Report Filters:

Service: "SEI" Active Indicator? "Yes"

CI Consumer Interview

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

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

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

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

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

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.

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

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

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

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

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

4. CI 76 Are you happy with the benefits, hours and the pay you get at your job?

The intent of this indicator is to rate the individual's level of satisfaction with the benefits, hours of work and pay that they receive from their job.

Are you getting the benefits that you want (e.g., vacation, sick time, health insurances)? Do you get paid when you are out sick or take a vacation day from work?

Rate "Met" if the individual indicates that they do not get benefits at their job, but are satisfied with their job without receiving benefits.

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

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

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

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

6. CI 80 Did you choose the people that support you in your home and/or at your work/day services?

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

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

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

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

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

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

This refers to formal and informal complaints or grievances.

8. CI 18 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?

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

Report Filters:

Service: "SEI" Active Indicator? "Yes"

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

14. CI 60 Do you know how to ask for help if you have a problem or if someone has hurt you or someone else you know? Are you able to speak to someone privately/by yourself and feel safe talking to them?

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?

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

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.

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

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

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

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

Report Filters:

Service: "SEI" Active Indicator? "Yes"

SPI Support Person Interview

16. 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.

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

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

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

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

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

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

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

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

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

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

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

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

21. 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.)

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

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

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

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

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

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

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

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

25. 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

Report Filters:

Service: "SEI" Active Indicator? "Yes"

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

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

Report Filters:

Service: "SEI" Active Indicator? "Yes"

D Documentation

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

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

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

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

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

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

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

Refer to DDS CLA Licensing Regulation: 17d

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

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

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

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

Report Filters:

Service: "SEI" Active Indicator? "Yes"

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

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

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

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

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

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

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

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

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

30. 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

31. D 4 The individual's preferences and personal goals are identified in his or her plan.

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.

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: 17d, and 17f

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

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

Refer to DDS CLA Licensing Regulation: 17g

Report Filters:

Service: "SEI" Active Indicator? "Yes"

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Refer to DDS CLA Licensing Regulation: 17f

Report Filters:

Service: "SEI" Active Indicator? "Yes"

35. 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

36. 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.

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

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

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

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

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

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

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

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

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

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

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

Refer to "A Guide to Individual Planning"

Refer to DDS CLA Licensing Regulation: 17h

Report Filters:

Service: "SEI" Active Indicator? "Yes"

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

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

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

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

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

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

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

40. 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

41. 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.

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

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

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

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

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

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

Refer to DDS CLA Licensing Regulation: 15a1

Report Filters:

Service: "SEI" Active Indicator? "Yes"

43. 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

44. 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

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

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

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

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

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

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

46. 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.

Report Filters:

Service: "SEI" Active Indicator? "Yes"

47. 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

48. 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.

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

49. 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

Report Filters:

Service: "SEI" Active Indicator? "Yes"

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

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

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

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

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

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

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

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

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

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

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

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

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

Refer to DDS CLA Licensing Regulation: 18a1

Report Filters:

Service: "SEI" Active Indicator? "Yes"

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Report Filters:

Service: "SEI" Active Indicator? "Yes"

53. D 38 There is documentation that only licensed personnel or certified unlicensed personnel administer medications to the individual.

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

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

Determine that certified unlicensed personnel comply with all training requirements as specified in DDS Medical Advisory #99-3. There is evidence that support persons have completed competency based training requirements which are a prerequisite to medication certification (e.g., New Employee Training [NET] Part 1 and NET Part 2 or an equivalent training program), and have had this task delegated by the supervising RN, as evidenced by current Checklists A and B. Review documentation of annual medication administration observation by RN (Checklist B). Subsequent to the initial worksite observation, the supervising nurse shall observe each certified unlicensed personnel administer medications at least once annually at the employee's usual worksite. This annual observation shall be done one year prior to the certificate expiration date (plus or minus four weeks). Documentation of the supervising nurse's observation shall be maintained as per agency policy. The department advises use of Checklist B as the documentation tool. Such documentation shall be made available upon request.

Check for a copy of nurses' licenses on file.

If the individual self-medicates, rate "N/A". (Verify that a current Self-Medication Assessment is on file that verifies that the individual is capable of self-medicating)

Refer to DDS CLA Licensing Regulation: 18a1

54. 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.

55. 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