

Report Filters:

Indicator Category: "D" Service: "CLA3-","CLA4+","CRS","DSO","FAM","GSE","OH SL","RC","RES","SEI","SHE" Active Indicator? "Yes"

[RFU?](#)

D Documentation

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.

[Pending](#)

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

Reg	.	CLA3-	-
Reg	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	SEI	-
-	.	SHE	-

Report Filters:

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[RFU?](#)

: D 57

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

[Yes](#)

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".

- R CLA3- -
- R CLA4+ -
- R CRS -
- R DSO -
- R FAM -
- R GSE -
- R OH SL -
- R RC -
- R RES -
- R SEI -
- R SHE -

: D 2

The Individual Plan is developed on a timely basis.

[Pending](#)

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

- Reg . CLA3- -
- Reg . CLA4+ -
- . CRS -
- . DSO -
- . FAM -
- . GSE -
- . OH SL -
- . RC -
- . SEI -
- . SHE -

Report Filters:

Indicator Category: "D" Service: "CLA3-","CLA4+","CRS","DSO","FAM","GSE","OH SL","RC","RES","SEI","SHE" Active Indicator? "Yes"

[RFU?](#)

D 43a

The plan is implemented on a timely basis.

[Pending](#)

The intent of this indicator is to determine if the provider has implemented the components of the IP they are responsible for in a timely manner. Time frames for 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.

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 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.

Refer to CLA Licensing Regulations: 17b, 17c, 17l

Reg	.	CLA3-	-
Reg	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	SEI	-
-	.	SHE	-

D 11a

Demographic and personal information is maintained in the individual's record.

[Pending](#)

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

Reg	.	CLA3-	-
Reg	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	SEI	-
-	.	SHE	-

Report Filters:

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RFU?

i D 3

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

Pending

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.

- . **CLA3-** -
- . **CLA4+** -
- . **CRS** -
- . **DSO** -
- . **FAM** -
- . **GSE** -
- . **OH SL** -
- . **RC** -
- . **SEI** -
- . **SHE** -

' D 4

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

Pending

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

- Reg** . **CLA3-** -
- Reg** . **CLA4+** -
- . **CRS** -
- . **DSO** -
- . **FAM** -
- . **GSE** -
- . **OH SL** -
- . **RC** -
- . **RES** -
- . **SEI** -
- . **SHE** -

Report Filters:

Indicator Category: "D" Service: "CLA3-","CLA4+","CRS","DSO","FAM","GSE","OH SL","RC","RES","SEI","SHE" Active Indicator? "Yes"

RFU?

D 13

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

Pending

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.

Reg	.	CLA3-	-
Reg	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	SEI	-
-	.	SHE	-

D 17

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

No

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

Reg	.	CLA3-	-
Reg	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	RES	-
-	.	SEI	-
-	.	SHE	-

Report Filters:

Indicator Category: "D" Service: "CLA3-","CLA4+","CRS","DSO","FAM","GSE","OH SL","RC","RES","SEI","SHE" Active Indicator? "Yes"

RFU?

D 5a

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

Pending

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).

Reg	.	CLA3-	-
Reg	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	RES	-
-	.	SEI	-
-	.	SHE	-

Report Filters:

Indicator Category: "D" Service: "CLA3-","CLA4+","CRS","DSO","FAM","GSE","OH SL","RC","RES","SEI","SHE" Active Indicator? "Yes"

RFU?

D 5b

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

Pending

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).

Reg	.	CLA3-	-
Reg	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	RES	-
-	.	SEI	-
-	.	SHE	-

Report Filters:

Indicator Category: "D" Service: "CLA3-","CLA4+","CRS","DSO","FAM","GSE","OH SL","RC","RES","SEI","SHE" Active Indicator? "Yes"

RFU?

D 5c

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

Pending

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.

