

ALABAMA DEPARTMENT OF MENTAL HEALTH

DIVISION OF DEVELOPMENTAL DISABILITIES
ADMINISTRATIVE CODE

CHAPTER 580-5-33
Administrative and Support Requirements
For Community Providers of
Intellectual Disability Services

Assessment Tool for Basic Assurances®

2012

Assessment Tool for Basic Assurances[®]

This section is divided into thirteen Basic Assurances[®] factors:

Factor One: Rights Protection and Promotion

Factor Two: Dignity and Respect

Factor Three: Natural Support Networks

Factor Four: Protection from Abuse, Neglect, Mistreatment and Exploitation

Factor Five: Best Possible Health

Factor Six: Safe Environments

Factor Seven: Staff Resources and Supports

Factor Eight: Positive Services and Supports

Factor Nine: Continuity and Personal Security

Factor Ten: Basic Assurances[®] System

Factor Eleven: Other Requirements Supporting Protection, Health and Safety

Factor Twelve: Personal Care, Companion, Respite and Crisis Intervention Services, and Supported Employment Services at an Integrated Worksite (non-congregate services)

Factor Thirteen: Case Management Standards

There are two methods involved in assessing whether an organization meets the Basic Assurance[®] standards:

Factors Four, Five and Six

The expectation is that the organization has strong systems and practices in place to promote protection, health and safety. Therefore, the criteria for Factors Four, Five and Six-- Protection from Abuse, Neglect, Mistreatment and Exploitation, Best Possible Health, and Safe Environments-- is set at 100%. The system and the practice for all Indicators in each Factor must be present to meet the 100% mark. Additional requirements in these areas (Protection, Best Possible Health, and Safe Environments) are captured in Factor Eleven, which is scored differently, as described below.

Factors One, Two, Three, Seven, Eight, Nine, Ten, Eleven, Twelve and Thirteen

Each Factor is composed of several indicators. Each of the Indicators in Factors One through Three and Seven through Thirteen are assessed and a rating made on one of the following criteria:

Action Required (AR)--Incomplete planning and action.

Progress Noted (PN)--Planning and action has occurred with evidence of partial results.

Effective Results (ER) --Actions are demonstrating the desired results.

When available, the reviewer will identify the evidence source that resulted in a requirement not met/not in compliance finding. This reference may identify a location, a record, specific observation or information disclosed during an interview. The evidence identified in this report is not intended to be inclusive of all instances where standards are not met; but rather a reflection of findings during the site visit. It is the obligation of the organization to ensure that all sites, services and documentation are in compliance with the certification standards.

Information Gathering

Probes, correlating with the requirements in Chapter 580-5-33, Administrative and Support Requirements for Community Providers of Developmental Disability Services, are included in this Assessment Tool as a means of discovering information about the Indicators and making rating decisions. They are not scored separately but are used to gather information to support the decision about whether the Indicator is being met satisfactorily.

The reviewer will make a decision about each Indicator based on the information gathered through conversation, spending time with people and review of documents. The reviewer will evaluate compliance with requirements within the Indicator and then make a final determination about the Indicator based on a preponderance of the information gathered. The reviewer will note Supporting Information for all Indicators rated “Action Required” (AR) and for those individual standards within Indicators rated “Progress Noted” (PN).

Scoring and Certification

Each organization will be subject to the requirements in Factors and Indicators based on the types of services provided (see chart following this discussion). The total number of the Indicators applicable for that organization is multiplied by 80% to determine the required number of met Indicators for a One Year Certification and 90% for a Two Year Certification. Rounding is applied to the nearest whole number, with .5 being rounded up. Individual Indicators determined by the reviewer to be not applicable for a particular situation will be deleted from the total Indicators required for that organization and this will be factored into the scoring.

The organization’s Indicator rankings are added together to obtain the total number of Indicators meeting the “Progress Noted” (PN) and/or “Effective Results” (ER) status.

- If the organization does not meet the 100% criteria for Factors Four, Five and Six, AND/OR does not meet the minimum of 80% on other applicable Indicators, the organization will be determined not in substantial compliance with standards and will not be certified. The organization may be placed on Provisional Certification Status for up to sixty (60) days, and a Plan of Action to address Indicators rated “Action Required” and “Progress Noted” must be submitted to the Office of Certification Administration within thirty (30) days from receipt of the letter from that Office. Timeframes to come into full compliance with the indicators must be included in the Plan of Action. Failure to submit the Plan of Action within the time period

specified may result in the immediate decertification of the organization's programs. Prior to the expiration of Provisional Certification status, the programs will undergo a follow-up site certification review to determine future certification status.

- If the organization meets the 100% criteria for Factors Four, Five and Six, AND receives either PN or ER on a minimum of 80% of the other applicable Indicators, the organization is certified for one year and a Plan of Action to address Indicators rated "Action Required" and "Progress Noted" must be submitted to the Office of Certification Administration within thirty (30) days from receipt of the letter from that Office.
- If the organization meets the 100% criteria for Factors Four, Five and Six, AND receives either PN or ER on a minimum of 90% of the other applicable Indicators, the organization is certified for two years.

The following chart indicates how the Factors and Indicators are applied per organization based on the services provided:

Factors	Indicators	Services Provided by the Organization			Other Notes
		Case Mgt	Non-Congregate	Residential and/or Day	
Factor One	7	√ (6 indicators)	√	√	Indicator G not applicable to Case Management
Factor Two	5	√	√	√	
Factor Three	4	√	√	√	
Factor Four	6 (100% compliance)	√	√	√	
Factor Five	5 (100% compliance)	√ (4 indicators)	√	√	Indicator E not applicable for agencies not administering medications
Factor Six	4 (100% compliance)	√ (3 indicators)	√	√	Indicator D not applicable for Case Management
Factor Seven	4	√	√	√	
Factor Eight	9			√	
Factor Nine	4	√	√	√	
Factor Ten	3	√	√	√	Will be scored beginning October 2014
Factor Eleven	3	√	√	√	
Factor Twelve	3		√		
Factor Thirteen	7	√			
Number of Indicators Scored		33 (36 beginning Oct. 2014)	30 (33 beginning Oct. 2014)	36 (39 beginning Oct. 2014)	For organizations providing services in more than one category, indicators are added as applicable

Number of Requirements Required for Certification

Total Indicators Applied to the Organization	Minimum Number of PN+ER Required for 80% Criteria	Minimum Number of PN+ER Required for 90% Criteria
30	24	27
31	25	28
32	26	29
33	26	30
34	27	31
35	28	32
36	29	32
37	30	33
38	30	34
39	31	35
40	32	36
41	33	37
42	34	38
43	34	39
44	35	40
45	36	41
46	37	41
47	38	42
48	38	43

Examples:

- An organization providing Case Management only is subject to meeting the requirements in 33 Indicators. The organization will need to rate PN or ER on 26 Indicators for a One Year Certification (80% of 33 Indicators = 26.4, rounded to 26). The organization will need to rate PN or ER on 30 Indicators for a Two Year Certification (90% of 33 Indicators = 29.7, rounded to 30).
- An organization providing Case Management services as well as one or more of the Non-Congregate services is subject to meeting the requirements in 36 Indicators (33 for Case Management, and an additional 3 Indicators in Factor Thirteen). A One Year Certification will require a rating of PN or ER on 29 (28.8) Indicators, and a Two Year Certification will require a rating of PN or ER on 32 (32.4) Indicators.

Indicators and Factors

Factor One

Promotion and Protection of Individual Rights 580-5-33-.04	AR	PN	ER	Supporting Information
<p>A. The organization implements policies and procedures that clearly define its commitment to and addresses the promotion and protection of individual rights.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Does the policy list rights afforded all citizens as indicated by the [US] Constitution, laws of the country, and State of Alabama? 580-5-33-.04 (2) 2. Do the policies and procedures describe the organization's due process? 580-5-33-.04 (3) 3. Do the policies and procedures for due process include individual rights review and documentation in the event of a proposed restriction of a person's rights? 580-5-33-.04 (3) 4. Does the organization refrain from having standing policies and procedures that restrict people's rights without due process? 580-5-33-.04 (4) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor One

Promotion and Protection of Individual Rights 580-5-33-.04	AR	PN	ER	Supporting Information
<p>B. The organization informs people of their rights.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Does the organization document verification that it provides to persons and their legally authorized representatives an oral and written summary of their rights/responsibilities and how to exercise them upon admission; and annually thereafter? 580-5-33-.04 (5) 2. Is the information [in 1 above] provided in a format that is in language and style that is easily understood [to the person]? 580-5-33-.04 (5) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor *One*

Promotion and Protection of Individual Rights 580-5-33-.04	AR	PN	ER	Supporting Information
<p>C. The organization supports people to exercise their rights and responsibilities.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Does the organization assess each person's ability to understand and exercise his or her rights on an ongoing basis but at least annually? 580-5-33-.04 (6) 2. Does the rights assessment address people's civil and legal rights and personal freedoms? The assessment includes but is not limited to the ability to do the following— <ol style="list-style-type: none"> a. Exercise freedom of movement with physical environments, including lockable entrance doors, with people served and only appropriate staff (as identified in the person centered plan) having keys b. Have a lease, residency agreement, or other form of written agreement in place that provides protections, and addresses eviction processes and appeals comparable to those provided under the state's landlord tenant law. 580-5-33-.04 (7) c. Manage money d. Send and receive mail including a private place to read and open mail. e. Privacy to make and receive telephone calls and use other means of communication f. Visit and be visited by whomever they choose at any time g. Access personal possessions h. Vote and otherwise participate in the political process i. Make choices about religious affiliation and participation j. Interact socially with members of either gender. k. Privacy including a choice of private bedroom or choice of a roommate with furnishings positioned so as to maximize privacy l. Freedom and support to control schedules and activities 3. Does the rights assessment address the need for and scope of advocacy, guardianship & alternatives for each person? 580-5-33-.04 (8) 4. Are rights assessment results, including supports needed to protect and promote the person's rights, documented in the person's record? 580-5-33-.04 (9) 5. Does the organization provide assistance to the person in areas identified as important by the person and that person's Support Team? 580-5-33-.04 (10) 6. Does the organization provide education regarding voter registration and the voting process to anyone age 18 or over that expresses an interest? 580-5-33-.04 (11) 7. Does the organization assist people w/voting as needed? 580-5-33-.04 (11). [Note: NA for people deemed incompetent, due to Alabama voting laws.] 8. Does the organization provide individualized supports/services that are free from discrimination (race, gender, age, language, ethnicity, disability, religion, sexual orientation, or financial circumstances)? 580-5-33-.04 (12) 9. Does the organization obtain written, informed consent [from the person] prior to any intrusive medical or behavioral intervention, and prior to participation in research? 580-5-33-.04 (13) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

