Report Filters:

Service: "CTH" Active Indicator? "Yes"

AP Application Packet

1. AP 2 There is documentation of sprinkler and fire alarm system servicing for a building that has a sprinkler and/or a fire alarm system.

The intent of this indicator is to ensure that there is documentation available showing that the fire alarm system has been serviced on a semi-annual basis (two times per year) and the sprinkler system has been serviced on a quarterly basis (four times per year). More frequent servicing is performed in accordance with manufacturer's specifications.

Refer to DDS Fire Safety & Emergency Guidelines, reissue 08/09.

2. AP 3 There is an annual fire marshal's certificate.

The intent of this indicator is to ensure that there is documentation available showing that the Fire Marshal has conducted an annual inspection, as required.

For Private: Look for Fire Marshal's certificate
For Public: Report of Inspection

Refer to DDS CLA Licensing Regulation: 11b

3. AP 4 There is documentation that a local fire or building official has approved the installation of a wood stove.

The intent of this indicator is to ensure that there is documentation available showing that the local Fire Marshal and/or building official have approved the installation of a wood stove, if applicable.

Refer to DDS CLA Licensing Regulation (CLA3-): 11c

Refer to DDS CLA Licensing Regulation (CLA4+): 11d

4. AP 5 There is documentation of annual chimney cleaning when a fireplace or woodstove is used.

The intent of this indicator is to ensure that there is documentation available showing that there has been an annual chimney cleaning for a fireplace or wood stove, if used.

Refer to DDS CLA Licensing Regulation (CLA3-): 11c

Refer to DDS CLA Licensing Regulation (CLA4+): 11d

5. AP 6 There is documentation of annual furnace servicing performed at the individual's residence, as applicable.

The intent of this indicator is to ensure that there is documentation available showing that the furnace has been serviced annually, or according to manufacturer's specifications.

If a question is raised as to who is qualified to perform maintenance, the authority having jurisdiction in the town in which the home is located can make the determination regarding who is qualified.

The manufacturer or service agent provides documentation to validate appropriate furnace servicing that occurs less frequently than annual.

Refer to DDS CLA Licensing Regulation (CLA3-): 11c

Refer to DDS CLA Licensing Regulation (CLA4+): 11d

6. AP 7 There is documentation from a public health official or certified septic contractor stating the septic system is functioning properly.

The intent of this indicator is to ensure that there is documentation available from a public health official or certified septic contractor showing that the septic system is functioning properly.

This indicator shall be rated "N/A" for homes using a city sewer system.

Refer to DDS CLA Licensing Regulation: 3a4

7. AP 8 There is documentation of a certificate of occupancy for new construction, as required by state or local codes.

The intent of this indicator is to ensure that there is documentation available showing that there is a Certificate of Occupancy available for any new construction, as required.

A Certificate of Occupancy is required for new construction of a residence or structural changes made to an existing residence as defined by state and local codes governing construction.

Look for new construction when conducting a review (e.g., new deck, new wiring, plumbing, etc.). If new construction or renovations requiring a permit have occurred, a new Certificate of Occupancy, and/or a permit, should be available.

Refer to DDS CLA Licensing Regulation: 11a

Report Filters:

Service: "CTH" Active Indicator? "Yes"

8. AP 10 There is documentation that well water is tested for potability every five years and found to be safe.

The intent of this indicator is to ensure that there is documentation available showing that well water has been tested for potability every 5 years and has been found to be safe. Ensure any findings from testing agent have been addressed.

For CLA: A bacteriological report from a certified water analysis company is required for initial licensure to certify the water is potable.

Refer to DDS CLA Licensing Regulation: 3a3

Report Filters:

Service: "CTH" Active Indicator? "Yes"

CI Consumer Interview

9. CI 1 Are you happy with where you live, work, and day program?

The intent of this indicator is to determine the person's level of satisfaction with his or her life experience. Tell me about your home, your work or day program. How long have you been there? What are the things you like about being there? What things do you not like? If you're not happy here, what would make you happy? If you don't like where you live, work or your day program what don't you like about it?

This indicator should be rated based on the service being reviewed.

When interviewing, an individual may be reluctant to speak negatively about others or their life circumstances.

10. CI 5 Are you ever afraid or scared when you are at home, in your neighborhood or at work (day program)?

The intent of this indicator is to determine if the individual has a fear of physical and/or emotional harm from other people in their environments.

This indicator should be rated based on the service type being reviewed.

Is there anything about the people in your home, work or neighborhood that makes you feel unsafe?

11. CI 37 Are you able to make choices, express your opinions, and give input?

The intent of this indicator is to determine if the individual feels that his or her ideas, opinions and input are respected.

This indicator should be rated based on the service type being reviewed.

Do people ask you what you think? Do people ask you how you feel about things?

12. CI 40 Are you doing things you want to do in your life?

The intent of this indicator is to determine if the individual is doing things that he or she wants to do. Like going to sporting events, exercising, going to a religious service, or any other activities of your interest.

Ask the individual if there are things that he or she wants to do and does not do now. Are these new things or things that the individual wanted to do for a long time? Ask the individual if they have discussed these desires with anyone? Have the things that the individual wanted to do been incorporated in the planning process?

If it has not been addressed through the individual's planning process, then rate "Not Met".

13. CI 23 Are you able to do activities that you choose when you want to and is there staff support if you need it?

The intent is to determine if this individual is allowed to choose and participate in an activity that is different than what others in the home are doing.

14. CI 13 Do you have friends that you like to talk to or do things with? Do you have a best friend or someone you are really close to?

This indicator is "Not Met" if the person expresses the desire to have friends and doesn't have any or if more/enhanced relationships are desired. Paid support persons should not be considered friends unless they spend unpaid time with the individual.

15. CI 15 Can you see and contact your friends and/or family when you want to?

The intent of this indicator is to determine if the individual can contact his or her friends and/or family as much as they want to.

Do you contact friends/family? How often does this contact occur? Do support persons help you when you need it?

This indicator is rated "Not Met" if the person expresses an unfulfilled desire to see or contact friends/family. Contact with friends/family may be contraindicated by the individual's IP, Behavioral Support Plan, or court orders. Reviewer may defer this question if contraindicated. If contraindicated, rate "Not Rated".

16. CI 36 Are you participating in a self advocacy group or participated in any self advocacy meetings, conferences, or events?

Have you participated in any meetings that help you speak for yourself?

If the individual identifies that they have no desire to participate in any meetings, rate "N/A".

17. CI 49 Do you have someone you can talk to if you have a problem? Are you able to speak to someone privately/by yourself and feel safe talking to them?

The intent of this indicator is to determine that the individual has someone with whom they can privately share problems, complaints or personal matters.

This indicator should be rated based on the service type being reviewed.

This refers to formal and informal complaints or grievances.

Report Filters:

Service: "CTH" Active Indicator? "Yes"

18. CI 66 Do you get to control your money as much as you want to?

The intent of this indicator is to determine how much control the individual has regarding his/her personal finances. Control includes the involvement or reasonable participation that the individual has in the administration of his or her finances. For example, is the individual able to control their money in order to make choices of what to purchase. Does the individual carry money on their person?

This indicator should be rated based on the service type being reviewed.

19. CI 70 Do you get the help you need to manage your money?

The intent is to determine if the individual gets the support he or she needs to manage his or her money. Ask the individual to explain what support he or she receives. Rate "Not Met" if the individual wants additional support and it is not sufficiently provided.

20. CI 68 Are you getting the supports you need? Do you get enough hours of support to meet your needs?

What help do you get at home, at work, and in the community? Is there other help that you need? Are you satisfied with the amount and type of help you receive?

This indicator should be rated based on the service type being reviewed.

21. CI 21 If you wanted to change your supports, do you know who to contact and how to make the change?

The intent of this indicator is to determine if the individual is aware of the processes by which he or she can initiate a change in supports and services. Individuals can talk to their service provider, case manager, parents/family member, and guardian or advocate to initiate supports and service changes.

This indicator should be rated based on the service type being reviewed.

If the individual does not know that he or she can change supports, rate as "Not Met".

22. CI 39 At your planning meeting, did people ask you what you like to do?

The intent of this indicator is to determine if the individual's opinions are respected and elicited during their planning meeting or before the planning meeting if he or she chose not to attend. Did you talk about your life at the planning meetings? Did people listen to what you had to say? Did people ask what you would like to do in the coming year?

This indicator should be rated based on the service type being reviewed.

23. CI 27 Did you choose the people you live with and where you live?

The intent of this indicator is to determine the involvement the individual had when choosing who/where to live (or not to have housemates). This indicator may be rated "Not Rated" if a significant amount of time has elapsed since the individual chose and does not remember the process.

24. CI 28 Do you choose the support staff who help you?

The intent of this indicator is to determine the involvement the individual had in choosing his or her support persons. Is the individual involved in the hiring process at any level? On a day-to-day basis, are support persons assigned to an individual or can the individual choose what support person helps him or her?

This indicator should be rated based on the service type being reviewed.

25. CI 81 Do you know who to talk to if you don't feel good or have questions about how you feel or how to be healthy? Do you have a person that supports you that you can feel safe talking to them about your health?

The individual is better able to make an informed decision about his or her health if he or she knows someone to contact about health concerns or circumstances.

This indicator should be rated based on the service type being reviewed.

In family settings (FAM), when there is not an agency providing supports: If this indicator is "Not Met", choose "Not Met - DDS Responsible." When an agency is providing the FAM supports: If this indicator is "Not Met", choose "Not Met".

26. CI 43 Do you know what to do if there is a fire or some kind of an emergency?

The intent of this indicator is to determine if the individual can appropriately respond to an emergency event.

This indicator should be rated based on the service type being reviewed.

What would you do in an emergency? For example, if you feel ill, if there is a fire, if you lost electricity, etc.

Report Filters:

Service: "CTH" Active Indicator? "Yes"

O Observation

27. O 26 The individual shows satisfaction with things that he or she chooses to do.

The intent of the indicator is to determine through observation, if the individual appears satisfied with activities around the home, at work or in the community. This also includes satisfaction with leisure activities, relationships and lifestyle preferences.

28. O 2 The individual is treated by staff in a respectful and dignified manner.

The intent of this indicator is to determine if support persons treat the individual respectfully. The individual is referred to by name and spoken to in friendly, respectful tones. The individual is introduced to new people and included in conversations. The individual is not touched nor is his/her wheelchair moved without permission. Support persons do not ignore the individual. The individual is provided with personal appearance/grooming support as desired and/or needed.

If immediate jeopardy situation refer to: J1, Abuse or neglect observed or reported.

29. O 5 The individual exercises rights as he or she chooses.

The intent of this indicator is to observe that the individual's rights are supported and promoted. Examples include but are not limited to; use of the telephone or internet, access to personal mail, access to funds, access to privacy, to be free from unnecessary restraint, to be free from unnecessary restrictions, to be free from abuse and neglect, the right to prompt medical and dental treatment, the right to vote, the right to practice chosen religious beliefs, and the right to make daily choices about what to eat, wear and who to associate with.

