

Report Filters:
Reviewer Role: "Case Manager"

CI Consumer Interview

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|---|-------|---|------------|
| 1 | CI 1 | <p>Are you happy with where you live?</p> <p>The intent of this indicator is to determine the person's level of satisfaction with his or her life experience in the home. Tell me about your home. How long have you lived here? What are the things you like about living here? What things do you not like? If you're not happy here, what would make you happy? If you don't like where you live, what don't you like about it?</p> <p>Note: when interviewing: an individual may be reluctant to speak negatively about others (for example: people living with them at home, staff, family members) or their life circumstances.</p> | Individual |
| 2 | CI 56 | <p>Are you happy with the people who provide help and assistance to you at home or at your job?</p> <p>The intent of this indicator is to determine the person's level of satisfaction with his or her support providers at the service type being reviewed. For example, for a day service, ask about daytime activity; at a work service, ask about happiness at work; at a residential setting, ask about happiness at home. 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. What do you like about the people who provide you with support? What do you not like about the people who provide you with support?</p> | Individual |
| 3 | CI 2 | <p>Do you like working at your job or going to your day program?</p> <p>The intent of this indicator is to rate the person's level of satisfaction with his or her day program or job, including the activities, environment, work site, co-workers, participants, support staff or other areas as indicated by the individual. What do you like about your job or day program, what activities do you do there? How's your job going? What do you like about it, not like about it?</p> | Individual |
| 4 | CI 22 | <p>Who chooses activities that you participate in?</p> <p>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? Do you participate in self-advocacy activities? If not, would you like to?</p> | Individual |
| 5 | CI 58 | <p>Do you have ways to express your ethnicity, cultural heritage, and religious preference if you want?</p> <p>The intent of this indicator is to determine if the person has opportunities to express his or her cultural preferences as he or she desires. Do you celebrate certain holidays? Do you have special traditions? Do you speak another language? Do you have favorite ethnic foods? Do you have a religious preference? Do you attend religious services?</p> <p>Consider how important cultural identity and preference is to the person being interviewed. Observe the individual in his/her environment and review the IP for expressions of cultural heritage and/or ethnic or religious preference. Ask the person about those things (e.g., native language, nationality flags, religious statues, artwork that reflects heritage and culture, etc.).</p> | Individual |
| 6 | CI 41 | <p>Are you working on things that you identified at your planning meeting? What things are you working on now?</p> <p>The intent of this indicator is to determine if the person is working on his or her personal goals within the service being reviewed. Review the IP Action Plan to determine if what the person is telling you is consistent with what is described in the plan.</p> | Individual |
| 7 | CI 60 | <p>Do you know how to ask for help if somebody is hurting you or someone else?</p> <p>The intent of this indicator is to determine if the person knows how to ask for help or if there is a need for skill development in this area. What would you do if someone hurt you or someone else? What would you do if you felt in danger in the community or at home? Who would you tell? Do you express your concerns to others when someone hurts you, or when they put you in danger? Do you know how to report when someone hurts you, or when they put you in danger?</p> | Individual |

