

Provider Certification Process

and

Guidance Manual

For Provider Certification Reviews

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**

Alabama Provider Certification Reviews

Alabama, in concert with its mission and vision of lifting life's possibilities for people with developmental disabilities, re-designed the Administrative and Support Requirements for Community Providers of Services for People with Intellectual Disabilities. This vision is a system of care and support that is directed by each person and focused on personal outcomes within the life of the community. The Department of Mental Health, Division of Developmental Disabilities, sought to incorporate the values of respect, accountability, accessibility, collaboration, inclusion, choice, diversity, hope and compassion into the requirements.

Alabama partnered with CQL|The Council on Quality and Leadership, which shares Alabama's values. CQL's Basic Assurances[®] looks at the provision of safeguards from the person's perspective. While the Basic Assurances[®] contain requirements for certain systems and policies and procedures, the effectiveness of the system or the policy is determined in practice, person by person.

Alabama, determined to live its mission, used existing requirements, CQL's Basic Assurances[®], input from stakeholders and learning over the years to set out expectations for community providers that would result in person-centered supports and services.

Alabama is accountable to Alabamians with i disabilities, to the taxpayers of Alabama and the United States to monitor services and supports. This manual, with the companion document, Assessment Tool for Basic Assurances[®], was developed to guide Certification Staffs in assessing community providers' success in providing quality services and supports. The manual should also be helpful to providers of services for people with intellectual disabilities.

These basic requirements are essential, fundamental and non-negotiable expectations for all service and support providers. They are demonstrations of successful operations in the areas of health, safety and human security and form the bedrock of social stability.

How this manual is organized

This document contains the process for certification of Community Providers of Services to People with Developmental Disabilities. It also contains guidance in interpreting and gathering information for the thirteen factors that make up the Administrative and Support Requirements for Community Providers of Services for People with Intellectual Disabilities. We use the term 'factor' to refer to the main topic. For example, one of the factors is Rights Protection and Promotion. A description for each factor is provided, with a citing of the reference to the Alabama Administrative and Support Requirements for Community Providers of Intellectual Disability Services.

Each factor has a number of 'indicators' used to set expectations. "Staff recognize and honor people's rights," is an example of an indicator under the factor Rights Protection and Promotion. Following the factors and indicators are information- gathering strategies. Each set of strategies provides suggested questions for conversations with the person, someone who knows the person well, and others. In addition, it provides suggestions for questions about the organization's systems and practices, spending time with people, and documentation review. The companion document, The Assessment Tool for Basic Assurances[®], contains 'probes' and a rating system, designed to evaluate how well the organization meets each indicator.

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Note: Guidance for the Factor “Additional Requirements for Protection, Health and Safety” is incorporated into: 580-5-33-.07 Protection from Abuse, Neglect, Mistreatment and Exploitation; 580-5-33-.08 Best Possible Health; and 580-5-33-.09 Safe Environments.

PROVIDER CERTIFICATION PROCESS

BEFORE THE REVIEW

One month prior to the review, the provider organization will be requested to submit a roster of all individuals receiving services through the organization, with demographic and other information pertinent to the review [see attached roster and instructions]. The Certification Staff will use this roster to develop a sample to use during the review. An informal representative sampling process is used to represent people in different services offered by the organization.

Recommended Sample Size

1. If the population of the organization is 30 or less, the sample will be 2 people.
2. If the population of the organization is 31-60, the sample will be 3 people.
3. If the population is more than 60 people, the sample will be 5% up to a maximum of 15 people.
4. The Certification Staff reserves the right to increase the interview sample to better represent the population being supported by the organization.

Approximately one week prior to the review, the Certification Staff will notify the provider of people identified for the sample. Provider staff will contact those individuals and arrange permission for interviews, for reviews of records pertaining to those people, and for follow-up conversations with staff who know these people well. Provider staff will make arrangements for private interviews with the people in the sample.

PROVIDER SELF-ASSESSMENT

It is strongly recommended that providers complete a self-assessment using the tool “Assessment Tool for Basic Assurances,” prior to the review. This will enable providers to evaluate their own positions in regard to the standards, and provide an opportunity to gather materials pertinent to the review.

ON-SITE VISITS

Sites visited by Certification Staffs will represent all types of sites in which services are provided by the organization, and complement the persons to be interviewed. Certification Staffs reserve the right to visit any site in which services are provided. Reviewers also reserve the right to visit any certified organization if there are changes that significantly or negatively impact people receiving services, information provided does not sufficiently address the issues, or the Reviewer is not notified of any significant change in the organization.

CONVERSATIONS AND SPENDING TIME WITH PEOPLE

The Certification Staff will spend time with each person in the sample.

The Certification Staff will conduct modified Personal Outcome Measures interviews with each person in the sample, asking questions related to the following Outcomes [Reference “Personal Outcome MeasuresSM, Quality Measures 2005, The Council on Quality and Leadership].

- People are connected to natural support networks.
- People have intimate relationships.
- People are safe.
- People have the best possible health.
- People exercise rights.
- People are treated fairly.
- People are free from abuse and neglect.
- People experience continuity and security.
- People decide when to share personal information.
- People choose where and with whom they live.
- People choose where they work.
- People use their environments.
- People live in integrated environments.
- People interact with other members of the community.
- People perform different social roles.
- People choose services.
- People choose personal goals.
- People realize personal goals.
- People participate in the life of the community.
- People have friends.
- People are respected.

RECORD REVIEW

The Certification Staff will conduct record reviews of each person in the sample. The Certification Staff Member may invite the person supported to review the record with him or her.

The Staff will review assessments, medication administration records, person-centered planning documents, and other records to validate the organization's systems and practices. In addition, Certification Staff will review policies and procedures of the organization that provides information about systems and practices. [See "Information for Providers to Make Available for Certification Review" attached].

TARGETED INTERVIEWS

Others will be reviewed to gain information about specific organizational practices. The Certification Staff may select people from this list as part of the representative sample or as additional people to have conversations about specific issues. However, this list is not exhaustive and/or mandatory. The selection of people for targeted interviews is tailored to meet the characteristics and needs of each organization.

- a. Someone who has been involved in a recent allegation of mistreatment
- b. Someone who has filed a grievance/complaint
- c. Someone who has agreed to a restrictive intervention/rights limitation
- d. Someone who has had a reportable incident in the last three months
- e. Someone who has had an emergency room trip or hospitalization
- f. Someone who has significant health care supports
- g. Someone who has a modified diet (preferably texture)

- h. Someone who is new to service
- i. Someone who has consented to research

Targeted interviews will focus on the specific reason the person was selected. For example, if someone who has been to an emergency room is selected, the conversation with the person will focus on that incident. The Certification Staff Member will have additional conversations with direct support staff, professional staff and others to gather information about the organization's systems and practice, and may also review additional documentation about the topic of interest.

OTHER CONVERSATIONS

In the course of spending time with people, targeted interviews or review with people selected to be in the sample, the Certification Staff Member may ask questions of other people supported.

FAMILY/ADVOCATES/LEGALLY AUTHORIZED REPRESENTATIVES

The Certification Staff may have a conversation with at least one family member/advocate/ legally authorized representative. The selected person may be someone who is present during the review, related to someone in the sample or someone who the Certification Staff Member has identified as someone who will be able to provide information helpful in reviewing the organization's systems and practices or it might be someone recommended by the organization.

REVIEW PERSONNEL FILES

The Certification Staff will review records for a sample of personnel, which will include staff providing services to people in the sample. The number varies depending on the amount of information needed to validate the organization's practices. Generally, the sample size will be 10% but no less than 6 people and no more than 30 people.

