

Provider Certification Review Organizational Outcomes 5.4.12

This document is intended to be guidance for the PCR Quality Reviewer when completing a PCR review. It is not intended to be a thorough statement of DDS policy and does not relieve the provider from being in compliance with current DDS policy.

No.	Identifier	Outcome	Indicator	Reference	Guidance
1	OO.MAN.1	1	(M) Does the provider have a Human Rights Committee that functions in accordance with DDS policy?	Human Rights Advisory Committee Procedure dated 8.1.2011	The Human Rights Advocacy Committee procedure, dated 8/1/2011, requires that all providers establish an HRC (page 5 #1), that they have operating procedures which define the role and responsibilities of the HRC (page 5 #2) and that they meet at a minimum of 4 times a year (page 5 #4). There shall be a process for the emergency review of restrictive measures between regularly scheduled meetings, so that plans are not implemented without approval and there is not an unnecessary delay in providing needed services. (page 5 #5) The HRC will maintain a record of its activities documenting issues reviewed, actions taken, and follow up required. (page 6 # 11) Approvals will be time limited, but can't exceed 12 months. (page 6 #6) Refer to page 5 #6 for a listing of the responsibilities for the agency HRC. A summary includes: approving the use of restrictive or intrusive interventions; ensuring informed consent is given for the use of medication and other restrictive techniques; review rights limitations; review issues and concerns brought by stakeholders; review provider policies, procedures and practices that have the potential to restrict rights; review the use of emergency restraints; review reports of abuse, neglect, exploitation; make recommendations to the provider for promoting rights, etc. The PCR reviewer will talk to the providers designated person responsible for overseeing the functions of the HRC. Through conversation, they will learn about how the HRC functions. They will follow up that conversation with a review of policies and procedures and finally a review of HRC minutes. The provider will be held accountable for implementing DDS policy. In addition, they will be held accountable for implementing their own policy/procedures when they exceed DDS's policy expectations.

Provider Certification Review Organizational Outcomes 5.4.12

No.	Identifier	Outcome	Indicator	Reference	Guidance
2	OO.CQ.14	1	Does the provider have a Human Rights Committee that is trained in accordance with DDS policy?	Human Rights Advisory Committee Procedure dated 8.1.2011	<p>The Human Rights Advocacy Committee procedure, dated 8/1/2011, requires that “all members of the HRC shall receive training on human rights and freedoms, grievance policies, DDA’s compliant procedure, applicable policies and procedures and other topics related to their responsibility to protect and promote rights”. (page 6 #10) DDS requires that the provider establish operating procedures that define training. (page 5 #2) In order to fulfill the responsibilities of the HRC, listed on page 5 #6 of the Human Rights Advocacy Committee members need to possess an understanding of: the definition of intrusive and restrictive interventions, the meaning of informed consent, the definition of a rights limitation, an understanding of abuse/neglect/exploitation, and other topics related to their responsibility to protect and promote rights. The District does not define how the record of training is to be documented. The reviewer will need to collect information, and then based on that information, draw a conclusion if what the provider is doing, is “enough”. Questions to ask might include: How does a new committee member get trained on their role and responsibility? Does the provider have a curriculum they use to train Committee members? Who does the training? Does the provider document that they have trained the Committee members? People to talk with might include: the person who trains the HRC members, HRC members. Documents to review might include: minutes of meetings, training records, and training curriculum specific to the HRC. The provider will be held accountable for implementing DDS policy. In addition, they will be held accountable for implementing their own policy/procedures when they exceed DDS’s policy expectations.</p>