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O Observation

8	O 1	The individual likes others he or she spends time with.	Individual
<p>The intent of this indicator is to determine if the person is comfortable around the people he or she spends the most time with including housemates, staff and/or co-workers. The individual is at ease, may smile or show other signs of feeling content, others people are friendly, speak respectfully (no harsh words) to the person. The person interacts with others during the course of experiences observed. Consider body language, other communication.</p> <p>If the person lives alone or work/housemate(s) are not home, rate as NR. If person lives with their family, focus on the service being rendered not the person's relationship with their family member(s).</p>			
9	O 2	The individual is treated by staff in a respectful and dignified manner.	Individual
<p>The intent of this indicator is to determine if the person is treated respectfully by support staff. The person is referred to by name; and spoken to in friendly, respectful tones. The person is introduced to new people and included in conversations. The person is not touched nor is his/her wheelchair moved, without permission. The person is not ignored by staff. The person is provided with personal appearance/grooming support as desired and/or needed .</p> <p>If immediate jeopardy situation refer to: J1 Abuse or neglect observed or reported.</p>			
10	O 3	The individual has privacy when s/he wants or needs it.	Individual
<p>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?</p> <p>Refer to behavior program and/or supervision guidelines as needed. If sharing a room, consider how comfortable the person is with privacy arrangements with roommate.</p>			
11	O 12	The individual has personal belongings and his or her environment has a personalized decor.	Individual
<p>The intent of this indicator is to determine if the person expresses his or her individuality as desired. Is personal décor consistent with the personal interests of the individual? Does the individual own personal belongings and have these items in his/her possessions? The individual acquires, and uses personal belongings as desired. Consider how personal belongings are regarded when the individual shares with a roommate.</p>			
12	O 20	The individual has preferred belongings that identify his or her ethnicity, cultural heritage and/or religious preferences, as desired.	Individual
<p>The intent of this indicator is to determine if the person expresses his or her culture, ethnicity, and /or religion is expressed as desired through their belongings/environment? Consider how important cultural identify and preference is to the person.</p>			
13	O 15	Adaptive equipment and assistive technology, if needed, is used by the individual to increase his or her independent participation in daily activities.	Individual
<p>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 staff 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.</p> <p>If Immediate Jeopardy situation, refer to: J19 Untrained Staff</p>			
14	O 4	The individual is supported to make choices in all areas observed.	Individual
<p>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.</p>			
15	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.	Individual
<p>The intent of this indicator is to determine if support staff support 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. Refer to IP1. Support persons use speech, signing, gestures, question cues, communicate in the individual's native language, uses adaptive equipment if applicable, offer clear choices and acknowledge the individual's responses, etc. Refer to behavior and/or communication guidelines as applicable.</p>			

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16	O 13	<p>The individual is supported to accomplish outcomes as identified in his or her plan.</p> <p>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. Refer to IP prior to conducting observations.</p>	Individual
17	O 7	<p>Sufficient support persons are available to meet the individual's support and service needs identified in his or her Individual Plan.</p> <p>The intent of this indicator is to determine if there is a sufficient number of staff to carry out the individual's IP and meet the needs of the other people receiving support in the setting. Review staff schedule for that day as needed, compare to those on duty. Observe during times identified as needing enhanced staffing support to verify that the support is being provided as specified.</p> <p>"Sufficient support persons" is defined in the person's Individual Plan (e.g., two person transfer required: one person on duty; a requirement for a support person to be within visual sight of an individual at all times).</p> <p>If immediate jeopardy situation refer to Jeopardy Guidelines: J18 Inadequate number of staff (supervision, implementation of behavioral interventions, evacuation). Refer to specific needs and staffing requirements as noted in IP.</p>	Individual

SC Safety Checklist (Case Managers only conduct Safety Checklist Reviews for individuals who live in their own home.)