- a. Direct Support Staff
 - a. One person who has been employed 3 to 6 months.
 - b. One person who has been employed more than one year.
- b. Professional Staff Examples (as applicable)
 - a. Nurse
 - b. QDDP
 - c. Case Manager

CONVERSATIONS WITH ORGANIZATIONAL LEADERS

The Certification Staff will have conversations with organization leaders about the systems and practices. Some questions will be focused on specific systems like the Human Rights Committee, Safety or Quality Assurances/Basic Assurances monitoring. Other conversations will be more general about policies or practices of the organization.

CLOSING MEETING

At the closing meeting, the Certification Review Staff will provide general feedback about their findings.

GUIDANCE FOR INTERPRETATION AND INFORMATION GATHERING

580-5-33-.04 Promotion and Protection of Individual Rights

Indicators:

- A. The organization implements policies and procedures that clearly define its commitment to and addresses the promotion and protection of individual rights.*
- B. The organization informs people of their rights.*
- C. The organization supports people to exercise their rights and responsibilities.*
- D. Decision-making supports are provided to people as needed.*
- E. Staff recognize and honor people's rights.*
- F. The organization upholds due process requirements.*
- G. The organization has a working and effective Human Rights Committee.*

People exercise their human and civil rights. They retain these human and civil rights despite the presence of intellectual or developmental disability or mental illness. Parents, families, service providers, and state or federal governments cannot limit these rights without engaging in legal, due process proceedings. In addition, individual rights are not limited or curtailed to promote outcomes for a larger number of people.

The organization assists people to exercise their rights. People with limited experience or knowledge about their rights receive training and support to make choices and exercise rights. Assistance also includes opportunities to exercise the responsibilities that accompany rights. People demonstrate respect for the rights of others as they assert and exercise their individual rights. Learning about individual freedom and rights of others is part of the service process.

Although organizations must respect people's rights to make their own decisions, some people may need legally authorized representatives, such as guardians or other substitute decision-makers. To protect people's rights, the organization assesses each person's specific range of decision-making abilities so that the legally authorized representation does not extend beyond the areas needed.

The organization periodically reviews the need for a legally authorized representative. If the person's skills improve or a change in situation occurs, the person resumes making decisions. On the other hand, when an individual has been found legally incompetent to make basic decisions, an authorized surrogate represents the individual's interests and protects all rights. Although guardianship or other legal representation puts legal limits on the person's exercise of certain rights, it does not prevent the person from participating in and influencing decisions or exercising other rights.

Although everyone has the same basic rights, we care more about some rights than others. People determine for themselves the rights matter that most to them. The organization uses a formal assessment system to ensure that it understands what rights are important to each person and trains staff accordingly. It promotes each person's ability to exercise these rights safely and responsibly.

Within any society, community or group of people, situations exist where total freedom to act, do or decide is not possible. Limitations may occur as a result of laws, community or group norms, and the

needs of other people. Each person is guaranteed the opportunity to be heard and treated fairly in any situation where limitations are imposed. The organization has an active Human Rights Committee dedicated to promoting and protecting people's rights. Rights are not restricted without due process and a clear plan to restore them.

Procedures for Information Gathering

FOCUSED CONVERSATIONS

Gather information directly from people to determine if their rights are protected and promoted. Here are some suggested questions for people and those who know them best. In addition, there are also some questions or areas that each organization will want to address.

Suggested Questions for the person:

1. What do you know about your rights? How did you learn/do you learn about your rights?
2. What rights are important to you?
3. Are you able to exercise your rights without difficulty?
4. What kinds of information or supports do you need to exercise your rights?
5. Do you vote? Has anyone asked you if you want to vote? [note: NA for people deemed to be incompetent due to Alabama voting laws]
6. Are any of your rights restricted or formally limited? If so, how does this impact your life?
7. If any of your rights are restricted, did you or someone else consent to this? What would it take for these rights to be restored? What is being done to change the situation?
8. What assistance are you getting so that you can exercise this right in the future?
9. Have there been times when you thought you were treated unfairly or that your rights were violated?
10. With whom do you talk about your questions or concerns regarding rights or how you are treated?
11. What services are you receiving?
12. When, where and from whom do you receive services?
13. Who decided what services you would receive?
14. If you did not decide, what was the reason?
15. How did you decide who would provide the service?
16. Are these the services you want?
17. Do you have enough services? Are they meeting your needs and expectations?
18. Can you change services or providers if you so choose?

Suggested Questions for someone who knows the person best:

1. What rights are important to the person?
2. How do you know this?
3. Does the person need support to exercise rights?
4. If so, what are the supports and who provides them?
5. Are there any barriers that affect this person in exercising his/her rights?
6. What is your role in assisting the person to exercise rights?
7. Are there any limitations/restrictions to the person exercising his or her rights?
8. What is the reason for the limitations/restrictions? Who consented to the limitation/restriction?
9. Has the person shared any concerns about his or her treatment or violation of rights?

10. What recourse does the person have when he or she has concerns?
11. What services does the person use?
12. What services were identified as beneficial by the person?
13. What options for services were presented to the person?
14. How do you determine the services desired by the person?
15. How were options for services and providers presented to the person?
16. How were the person's preferences considered when presenting options?
17. If the person has limited ability to make decisions or limited experience in decision-making, what do you do?
18. How do you assist the person to overcome barriers to his outcome [choosing services]?
19. What organizational practices, values and activities support this outcome for the person?

Talk with:

1. People who have a rights limitation/restriction, have participated in research, or for whom the team recommends advocacy, or a legally authorized representative such as guardianship or limited guardianship.

Ask the organization to analyze and explain:

- Education/Training for people and their legally authorized representatives about legal and civil rights and personal freedoms/human rights, including voting
- How they learn about people's skills and interest in exercising rights and how to support people, including registering to vote and voting
- Staff training in supporting people to exercise rights, including assuming competency, due process and assessment
- Any rights restrictions
- The measures in place to restore rights if people have rights restrictions
- The function of the Human Rights Committee in promoting and protecting people's rights
- How they ensure people give written informed consent for research, and for the release of information

SPEND TIME WITH PEOPLE

Spend time with people in as many places as possible. Ask people's permission to visit them. Look for ways people are exercising rights. For example, are people able to carry money? Do they have access to all of their possessions? Do people's homes have "staff areas" that are off limits? Does staff promote decision-making skills for people in making choices about their everyday lives, such as when to get up, go to bed, eat, etc?

DOCUMENT REVIEW

Review policies and procedures including due process procedures, Human Rights Committee minutes, assessments, staff training records and other documents to get an accurate picture of how the organization promotes and protects rights.

In individual records, look at verification of written summaries of rights, rights assessments, the Person Centered Plan, review of supports, including any behavioral and/or medical supports to ensure due process, and consents.

PERSONAL OUTCOME MEASURES

- People exercise rights.

Personal Outcome Questions:

What rights does the person exercise?

Are there any rights that are not exercised?

If the answer is no, the outcome is present.

If there are any rights that are not exercised, why?

If due to personal choice or if the limitations are approved with due process, the outcome is present.

Individualized Support Questions:

Are the preferences and desires about the exercise of rights solicited by the organization?

Have the rights that are important to the person been identified or are there efforts being made to learn about the person's preferences?

Is the person provided with the support needed to exercise his or her rights?

Based on the answers to the above questions, are individualized supports in place that facilitate this outcome.

- People are treated fairly.

Personal Outcome Questions:

What rights limitations or fair treatment issues have been identified by the person?

If none, the outcome is present.

If there are rights limitations or fair treatment issues, was adequate due process provided?

If yes, the outcome is present.

Individualized Support Questions:

Has the organization solicited information about rights violations or fair treatment issues from the person?

Have procedures for addressing the person's concerns been implemented?

Are the procedures used by the organization consistent with due process principles?

Based on the answers to these questions, are individualized supports in place that facilitate this outcome?

- People choose services.