Provider Certification Review Organizational Outcomes 5.4.12

No.	Identifier	Outcome	Indicator	Reference	Guidance
3	OO.CQ.15	1	Does the provider have a Human Rights Committee that maintains the proper membership in accordance with DDS policy?	Human Rights Advisory Committee Procedure dated 8.1.2011	The Human Rights Advocacy Committee procedure, dated 8/1/2011, requires that “all providers establish a volunteer HRC”. (page 5 #1) It requires that each HRC be comprised of at least 5 members including one person meeting the following criteria: individuals with disabilities, family members and/or advocates, allied health professionals, behavioral health professionals and an attorney or paralegal. (page 6 #8) Provider agency staff, members of the Board(s) of Directors, and any other person receiving payment from the provider(s) is excluded from a decision making role. (page 6 #9) DDS requires that the provider establish operating procedures that define the membership. (page 5 #2) The PCR reviewer will look for evidence that there is at least a five member core group of individuals, meeting the diversity outlined above that attends the meetings either in person or by phone. If multiple providers join together to make up an HRC, the core group of 5 may not be a paid employee of any represented provider. The provider will be held accountable for implementing DDS policy. In addition, they will be held accountable for implementing their own policy/procedures when it exceeds DDS ‘s policy expectations.
4	1.SL	1	Does each individual have their own bedroom?	993.2	Each individual receiving supported living services must have their own bedroom if they want it. There cannot be more people living in the home than there are bedrooms.

Provider Certification Review Organizational Outcomes 5.4.12

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5	OO.CQ.20	1	Does the provider ensure proper handling of all consumer records including security, confidentiality, and retention in accordance with DDS and federal policies?	Required in each service rule	Talk to members of the organization about their policy regarding individual records. In interviewing, include management, direct support staff and individuals served. Ask the following questions: Who has the authority to look at them? Who has the authority to distribute copies of documents in the records? Is there a process that must be followed when distributing copies? What is the process? Look at the organizations policies regarding the handling of records. What happens when a person is no longer receiving services from the organization? What happens to the records? Answers provided must conform to current DDS and Federal HIPPA regulations.
6	OO.5.PV, OO.5.SE	1	When paying below minimum wage, does the provider have a certificate of exemption from the U.S. Department of Labor?	920.9	Current federal minimum wage is \$7.25 per hour. During interview with the provider, learn about the wages individuals make. Does anyone make less than minimum wage? How is the rate of pay determined? Ask if they have a certificate of exemption if the reviewer learns anyone is making less than minimum wage. Review time study records. Refer the Dept. of Labor website for additional information on minimum wage exemptions. Ask to see the payroll records if it becomes necessary to confirm information. If a stipend is being paid, review the policy/contract regarding the payment of stipends to ensure it does not violate current labor laws.

Provider Certification Review Organizational Outcomes 5.4.12

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7	OO.CQ.16	2	Does the provider have and implement a policy that governs incident management and meets the requirements set forth in DDS policy regarding incident prevention?	Incident Management and Enforcement Policy effective date 1.1.2012	There is a person trained in Incident Management and is assigned as the Incident Coordinator for the provider. There is a written policy on Incident Management and there is evidence it is being followed. Individuals at greater risk for abuse/neglect have been identified and prevention plans put in place. Evidence the provider conducts annual training with all mandated reporters. Does the provider have a system in place to ensure individuals served are trained annually on the recognition of, prevention, and obligation to report incidents? Is the training tailored to meet the cognitive understanding of all persons served? How do they know the training has been effective?
8	OO.MAN.2	2	(M) 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?	Incident Management and Enforcement Policy effective date 1.1.2012	There is evidence that the provider submits incident reports when required. There is evidence that the provider submits incident reports within the established timeframes. Does the provider have an operating procedure that is communicated to each employee upon employment, to ensure that throughout the employee's employment with the provider the employee is required to make notification of supplemental employment?
9	OO.MAN.3	2	(M) 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?	Incident Management and Enforcement Policy effective date 1.1.12	There is evidence that the provider submits investigation results within the established timeframes, maintains all documentary evidence and completes a summary of findings and conclusions for all reportable incidents. Provider investigations for SRI's are submitted to DDS within 15 calendar days. All RI's will be investigated by the provider within 5 business days.

Provider Certification Review Organizational Outcomes 5.4.12

No.	Identifier	Outcome	Indicator	Reference	Guidance
10	OO.MAN.4	2	(M) 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?	Incident Management and Enforcement Policy effective date 1.1.2012	There is evidence that the provider prepares reports that provides trending, analysis, data and recommendations for quality improvement regarding reportable incidents and serious reportable incidents. The reports are submitted to the manager of IMEU on a quarterly basis. The provider has at least one appropriate (for example, the Incident Management Coordinator or executive director) representative at monthly Incident Management Coordinator's meeting. Reports are due January 15th, April 15th, July 15th and October 15th. There is evidence that when recommendations are entered into MCIS following an investigation being closed the provider responds and meets the due dates assigned in MCIS. The provider is able to discuss their system for analyzing data and making recommendations. Everything the reviewer is told, matches what is in the provider's policy. Does the provider have a system in place to meet the standards outlined in section K, page 14 of the January 1, 2012 IMEU procedure?