Reg	.	CLA3-	-
Reg	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	RES	-
-	.	SEI	-
-	.	SHE	-

Report Filters:

Indicator Category: "D" Service: "CLA3-","CLA4+","CRS","DSO","FAM","GSE","OH SL","RC","RES","SEI","SHE" Active Indicator? "Yes"

[RFU?](#)

D 9

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

[Pending](#)

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

Reg	.	CLA3-	-
Reg	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	SEI	-
-	.	SHE	-

D 10

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

[Pending](#)

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

Reg	.	CLA3-	-
Reg	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	SEI	-
-	.	SHE	-

Report Filters:

Indicator Category: "D" Service: "CLA3-","CLA4+","CRS","DSO","FAM","GSE","OH SL","RC","RES","SEI","SHE" Active Indicator? "Yes"

[RFU?](#)

D 12

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

[No](#)

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.

- . **CLA3-** -
- . **CLA4+** -
- . **CRS** -
- . **DSO** -
- . **FAM** -
- . **GSE** -
- . **OH SL** -
- . **RC** -
- . **SEI** -
- . **SHE** -

D 14

There is evidence that the individual effectively manages economic resources to meet living expenses for shelter, food, clothing and health care to the extent of his or her ability.

[Pending](#)

Refer to IP.5 Action Plan, IP.1 Information Profile, IP.2 Finances section. Review financial documentation including: Individual's budget plan, checkbook, bank statements, financial audits and billing notices.

- . **OH SL** -

D 16

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

[Pending](#)

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.

- . **CLA3-** -
- . **CLA4+** -
- . **CRS** -
- . **DSO** -
- . **FAM** -
- . **GSE** -
- . **OH SL** -
- . **RC** -
- . **SEI** -
- . **SHE** -

Report Filters:

Indicator Category: "D" Service: "CLA3-","CLA4+","CRS","DSO","FAM","GSE","OH SL","RC","RES","SEI","SHE" Active Indicator? "Yes"

RFU?

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.

Pending

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.

- . **CLA3-** -
- . **CLA4+** -
- . **CRS** -
- . **DSO** -
- . **FAM** -
- . **GSE** -
- . **OH SL** -
- . **RC** -
- . **SEI** -
- . **SHE** -

D 22

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

No

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

- Reg** . **CLA3-** -
- Reg** . **CLA4+** -
- . **CRS** -
- . **FAM** -
- . **OH SL** -
- . **RC** -

Report Filters:

Indicator Category: "D" Service: "CLA3-","CLA4+","CRS","DSO","FAM","GSE","OH SL","RC","RES","SEI","SHE" Active Indicator? "Yes"

RFU?

D 24 The Individual Plan identifies the supports the individual needs to manage his or her finances. Pending

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.

- . CLA3- -
- . CLA4+ -
- . CRS -
- . DSO -
- . FAM -
- . GSE -
- . OH SL -
- . RC -
- . SEI -
- . SHE -

D 28 The individual's record documents the support provided him or her to understand, obtain and maintain entitlements, benefits, and insurances. No

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

Refer to DDS CLA Licensing Regulation: 16h

- Reg . CLA3- -
- Reg . CLA4+ -
- . CRS -
- . OH SL -
- . RC -

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

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

- . CLA3- -
- . CLA4+ -
- . CRS -
- . DSO -
- . GSE -
- . OH SL -
- . RC -
- . SEI -
- . SHE -

Report Filters:

Indicator Category: "D" Service: "CLA3-","CLA4+","CRS","DSO","FAM","GSE","OH SL","RC","RES","SEI","SHE" Active Indicator? "Yes"

[RFU?](#)

D 43

Direct service providers maintain documentation of supports and services provided and progress made.

[Yes](#)

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 services and supports provided and progress made. Providers should maintain documentation of specific plans to implement goals identified in the Individual Plan. This includes documentation of individual progress, data and/or anecdotal notes, as applicable.

Review provider specific plans including teaching strategies, nursing plans of care, protocols and guidelines. 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.