Refer to Connecticut General Statutes, 17a-238

30. O 9 Support persons follow policies and procedures, as applicable, that affect restrictions of the individual's rights.

Are restrictive procedures, as identified on the individual's PRC/HRC request approvals, implemented correctly? Rate this Indicator based on observations of support person's actions relevant to the individual that may involve restrictions of his or her rights.

Observe if restrictive procedures are done according to DDS policy and procedure. Refer to: DDS Manual, Service Delivery – I.D. PR.009 Incident Reporting Attachments A-K, I.D. PR.011 Incident Reporting own home, I.E. PO.003 Behavior Medications, I.E. PO.004 PRC, IE PR.003 Behavior Modifying Medication Attachments A+B, IE PR.004 PRC Attachments A-F, IE PR.006 Pre-Sedation, I.F. PO.001 Abuse and Neglect, I.F. PR.001 Abuse and Neglect.

If immediate jeopardy situation, refer to: J19 Untrained staff (safety issues, behavioral interventions, medication administration, emergency plan).

31. O 3 The individual has privacy when he or she wants or needs it.

The intent of this indicator is to determine if the person is afforded privacy. Privacy may involve having locks on doors, personal access to a phone, access to own mail, personal space for possessions, visits with friends and family in private, etc. The individual's confidential information is not posted in view. Support staff discuss health care needs and personal issues with the individual privately. If desired, is there opportunity for the person to have privacy and/or time away from others? If sharing a room, consider how comfortable the person is with privacy arrangements with roommate.

Refer to behavior program and/or supervision guidelines as needed.

Refer to Connecticut General Statute 17a-238(b)

32. O 12 The individual has personal belongings and his or her environment has a personalized decor.

The intent of this indicator is to determine if the person expresses his or her individuality as desired. Is personal décor consistent with the personal interests of the individual? Does the individual own personal belongings and have these items in his/her possession? Consider how personal belongings are regarded when the individual shares with a roommate.

Refer to Connecticut General Statutes 17a-238(e)(5)

33. O 20 The individual has preferred belongings that identify his or her ethnicity, cultural heritage and/or religious preferences, as desired.

The intent of this indicator is to determine if the person expresses his or her culture, ethnicity, and/or religion as desired through his or her belongings and environment. Consider how important cultural identity and preference is to the person.

34. O 6 The environment supports the individual's needs, abilities, and interests.

The intent of this indicator is to observe and determine if the environment supports the needs, abilities and interests of the individual. For example, has the environment been adjusted for a person with limited mobility or visual impairment? Does the environment have accessible bathrooms for individuals who use adaptive equipment? Is there enough room to navigate around the environment for individuals using walkers and wheelchairs? Is space available for individuals to pursue personal hobbies?

35. O 15 Adaptive equipment and assistive technology, if needed, is used by the individual to increase his or her independent participation in daily activities.

The intent of this indicator is to determine if the person is using adaptive equipment/assistive technology as identified in the Individual Plan. Look for physician's orders to identify needed equipment, technology. This may include hearing aides, glasses, switch plates, communication boards and devices, dining equipment, barrier-free lifts, transportation needs, etc. Observe if support persons ensure that identified equipment, technology is used. Observations should be consistent with appropriate and safe use of adaptive equipment as identified in the IP. Observe during times that the person would typically use the adaptive equipment.

If Immediate Jeopardy situation, refer to: J19 Untrained Staff.

Report Filters:

Service: "CTH" Active Indicator? "Yes"

36. O 4 The individual is supported to make choices in all areas observed.

The intent of this indicator is to determine if the person is routinely afforded choice. Support staff offer and encourage personal choice of activities, food and beverages, privacy, entertainment, etc.

If not observed, rate “Not Rated”.

37. O 10 Support persons communicate in effective ways the individual can understand and takes the time to listen to the individual and are responsive when the individual communicates.

The intent of this indicator is to determine if support staff communicate effectively with the person. Support persons rephrase comments to assure the person understands the discussion, and give the individual time, as needed, to respond. Support persons use speech, signing, gestures, question cues, communicate in the individual's native language, use adaptive equipment if applicable, offer clear choices and acknowledge the individual's responses, etc.

Refer to behavior and/or communication guidelines as applicable.

38. O 17 Support persons respond to the individual’s needs for assistance.

The intent of this indicator is to observe if support staff respond to an individual’s need for assistance. Responses must be prompt, meaningful and respectful.

39. O 16 Support persons give assistance to the individual only when necessary.

The intent of this indicator is to observe that support persons are assisting an individual when needed while allowing the individual to be as independent as possible.

40. O 14 Support persons recognize and use naturally occurring opportunities when teaching.

Support persons use incidental and informal teaching that occurs naturally and spontaneously in the course of daily events. Teaching that occurs naturally may or may not be related to an IP goal. If there is no opportunity to observe natural teaching, rate “Not Rated.”

41. O 13 The individual is supported to accomplish outcomes as identified in his or her plan.

The intent of this indicator is to determine if the plan is being implemented as designed. The supports and services identified in the individual’s plan are coordinated and integrated in observed settings.

The supports and services identified in the DDS Family Respite Center visit forms are coordinated and integrated as necessary.

42. O 7 Sufficient support persons are available to meet the individual's support and service needs identified in his or her Plan.

The intent of this indicator is to determine if sufficient support persons are on duty to carry out the individual’s IP, as well as, meet the needs of the other people receiving support in the setting. Review the support person schedule for the visit day, as needed, and compare to on duty support persons. If possible, observe during times identified as needing enhanced staffing to verify that the support is provided as specified. Refer to specific needs and support person requirements as identified in the individual’s Individual Plan.

"Sufficient support persons" is defined in the individual’s Individual Plan (e.g., two-person transfer required, a requirement for a support person to be within visual sight of the individual at all times).

If immediate jeopardy situation refer to Jeopardy Guidelines: J18 Inadequate number of staff (supervision, implementation of behavioral interventions, evacuation).

Refer to DDS CLA Licensing Regulation: 13b

43. O 8 Support persons are able to demonstrate the skills needed to assist the individual to achieve his or her outcomes.

Support staff should demonstrate competence in all aspects of the individuals care.

Refer to IP.7 for skill/training requirements and observe for evidence of these skills.

44. O 18 Support persons protect the individual's safety.

Observe if support persons are available and protect the individual's safety.

45. O 21 The individual's health needs are addressed during daily activities.

This may include specialized health needs such as dietary, nursing delegated tasks, etc.

Refer to DDS CLA Licensing Regulation: 18a3A, 18c2

Report Filters:

Service: "CTH" Active Indicator? "Yes"

46. O 25 Support providers follow applicable DDS Health Regulations, policies, and procedures, advisories and directives.

The intent of this indicator is to observe that support person(s) have knowledge and understanding of applicable DDS Health Regulations, standards, policies, procedures, advisories and directives and that they demonstrate that knowledge during the course of the observation period in regards to the support given to the individual being reviewed. For example, the individual's Level of Need, dysphagia risk assessments, bathing and personal care protocols, and bed safety and side rail assessments.

For FAM service type: For individual's receiving services from a provider agency, observation is to be done for the areas identified in the Individual Plan as the responsibility of the provider agency.

If immediate jeopardy situation refer to: J19 Untrained staff (Safety protocols, behavioral interventions, medication administration, emergency plan).

"Not Rated" would be used if there is no opportunity to observe implementation of the policies. "N/A" can never be used for this indicator.

Report Filters:

Service: "CTH" Active Indicator? "Yes"

SPI Support Person Interview

47. SPI 29 How do you help the individual to choose and participate in experiences and activities that he or she wants? Give some recent examples.

The intent of this indicator is to determine if the support person assists the individual to participate in chosen activities and to learn about community resources and activities. Support person is able to give recent examples of the how the individual was assisted to choose and participate.

48. SPI 39 How do you support the individual to express their ethnicity, cultural heritage, and religious preference if he or she wants?

The intent of this indicator is to determine if the support person is knowledgeable of the individual's preferences regarding their ethnicity, cultural heritage and religion.

Describe how you assist the individual to participate in activities that reflect his or her cultural, ethnic or religious preferences.

For example, the individual may choose to attend cultural, ethnic or religious activities such as festivals, parades, movies, holiday traditions, celebrations, restaurants or shopping opportunities, etc.

If there is no evidence of preference by the individual and the support person is aware of this, rate "Met".

If the support person is unaware of recognized ethnic, cultural and religious preferences of the individual, rate this "Not Met."

49. SPI 14 How do you support the individual to develop and maintain healthy relationships including those with family as he or she wishes?

The intent of this indicator is to determine if the support person has knowledge of the individual's ability in developing relationships.

How do you support the individual to understand the benefits and risks of developing new relationships?

Are there obstacles that impede the individual from developing relationships (e.g., staff support levels, support staff schedules, finances, transportation, medical complications, and family relationships)? If so, how does this affect the support you provide?

50. SPI 21 How are you supporting the person to have enough money to do the things they want to do and be part of their community?

The intent of this indicator to determine the support person's knowledge of the individual's financial resources. Have there been any purchases or community activities delayed or cancelled due to finances?

51. SPI 2 What activities in the person's action plan/IP are you working on to support the person in meeting their goals?

Support persons are able to discuss identified goals from the individual's IP. The support person identifies and discusses how the individual's goals are integrated into his or her daily routine.

For Family Respite Center guests – refer to information regarding pre-admission, admission and visitation as identified in DDS Family Respite Services Policy and Procedures.

52. SPI 22 How are you supporting the person to learn money management skill and understand their benefits?

The intent of this indicator is to determine if the support person is knowledgeable of his or her responsibility to help the individual participate and learn money skills. Examples include: incidental teaching opportunities, money exchange during a purchase, making selections, informing the individual during a transaction process, support independent purchase transactions, banking, formal programs, budgeting, identifying coins and bills.

If the IP identifies that the individual is independent or another party is responsible for money management, then rate "N/A".

53. SPI 11 What are the behavioral interventions used to support the individual?

The intent of this indicator is to determine if the support person is knowledgeable of the individual's behavioral support needs as identified in his or her IP and behavior support plan.

Any physical intervention techniques that support persons use are from a DDS approved curriculum, for example, P.M.T. (Physical and Psychological Management Techniques). Refer to DDS Procedure No.I.D.PR.009 – Incident Reporting, Attachment I - DDS Approved Training Curriculum for Use of Aversive and Physical Restraint Procedures for a complete list that is periodically updated.

This indicator will be rated as "N/A" if there are no behavioral support needs / interventions / guidelines.

Refer to: DDS Policy No. I.F.PO.001 – Abuse and Neglect, and DDS Procedure No.I.F.PR.001 – Abuse/Neglect Prevention, Notification if unapproved behavioral interventions are used. I.F.PR.001 – Abuse/Neglect Allegations Reporting, I.F.PR.004 – Abuse/Neglect Investigations-Recommendations and Prevention Activities.

