

<b>FAM Indicators</b>
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**Note – For IHS individuals coded as IL, use the OHSL Indicator Tool.**

**CI Consumer Interview**

- 1. CI 3** Are your support staff nice and polite to you?
- The intent of this indicator is to determine if the individual feels that he or she is treated in a respectful manner by support staff.
- Are you addressed by your name when support persons speak to you? Do support persons include you in conversations? When? How often? Be sensitive when interviewing: an individual may show concern for his or her relationship with a support person when asked this question.
- . **FAM** -
- State Quality Monitor
- 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.
- . **FAM** -
- State Quality Monitor  
Case Manager
- 3. CI 10** How do support staff ask you if it's okay to come into your bedroom?
- The intent of this indicator is to determine if the individual's privacy is respected.
- Do support persons usually knock or ask permission before entering your bedroom?
- . **FAM** -
- State Quality Monitor
- 4. CI 7** Are you safe when you are at home?
- The intent of this indicator is to determine if the individual feels safe in his or her home.
- Ask the individual "Is there anything about your home that makes you feel unsafe?"
- When rating this indicator, keep in mind that this indicator refers to environmental safety only, such as the safety of the physical structure of the home.
- . **FAM** -
- State Quality Monitor
- 5. CI 8** Are you safe when you are in your neighborhood?
- The intent of this indicator is to determine if the individual feels safe in his or her neighborhood.
- This indicator refers to safety of the physical environment of the individual's neighborhood. Is there anything about your neighborhood that makes you feel unsafe?
- . **FAM** -
- State Quality Monitor
- 6. CI 37** Do people ask for your opinions and input? When? How often?
- The intent of this indicator is to determine if the individual feels that his or her ideas, opinions and input are respected.
- Do people ask you what you think? Do people ask you how you feel about things?
- This is rated "Met" if the individual indicates they are routinely asked for his or her ideas, opinions and input about broad issues. (e.g., future plans, choice of staff, lifestyle, activities, supports, etc.)
- . **FAM** -
- State Quality Monitor

7. CI 40

Are the things you are doing now the things you want to do?

The intent of this indicator is to determine if the individual is doing things that he or she wants to do.

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

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

- . FAM -

State Quality Monitor

8. CI 80

Did you choose the agency/vendor that is supporting you or providing you this residential or day/vocational service/program?

The intent is to determine if the individual chose the agency/ vendor supporting them.

Did anyone tell you about other providers and their supports? Did you visit this and other sites before the service provider was chosen?

- . FAM -

State Quality Monitor

9. CI 71

Do your staff listen to you? Do staff do what you want them to do, such as – be on time, be flexible, change schedule when you need them to?

The intent is to determine if the support person is accommodating most of the time. Refers to day-to-day supports.

- . FAM -

State Quality Monitor

10. CI 42

Has anyone discussed your rights with you as a citizen in the last year?

Who discussed rights with you? What did they talk about?

Refers to Connecticut General Statutes 17a-238. Includes rights to prompt dental and medical treatment; free communication; telephone access; personal effects storage; unnecessary restraint; prohibits corporal punishment; due process; respect for dignity and privacy, the right to make informed choices, the right to take reasonable risks, the right to reasonable accommodations, the right to have one's culture and ethnic choices and identity respected, etc.

Also includes laws including; Americans with Disabilities Act of 1990 (ADA), Assistive Technology Act of 1998, National Voter Registration Act of 1993, etc.

- . FAM -

State Quality Monitor

11. CI 59

What does abuse and neglect mean?

The intent is to determine that the individual has a basic understanding of abuse and neglect.

- . FAM -

State Quality Monitor

12. 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?

- . FAM -

State Quality Monitor

Case Manager

13. CI 20

When you want to go somewhere, do you have a way to get there?

The intent of this indicator is to determine if a lack of transportation impedes the individual's ability to participate in his or her chosen activities. Are support persons available to take you where you need or want to go?

- . FAM -

State Quality Monitor

14. CI 25

Do you exercise or play sports as much as you want to?

