needs are met and a plan is in place for the attainment, care and replacement of safety equipment. This includes, but may not be limited to the individual waiver service rules, the General Provisions rule, the IMEU Procedure, the Adaptive Equipment Policy and Procedure, and the ISP Policy.	Documents to be reviewed may include: the providers procedure/protocol for adaptive equipment, documentation the adaptive equipment is monitored per procedures/protocols, ISP's, HCMP's, Waiver Prior Authorizations, clinical notes, Service Coordinator notes and training records. Interviews conducted may include: Program Coordinators, Nurses, Clinicians, Direct Support Professionals, people in the sample and their guardians, and Service Coordinators.
OO.CQ.17	2	3	QA	Does the provider have a system in place to ensure individuals are safe during emergencies and unusual circumstance?	The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to keeping people safe during unusual events. This includes, but may not be limited to the current Fire and Natural Disaster Policy and Procedures, the DSP Training Procedure.	Documents to be reviewed may include: the providers policy and procedures on emergency preparedness, copies of fire and disaster drills, the comprehensive emergency plan for each provider location and evidence it has been reviewed annually and submitted to DDS PRMU for approval, individualized emergency plans, ISP's, HCMP's, and staff training records. Interviews conducted may include: Program Coordinator, Direct Support Professionals and people in the sample.
OO.CQ.18	2	1	QA	Does the provider ensure that the health of staff does not place individuals served at risk from a communicable disease?	The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to the health of staff and required screenings for staff. This includes, but may not be limited to the General Provision rule.	Documents to be reviewed may include: employee records related to PPD results, the offer of the hepatitis B vaccine with either an acceptance or declination, and the process for obtaining the hepatitis B vaccine for staff who accept the offer. Interviews conducted may include: the Human Resource person, the nurse, and Direct Support Professionals.



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

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OO.CQ.19	2	3	QA	Does the provider maintain a safe environment at service delivery sites?	The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to maintaining a safe and clean environment where services are delivered. This includes, but may not be limited to the DDA Provider Certification Review Guide.	Documents to be reviewed may include: Universal Precaution plan and evidence of its implementation, maintenance checklists, and maintenance receipts. The process for checking fire extinguishers, smoke detectors and carbon monoxide detectors will be reviewed. Interviews conducted may include: maintenance personnel, QI staff, Program Coordinators, Direct Support professionals and people in the sample.
OO.CQ.36.13	2	3	QA	Does the provider have and implement a system to demonstrate all vehicles have appropriate certifications and are properly licensed and insured?	The provider is expected to be in compliance with all licensing regulations and transportation rules outlined in the DC Municipal Code, Waiver General Provisions rule and the Supported Living with Transportation service rule.	Documents to be reviewed: copies of their vehicle registration, their vehicle insurance and inspections. They are expected to present a sample of vehicles for inspection by the PCR team. People to be interviewed: staff responsible for the maintenance and licensing of vehicles.
OO.CQ.29	2	1	QA	Is there evidence that the provider routinely inspects the provider owned vans for cleanliness, functionality and condition?	The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to the maintenance of vans. This includes, but may not be limited to the General Provision rule.	Documents to be reviewed may include: vehicle maintenance logs and vehicle checklists. Interviews conducted may include: maintenance personnel, program coordinator, and direct support professionals.
OO.MAN.7	3	5	QA	Does the provider ensure that individuals served are protected from employee's with prohibitive criminal backgrounds?	The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to required criminal background checks. This includes, but may not be limited to the General Provisions Waiver Rule and the Health Care Facility Unlicensed Personnel Criminal Background Check Amendment Act of 2002.	Documents to be reviewed may include: copies of criminal background checks. Interviews conducted may include: HR personnel and program coordinators.