3. Are staff trained in due process procedures? 580-5-33-.04 (23)				
4. Are staff trained in any procedures for placing a limitation or restriction on a person's rights? 580-5-33-.04 (23)				

Factor One

Promotion and Protection of Individual Rights 580-5-33-.04	AR	PN	ER	Supporting Information
<p>F. The organization upholds due process requirements.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Is the organization's due process defined as providing people supported, and their legally authorized representatives, with a fair process requiring at least an opportunity to present objections to the proposed action being contemplated? 580-5-33-.04 (23) 2. Is due process, including review by a Human Rights Committee, implemented when it is proposed that a person's rights be restricted for any reason? 580-5-33-.04 (23) 3. Does a Human Rights Committee (HRC) review any restriction of a person's rights including an assessment indicating the need for a restriction periodically, but at least annually, during the period in which the restriction is imposed, and document such? 580-5-33-.04 (24) 4. Are all restrictions included in the individual's person-centered plan? When any restrictions are being proposed for a person, is the person supported to attend and provide input at the HRC meeting in which the proposed restriction is being reviewed? 580-5-33-.04 (25) 5. Are people provided adequate training in due process procedures including: <ol style="list-style-type: none"> a. any procedures for placing a limitation or restriction on a person's rights, b. training that supports the removal of rights restrictions? 580-5-33-.04 (26) 6. Is the continued need for the restriction reviewed at least quarterly by the QDDP or more often at the request of the person? 580-5-33-.04 (27) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor One [NA for Agencies Providing Case Management Only]

Promotion and Protection of Individual Rights 580-5-33-.04	AR	PN	ER	Supporting Information
<p>G. The organization has access to a working and effective Human Rights Committee</p> <p><i>Note: some of the following references are from 580-3-26.</i></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Does the organization utilize a working and effective HRC that complies with the provisions of 580-3-26? 580-5-33-.04 (28) 2. Does the HRC review policies, procedures and practices that have the potential for rights restrictions without an individualized assessment? 580-5-33-.04 (29) 3. Does the HRC review the frequencies and reasons surrounding the use of restraint for medical and/or behavioral purposes? 580-5-33-.04 (30) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<p>4. Does the Human Rights Committee meet at least quarterly? 580-3-26-.03(1)</p> <p>5. Is the Human Rights Committee composed of a majority of individuals that are not employed by the program, and consisting of representatives from each of the following groups? 580-3-26-.02 (2)</p> <ul style="list-style-type: none"> a. Current and/or former service users; b. Family members of service users; c. Representatives of community support and advocacy orgs; d. Local officials; e. Citizens at large; f. Performance Improvement/Quality enhancement staff (ex-officio) <p>6. Does the HRC:</p> <ul style="list-style-type: none"> a. make recommendations to promote people’s rights; b. proactively promote and protect people’s rights; c. review reports of substantiated allegations of abuse, neglect, mistreatment and exploitation; and d. review other data that reveal practices with respect to human, civil and legal rights; e. review research projects involving human participation to ensure the protection of people who are involved; f. assist in the review of rights-related policies and procedures; g. promote rights-related education and training programs; h. review rights restrictions; i. assist in monitoring activities; advise the program administrator on consumer rights-related grievances; and j. review rights-related issues in behavioral plans? <p>580-5-33-.04 (31) and 580-3-26-.03(2)</p>				
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Factor *TWO*

Dignity and Respect 580-5-33-.05	AR	PN	ER	Supporting Information
<p>A. People are treated as people first.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Do the organization's policies and procedures reflect and reinforce: <ol style="list-style-type: none"> a. courteous practices towards people? b. the avoidance of labels to describe people based on physical characteristics or disabilities? c. the practice of addressing people by their preferred names? d. privacy in a person's bedroom with furnishing selected and arranged by the person? <p>580-5-33-.05 (1)</p> <ol style="list-style-type: none"> 2. Does the organization provide training to staff and volunteers on policies regarding dignity and respect? 580-5-33-.05 (2) 3. Does the organization's identifying information (name, letterhead, etc.) promote a positive image of people, services and supports? 580-5-33-.05 (3) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor *TWO*

Dignity and Respect 580-5-33-.05	AR	PN	ER	Supporting Information
<p>B. The organization respects people's concerns and responds accordingly.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Does the organization provide people supported and their legally authorized representatives with information regarding filing complaints and grievances? 580-5-33-.05 (4) 2. Do the complaint/grievance procedures include the name and telephone number of the local contact? 580-5-33-.05 (4) 3. Does the designated local contact have the knowledge to inform persons, families and legally authorized representatives of the means of filing complaints and grievances and of accessing advocates, ombudsmen or rights protection within or outside the organization? 580-5-33-.05 (5) 4. Is grievance procedure information available in frequently used areas, particularly where people receive services? 580-5-33-.0 (6) 5. Do notices include the toll free numbers for the DMH Advocacy Office, the ADAP (Federal protection and advocacy system) and local Department of Human Resources? 580-5-33-.05 (6) 6. Does the organization provide access to persons and advocates, including a DMH internal advocate, and the grievance process without reprisal? 580-5-33-.05(7) 7. Are responses to grievances or complaints provided in a timely manner per the agency's procedures? 580-5-33-.05 (8) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<p>8. Are responses in a manner and format that is relevant and understandable? 580-5-33-.05 (8)</p> <p>9. Does the organization implement a system to periodically, but at least annually, review all grievances and complaints for quality assurance purposes? 580-5-33-.05 (9)</p>				
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Factor TWO

Dignity and Respect 580-5-33-.05	AR	PN	ER	Supporting Information
<p>C. People have privacy.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Does the organization provide space for people to: <ol style="list-style-type: none"> a. speak or interact with other in private and b. to open and read mail or other materials? 80-5-31-.05 (10) 2. Does the organization afford every person the right to privacy? 580-5-33-.05(11) 3. Does support staff demonstrate respect for people's privacy when: <ol style="list-style-type: none"> a. providing supports for bathing, dressing and personal hygiene in a private manner, and b. when entering personal spaces? 580-5-33-.05 (11) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor TWO

Dignity and Respect 580-5-33-.05	AR	PN	ER	Supporting Information
<p>D. Supports and services enhance dignity and respect.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Do practices enhance dignity and respect while recognizing individual choices and preferences? 580-5-33-.05 (12) 2. Do people receive needed supports to: <ol style="list-style-type: none"> a. ensure healthy hygiene and personal cleanliness? b. choose clothing that is clean, fashionable and that fits? c. decorate their personal spaces based on choice while maintaining environments that are safe and sanitary? 580-5-33-.05 (12) 4. Are transportation and other supports provided so people can access community services in a manner similar to others? 580-5-33-.05 (12) 5. Does the organization have policies related to privacy that address consent and use of video surveillance equipment and other electronic recording devices such as cell phones, cameras, video recorders, etc. 580-5-33-.05 (13) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor *TWO*

Dignity and Respect 580-5-33-.05	AR	PN	ER	Supporting Information
<p>E. People have meaningful work and activity choices.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Do personal assessments: <ol style="list-style-type: none"> a. identify preferred work and activities? b. Identify practices to help people make choices based on preferences and assist people to achieve goals? 580-5-33-.05 (13) 2. Do choices of activities and work encourage and promote age-appropriateness and a positive self-image. Do options consider the person's cultural background and preferences? 580-5-33-.05 (13) 3. Is work that people perform compensated at a fair wage, in compliance with requirements of the US Department of Labor? 580-5-33-.05 (14) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



Factor *Three*

Natural Support Networks 580-5-33-.06	AR	PN	ER	Supporting Information
<p>A. Policies and procedures facilitate continuity of natural support systems.</p> <p>Probes:</p> <ol style="list-style-type: none"> 1. Does the organization have policies and procedures that define natural supports and acknowledge the importance of natural supports in promoting identity, personal security and continuity for people served by the organization? 580-5-33-.06 (1) 2. Does the definition of natural supports include families and friends as well as community resources such as local organizations, clubs, places of worship, schools or other places where new and existing relationships can be built and facilitated outside of the organization? 580-5-33-.06 (1) 3. Do policies and practices reflect how an organization facilitates continuity in existing relationships and supports building new relationships using community resources? 580-5-33-.06 (2) 4. Do policies and practices reflect how an organization will assist people in making and maintaining contact with natural supports? 580-5-33-.06 (3) 5. Do policies and practices reflect how the organization will assist people to access their natural supports? 580-5-33-.06 (3) 6. Does the organization's facilitation of natural supports include promoting visits to the homes of families and friends? 580-5-33-.06 (4) (NA for Day and Non-Congregate Services) 7. Does the organization's facilitation of natural supports include promoting visits of families and friends to people's homes? 580-5-33-.06 (4) (NA for Day and Non-Congregate Services) 8. Do staff consider people's health, safety and well-being while planning visits with family and friends? 580-5-33-.06 (4) (NA for Day and Non-Congregate Services) 9. Are staff and volunteers provided training to develop and/or improve skills to support the person's communication and contact with natural supports, especially families and friends? 580-5-33-.06 (5) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor *Three*

Natural Support Networks 580-5-33-.06	AR	PN	ER	Supporting Information
<p>B. The organization recognizes emerging support networks.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Does the organization have a mechanism to identify and support existing and potential or emerging natural supports for each person? 580-5-33-.06 (6) 2. Does the organization have ways to connect people to natural supports including addressing and overcoming barriers? 580-5-33-.06 (6) 3. Does the organization have strategies to build the capacity for natural supports based on people's choices and preferences? 580-5-33-.06 (6) 4. Does the organization pursue the use of family members or close personal friends to assist people with decision-making? 580-5-33-.06 (7) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor *Three*