54. SPI 15 If the person expresses they do not feel safe, how are you addressing this concern?

The intent of this indicator is to determine that support persons are knowledgeable of the individual's specific safety needs and how they are addressed. (e.g.: pica, bolting behavior, dietary needs, bed rails, water safety, ambulation, regulating hot water, bathing, etc.).
Do you have any other concerns about the individual 's safety that are not currently identified or addressed?

55. SPI 17 What are the individual's needs during an evacuation?

The intent is to ensure that the support person is knowledgeable of the individual's specific needs and requirements. Information from the support person should coincide with the individual's needs as outlined in the site emergency plan. (Examples: Transfer guidelines, staffing, supervision, prompting.)

Report Filters:

Service: "CTH" Active Indicator? "Yes"

56. SPI 16 How is the individual taught to recognize and report unsafe situations to others?

The intent of this indicator is to ensure that the support person is knowledgeable of their role in teaching the individual safety skills. This can be in the form of incidental teaching opportunities or formal teaching strategies. (Examples: Broken latches and locks, lack of heat, safe flooring, walkways, stove, cooking, hot water, overloaded outlets, safe transportation, staffing levels and supervision and public safety awareness.)

57. SPI 35 What are the individual's medical needs and how are these addressed?

The intent of this indicator is to determine the staff person's knowledge of the individual's medical needs and how they are addressed. Refer to the individual's plan and other medical documents for information about the individual's medical circumstances and treatment expectations including guidelines and protocols (e.g., for seizures, psychiatric conditions, cardiac issues, diabetic conditions).

Tell me about the individual's medical needs, how they are addressed and what support you provide, if any, to carry them out. Alternate question: Tell me about [name a specific condition identified in the individual's medical record], how the condition is addressed and what support you might provide.

If the staff person's knowledge of the individual's medical needs is not in accord with treatment expectations for him or her, rate this indicator "Not Met."

58. SPI 34 How is the individual supported to learn about and live a healthy lifestyle and discuss his or her health concerns?

How do you support the individual to participate in activities to stay healthy? If the support person indicates that the individual makes unhealthy lifestyle choices, how are these addressed to ensure the consumer has acknowledged the risk he or she is taking? Does the support person have access to educational health information and is this information shared with the individual?

59. SPI 40 How do you help the individual to learn to avoid potentially abusive and neglectful situations and speak up if you believe something is wrong?

The intent of this indicator is to ensure that the support person is knowledgeable of their role in teaching the individual to avoid potential abusive and neglectful situations. Informal ways: support persons counsel the individual about the safe and unsafe places in town, people who you don't know who ask for favors and possible responses to them, keeping money in personal accounts, etc. Formal ways: harm prevention, "street-smart" classes, etc.

60. SPI 10 How do you support the person to know their rights and be able to speak up for them self?

The intent of this indicator is to determine if the support person actively supports the individual to exercise rights. Examples may include, but are not limited to: assisting to make choices, request changes, refuse requests, use the phone, have privacy, maintain confidentiality and send and receive mail.

Refer to Connecticut General Statutes, 17a-238(a)

61. SPI 45 How would you support the individual to make a complaint if he or she wants to?

The intent of this indicator is to determine if the support person is knowledgeable of their role in supporting the individual to make a complaint if he or she wants to.

Refers to Connecticut General Statutes, 17a-238(e)(7)

62. SPI 9 What would you do if you witness abuse or neglect occurring?

The intent of this indicator is to determine if the support person is knowledgeable about the intervention and reporting requirements associated with witnessing abuse or neglect.

A "Met" rating indicates that the support person identifies that he or she would intervene immediately on behalf of the individual if he or she witnesses abuse or neglect. The support person identifies he or she is to make a verbal report as a mandated reporter to the appropriate agency (OPA, DCF, DSS or DPH) and to the supervisor of the agency to which they are assigned, informing them of any apparent or suspected abuse or neglect. The support person initiates reporting the circumstances on a DDS Form 255.

This indicator is rated "Not Met" when the support person's statements are not consistent with DDS policy and procedure.

Refer to: DDS Policy No. I.F.PO.001 – Abuse and Neglect and DDS Procedure No.I.F.PR.001 – Abuse/Neglect Allegations: Reporting and Intake Processes

63. SPI 32 How is the individual supported to make a change in his or her services if desired?

The intent of this indicator is to determine if the support person is knowledgeable of their role in supporting the individual to make a change in their services if he or she wants to. Examples include: Assisting the person in notifying the Case Manager or other team members, assisting the person to request meetings, assisting the person in identifying service and provider options.

Report Filters:

Service: "CTH" Active Indicator? "Yes"

SC Safety Checklist

64. SC 1 An Emergency Relocation Plan, a part of the DDS Special Operations Plan for Emergency Relocation, is maintained in a special notebook, the "Red Book", easily accessible to the staff.

Contents of the Emergency Relocation Plan "Red Book" must include: The DDS Special Operations Plan for Emergency Relocation, DDS Emergency Fact Sheets for all individuals, Emergency Relocation Plan for Levels 1, 2, and 3 emergencies with all necessary directions and personnel contact information. This book should be updated as any changes occur.

Emergency Fact Sheets and identification badges must include a color photo of the individual. Fact sheets and badges must be reviewed at least annually, and more frequently if supports change for the individual, or revisions to the plan occur.

Refer to DDS CLA Licensing Regulation: 12a

65. SC 2 The emergency response plan accommodates the support needs of the individual, each person's role during an emergency, and the availability of necessary medical information when the individual is away from his or her service location.

The emergency plan addresses the supports each individual requires to evacuate safely (e.g., independently evacuates, needs verbal or physical assistance), identifies individuals' ambulation capability and level of supervision needed, medical needs, the support person/staff levels and responsibilities, and any physical environment or fire safety accommodations (fire doors, sprinklers, egress doors, smoke detectors, fire extinguishers, etc.).

Refer to DDS Fire Safety and Emergency Guidelines.

Refer to DDS CLA Licensing Regulation: 12a

66. SC 3 There is an accessible working telephone with emergency numbers readily available.

The intent of this indicator is to determine if the individual has access to a working telephone and emergency numbers. Emergency numbers may include but are not limited to 911, Poison Control, etc. Consider the individuals specific health and safety needs when rating this indicator. In a SL or Own Home, an accessible telephone may be in the home; it may be the phone of a neighbor or a cell phone programmed to 911. In CLA4 and CLA3, emergency numbers are posted in an easily visible location.

If immediate jeopardy situation refer to: J7 No access to phone. The individual should be able to access the phone in case of emergency.

Refer to DDS CLA Licensing Regulation: 11j

67. SC 6 There are practiced and documented quarterly fire evacuation drills. There is documentation that at least one fire drill annually is conducted when the individual is routinely asleep.

Fire evacuation drills familiarize and instruct individuals and support persons in the procedures to be followed for safe evacuation. Drills are conducted with the full participation of all individuals.

Refer to site-specific Fire Safety and Emergency Plan fire evacuation drill procedures.

Fire evacuation drills shall be completed at least quarterly, varying the time of day and at least one per year shall occur when the individuals are asleep. Documentation of drills shall be maintained.

Refer to DDS Fire Safety and Emergency Guidelines

68. SC 8 A written plan of corrective action is documented and implemented for problems identified during a fire evacuation drill.

If any inefficiency or other problems are identified during the evacuation drill, a written plan of specific corrective action(s) should be completed. Documentation shall include the actual implementation/resolution of the Plan of Corrective Action.

Refer to DDS CLA Licensing Regulation: 12c

69. SC 9 There are fully charged fire extinguishers available in the kitchen and furnace area.

Annual fire extinguisher servicing and monthly checks are documented.

Refer to DDS CLA Licensing Regulation: 11g

Report Filters:

Service: "CTH" Active Indicator? "Yes"

70. SC 10 There are working smoke detectors on each level of the location that meet the individual's needs.

The intent of this indicator is to determine if there are working smoke detectors on each level of the location and that the smoke detectors are designed to meet the individual's specific needs.

Whenever possible, test battery operated smoke detectors onsite to determine if the battery is working. Provider personnel should follow the manufacturer's specifications for battery operated smoke detectors to determine ongoing testing and replacement frequency for batteries and the smoke detectors.

Review documentation to verify that fire alarm systems that are wired to a phone line are tested by a qualified or licensed professional e.g. an alarm company vendor, Fire Marshal, and that any recommendations are implemented.

At residential and day service locations, audible and/or visual devices, e.g. smoke detectors, strobe lights, and fire alarm/bed shakers, are used and maintained according to manufacturers specifications.

If immediate jeopardy situation refer to: J4 Non-functional fire alarm system or no working smoke detector.

Refer to DDS CLA Licensing Regulation (CLA3-): 11c

Refer to DDS CLA Licensing Regulation (CLA4+): 11d

71. SC 11 The individual's home does not have an unvented combustion-heating unit.

Gas heaters that are designed for unvented use must be operated according to the manufacturer's specifications for safe use.

If immediate jeopardy situation refer to: J14 Unvented combustion heating device in use (kerosene heater, gas/charcoal grill indoors).

Refer to DDS CLA Licensing Regulation: 11c

72. SC 24 The individual's bedroom has smoke-tight door(s) if the residence does not have a sprinkler system.

A smoke-tight door has no more than 1/8" clearance at top and sides, 3/8" at bottom with no holes, louvers, etc.

Applicable to licensed residences with 3 individuals or less.

Refer to DDS CLA Licensing Regulation: 11c

73. SC 12 Designated means of escape are unobstructed.

The intent of this indicator is to determine if the individual has unobstructed means of escape from the location. Egress doors and windows are not blocked and allow a clear path for evacuation. Obstructed means of escape are to be cleared when discovered.

If immediate jeopardy situation refer to: J5 Obstructed means of egress.

Refer to DDS CLA Licensing Regulation: 11d

74. SC 13 Exterior doors open from the inside without the use of tools or keys.

Exterior doors shall open from the inside by using one or both hands engaged in a single unlocking motion. This is applicable to licensed residences with 3 individuals or less.

In a CLA4+, use of other devices may be used with approval by the local Fire Marshal.

In OH SL, hand operated dead bolts and safety chains are permissible unless contraindicated.

If immediate jeopardy situation refer to: J6 Inability to open exterior doors from the inside without use of a key.

Refer to DDS CLA Licensing Regulation (CLA3-): 11c

Refer to DDS CLA Licensing Regulation (CLA4+): 11d

75. SC 14 Escape windows open without the use of tools.

Reference the site specific evacuation plan to see if windows are part of the plan. Rate "N/A" if the plan does not include windows as an egress.

Refer to DDS CLA Licensing Regulation (CLA3-): 11c

Refer to DDS CLA Licensing Regulation (CLA4+): 11d

76. SC 15 Rooms and closets open from the inside.

The intent of this indicator is to prevent individuals from being locked within rooms or closets. Locks on doors must not have the potential to prevent an individual's egress. Room and closet doors must open freely from the inside, without an individual needing to manipulate a locking device. If a door is locked, turning the doorknob from the inside will open the door, allowing egress.