Personal Outcome Questions:

1. Does the person select the services and/or supports that he or she receives?

2. Do the services and/or supports focus on the person's goals?

3. Does the person have choices about service providers?

4. If the answers to #1, 2 and 3 are yes, the outcome is present.

Individualized Support Questions:

1. Does the organization actively solicit the person's preferences for services and providers?

2. Does the organization provide options to the person about services and providers?

3. Does the organization honor the person's choices about services and providers?

4. Based on the answers to these questions, are there individualized supports in place that facilitate this outcome?

Additional Considerations:

Even though the person may not have chosen the services or providers of service initially, if he or she is now choosing to maintain the service after options have been presented, the outcome is present.

The choice of place of work or place of residence is not the issue in this outcome. In relation to work and home, the outcome refers to choice in services received while the person is at home or at work.

580-5-33-.05 Dignity and Respect

Indicators:

- A. People are treated as people first.*
- B. The organization respects people's concerns and responds accordingly.*
- C. People have privacy.*
- D. Supports and services enhance dignity and respect.*
- E. People have meaningful work and activity choices.*

Respect is more than the absence of negative comments or actions. Respect is demonstrated in how we interact with people. Interactions that promote respect do not draw undue attention to a person's disability or differences. We refer to people with disabilities as people, without the additional description of their disability or their role in the service delivery system. Rather than promoting the potentially stigmatizing nature of these terms, we are one "people", joined by our humanness, not separated by our differences.

Supports emphasize and capitalize on people's capabilities. Respect means listening and responding to people's needs with the same promptness and urgency that anyone would expect. When people ask for assistance, they are entitled to receive a meaningful response. Organizations listen to people and respond respectfully. People are positively regarded and all our interactions with them reflect respect.

How we appear to others affects what they think of us. How we dress, how our hair and grooming look to others can leave a generally positive impression that makes others want to get to know us better. The organization supports people to appear in ways that they prefer and assists them in appearing like similar aged peers if that support is wanted or needed.

Procedures for Information Gathering

FOCUSED CONVERSATIONS

Gather information directly from people to determine if they are afforded dignity and respect. Here are some suggested questions for people and those who know them best. In addition, there are also some questions or areas that each organization will want to address.

Suggested questions for the person:

1. How do staff treat you?
2. How do people talk to and about you?
3. Do people call you by your preferred name?
4. (For adults) Do others treat you the same as other adults?
5. Do people listen to your ideas and honor your choices?
6. What do you like about the things you do at home, school, work? Are they interesting?
7. What do you think about the activities that you do? Are you learning or gaining things from these activities? Do they make you feel important? Is it a good use of your time?
8. Where do you go if you want some privacy?
9. Whom do you talk with if you have a complaint or concern?
10. Do you feel they listen to your concern? Do they do something about it?
11. Do you think people treat you as important?

Suggested questions for someone who knows the person best:

1. What is important to the person with regard to respect?
2. How do you know if the person is feeling respected?
3. What is your role in assisting the person to feel respected?
4. What has been done to personalize the activities or interventions for the person?
5. What benefits will these activities or interventions provide for this person?
6. Is the person involved in all decisions affecting his or her life?
7. How are the person's needs for privacy honored?

[Note: information about where the person lives and works, and how he or she is integrated into the community, provides information about how the organization responds to the person's concerns, whether the person's work and activities are meaningful, and whether the person is treated as a person first (not treated differently in living and working situations because of disability).

Suggested questions for the person in regard to living and working choices, community integration:

1. Where do you live and work?
2. Do other people receiving services live and work with or near you?
3. Where do you go to have fun? Are those places where other people in the community would go? Do you spend time in other places used by people in the community?
4. What options did you have [about where you work, live, and go for fun in the community]?
5. Who chose what you do [also where you live and where you go]? How did you select those places? How did others help you with these decisions?
6. How did you decide who would live with you?
7. What do you like about your living [also work and fun] situation?
8. Are you satisfied with the decision[s] either you or others made?
9. If not, what would you like instead?
10. Can you do something different [about where you live, work and have fun] if you want to?

Suggested questions for someone who knows the person best in regard to living and working choices, community integration:

1. How do you learn about the person's preferences for work? For type of living situation?
2. How have you determined what integration means to the person?
3. What options/experiences did the person have [in order to make choices about where to work and live]?
4. How do you present options to the person so he or she can make informed choices?
5. Who made the decision about where the person works? Where and with whom the person would live? If it wasn't the person, why not?
6. Does the person live in typical community housing?
7. Does the person work in a building in which people from the community work?
8. Do leisure activities take place in settings used by people from the community? Do sports and work teams consist of a diverse group of people in the community?
9. How does the person's current job relate to his or her preferences, skills and interests?
10. Is the person working where he or she wishes? Living where and with whom he or she wishes? If not, what is the barrier?
11. What are you doing to overcome the barrier?

12. **How** do services, supports and activities promote and encourage integration?
13. What organizational practices, values and activities support the person to maintain or achieve these outcomes [in living and working choices and community integration]?

[Note: information about the person’s social roles provides information about whether supports and services enhance dignity and respect, and whether the person’s activities are meaningful.]

Suggested questions for the person in regard to social roles:

1. Do you know about different groups, clubs, organizations, etc., to be involved in?
2. What kinds of involvement and responsibilities do you have in your neighborhood or community (for example, neighborhood watch, civic groups, social clubs, volunteer, church, synagogue or other places of worship)?
3. What kinds of things do you do with other people?
4. Is there something you would like to be doing that you don’t do now?

Suggested questions for someone who knows the person best in regard to social roles:

1. What social roles do you think the person performs?
2. Why do you think these are social roles for the person?
3. What roles do you see the person having the potential or interest to perform?
4. If the person stopped participating, would he or she be missed?
5. How have the person’s interests been identified?
6. How do you know what social roles the person would like to perform?
7. What opportunities have been provided?
8. What supports does the person need to develop or maintain social roles?
9. Have those supports been provided?
10. Are there any barriers that affect the outcome for the person?
11. How do you assist the person to overcome barriers to this outcome?
12. What organizational practices, values and activities support this outcome for the person?

Talk with:

- Person responsible for processing grievances/complaints
- Person who has made a recent complaint/grievance

Ask the organization to analyze and explain:

- Staff training in supporting people to feel respected
- How people’s complaints are addressed
- What efforts the organization has made to ensure that its services and supports are person-centered

SPEND TIME WITH PEOPLE

Spend time with people in as many settings as possible. Ask people’s permission to visit them. Is “people first” language used? Is the home decorated in a way similar to others in the community? Are people afforded privacy during their daily routines unless supports require staff presence? Is there sufficient justification for these supports? Are people observed to have typical clothing items and hairstyles, etc.? Are the activities observed appropriate for people’s age and culture? Do they promote people’s dignity? Are people engaged in meaningful work for which they are paid? Are the grievance process and numbers for the advocacy system available to people?

DOCUMENT REVIEW

Review policy and procedures, especially for grievances/complaints, the log of grievances and completed grievances, training curricula, personnel records, letter head and pamphlets, fund raising materials, committee meetings, assessments, staff training records and other documents to get an accurate picture of how dignity and respect are promoted.

In individual records, look for how personal assessments and person-centered plans reflect assistance in achieving personal goals and promoting a positive self-image.

PERSONAL OUTCOME MEASURES

- People are respected.

Personal Outcome Questions:

1. How is the person treated by others?
2. Does this treatment demonstrate respect for the person?
3. Do interactions with others reflect concern for the person's opinions, feelings and preferences?
4. Does the person have the opportunity to participate in challenging and interesting activities?
5. If the answers to the above are yes, the outcome is present.

Individualized Support Questions:

1. Does the organization know what is important to the person with regard to respect?
2. Does the organization act to ensure that interactions with the person are respectful?
3. Have supports needed to enhance the person's self-image been identified and implemented?
4. Based on the answers to these questions, are individualized supports in place to facilitate this outcome?