Natural Support Networks 580-5-33-.06	AR	PN	ER	Supporting Information
<p>C. Communication occurs among people, their support staff and their families.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Does the organization have internal communication systems for people, their support staff and families: <ol style="list-style-type: none"> a. that provide choices about extent and frequency of contact with their natural support networks? b. that ensures that inquiries from those in people's natural support systems are responded to in a natural and timely manner? c. That has a mechanism for legally authorized representatives, and others identified by people to receive information and be notified promptly and compassionately of incidents involving the person? 580-5-33-.06 (8) & (9) 2. Does the organization maintain written contact information including records of names, addresses and phone numbers of family and friends who are important to people? 580-5-33-.06 (8) 3. Does the organization include a variety of methods for helping people stay connected to natural supports? 580-5-33-.06 (8) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor *Three*

Natural Support Networks 580-5-33-.06	AR	PN	ER	Supporting Information
<p>D. The organization facilitates each person's desire for natural supports.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Does the organization document people's satisfaction with the amount of contact with their natural support system? 580-5-33-.06 (10) 2. Does the organization document people's involvement with their natural support systems? 580-5-33-.06 (10) 3. Does the organization have clearly identified expectations related to visits or other interactions with natural supports based on the desires of the person being supported? 580-5-33-.06 (10) 4. Does the organization provide private space for visits and interactions with members of the person's natural support network? 580-5-33-.06 (10) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor *FOUR* (note: this Factor requires 100% compliance)

Protection from Abuse, Neglect, Mistreatment and Exploitation 580-5-33-.07	Y/N	Supporting Information
<p>A. The organization implements policies and procedures that define, prohibit and prevent abuse, neglect, mistreatment and exploitation.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Does the organization implement a Community Incident Prevention and Management Plan (IPMS) as required by the Department of Mental Health, Division of Developmental Disabilities, to protect individuals served from harm and to improve the organization's responsiveness to incidents for the purposes of prevention of harm and risk management? 580-5-33-.07 (1) 2. Does the organization have policies and procedures that are consistent with and comply with the requirements of the IPMS? 580-5-33-.07 (3) 3. Are definitions of abuse, neglect (including unauthorized use of restraints), mistreatment and exploitation comprehensive and specific? Are they consistent with definitions in the Community IPMS? 580-5-33-.07 (3) 	<input type="checkbox"/>	

Factor *FOUR* (note: this Factor requires 100% compliance)

Protection from Abuse, Neglect, Mistreatment and Exploitation 580-5-33-.07	Y/N	Supporting Information
<p><i>B. The organization promotes freedom from abuse, neglect, mistreatment and exploitation.</i></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Are people provided understandable information about their rights to be free from abuse, neglect (including unauthorized use of restraints), mistreatment and exploitation? 580-5-33-.07 (4) 2. Is there an understandable, easy to use complaint process? 580-5-33-.07 (5) 3. Are people supported to report allegations of abuse, neglect, (including unauthorized use of restraints) mistreatment and exploitation? 580-5-33-.07 (5) 4. Are allegations reported by employees or others including people supported by the organization managed consistently & in the same manner? 580-5-33-.07 (6) 5. Do people who cause injury or harm to themselves or others receive supports to replace those behaviors, consistent with the Alabama DMH, DDD Behavioral Services Procedural Guidelines (DDD-PBS-01-05)? 580-5-33-.07 (7) 6. When there are allegations of abuse, neglect (including unauthorized use of restraints), mistreatment, exploitation or other reportable incidents, does the organization take immediate actions to ensure persons are protected? IPMS Section V.C 7. When people have been subjected to abuse, neglect (including unauthorized use of restraints), mistreatment or exploitation, does the organization assist the person to access supports to address the effects of the abuse even if the perpetrator is another person who receives supports from the organization? 580-5-33-.07 (8) 8. When people have been subjected to abuse, neglect (including unauthorized use of restraints), mistreatment or exploitation, does the organization assist the person to access supports to address the effects of that abuse even if the abuse occurred before they entered into the organization's system of services? 580-5-33-.07 (8) 9. Are incidents resulting in injury where both the perpetrator and the victim receive services investigated or clinically reviewed to determine: <ol style="list-style-type: none"> a. if the occurrence of such an incident may have been the result of neglect? b. If additional supports are needed for individuals involved? 580-5-33-.07(9) 	<input type="checkbox"/>	

Factor *FOUR* (note: this Factor requires 100% compliance)

Protection from Abuse, Neglect, Mistreatment and Exploitation 580-5-33-.07	Y/N	Supporting Information
<p>C. The organization follows reporting requirements for allegations or suspected incidents of physical, verbal, sexual or psychological abuse, mistreatment, neglect or exploitation regardless of age.</p> <p>Probes:</p> <ol style="list-style-type: none"> 1. Does the organization have a procedure for the reporting of incidents and injuries that is in accordance with all applicable laws and DMH/DD requirements, including the Community IPMS? 580-5-33-.07 (11) 2. Does the organization notify a person's responsible relative/guardian immediately in the event of a medical emergency or death? IPMS Section IV 	<input type="checkbox"/>	

Factor *FOUR* (note: this Factor requires 100% compliance)

Protection from Abuse, Neglect, Mistreatment and Exploitation 580-5-33-.07	Y/N	Supporting Information
<p>D. The organization ensures objective, prompt and thorough investigations of each allegation of abuse, neglect, mistreatment and exploitation, and of each injury, particularly injuries of unknown origin.</p> <p>Probes:</p> <ol style="list-style-type: none"> 1. Is there documentation that the organization conducts investigations in accordance with the timelines established by the Community IPMS? 580-5-33-.07 (12) <ol style="list-style-type: none"> a. as soon as possible but within a time frame to ensure that DDD receives a copy of the investigation report within 15 working days from the occurrence of the incident? IPMS Section V 2. Does the organization follow the recommendations for incident and investigation reports in the IPMS? IPMS Section V 	<input type="checkbox"/>	

Factor *FOUR* (note: this Factor requires 100% compliance)

Protection from Abuse, Neglect, Mistreatment and Exploitation 580-5-33-.07	Y/N	Supporting Information
<p>E. The organization ensures thorough, appropriate and prompt responses to substantiated cases of abuse, neglect, mistreatment and exploitation and associated issues identified in the investigation.</p> <p>Probes:</p> <ol style="list-style-type: none"> 1. Does the organization document the internal investigation/ review and follow up action for all allegations of abuse, neglect (including unauthorized use of restraints), mistreatment or exploitation? 580-5-33-.07 (12)(a) 2. Are the investigation outcomes and recommended actions implemented in accordance with the IPMS Community Guidelines? 580-5-33-.07 (12) (b) 3. Is an initial, comprehensive mortality review completed and available? 580-5-33-.07 (11) 	<input type="checkbox"/>	

Factor *FOUR* (note: this Factor requires 100% compliance)

Protection from Abuse, Neglect, Mistreatment and Exploitation 580-5-33-.07	Y/N	Supporting Information
<p>F. Support staff knows how to prevent, detect and report allegations of abuse, neglect, mistreatment and exploitation.</p> <p>Probes:</p> <ol style="list-style-type: none"> 1. Does the organization ensure that all staff receives orientation on abuse, neglect, mistreatment and exploitation? 580-5-33-.07 (14) 2. Does the orientation include prevention, detection and reporting requirements as specified in internal agency procedures, Community IPMS Guidelines, and any other applicable federal or state requirements? 580-5-33-.07 (14) 3. Does staff with specific responsibilities related to reporting, investigating or documenting requirements in the IPMS receive training in their areas of responsibility and in specific procedures as well? 580-5-33-.07 (15) 4. Does the organization provide ongoing training in prevention, detection and reporting frequently enough (at least annually) to support both personal and organizational outcomes? 580-5-33-.07 (16) 5. Is training on specific supports, services, policies, procedures and/or person-centered plans provided immediately when support staff competency is identified as a causal factor for substantiated incidents of abuse, exploitation, neglect (including unauthorized use of restraints), or mistreatment? 580-5-33-.07 (17) 6. Does the organization evaluate potential underreporting and screening of allegations of abuse, neglect (including unauthorized use of restraints), mistreatment and exploitation, and provide additional training as needed? 580-5-33-.07 (18) 	<input type="checkbox"/>	

Factor Five (note: this Factor requires 100% compliance)

Best Possible Health 580-5-33-.08	Y/N	Supporting Information
<p>A. People have supports to manage their own health care.</p> <p>Probes:</p> <ol style="list-style-type: none"> 1. Are people provided understandable information about their current and past health conditions, their medications and their treatments, including the purpose, intended outcomes, side effects or other risks and alternatives? 580-5-33-.08 (3) 2. Do people have access to all of their health care records? 580-5-33-.08 (4) 3. Are the person's preferences and ability to self-administer medications and treatments assessed at least annually in compliance with the Nurse Delegation Program? 580-5-33-.08 (5) 4. Are supports available to assist people with medications and treatments if necessary? 580-5-33-.08 (5) 5. If the person self-administers medications, have all of the following criteria been established and documented in accordance with the Nurse Delegation Program? 580-5-33-.08 (33) Has the person been: <ol style="list-style-type: none"> a. provided information, and the person effectively communicated understanding, regarding the purpose, dosage, time and possible side effects of the medications? b. instructed, and effectively communicated understanding, of what to do and who to call if he/she misses a dose, takes extra medication or experiences an adverse reaction?) c. educated, and effectively communicated understanding, in the maintenance of his or her medication history and in the recording of information needed by the physician to determine medication and dosage effectiveness? 6. Has the person demonstrated a competent self-administration of medication? 580-5-33-.08 (33) (c) 7. Is self-medication discussed during the annual person-centered plan meetings? Are concerns addressed and documented? 580-5-33-.08 (36) 8. Does staff support self-administration of medication through periodic monitoring of administration and documentation of continued proficiency by the person? 580-5-33-.08 (36) 9. Are people supported to become knowledgeable about how to access emergency medical care and to access it as needed? 580-5-33-.08 (6) 	<input type="checkbox"/>	

Factor Five (note: this Factor requires 100% compliance)