Provider Certification Review Organizational Outcomes 5.4.12

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11	OO.2.RH, OO.2.SL, OO.2.HH	2	Does the provider have and implement a policy that ensures protection of individual's money, but does not limit access to it?	Consumer Funds management policy effective 4.23.12	Do people have access to their money? Does the provider keep records of each person's money and expenditures? Are staff able to explain the process for getting money and reporting the spending of money? Is it a process that works for each person? Is the process individualized to meet the needs of each person? Does the provider have a policy and procedures for managing and safeguarding individuals' funds that are consistent with DDS policy? Are individual funds maintained in an account separate from the provider monies? Were the financial records immediately available for review? Do the financial records meet the requirements of the DDS Personal Funds Procedure dated 4.23.12? Do the records contain bank statements, monthly summary sheets, supporting documents for deposits, supporting documents for disbursements, including petty cash, and correspondence and additional documents? Is money accounted for, in accordance with each person's IFP? Is there evidence that the provider has reviewed and documented that it reviewed an individual's financial activities with them or their court appointed guardian or conservator (when the person lacks capacity) on a quarterly basis? Does the provider have a system in place to ensure it enters current information about a persons financial accounts into MCIS on at least a quarterly basis?

Provider Certification Review Organizational Outcomes 5.4.12

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12	OO.MAN.5	2	(M) Does the provider have a system in place to ensure individuals are safe while receiving services?	Required in each service rule	The provider has a staffing plan and a staffing schedule. The provider knows the staffing requirements for each person. Staff know how to contact the provider for support, during and after typical business hours. There are staffing schedules at all locations where services are being provided. (schedules do not have to be posted, but need to be available) Proper staff ratios are maintained during the delivery of services. The ratio is dictated by the ISP and Waiver Prior Authorization. For DH and PV, if no ratio is mentioned in the ISP or PA, the ratio must be at a minimum of 1:4. The level of support required in all residential settings is dictated by the Waiver Prior Authorization.

Provider Certification Review Organizational Outcomes 5.4.12

No.	Identifier	Outcome	Indicator	Reference	Guidance
13	OO.CQ.17	2	Does the provider have a system in place to ensure individuals are safe during emergencies and unusual circumstance?	Fire and Natural Disasters Policy effective 9.1.11	<p>The fire and Natural disaster policy does not apply to the service of In Home Supports, however, a provider of In home Supports must have policies and procedures which ensure staff and individuals served are safe during natural disasters and unusual circumstances. Staff and the provider should be able to describe the process they will follow in the event of a natural disaster or other incident that has the potential of putting the person or staff at harm. There is an emergency plan when regular staff are not available. There is an emergency plan when a building is uninhabitable, and staff are aware of the plan. Does the provider have a policy on the use of restrictive techniques in the event of an emergency? Are staff aware of the policy? The provider is required to develop and implement policies and procedures to promote emergency preparedness. There needs to be an emergency plan that includes how it will ensure adequate supplies of water, food, medication and emergency equipment. The minimum standards include: a sufficient supply of prescription medications, three day supply of non-perishable food, three gallons of bottled water per person, and flashlights with extra batteries, battery operated radio and a first aid kit. Each person receiving services, will have their own written emergency plan developed by the provider. The components of that plan are outlined on page 2 of the policy. There will be a comprehensive emergency preparedness plan for each home or service delivery location (page 3). All staff will be trained on the plan and will be trained in emergency preparedness at least annually. Unannounced fire drills will be conducted monthly and unannounced severe weather drills or other emergency drills will be conducted quarterly (page 3). The provider annually reviews the emergency plan and submits it to the DDS PRMU for review. For staff hired prior to 9.1.11 (implementation of this policy), the provider should show evidence that staff have been trained on the emergency plan for each</p>
14	OO.CQ.18	2	Does the provider ensure that the health of staff does not place individuals served at risk from a communicable disease?	Section 19 General Provisions 1911.1	<p>The provider offers all staff the hepatitis B vaccine and show evidence of acceptance or declination of the vaccine. The provider requires an annual PPD test from all employees and maintains records of the results of those tests.</p>