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OO.CQ.21.14	3	3	QA	Does the provider ensure that staff meet the requirements of the role they fill within the organization?	The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to the basic staff requirements. This includes, but may not be limited to the General Provisions Waiver Rule.	Documents to be reviewed may include: personnel files of all staff. Interviews conducted may include: HR personnel, program coordinators and direct support professionals.
OO.CQ.37.13	3	3	QA	Does the provider have and implement a system to ensure that staff are informed of their job duties and expectations that is in accordance with DDS guidelines?	The provider is expected to be in compliance with the General Waiver rule regarding staff records and each individual service rule regarding the need to have written job descriptions.	Documents to be reviewed: copies of job descriptions, copies of supervision plans. People to be interviewed: Direct Support Staff, HR Director, Program Manager.
OO.MAN.8	3	3	QA	Is there evidence present that all staff have met the requirements of Phase I Direct Support Staff training?	The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to staff training. This includes, but may not be limited to the DSP Training Policy and Procedure.	Documents to be reviewed may include: personnel files, staff training records, and training curriculum. Interviews conducted may include: training personnel, program coordinators, and direct support professionals.
OO.MAN.9	3	5	QA	Is there evidence present that all staff have met the requirements of Phase II Direct Support Staff training?	The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to staff training. This includes, but may not be limited to the DSP Training Policy and Procedure.	Documents to be reviewed may include: personnel files, training records, records of people being served by the agency. Interviews conducted may include: training personnel, program coordinators, direct support professionals, persons served by the agency.
OO.CQ.22	3	3	QA	Is there evidence present that all staff have met the requirements of Phase III Direct Support Staff training?	The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to staff training. This includes, but may not be limited to the DSP Training Policy and Procedure.	Documents to be reviewed may include: personnel files, staff training records, and training curriculum. Interviews conducted may include: training personnel, program coordinators, and direct support professionals.

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OO.CQ.23	3	3	QA	Is there evidence present that all staff have met the requirements of Phase IV Direct Support Staff training?	The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to staff training. This includes, but may not be limited to the DSP Training Policy and Procedure.	Documents to be reviewed may include: personnel files, staff training records, and training curriculum. Interviews conducted may include: training personnel, program coordinators, and direct support professionals.
OO.MAN.14	3	1	QA	Does the provider have a system in place to ensure it meets the standards related to staff training?	The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to staff training. This includes, but may not be limited to the DSP Training Policy and Procedure.	Documents to be reviewed may include: the providers training policy and procedures, training calendar, resume of trainers, personnel files, staff training records, and training curriculum. Interviews conducted may include: training personnel, program coordinators, and direct support professionals.
OO.SE.6	3	3	QA	When paraprofessionals provide supported employment activities, is evidence available that they are supervised by a supported employment professional?	This indicator is specific to Supported Employment. The provider is expected to be in compliance with the Supported Employment waiver rule regarding staff qualifications. In addition, they must meet all other DDS policies/rules and published guidelines related to this indicator.	Documents to be reviewed may include: resume of supported employment professional and progress notes. Interviews conducted may include: the supported employment professional, job coaches and persons served by the agency.
OO.MAN.10	4	3	QA	Is there a current written QA Plan? Does the QA Plan include goals and/or criteria to measure applicable waiver service and DDS requirements?	The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to continued compliance of DDS policies/procedures and published guidelines. This includes, but may not be limited to the General Provisions Waiver Rule, the Provider Performance Review Policy, the Provider Performance Review Procedure and the Provider Readiness Procedure.	Documents to be reviewed may include: policy and procedure manual. Interviews conducted may include: management staff, QA staff, program coordinators.