The intent of this indicator is to determine if the individual is provided with the opportunities to engage in physical activity, as much as desired. If the individual identifies that he or she plays sports as often as wanted or expresses no desire to engage in exercise or sports, rate this indicator "Met."

- . FAM -

State Quality Monitor

15. CI 12

Do you have access to the Internet, or computer technology if you want it?

The intent of this indicator is to determine if the individual has access to the Internet and/or computer technology, as desired.

- . FAM -

State Quality Monitor

16. CI 13

Do you have friends that you like to talk to or do things with?

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

- . **FAM** -

State Quality Monitor

17. CI 14

Do you have a best friend or someone you are really close to?

This indicator is "Not Met" if the person expresses the desire to have a best friend.

- . **FAM** -

State Quality Monitor

18. CI 15

Can you see and contact your friends when you want to?

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

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

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

- . **FAM** -

State Quality Monitor

19. CI 11

Do you have a guardian? If you have a guardian, do you like how your guardian helps you?

If the person likes how his or her guardian helps him or her, rate "Met." If the individual does not have a guardian, rate "N/A".

- . **FAM** -

State Quality Monitor

20. CI 36

Have you ever participated in a self-advocacy group meeting, conference or event?

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

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

- . **FAM** -

State Quality Monitor

21. CI 49

If you have a problem and/or complaint, do you have someone to talk to? Are you able to speak privately with someone about personal matters, if you want?

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

This refers to formal and informal complaints or grievances.

- . **FAM** -

State Quality Monitor

22. CI 53

Who can you tell if you feel you have not been treated like you want to?

The intent of this indicator is to determine if the individual knows who to report their concerns to.

- . **FAM** -

State Quality Monitor

23. CI 67

Are you happy with the relationships you have?

Are you happy with your close relationships?

- . **FAM** -

State Quality Monitor

24. CI 32

Do you get to choose what you buy with your spending money?

The intent of this indicator is to determine who chooses how the individual's personal monies are spent. Do you choose what to buy with your spending money or do others decide for you?

- . **FAM** -

State Quality Monitor

25. CI 73

Do you have enough money to buy necessary personal items and to participate in community activities?

The intent of this indicator is to determine if the individual has sufficient money to purchase needed personal items and to participate in activities. Do you have enough money to buy necessary personal items (e.g. hygiene items, clothing, accessories)? Do you have enough money to participate in community activities that you desire?

- . **FAM** -

State Quality Monitor

- 26. CI 17** Does your case manager ask you what you want?  
 The intent of this indicator is to determine that the individual's case manager has asked them what they want in regards to work, home, relationships, leisure, etc.  
 - . **FAM** -  
 State Quality Monitor
- 27. CI 18** If you ask for something, does your case manager help you get what you need?  
 Have you asked your case manager for help? What did you ask for? Did your case manager help you? Did you get what you needed?  
 - . **FAM** -  
 State Quality Monitor
- 28. CI 69** Are you happy with your case manager?  
 Tell me how you feel about your case manager.  
 - . **FAM** -  
 State Quality Monitor
- 29. CI 72** Do you get enough hours of support?  
 The intent of this indicator is to determine if the individual feels they have enough support hours.  
 Do support persons spend enough time with you to give you the help you need? This may include the individual's need to feel safe, to be more independent, to participate in activities, etc.  
 - . **FAM** -  
 State Quality Monitor
- 30. CI 21** If you want to change your service, how do you make the change?  
 The intent of this indicator is to determine if the individual is aware of the processes by which he or she can initiate a change in supports and services. Individuals can talk to their service provider, case manager, parents/family member, and guardian or advocate to initiate supports and service changes.  
 If the individual does not know that he or she can change supports, rate as "Not Met".  
 - . **FAM** -  
 State Quality Monitor
- 31. CI 38** Do you go to meetings to talk about your Individual Plan?  
 The intent of this indicator is to determine that the individual is present at his/her planning meetings.  
 When did you last meet with your team to discuss your life and plan for the future?  
 - . **FAM** -  
 State Quality Monitor
- 32. CI 39** At your planning meeting, did people ask you what you like to do?  
 The intent of this indicator is to determine if the individual's opinions are respected and elicited during their planning meeting or before the planning meeting if he or she chose not to attend. Did you talk about your life at the planning meetings? Did people listen to what you had to say? Did people ask what you would like to do in the coming year?  
 If the individual chose not to attend, rate as "Met" only if his or her opinions were elicited prior to the meeting and incorporated into their planning discussion.  
 If the individual wanted to attend but did not, rate as "Not Met."  
 - . **FAM** -  
 State Quality Monitor
- 33. 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.  
 - . **FAM** -  
 State Quality Monitor  
 Case Manager
- 34. CI 48** Are you happy with progress you made to meet your goals?  
 What are your goals? Are you satisfied with the progress you've made? Do support persons help you with your goals? Are you happy with...? (e.g., choose a topic from one of the individual's goals, such as going shopping or taking dance lessons)? This indicator applies to goals in IP.5 Action Plan as well as IP.3 Future Vision.  
 - . **FAM** -  
 State Quality Monitor