Additional Considerations:

An isolated example of disrespectful interactions or practices does not automatically mean the outcome is not present.

Services, supports, activities and interactions must enhance the person's self-image and promote a positive image to others in order for the outcome to be present.

- People choose where they work.

Personal Outcome Questions:

1. Does the person have opportunity to experience different options?
2. Does the person decide where to work or what to do?
3. If the answers to #1 and 2 are yes, the outcome is present.

Individualized Support Questions:

1. Does the organization know the person's interests for work, or are efforts being made to learn what the person would like to do?
2. Does the organization provide the person with access to varied job experiences and options?

3. Has the organization responded to the person's desires for pursuing specific work or career options with supports?
4. Has the organization supported the person to address any identified barriers to achieving this outcome?
5. Based on the answers to these questions, are there individualized supports in place that facilitate this outcome?

Additional Considerations:

If the person has not been presented with options about where to work, and his or her preferences have not been determined, then the outcome is not present.

Planning for work begins during high school years. For preadolescent children, this outcome is present as long as they are involved in educational activities.

Choice may mean exploring options, expressing preferences and finally choosing the only option available at that time.

- People choose where and with whom they live.

Personal Outcome Questions:

1. Does the person have options about where and with whom to live?
2. Does the person decide where to live?
3. Does the person select with whom he or she lives?
4. If the answers to #1, 2 and 3 are yes, the outcome is present.

Individualized Support Questions:

1. Does the organization know where and with whom the person wants to live or are there efforts being made to learn about the person's preferences?
2. Does the organization support the person to explore all options so he or she can make informed choices?
3. Does the organization acknowledge the person's preferences and support the person to address any barriers that prevent him or her from choosing where and with whom to live?
4. Were the person's preferences and unique characteristics used as the home was selected?
5. Based on the answers to these questions, are there individualized supports in place that facilitate this outcome?

Additional Considerations:

If the person has not been presented with options about where and with whom to live and his or her preferences have not been determined, then the outcome is not present.

If the person chooses to remain in a situation he or she did not originally choose, after options have been presented through a process of exploration, the outcome is present.

For minor children living at home with the natural family, this outcome is present. For children placed out of the birth or adoptive home, the outcome is present if the preferences of the child and guardian are part of decision-making.

- People live in integrated environments.

Personal Outcome Questions:

1. Does the person use the same environments used by people in the community (for living, work, school, leisure, places of worship)?

2. If the answer to #1 is yes, the outcome is present.
3. If the answer to #1 is no, is this based on personal choice?
4. If due to personal choice, the outcome is present.

Individualized Support Questions:

1. Does the organization know what integration means to the person or are efforts being made to learn about the person's preferences?
 2. Do services and supports for the person promote opportunities for integration?
 3. Based on the answers to these questions, are there individualized supports in place that facilitate this outcome?
- People have social roles.

Personal Outcome Questions:

1. What social roles does the person fill?
2. Does the person fill a variety of social roles?
3. Are the number and types of social roles satisfactory to the person?
4. If the answers to #2 and 3 are yes, the outcome is present.
5. If the answer to #2 is no, is this the result of a personal decision?
6. If this is due to personal choice, the outcome is present.

Individualized Support Questions:

1. Does the organization know what social roles the person currently fills?
2. Has the organization assessed the person's interests in assuming additional roles or expanding current role responsibilities?
3. Are supports provided to assist the person with performing chosen social roles if needed and requested?
4. Based on the answers to these questions, are there individualized supports in place that facilitate this outcome?

580-5-33-.06 Natural Support Networks

Indicators:

- A. Policies and practices facilitate continuity of natural support systems.*
- B. The organization recognizes emerging support networks.*
- C. Communication occurs among people, their support staff and their families.*
- D. The organization facilitates each person's desire for natural supports.*

Natural supports enhance people's feelings of belonging and facilitate a safety net for them. These supports include our family members (such as parents, spouses, brothers, sisters, aunts, uncles, nieces, nephews, grandparents and foster/adoptive parents) and very close friends. Technology, such as the Internet, can be a useful tool in assisting people to stay connected to significant others.

The organization promotes networks of natural supports. People may need support to develop, enhance or renew relationships. If people have lost contact with family or friends, the organization assists people in reconnecting with those individuals. It may be that family or friends do not wish to remain connected with the person. While connections cannot be forced, it is still important for the organization to assist people in their attempts to reconnect. It also needs to make sure that those who are actively involved in the person's life remain connected. As part of this process, the organization assists people as needed in making family and friends feel welcomed in their homes.

Personal connections are natural safeguards that promote people's health and safety. Data from CQL's Personal Outcome Measures® establish a link between health and safety and people's connections to natural support networks. These connections have been shown to prevent abuse and neglect and to promote health, safety and personal security. These "ties that bind" are links to the greater world that create a blanket of security that internal organizational supports cannot duplicate.

Procedures for Information Gathering

FOCUSED CONVERSATIONS

Gather information directly from people to determine if they remain connected to natural supports in a manner that is satisfactory to them and have opportunities to develop new relationships. Here are some suggested questions for people and those who know them best. In addition, there are also some issues that each organization will want to address.

Suggested questions for the person:

1. Who are the important people in your life (family, friends, etc)? People that you can count on? Who are you closest to?
2. Who do you want to talk to or be with when you go through tough times?
3. Who do you want to share your successes with?
4. Is there someone with whom you can share your personal thoughts or feelings?
5. Whom do you trust to talk with about private concerns and feelings? Who is there for you when you need to talk?
6. How much contact do you have with them? How do you maintain contact with them?
7. Is the level and type of contact satisfactory to you and to them?
8. Is there any support you need to maintain contact with your family and friends or to make new relationships? Do you receive this support now?

9. Is there anyone important in your life with whom you have lost contact?
10. What types of support would you need to regain contact?
11. If the person replies he or she has no family/friends, pursue this to ensure this is based on personal choice that has been made from the array of options available to everyone.

Suggested questions for someone who knows the person best:

1. Do you know who is part of the person's natural support network? Who are the people who are important to this person? How do you know this?
2. Do you know if the person is satisfied with his or her contact with these people?
3. What is your role in assisting the person to maintain contact with those people, as well as to develop new relationships?
4. What do you do if the extent and frequency of contact is unsatisfactory to the person?
5. Do you know how the person defines intimacy? What is that definition?
6. Do you know if the person has the type and degree of intimacy desired?
7. How do you support the person's choices for intimate relationships?
8. How do you learn about the person's desires for intimacy? How do you know if the person needs support to develop or maintain intimate relationships?
9. If the person needs support, what has been arranged?
10. Are there any barriers that prevent the person from remaining connected with the people he or she identifies as part of this support network, or that affect the person's desires for intimacy?
11. How do you assist the person to overcome barriers?

Talk to other people:

- Family members, staff providing direct supports, staff responsible for training

Ask the organization to analyze and explain:

- Staff training in supporting people to attain and maintain connections with significant others
- The organization's role in supporting people to attain and maintain contact with persons with whom the person would like to attain and maintain contact
- The organization's internal communication systems for people, support staff and families

SPEND TIME WITH PEOPLE

Spend time with people in as many settings as possible. Ask people's permission to visit them. Look for the ways in which people are connected to natural supports. For example, do people have pictures of families and friends in their homes? Do people have ready access to the contact information for family and friends? Are people observed to have any direct contact with family or friends? Do people have a private place to talk with family and friends, either on the phone, computer or in person?

DOCUMENT REVIEW

Review policies and procedures, assessments, staff training records, training curricula, and person-centered plans, reviews and other documents to get an accurate picture of how natural support networks are developed, maintained and promoted. In individual records, look for written contact information of family and friends who are important to people, and for documentation of contacts with important people.