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OO.CQ.25	4	5	QA	Does the provider implement a Quality Assurance plan that effectively evaluates the quality of services delivered and initiates change when warranted?	The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to continued implementation of current DDS policies/procedures and published guidelines. This includes, but may not be limited to the General Provisions Waiver Rule, the Provider Performance Review Policy, the Provider Performance Review Procedure and the Provider Readiness Procedure. In addition, the provider is expected to show continued implementation of the provider's Continuous Improvement Plan document and the Corrective Action Plan approved by the Provider Certification Review Team.	Documents to be reviewed may include: policy and procedure manual, continuous improvement plan with quarterly updates, copies of checklists used for auditing, results of internal audits. Interviews conducted may include: management staff, QA staff, program coordinators.
OO.CQ.41.16	4	3	QA	Does the provider review and update their Continuous Improvement Plan as circumstances dictate?	The provider is expected to be in compliance with all DDS policies, procedures guidelines and waiver rules as they relate to the Continuous Improvement Plan. This includes, but may not be limited to: the General Provisions rule, individual service rules, PPR procedure and the Sanctions procedure.	Documents to be reviewed include: all versions of the Continuous Improvement Plan, the PPR, the HCBS Transition Plan, and the QA Plan. People to be interviewed: staff responsible for Quality Assurance.

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OO.CQ.34.13	4	3	QA	Has the provider written all policies/procedures/protocols required by DDS and have evidence of implementation when appropriate?	The provider is expected to present copies of their policies that correspond with DDS policy requirements. The providers policies will be reviewed to ensure the provider has all required policies and that they are being implemented. Policies related to other organizational indicators such as consumer funds (referenced at OO.RH.2, OO.SL.2 and OO.HH.2) will not be cited here if it is not available or is not being implemented. This will prevent a provider from being cited twice if certain policies are not available.	Documents to be reviewed include: the provider's policies and procedures and documents verifying implementation of them. People to be interviewed: all staff may be interviewed to confirm training on staff policies.
OO.CQ.26	4	1	QA	Does the provider demonstrate a commitment towards quality, by soliciting and communicating information to all stakeholders?	The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to soliciting information from stakeholders regarding the quality of services and sharing information regarding the services being delivered. This includes, but may not be limited to the Internal Problem Resolution Policy and Procedure and the ISP Policy and Procedure.	Documents to be reviewed may include: provider internal problem resolution policy and procedure, written process for how concerns can be expressed by people served by the agency as well as their advocates, the results of investigations related to any concerns and copies of any surveys conducted. Interviews conducted may include: all staff and people served by the agency and their advocates.
OO.CQ.27	4	1	QA	Does the provider have a governing board which effectively discharges its public stewardship responsibilities and is comprised of a diverse group of people?	The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to the requirement for a Board of Directors. This includes, but may not be limited to the General Provisions Waiver Rule and the Provider Readiness Procedure.	Documents to be reviewed may include: a list of Board members and copies of Board Member meeting minutes. Interviews conducted may include: management staff and Board members.

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OO.ER.1.18	4	1	QA	Is there evidence the provider has enrolled as an RSA provider, per DDS waiver rule?	This indicator is specific to SE and ER services. The provider is expected to be enrolled as an RSA provider in accordance with the SE and ER waiver rules.	Documents to be reviewed may include a letter from RSA and/or email communication with DDS.
OO.HH.9	5	5	QA	Does the Contract Provider have a system in place to ensure that health care monitoring occurs in accordance with DDS standards?	This indicator is specific to Host Home. The provider must meet the monitoring requirements for the Host Home waiver rule related to health care monitoring. In addition, they must meet all other DDS policies/rules and published guidelines related to this indicator.	Documents to be reviewed may include: health care notes, physician orders, MARs and visitor logs. Interviews conducted may include: Host Home family, people served by the agency, agency nurses, and program coordinator.
OO.HH.12.14	5	3	QA	Is there a contract between the Waiver provider and the Host Home care provider which outlines the expectations of both parties and reflects current DDS standards?	The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to the implementation of the Host Home Service rule. This includes the General Provisions rule and the Host Home rule.	Documents to be reviewed may include: any documents outlining the relationship and expectations between the Waiver provider and the principal care provider.
H.OO.CQ.42.DS	5	3	QA	Does the provider support people to engage in community life?	Does the provider has flexibility in their schedule to support people in going out and being able to flex their schedule to accommodate personal needs and desires?	
H.OO.CQ.42.RES	5	3	QA	Does the provider support people to engage in community life?	Does the provider have rules about when and where a person can go out and with whom? Does the provider promote a flexible staff schedule so people have the support they need to go out?	