35. CI 28

Do you choose the support staff who help you?

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

- . **FAM** -

State Quality Monitor

36. CI 79

Did your case manager explain to you that you could hire your friend or neighbor if you want to?

The intent of this indicator is to determine if the case manager made the individual aware of their choices in hiring support persons. This indicator applies to individuals who self-direct their supports.

- . **FAM** -

State Quality Monitor

37. CI 81

Do you know who to contact if you have a health concern or do not feel well?

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

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

- . **FAM** -

State Quality Monitor

38. CI 62

Do you make the healthcare appointments that you need?

If "no", does someone make appointments for you or does someone assist you to make appointments?

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

- . **FAM** -

State Quality Monitor

39. CI 77

Are you happy with the doctors you see? The care you receive from them?

- . **FAM** -

State Quality Monitor

40. CI 46

Do you know what to do to stay healthy?

The individual participates in activities of his or her choice that promote a healthy lifestyle, such as exercising and eating healthy foods. Does the person respond in a way to show he or she is informed about health issues?

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

- . **FAM** -

State Quality Monitor

41. CI 64

Does anyone talk to you about your health?

The intent of this indicator is to determine if support persons, medical personnel, family members or others talk to the individual about his or her health status and their health care plan.

In a family setting [FAM], when this indicator is "Not Met", choose "Not Met - DDS Responsible."

- . **FAM** -

State Quality Monitor

42. 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.

- . **FAM** -

State Quality Monitor

Case Manager

**43. CI 43** Do you know what to do in an emergency such as a fire, a blizzard or if you get sick?

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

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

- . **FAM** -  
State Quality Monitor

**O Observation**

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

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

- . **FAM** -  
State Quality Monitor

**45. 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.

- . **FAM** -  
State Quality Monitor  
Case Manager

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

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

Refer to Connecticut General Statutes, 17a-238

- . **FAM** -  
State Quality Monitor

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

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

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

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

- . **FAM** -  
State Quality Monitor

**48. 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)

- . **FAM** -  
State Quality Monitor  
Case Manager

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

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

- . **FAM** -

State Quality Monitor

50. 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.

- . **FAM** -

State Quality Monitor

Case Manager

51. 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".

- . **FAM** -

State Quality Monitor

Case Manager

52. 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.

- . **FAM** -

State Quality Monitor

Case Manager

53. O 17 Support persons respond to the individual's needs for assistance.

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

- . **FAM** -

State Quality Monitor

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

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

- . **FAM** -

State Quality Monitor

55. 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.

- . **FAM** -

State Quality Monitor

Case Manager

56. 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

- . **FAM** -
- State Quality Monitor
- Case Manager

57. O 8

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

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

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

- . **FAM** -
- State Quality Monitor

58. O 18

Support persons protect the individual's safety.

