

CTH Indicators

CI Consumer Interview

1. CI 1 Are you happy with where you live?

The intent of this indicator is to determine the person's level of satisfaction with his or her life experience in the home. Tell me about your home. How long have you lived here? What are the things you like about living here? 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, what don't you like about it?

When interviewing, an individual may be reluctant to speak negatively about others (e.g., people living with them at home, staff, family members) or their life circumstances.

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Case Manager

2. CI 56 Are you happy with the people who provide help and assistance to you at home or at your job?

The intent of this indicator is to determine the individual's level of satisfaction with his or her support persons at the service being reviewed.

For example, for a day service, ask about daytime support person; at a work service, ask about happiness with work support persons; at a residential setting, ask about happiness with home support persons. An open, general question such as "Tell me what it's like to get help from the people who support you here" is suggested to avoid a yes or no response.

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Case Manager

3. CI 22 Who chooses activities that you participate in?

The intent of this indicator is to determine the amount of choice/input the person has in determining his or her activities within the service being reviewed. Where do you go during the week? Who makes the decision to go to these places? Do you go shopping? Do you go out for entertainment? Do you go to meetings in the community? What activities do you like to do? Are you able to do these things? Who makes the decision on where you go for fun?

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Case Manager

4. CI 58 Do you have ways to express your ethnicity, cultural heritage, and religious preference if you want?

The intent of this indicator is to determine if the person has opportunities to express his or her cultural preferences as he or she desires. Do you celebrate certain holidays? Do you have special traditions? Do you speak another language? Do you have favorite ethnic foods? Do you have a religious preference? Do you attend religious services?

Consider how important cultural identity and preference is to the person being interviewed. Observe the individual in his/her environment and review the IP for expressions of cultural heritage and/or ethnic or religious preference. Ask the person about those things (e.g., native language, nationality flags, religious statues, artwork that reflects heritage and culture, etc.).

If the individual identifies no preferences, rate "Met". "N/A" should not be used for this indicator.

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5. CI 41 Are you working on things that you identified at your planning meeting? What things are you working on now?

The intent of this indicator is to determine if the individual is working on his or her personal goals at the service being reviewed. Review the IP Action Plan to determine if what the individual communicates to you is consistent with what is described in his or her plan.

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Case Manager

6. CI 60 Do you know how to ask for help if somebody is hurting you or someone else?

The intent of this indicator is to determine if the individual can effectively ask for help if someone is hurting him or her or others. What would you do if you felt in danger in the community or at home? Who would you tell?

Connecticut General Statutes 17a-238(b) states that individuals "shall be protected from harm and receive humane and dignified treatment which is adequate for such person's needs and for the development of such person's full potential at all times".

If an Immediate Jeopardy situation, refer to: J1 Abuse or Neglect Observed or Reported.

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Case Manager

O Observation Observation

7. O 1 The individual likes others he or she spends time with.

The intent of this indicator is to determine if the individual is comfortable around people he or she spends the most time with including housemates, support staff, and/or co-workers. The individual is at ease, may smile or show other signs of feeling content. Other people are friendly and speak respectfully to the person. The individual interacts with others during the course of experiences observed. Consider body language and other means of communication.

RES: The individual's visit at the respite is with others with whom he or she is compatible.

OH/SL: Rate only if others are present. Others can include: housemates, guests, support staff, etc.

FAM: If the individual lives with his or her family, do not rate the person's relationship with family members. Rate based on observations between paid support persons and the individual.

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Case Manager

8. 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.

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Case Manager

9. 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)

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Case Manager

10. 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.

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11. 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".

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Case Manager

12. 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.

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13. 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.

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Case Manager

14. 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

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Case Manager

D Documentation Documentation

15. 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 communicated to the individual by a support team member and the nature and date of this communication is to be documented in 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 (NR) 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

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Case Manager Supervisor

16. D 2

The Individual Plan is developed on a timely basis.

Refer to Policy No. I.C.1.PO.002 Subject: Individual Planning: [When a person is determined to be eligible for services of the department, and he or she is determined by PRAT to begin receiving services], "The person's assigned case manager will ensure that an initial individual plan will be developed within 60 days of the [case manager's] initial visit. A new individual plan will be developed within 60 days when an individual moves to a new residence."