Refer to DDS CLA Licensing Regulation (CLA4+): 11d

Refer to DDS CLA Licensing Regulation (CLA3-): 11c

Report Filters:

Service: "CTH" Active Indicator? "Yes"

77. SC 16 Rooms that lock have tools which open them readily available.

Refer to DDS CLA Licensing Regulation (CLA4+): 11d

Refer to DDS CLA Licensing Regulation (CLA3-): 11c

78. SC 22 There are no bedrooms in basements that are 100% below grade for homes licensed or certified after 5/1/96.

Refer to DDS CLA Licensing Regulation: 11c

79. SC 23 There are no bedrooms that can be reached only by ladder, folding stairs or trap door.

Refer to DDS CLA Licensing Regulation: 11c

80. SC 52 The individual's bedroom has a minimum required size based on the number of occupants.

Single occupant bedrooms contain at least 80 square feet. Multiple occupant bedrooms contain at least 60 square feet per individual.

Look at the individual's bedroom and measure the room size, if necessary.

Refer to DDS CLA Licensing Regulation: 11k

81. SC 18 Basic first aid supplies are readily available at the individual's service location.

Basic first aid supplies include only non-medicated items, excluding epi-pens. Refer to 11/2006 memorandum to providers from the DDS Director of Health and Clinical Services, regarding recommended first aid kit contents.

If unlocked medications are found in first aid supplies, rate SC 17 as "Not Met" for individual's who cannot self-medicate.

Refer to DDS CLA Licensing Regulation: 11h

82. SC 19 Basic first aid supplies are readily available in vehicles used to transport the individual.

Basic first aid supplies include only non-medicated items, excluding epi-pens. Refer to 11/2006 memorandum to providers from the DDS Director of Health and Clinical Services, regarding recommended first aid kit contents.

If unlocked medications are found in first aid supplies, rate SC 17 as "Not Met" for individual's who cannot self-medicate.

Refer to DDS CLA Licensing Regulation: 11h

83. SC 20 Personal protection equipment (PPE) is readily available at the individual's service location.

PPE shall include gloves, face shield or mask, eye protection, gown, a resuscitation device and other relevant PPE equipment items as described in agency's exposure control plan.

Refer to DDS CLA Licensing Regulation: 11h

84. SC 21 Personal protection equipment (PPE) is readily available in vehicles used to transport the individual.

PPE shall include gloves, face shield or mask, eye protection, gown, a resuscitation device and other relevant PPE equipment items as described in agency's exposure control plan.

Refer to DDS CLA Licensing Regulation: 11h

85. SC 38 The individual's environment is free from potential hazards.

The intent of this indicator is to determine if the individual's interior environment and property are free from potential safety hazards. For example, interiors, walkways and stairs are in good repair, garbage is properly contained or disposed of, the property is free of pests and pets have appropriate vaccinations and are not contraindicated for the individuals.

There is safe storage of all materials consistent with individuals' needs. Consider individual specific safety needs, such as PICA, etc. For example, flammable items, poisonous items, cleaning products, etc.

If immediate jeopardy situation refer to: J13 Pest Infestation, J15 Poisonous substances accessible, J16 flammable substances.

86. SC 28 The exterior and grounds of the individual's environment are safe.

Exterior grounds should be clear of potential hazards and maintained in good condition. For example, refuse is properly contained or disposed of, the property is free of pests, egress doors and pathways are not blocked, pathways and driveways are maintained and free of debris and snow/ice during winter weather and pool areas are fenced and secured as appropriate. All exterior environments are well maintained. Ensure ornamental plantings do not pose a visual obstruction near traffic areas.

For cleanliness concerns, rate SC 27a "Not Met".

If immediate jeopardy situation refer to: J5 Obstructed means of egress.

Refer to DDS CLA Licensing Regulation: 11d

Report Filters:

Service: "CTH" Active Indicator? "Yes"

87. SC 27a The individual's environment is clean.

This indicator refers to all interior and exterior cleanliness.

For physical environmental conditions that require funding or a contracting process for remediation, use indicator SC50.

Refer to DDS CLA Licensing Regulation: 11d, 11i

88. SC 27b The individual's environment is structurally well-maintained.

This indicator refers to both interior and exterior structural concerns.

For potential safety concerns rate “SC 38” or “SC 28” “Not Met” as applicable. Dangerous situations caused by structural decline of the environment may indicate an immediate jeopardy situation; refer to Immediate Jeopardy Situation Reviewer Guidelines.

For physical environmental conditions that require funding or a contracting process for remediation, use indicator SC 50.

Refer to DDS CLA Licensing Regulations: 11d, and 11i

89. SC 27c The individual's environment is adequately lighted, has a comfortable temperature and is free from unpleasant odors.

For physical environmental conditions that require funding or a contracting process for remediation, use indicator SC50.

If immediate jeopardy situation refer to: J8 No heat; J9 No electric; J10 No or insufficient water (or unsafe water supply).

Refer to DDS CLA Licensing Regulation: 11d, 11i

90. SC 35 Furniture and furnishings are safe and in good repair.

Interior and exterior furniture and furnishings do not produce potential safety hazards to individuals.

For example: Rugs have non-skid backing. Furniture arrangement does not restrict easy navigation for individuals who use adaptive mobility equipment.

Refer to DDS CLA Licensing Regulation: 11e

91. SC 30 The location has sufficient toileting and/or bathing facilities and supplies to meet the individual's needs.

The intent of this indicator is to determine if the location has sufficient bathing/toileting facilities and supplies. Consider the individual’s specific needs for safe access and use of the facilities.

For physical environmental conditions that require funding or a contracting process for remediation, use SC50.

Refer to DDS CLA Licensing Regulation: 11f

92. SC 25 There is sufficient storage space for clothes and personal belongings.

Individuals should have room to safely store their personal belongings, clothing, etc. Storage space may include individual storage areas, closets, bureaus, trunks, etc.

Refer to DDS CLA Licensing Regulation: 11l

93. SC 31 Personal hygiene supplies in the individual’s environment are stored separately from others and in a sanitary manner.

Toothbrushes are stored in individual holders and nail clippers are not shared, etc. If more than one individual’s supplies are kept in the same area, the supplies are labeled with the owner’s name.

94. SC 32 Bathrooms, common areas, and personal living spaces afford privacy.

The intent of this indicator is to determine that the individual’s environment meets their need for privacy, as appropriate. For example, doors on bathrooms and bedrooms, partitions and/or privacy screens in common areas, window coverings in bathrooms and bedrooms.

Refer to DDS CLA Licensing Regulation: 11f

95. SC 33 The individual's bedroom has a window or door that opens directly to the outside for ventilation.

Screened windows should be intact.

Refer to DDS CLA Licensing Regulation: 11c

96. SC 26 Kitchen and dining areas have appropriate equipment for the sanitary storage, preparation, and serving of food and an adequate supply of food.

Equipment includes but is not limited to: refrigerator, stove, other appliances, dishes, utensils, etc.

All burners on gas stoves are working properly.

If immediate jeopardy situation refer to: J12 Inadequate food supply.

Refer to DDS CLA Licensing Regulation: 11i

Report Filters:

Service: "CTH" Active Indicator? "Yes"

97. SC 34 Hot water temperature is maintained between 100 and 120 degrees Fahrenheit at water sources accessible to the individual.

This indicator applies to sinks, bathtubs, bottled water dispensers with a hot water tap or other hot water source that an individual has access to.

Water temperature must be maintained between 100 and 120 degrees Fahrenheit. For ICF settings water temperature must be maintained between 100 and 110 degrees Fahrenheit.

Any support person who directly assists individuals during bathing must check the water temperature immediately before assisting the individual into the bath or shower. Refer to DDS Safety Alert; Hot Temperature Safety Awareness 12/27/2004.

Hot and cold water dispensers present a serious burn hazard. DDS does not recommend use of such dispensers. If such units are present in any service, precautions must include a documented procedure for access to, education of and supervision of individuals using such units. Refer to DDS Safety Alert; Hot & Cold Water Unit Dispensers 6/9/2004.

Hot tubs: Individuals must have a written doctor's order from their primary physician to use a hot tub. Individual's using a hot tub must have direct supervision by support staff. Support persons who assist individuals during hot tub use must check the water temperature immediately before use. Refer to DDS Policy I.PR.E.001 Water Safety.

If immediate jeopardy situation refer to: J11 Hot water temperature above 138 degrees Fahrenheit. If water temperature exceeds 138 degrees Fahrenheit at hot water sources that an individual can access this is an immediate jeopardy situation. The provider must develop an immediate corrective action plan to resolve the potential burn risk. A corrective action plan involves but is not limited to:
1. Install a thermostatic mixing valve or regulator that maintains water temperature between 100 and 120 degrees Fahrenheit. For ICF settings water temperature shall be maintained between 100 and 110 degrees Fahrenheit.
2. Regularly measure water temperatures to ensure that the water temperature is maintained between 100 and 120 degrees Fahrenheit. For ICF settings water temperature shall be maintained between 100 and 110 degrees Fahrenheit.
3. Assess each individual's capability to independently regulate water temperature and provide instruction to safely regulate hot water as needed.
4. Document in the individual's record his or her ability to safely adjust water temperature.
5. Provide constant within eyesight supervision of each individual, as needed, to prevent burn accidents.

In CLAs and CRSs a thermostatic mixing valve is required. These devices are to be installed at the primary water-heating source (e.g., furnace, hot water heater). All new CLAs are required to have a thermostatic mixing valve installed as a condition of initial licensure. Refer to DDS Directive: Hot Water Anti-Scald Device Installation 8/25/2006.

Refer to DDS CLA Licensing Regulation: 11d

98. SC 36 Any electrical outlet within six feet of an open water source is protected by a ground fault circuit interrupter (GFCI).

Refer to DDS CLA Licensing Regulation (CLA3-): 11c

Refer to DDS CLA Licensing Regulation (CLA4+): 11d

99. SC 37 Electrical sockets and extension cords are not overloaded.

Electrical outlet adapters shall not be used in electrical wall sockets. Wall sockets can only be used for one plug each.

Power strips and surge protectors are acceptable for use when plugged into a single socket.

Refer to DDS CLA Licensing Regulation (CLA3-): 11c

Refer to DDS CLA Licensing Regulation (CLA4+): 11d

100. SC 39 Electrical cords are not run under rugs.

Refer to DDS CLA Licensing Regulation (CLA3-): 11c

Refer to DDS CLA Licensing Regulation (CLA4+): 11d

101. SC 40 Electrical outlets and junction boxes have cover plates and no exposed wires.

Refer to DDS CLA Licensing Regulation (CLA3-): 11c

Refer to DDS CLA Licensing Regulation (CLA4+): 11d

102. SC 41 A means to wash and dry clothes is available.

Clothes washing and drying appliances are available either on site or otherwise accessible; a laundromat, for example.

Refer to DDS CLA Licensing Regulation: 11m

103. SC 42 Clothes dryers are properly vented to the outside or to an appropriate inside filter unit.

Clothes dryer venting is installed and maintained according to manufacturer's specifications.