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

- . **FAM** -
- State Quality Monitor

59. O 21

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

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

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

- . **FAM** -
- State Quality Monitor

60. O 25

Support providers follow applicable DDS Health Regulations, policies, and procedures, advisories and

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

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

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

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

- . **FAM** -
- State Quality Monitor

## SPI Support Person Interview

- 61. SPI 7** Describe how the individual communicates.
- The intent of the indicator is to ensure that the support person is knowledgeable in the specific manner that the individual communicates. If the individual speaks a different language, can the support person speak that language or have another means to communicate with the individual. If the individual uses sign language, does the support person know the meaning of the signs and how to communicate with the individual using sign language?
- . **FAM** -
- State Quality Monitor
- 62. SPI 47** Is the individual happy with his or her life right now? If not what changes would make things better?
- The intent of this indicator is to determine the support person's knowledge of the individual's current life satisfaction level as it pertains to the service being provided. If the support person discusses changes that would make things better for the individual, determine if the support person knows how to initiate or express those changes. This indicator should be evaluated in the context of the service being reviewed.
- . **FAM** -
- State Quality Monitor
- 63. SPI 51** How do you know the individual is satisfied with supports identified in his or her plan?
- The intent of this indicator is to determine that the support person understands their role in helping the individual to express satisfaction with the supports identified in his or her plan.
- . **FAM** -
- State Quality Monitor
- 64. SPI 53** What aspects of the support that the individual receives are you satisfied with? Not satisfied with?
- The intent of the indicator is to determine support person's knowledge of the individual's supports. The indicator should be rated "Not Met" if the support person does not have enough knowledge of the individual's supports to answer the question.
- . **FAM** -
- State Quality Monitor
- 65. SPI 25** Is the individual satisfied with his or her routine? How do you know this? Give some recent examples.
- Is the individual satisfied with the pattern and flow of activities? For employment supports: Does the individual like the shift and/or days that they are currently working?
- . **FAM** -
- State Quality Monitor
- 66. SPI 26** Does the individual participate in the activities that he or she chooses? Describe the activities the individual chooses to participate in.
- The intent of this indicator is to determine the support person's knowledge of the activities the individual chooses to participate in. Refer to the IP for the individual's preferred activities. Is the support person knowledgeable of the activities in which the individual chooses to participate? What activities does the individual participate in that he or she chooses? Tell me about them. Are the individual's preferences reflected in his or her daily routine? Is there a leisure activity the individual likes to do but is unable to for any reason?
- Indicator should be rated "Not Met" if support person does not have sufficient knowledge of the individual's preferences.
- . **FAM** -
- State Quality Monitor
- 67. SPI 30** If the individual chooses, what would you do to support the individual to change his or her lifestyle, personal activities and/or routines?
- The intent of this indicator is to determine if the support person knows how to support the individual to make changes to his or her lifestyle, personal activities and/or routines should the individual choose.
- . **FAM** -
- State Quality Monitor
- 68. SPI 29** How do you help the individual to choose and participate in experiences and activities that he or she wants? Give some recent examples.
- The intent of this indicator is to determine if the support person assists the individual to participate in chosen activities and to learn about community resources and activities. Support person is able to give recent examples of the how the individual was assisted to choose and participate.
- . **FAM** -
- State Quality Monitor

**69. SPI 39**

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

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

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

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

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

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

- . **FAM** -

State Quality Monitor

**70. SPI 14**

How do you support the individual to develop new and healthy relationships?

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

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

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

- . **FAM** -

State Quality Monitor

**71. SPI 1**

How is the individual helped to prepare for and participate in his or her planning process?

The intent of this indicator is to determine if the support person is knowledgeable of their role in supporting the individual to prepare for the IP meeting. How do you contribute and support the individual in preparing and participating in his or her IP planning process and meeting?

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

- . **FAM** -

State Quality Monitor

**72. SPI 2**

What are the specific strategies in place to help the individual achieve his or her goals?