PERSONAL OUTCOME MEASURES

- People are connected to natural support networks.

Personal Outcome Questions:

1. Does the person have a natural support network?
2. If yes, what contact does the person have with people in the network?
3. Is this contact satisfactory to the person?
4. If the answer is yes, the outcome is present.
5. If the person does not have a natural support network, is this due to personal choice or due to natural circumstances?
6. If due to personal choice or natural circumstances, the outcome is present.

Individualized Support Questions:

1. Has the person's natural support network been identified by the organization?
2. Does the organization know the status of relationships within the person's support network?
3. Does the organization provide support for the person's relationships within the network if needed and requested?
4. Based on the answers to these questions, are individualized supports in place?

Additional Considerations:

If the extent and frequency of contact with people in the support network is decided by the person in conjunction with those people, then the outcome is present.

If the person has no natural support network with which to be connected, the outcome is present.

- People have intimate relationships.

Personal Outcome Questions:

1. Does the person have intimate relationships?
2. Is the person satisfied with the type and scope of intimate relationships?
3. If the answers above are yes, the outcome is present.
4. If the answers to the above are No, is this due to personal choice?
5. If due to personal choice, the outcome is present.

Individualized Support Questions:

1. Does the organization know and understand the person's preferences for intimate relationships?
2. Does the organization assist the person to explore and evaluate experiences in order to make choices about intimate relationships?
3. Does the organization provide supports for the person to pursue, form and maintain intimate relationships?
4. Has the organization addressed any barriers to the person having intimate relationships?
5. Based on the answers to these questions, are individualized supports in place that facilitate this outcome?

Additional Considerations:

For some people, the involvement and closeness of family relationships may meet intimacy needs. Family relationships that address intimacy needs go beyond typical family contact and interaction. They show evidence of emotional closeness and personal reliance that result in a positive outcome for the person. If the person has not indicated a desire for intimate

relationships and if the person's preferences for intimacy are known and supports are available, then the outcome is present.

Note: While natural support networks are typically lifelong relationships, they can be nurtured to grow and evolve over time. The following three Personal Outcome Measures®, People interact with other members of the community, participate in the life of the community, and have friends, are important to supporting emerging support networks.

Suggested questions for the person in regard to interacting with other members and participating in the community, and having friends:

1. What kinds of things do you do in the community (shopping, banking, church, synagogue, mosque, school, hair care)? How often?
2. How do you define friendship? Who are your friends?
3. With whom do you like to spend time? With whom do you spend most of your time?
4. What do you like to do with your friends?
5. How often do you see your friends? Do you spend enough time with them?
6. Besides seeing your friends, what other kinds of things do you do to stay in contact?
7. Do you have enough friends? Would you like more?
8. What kinds of recreational or fun things do you do in the community (movies, sports, restaurants, special events)? How often?
9. How do you know what there is to go?
10. Who decides where and with whom you go?
11. Is there anything you would like to do in the community that you don't do now? What do you need to make this happen?
12. Who do you know in your community?
13. When you go places, whom do you meet? Talk with?
14. What kinds of interactions do you have with people (order food in restaurants; pay for purchases; talk with people at church, synagogue or other places of worship; visit with neighbors)?
15. If you work, what kinds of social contacts do you have there (lunches, breaks, parties after work)?
16. What barriers do you face? With whom do you talk about this?

Suggested questions for someone who knows the person best in regard to interacting with other members and participating in the community, and having friends:

1. Do you know what the person would like to do in the community?
2. Is the person encouraged and assisted to use a broad variety of community resources?
3. Is training provided if the person needs it? Is support provided if the person needs it?
4. How is the person informed of options available in the community?
5. What opportunities does the person have to interact with others?
6. Do you know that the person's current situation is satisfactory to him or her?
7. With whom does the person choose to spend time?
8. Who are the person's friends? How do you know?
9. What contact does the person have with his or her friends?
10. Are the interactions and contacts the person has with friends similar to typical friendships that you or people you know have? Are they voluntary, mutual and interactive?
11. How do you determine the importance of friendship to the person?

12. How do you know if the person needs support to develop and maintain friendships?
13. Is there anything the person needs to support current relationships or develop new ones?
14. What is the person's preference for interaction?
15. How do you support the person to participate in community activities, and have opportunity to meet and interact with others?
16. How do you learn about what the person prefers to do, how often the person likes to be involved in community activities, and the person's preferences for interactions?
17. How do you know if the type and frequency of interactions are satisfactory to the person?
18. How do you assist the person to overcome barriers to this outcome [interacting with other members of the community, participating in the life of the community, having friends]?
19. What organizational practices, values and activities support this and encourage the person to interact with others?

- People interact with other members of the community.

Personal Outcome Questions

1. Is there direct interaction between the person and others in the community?
2. Is the type and frequency of interaction satisfactory to the person?
3. If the answers to #1 and 2 are yes, the outcome is present.
4. If the answer to #1 is no, is this based on personal choice?
5. If this is based on personal choice, the outcome is present.

Individualized Support Questions

1. Has the organization assessed the type and frequency of the person's interaction with other members of the community?
2. Does the organization know the person's preferences for interaction or are efforts being made to learn about the person's preferences?
3. Does the organization provide support for the person to access opportunities for interaction with others, if needed and requested?
4. Based on the answers to these questions, are individualized supports in place that facilitate this outcome?

Additional Considerations

There must be direct social contact between people for this outcome to be present.

Social contacts that occur during work or other supported activities are considered for this outcome.

Family members can be considered with regard to this outcome, if family members enable the person to have contacts with other members of the community.

- People participate in the life of the community.

Personal Outcome Questions

1. What does the person do when participating in the life of the community?
2. How often does the person participate in the life of the community?
3. Is this type and frequency of participation satisfactory to the person?
4. If the answer to #3 is yes, the outcome is present.

Individualized Support Questions

1. Does the organization know what the person would like to do in the community or are efforts being made to learn about the person's preferences?
2. Does the organization know how often the person would like to engage in community activities or are efforts being made to learn about the person's preferences?
3. Does the organization provide the person with access to information about options for community participation?
4. Does the organization provide support for the person to do the things he or she wants to do?
5. Based on the answers to these questions, are there individualized supports in place that facilitate this outcome?

Additional Considerations

If the person is aware of the options available to others in the community, and his or her opportunities to participate in the community are limited only by the size and location of the community, then the outcome is present.

The outcome is present when there is physical presence and engagement in community activities, regardless of who is part of the activity.

The person does not have to also participate in integrated work or educational settings to achieve this outcome.

A generic resource is no longer generic when other members of the community are excluded from using the resource.

- People have friends.

Personal Outcome Questions

1. Does the person have friends?
2. Are the number of friends and the outcome of contact satisfactory to the person?
3. If the answers to #1 and 2 are yes, the outcome is present.
4. If the person has no friends, is this due to personal choice?
5. If this is due to personal choice, the outcome is present.

Individualized Support Questions

1. Does the organization know the person's preferences and need for friends?
2. Are supports provided to assist the person with developing, maintaining and enhancing friendships, if needed?
3. Based on the answers to these questions, are individualized supports in place that facilitate this outcome?

Additional Considerations

If the person has no prior experience with friendships or has not expressed a clear choice in making friendships, then support and opportunity to make friends are provided in order for the individualized supports to be present.

Friends are people apart from family members and staff.

580-5-33-.07 Protection from Abuse, Neglect, Mistreatment and Exploitation

Indicators:

- A. *The organization implements policies and procedures that define, prohibit and prevent abuse, neglect, mistreatment and exploitation.*
- B. *The organization promotes freedom from abuse, neglect, mistreatment and exploitation.*
- 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.*
- 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.*
- 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.*
- F. *Support staff knows how to prevent, detect and report allegations of abuse, neglect, mistreatment and exploitation.*

Note: an additional indicator, “Protection from Abuse, Neglect, Mistreatment and Exploitation,” is contained in the Assessment Tool for Basic Assurances® within the Factor “Additional Requirements Supporting Protection, Safety and Health.” The information that follows is also pertinent to that indicator.