Attendance records may also be reviewed.

Support providers who are hired directly by the person or family to provide support should document progress on specific personal outcomes and goals for which they are responsible.

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

Reg	R	CLA3-	-
Reg	R	CLA4+	-
-	R	CRS	-
-	R	DSO	-
-	R	GSE	-
-	R	OH SL	-
-	R	RC	-
-	R	RES	-
-	R	SEI	-
-	R	SHE	-

D 43b

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

[Pending](#)

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.

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	SEI	-
-	.	SHE	-

Report Filters:

Indicator Category: "D" Service: "CLA3-","CLA4+","CRS","DSO","FAM","GSE","OH SL","RC","RES","SEI","SHE" Active Indicator? "Yes"

RFU?

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

Pending

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

Reg	.	CLA3-	-
Reg	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	RES	-
-	.	SHE	-

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

Pending

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.

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	RC	-

Report Filters:

Indicator Category: "D" Service: "CLA3-","CLA4+","CRS","DSO","FAM","GSE","OH SL","RC","RES","SEI","SHE" Active Indicator? "Yes"

[RFU?](#)

D 33

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

[Pending](#)

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.

- . **CLA3-** -
- . **CLA4+** -
- . **CRS** -
- . **DSO** -
- . **FAM** -
- . **GSE** -
- . **OH SL** -
- . **RC** -
- . **RES** -
- . **SEI** -
- . **SHE** -

D 36

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

[Pending](#)

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.

- . **CLA3-** -
- . **CLA4+** -
- . **CRS** -
- . **DSO** -
- . **FAM** -
- . **GSE** -
- . **OH SL** -
- . **RC** -
- . **RES** -
- . **SHE** -

Report Filters:

Indicator Category: "D" Service: "CLA3-","CLA4+","CRS","DSO","FAM","GSE","OH SL","RC","RES","SEI","SHE" Active Indicator? "Yes"

[RFU?](#)

D 48 For HCBS Waiver recipients, the Individual Plan HCBS Redetermination Form is complete and current.

[Pending](#)

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".

- . **CLA3-** -
- . **CLA4+** -
- . **CRS** -
- . **DSO** -
- . **FAM** -
- . **GSE** -
- . **OH SL** -
- . **RC** -
- . **SEI** -
- . **SHE** -

D 15 Individual Progress Reviews identify that needed services and supports are received.

[Pending](#)

The intent of this indicator is to ensure that the service provider reviews and documents that the supports and services on the specific personal outcomes and actions for which they are responsible, as outlined in the Action Plan IP. 5 are being implemented.

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.

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.

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

- Reg** . **CLA3-** -
- Reg** . **CLA4+** -
- . **CRS** -
- . **DSO** -
- . **FAM** -
- . **GSE** -
- . **OH SL** -
- . **RC** -
- . **SEI** -
- . **SHE** -

Report Filters:

Indicator Category: "D" Service: "CLA3-","CLA4+","CRS","DSO","FAM","GSE","OH SL","RC","RES","SEI","SHE" Active Indicator? "Yes"

RFU?

D 18

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

No

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

Reg	.	CLA3-	-
Reg	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	SEI	-
-	.	SHE	-

Report Filters:

Indicator Category: "D" Service: "CLA3-","CLA4+","CRS","DSO","FAM","GSE","OH SL","RC","RES","SEI","SHE" Active Indicator? "Yes"

[RFU?](#)

D 20

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

[Pending](#)

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

Reg	.	CLA3-	-
Reg	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	SEI	-
-	.	SHE	-

D 21

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

[Pending](#)

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.

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	SEI	-
-	.	SHE	-

Report Filters:

Indicator Category: "D" Service: "CLA3-","CLA4+","CRS","DSO","FAM","GSE","OH SL","RC","RES","SEI","SHE" Active Indicator? "Yes"

RFU?

D 23

The individual's record contains necessary notifications.