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

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

- . **FAM** -

State Quality Monitor

**73. SPI 3**

Is the individual's plan reviewed and updated based on changes in his or her life and personal choice?

The intent of this indicator is to determine the support person's knowledge of revisions to the IP based on changes in the individual's life and personal

- . **FAM** -

State Quality Monitor

**74. SPI 4**

How do you provide input on the individual's behalf for plan modification, regarding changes in his or her life and personal choice?

The intent of this indicator is to determine if the support person is knowledgeable of his or her role to advocate for the individual and provide information to the team regarding changes, as needed. Support person should be knowledgeable of individuals IP and goals.

- . **FAM** -

State Quality Monitor

**75. SPI 5**

How have any changes to the individual's plan been communicated to you?

How are you informed of changes in the individual's IP?

- . **FAM** -

State Quality Monitor

- 76. SPI 24** How do you support the individual to learn what is available in the community and to participate in his or her community?
- How do you help the individual to discover what is available in the community? How do you support the individual to try new things? What types of community activities does the individual like? What do you do to help the individual participate in those activities?
- If the support person understands that the individual is independent in this area and requires no staff support rate "Met".
- . **FAM** -
- State Quality Monitor
- 77. SPI 22** How do you support the individual to learn money management skills?
- The intent of this indicator is to determine if the support person is knowledgeable of his or her responsibility to help the individual participate and learn money skills. Examples include: incidental teaching opportunities, money exchange during a purchase, making selections, informing the individual during a transaction process, support independent purchase transactions, banking, formal programs, budgeting, identifying coins and bills.
- If the IP identifies that the individual is independent or another party is responsible for money management, then rate "N/A".
- . **FAM** -
- State Quality Monitor
- 78. SPI 11** What are the behavioral interventions used to support the individual?
- The intent of this indicator is to determine if the support person is knowledgeable of the individual's behavioral support needs as identified in his or her IP and behavior support plan.
- Any physical intervention techniques that support persons use are from a DDS approved curriculum, for example, P.M.T. (Physical and Psychological Management Techniques). Refer to DDS Procedure No.I.D.PR.009 – Incident Reporting, Attachment I - DDS Approved Training Curriculum for Use of Aversive and Physical Restraint Procedures for a complete list that is periodically updated.
- This indicator will be rated as "N/A" if there are no behavioral support needs / interventions / guidelines.
- Refer to: DDS Policy No. I.F.PO.001 – Abuse and Neglect, and DDS Procedure No.I.F.PR.001 – Abuse/Neglect Prevention, Notification if unapproved behavioral interventions are used. I.F.PR.001 – Abuse/Neglect Allegations Reporting, I.F.PR.004 – Abuse/Neglect Investigations-Recommendations and Prevention Activities.
- . **FAM** -
- State Quality Monitor
- 79. SPI 15** How are any safety concerns for the individual addressed?
- The intent of this indicator is to determine that support persons are knowledgeable of the individual's specific safety needs and how they are addressed. (e.g.: pica, bolting behavior, dietary needs, bed rails, water safety, ambulation, regulating hot water, bathing, etc.). Do you have any other concerns about the individual's safety that are not currently identified or addressed?
- . **FAM** -
- State Quality Monitor
- 80. SPI 19** Does the individual know how to respond in emergency situations?
- The intent of this indicator is to determine the support person's knowledge of the individual's needs in emergency situations.
- Ask the staff person how the individual typically responds in an emergency.
- . **FAM** -
- State Quality Monitor
- 81. SPI 18** Does the individual know what the emergency and fire evacuation plans require him or her to do?
- The intent of this indicator is to determine the staff person's knowledge of the individual's needs in case of emergency or fire. Refer to the individual's emergency and fire evacuation plans. Ask the staff person how the individual typically responds in an emergency. If the staff person states the individual does not know what the emergency and fire evacuation plans require him or her to do, ask the staff person how he or she would support the individual in that situation.
- If the staff person's knowledge of the individual's needs reflected in emergency and fire evacuation plans are not in accord with these plans, rate this indicator "Not Met."
- . **FAM** -
- State Quality Monitor
- 82. SPI 17** What are the individual's needs during an evacuation?
- The intent is to ensure that the support person is knowledgeable of the individual's specific needs and requirements. Information from the support person should coincide with the individual's needs as outlined in the site emergency plan. (Examples: Transfer guidelines, staffing, supervision, prompting.)
- . **FAM** -
- State Quality Monitor

**83. SPI 16**

How is the individual taught to recognize and report unsafe situations to others?