People are not subjected to abuse, neglect, mistreatment and/or exploitation of any kind. Threats and intimidation are not used to ensure compliance with organizational policies or individual staff preferences. People live and work free from the fear of physical or mental harm. To ensure people’s safety, organizations screen staff appropriately before hiring them. Staff is trained to recognize and prevent abuse, and to take preventive actions as necessary. Staff is aware of what the organization and the local governing entities define as harm and how to prevent, recognize and act should they witness abuse, neglect, mistreatment and/or exploitation. In addition, we define abuse and neglect from the perspective of the individual. Organizations identify how each person defines abuse and neglect in his or her life. People may consider some actions, environments and circumstances abusive and neglectful, even though they may not rise to the level of a legal or reportable requirement. Staff that support people are familiar with each person’s definitions so any harm, no matter how inadvertent, can be avoided.

The organization has requirements for when to conduct a thorough investigation. Appropriate safeguards are put into place to ensure people are protected during and after the investigation. Staff that has a substantiated allegation of abuse, neglect, mistreatment or exploitation are not permitted to work with people. Appropriate legal avenues are pursued and/or made available.

The organization also needs to think beyond the present situation. People may continue to experience pain, physical or mental, from previous instances of abuse. Whenever the organization is aware of any harm, past or present, it offers appropriate, individualized supports to assist the person in coping with the event.

More broadly, the organization has systems in place to track incidents, injuries and deaths so it can respond to any trends or safety concerns. Injuries for which the cause is unknown require special attention. Injuries that no one observed or that cannot be self-reported should raise the suspicion of abuse, neglect or mistreatment until such causes can be ruled out. Identifying trends in these types of injuries may be as important as the inquiry into the specific injury. For example, the trend data may show that a particular woman has frequent bruising of unknown origin on her knees. But further investigation reveals that the cause is not abuse, neglect or mistreatment; rather, she often falls and therefore requires additional supports while walking.

No one should have to live in fear at home or at work from a housemate or co-worker. The organization views abuse in the same way regardless of the source. People who exhibit behavior that is harmful to others have appropriate safeguards in place to protect those around them. In addition, people who exhibit self-injurious behaviors receive appropriate services and supports to assist them in eliminating these harmful behaviors.

Procedures for Information Gathering

FOCUSED CONVERSATIONS

Gather information directly from people to determine if they are free from abuse, neglect, mistreatment and /or exploitation. Here are some suggested questions for people and those who know them best. In addition, there are some areas that each organization will want to address.

Suggested questions for the person:

1. Have you experience any injuries lately? If so, what was the cause?
2. Have you been hurt by anyone?
3. Does anyone ever yell at you?
4. If you have been hurt by someone or yelled at, whom did you tell? What did they do about it?
5. Does anyone take your money or things away, or try to get you to give away your money or things to them? Who?
6. What does it mean when people ask if you have been abused? Neglected? Mistreated? Exploited?
7. Have you ever been abused, neglected, mistreated and /or exploited?
8. If so, would you be willing to tell (the interviewer) about it?
9. Did you tell anyone else? What happened then?
10. Do you feel you need any support now to help you with what happened before?
11. Whom would you tell if you had been abused, neglected, mistreated and/or exploited?

Suggested questions for someone who knows the person best:

1. Has the person ever told you about having been abused, neglected, mistreated and/or exploited by anyone?
2. If so, what did you do in response?
3. Are you aware of any current needs the person has related to past incidents of abuse, neglect, mistreatment and/or exploitation?
4. What is your role in assisting the person to exercise the right to report abuse, neglect, mistreatment and/or exploitation?

Other conversations

- Talk with other people who serve on the safety committee, the Human Rights Committee, Human Resources, and/or the Risk Manager.

Ask the organization to analyze and explain:

- Staff training in preventing, identifying, reporting and investigating allegations of abuse, neglect, mistreatment and/or exploitation.
- The system for detecting and taking action related to trends and patterns in incidents, injuries and deaths.
- How the organization implements the Community Incident Prevention and Management Plan (IPMS) as required by the DMH, Division of Developmental Disabilities.

SPEND TIME WITH PEOPLE

Spend time with people in as many settings as possible. Ask people's permission to visit them. Look for the ways in which people are being treated by others. For example, do people in the environment strike out at others? Are staff interactions appropriate and respectful? Note any obvious injury and ask about it (at a private moment). Note any self-injurious behavior and ask about it (at a private moment). Note any reluctance of people to approach staff or others in their environment. Note any cowering or backing away when others approach them. Is the atmosphere in the home, work place or other environments one of openness and choice, or are people regimented? Does staff frequently demand that people sit or be quiet or issue similar commands?

DOCUMENT REVIEW

Review policies and procedures, investigatory files, assessments, staff training records and other documents to get an accurate picture of how people are protected from abuse, neglect, mistreatment and exploitation.

PERSONAL OUTCOME MEASURES

- People are free from abuse and neglect.

Personal Outcome Questions:

1. Have there been any allegations of abuse, neglect, exploitation or mistreatment by or on behalf of the person?
2. Is there any evidence that the person has been abused, neglected, exploited or mistreated?
3. Is the person experiencing personal distress from a previous occurrence?

Individualized Support Questions:

1. Does the organization know about the person's concerns regarding abuse and/or neglect?
2. Does the organization provide the person with information and education about abuse and neglect?
3. Does the organization provide support for the person if there have been concerns expressed or occurrences of abuse and neglect?
4. Based on the answers to these questions, are individualized supports in place that facilitate this outcome?

580-5-33-.08 Best Possible Health

Indicators:

- A. People have supports to manage their own health care.
- B. People access quality health care.
- C. Health needs are addressed in a timely manner.
- D. Staff immediately recognize and respond to medical emergencies.
- E. People receive medications and treatments safely and effectively.

Note: an additional indicator, “Best Possible Health,” is contained in the Assessment Tool for Basic Assurances® within the Factor “Additional Requirements Supporting Protection, Safety and Health.” The information that follows is also pertinent to that indicator.

Organizational systems promote and support people’s health care needs. Organizations facilitate timely access to preferred, qualified health care providers. Everyone has a personal definition of best possible health. This definition of “best possible health” is how the organization determines each individual’s health status. Moreover, people are involved in their own health care, including decisions about health care providers and the services they receive.

All people are afforded the same choices in health care available to others. The organization takes a proactive approach to people’s health care. People have access to preventive and ongoing health care resources similar to those of same-aged peers. Examples include mammograms for women and prostate exams for men. Models for best practice in preventive health care include The Centers for Disease Control guide to best practice in preventative health care. Other models include the American Cancer Society, the American Medical Association and other international health organizations.

Each organization must have a system to appropriately respond to acute health care needs and emergencies, including those that occur during non-business hours. This system may include ensuring people understand how to dial 911 or other emergency numbers, or how to reach staff support after hours.

Procedures for Information Gathering

FOCUSED CONVERSATIONS

Gather information directly from people to determine how they define “best possible health”. Here are some suggested questions for people and those who know them best. In addition, there are also some questions or areas that the each organization will want to address.

Suggested questions for the person:

1. Do you feel healthy? If no, what bothers you?
2. What do you do to stay healthy?
3. Have you experienced any health problems lately? If so, what was the cause?
4. Do your health problems get treated to your satisfaction?
5. How are you involved in decisions related to who provides you with health care?
6. Do you see a physician or other type of health care professional regularly?