- 18 SC 3 There is an accessible working telephone with emergency numbers readily available. Site
The intent of this indicator is to determine if the individual has access to a working telephone and emergency numbers. Emergency numbers may include but are not limited to 911, Poison Control, etc. Consider the individuals specific health and safety needs when rating this indicator. In a SL or Own Home, an accessible telephone may be in the home, it may be the phone of a neighbor or a cell phone programmed to 911. In CLA4 and CLA3, emergency numbers are posted in an easily visible location.
If immediate jeopardy situation refer to: J7 No access to phone. The individual should be able to access the phone in case of emergency.
- 19 SC 10 There are working smoke detectors on each level of the location that meet the individual's needs. Site
The intent of this indicator is to determine is there are working smoke detectors on each level of the location and that the smoke detectors are designed to meet the individual's specific needs. It is a jeopardy situation if any fire alert system is not working or not working properly. Whenever possible, test battery operated smoke detectors onsite to determine if the battery is working. Vendor personnel should follow the manufacturer's specifications for battery operated smoke detectors to determine ongoing testing and replacement frequency for batteries and the smoke detectors. Review documentation to verify that fire alarm systems that are wired to a phone line are tested by a qualified or licensed professional e.g. an alarm company vendor, Fire Marshal, and that any recommendations are implemented. At residential and day service locations, audible and/or visual devices, e.g. smoke detectors, strobe lights, and fire alarm/bed shakers, are used and maintained according to manufacturers specifications.
If immediate jeopardy situation refer to: J4 Non-functional fire alarm system or no working smoke detector.
- 20 SC 12 Designated means of escape are unobstructed. Site
The intent of this indicator is to determine if the individual has unobstructed means of escape from the location. Egress doors and windows are not blocked and allow a clear path for evacuation. Obstructed means of escape are to be cleared when discovered.
If immediate jeopardy situation refer to: J5 Obstructed means of egress.
- 21 SC 13 Site Exterior doors open from the inside without the use of tools or keys.
The intent of this indicator is to determine if exterior doors open from the inside by using one or both hands engaged in a single unlocking motion. Applicable only to licensed residences with 3 individuals or less. In a CLA4, use of such other devices may be used with approval by the local Fire Marshal. In OH SL, hand operated dead bolts and safety chain permissible unless contraindicated.
If immediate jeopardy situation refer to: J6 Inability to open exterior doors from the inside without use of a key.
- 22 SC 38 The individual's environment is free from potential hazards. Site
The intent of this indicator is to determine if the setting and grounds are free from unpleasant odors, refuse and potential safety hazards. For example, interiors and walkways and stairs are in good repair, garbage is properly contained and/or disposed of, property is free of pests, free of flammable materials. Consider the accessibility needs of the individual when rating this indicator.
- 23 SC 30 The location has sufficient toileting and/or bathing facilities and supplies to meet the individual's needs. Site
The intent of this indicator is to determine if the location has sufficient bathing/toileting facilities and supplies. Consider the individual's specific needs for safe access and use of the facilities. Case managers rating this indicator as not met may apply for one time funding to rectify the situation.
For physical environmental conditions that require funding or a contracting process for remediation, Quality monitors should use indicator SC50.
- 24 SC 32 Bathrooms, common areas, and personal living spaces afford privacy. Site
The intent of this indicator is to determine if the environment being reviewed has, as indicated by individuals' need, doors, curtains, partition screens, etc.
- 25 SC 29 The individual's environment is accessible, as needed, and promotes individual independence. Individual
The intent of this indicator is to determine if the setting is accessible to the person. The setting has, as indicated by each individual's need, ramps, automatic door openers, grab bars, tables, counters and appliances at appropriate height, ample space, etc. Bathing facilities meet the individual's needs. Any environment within the location where the individual receives service is accessible.

D Documentation

26	D 43a	The plan is implemented on a timely basis.	Individual
<p>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 reports, data sheets, and in-service training records to determine if all of the services and supports were implemented within 60 days of plan development, 30 days in licensed settings.</p> <p>Reference: 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.</p>			
27	D 43	Direct service providers maintain documentation of supports and services provided and progress made.	
<p>The intent of this indicator to determine if the services are being delivered to the individual as identified in the IP and that the provider maintains documentation of services and supports provided and progress made. Providers should maintain documentation of specific plans to implement goals identified in the Individual Plan. This includes documentation of individual progress reports, data and/or anecdotal notes, as applicable.</p> <p>Review provider specific plans including teaching strategies, nursing care plans, protocols and guidelines. Review program reports or summaries that indicate supports or services were provided as indicated in the person's individual plan. Attendance records may also be reviewed. Providers prepare individual progress reports on plan goals and objectives. If the person is not receiving the supports 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.</p>			
28	D 43b	After the IP development, providers obtain needed assessments, screenings evaluations reports and/or profiles and/or follow-up on recommendations.	Individual
<p>The intent of this indicator is to determine if providers have obtained needed assessments, screenings, evaluations, and reports in a timely manner.</p> <p>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.</p>			
29	D 40	Individual's incidents and accidents are reported, investigated and followed-up as appropriate.	Individual
<p>The intent of this indicator is determine the provider is routinely reporting all incidents and accidents using the DDS 255 Incident Report Forms. Review that follow-up is done for all critical incidents, and as needed for non-critical incidents. Incidents reported from own home and family home settings are documented on DDS 255 OH forms.</p> <p>Review copies of incident reports completed by the provider. The provider log or progress notes may indicate if or when incidents occur.</p> <p>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 is any documentation kept in these areas. Otherwise, documentation will be maintained in the case management record.</p> <p>Refer to PR.009 Incident Reporting and PR.009a Incident Reporting for Individuals and Families Receiving Services in Own/Family Home Settings.</p>			