Provider Certification Review Organizational Outcomes

Effective 7.1.18

Identifier	Outcome	Weight Factor	QA/QI	Indicator	Guidance regarding rules, policies and procedures	Guidance: Information Gathering The guidance below identifies documents that may be reviewed, and is not intended to be a complete list. The documents reviewed and the interviews conducted may be expanded based on information revealed during discussion
H.OO.DS.1	5	3	QA	Is the program located among local shops, businesses and recreational areas?	Is the location is part of a neighborhood/ community -- versus, say, a warehouse district. Looking around, what is around within walking distance? Are there places to eat, shop, or participate in recreational activities? For more rural or isolated incidents related to out of state providers, this may be NA and should be judged using the standard of the "greater community" or what the norm is for the area.	
OO.MAN.11	5	5	QA	Does the provider have a system in place to ensure that services are delivered throughout the ISP year?	The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to the implementation of goals and objectives established for each person. This includes, but may not be limited to the waiver rules specific to each service, the General Provisions waiver rule, the ISP policy and the procedure, and the BSP policy and procedure.	Documents to be reviewed may include: ISP's data collection records and progress notes. Interviews conducted may include: persons served by the agency, direct support professionals and program coordinators.



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OO.MAN.12	5	5	QA	Does the provider have a system in place to ensure that services are evaluated throughout the ISP year?	The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to the evaluation of goals, objectives and services established for each person, to include the writing and distribution of quarterly reports. This includes, but may not be limited to the waiver rules specific to each service, the General Provisions waiver rule, the ISP policy and the procedure, and the BSP policy and procedure.	Documents to be reviewed may include: ISP's data collection records, progress notes, ISP amendments, quarterly reports and evidence of distribution. Interviews conducted may include: people served by the agency and their advocates, program coordinators and direct support professionals.
OO.MAN.13	5	3	QA	Does the provider have a system in place to ensure that services are modified throughout the ISP year, as the individual's life and circumstances dictate?	The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to the evaluation of services for each person and the process for advocating for a person when circumstances change throughout the ISP year. This includes, but may not be limited to the waiver rules specific to each service, the General Provisions waiver rule, the ISP policy and the procedure, and the BSP policy and procedure.	Documents to be reviewed may include: ISP's data collection records, progress notes, ISP amendments, quarterly reports and service coordinator notes. Interviews conducted may include: people served by the agency and their advocates, program coordinators and direct support professionals.

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OO.CQ.30	5	3	QA	Does the provider have a system in place that ensures the current ISP is present and accurately reflects the person and services being provided?	The provider is expected to be in compliance with all DDS policies/procedures and published guidelines related to having the current ISP available and assurance that the service are being delivered in accordance with the ISP and the Waiver Service Authorization. This includes, but may not be limited to the waiver rules specific to each service, the General Provisions waiver rule and the ISP policy and the procedure.	Documents to be reviewed may include: ISP's data collection records, progress notes, ISP amendments, quarterly reports, prior authorizations and service coordinator notes. Interviews conducted may include: people served by the agency and their advocates, program coordinators and direct support professionals.
OO.SL.10	5	1	QA	Does the provider have a system in place to ensure the provision of transportation services to enable the person to gain access to Waiver and other community services and activities?	This indicator is specific to Supported Living. The provider must meet requirements of the General Provisions Rule and the Supported Living Rule.	Documents to be reviewed may include: van logs, progress notes, and quarterly reports. Interviews conducted may include: people served by the agency and their advocates, direct support professionals and program coordinators.
OO.HH.11	5	3	QA	Does the Contract Provider have a system in place to ensure that general support monitoring is completed at least twice per month to update activity schedules, review medical and other appointments, make progress notes, and review conditions in the Host Home and the status of the individual?	This indicator is specific to Host Home. The provider must meet the monitoring requirements for the Host Home waiver rule related to general monitoring. In addition, they must meet all other DDs policies/rules and published guidelines related to this indicator.	Documents to be reviewed may include: progress notes, quarterly reports, monitoring sheets and visitor logs. Interviews conducted may include: Host Home family, program coordinator and people served by the agency.