Provider Certification Review Organizational Outcomes 5.4.12

No.	Identifier	Outcome	Indicator	Reference	Guidance
15	OO.MAN.6	2	(M) 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?	H & W Standards 1 & 5	If a person is receiving Supported Living, Residential Habilitation or Host Home services, the person is required to have a Health Passport and Health Management Care Plan when they have health issues which could impact the services being delivered. These documents would be shared with all other providers and should be on file at all program sites. In all cases where the person is not receiving RH, SL or HH services, providers are required to have information regarding the health care needs including adaptive equipment needs of the individuals they support. Information must be collected and organized in a manner to provide staff with the knowledge they need to safely and effectively support each individual. In addition to the Health passport and the Health management care Plan, all individuals receiving Supported Living, Residential Habilitation or Host Home services must have a completed Health care Form 1, and for individuals who have had an ISP completed after 7.1.11, they are required to have a nursing assessment completed on Assessment form A or Form B, depending on the level of support provided.

Provider Certification Review Organizational Outcomes 5.4.12

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16	OO.CQ.19	2	Does the provider maintain a safe environment at service delivery sites?	PCR Certification Review Guide FY 2012	The PCR environmental checklist must be completed for those services defined in this guide, at all locations where services are being delivered to individuals in the sample. If any areas of concern are noted when in the home of someone receiving In Home Supports or In Home Respite, it should be reported through the use of MCIS Issues Resolution System. Does the provider have a system for routinely checking maintenance needs at service delivery locations? Is the system effective and efficient? If a condition is discovered that puts people at imminent risk, it is to be reported as an SRI and may prevent the provider from receiving certification. Consultation with the Senior Review Manager should occur at the time of discovery. Does the provider ensure compliance with OSHA rules regarding Universal Precautions and Blood borne Pathogens?
17	OO.CQ.29	2	Is there evidence that the provider routinely inspects the agency owned vans for cleanliness, functionality and condition?	1903.4	If the provider has agency vehicles, do they maintain service records on them? Do they complete routine inspections? How are identified issues communicated and addresses? Is the system effective? The reviewer will learn the answer to the "effective" question by interviewing the staff who actually drive the vehicles.
18	OO.10.HH	2	Does the Contract Provider have a system in place to ensure that respite to the caregiver and emergency support up to a total of 14 days per year is available for each Host Home?	1915.15	Through interview learn who is responsible for ensuring this happens? Look at records showing how many days each host family has used respite over the past year. Ask the Host Home family if getting their Respite days scheduled is a problem or if it happens as they want it to happen.

Provider Certification Review Organizational Outcomes 5.4.12

No.	Identifier	Outcome	Indicator	Reference	Guidance
19	OO.3.HH	3	Is there evidence that each person providing Host Home services agrees to cooperate and attend mandatory training sessions provided by DDS and the Contract Provider?	1915.8	Ask the Contract Provider how they ensure that the person providing Host Home services attends all mandatory training. Is there a written agreement? It could be in the contract both parties sign. Look at training records to see if training has been attended. Ask the Host Home person about the training they have attended. How did they learn about the training? Did they attend training?
20	OO.MAN.7	3	(M) Does the provider ensure that individuals served are protected from employee's with prohibitive criminal backgrounds?	Section 19 General Provisions 1911.1	This will be a sample of employees. Criminal background checks will be reviewed and ensure compliance with the Health Care Facility Unlicensed Personnel Criminal background Check Amendment Act of 2002.
21	OO.CQ.21	3	Does the provider ensure all staff meet the basic requirements set forth in section 1911.1 of the General provisions of Chapter 19?	Section 19 General Provisions 1911.1	This will be a sample of employees. Will look for evidence that each employee is at least 18 years of age, possesses either a high school diploma or GED and is able to read, write and speak the English language.
22	OO.MAN.8	3	(M) Is there evidence present that all staff have met the requirements of Phase I Direct Support Staff training?	Section 19 General Provisions 1911.1 and direct Support staff Training policy	Review the provider's employee training records for evidence of Employee Orientation training completed before employees have been assigned to work with individuals. Review original test scores for each employee. If a test is not required, then check a sign in sheet verifying attendance.