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

- . **FAM** -

State Quality Monitor

**84. SPI 35**

What are the individual's medical needs and how are these addressed?

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

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

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

- . **FAM** -

State Quality Monitor

**85. SPI 33**

How do you support the individual to discuss his or her health concerns?

The intent of this indicator is to determine if the individual is supported to express and learn about their health concerns and to obtain follow up with health professionals as needed.

Does the support staff talk to the person about health issues? Does the support person assist the person to follow-up on health issues with others?

- . **FAM** -

State Quality Monitor

**86. SPI 34**

How is the individual supported to learn about and live a healthy lifestyle?

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

- . **FAM** -

State Quality Monitor

**87. SPI 36**

How do you support the individual to learn about and take his or her medication?

For individuals who have been assessed as independent in self-administering medication, this indicator would generally be rated, "N/A". However, a non-medication certified support person may provide a time prompt (ex. "It's time to take your medication.") or may ask the individual if they took their medication. These are the only types of medication-related support that a non-medication certified support person may provide.

The intent of this indicator is to determine if the medication certified support person is knowledgeable of opportunities to teach the individual about taking his or her medications. Does the support person effectively support the individual to learn about and take his or her medication? What supports are provided? Refer to the individual plan and medication related documents (e.g., physicians' orders, Kardex, side-effects information, self-medication assessment).

A medication certified support person must know what medications an individual is taking, when each medication is to be taken, and the side effects of each medication. Only a medication certified support person may pour and pass medications. Rate "Met" if the support person is aware of and implements the recommendations of the self medication administration assessment.

Refer to DDS Medical Advisory #99-3, DDS Regulations Concerning the Administration of Medication by Certified Unlicensed Personnel

- . **FAM** -

State Quality Monitor

**88. SPI 8**

How is the individual supported to acquire, use and maintain equipment needed to sustain his or her health, wellness and independence?

The intent of this indicator is to determine if the support person is knowledgeable of their role in assisting the individual in acquiring, using and maintaining assistive/adaptive equipment to maintain his or her health, wellness and independence. (e.g., positioning equipment, AFOs, wheelchairs, mechanical lifts, switch plates, communication devices, dining utensils). Use and maintenance procedures should be individualized. Refer to the individual's IP and relevant therapeutic assessments (e.g., occupational, physical, speech and language therapies, dietary requirements).

Tell me what supportive equipment the individual uses. When and how is it used? What are the cleaning, maintenance and storage requirements for the equipment? Is there any supportive equipment you believe the individual would benefit from that he or she does not presently have?

If the support person is not knowledgeable of the necessary supportive equipment the individual needs, and its use and maintenance requirements, rate this indicator "Not met."

- . **FAM** -

State Quality Monitor

**89. SPI 11a** Have you ever had to physically restrain the individual? If so, when and how?

The intent of this indicator is to determine that the support person uses approved restraint techniques that are in accord with the individual's Behavior Support Plan. Refer to the individual's IP to see if the individual has a Behavior Support Plan. If so, refer to the Behavior Support Plan for specific restraint information and DDS Form 255(s), as relevant. Also refer to behavior support strategies/training identified in the individual's IP.7 - Provider Qualifications and Training Form.

Have you ever had to restrain the individual? If so, what type of restraint?

Rate this indicator as "Not Met" if the support person discussed using an unapproved restraint technique. Also refer to: DDS Policy No. I.F.PO.001 – Abuse and Neglect, and DDS Procedure No.I.F.PR.001 – Abuse/Neglect Prevention, Notification if unapproved interventions were used.