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OO.SE.12	5	3	QA	Does the provider have a system in place to ensure that a minimum of two job site contacts occur per month?	This indicator is specific to Supported Employment. The provider must meet the monitoring requirements for the Supported Employment Waiver rule. In addition, they must meet all other DDs policies/rules and published guidelines related to this indicator.	Documents to be reviewed may include: monitoring notes, progress notes and quarterly reports. Interviews conducted may include: program coordinator, job coach, people served by the agency.
OO.DS.1.16	5	3	QA	Does the provider employ RN's based on the expectations outlined in the waiver day provider rates?	This indicator is specific to Day Habilitation, Day Habilitation 1:1 and Small Group Day Habilitation. The provider must maintain the services of an RN in compliance with the Service rule and the Waiver rate structure.	Documents to review include: an employee list with titles and a count of people in each service. If a nurse is not a full time employee, but a contract nurse, the contract should be reviewed as well. People to interview: the CEO and the nurse.
OO.DS.3.18	5	3	QA	Is the provider able to explain and present evidence of implementation of a process which matches people with similar interests or skill levels when receiving services as part of a group, based on waiver guidelines?	This indicator applies to all day services. Providers are expected to have a system for matching people when creating groups. The matching should include consideration of people's interests and skill level.	Documents to be reviewed include those described by the provider in their system for matching. They could include PCT tools, LON and functional assessments. Interviews with the people in service and DSP's will occur to ensure good matches.
OO.RS.1	6	1	QA	Does the provider have a system in place to know when they have been selected by an individual to deliver respite services?	This indicator is specific to Respite Services. The provider must meet the requirements of the Respite waiver Rule and the General Provision rules. In addition, they must meet all other DDs policies/rules and published guidelines related to this indicator.	Documents to be reviewed may include: billing records and prior authorizations. Interviews conducted may include: program coordinator and people served by the agency.
OO.RS.2	6	3	QA	Does the provider have a system in place to ensure they have the necessary documents in place prior to providing respite services to an individual?	This indicator is specific to Respite Services. The provider must meet the requirements of the Respite waiver Rule and the General Provision rules. In addition, they must meet all other DDs policies/rules and published guidelines related to this indicator.	Documents to be reviewed may include: service records and prior authorizations. Interviews conducted may include: program coordinator and people served by the agency.

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OO.RS.3	6	3	QA	Does the provider have a system in place to ensure that staff providing respite services have been properly trained according to DDS policy?	This indicator is specific to Respite Services. The provider must meet the requirements of the Respite waiver Rule and the General Provision rules. In addition, they must meet all other DDS policies/rules and published guidelines related to this indicator.	Documents to be reviewed may include: service records and prior authorizations. Interviews conducted may include: program coordinator, direct support professionals and people served by the agency.
OO.RS.5	6	1	QA	Does the provider have a system in place to ensure that proper documentation is being maintained when respite services are being delivered?	This indicator is specific to Respite Services. The provider must meet the requirements of the Respite waiver Rule and the General Provision rules. In addition, they must meet all other DDS policies/rules and published guidelines related to this indicator.	Documents to be reviewed may include: service records and approval notices from DDS. Interviews conducted may include: program coordinator, direct support professionals and people served by the agency.
OO.RS.6	6	1	QA	If the provider is authorized to provide respite daily, are they able to produce evidence that a location has been reviewed and approved by DDS to provide the service at that particular location?	This indicator is specific to Respite Services. The provider must meet the requirements of the Respite waiver Rule and the General Provision rules. In addition, they must meet all other DDS policies/rules and published guidelines related to this indicator.	

Outcomes

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