Pending

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

Reg	.	CLA3-	-
Reg	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	SEI	-
-	.	SHE	-

Report Filters:

Indicator Category: "D" Service: "CLA3-","CLA4+","CRS","DSO","FAM","GSE","OH SL","RC","RES","SEI","SHE" Active Indicator? "Yes"

RFU?

D 26

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

Pending

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

Reg	.	CLA3-	-
Reg	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	RES	-
-	.	SEI	-
-	.	SHE	-

Report Filters:

Indicator Category: "D" Service: "CLA3-","CLA4+","CRS","DSO","FAM","GSE","OH SL","RC","RES","SEI","SHE" Active Indicator? "Yes"

RFU?

D 27

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

Pending

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

Reg	.	CLA3-	-
Reg	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	RES	-
-	.	SEI	-
-	.	SHE	-

D 27d

Approved behavioral techniques are used when an emergency restraint occurs.

Yes

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

Reg	R	CLA3-	-
Reg	R	CLA4+	-
-	.	CRS	-
-	R	DSO	-
-	R	GSE	-
-	R	OH SL	-
-	R	RC	-
-	R	RES	-
-	R	SEI	-
-	R	SHE	-

Report Filters:

Indicator Category: "D" Service: "CLA3-","CLA4+","CRS","DSO","FAM","GSE","OH SL","RC","RES","SEI","SHE" Active Indicator? "Yes"

[RFU?](#)

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.

[Pending](#)

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.

- . **CLA3-** -
- . **CLA4+** -
- . **CRS** -
- . **DSO** -
- . **FAM** -
- . **GSE** -
- . **OH SL** -
- . **RC** -
- . **RES** -
- . **SEI** -
- . **SHE** -

D 39

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

[Pending](#)

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

- Reg** . **CLA3-** -
- Reg** . **CLA4+** -
- . **CRS** -
- . **DSO** -
- . **FAM** -
- . **GSE** -
- . **OH SL** -
- . **RC** -
- . **RES** -
- . **SEI** -
- . **SHE** -

Report Filters:

Indicator Category: "D" Service: "CLA3-","CLA4+","CRS","DSO","FAM","GSE","OH SL","RC","RES","SEI","SHE" Active Indicator? "Yes"

RFU?

D 40

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

Pending

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.

Refer to DDS CLA Licensing Regulation: 15a4B, and 15a4D

Reg	.	CLA3-	-
Reg	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	RES	-
-	.	SEI	-
-	.	SHE	-

Report Filters:

Indicator Category: "D" Service: "CLA3-","CLA4+","CRS","DSO","FAM","GSE","OH SL","RC","RES","SEI","SHE" Active Indicator? "Yes"

RFU?

D 54

The individual has not experienced abuse or neglect.

Pending

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

Reg	.	CLA3-	-
Reg	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	RES	-
-	.	SEI	-
-	.	SHE	-

Report Filters:

Indicator Category: "D" Service: "CLA3-","CLA4+","CRS","DSO","FAM","GSE","OH SL","RC","RES","SEI","SHE" Active Indicator? "Yes"

RFU?

D 45

The individual's record shows Abuse and Neglect policy and procedures were followed.

Yes

The intent of this indicator is to verify that policies and procedures were followed if there was a report of abuse or neglect.

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

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

Reg	R	CLA3-	-
Reg	R	CLA4+	-
-	.	CRS	-
-	R	DSO	-
-	R	FAM	-
-	R	GSE	-
-	R	OH SL	-
-	R	RC	-
-	R	RES	-
-	R	SEI	-
-	R	SHE	-

Report Filters:

Indicator Category: "D" Service: "CLA3-","CLA4+","CRS","DSO","FAM","GSE","OH SL","RC","RES","SEI","SHE" Active Indicator? "Yes"

RFU?