Refer to DDS CLA Licensing Regulation: 15b5

- . **FAM** -

State Quality Monitor

**90. SPI 40** How do you help the individual to learn to avoid potentially abusive and neglectful situations?

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

- . **FAM** -

State Quality Monitor

**91. SPI 10** How do you help the individual exercise his or her rights?

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

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

- . **FAM** -

State Quality Monitor

**92. SPI 31** Does the individual participate in self-advocacy groups or activities as desired?

The intent of this indicator is to determine if the support person provides opportunities for the individual to learn about or participate in self-advocacy related activities as desired by the individual. Refer to the Individual Plan for related information.

Does the individual know what self-advocacy is? Are you aware if he or she is interested in participating in self-advocacy? Does the person advocate for himself or herself now? Tell me about opportunities the individual might have to participate in self-advocacy activities?

If there is evidence that support persons do not assist the individual to participate in self-advocacy activities, as desired, rate this indicator "Not Met."

- . **FAM** -

State Quality Monitor

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

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

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

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

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

- . **FAM** -

State Quality Monitor

**94. SPI 37** What are your agency's accident and incident reporting policies and procedures?

The intent of this indicator is to ensure that the support person is knowledgeable of reporting requirements for accidents and other incidents.

Refer to DDS Procedure No. I.D.PR.009 Incident Reporting.

In family settings (FAM), this indicator is only applicable to support persons hired through a provider.

Refer to DDS Procedure No: I.D.PR.009a Incident Reporting for Individuals who live in own/Family Home & Receive DDS Funded Services.

- . **FAM** -

State Quality Monitor

**95. SPI 32**

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

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

- . **FAM** -

State Quality Monitor

**96. SPI 50**

What steps are taken to respond to the individual's concerns about his or her supports?

The intent of this indicator is to determine if the support person is knowledgeable of their responsibility to address the individual's concerns about their supports.

Examples may include: following the agency's process regarding individual's concerns, assisting the individual in notifying the Case Manager or other team members, assisting the individual to request meetings, assisting the individual to learn about self-advocacy, reporting suspected abuse, neglect or financial exploitation.

- . **FAM** -

State Quality Monitor

**97. SPI 54**

If you have a concern about the individual's supports and services, are your concerns addressed?

The intent of this indicator is to ensure that support person's concerns regarding the individual's supports and services are addressed.

Rate as "N/A" if there have been no concerns.

- . **FAM** -

State Quality Monitor

**98. SPI 41**

How is the individual involved in staff hiring?

The intent of this indicator is to determine if the provider involves the individual in aspects of the staff hiring process.

The individual's involvement may be direct or indirect involvement in the hiring process (e.g., voicing the desired qualities of a staff person, writing ads, interviewing potential hires).

This indicator is rated "Not Met" if the support person indicates that the individual has no involvement in any aspect of the hiring process.

- . **FAM** -

State Quality Monitor

## D Documentation

### 99. 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

- . **FAM** . -

State Quality Monitor

Case Manager Supervisor

### 100. D 57

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

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

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

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

- . **FAM** . -

State Quality Monitor

### 101. 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

- . **FAM** . -

State Quality Monitor

Case Manager Supervisor

**102. D 43a**

The plan is implemented on a timely basis.

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, 17i

- . **FAM** -

State Quality Monitor

**103. D 11a**

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

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

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

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

- . **FAM** -

State Quality Monitor

**104. 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.

- . **FAM** -

Case Manager Supervisor

**105. 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

- . **FAM** -

State Quality Monitor

Case Manager Supervisor

106. 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.

- . **FAM** -

State Quality Monitor

Case Manager Supervisor

107. 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).