Refer to DDS CLA Licensing Regulation: 11d

Report Filters:

Service: "CTH" Active Indicator? "Yes"

104. SC 44 Poisonous substances are correctly labeled and safely stored according to the needs of the individual.

If immediate jeopardy situation refer to: J15 Poisonous substances accessible (as appropriate based on individuals).

Refer to DDS CLA Licensing Regulation: 11d

105. SC 45 Combustible and flammable substances are used and stored appropriately.

Approved gasoline storage containers and approved propane storage containers are used. Oil-based paint, lighter fluid, and other substances are labeled and stored safely. Storage is permissible in a shed or garage if the substances are in limited quantities (i.e., five gallons or less of gasoline, no more than two gas grill propane tanks) and are stored in an area furthest from the residence. Attached storage areas must have a firewall adjacent to the residence.

Applicable only to CLAs and CRSs, combustible and flammable substances are stored outside the individual's residence at least 10 feet away from the residence.

If immediate jeopardy situation refer to: J16 Flammable substances in the home (gas, significant quantities of oil-based paint, etc.).

Refer to DDS CLA Licensing Regulation: 11d Hazard prevention

106. SC 43 Basements are free of standing water.

Refer to DDS CLA Licensing Regulation: 11d

107. SC 29 The individual's environment is accessible, as needed, and promotes individual independence.

The intent of this indicator is to determine if the setting is accessible to the individual. The setting has, as indicated by each individual's needs, ramps, automatic door openers, grab bars, tables, counters and appliances at appropriate height, ample space, etc. Bathing facilities meet the individual's needs. Any environment within the location where the individual receives service is accessible.

For physical environmental conditions that require funding or a contracting process for remediation, use indicator SC50.

108. SC 49 There is documentation that the safe condition and designed use of adaptive equipment and safety devices is monitored.

Periodic monitoring and documentation of monitoring of the safe condition and designed use of adaptive equipment and safety devices should occur on a regular basis, in accordance with manufacturer's specifications, in order to ensure that the safety of the consumer and functionality of adaptive equipment and safety devices is evaluated. Note that this includes both the sample individual's adaptive equipment and safety devices and common adaptive equipment and safety devices.

Seat/lap belts, wheelchairs, side rails, adaptive equipment, etc.

For Bed and side rail safety: Bed safety audits must be completed at least annually. Refer to DDS Health Bulletin #98-4 R Bed and Side Rail Safety (Rev. 10/2000).

There is documentation that all monitoring devices including but not limited to door alarms, listening devices or other sensors have been regularly checked and maintained in good operating condition. Refer to DDS Safety Alert; Individual Safety Monitoring Devices 4/4/2007.

In OH-SL: If it is documented in the individual's IP that they are capable of independently monitoring his or her own adaptive equipment and safety devices, then rate "N/A".

Refer to DDS CLA Licensing Regulation: 11e, 18a3A

109. SC 48 Adaptive equipment and safety devices are in good condition and used as designed.

The intent of this indicator is to ensure that both the sample individual's adaptive equipment and safety devices and common adaptive equipment and safety devices are being maintained and utilized as designed.

Shower chair safety belts securely hold an individual and operate as designed. Grab bars are securely fastened, etc.

If immediate jeopardy situation refer to: J2 Non-functioning adaptive equipment (wheelchair, braces, shower/tub/toilet chairs, bedrails, feeding pumps, etc.).

Refer to DDS CLA Licensing Regulation: 11e, 18a3A

110. SC 46 Vehicle adaptive equipment and vehicle safety devices are in good condition and used as designed.

The intent of this indicator is to ensure that vehicle adaptive equipment and safety devices are used and maintained according to manufacturer's specifications, are functional and that they are utilized as designed. This includes manufacturer installed seat belts as well as wheelchair tie down & restraint systems, safety harnesses/vests, seatbelt clips, wheelchair lifts, etc.

All adaptive equipment shall be secured so that it does not present a hazard while the vehicle is in use.

The vehicle is clean and well maintained. There is no evidence of people smoking in vehicles.

If immediate jeopardy situation refer to: J17 Vehicle safety equipment is in disrepair (seatbelts, wheelchair anchors, vehicle maintenance).

Report Filters:

Service: "CTH" Active Indicator? "Yes"

111. SC 47 There is documentation that the safe condition and designed use of adaptive vehicle safety devices is monitored.

Periodic monitoring and documentation of the safe condition and designed use of vehicle adaptive equipment and safety devices should occur on a regular basis. This includes wheelchair tie down & restraint systems, safety harnesses/vests, seatbelt clips, wheelchair lifts, etc. This does not include non-adaptive vehicle seat belts.

Refer to DDS CLA Licensing Regulation: 18a2E

Report Filters:

Service: "CTH" Active Indicator? "Yes"

D Documentation

112. D 1 The individual's plan indicates he or she directed or participated in the planning process to the extent that he or she chose to participate.

The intent of this indicator is to ascertain if the individual has involvement in the planning process to his or her desire and capability. Family members sometimes participate along with the consumer. Individuals and their family members are encouraged to participate in the planning process to the greatest degree possible; they may or may not choose to participate in the process. Individuals and their family members are encouraged to communicate their needs and preferences and to choose from among support options and providers. Every effort will be made to schedule the planning meeting at times and locations that will facilitate participation by the individual and his or her family, guardian, advocate or other legal representative, as applicable.

If the individual chooses not to attend his or her planning meeting, a personal support team member will seek from the individual his or her feedback that will be used at the planning meeting to develop his or her Individual Plan. If the individual chooses not to attend his or her planning meeting, the plan is to be reviewed with the individual by a support team member, dated and documented on IP. 11 Signature Sheet, of the Individual Plan. If the individual's guardian is unable to attend the planning meeting, the provider has documentation on file to show that the plan was sent for review and approval of the plan.

The individual's plan documents how the individual was involved in directing his or her plan. As possible, the individual signs his or her plan. Individuals and the people who are important in their lives will receive the supports they need to be directly involved in the development and implementation of their Individual Plan including supports in their native language or primary mode of communication.

Refer to IP 9, Individual's Participation in the Planning Process. Refer to IP.11, IP Signature Sheet. Refer to Procedure No. I.C.1.PR.002b Subject: Planning and Support Team.

At Family Respite Centers, an individual's planning process is documented on DDS Family Respite Center forms. (DDS Family Respite Center Procedure Attachments B, F, G, H, I and L)

For individuals living in private ICF/MR homes, this indicator is to be rated "Not Rated" for the following service types: CLA4 (four or more individuals living in the home), DSO, GSE, SHE, SEI.

Refer to DDS CLA Licensing Regulation: 17d

113. D 57 The individual's plan is on file at the service location, available for support staff to implement.

The individual's current Individual Plan must be on file at the service location within 30 days of plan development. The individual's IP may be at a provider location for support persons' use when the individual has mobile support services or an own home/family setting.

In the service types of DSO, GSE, SHE and SEI, if an individual lives in a private ICF/MR home, the plan used may be other than an Individual Plan. For example; IP short, IP transition, OPS, Person-centered Plan may be used.

If the individual's plan is not available at the service location, and service provider can show documentation of their attempts to obtain this information from DDS, the indicator will be rated "Not Met, DDS Responsible".

Report Filters:

Service: "CTH" Active Indicator? "Yes"

114. D 2 The Individual Plan is developed and implemented on a timely basis.

The intent of this indicator is to determine if the team has developed, and provider has implemented the components of the IP they are responsible for in a timely manner. Time framesfor implementation of the IP may be specified based on a person's specific needs, but not for the convenience of staff. If a goal has not been addressed, documentation as to why should be on file. All reviewers should review provider documentation including progress notes, data sheets, and in-service training records to determine if all of the services and supports were implemented in accord with the IP date.

Refer to Policy No. I.C.1.PO.002 Subject: Individual Planning: All individuals who receive DDS HCBS Waiver services, all children in Voluntary Services, all individuals who receive any DDS funded residential supports, including individualized home supports, and clients of the department who pay directly for residential habilitative services shall have an individual plan. For individuals who are enrolling in a HCBS waiver, the individual plan – short form, along with a Summary of Supports and Services, IP.6, may be used for the first 90 days of receipt of new HCBS Waiver services, 45 days in licensed settings, after which time an individual plan must be in place. At a minimum, individual plans will be reviewed and updated on a yearly basis. Individuals currently receiving HCBS waiver services who receive new residential or day supports and services or experience a major change in one or both of these services, must have a new IP.6 in place prior to a change in services. The individual plan shall be updated within 90 days of the change in waiver services except in licensed settings where an update is required within 45 days. Individuals who live in ICF/MR settings must have their individual plans updated within 30 days of a change in services.

Refer to "A Guide to Individual Planning – Individual Planning Timeframes - At a minimum, Individual Plans will be reviewed and updated on a yearly basis for persons enrolled in a waiver".

Reviewers should look to see that the Individual Plan has been updated annually, within the same month of the last year's plan. The current plan should be on file and ready for staff to implement within 30 days of the planning meeting.

Per procedure on extending an IP, if a plan needs to be extended beyond the last day of the month in which the IP was held in the previous year, the reviewer should look for documentation that team members were notified and agreed to continue the current plan until the team could meet. This should be documented on the front page of the current IP – on IP.1 Information Profile.

Refer to DDS Policy No. I.C.1.PR.002a: Refer to the IP Action Plan form for specific information on timelines for implementation of specific goals and strategies.

In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.

In the service types of DSO, GSE, SHE and SEI, if an individual lives in a private ICF/MR home, the plan used may be other than an Individual Plan. For example; IP short, IP transition, OPS, Person-centered Plan may be used.

115. D 11a Demographic and personal information is maintained in the individual's record.

The IP Information Profile and other documented personal information are updated annually or when changes in the person's life occur. This information includes the individual's name, date of admission, date of birth, place of birth, social security number, department number, current family information, and personal characteristics including language, ethnicity, legal status and any other demographic information relevant to the individual.

In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.

Refer to DDS CLA Licensing Regulations: 16e, 16g, and 16i

116. D 17 The record indicates the individual is engaging in activities that reflect personal preferences.

Review the individual's documented personal preferences in his or her Individual Plan. Review documentation of preferred activities in which the individual participates.

Refer to DDS CLA Licensing Regulation: 17g

Report Filters:

Service: "CTH" Active Indicator? "Yes"

117. D 5a The individual's record contains necessary and current health, safety and programmatic assessments, screenings, evaluations, reports and/or profiles.

The intent of this indicator is to see that required medical, safety and programmatic assessments, screenings, evaluations, reports and profiles are up to date and current, medical appointments, and identification of routine health issues are current and documented in the individual's record. Medical appointments are to occur in the required time frames. Reference physician reports and consultant sheets for medical results and required follow-up.

Evidence found in IP.2: Personal Profile, IP.3: Future Vision, IP.4: Assessments, IP.5: Action Plan, and IP.6: Summary of Supports and Services. As part of the assessment review, the individual and his or her planning and support team shall complete and review the Level of Need (LON). If a significant need is identified in the LON it must be addressed in the IP.5 Action Plan. The individual's record, including assessments, shall include the status of current and needed healthcare. Reviewers should also look for needed and current Guidelines and Protocols in addition to the list above.