Best Possible Health 580-5-33-.08	Y/N	Supporting Information
<p>B. People access quality health care.</p> <p>Probes:</p> <ol style="list-style-type: none"> 1. [If the person began receiving services within the last year], was the person's initial physical examination conducted by a licensed physician or CNP within 365 days prior to admission? 580-5-33-.08 (7) 2. Has the person had an annual physical and have the medical needs been reviewed within 90 days prior to or at the time of the PCP? 580-5-33-.08 (8) 3. Does each person newly admitted have a TB skin test with documented results, or written evidence that the test was completed previously, or the test is medically contraindicated? 580-5-33-.08 (10) 4. Does each person have annual TB skin test as medically indicated? If the skin test yields a questionable result, does the organization follow-up with the physician? 580-5-33-.08 (10) 	<input type="checkbox"/>	

Factor Five (note: this Factor requires 100% compliance)

Best Possible Health 580-5-33-.08	Y/N	Supporting Information
<p>C. Health needs are addressed in a timely manner.</p> <p>Probes:</p> <ol style="list-style-type: none"> 1. Does the organization have a process for ensuring that a person who develops a medical problem, either an emergency or acute health care change, is assessed [by a qualified health care practitioner] in a timely manner? 580-5-33-.08 (12) 2. Is the person with an emergency or acute health problem provided treatment/care and monitoring in accordance with good standards of nursing or medical care to resolve the problem effectively? 580-5-33-.08 (12) 3. Does the organization have systems in place that ensure ongoing communication between people's health care support staff, and outside health care staff in order to promote continuity of care? 580-5-33-.08 (13) 4. Are actions taken to address health needs documented? 580-5-33-.08 (14) 5. When available, do people's medical records document hospital summaries that include the discharge diagnosis, current health status, follow-up instructions and any restrictions or limitations of recent hospitalizations? Does the organization document its efforts to obtain hospital summaries? 580-5-33-.08 (15) 6. Do people's records document acute health changes to provide a clear picture of the course of the illness or injury, treatment provided, and the person's current status from the time of identification through resolution? 580-5-33-.08 (16) 7. Are people's person-centered plans, inc. health care and supports, modified in a timely manner based upon acute health changes? 580-5-33-.08 (17) 	<input type="checkbox"/>	

Factor Five (note: this Factor requires 100% compliance)

Best Possible Health 580-5-33-.08	Y/N	Supporting Information
<p>D. Staff immediately recognize and respond to medical emergencies.</p> <p>Probes:</p> <ol style="list-style-type: none"> 1. Do direct support staff (non-licensed medical personnel) receive training to recognize and respond to people experiencing medical emergencies? 580-5-33-.08 (18) 2. Is medical equipment ordered by a physician to respond in a potential emergency for pre-existing (known) conditions available, well maintained, clean & functional? 580-5-33-.08 (19) 3. Is medication ordered by a physician to respond in a potential emergency available in the appropriate dose, quantity and form? 580-5-33-.08 (20) 4. Are first aid kits available and appropriately stocked for the provision of initial care for an illness or injury? 580-5-33-.08 (21) 	<input type="checkbox"/>	

Factor Five (note: this Factor requires 100% compliance) This indicator NA for agencies not administering meds

Best Possible Health 580-5-33-.08	Y/N	Supporting Information
<p>E. People receive medications and treatments safely and effectively.</p> <p>Probes:</p> <ol style="list-style-type: none"> 1. Does the organization implement policies and procedures approved by their Boards of Directors requiring full compliance with the Alabama Board of Nursing's Regulation 610-X-7-.06, Alabama Department of Mental Health Residential Community Programs and the Nurse Delegation Program? 580-5-33-.08 (22) 2. Is the unit dose or individual prescription system used for all prescription drugs? 580-5-33-.08 (23) 3. Does the organization have a system to document ongoing accountability of all prescription medications through an inventory process? 580-5-33-.08 (24) (f) 4. Are prescription medications used only by the person for whom they are prescribed? 580-5-33-.08 (26) 5. Are medication errors and reactions recorded and reported in accordance with the organization's written policy, the Community IPMS guidelines, and the Nurse Delegation Program? 580-5-33-.08 (28) 6. Does the organization document corrective action taken in response to medication errors? 580-5-33-.08 (29) 7. Does the organization ensure a nurse, pharmacist, or physician disposes of discontinued and outdated medications promptly and safely? Is the disposal of discontinued/outdated medications witnessed and documented in accordance with policy? 580-5-33-.08 (30) 	<input type="checkbox"/>	

<p>8. Does each person receiving medication receive supervision by the prescribing physician including regular evaluation of the person's response to the medication? 580-5-33-.08(31)</p> <p>9. Are people taking psychotropic medications routinely evaluated by a licensed physician at a minimum of every six months, to ensure the drug is effective, is being given at the lowest possible dosage and is consistent with appropriate standards of care? 580-5-33-.08 (32)(a)</p> <p>10. When the person takes anti-convulsant or psychotropic medications, does the organization ensure blood level examinations are repeated as clinically indicated for potential toxic side effects and to ensure levels are within therapeutic range? Are records of the most recent examinations maintained in the person's record, or if they cannot be obtained, a letter from the physician indicating that person is in "usual state of health"? 580-5-33-.08 (32)(b)</p> <p>11. In residential services and program services, is there a MAS trained registered nurse or licensed practical nurse who is responsible for the supervision of delegation of medication assistance by unlicensed personnel? 580-5-33-.08 (37)</p> <p>12. In residential services, is there an on-call MAS nurse available 24 hours a day, 7 days a week? 580-5-33-.08 (38)</p>		
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Factor *SIX* (note: this Factor requires 100% compliance)

Safe Environments 580-5-33-.09	Y/N	Supporting Information
<p>A. The organization provides individualized safety supports.</p> <p><i>Probes:</i></p> <p>1. Are people's abilities to be safe in their environments assessed? 580-5-33-.09(1)</p> <p>2. Does the assessment include, but not limit itself to, safety in the kitchen? The ability to adjust hot water, to respond to an emergency like fire or severe weather, to call for help and to use cleaning supplies? Other safety concerns specific to the person or the particular environment? 580-5-33-.09 (1)</p> <p>3. Are people provided supports to the extent needed, based on the functional assessment of safety? 580-5-33-.09 (1)</p> <p>4. Are assessment results documented? 580-5-33-.09 (1)</p>	<input type="checkbox"/>	

Factor Six (note: this Factor requires 100% compliance)

Safe Environments 580-5-33-.09	Y/N	Supporting Information
<p>B. The physical environment promotes people's health, safety and independence.</p> <p>Probes:</p> <ol style="list-style-type: none"> 1. Are kitchen areas, electrical appliances, and outlets free of hazards? 580-5-33-.09 (2) 2. Do heating and cooling systems maintain temperature comfortable for persons served according to weather conditions? Is the temperature (in most cases) maintained between 70° and 80° Fahrenheit? 580-5-33-.09 (3) 3. Are environments clean, pest free and adequately maintained to ensure basic safety? 580-5-33-.09 (4) 4. Does the organization maintain the appearance of the home, inside and out, consistent with that of other homes in the neighborhood? Does the setting have characteristics of an institution? 580-5-33-.09 (12) (NA for Day and Services) 	<input type="checkbox"/>	

Factor Six (note: this Factor requires 100% compliance)

Safe Environments 580-5-33-.09	Y/N	Supporting Information
<p>C. The organization has individualized emergency plans.</p> <p>Probes:</p> <ol style="list-style-type: none"> 1. Do the organization's emergency plans: <ol style="list-style-type: none"> a. address a variety of situations? b. accommodate the individual needs of peoples? 580-5-33-.09 (5) 2. Are alarms & visual signs in place for people who require them? 580-5-33-.09(6) 3. Are emergency contact numbers readily available to staff and people receiving supports? 580-5-33-.09 (8) 	<input type="checkbox"/>	

Factor Six (note: this Factor requires 100% compliance); [NA for Agencies Providing Case Management Only]

Safe Environments 580-5-33-.09	Y/N	Supporting Information
<p>D. Routine inspections ensure that environments are sanitary and hazard free.</p> <p>Probes:</p> <ol style="list-style-type: none"> 1. Does the organization monitor housekeeping and conduct regular safety inspections? 580-5-33-.09 (9) 2. Does the organization complete routine maintenance and repairs to ensure safe conditions throughout any physical structures? 580-5-33-.09 (9) 3. Is there a system for immediately reporting and correcting environmental or safety hazards? 580-5-33-.09 (9) 4. Does the organization maintain records of: <ol style="list-style-type: none"> a. repairs & maintenance? b. safety and sanitation inspections? 580-5-33-.09 (10) 5. Does the organization adhere to applicable certification and licensure standards, statutes and regulations regarding the physical environment as required by Alabama DMH Administrative Code, 580-3-22? 580-5-33-.09 (11) 	<input type="checkbox"/>	

Factor Seven

Staff Resources and Supports 580-5-33-.10	AR	PN	ER	Supporting Information
<p>A. The organization implements a system for staff recruitment and retention.</p> <ol style="list-style-type: none"> 1. Does the organization recruit and hire staff in accordance with all applicable laws and organizational requirements? 580-5-33-.10 2. Do all employees//volunteers/agents have reference and background checks prior to employment? Do checks cover the local vicinity and state, & national checks if applicable? Does the organization use resources such as Dept. of Public Safety, Department of Public Health's Abuse Registry, Department of Human Resources' Abuse Registry and DMH's Term-Trac database? 580-5-33-.10 (1) 3. Does the organization complete pre-employment drug testing for each employee whose job duties involve the care, safety and well-being of people, and on reasonable suspicion of any employee? 580-5-33-.10 (2) 4. Does the organization refrain from hiring people who have been convicted felony crimes? 580-5-33-.10 (3) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<p>5. Does the organization require all new staff that have direct contact to have a TB skin test with documented results, unless there is written evidence that such testing has been done within the last year unless there is a medical contraindication? Documentation of annual follow-up as directed by the employee's physician for medically contraindicated testing is available. 580-5-33-.10 (4)</p> <p>6. Does the organization complete one-step TB tests annually on each employee who has direct contact with the people served? 580-5-33-.10 (5)</p> <p>7. Does the organization assess at least annually and adjust hiring practices based on analysis of position turnover, availability of qualified candidates, vacancy rates, staffing ratios, availability of financial resources, supports needed by people and other relevant data? 580-5-33-.10 (6)</p> <p>8. Does the organization work with state and local resources such as schools and job placement services to ensure an adequate supply of qualified candidates? 580-5-33-.10 (6)</p> <p>9. Does the organization conduct employee satisfaction surveys, including exit surveys when employees leave? 580-5-33-.10 (7)</p> <p>10. Are satisfaction surveys reviewed for suggestions to improve recruitment and retention? 580-5-33-.10 (7)</p>				
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Factor Seven