Provider Certification Review Organizational Outcomes 5.4.12

No.	Identifier	Outcome	Indicator	Reference	Guidance
23	OO.MAN.9	3	(M) Is there evidence present that all staff have met the requirements of Phase II Direct Support Staff training?	Section 19 General Provisions 1911.1 and direct Support staff Training policy	Review the Specialized In-Service Training record including test scores and Supervisor In- Service Orientation Checklist completed for each employee prior to working with individuals. For staff hired prior to 9.1.11 (implementation of the Fire and Natural disaster Policy), the provider should show evidence that staff have been trained on the emergency plan for each individual the staff person is assigned to work with. This can be a sign in sheet. For staff hired after 9.1.11, the training on emergency plans would be included and documented under Phase II training.
24	OO.CQ.22	3	Is there evidence present that all staff have met the requirements of Phase III Direct Support Staff training?	Section 19 General Provisions 1911.1 and direct Support staff Training policy	Phase III training is required to be completed within 180 days of a DSP being hired. DSP's hired prior to October 1, 2009 are exempt from Phase III training. Any staff hired after October 1, 2009 that has worked for at least 180 days, should have evidence of completing Phase III training. If the provider is using the DDS curriculum, we need to see copies of the 14 tests and attendance sign in sheets for the two modules that do not require a test (cultural awareness and supporting individuals and their families). For providers who are using the Provider Coalition Curriculum, we must see a test for each of the six modules. The date of the test cannot precede the date of the letter signed by the provider indicating they were using the coalition curriculum. Providers who are using eLearning, a certificate must be presented for each employee saying they have completed the training that includes the date of completion. All staff regardless of start date or curriculum used, must complete the Substitute Consent Decision Making.

Provider Certification Review Organizational Outcomes 5.4.12

No.	Identifier	Outcome	Indicator	Reference	Guidance
25	OO.CQ.23	3	Is there evidence present that all staff have met the requirements of Phase IV Direct Support Staff training?	Section 19 General Provisions 1911.1 and direct Support staff Training policy	Not required yet.

Provider Certification Review Organizational Outcomes 5.4.12

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26	OO.MAN.14	3	Does the provider have a system in place to ensure it meets the standards outlined in the DDS Training Policy?	Direct Support Staff training policy	<p>The reviewer will look for evidence of a training curriculum that has been approved by DDS. The reviewer shall look for a system in which the provider notifies DDS of all new employees in compliance with DDS policy (within ten business days of being hired) and notification to DDS of any personnel changes. Look for evidence of an approved trainer. The requirements are a minimum of three years experience providing direct support or specific expertise/certification in the subject matter. They will look for evidence of a written training plan and/or policies and procedures to maintain compliance with training requirements. The plan must show how the training will be provided and the areas covered, including a training calendar which identifies at a minimum the training date, time, location and approved trainer. The reviewer will look at the maintenance of training records.</p> <p>What system does the provider have in place to ensure all staff receive Phase III training within 180 days of their hire date? If the provider is using the Phase III training curriculum from the Provider coalition, is there a signed letter that has been sent to DDS and do the dates of training completion, fall after the date the letter was sent? Review a sample of at least 15 training sign in sheets to ensure they contain the proper information.</p>

Provider Certification Review Organizational Outcomes 5.4.12

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27	OO.CQ.24	3	Are interpreters provided for non-English speaking participants and those with hearing impairments?	Required in each service rule	Ask if there are any non-English speaking participants or any individuals with hearing impairments. If yes, are they provided interpreters or have people who use sign language working with them? Learn the answer to this question through interview with the staff and direct observation of staff interacting with the individuals. The observation should be completed even if the person is not part of the selected sample.
28	OO.4.PV	3	Does the provider employ a person that holds a Master's degree in Vocational Rehabilitation or a similar discipline and four years experience?	920.14	Obtain the school credentials of all administrative staff involved in prevocational services. Does at least one person have a Master's degree in Vocational rehabilitation or a similar discipline? "Similar discipline" is open to interpretation and is taken directly out of the rule. If uncertain of credentials after interviewing staff, discuss with the Senior Review Manager for a decision to be made.
29	OO.6.SE	3	When paraprofessionals provide supported employment activities, is evidence available that they are supervised by a supported employment professional?	929.7	During interview with the provider, ask about the level of supervision and support that is provided to staff in the field. Who provides that supervision and support? Talk to the staff in the field. Who do they call when they need help or support?
30	OO.MAN.10	4	(M) Does the provider have policies and procedures regarding a Quality Assurance Plan that effectively evaluates the quality of services delivered and initiates changes when warranted?	Section 19 General Provisions 1903.1 and 1999	Review the provider's quality assurance policies and procedures. Do they describe the process by which the provider will evaluate the quality and appropriateness of services delivered to each individual? Does the plan describe the process and frequency of implementation for identifying, evaluating and resolving any problem related to the services rendered? Does the policy include expectations for quality reviews for the buildings, staff records, individual records, etc.?