D 46

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

Pending

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

Reg	.	CLA3-	-
Reg	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	RES	-
-	.	SEI	-
-	.	SHE	-

Report Filters:

Indicator Category: "D" Service: "CLA3-","CLA4+","CRS","DSO","FAM","GSE","OH SL","RC","RES","SEI","SHE" Active Indicator? "Yes"

RFU?

D 7

All required medical assessments and appointments are current.

Pending

The intent of this indicator is to see that required medical assessments, 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.

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. Refer to Health Standard #9-02 Guidelines for Deferred, Limited, or Declined Healthcare.

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: 16d, 18a4A, 18a4B

Reg	.	CLA3-	-
Reg	.	CLA4+	-
-	.	CRS	-
-	.	FAM	-
-	.	OH SL	-
-	.	RC	-

D 7a

The individual receives necessary oral and dental care including assessment, treatment and follow-up.

Pending

The intent of this indicator is to see that required oral/dental care assessments and appointments are current and documented in the individual's record. Oral/dental appointments are to occur in the required time frames. Reference oral/dental reports and consultant sheets for results and required follow-up.

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. Refer to Health Standard #9-02 Guidelines for Deferred, Limited, or Declined Healthcare.

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 oral/dental 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 an oral/dental 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: 18b1, 18b2

Reg	.	CLA3-	-
Reg	.	CLA4+	-
-	.	CRS	-
-	.	FAM	-
-	.	OH SL	-
-	.	RC	-

Report Filters:

Indicator Category: "D" Service: "CLA3-","CLA4+","CRS","DSO","FAM","GSE","OH SL","RC","RES","SEI","SHE" Active Indicator? "Yes"

RFU?

D 7b

Support providers carry out all health related orders as determined by health care professionals.

Pending

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

Reg	.	CLA3-	-
Reg	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	RES	-
-	.	SHE	-

D 8

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

Yes

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

Reg	R	CLA3-	-
Reg	R	CLA4+	-
-	R	CRS	-
-	R	FAM	-
-	R	OH SL	-
-	R	RC	-
-	R	RES	-

Report Filters:

Indicator Category: "D" Service: "CLA3-","CLA4+","CRS","DSO","FAM","GSE","OH SL","RC","RES","SEI","SHE" Active Indicator? "Yes"

RFU?

D 6

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

Pending

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.

- . **CLA3-** -
- . **CLA4+** -
- . **CRS** -
- . **DSO** -
- . **GSE** -
- . **OH SL** -
- . **RC** -
- . **RES** -
- . **SHE** -

D 27c

Behavior modifying medications are managed consistent with the physician's treatment plan.

Pending

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

- Reg** . **CLA3-** -
- Reg** . **CLA4+** -
- . **CRS** -
- . **DSO** -
- . **GSE** -
- . **OH SL** -
- . **RC** -
- . **RES** -
- . **SHE** -

Report Filters:

Indicator Category: "D" Service: "CLA3-","CLA4+","CRS","DSO","FAM","GSE","OH SL","RC","RES","SEI","SHE" Active Indicator? "Yes"

[RFU?](#)

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

[Pending](#)

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

Reg	.	CLA3-	-
Reg	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	RES	-
-	.	SEI	-
-	.	SHE	-

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

[Pending](#)

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

Reg	.	CLA3-	-
Reg	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	RES	-
-	.	SHE	-

Report Filters:

Indicator Category: "D" Service: "CLA3-","CLA4+","CRS","DSO","FAM","GSE","OH SL","RC","RES","SEI","SHE" Active Indicator? "Yes"

RFU?

D 30

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

Pending

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

Reg	.	CLA3-	-
Reg	.	CLA4+	-
-	.	CRS	-
-	.	OH SL	-
-	.	RC	-

D 31

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

No

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

Reg	.	CLA3-	-
Reg	.	CLA4+	-
-	.	CRS	-
-	.	OH SL	-
-	.	RC	-
-	.	RES	-

D 41

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

Yes

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

Reg	R	CLA3-	-
Reg	R	CLA4+	-
-	R	CRS	-
-	R	OH SL	-
-	R	RC	-

Report Filters:

Indicator Category: "D" Service: "CLA3-","CLA4+","CRS","DSO","FAM","GSE","OH SL","RC","RES","SEI","SHE" Active Indicator? "Yes"

RFU?