7. When, where and from whom do you receive [health care] services? How did you decide who would provide the service?
8. Do you like your health care provider? If not, why? Have you told anyone?
9. If so, what kinds of things do they do to help you stay or get healthy? Do they ask your opinion on what your treatment will be?
10. What [health care] services are you receiving? Who decided what services you would receive? If you did not decide, what was the reason? Are these the services you want?
11. Do you have enough services? Are they meeting your needs and expectations?
12. Are you receiving any kind of medication or treatment? If so, describe the medication or the treatment and what it is for. Does the medication or treatment help you?
13. Does anyone in your family have a history of any health problems (i.e. high blood pressure, diabetes, cancer, tuberculosis, etc)?
14. If you don't agree with the medicine or treatment that is given, whom do you tell? Does this conversation usually result in a change to your medication/treatment?
15. Do you get the support you want to take care of your health?
16. Can you change services or providers if you so choose?

Suggested questions for someone who knows the person well:

1. How have you explored health issues with the person?
2. What supports does the person need to achieve or maintain best possible health? What services does the person use?
3. What kinds of health care concerns is the person experiencing?
4. How is the person involved in personal health care decisions, including choosing health care providers and being involved in treatment decisions?
5. What options for [health care] services were presented to the person? How were options for services and providers presented to the person? How were the person's preferences considered when presenting options?
6. What kind of regular, preventive health care does the person receive?
7. Is the person following his/her health care professional's recommendations? If no, why do you think that is?
8. Do you think the person feels health care interventions are working? What services were identified as beneficial by the person?
9. If the person has limited ability to make decisions or limited experiences in decision-making, what do you do?
10. How do you assist the person to overcome barriers [to choosing health care services and achieving best possible health]? What organizational practices, values and activities support the person?

Ask the organization to analyze and explain:

- The system for supporting people to access routine health care services
- The organization's emergency health care system
- How they follow the Alabama Board of Nursing regulations for Alabama DMH Residential Community Programs

SPEND TIME WITH PEOPLE

Spend time with people in as many settings as possible. Ask people's permission to visit them and to see medications being taken. Look at how people receive medications: Do they take the medications independently or is support needed? If support is given, are people encouraged to be as independent

as possible? Check to see that medications and treatment taken or given conform to the physician's prescription or recommended health care guidelines for safe administration.

DOCUMENT REVIEW

Review policies and procedures, recent hospitalizations, incident reports, progress notes, assessments, staff training records and other documents to get an accurate picture of how people's best possible health is maintained.

PERSONAL OUTCOME MEASURES

- People have the best possible health.

Personal Outcome Questions:

1. Does the person see health care professionals?
2. Have health care professionals identified the person's current best possible health situation, addressing any health care issues or concerns, and interventions?
3. Have health intervention services been selected by the person in consultation with the health care professional?
4. Have health intervention services, as desired by the person, been effective?
5. If the answers above are yes, the outcome is present.
6. If the answers are no, was this due to personal choice?
7. If due to personal choice, the outcome is present.

Individualized Support Questions:

1. Does the organization know the person's definition of best possible health?
2. Are supports provided for the person to promote and maintain best possible health if needed and requested?
3. Does the organization respond to the person's changing health needs and preferences?
4. Based on the answers to these questions, are individualized supports in place that facilitate this outcome?

Additional Considerations:

If needed devices or equipment such as glasses, hearing aids or dentures are not available or in good repair, the outcome is not present.

If people are not aware of their medical issues and their impact, and self-management of personal health is not addressed, the individualized supports are not present.

If the person does not have support to obtain regular medical and health services, the individualized supports are not present.

- People choose services. [notes: This POM® is broader than health care but limited to health care choices for this Basic Assurance®. For Personal Outcome and Individualized Support Questions, see 580-5-33-.04 Promotion and Protection of Individual Rights.]

580-5-33-.09 Safe Environments

Indicators:

- A. *The organization provides individualized safety supports.*
- B. *The physical environment promotes people's health, safety and independence.*
- C. *The organization has individualized emergency plans.*
- D. *Routine inspections ensure that environments are sanitary and hazard free.*

Note: an additional indicator, "Safe Environments," is contained in the Assessment Tool for Basic Assurances® within the Factor "Additional Requirements Supporting Protection, Safety and Health." The information that follows is also pertinent to that indicator.

While no one can guarantee total safety in any environment, we expect that reasonable precautions are taken. Whether we are in our homes, at school, in a restaurant or other public buildings, certain fundamentals should be in place. Having smoke detectors that are functional, or sprinkler systems that are tested regularly to ensure they operate properly, and environments that are clean and free of hazards, are reasonable expectations.

Organizations exercise all due diligence to ensure environments where people live, work and recreate are safe and free of avoidable hazards. Thus, people live in safe and healthy environments and are supported to maintain them. Household chemicals are used in accordance with manufacturers' instructions and with appropriate safety equipment (for example, masks, gloves, etc.). The work environment is free of occupational hazards. Regular training takes place to ensure staff and people supported are aware of preventive safety measures in the work place.

Emergency drills are conducted and individualized supports (flashing lights for people who cannot hear the alarm, etc.) are provided that people may need in the event of an actual emergency. People are supported to respond appropriately (dial 911, call for help, evacuate) in an emergency. Finally, since feeling safe is, by its nature, a personal event, organizations are aware of people's feelings about safety and work with them to resolve any concerns.

Procedures for Information Gathering

FOCUSED CONVERSATIONS

Gather information directly from people to determine how their safety concerns are addressed. Here are some suggested questions for people and those who know them best. In addition, there are some issues that each organization will want to address.

Suggested questions for the person:

1. Do you feel safe in your home? At work? In your neighborhood?
2. Is there any place you don't feel safe?
3. Is there something you wish you could do, but can't [because safety issues have not been addressed].
4. Is there anything you can't do or use because you don't have the proper equipment or modifications [to enable you to be safe] (use the kitchen, bathroom or telephone; perform job duties; take care of personal needs)?

5. Do you know how to use appliances and equipment (microwave, stove, telephone, washer, dryer)?
6. What kinds of support could be provided to make you feel safer?
7. Is there anything that would make it easier for you to get around your home, school, place of work or community?
8. What would you do if there was an emergency? Fire? Illness? Injury? Tornado? Hurricane?
9. Do you have safety equipment at home (smoke alarm, fire extinguisher, etc.)? At work?
10. Describe how your home and work environments stay clean and free of health risks.

Questions for someone who knows the person best:

1. Are you aware of any safety concerns the person has? Please describe.
2. How do you learn about safety issues that concern the person?
3. How do you know that the person is safe (at home, work, school, neighborhood, in vehicles, wheelchairs, etc.)
4. How do you determine if adaptations or assistive technologies are needed?
5. Does the person know what to do in emergencies?
6. If the person needs help, how are you involved in ensuring safety?
7. Does the person need any special equipment in order to respond to emergencies? If so, does the person have these things?
8. What adaptations or modifications have been made for this person?
9. Is there anything the person has difficulty doing or cannot do because of the lack of modifications or adaptations?
10. What assistance do you provide to the person when modifications or adaptations are needed?
11. Are there any barriers to the person's safety? How do you assist the person to overcome barriers to safety?
12. What organizational practices, values and activities support this outcome for the person?

Ask the organization to analyze and explain:

- The system for supporting people to be safe in their work, living and leisure environments
- The organization's emergency evacuation drill system.

SPEND TIME WITH PEOPLE

Spend time with people in as many settings as possible. Ask people's permission to visit them. Look for safety devices such as smoke detectors, sprinkler systems (note: not all buildings require sprinklers), etc., and ask how these devices are used to help people stay safe. Observe to see that if people require specialized equipment for emergencies, these devices are present and operable. Observe the overall cleanliness of the environment. Is the area clean and free of clutter and hazards? Is the area at an appropriate temperature for weather conditions? Do people have control over the heating/cooling devices in their homes?