Staff Resources and Supports 580-5-33-.10	AR	PN	ER	Supporting Information
<p><i>B. The organization implements policies and procedures that promote continuity and consistency of staff.</i></p> <p><i>Probes:</i></p> <p>1. Does the organization have an adequate number of personnel and staff to carry out the stated purpose/mission? 580-5-33-.10 (8)</p> <p>2. Do people have adequate staff to provide needed services/supports so their expectations, needs and desired outcomes can be achieved? 580-5-33-.10 (8)</p> <p>3. Does the organization maintain records demonstrating staff accountability? 580-5-33-.10(8)</p> <p>4. Does the organization maintain records demonstrating staff assignments and/or staff schedules? 580-5-33-.10 (8)</p> <p>5. Are the organization's hiring practices and staffing plan shaped by supports needed by people served and individualized for each person? 580-5-33-.10(9)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor *Seven*

Staff Resources and Supports 580-5-33-.10	AR	PN	ER	Supporting Information
<p>C. Staff are qualified for their roles.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Do employees who provide supports to individuals have the educational background and licensing credentials as required by the funding source, state law, and federal law? 580-5-33-.10 (10) 2. Do executive Directors/Owners/Operators possess a Bachelor's degree from an accredited institution in Public Health, Special Education, Social work, Business Administration, Public Administration, Psychology, or other Human Services field working with people with various disabilities, or Registered Nurse? Does the director have considerable experience (5 or more years) working with persons with intellectual and developmental disabilities in community settings. The director must possess, or be eligible for, license or certification in their particular field if applicable. 580-5-33-.10 (11) 3. Have all case managers completed a case management training program approved by DDD and the Alabama Medicaid Agency? 580-5-33-.10 (12) 4. Do all QDDPs have at least one year of experience working directly w/persons with intellectual or other developmental disabilities, completed QDDP training and POM training offered by the state, and co-facilitated a planning meeting with Regional QE Staff? 580-5-33-.10 (13) (to be completed by 07/01/19) 5. Do all QDDPs have the minimum educational background required (doctor of medicine or osteopathy, registered nurse, or a bachelor's degree in a human service field or a bachelor's degree with 12 hours course credit in a human service field)? 580-5-33-.10 (13) 6. Are students completing a degree in psychology, counseling, social work or psychiatric nursing, providing direct services only under the following conditions: the student: is in a clinical practicum that is part of an officially sanctioned academic curriculum; receives a minimum of one hour/week direct clinical supervision from a licensed/certified mental health professional with at least 2 years post master's experience in a direct service functional area; and the student's clinical notes are co-signed by the supervisor? 580-5-33-.10 (14) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor *Seven*

Staff Resources and Supports 580-5-33-.10	AR	PN	ER	Supporting Information
<p>D. The organization implements an ongoing staff development program.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Does the organization assure orientation/training for each employee? 580-5-33-.10 (15) 2. Does the organization maintain records documenting all employees training on site? 580-5-33-.10 (15) 3. Prior to assuming their assigned positions, do all employees complete training in each of the following areas: <ul style="list-style-type: none"> ▪ Rights of people served; ▪ Complaint/grievance procedure; ▪ Policies and procedures regarding abuse, neglect, mistreatment and exploitation; ▪ Overview of intellectual/developmental disabilities; ▪ Infection control/universal precautions; ▪ Severe weather preparedness; ▪ Fire Safety? 580-5-33-.10 (16) 4. Prior to working alone and within at least 90 days of employment, do all employees who provide direct supports to people receive training in: <ul style="list-style-type: none"> ▪ CPR (must receive certification); ▪ First aid (must receive certification); ▪ Medical emergencies; ▪ Management of aggressive behavior; ▪ Medication training including medication side effects; ▪ Signs and symptoms of illness; ▪ Incident identification/reporting in accordance with the IPMS 580-5-33-.10 (17) 5. Prior to working alone and within 90 days of employment, do all staff who provide direct supports receive training needed to implement people's plans? 580-5-33-.10(16) 6. Within 90 days of employment, do all staff who provide direct supports to people receive training in each of the following: <ul style="list-style-type: none"> ▪ Agency policy and procedures; ▪ Philosophy of self-determination; ▪ Person-centered supports; ▪ General behavioral principles w/emphasis on skill acquisition and behavior reduction techniques? 580-5-33-.10 (18) 7. Does the organization annually provide refresher training for all employees in each of the following areas: <ul style="list-style-type: none"> • Rights of people served; • Complaint/grievance procedure; • Policy and procedures on abuse, neglect, mistreatment and exploitation; • Infection control/universal precautions? 580-5-33-.10(19)(a)-(c) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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<p>8. Are all direct support staff provided annual training in management of aggressive behavior? 580-5-33-.10 (19)(d)</p> <p>9. Are MAC trained employees evaluated in compliance with the Nurse Delegation Program? 580-5-33-.10 (19)(e)</p> <p>10. Is the staff training program developed based on input from people supported and their families/legally authorized representatives? 580-5-33-.10(20)</p> <p>11. Does the staff training reflect current best practices? 580-5-33-.10(20)</p> <p>12. Does training for staff include one or more of the following:</p> <ul style="list-style-type: none"> ▪ Mentoring; ▪ On the job support; ▪ Personal growth and development planning; or ▪ Competency based measurement? 580-5-33-.10 (20) <p>13. Do all employees who provide direct supports maintain current certifications in CPR and First Aid? 580-5-33-.10 (21)</p>				
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Factor Eight [NA for Agencies Providing Case Management Only or Non-Congregate Services]

Positive Services and Supports 580-5-33-.11	AR	PN	ER	Supporting Information
<p>A. People are informed about the services and supports the agency provides.</p> <p><i>Probes:</i></p> <p>1. Does the agency discuss with the person receiving supports and the legally authorized representative the organization's services and any related charges, including any limitations placed on the duration or services? 580-5-33-.11 (1)</p> <p>2. Does it provide a written statement of services and related charges to the person receiving supports and the legally authorized representative? 580-5-33-.11 (1)</p> <p>3. Are persons responsible for payment of charges for services informed of any changes in services or limitations placed on duration of services prior to their occurrence during the service relationship? 580-5-33-.11 (2)</p> <p>4. Is the information provided to the person in language and terms appropriate to the person's ability to understand? 580-5-33-.11 (2)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor Eight [NA for Agencies Providing Case Management Only or Non-Congregate Services]

Positive Services and Supports 580-5-33-.11	AR	PN	ER	Supporting Information
<p>B. People are provided assistance in making choices and planning for services and supports.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Does each person have a support team that includes: <ol style="list-style-type: none"> a. a QDDP, b. the legally authorized representative or advocate as needed, c. family members (as desired by the person and/or legally authorized representative), d. representatives of all service providers (particularly staff responsible for program implementation), e. case manager, and f. others as indicated by the person's life situation, needs, desires and age (in the case of children), or as requested by the person or determined to be of important support? 580-5-33-.11 (3) 2. When people enter the program, does the QDDP share pertinent information regarding the person's support needs, including medical care, safety concerns, etc. with Support Team members within 24 hours? 580-5-33-.11 (4) 3. Is there documentation in the person's record of information shared and persons attending the initial support team meeting? 580-5-33-.11 (4) 4. Within 30 days of entry into the program, does the team meet to develop a person-centered plan? 580-5-33-.11 (5) 5. Does the team meet at least annually (every 365 days) to review and update the person's plan? 580-5-33-.11 (5) 6. Does the team meet at the convenience of the person and other members of the team to develop the person-centered plan? 580-5-33-.11 (5) 7. Is each person and his family members or others (with permission by the person) invited to actively participate in support plan meetings, including transition or discharge planning? 580-5-33-.11 (6) 8. During support team meetings, is information presented in language and terms appropriate for the person to understand? 580-5-33-.11 (6) 9. Is the person and/or legally authorized representative prepared for the person-centered planning meeting by sharing information to be discussed prior to the meeting? If not, was it documented that the meeting was an emergency? Was the information shared in a method he/she understands? 580-5-33-.11 (7) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor Eight [NA for Agencies Providing Case Management Only or Non-Congregate Services]

Positive Services and Supports 580-5-33-.11	AR	PN	ER	Supporting Information
<p>C. The organization assesses the person's personal goals and priority services and supports.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Does each person have a current functional assessment? [If the person is new to the organization's services,] is the assessment completed no later than 30 days after entry into services? 580-5-33-.11 (8) 2. Is the functional assessment updated annually at the time of the person-centered plan? 580-5-33-.11 (8) 3. Does the assessment address all of the following areas at a minimum: <ul style="list-style-type: none"> • Personal preferences; • Family/home situation; • Health needs; • Activities of daily living; • Vocational needs; • Communication skills; • Leisure activities; • Physical supports [i.e. adaptive equipment]; and • Social supports? 580-5-33-.11(9) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor Eight [NA for Agencies Providing Case Management Only or Non-Congregate Services]