D 47

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

Pending

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

Reg	.	CLA3-	-
Reg	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	RES	-
-	.	SHE	-

Report Filters:

Indicator Category: "D" Service: "CLA3-","CLA4+","CRS","DSO","FAM","GSE","OH SL","RC","RES","SEI","SHE" Active Indicator? "Yes"

RFU?

i D 35

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

Pending

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: DDS Safety Alerts.

Training will occur on an ongoing basis as new DDS Safety Alerts are issued.

Within 30 days of hire, prior to working alone and, annually thereafter:

Blood borne Pathogens

Water Safety Policy and Procedure

Emergency Procedures including the Red Book/Emergency Relocation Plan

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:

HIPPA 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.

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

Reg	.	CLA3-	-
Reg	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	RES	-
-	.	SEI	-
-	.	SHE	-

Report Filters:

Indicator Category: "D" Service: "CLA3-","CLA4+","CRS","DSO","FAM","GSE","OH SL","RC","RES","SEI","SHE" Active Indicator? "Yes"

RFU?

D 37

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

Yes

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

Reg	R	CLA3-	-
Reg	R	CLA4+	-
-	R	CRS	-
-	R	DSO	-
-	R	GSE	-
-	R	RC	-
-	R	RES	-
-	R	SHE	-

D 38

There is documentation that only licensed personnel or certified unlicensed personnel administer medications to the individual.

Yes

Certified unlicensed personnel may administer medications in any facility in which fifteen or fewer individuals reside, during recreational activities outside the facility, or at a day program location. The intent of this indicator is to determine that only licensed or certified unlicensed personnel have administered medications.

A list of support personnel certified to administer medications and copies of medication cards should be on file. Verify that the documentation shows that the support persons on duty have valid medication certification. Sample one month of the medication administration record (MAR) for the initials of support persons who have administered medication. Documentation must reflect that unlicensed support persons who administered medication are currently certified to administer medication. You may also ask the support person to show his or her medication card. Personnel not on the certification list, or support persons without medication cards should not be administering medication and initialing the medication administration record (MAR).

Determine that certified unlicensed personnel comply with all training requirements as specified in DDS Medical Advisory #99-3. There is evidence that support persons have completed competency based training requirements which are a prerequisite to medication certification (e.g., New Employee Training [NET] Part 1 and NET Part 2 or an equivalent training program), and have had this task delegated by the supervising RN, as evidenced by current Checklists A and B. Review documentation of annual medication administration observation by RN (Checklist B).

Check for a copy of nurses' licenses on file.

If the individual self-medicates, rate "N/A".

Refer to DDS CLA Licensing Regulation: 18a1

Reg	R	CLA3-	-
Reg	R	CLA4+	-
-	R	CRS	-
-	R	DSO	-
-	R	GSE	-
-	R	OH SL	-
-	R	RC	-
-	R	RES	-
-	R	SEI	-
-	R	SHE	-

Report Filters:

Indicator Category: "D" Service: "CLA3-","CLA4+","CRS","DSO","FAM","GSE","OH SL","RC","RES","SEI","SHE" Active Indicator? "Yes"

[RFU?](#)

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

[Pending](#)

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.

- . CLA3- -
- . CLA4+ -
- . CRS -
- . DSO -
- . FAM -
- . GSE -
- . OH SL -
- . RC -
- . RES -
- . SEI -
- . SHE -

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

[Pending](#)

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

- Reg . CLA3- -
- Reg . CLA4+ -
- . CRS -
- . DSO -
- . FAM -
- . GSE -
- . OH SL -
- . RC -
- . RES -
- . SEI -
- . SHE -