Refer to "A Guide to Individual Planning": Individual Planning Timeframe – At a minimum, Individual Plans will be developed for persons on the waiver annually. For HCBS waiver recipients, the plan must be reviewed within 365 days of the prior plan date.

For CLAs only, per regulation: "The plan shall be developed no longer than 45 days from the time the individual is admitted. Time frames may be specified due to individual needs but not for the convenience of staff." "If an individual exceeds 30 days in respite status, the licensee shall conduct an IDT meeting within 10 working days following the expiration of the 30 day respite status to identify and implement priority health and habilitative needs."

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.

Refer to DDS CLA Licensing Regulation: 17b, 17c, 17k

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Case Manager Supervisor

17. D 3

Each HCBS Waiver service relates to an identified need in the Individual Plan.

Each HCBS Waiver service in IP.6: Summary of Supports and Services relates to an identified need in the IP.5: Action Plan or IP.2: Personal Profile.

Refer to "A Guide to Individual Planning": The Summary of Supports and Services, IP.6, identifies the individual's support providers. The information documented in the plan should include the agency or individual who will provide support, the type of service or support and the amount of service or support. IP's that include waiver services should specify which waiver service(s) to be provided (ex. Personal Support, Group Supported Employment, Respite, Consultative Services). This Section should also include the type and frequency of contact the case manager will have with the person. For individuals who self-direct, the Summary of Supports and Services does not have to include specific costs associated with hiring staff such as workers compensation or background checks.

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.

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Case Manager Supervisor

18. D 4

The individual's preferences and personal goals are identified in his or her plan.

Refer to IP.2, Personal Profile and IP.3, Future Vision. The individual's preferences can include relationships with family and friends, routines, community participation, ethnic, cultural, and religious identities, a vision for the future, 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.

Refer to DDS CLA Licensing Regulation: 17f

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Case Manager Supervisor

19. D 13

The individual's plan indicates he or she is working on chosen goals.

The individual is working on one or more chosen goal(s) that reflect his or her interests and life circumstances.

The individual's planning process includes the identification of personal goals, desired outcomes and personal preferences as reflected in IP.2: Personal Profile, IP.3: Future Vision, I.P. 5: Action Plan, IP.9: Individual's Participation in the Planning Process and IP.12: Periodic Review of 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, and SEI.

Refer to DDS CLA Licensing Regulation: 17d, and 17f

This indicator will be considered "Met" when the individual's record notes that the individual is working on one or more chosen goals.

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Case Manager Supervisor

20. D 5a

The individual's record contains necessary and current health assessments, screenings, evaluations, reports and/or profiles.

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.

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 identified as needed must be referenced in the Action Plan, IP.5 and should be completed within three months. However, any issue or concern that poses an immediate risk must be addressed immediately.

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

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 Regulation: 17e, 17k
17k states the OPS planning process shall be conducted annually based on an annual assessment of the individuals functioning skills.

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).

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Case Manager Supervisor

21. D 5b

The individual's record contains necessary and current safety assessments, screenings, evaluations, reports and/or profiles.

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.

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.

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.

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 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 Regulation: 17e, 17k
17k states the OPS planning process shall be conducted annually based on an annual assessment of the individuals functioning skills.

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).

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Case Manager Supervisor

22. D 5c

The individual's record contains necessary and current programmatic assessments, screenings, evaluations, reports and/or profiles.

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.

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.

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).

For DDS Family Respite Centers, refer to the Guest Profile and other respite documents identified in DDS procedures.

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

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 Regulation: 17e, 17k
17k states the OPS planning process shall be conducted annually based on an annual assessment of the individuals functioning skills.

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Case Manager Supervisor

23. 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

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Case Manager Supervisor

24. 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

. **CTH** -

Case Manager Supervisor

25. 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.

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Case Manager Supervisor

26. D 16

The individual's choice of service options and support providers are reflected in his or her Individual Plan.