Provider Certification Review Organizational Outcomes 5.4.12

No.	Identifier	Outcome	Indicator	Reference	Guidance
31	OO.CQ.25	4	Does the provider implement a Quality Assurance plan that effectively evaluates the quality of services delivered and initiates change when warranted?	Section 19 General Provisions 1903.1 and 1999	Does the provider have a plan in place to implement their quality assurance policy and procedures? Review the provider's written Quality Assurance Plan. Through interview, learn how it is implemented. Who is responsible for implementing it? Is there evidence that the plan is being implemented? Is there evidence that change(s) have occurred to address an identified problem? Is the provider aware of new policies/procedures/standards that have been distributed from DDS? What is their protocol for updating providing policies and training staff on new policies? Have staff been trained on new policies that affect how they do their job?
32	OO.CQ.26	4	Does the provider demonstrate a commitment towards quality, by soliciting and communicating information to all stakeholders?	PCR Certification Review Guide FY 2011	The provider conducts an annual consumer satisfaction survey. The provider has a system in place that families and individuals can express concerns throughout the year and have evidence the concerns have been addressed. The provider has a system in place for staff to share ideas, concerns and issues from all levels. Staff are able to discuss the mission of the organization.
33	OO.CQ.27	4	Does the provider have a governing board which effectively discharges its public stewardship responsibilities and is comprised of a diverse group of people?	PCR Certification Review Guide FY 2011	Ask if the provider has a board of directors. Who serves on the board? What are their professions? What are their affiliations with the organization? How often do they meet? What do they see their role being? DDS requires a board of Directors for all organizations: profit or not for profit.
34	OO.CQ.28	4	Does the provider have a copy of their current Medicaid Provider Agreement to provide and bill for waiver services?	Required in each service rule	Ask the provider if they have a copy of their Medicaid Provider Agreement. Ask to see it. Each service provided should have a Medicaid Provider agreement. The provider would have obtained a copy of this from DHCF.

Provider Certification Review Organizational Outcomes 5.4.12

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35	OO.7.SL, OO.7.RH	4	Does the provider have a current Human Care agreement with DDS for the provision of waiver services?	Required in each service rule	Confirm with DDS that the provider has a current Human Care Agreement.
36	OO.8.HH	5	Does the Contract Provider have a system in place to coordinate the use of transportation for individuals in Host Homes to day programs, places of employment and/or community outings as needed?	1915.12	Ask how individuals are transported to day services, etc. How do they know when people need transportation to community outings?
37	OO.9.HH	5	Does the Contract Provider have a system in place to ensure coordination of health care monitoring for individuals, at a minimum, monitoring by a registered nurse at least every 60 days for individuals with no medications, and monthly for charting, progress notes, and a general review of individuals receiving medications?	1915.14	Ask who conducts the visits, look at the record of the visit, look at any schedules they have developed to ensure the visits are happening.
38	OO.MAN.11	5	(M) Does the provider have a system in place to ensure that services are delivered throughout the ISP year?	Required in each service rule	The system should ensure that objectives/outcomes are being worked on and that staff have the needed resources and tools to implement the objectives.
39	OO.MAN.12	5	(M) Does the provider have a system in place to ensure that services are evaluated throughout the ISP year?	Required in each service rule	The system should ensure that quarterly reports are written and distributed, and that weekly progress notes are written in compliance with DDS policy, and specific waiver rules.