Refer to "A Guide to Individual Planning", Individual Planning Sections "Review Recent Assessments, Screenings, Evaluations and Reports" and the Assessments section of the Individual Plan, IP.4, should list the current assessments, screenings, evaluations, and reports that are available or needed by the individual. Any assessments or reviews identified as needed must be referenced in the Action Plan, IP.5 and should be done within three months. However, any issue or concern that poses an immediate risk must be addressed immediately.

Refer to DDS Health Standard #09-1, Routine Preventative Health Care and Attachment A, Minimum Preventative Care Guidelines. Refer to Health Standard #9-02 Guidelines for Deferred, Limited, or Declined Healthcare.

Documentation must be available to show what type of support the nurse is providing. If a nurse is provided through a Healthcare agency, the individual must sign a release so that copies of the agency's documentation of services provided is available in the home.

Self-Administration of Medication Assessments: All individuals are required to have a baseline assessment on file. The RN must identify on at least an annual basis that the assessment remains current. An updated assessment shall be completed whenever there is a change in the individual's self-administration abilities.

For Bed and side rail safety: Bed safety audits must be completed at least annually. Refer to DDS Health Bulletin #98-4 R Bed and Side Rail Safety (Rev. 10/2000).

Aquatic Activity Screening: Refer to DDS Policy I.PR.E.001 Water Safety
An individual's Bathing Guideline identifies the level of supervision needed and whether or not the individual can safely regulate water temperature. Refer to Safety Alert "Bathing and Personal care" issued 12/19/00, reissued 5/13/10.

The individual's plan shall consider the individual's need to participate in training for the detection and prevention of abuse and neglect, and to learn about economic supports (i.e. insurances, benefits, income). Includes individualized training on procedures to educate the individual about abuse and neglect detection and prevention if appropriate.

For day services, this indicator refers to assessments, etc., relevant to the day service circumstances.

In a family setting (FAM), (for medical appointments) documentation may be found in the family home for people who hire their own staff. The reviewer should ask the individual or personal representative if there have been any medical visits and if there is any documentation kept in these areas e.g. calendar. The reviewer should rate"met" when the family reports that they have had a medical appointment even if documentation is not available. Families often do not keep documentation of visits and do not send all information to their Case Manager; otherwise, documentation will be maintained in the case management record.

In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.

For DDS Family Respite Centers, refer to the Guest Profile and other respite documents identified in DDS procedures. Refer to DDS Family Respite Center forms (attachments B, C and D- physician's orders).

Refer to DDS CLA Licensing Regulation: 16d, 17e, 17k, 18a4A, 18a4B
17k states the OPS planning process shall be conducted annually based on an annual assessment of the individuals functioning skills.

118. D 9 The individual's plan identifies behavioral issues and strategies, as applicable.

Behavioral issues and strategies shall be identified in IP.2: Personal Profile, LON and IP.4: Assessments and IP.5: Action Plan. The IP shall specify in which settings/supports the strategies are to be utilized.

In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.

For consumers living in private ICF/MR homes, this indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SHE, SEI.

Refer to DDS CLA Licensing Regulation: 17f

Report Filters:

Service: "CTH" Active Indicator? "Yes"

119. D 10 The individual's plan identifies any supports that require coordination across settings.

Refer to "A Guide to Individual Planning", Action Plan –IP.5. Settings include home, work and the community. Coordination of supports across settings may include specialized diets, medical concerns and adaptive equipment needs.

For consumers living in private ICF/MR homes, this indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SHE, SEI.

Refer to DDS CLA Licensing Regulation: 17f

120. D 12 There is evidence that, if necessary, the individual is supported to obtain a legal representative to manage his or her finances.

The need for a legal representative to manage the individual's finances may be identified in IP.5 Action Plan, IP.1 Information Profile, IP.2 Finances section and/or IP.9: Individual's Participation in the Planning Process. A legal representative may be a conservator.

In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.

For consumers living in private ICF/MR homes, this indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SHE, SEI.

121. D 28 The individual's record documents the support provided him or her to understand, obtain and maintain entitlements, benefits, and insurances.

Refer to IP.1 -Information Profile to identify the individual's entitlements, benefits and insurances.

Refer to DDS CLA Licensing Regulation: 16h

122. D 42 The individual's record documents that applications/redeterminations for Medicaid Title 19, DDS Waiver and other entitlements and benefits have been processed.

The intent of this indicator is to ensure that the individual's redeterminations for Medicaid Title 19 and other entitlements and benefits have been processed and are on file in the individual's record and the HCBS Re-determination Form (IP.10) is present in the DDS Case management record and completed on an annual basis. An original HCBS Re-determination form with actual Case Manager signature must be maintained in the Case Management record.

Refer to IP.1: Information Profile – Resource and Benefit information.

Check to see if the individual is an HCBS Waiver recipient: CAMRIS; CDMMEN; status 1 field - if an individual is in the waiver, this field will display either "IFS" or "HCB". If the individual is in the waiver, in the individual's record look for: DDS Form 219 IFS or the IP.10 HCBS Re-determination form.

123. D 44 The individual's plan identifies health and safety issues and strategies.

Refer to the Level of Need (LON) and IP.4: Assessments, Screenings, Evaluations, and Reports. Areas identified shall be addressed in IP.2: Personal Profile or IP.5: Action Plan.

In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.

For consumers living in private ICF/MR homes, this indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SHE, SEI.

Refer to DDS CLA Licensing Regulation: 17e

124. D 59 The individual's record documents the inspection, maintenance and monitoring of all Individual Safety Monitoring Devices.

Review the Individual Plan for documentation of the need for Safety Monitoring Devices including, but not limited to: door alarms, listening devices and other sensors.

Refer to DDS Safety Alert Issued April 4, 2007 regarding "Individual Safety Monitoring Devices". Review agency policy and procedures regarding Individual Safety Monitoring Devices. Documentation verifies that all Safety Monitoring Devices are regularly checked and maintained in good operating condition.

Reviewers shall test safety monitoring devices to ensure proper working condition. If safety monitoring devices are not working properly, reviewers are to consider whether it is an immediate jeopardy situation and take proper action as described in the Jeopardy Guidelines.

Report Filters:

Service: "CTH" Active Indicator? "Yes"

125. D 33 The Individual Plan documents responsiveness to the individual's requests to make changes in supports and services or providers, if applicable.

The intent of this indicator is to ensure that there is documentation available to show that the individual's team and/or provider has responded to the individual's requests to make changes in supports, services or providers.

Evidence exists in the Individual Plan or Individual Progress Reviews that demonstrate that if the individual requested a change there was a response to this request. For example, implementation of the portability process, changes in service type, or amount of support is documented. The individual's Plan has been modified to reflect changes in the individual's life goals, circumstances or preferences.

Refer to the individual's current IP, Individual Progress Reviews of the Plan.

In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.

For consumers living in private ICF/MR homes, this indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SHE, SEI.

Refer to Procedure No. I.C.1.PR.002b Subject: Planning and Support Team

Refer to "A Guide to Individual Planning"

Refer to DDS CLA Licensing Regulation: 17h

126. D 36 The Individual Plan identifies additional qualifications and training required for staff to adequately support the individual, if needed.

The intent of this indicator is to ensure that there is documentation in the individual's IP.7: Provider Qualifications and Training section regarding support person training, specific to the individual's needs that are related to the support service being reviewed.

IP.7 should reference staff qualifications and training specific to the individual, which may include but is not limited to the individual's health needs, behavioral support plans, ambulation protocols, allergy protocols, adaptive equipment, positioning, dietary / dining guidelines, etc.

In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.

For consumers living in private ICF/MR homes, this indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SHE, SEI.

127. D 15 Individual Progress Reviews identify that the provision of needed supports and services is documented and progress is reviewed.

The intent of this indicator is to determine if the services are being delivered to the individual as identified in the IP and that the provider maintains documentation of needed services and supports provided and progress made. Providers should maintain documentation on the specific personal outcomes and actions for which they are responsible, as outlined in IP. 5 Action Plan of the Individual Plan. This includes documentation of individual progress, data and/or anecdotal notes, as applicable.

Service providers are required to submit a written six month Individual Progress Review to the Case Manager and other team members prior to the annual Plan and six months thereafter. Staff hired directly by the individual or family to provide self-directed supports will maintain ongoing documentation of the individual's progress on goals for which they are responsible.

Refer to Procedure No. I.C.1.PR.002b Subject: Planning and Support Team. On an ongoing basis, the planning and support team will discuss any significant changes in the individual's life that warrant a revision of the Individual Plan. The planning and support team will identify the nature and minimum frequency of Plan reviews and shall meet to review and update the Individual Plan at least annually. A formal review of the Individual Plan may be requested at any time by a planning and support team member. In cases where more frequent meetings or progress reports are required by other state or federal regulations, the more stringent requirements shall prevail.

Review provider specific plans including teaching strategies, nursing plans of care, protocols and guidelines. Attendance records may also be reviewed. If the person is not receiving the supports or services necessary, or if the individual is not making progress in his/her identified goals, the team should address the issue to ensure that the individual is receiving needed services.

For consumers living in private ICF/MR homes, this indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SHE, SEI.

Refer to DDS CLA Licensing Regulation: 17h, 17j

Report Filters:

Service: "CTH" Active Indicator? "Yes"

128. D 18 Individual Progress Reviews reflect progress on personal outcomes identified in the individual's plan.

The intent of this indicator is to ensure that the service provider reviews and documents progress on the specific personal outcomes and actions for which they are responsible, as outlined in the action steps IP. 5.

The provider should have documentation that a review has been made based on written, measurable, goals as identified in the Action Plan IP.5.

This indicator will be considered "Met" when the individual's record indicates that there is documentation that the provider has reviewed one or more personal outcomes noted in Action Plan IP.5 that the provider is responsible for.

In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.

For consumers living in private ICF/MR homes, this indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SHE, SEI.

Refer to "A Guide to Individual Planning".

Refer to DDS CLA Licensing Regulation: 17h

129. D 21 The Individual Plan or Individual Progress reviews document the individual's satisfaction with supports and services.

The intent of this indicator is to ensure that there is documentation available regarding the individual's satisfaction with supports and services.

In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.

For consumers living in private ICF/MR homes, this indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SHE, SEI.

130. D 23 The individual's record contains necessary notifications, including information shared with the individual and their representatives.

The intent of this indicator is to ensure that there is documentation available to show that the individual and his or her representatives have been properly notified as required.

Refer to IP. 1 Information Profile - Notifications and Reviews Section.

Refer to IP.6, Summary of Supports and Services.

In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.

For consumers living in private ICF/MR homes, this indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SHE, SEI.

Refer to DDS CLA Licensing Regulation: 15a1

131. D 26 The individual's record contains necessary Human Rights Committee (HRC), Program Review Committee (PRC), and consent documents, as applicable.