Positive Services and Supports 580-5-33-.11	AR	PN	ER	Supporting Information
<p>D. People's individual plans lead to person-centered and person-directed services and supports.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Do people have person-centered plans based on personal strengths, interests, and needs? 580-5-33-.11 (10) 2. Do person-centered plans include services and supports preferred by the person or needed for the person to realize personal goals as documented in the functional assessment? 580-5-33-.11 (10) 3. Does the person-centered plan include learning, participation and support opportunities that are meaningful and functional and enhance the person's dignity? 580-5-33-.11 (11) 4. Is information for person-centered plans obtained directly from the person to the greatest extent possible or from people who know the person best? 580-5-33-.11 (12) 5. Does information for person-centered plans include observations of the person? 580-5-33-.11 (12) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<p>6. Do person-centered plans incorporate information from team members who know the person well? 580-5-33-.11 (12)</p> <p>7. Are person-centered plans modified by people with their support teams as needed, as soon as possible when there are significant changes in the person's physical or mental condition? And/or when a major life change is being contemplated by the person or for the person? 580-5-33-.11 (13)</p> <p>8. Does the organization have a clearly defined process for convening special person centered planning meetings? Meetings may be called at any time mutually agreed upon by the person and/or advocate or legally authorized representative and his/her team. 580-5-33-.11 (13)</p> <p>9. Do person-centered plans include prioritized goals designed to achieve desired individual personal outcomes? Are personal outcomes defined in such a way that they address the person's preferences and are attainable within a specific timeframe and enhance the person's life? 580-5-33-.11 (14)</p> <p>10. Do goals include participating in community life, gaining and maintaining satisfying relationships, having opportunities to fulfill respected social roles, expressing preferences and making choices, and development of personal competencies? 580—5-33-.11 (15)</p>				
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Factor Eight [NA for Agencies Providing Case Management Only or Non-Congregate Services]

Positive Services and Supports 580-5-33-.11	AR	PN	ER	Supporting Information
<p><i>E. The organization provides continuous and consistent services and supports for each person.</i></p> <p><i>Probes:</i></p> <p>1. Do all identified formal supports include implementation strategies defining who is responsible, when, where and how the opportunity is carried out (including the frequency) and methods of data collection to assess achievement? 580-5-33-.11 (16)</p> <p>2. Do staff possess the knowledge, skills and abilities to implement people's person-centered plans as written? 580-5-33-.11 (17)</p> <p>3. Do staff receive training in how to provide or access the supports needed to implement the goals in each person's plan? 580-5-33-.11 (17)</p> <p>4. Is there evidence that people are offered at least one community integration activity per week? 580-5-33-.11 (18)</p> <p>5. Does the organization have a system for ensuring that changes are effectively communicated to everyone within the organization who is important to the person or who provides support to the person? 580-5-33-.11 (19)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor Eight [NA for Agencies Providing Case Management Only or Non-Congregate Services]

Positive Services and Supports 580-5-33-.11	AR	PN	ER	Supporting Information
<p>F. The organization monitors the effectiveness of each person's person-centered plan.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> Does the organization have a system to monitor implementation of person-centered plans? Does it include direct observations of services and supports as well as reliable recorded evidence or information that reflects progress towards objectives and achieving desired outcomes? 580-5-33-.11 (20) Is the implementation of person-centered plans reviewed and documented at least every 90 days for effectiveness? 580-5-33-.11 (21) Does the review include progress/achievement for each learning, participation, or service opportunity? 580-5-33-.11 (21) Are person-centered plans modified by people with their support teams when the person is not benefiting from the opportunities? 580-5-33-.11 (22) Are person-centered plans modified by people with their support teams when requested by the person? 580-5-33-.11 (22) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor Eight [NA for Agencies Providing Case Management Only or Non-Congregate Services]

Positive Services and Supports 580-5-33-.11	AR	PN	ER	Supporting Information
<p>G. The organization provides positive behavioral supports to people.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> Do person-centered plans include objectives and strategies to address behavior that interfere with the person's achievement of personal goals and exercise of individual rights? 580-5-33-.11 (23) Do strategies to address behaviors use the least intrusive interventions necessary and the most positively supporting interventions available? 580-5-33-.11 (23) When appropriate, do people have behavior support plans that reduce, replace or eliminate specific behaviors? 580-5-33-.11 (24) Are the DDD Behavioral Services Guidelines Procedural Guidelines (02-05) followed when implementing behavior support plans? 580-5-33-.11 (24) Are behavior supports developed by a qualified professional based on information gathered in a functional assessment? 580-5-33-.11 (25) Do functional assessments identify physical and environmental issues that need to be addressed to reduce, replace or eliminate behaviors? 580-5-33-.11 (25) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<p>7. Does the support plan describe the specific behavioral supports that may and may not be used? 580-5-33-.11 (25)</p> <p>8. Do behavior support plans include a plan to reach a functionally equivalent behavior that will take the place of a target/inappropriate behavior? BSPG-PBS-02</p> <p>9. Do direct support staff receive training in behavioral techniques and plans and prior to implementation of supports to people? 580-5-33-.11 (26)</p> <p>10. Does the organization review data to monitor the effectiveness of behavior supports? Is the data reviewed at least quarterly or more often as required by individual needs? 580-5-33-.11 (27)</p> <p>11. Do the quarterly reports summarize the behavioral/psychiatric symptom data? BSPG—PBS-04</p> <p>12. Does the data indicate whether the intervention(s) is effective? BSPG—PBS-04</p> <p>13. Does the monitoring include information explaining why the behaviors/symptoms have worsened? BSPG—PBS-04</p> <p>14. If no progress is made in three months, has the behavior support plan been modified? BSPG—PBS-04</p> <p>15. Does the report include graph(s) of targeted reduction behaviors? BSPG-PBS-04</p>				
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Factor Eight [NA for Agencies Providing Case Management Only or Non-Congregate Services]

Positive Services and Supports 580-5-33-.11	AR	PN	ER	Supporting Information
<p>H. People are free from unnecessary, intrusive interventions.</p> <p><i>Probes:</i></p> <p>1. Prior to imposing a rights restriction, is an assessment completed indicating the need for the restriction and does the person meet with the support team to discuss the reason for the proposed restriction [except in extreme emergency to prevent the person from harming self or others]? 580-5-33-.11 (28)</p> <p>2. Is criteria for removing the restriction developed and shared with the person and legally authorized representative prior to imposing the restriction? 580-5-33-.11 (28)</p> <p>3. Has the person (or the person's legally authorized representative) given informed consent for any behavior support plan that includes Level 2 or greater procedures? 580-5-33-.11 (29)</p> <p>4. Has the BSP that includes Level 2 or 3 interventions been reviewed and approved by the Behavior Review Committee? 580-5-33-.11 (29)</p> <p>5. Has the behavior support plan containing Level 2 or 3 procedures been reviewed and approved by the HRC? 580-5-33-.11 (29)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<p>6. Are all reviews and approvals updated annually? BSPG PBS-03</p> <p>7. Are emergency or unplanned behavior interventions that are highly intrusive (level 3) not used more than three times in a six-month period without a team meeting to determine needed changes in the person's behavior support plan? 580-5-33-.11 (29) (a)</p> <p>8. If people require behavioral or medical supports to prevent harm to themselves or others, are those supports provided in accordance with DDD-PBS 01-05? 580-5-33-.11 (29) (b)</p> <p>9. Are restraint devices & other restraint procedures applied only by staff with demonstrated competency for the device/ procedure? 580-5-33-.11(29) (c)</p> <p>10. Does the organization ensure that people are not subjected to highly intrusive behavior interventions or punishment for the convenience of staff, or in lieu of a behavior support plan? 580-5-33-.11 (29) (d)</p> <p>11. Does the organization prohibit the use of corporal punishment, seclusion, noxious or aversive stimuli, forced exercise or denial of food or liquids that are part of a person's nutritionally adequate diet? 580-5-33-.11 (29) (e)</p> <p>12. Are requests for the use of Level 4 intervention procedures, with the exception of Emergency Mechanical Restraint, sent to the Director of Psychological and Behavioral Services (DPBS)? Are all restraints approved through the BSP process documented in the person-centered plan? The QDDP will review at the frequency directed by the Director of Psychological and Behavioral Services? 580-5-33-.11(29) (f) & (g)</p> <p>13. Does the agency document & comply with the limit for use of Emergency Mechanical Restraint as required by IPMS? 580-5-33-.11(29) (g)</p>				
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Factor Eight [NA for Agencies Providing Case Management Only or Non-Congregate Services]

Positive Services and Supports 580-5-33-.11	AR	PN	ER	Supporting Information
<p>I. The organization treats people with psychotropic medications for mental health needs consistent with standards of care.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Does the use of psychotropic medications for behavior support and use of medication(s) to reduce or change behavior associated with psychiatric symptoms comply with provisions of DDD PBS Level 3, including incorporation into a Behavior Support and/or Psychotropic Medication Plan? 580-5-33-.11 (30) 2. Are PRN orders for psychotropic medications administered in accordance with Nurse Delegation Program and in compliance with emergency procedures & due process? 580-5-33-.11 (31) 3. Does the person's Support Team meet to assess and address behavioral and psychiatric needs when PRN medications are used as an Emergency Procedure three times within a six-month period? 580-5-33-.11 (32) 4. If a person has a Psychotropic Medication Plan because they receive psychotropic medication(s) and have not exhibited a targeted behavior in six months, is the Psychotropic Medication Plan reviewed and approved by the Behavior Program Review Committee at least annually? BSPG—PBS-03 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor Nine

Continuity and Personal Security 580-5-33-.12	AR	PN	ER	Supporting Information
<p>A. The governing body provides leadership.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Does the organization have: <ol style="list-style-type: none"> a. written board approved operational policies? 580-5-33-.12 (1)(a) b. articles of incorporation (or a charter) with bylaws? 580-5-33-.12 (1)(b) c. a current organizational chart that is updated at least annually and identifies the titles of employees? 580-5-33-.12 (1)(c) d. a written mission statement approved by the board? 580-5-33-.12 (1)(d) 2. Are the responsibilities of the board defined in writing? 580-5-33-.12 (1)(e) 3. Does the board maintain & make records/minutes of meetings available? 580-5-33-.12(2) 4. Is the Executive Director responsible for the overall operation of the agency? Is this 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Quality Measures 2005[®]

responsibility included in the job description for the Executive Director? 580-5-33-.12 (3)				
5. Is the mission statement consistent with its legal constituting documents describing its purpose, services/supports it provides, who receives services, and how expectations of those who receive services are met? 580-5-33-.12 (4)				
6. Does the mission and values statement reflect the organization's commitment to protect people's rights? 580-5-33-.12 (5)				
7. Does the mission and values statement reflect the organization's provision and availability of services through positive approaches that are dignified and respectful and demonstrate the achievement of outcomes unique to each person? 580-5-33-.12 (5)				
8. Does the board review mission and values statements at least annually? 580-5-33-.12(6)				
9. Does the board have a system for receiving input from current and prospective service users in the development of the organization's mission statement, values, and ongoing organization and operations? Does this system provide feedback to participants for required or desired changes? 580-5-33-.12 (7)				
10. Is the system for providing feedback easily understood by people receiving services and supports? 580-5-33-.12 (8)				
11. Does the organization conduct flexible operations that meet the personal accessibility & availability needs for those receiving supports? 580-5-33-.12 (9)				