- . **FAM** -

State Quality Monitor

Case Manager Supervisor

**108. 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).

- . **FAM** -

State Quality Monitor

Case Manager Supervisor

**109. 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.

- . **FAM** -

State Quality Monitor

Case Manager Supervisor

**110. 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

- . **FAM** -
- State Quality Monitor
- Case Manager Supervisor

**111. 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

- . **FAM** -
- State Quality Monitor
- Case Manager Supervisor

**112. 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.

- . **FAM** -
- State Quality Monitor
- Case Manager Supervisor

**113. 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.

- . **FAM** -
- State Quality Monitor
- Case Manager Supervisor

**114. 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.

- . **FAM** -
- State Quality Monitor
- Case Manager Supervisor

**115. 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

- . **FAM** -

State Quality Monitor

Case Manager Supervisor

**116. 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.

- . **FAM** -

State Quality Monitor

Case Manager Supervisor

**117. 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.

- . **FAM** -

Case Manager

**118. 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

- . **FAM** -

State Quality Monitor

Case Manager Supervisor

**119. 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.

- . **FAM** -

State Quality Monitor

Case Manager Supervisor

**120. 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.

- . **FAM** -

State Quality Monitor

Case Manager Supervisor

**121. 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".

- . **FAM** -

State Quality Monitor

Case Manager Supervisor

**122. D 15**

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

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

- . **FAM** -

State Quality Monitor

**123. D 18**

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

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

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

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

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

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

Refer to "A Guide to Individual Planning".

Refer to DDS CLA Licensing Regulation: 17h

- . **FAM** -

State Quality Monitor

**124. 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

- . **FAM** -

State Quality Monitor

Case Manager Supervisor

**125. 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.

- . **FAM** -

State Quality Monitor

Case Manager Supervisor

**126. 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

- . **FAM** -

State Quality Monitor

Case Manager Supervisor

127. 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

- . **FAM** -  
State Quality Monitor  
Case Manager Supervisor

128. D 27

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

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

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

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

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

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

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

- . **FAM** -  
State Quality Monitor

129. D 58

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

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

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

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

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

- . **FAM** -  
State Quality Monitor

**130. D 39**

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

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

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

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

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

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

- . **FAM** -  
State Quality Monitor

**131. 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.

- . **FAM** -  
State Quality Monitor  
Case Manager

**132. D 54**

The individual has not experienced abuse or neglect.

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

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

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

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

Rate "Not Rated" if an investigation is pending.

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

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

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

Refer to DDS Policy and Procedure:

I.F. PO.001: Abuse and Neglect

I.F. PR.001: Abuse and Neglect, Allegations: Reporting and Intake Processes

I.F. PR.003: Abuse and Neglect, Investigation: Assignment, Tracking, Review, Completion

I.F. PO.004: Abuse and Neglect: Recommendations and Prevention Activities

- . **FAM** -  
State Quality Monitor

133. D 45

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

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

- **FAM** -  
State Quality Monitor

134. 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

- **FAM** -  
State Quality Monitor  
Case Manager Supervisor

**135. D 7**

All required medical assessments and appointments are current.

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

- . **FAM** -

State Quality Monitor

**136. D 7a**

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

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.

- . **FAM** -

State Quality Monitor

**137. D 7b**

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

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

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

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

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

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

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

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State Quality Monitor

**138. D 8**

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

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

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

Refer to applicable DDS Medical Advisories and Health Standards.

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

When an agency is providing the FAM supports, review the agency's records for the individual.  
Refer to DDS CLA Licensing Regulation: 18a3A, 18a4A, and 18a4B

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State Quality Monitor

**139. D 35**

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

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

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

Within 30 days of hire and prior to working alone: 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:  
HIPAA and confidentiality

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

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

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

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

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State Quality Monitor

**140. D 55**

The support person has documented training regarding individual rights.

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

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

- . **FAM** -  
State Quality Monitor

**141. D 56**

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

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

Refer to DDS Policy and Procedure:

I.F. PO.001: Abuse and Neglect

I.F. PR.001: Abuse and Neglect, Allegations: Reporting and Intake Processes

I.F. PO.004: Abuse and Neglect: Recommendations and Prevention Activities

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

Refer to DDS CLA Licensing Regulation: 14c3

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State Quality Monitor