The intent of this indicator is to ensure that there are applicable HRC, PRC and consents available in the individual's record as required.

Consents include those addressed during annual planning by the Case Manager. Consents include, as applicable (but not limited to): use of behavior modifying medication, use of restrictive programs and/or procedures, administration of medication, routine medical treatment, emergency medical treatment, medication disposal, photo release, release of confidential information and consent for pre-sedation for medical and dental procedures (as needed). There is evidence that the individual or his or her guardian controls access to personal information.

Initial consent is required for routine medical treatment and additional consent is required for non-routine invasive procedures, as needed.

If applicable, documentation of PRC and HRC reviews are on file, including documentation of follow-up to qualifications.

Refer to P&P I.E.PO.003 subject: Behavior Modifying Medications
I.E.PR.003 subject: Behavior Modifying Medications (Attachment A) & See D1B, D2C&D
I.E.PO.004 subject: Program Review Committee
I.E. PR. 004 subject: Program Review Committee
I.E. PR. 006 subject: Pre-Sedation for Medical/Dental Procedures

In a family setting (FAM), review the Case Management file only when there is not an agency providing the FAM supports. When an agency is providing the FAM supports, review the agency's records for the individual.

Note: PRC does NOT review psychotropic medications for individuals living with their families. PRC policy does apply if staff use restrictive programs with individuals living in their family homes.

Refer to DDS CLA Licensing Regulation: 15a1, 15b1, 15b2, 15b3B, 18a2A, 18a2B, 18a2C, 18a2D

Report Filters:

Service: "CTH" Active Indicator? "Yes"

132. D 27 The individual's record identifies that required procedures were followed if his or her rights were restricted.

The intent of this indicator is to ensure that there is documentation available showing that required procedures were followed if the individual's rights were restricted.

Refer to documents such as the Individual Plan, Behavioral Support Plan or DDS Incident Reports (DDS 255) to discover if the individual's rights have been restricted.

Refer to relevant Policies and Procedures (e.g., restraint and/or aversive program methods). Restrictions may include buzzers installed on doors to restrict movement, and physical restraint or aversive program methods. Check for approval by PRC and/or HRC. Procedures are followed as designed and associated documentation is complete.

In a family setting (FAM), review the Case Management file only when there is not an agency providing the FAM supports. When an agency is providing the FAM supports, review the agency's records for the individual.

Refer to DDS Procedure I.E.PR.002 - Behavior Support Plans

Refer to DDS CLA Licensing Regulation: 15a, 15b1, 15a4

133. D 27d Approved behavioral techniques are used when an emergency restraint occurs.

The intent of this indicator is to ensure that approved behavioral techniques are used when an emergency restraint occurs and proper documentation of the emergency restraint is available.

Review records, including staff notes, the behavioral support plan, behavior data, DDS 255s to see if unapproved behavioral techniques or unauthorized restraint has been documented as having been used for the individual. Documentation of approved behavioral techniques includes proper notification of the use of emergency restraint, appropriate team notification and review of restraint, as required.

Refer to list of DDS approved curriculum of restraints, PR.009 attachment I.

Refer to DDS Procedure I.E.PR.002 - Behavior Support Plans

Refer to DDS CLA Licensing Regulation: 15b1, 15b5

134. D 58 The individual has been informed of the complaint procedure to follow if he or she is not satisfied with his or her services and supports.

The intent of this indicator is to ensure that there is documentation available to show that the individual and his or her representatives have been informed of the complaint procedure to follow if he or she is not satisfied with the services and supports being reviewed.

Refer to agency policy and see if there is a documented complaint process. Documentation may include but is not limited to: consumer handbook, resident rights, agency policy, etc.

Verify that the individual and/or guardian have signed an acknowledgement of the agency's grievance procedure.

In a family setting (FAM), review the Case Management file only when there is not an agency providing the FAM supports. When an agency is providing the FAM supports, review the agency's records for the individual.

135. D 39 The individual's record contains documentation on DDS Form 255's for incidents of injury, restraint, unusual incidents and medication errors.

The intent of this indicator is to determine that the provider is maintaining a copy of DDS 255's & 255m's at the service location. Review the individual's file to see if the DDS 255's & 255m's are on file for incidents involving injuries, unusual incidents, hospitalizations including ER & Walk-in visits, use of restraint and medication errors.

Refer to DDS Procedure I.D.PR.009 Incident Reporting. This procedure delineates a standard process for reporting, documentation and follow-up.

For Individuals who live in Own/Family Home and receive DDS funded services, refer to I.D.PR.009a.

In a family setting (FAM), review the Case Management file only when there is not an agency providing the FAM supports. Documentation may be found in the family home for people who hire their own staff. The reviewer should ask the individual or personal representative if there is any documentation kept in these areas. Otherwise, documentation will be maintained in the case management record and with the FI record. When an agency is providing the FAM supports, review the agency's records for the individual.

Refer to DDS CLA Licensing Regulation: 15a4B, 15a4D, 16a, 16b, 16c

Report Filters:

Service: "CTH" Active Indicator? "Yes"

136. D 54 The individual has not experienced abuse or neglect.

The intent of this indicator is to determine if the individual has experienced substantiated abuse and/or neglect involving the service being reviewed.

The reviewer shall reference eCamris prior to the review to identify reports of abuse or neglect.

At the time of the review, the reviewer shall ask the provider to identify reports of abuse or neglect.

Rate "Not Met" if the individual has experienced substantiated abuse or neglect during the review period.

Rate "Not Rated" if an investigation is pending.

This indicator shall not be rated "N/A".

In a family setting (FAM), review the Case Management file only when there is not an agency providing the FAM supports. When an agency is providing the FAM supports, review the agency's records for the individual.

Refer to DDS CLA Licensing Regulation: 15a4a, 15a4C

Refer to DDS Policy and Procedure:
I.F. PO.001: Abuse and Neglect
I.F. PR.001: Abuse and Neglect, Allegations: Reporting and Intake Processes
I.F. PR.003: Abuse and Neglect, Investigation: Assignment, Tracking, Review, Completion
I.F. PO.004: Abuse and Neglect: Recommendations and Prevention Activities

137. D 46 The individual's record shows policies and procedures were followed, and follow-up to Abuse and Neglect concerns regarding the individual, including notification to families.

The intent of this indicator is to verify that policies and procedures were followed if there was a report of abuse or neglect, including documentation detailing follow-up and notification to families and guardians.

Refer to DDS Policy and Procedure I.F.PO.001, Abuse and Neglect.

Refer to DDS Procedure I.F.PR.002, Abuse and Neglect/Notification.

The individual's record verifies that all allegations of abuse or neglect were made within required time frames ("report, or cause a report to be made to Office of Protection and Advocacy [OPA] as soon as is practically possible upon noticing or learning of the suspected abuse or neglect"/DMR OPA Interagency Agreement) and to appropriate agencies: OPA if the individual is between 18-59 years of age; Department of Children and Families (DCF) if the individual is under 18 years of age; Department of Social Services (DSS) if the individual is 60 years of age or over; and Department of Public Health (DPH) if a medical facility or provider is licensed by the DPH.

Documentation verifies an investigation was completed, with a subsequent determination. If abuse or neglect was substantiated, and recommendations were a result of that determination, documentation verifies implementation of the recommendations. If recommendation(s) were not implemented, documentation reflects rationale for no implementation.

If the individual is between 18-59 years of age, Protective Services, or Immediate Protective Services, may be warranted and imposed by the OPA. Protective Services are actions intended to prevent abuse or neglect, and include, but are not limited to: the provision of medical care for physical and mental health needs; the provision of support services in the facility (if applicable), including the time limited placement of department staff in such facility; the relocation of a person with mental retardation to a facility able to offer such care; assistance in personal hygiene; food; clothing; adequately heated and ventilated shelter; protection from health and safety hazards; protection from maltreatment, the result of which includes, but is not limited to, malnutrition, deprivation of necessities or physical punishment; and transportation necessary to secure any of the above-stated services. Documentation verifies the development and submission to the OPA of a Protective Service Plan within fifteen calendar days from receipt of the investigation report. The commencement of Immediate Protective Services shall occur prior to receipt of the completed investigation report.

Subsequent to the initial provision of protective services, the individual's record contains evidence of review of the plan, including meeting with the individual at least once every six months, to determine whether continuation or modification of the services is warranted. The review of the protective service plan also verifies implementation across all applicable settings.

In a family setting (FAM), review the Case Management file only when there is not an agency providing the FAM supports. When an agency is providing the FAM supports, review the agency's records for the individual.

Refer to DDS CLA Licensing Regulation: 15a4A, 15a4C, 15a4D

Report Filters:

Service: "CTH" Active Indicator? "Yes"

138. D 7b Support providers carry out all health related orders as determined by health care professionals.

Documentation shall reflect that the individual's support team and health care provider(s) have considered and implemented all health related orders and recommendations. This applies to medical treatment, special dietary requirements, occupational therapy, physical therapy, and other therapeutic services.

Refer to IP.4 – Assessments, Screenings, Evaluations and Reports. Refer to DDS Health Standard #09-1, Routine Preventative Health Care and Attachment A, Minimum Preventative Care Guidelines.

For review purposes, D7b does not apply to medication administration or dental orders.

In a family setting (FAM), documentation may be found in the family home for people who hire their own staff. The reviewer should ask the individual or personal representative if there have been any medical visits and if there is any documentation kept in these areas e.g. calendar. The reviewer should rate "met" when the family reports that they have had a medical appointment even if documentation is not available. Families often do not keep documentation of visits and do not send all information to their Case Manager; otherwise, documentation will be maintained in the case management record.

When an agency is providing the FAM supports, review the agency's records for the individual.

Refer to DDS CLA Licensing Regulation: 18a3A, 18a4B, 18c2

139. D 8 There is evidence the individual experiences prompt treatment, management and follow-up services for his or her health issues upon identification.

The intent of this indicator is to verify the individual has experienced timely treatment and ongoing care for non-routine and unexpected health issues. If a non-routine, significant and unexpected health issue is identified (e.g., a fall, an unexpected seizure), there is documentation that initial treatment is prompt, recommendations for further treatment are acted on, and designated follow-up occurs in a timely manner.

Refer to IP.4 – Assessments, Screenings, Evaluations and Reports and other forms of documentation, e.g. progress notes, logbooks, etc. If nursing oversight is being provided, any changes in health status should be reflected in nursing documentation in the individual's medical record.

Refer to applicable DDS Medical Advisories and Health Standards.

In a family setting (FAM), documentation may be found in the family home for people who hire their own staff. The reviewer should ask the individual or personal representative if there have been any medical visits and if there is any documentation kept in these areas e.g. calendar. The reviewer should rate "met" when the family reports that they have had a medical appointment even if documentation is not available. Families often do not keep documentation of visits and do not send all information to their Case Manager; otherwise, documentation will be maintained in the case management record.

When an agency is providing the FAM supports, review the agency's records for the individual.