Factor *Nine*

Continuity and Personal Security 580-5-33-.12	AR	PN	ER	Supporting Information
<p>B. The organization supports people to manage and access their personal money.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> Does the organization refrain from engaging in accounting/ fiscal practices that restrict people from having access to their personal money? 580-5-33-.12 (10) Does the organization when assisting people with money management provide the person and legally authorized representative and others identified by the person of written documentation of expenditures and excess funds at least quarterly? 580-5-33-.12 (11) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor *Nine*

Continuity and Personal Security 580-5-33-.12	AR	PN	ER	Supporting Information
<p>C. Business, administrative and support functions promote personal outcomes.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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<p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Are adequate furniture, supplies, equipment available as needed to support personal needs & outcomes of people served? 580-5-33-.12 (12) 2. Are furniture, supplies and equipment in good repair and operating effectively? 580-5-33-.12 (12) 3. Are supplies, equipment or devices, [such as adaptive, therapeutic, corrective, prosthetic, orthotic and mobility devices] that are for individual use available and in good repair for the person who requires their use? 580-5-33-.12 (13) 4. Is food available that is nutritious and available in quantity and variety to meet each person's dietary needs and preferences? 580-5-33-.12 (14) 5. Does the organization maintain current certifications and licenses for operations and comply with all posting and notification requirements of local, state and federal offices? 580-5-33-.12 (15) 6. Does the organization ensure employees maintain current certifications and licenses as required? 580-5-33-.12 (15) 				
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Factor *Nine*

Continuity and Personal Security 580-5-33-.12	AR	PN	ER	Supporting Information
<p><i>D. The cumulative record of personal information promotes continuity of services.</i></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Does the organization maintain a cumulative record of information and documentation of services and supports needed by and provided to people? 580-5-33-.12 (16) 2. Does the organization have: <ol style="list-style-type: none"> a. a system for protecting the confidentiality of records, including financial and health information, in accordance with HIPAA regulations and other applicable state and federal laws? b. a system to ensure that only those directly involved in a person's care, or involved in authorized administrative review or service monitoring have access to records? c. a system for ensuring records are safe from loss, destruction or use by unauthorized people? 580-5-33-.12 (16) 3. Does the organization ensure that birth certificates, Social Security cards, eligibility paperwork, and other legal documents are maintained permanently, that all other records are maintained for five years? 580-5-33-.12 (17) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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<p>4. Does the person's current record include at least 12 consecutive months of information? 580-5-33-.12 (17)</p> <p>5. Does personal information include only information needed to provide services and supports to people? 580-5-33-.12 (18)</p> <p>6. Does the organization have a system to ensure personal information contained in the record is accurate and legible? 580-5-33-.12 (19)</p> <p>7. Does the organization have a system to ensure information is organized so it is accessible and able to be updated on a regular basis? 580-5-33-.12 (19)</p> <p>8. Do people and their legally authorized representation have access to, use and contribute to the information that is in their records, if they choose to do so? 580-5-33-.12 (20)</p>				
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Factor Ten [These indicators will be scored beginning October 2014]

Basic Assurances [®] System 580-5-33-.13	AR	PN	ER	Supporting Information
<p>A. The organization monitors Basic Assurances[®].</p> <p><i>Probes:</i></p> <p>1. Does the organization have a written plan of internal monitoring that is approved by the board of directors annually? 580-5-33-.13 (1)</p> <p>2. Does the organization make the plan available to DDD staff as requested? 580-5-33-.13(1)</p> <p>3. Does the Basic Assurance[®] monitoring system measure the functions of the organization in at least the following areas:</p> <ul style="list-style-type: none"> a. Promotion and Protection of Individual Rights b. Dignity and Respect c. Promotion of Natural Supports d. Protection from Abuse, Neglect, Mistreatment and Exploitation e. Incident prevention and management (including IPMS) f. Best Possible Health (including NDP) g. Safe Environments h. Staff Resources and Supports i. Positive Services and Supports (including Behavioral Services Procedural Guidelines) j. Continuity and Personal Security?580-5-33-.13 (2) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor Ten [These indicators will be scored beginning October 2014]

Basic Assurances [®] System 580-5-33-.13	AR	PN	ER	Supporting Information
<p>B. A comprehensive plan describes the methods and procedures for monitoring Basic Assurances[®].</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Does the plan identify specific information about data sources, data collection methods and type of analysis for each function measured? 580-5-33-.13 (2) 2. Does the plan identify people responsible for collecting and analyzing data from the internal monitoring system? 580-5-33-.13 (3) 3. Does the plan establish the responsibilities and roles of each person involved [leaders, people, families and support staff] in collecting and analyzing the organization's Basic Assurances[®]? 580-5-33-.13 (4) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor Ten [These indicators will be scored beginning October 2014]

Basic Assurances [®] System 580-5-33-.13	AR	PN	ER	Supporting Information
<p>C. Basic Assurances[®] monitoring data is used for continuous learning and improvement.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Does the plan emphasize quality enhancement & continuous improvement? 580-5-33-.13(5) 2. Is data collected and information learned from the internal monitoring system used to inform and educate people, their families and support staff to improve systems and ensure basic assurances are met? 580-5-33-.13 (6) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor *Eleven*

Additional Requirements Supporting Protection, Safety and Health	AR	PN	ER	Supporting Information
<p>A. Protection from abuse, neglect, mistreatment and exploitation</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Does the organization notify DDD of all reportable incidents and take action in accordance with IPMS? 580-5-33-.07 (2) <ol style="list-style-type: none"> a. Report verbally immediately for missing individual, death, or allegations of abuse, neglect, mistreatment or exploitation? (IPMS Section IV) b. Report w/in one business day to the case management agency by email or fax for any other reportable incidents except Level 1 and 2 Medication errors? (IPMS Sect VII) c. Submit written reports within 72 hours? (IPMS Section IV) 2. Are Level 1 and 2 Medication Errors reported in writing by the 5th day of the month following the month in which the incident occurred? (IPMS Section IV) 3. Does the organization develop and implement policies and procedures consistent with Section VIII of the Community IPMS and their internal quality enhancement/basic assurance system process? 580-5-33-.07 (19) 4. Is the system used to report incident data and identify trends, patterns or isolated incidents that may be indicative of abuse, neglect, mistreatment or exploitation? 5. Is the system used to take preventative actions to improve the safety of the environment and care for individuals? IPMS Section VIII 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor *Eleven*

Additional Requirements Supporting Protection, Safety and Health	AR	PN	ER	Supporting Information
<p>B. Best Possible Health</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Are people given the opportunity to choose their own health care providers as desired? 580-5-33-.08 (1) 2. Are people supported to make their own health care appointments and choices regarding their medical care as needed? 580-5-33-.08 (2) 3. Are health care strategies/interventions implemented and carried out according to recommendations of the Centers for Disease Control, with emphasis placed on age-specific screening tests? 580-5-33-.08 (9) 4. Are people assisted in obtaining preventive and routine health services (including physical examinations, immunizations, and screenings) consistent with their age and risk factors as recommended by their personal physician? 580-5-33-.08 (9) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<p>5. Are preventive health care strategies/interventions contained in the person-centered plan? 580-5-33-.08 (9)</p> <p>6. Are persons who require support for mobility provided assistance to prevent skin breakdown? 580-5-33-.08 (11)</p> <p>7. Do people have therapeutic and adaptive equipment, [as needed] that fits them and is in good repair? 580-5-33-.08 (11)</p> <p>8. Does each person's person-centered plan indicate his/her health needs and outline specific actions and time frames to address those needs? Health needs include, but are not limited to, physical, neurological, dental, nutrition, vision, hearing, speech/language, PT/OT and psychiatric services. 580-5-33-.08 (14)</p> <p>9. Are all medications labeled and stored as follows? a. All medications are stored under lock and key b. All narcotic medications, Schedule 2, 3, 4 and 5, are stored under double lock and key c. Medications are stored separately from non-medical items d. Medications are stored under proper conditions of temperature, light, humidity, sanitation and ventilation e. Internal and external medications are clearly labeled as such and stored separately from each other 580-5-33-.08 (24) f. Medication being utilized for a person self-administering medications is not locked away from him/her; however, it is secured out of reach of other persons who have not been determined to be capable of self-administering his/her own medication. 580-5-33-.08 (34)</p> <p>10. Are both prescription and non-prescription medications administered and recorded in accordance with valid orders and the Alabama Board of Nursing's Regulation 610-X-7-.06, DMH Residential Community Programs and Nurse Delegation Program? 580-5-33-.08 (25)</p> <p>11. Are over the counter medications issued to or retrieved by an individual from his/her own personal supply as per a valid medication order? 580-5-33-.08 (26)</p> <p>12. Is each prescription medication labeled with the person's name that matches the MAR, the name of the medication, the specific dosage and the expiration date up to the point of administration? 580-5-33-.08 (27)</p> <p>13. Does the team identify, assess and document the factors/criteria for consideration, and discuss potential reductions of psychotropic medications with the physician? Is the discussion documented? 580-5-33-.08 (32) (a)</p>				
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Factor *Eleven*

Additional Requirements Supporting Protection, Safety and Health	AR	PN	ER	Supporting Information
<p>C. Safe Environments</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> Are environments designed and maintained to be accessible, safe, and sanitary for people? 580-5-33-.09 Are quarterly severe weather drills and monthly fire drills conducted and documentation of the drills is available? 580-5-33-.09 (7) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor *Twelve* [NA for agencies not providing any of these services]