Provider Certification Review Organizational Outcomes 5.4.12

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40	OO.P.MAN.13	5	(M) 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?	Required in each service rule	The system should ensure a way that communication occurs amongst team members when changes to the ISP are needed. Documentation of this communication should be available for review. Program managers, QDDP's etc., should be able to discuss circumstances that may require a IDT meeting and subsequent changes to the ISP, such as a significant medical condition that changes the functional needs of an individual , life changing event, change or addition of a service provider, change in legal status, change or addition of program goals/objectives.
41	OO.CQ.30	5	Does the provider have a system in place that ensures the current ISP is present and accurately reflects the person and services being provided?	Required in each service rule	The system should describe the process and frequency of implementation for identifying, evaluating, and resolving any problem related to the services rendered. The system should outline a plan for ensuring current Waiver Prior Authorizations are available and that services are being delivered in accordance with them. It should ensure that ISP's are available and up to date. It should include a process for communication with the Service Coordinator when the ISP misrepresents the person or the services being delivered by the provider.
42	OO.10.SL	5	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?	993.8	Through interview with all levels of staff and individuals served, learn how transportation is provided. Is a lack of transportation ever given as a reason for people not being able to go somewhere? Is the system effective?

Provider Certification Review Organizational Outcomes 5.4.12

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43	OO.11.HH	5	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?	1915.13	Ask who conducts the visits, look at the record of the visit, look at schedules they have developed to ensure the visits are happening.
44	OO.12.SE	5	Does the provider have a system in place to ensure that a minimum of two job site contacts occur per month?	929.19	Once the individual is employed the provider shall make a minimum of two job site contacts per month for the purpose of monitoring job stability. Talk with the provider about how they decide when to withdraw on site support. How do they conduct the twice per month contact? Have they been effective in keeping people employed? Is there a record of the contacts?
45	OO.RS.1	6	Does the provider have a system in place to know when they have been selected by an individual to deliver respite services?		Providers who have been approved by DDS to provide respite services appear on a list that is given to individuals eligible to receive respite services. A provider is chosen by the individual, and that provider appears on the person's Waiver Prior Authorization. Ask the provider how they know when they have been selected by a person as their respite provider?
46	OO.RS.2	6	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?		A provider is required to have a copy of the current ISP, Plan of Care and a description of all services the individual is using. In addition, they need to be aware of any health conditions and behavioral concerns. Ask the provider how they insure staff has all necessary documents prior to delivering services. Does the provider have protocols/procedures/policies in place to demonstrate such a system?

Provider Certification Review Organizational Outcomes 5.4.12

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47	OO.RS.3	6	Does the provider have a system in place to ensure that staff providing respite services have been properly trained according to DDS policy?		People providing respite are required to be employees of a provider approved to deliver either Supported Living Services or Residential Habilitation Services. They are required to complete all training requirements for Direct Support Staff per DDS policy. This includes being trained on the specific wants, needs and desires of the person receiving respite services, prior to delivering the service. Ask Provider how they insure training is completed on special needs prior to staff delivering respite services. Does the provider have protocols/procedures/policies in place to demonstrate such a system?
48	OO.RS.4	6	Does the provider have a system in place to ensure that staff meet the eligibility requirements to provide respite?		Staff providing respite services to an individual may not be the person's primary caregiver, a spouse, parent of a minor child or legal guardian. They may be an adult family member such as a sibling, aunt, uncle or cousin if employed and trained by the waiver service provider. What requirements does the provider check to insure respite staff meet eligibility requirements?
49	OO.RS.5	6	Does the provider have a system in place to ensure that proper documentation is being maintained when respite services are being delivered?		The provider must maintain documentation of the date and amount of time the service was delivered. They shall record the activities engaged in, the individual's response to those activities, and any unusual event or circumstance involving the individual's health and welfare while respite services were delivered. Is the provider able to produce forms that staff are to use for documentation purposes? How are staff instructed to document their activities? What quality measures are in place to monitor use of forms and/or documentation requirements?

Provider Certification Review Organizational Outcomes 5.4.12

No.	Identifier	Outcome	Indicator	Reference	Guidance
50	OO.RS.6	6	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?		To provide respite daily, the provider must have a location designated for respite. The location must have been reviewed and approved by DDS before they service is delivered at each particular location. The provider should have evidence from DDS that each location for respite daily was reviewed and approved.

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.