Refer to DDS CLA Licensing Regulation: 18a3A, 18a4A, and 18a4B

140. D 6 There is evidence that the individual has the needed support to manage his or her medication.

Documentation shall identify the support the individual requires to manage his or her medications. Depending upon the individual's assessed need, the support of medication management can be part of a daily routine or an individual teaching plan.

Refer to physician's orders, medication administration record (MAR), Self-Administration of Medication Assessment and IP as applicable.

Self-Administration of Medication Assessments: All individuals are required to have a baseline assessment on file. The RN must identify on at least an annual basis that the assessment remains current. An updated assessment shall be completed whenever there is a change in the individual's self-administration abilities.

141. D 27c Behavior modifying medications are managed consistent with the physician's treatment plan.

Review the physician's treatment plan and related documentation for consistent implementation (e.g., how often blood work is done, how often TD screens are completed, other treatment directives, monitoring of side effects). Compare physician's orders with the individual's treatment plans.

Verify that TD screenings and blood work are completed as recommended, psychiatrist appointments are attended as designated, medications are reviewed and changes are documented and current, the medication administration record (MAR) is checked for behavior medication administration and the monitoring of side effects, and behavior support plans are consistent with the physician's treatment plan.

In DSO, GSE, SHE: Check the physician's orders and medication administration record (MAR) for behavior medication administration. Related documentation that is not the responsibility of the day service provider (bloodwork, TD screens, etc.) may not be required to be in the record.

Refer to DDS CLA Licensing Regulation: 15b2, 18a1

142. D 32 The individual's record documents monitoring of medications and side effects.

The intent of this indicator is to determine if the individual's record documents that provider licensed personnel are monitoring the individual's medications and side effects. Check the individual's medication administration record (MAR) to ensure that his or her medications are administered as prescribed.

If the Self-Medication Administration Assessment identifies the individual is independent in self-administering medication and receives nursing oversight, the individual's progress reviews shall identify that a registered nurse monitors the administration of medication, including any adverse side effects. For self-administering individual's who live in their own home with no nursing support, rate "N/A".

Refer to DDS CLA Licensing Regulation: 18a1

Report Filters:

Service: "CTH" Active Indicator? "Yes"

143. D 29 The individual's personal finances are protected through systematic record keeping.

The intent of this indicator is to ensure that individual's personal monies are maintained and accounted for.

Refer to provider policies and procedures for management of client funds. Refer to DDS Procedures for Handling Client Monies. Refer to IP.1 and IP Personal Profile, to determine the individual's capability in managing his/her finances and the level of assistance needed. Ensure that individual is receiving earned and unearned income (DSS personal needs allowance).

Refer to I.F.ADV.001, The Use of Client's Personal Funds for Transportation to and from or while at a DDS Funded Day Program; I.F. ADV.003, The Use of Client's Personal Funds for Donations to Their Support Provider; and I.F. ADV. 004, Use of Consumer Funds to Procure Prescription and Nonprescription Medications and Outpatient Services

In OHSL, CRS, CLA, CTH and RC, this refers to the individual's personal finances at home as well as bank accounts (checking accounts, savings accounts, etc). Review cash on hand balance sheets, cash on hand, check registers, checking account statements, saving statements, paystubs, bills and receipts. Ensure adequate documentation of all income and expenses. Ensure that expenses benefit the personal needs of the individual.

In DSO, GSE and SHE, this applies to funds maintained at the program site. Review balance sheets and cash on hand.

In RES, refer to DDS Family Respite Center form, Attachment J, Personal Spending Sheet.

If the IP clearly states that the individual or family is responsible for managing the individual's finances and the provider is not responsible, rate "N/A".

Refer to DDS CLA Licensing Regulation: 19a1, 19a3

144. D 30 The individual's personal finances are protected through periodic financial record audits.

The intent of this indicator is to determine if the provider is protecting the individual's personal finances (e.g., ledger, checking and savings accounts, etc.) by conducting periodic financial record audits. Internal provider audits should be completed by an individual who does not regularly handle the individual's finances. Review completed audits and ensure audit recommendations are implemented. Refer to provider policies and procedures regarding systems for auditing individual's personal finances.

For public services, refer to DDS Procedure I.F.PR.007, Personal Funds Financial Management.

Refer to DDS I.F. Directives and Advisories: Adv.001 – Use of client personal funds for transportation. Adv.003 – Use of clients' personal funds for donation to the support provider. Adv.004 – Use of clients' funds to procure prescription & non-prescription medications and outpatient services.

If the IP clearly states that the individual or family is responsible for managing the individual's finances and the provider is not responsible, rate "N/A".

Refer to DDS CLA Licensing Regulation: 19a1

145. D 31 The individual has money to buy necessary personal items and participate in community activities.

The intent of this indicator is to determine if the individual has access to financial resources to purchase needed personal items and participate in community activities. Review balance sheets, receipts and individual's leisure record to ensure opportunities for participating in community activities are provided and needed personal items are purchased.

Refer to DDS CLA Licensing Regulation: 19a1

146. D 41 The individual's personal finances, including assets, and personal property are being managed and monitored responsibly.

The intent of this indicator is to determine if the individual's property and assets are monitored responsibly. Refer to provider policies and procedures for management of client assets and property. Refer to IP, Personal Profile, to determine the individual's capability in managing his/her finances and the level of assistance needed. Refer to asset/account statements. Ensure that all monies are secured. Ensure that individual is receiving earned and unearned income (DSS personal needs allowance), maintaining balances within third party funding asset limits and paying bills in a timely manner. Ensure that expenses benefit the personal needs of the individual. In CLAs, refer to individual's personal property inventory and determine if personal property observed through course of review is included in inventory. Determine if inventories are updated as needed when purchases are made.

For public services, refer to DDS Procedure I.F.PR.007, Personal Funds Financial Management.

Refer to DDS I.F. Directives and Advisories: Adv.001 – Use of client personal funds for transportation. Adv.003 – Use of clients' personal funds for donation to the support provider. Adv.004 – Use of clients' funds to procure prescription & non-prescription medications and outpatient services.

If the IP clearly states that the individual or family is responsible for managing the individual's finances and the provider is not responsible, rate "N/A".

Refer to DDS CLA Licensing Regulation: 15a3, 19a1, 19a2, 19a4

147. D 47 There is evidence that emergency plans as required by policy and procedures are in place.

The emergency plan addresses the supports each individual requires to evacuate safely (e.g., independently evacuates, needs verbal or physical assistance), identifies individuals' ambulation capability and level of supervision needed, medical needs, the support person/staff levels and responsibilities, and any physical environment or fire safety accommodations (fire doors, sprinklers, egress doors, smoke detectors, fire extinguishers, etc.).

Refer to DDS Fire Safety and Emergency Guidelines.

Refer to DDS CLA Licensing Regulation: 12a

Report Filters:

Service: "CTH" Active Indicator? "Yes"

148. D 35 Support person training regarding the individual's health, safety, and plan is documented.

The intent of this indicator is to determine if the support person interviewed for the review is trained in all areas necessary to support the individual. Refer to the individual's IP to determine training needs including additional training/qualifications identified in IP-7. There is documentation that the support person is trained within 30 days of hire and prior to working alone regarding the individual's health, safety and programmatic support needs including the IP, LON and DDS Aquatic Safety Screening. This may include training on the individual's behavior support plan, dietary needs, OT/PT protocols, nurse delegated tasks, etc. Individual-specific training will occur at least annually and whenever there are changes in the individual's health, safety and plan.

Additionally, in all services in which there is a public or private provider agency delivering services, there is documentation that the support person is trained in the following areas:

Within 30 days of hire and prior to working alone:
Active DDS Safety Alerts

(Training will occur on an ongoing basis as new Active DDS Safety Alerts are issued)

Within 30 days of hire, prior to working alone, and every calendar year between March 1 – May 1
Water Safety Policy and Procedure

Within 30 days of hire, prior to working alone and, annually thereafter:
Blood borne Pathogens
Water Safety Policy and Procedure (within 30 days of hire and every calendar year between March 1 – May 1)
Emergency Procedures including the Red Book/Emergency Relocation Plan
DDS Fire Safety

Within 30 days of hire, prior to working alone, and every two years thereafter:
Provider Policies and Procedures
Dysphagia
Communicable Disease Control
Hazardous Materials Handling
Signs and Symptoms of Disease and Illness
Basic Health and Behavioral Needs

Within 30 days of hire, prior to working alone, and at a frequency determined by the provider:
HIPAA and confidentiality

Within six months of hire and every two years thereafter:
Individual Program Planning Process
First Aid (note: Where certification exceeds this timeframe, for example Red Cross, this shall be considered met.)
Behavioral Emergency Techniques (note: the retraining requirements of the DDS-approved curriculum must be implemented to be considered met, for example PMT).

Additionally, in CLAs:
Within 30 days of hire and prior to working alone, and every two years thereafter:
Routines of the residence

Refer to provider staff development policies and procedures to determine if any additional provider-mandated training is completed as required.

When providers utilize the "train the trainer" model for training staff, there should be documentation on file to show that the subject matter expert – topic specialist (for example, OT, PT) trained a staff person or the nurse to train others.

Refer to:
DDS Policy II-D-PO-5, "Staff Training"
DDS Procedure I.PR.E.001, "Water Safety Procedure"
CLA Licensing regulation, 17a-227-14
DDS Health Standard 07-01, "Dysphagia"
DDS Safety Alerts
DDS "Fire Safety Prevention, Safety Training and Awareness"
Department of Labor (OSHA) Standard

149. D 37 There is documentation that at least one support staff on duty per shift is currently trained in cardiopulmonary resuscitation (CPR).

The intent of this indicator is to determine if there is one support person per shift currently trained in CPR. Refer to the weekly support person schedule and sample the shift prior to the review, the shift on which the review is conducted and the shift after the review (for a total 24 hour period). Then, refer to CPR training documentation to ensure that at least one support person per shift is currently CPR trained.

Activity schedules should take into account the availability of CPR certified support staff both at the service location and in the community including transportation.

Refer to DDS CLA Licensing Regulation: 14d

Report Filters:

Service: "CTH" Active Indicator? "Yes"

150. D 55 The support person has documented training regarding individual rights.

The intent of this indicator is to determine that the support person who is interviewed for this review has documentation of training in human rights. Refer to provider policies and procedures regarding the frequency of this training.

In a family setting (FAM), when there is not an agency providing the FAM supports, review the Fiscal Intermediary record. When an agency is providing the FAM supports, review the agency's records.

151. D 56 The support person has documented training regarding abuse and neglect reporting and prevention.

Review the training record of the support person interviewed for this QSR to determine that annual Abuse and Neglect reporting and prevention is documented.

Refer to DDS Policy and Procedure:
I.F. PO.001: Abuse and Neglect
I.F. PR.001: Abuse and Neglect, Allegations: Reporting and Intake Processes
I.F. PO.004: Abuse and Neglect: Recommendations and Prevention Activities

In a family setting (FAM), when there is not an agency providing the FAM supports, review the Fiscal Intermediary record. When an agency is providing the FAM supports, review the agency's records.

Refer to DDS CLA Licensing Regulation: 14c3