Personal Care, Companion, Respite and Crisis Intervention Services, and Supported Employment Services at an Integrated Worksite 580-5-33-.14	AR	PN	ER	Supporting Information
<p>A. Staff providing services know how to support the person.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> Does staff training include a review of the person's person-centered plan? 580-5-33-.14 (1)(a) Does the training include information about specific conditions and required supports for the person? (i.e., physical, psychological or behavioral challenges, capabilities, support needs & preferences?) 580-5-33-.14 (1)(b) Does training include reporting & record keeping? 580-5-33-.14 (1)(c) Does the training include arranging for alternate services (back up) services when needed? 580-5-33-.14 (1)(d) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor Twelve [NA for agencies not providing any of these services]

Personal Care, Companion, Respite and Crisis Intervention Services, and Supported Employment Services at an Integrated Worksite 580-5-33-.14	AR	PN	ER	Supporting Information
<p><i>B. The organization develops and implements a person-centered plan.</i></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Does the organization develop a person-centered plan? 580-5-33-.14 (2) OR If the organization is providing respite services, does the organization provide evidence that a temporary support plan was developed prior to the service? 580-5-33-.14 (4) 2. Is the person-centered plan developed with input from the person and his/her legally authorized representative? 580-5-33-.14 (2)(d) 3. Does the plan describe services in detail so the staff can provide services required by the person? 580-5-33-.14 (2)(a) 4. Does the organization provide documentation that the plan has been followed? 580-5-33-.14 (2) OR If the organization is providing respite services, does the organization provide documentation that the support plan was implemented while the person was receiving respite services? 580-5-33-.14 (4) 5. Does the organization provide documentation that the plan has been modified as needed? 580-5-33-.14 (2) 6. If the person receives more than eight (8) hours of personal care or companion services per day, is the plan approved by DDD? 580-5-33-.14 (2)(b) 7. If the person's needs require more than eight (8) hours of personal care or companion service per day, does the team meet to discuss viable alternative services to meet the person's needs? 580-5-33-.14 (2)(b)(i) 8. If the person and his/her team decide that personal care/ companion/ respite/ crisis intervention services are no longer adequate, is a viable alternative service located before discharge? 580-5-33-.14 (2)(b)(ii) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor *Twelve* [NA for agencies not providing any of these services]

Personal Care, Companion, Respite and Crisis Intervention Services, and Supported Employment Services at an Integrated Worksite 580-5-33-.14	AR	PN	ER	Supporting Information
<p>C. Services are monitored.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Is documentation of the provision of identified services/supports available? 580-5-33-.14 (2)(c) 2. Is there an assigned QDDP to supervise the provision of services, evaluate the continued appropriateness of services, and make changes when the person's needs or desires are not being met? 580-5-33-.14 (3) & (3)(a) 3. Does the QDDP conduct a site visit as needed but at least every 90 days? 580-5-33-.14 (3)(b) 4. Does the QDDP assess the effectiveness of the service and the person's satisfaction, and make any changes that are needed? 580-5-33-.14 (3)(c) 5. Is there documentation that the QDDP has taken corrective or improvement action in a timely manner according to needs? 580-5-33-.14 (3)(d) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor *Thirteen* [NA for agencies not providing case management services]

Case Management Standards 580-5-33-.15	AR	PN	ER	Supporting Information
<p>A. The organization demonstrates the capacity to provide the core elements of case management. 580-5-33-.15 (2)</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Does the organization demonstrate the capacity to provide assessment, person-centered plan development, linking and coordination of services, reassessment and follow-up? 580-5-33-.15(2)(a) 2. Does the organization demonstrate administrative capacity to ensure quality of services in accordance w/state and federal requirements? 580-5-33-.15(2)(b) 3. Does the organization demonstrate the capacity to document and maintain individual case records in accordance with state and federal requirements? 580-5-33-.15(2)(c) 4. Does the organization demonstrate capacity to meet the case management service needs of persons with intellectual disabilities? 580-5-33-.15(2)(d) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor **Thirteen** [NA for agencies not providing case management services]

Case Management Standards 580-5-33-.15	AR	PN	ER	Supporting Information
<p>B. The case manager performs a written comprehensive face-to-face assessment of the person's assets, needs, supports, goals and preferences.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Does the case manager perform a written face-to-face assessment of the person? 580-5-33-.15 (3) (a) 2. Does the assessment include the person's skills/assets, supports, and preferences by gathering information in the following areas and are they documented in the person-centered plan: 580-5-33-.15 (3) (a) <ol style="list-style-type: none"> a. Socialization and recreation? b. Community living? c. Employment? d. Physical Needs? e. Health? f. Housing and Physical Environment? g. Preferences for non-disability specific settings and private bedroom in a residential setting? 3. Does the assessment include identifying information / social history? 580-5-33-.15 (3) (a) 4. Does the assessment include analysis and planning for financial resources so requirements of the person and funding agency are met? 580-5-33-.15(3)(a) 5. Does the assessment include planning for financial accountability (as needed)? 580-5-33-.15 (3)(a) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor Thirteen [NA for agencies not providing case management services]

Case Management Standards 580-5-33-.15	AR	PN	ER	Supporting Information
<p>C. The case manager coordinates planning.</p> <p>Probes:</p> <ol style="list-style-type: none"> Does the case manager coordinates with the QDDP the development of a person-centered plan? 580-5-33-.15 (3) (b) Does the person-centered plan include actions required to meet identified needs and desires of the person based on the needs assessment? 580-5-33-.15 (3) (b) and (b)(1) Does the plan incorporate all services and supports received by the person, to include a case management plan and the Medicaid Plan of Care? 580-5-33-.15 (3) (b) Does the case manager ensure the case management plan is developed through a collaborative process involving the person and family or other agencies providing services and/or supports, and the case manager? 580-5-33-.15 (3) (b)(1) Is the case management plan completed in conjunction with the needs assessment within 30 days of the initial service contact? 580-5-33-.15(3)(b)(2) Is the case management plan updated at least annually and includes target dates? 580-5-33-.15(3)(b)(3) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor Thirteen [NA for agencies not providing case management services]

Case Management Standards 580-5-33-.15	AR	PN	ER	Supporting Information
<p>D. The case manager arranges services and supports.</p> <p>Probes:</p> <ol style="list-style-type: none"> Does the case manager, through linkage/ advocacy, coordinate contacts between people supported & appropriate support people, groups or agencies? 580-5-33-.15(3)(c) Does the case manager call or visit [support] individuals or agencies on behalf of the person? 580-5-33-.15 (3) (c) (1) Does the case manager assist the person in accessing learning, participation and support opportunities to optimize independence in the use of personal and community resources? 580-5-33-.15 (3) (c) (2) (i) Does the case manager assist the person in accessing supports as needed including coordinating transportation? 580-5-33-.15 (3) (c) (2) (ii) Does the case manager, through interviews w/ the person and significant others, assess whether the person has an adequate personal support system? 580-5-33-.15 (3) (d) 1. Does the case manager assist the person in expanding or establishing personal support system as needed? 580-5-33-.15 (3) (d) 2 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor Thirteen [NA for agencies not providing case management services]

Case Management Standards 580-5-33-.15	AR	PN	ER	Supporting Information
<p>E. The case manager monitors services and supports.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Does the case manager evaluate, through interviews and observations, the person's status and progress towards achievement of goals identified in the plan at least every 90 days? 580-5-33-.15 (3) (e) 2. Does the case manager make contact with individuals or agencies providing services as part of the 90-day review and review the results of these contacts along with changes shown in the person's needs during reassessment? 580-5-33-.15 (3) (e) (1) 3. Does the case manager modify the case management plan as needed? 580-5-33-.15 (3) (e) 2. 4. Does the case manager document services so that there is clear evidence that pressing issues are addressed? 580-5-33-.15 (3) (e) 3. 5. Does the case manager document the team meetings? 580-5-33-.15 (3) (e) 4. 6. Does the case manager meet with the person face to face at least every 90 days? <ol style="list-style-type: none"> a. Are at least two of these visits made per year in the person's home? 580-5-33-.15 (3) (e) 5. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor Thirteen [NA for agencies not providing case management services]

Case Management Standards 580-5-33-.15	AR	PN	ER	Supporting Information
<p>F. Documentation supports evaluation of the person-centered plan and promotes continuity of services and supports.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Does the case manager complete a 90 day narrative which addresses: <ol style="list-style-type: none"> a. The appropriateness of the person centered plan? b. Any health or safety issues? c. Progress or lack of progress in achieving goals identified in the plan? d. Case manager activities? 580-5-33-.15 (3) (e) 6. (i) 2. Does the case manager document a review of the functional assessment to ensure continued adequacy and accuracy? Does the case manager review the ICAP with the provider if changes have occurred in the person's life? 580-5-33-.15 (3) (e) 6. (ii) 3. Does the case manager document review of the person centered plan and Medicaid Plan of Care every 90 days by initialing and dating them? 580-5-33-.15 (3) (e) 6 (iii) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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4. Does the case manager determine that services have been delivered and whether they are meeting the person's needs and desires to move toward short term and long range goals? 580-5-33-.15 (3) (f)				
5. Is the person-centered plan revised, as appropriate, as a result of monitoring or changes in the person's status? 580-5-33-.15 (3) (f) (1)				
6. Does the person have a specific contact within the case management agency? 580-5-33-.15 (3) (f) (3)				
7. If there have been changes in the contact person, has the person and legally authorized representative been notified of this change in a timely manner? 580-5-33-.15 (3) (f) (4)				

Factor Thirteen [NA for agencies not providing case management services]

Case Management Standards 580-5-33-.15	AR	PN	ER	Supporting Information
<p>G. The case management agency implements a system for transition/discharge planning.</p> <p><i>Probes:</i></p> <p>1. Prior to a person being discharged from a service, does the agency complete a transition plan and/or discharge plan? 580-5-33-.15 (3) (f) (5)</p> <p>2. Does the transition/discharge plan incl. a summary of services used? 580-5-33-.15(3)(f) (5)</p> <p>3. Does the transition/discharge plan include the reason for transition/discharge? 580-5-33-.15 (3) (f) (5)</p> <p>4. Does the transition/discharge plan identify future supports if needed? 580-5-33-.15 (3) (f)(5)</p> <p>5. Does the case manager attend the transition/discharge plan meeting, or follow up to see that a transition/discharge plan is completed? 580-5-33-.15 (3) (f) (5)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	