Refer to IP.6, Summary of Supports and Services. Refer to the IP.1, Information Profile to see that the individual was notified of service options and choices in the Notification and Reviews section.

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.

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Case Manager Supervisor

27. D 19

The individual's record indicates the case manager shared information with the person and his or her representatives and was supported to choose his/her service options, providers and degree of self-direction and management, as desired.

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

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.

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Case Manager Supervisor

28. D 22

There is evidence that the individual has the support of a guardian or advocate as needed.

The intent of this indicator is to determine that there is documentation identifying the individual's guardianship status. There shall be documentation that the individual's guardianship is reviewed by the Probate Court at least every three years. State law was amended in 2004 such that, for persons DDS determines to be "severe" or "profound", DDS need not submit a report for the 3-year review, unless specifically required by the Probate Court.

There shall be evidence that the individual's team has addressed any identified need for an advocate, guardian or a change in guardianship.

Refer to IP.9: Summary of Representation, Participation and Plan Monitoring under Choice and Decision-Making.

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 Regulation: 16f

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Case Manager Supervisor

29. D 24

The Individual Plan identifies the supports the individual needs to manage his or her finances.

Refer to IP.2: Personal Profile Finances Section, IP.5 Action Plan for the individual's financial management supports.

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.

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Case Manager Supervisor

30. D 42

The individual's record documents that applications/redeterminations for Medicaid Title 19 and other entitlements and benefits have been processed.

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

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Case Manager Supervisor

31. D 43b

After the IP development, providers obtain needed assessments, screenings evaluations reports and/or profiles and/or follow-up on recommendations.

The intent of this indicator is to determine if providers have obtained needed assessments, screenings, evaluations, and reports in a timely manner. Refer to IP.4 Assessments, Screenings, Reports, and Evaluations, and the IP.5 Action Plan to determine if these have been addressed within the timeframes specified in the IP.

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Case Manager

32. 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

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Case Manager Supervisor

33. 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 Plan or Periodic Review that demonstrates that if the person 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.

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.

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Case Manager Supervisor

34. D 36

The Individual Plan identifies additional qualifications and training required for staff to adequately support the person, 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.

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Case Manager Supervisor

35. D 48

For HCBS Waiver recipients, the Individual Plan HCBS Redetermination Form is complete and current.

The intent of this indicator is to ensure that 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.

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.

If the individual is not on a waiver, rate as "N/A".

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Case Manager Supervisor

36. D 20

The Individual Plan is modified based on changes in the individual's life goals or circumstances and preferences.

The intent of this indicator is to ensure that there is documentation to show that 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.

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. A formal review of the individual plan may be requested at any time by a planning and support team member. Substantial changes in the person's Individual Plan require formal agreement and documentation by the planning and support team. Revisions to the Individual Plan shall be documented on the plan or the Individual Progress Review.

Rate "N/A" if no major/significant life changes have occurred.

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

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Case Manager Supervisor

37. 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.

. **CTH** -

Case Manager Supervisor

38. D 23

The individual's record contains necessary notifications.

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.

Notifications should include all those listed in IP. 1: Information Profile, Notifications and Reviews Section.

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 Regulation: 15a1

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Case Manager Supervisor

39. 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

. **CTH** -

Case Manager Supervisor

40. D 40

Individual's incidents and accidents are reported, investigated and followed-up as appropriate.

The intent of this indicator is to determine if the provider is routinely reporting all incidents and accidents using the DDS 255 Incident Report Forms and Critical Incident Follow-Up Form as necessary.

Verify that Follow-up is complete for all incidents and accidents that warrant follow up (e.g., follow-up may be by a nurse, team, clinician or other professional).

Discovery of accidents and incidents may occur in the course of reviewing documentation in general. For example, a provider log or nursing progress notes may indicate an occurrence of an incident or accident. If so, look for related incident and accident reports completed by the provider.

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.

. **CTH** -

Case Manager

41. D 46

The individual's record shows follow-up to Abuse and Neglect concerns regarding the individual, including notification to families.

The intent of this indicator is to verify that there is documentation detailing follow-up to abuse and neglect concerns, including notification to families and guardians.

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

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

. CTH -

Case Manager Supervisor