DOCUMENT REVIEW

Review policies and procedures, recent safety inspections, records of emergency drills, assessments, staff training records and other documents to get an accurate picture of how the environment in which people live and work is maintained.

PERSONAL OUTCOME MEASURES

- People are safe.

Personal Outcome Questions:

1. Does the person live, work and pursue leisure activities in environments that are safe?
2. Does the person know how to respond in the event of an emergency situation?
3. Are all the person's safety concerns addressed?
4. If the answers to the above are yes, the outcome is present.

Individualized Support Questions:

1. Has the organization identified safety issues for the person?
2. Is the person provided with supports to address identified safety concerns if needed and requested?
3. Based on the answers to these questions, are individualized supports in place?

Additional Considerations:

If the person cannot evacuate independently, but receives assistance to evacuate in emergency situations, the outcome is present.

- People use their environments. [note: This POM® is broader than safe environments but limited to safety issues in regard to use of environments for this Basic Assurance®.]

Personal Outcome Questions:

1. Does the person have maximum access to the physical environments he or she frequents?
2. Does the person use the physical environments he or she frequents?
3. If the answer to #2 is yes, the outcome is present.
4. If the answer to #2 is no, is this due to personal choice?
5. If due to personal choice, the outcome is present.

Individualized Support Questions:

1. Does the organization know if the person can access his or her environments?
2. Has the organization assessed the person's interest and ability for personal access and use of environments?
3. Have modifications been made to promote maximum access and use for the person, if needed and requested?
4. Based on the answers to the above questions, are individualized supports in place that facilitate this outcome?

Additional Consideration:

If the limitations in the person's maximum use of the environment are based solely on individual limitations and needs, then the outcome is present.

If the person's maximum use of the environment is prevented through rules, architecture or other means, then the outcome is not present.

580-5-33-.10 Staff Resources and Supports

Indicators:

- A. *The organization implements a system for staff recruitment and retention.*
- B. *The organization implements systems that promote continuity and consistency of direct support professionals.*
- C. *Staff are qualified for their roles.*
- D. *The organization implements an ongoing staff development program.*

Organizations determine the individual support needs of each person. To meet those needs, the organization provides whatever staff resources are necessary to ensure appropriate supports and continuity of service. Organizations orient, train and monitor staff and volunteers in the provision of person-centered and individualized services and supports.

In its search for competent, caring staff, the organization uses ethical, professional recruitment and hiring practices. It acknowledges that direct support staff are professionals and focuses its efforts on hiring and keeping them. It treats its employees with dignity, respect and professionalism. Compensation, working conditions and performance feedback impact morale, commitment and individual leadership. To monitor its success with staff, the organization tracks and analyzes turnover rates and addresses the reasons for turnover. This analysis and response looks beyond common explanations, such as compensation, for why turnover exists.

Procedures for Information Gathering

FOCUSED CONVERSATIONS

Gather information directly from people to determine if their preferences and needs for staff support are met. Here are some suggested questions for the person and for those who know them best. In addition, there are some questions or areas that each organization will want to address.

Suggested questions for the person:

1. When, where and from whom do you receive your services?
2. How did you decide who would provide the service?
3. Do you have the number and type of support staff you need and desire?
4. Do you have enough services? Are they meeting your needs and expectations?
5. What kinds of staff could be provided to make you feel more supported?
6. Can you change your services or providers if you so choose?

Suggested questions or someone who knows the person best:

1. Are you aware of any staff concerns the person has? Please describe.

Ask the organization to analyze and explain:

- The system for ensuring people has sufficient numbers of qualified staff to support people.
- The organization's staff retention and recruitment processes.

SPEND TIME WITH PEOPLE

Spend time with people in as many settings as possible. Ask people's permission to visit them. Do there appear to be sufficient numbers of staff members who are trained in people's person-centered

plans and who know people well? Does staff know people by name? Does staff appear to know people's preferences? How long does staff say they have known people?

DOCUMENT REVIEW

Review policies and procedures, personnel files, staffing plans, hiring and turnover analyses, employee satisfaction and exit surveys, staff training records and other documents to get an accurate picture of the adequacy of staff resources and supports.

PERSONAL OUTCOME MEASURES

- People choose services.
See 580-5-33-.8 Best Possible Health, for Personal Outcome and Individualized Support Questions.

580-5-33-.11 Positive Services and Supports

Indicators:

- A. People are informed about the services and supports the agency provides.*
- B. People are provided assistance in making choices and planning for services and supports.*
- C. The organization assesses the person's personal goals and priority services and supports.*
- D. People's individual plans lead to person-centered and person-centered services and supports.*
- E. The organization provides continuous and consistent services and supports for each person.*
- F. The organization monitors the effectiveness of each person's person-centered plan.*
- G. The organization provides positive behavioral supports to people.*
- H. People are free from unnecessary, intrusive interventions.*
- I. The organization treats people with psychotropic medications for mental health needs consistent with standards of care.*

Organizations listen to what people want in their lives. A written, person-centered plan outlines what the person wants and what the organization will do to support those choices and goals. This plan defines the organization's interactions with the person. Because it is not a static document, the plan is regularly reviewed to ensure it remains relevant. As people experience new events, their views on what is important will change over time. The organization and its staff remain flexible as the person directs the plan. All staff members who will be supporting people are aware of and are provided the tools to assist people as needed in achieving their personal goals.

Sometimes a person's behavior or mental health status interferes with his or her ability to reach personal goals. The organization's first responsibility is to determine what the person may be trying to communicate and/or what environmental changes can be made. These activities take place before formal supports or treatments are considered.

Any formal behavior or mental health support, however necessary or positive, represents an intrusion into people's lives. All formal behavioral or clinical supports, no matter how positive, only occur after a functional analysis and clinical assessment has been performed. Organizations analyze behaviors or symptoms to determine its origins. Behaviors or symptoms may communicate physical or mental health status, incompatible environments, clinical treatment needs, priorities about personal outcomes or other less obvious concerns.

People's preferences regarding the supports needed are honored. Only minimal amounts of intrusion that will keep people and others around them safe are allowed. The goal is to eliminate all intrusions as quickly as possible. If a restrictive method or medication must be used, the organization has clearly defined procedures for training staff in, and monitoring the use of, this method or medication. For behavioral supports, there is a plan for teaching people alternative, replacement behaviors so the intrusive support method can be eliminated as quickly as possible.

Procedures for Information Gathering

FOCUSED CONVERSATIONS

Gather information directly from people to determine how positive services and supports are present in their lives. Here are some suggested questions for people and those who know them best. In addition, there are also some questions or areas that each organization will want to add.

Suggested questions for the person:

1. What are your personal goals? How do you want your life to be in the future? What is important to you to accomplish or learn? What are your hopes and dreams for yourself?
2. What kind of support do you need to help you achieve what you want?
3. How are you assisted to develop your person-centered plan and to coordinate your individual support team?
4. Do you attend your planning meeting? How are they scheduled? Does someone ask you about when you want them to be scheduled?
5. What kind of mental health or behavior supports do you receive to help you achieve your goals? Do any of these supports involve medications or restrictive techniques, such as time out or restraint?
6. What will it take for these restrictions to be eliminated?
7. What have you done that you feel good about?
8. What have you accomplished over the past few years that has made you feel good about yourself?
9. What accomplishments have pleased you most?
10. Sometimes things happen that make life better. Has that happened to you?
11. If you did not accomplish something important to you, what got in your way?
12. What assistance or support do you think you need?
13. How did you choose where to live and work and who would live with you? How did others help you with this? Who chose what you do?
14. What options did you have to choose from in where and with whom you live, and in where you work?
15. What do you like about your living situation?
16. Can you do something different if you want to [for work]?
17. Are you satisfied with the decisions either you or others made?
18. If not, what would you like to be different, or what would you like instead?

Suggested questions for someone who knows the person best:

1. What are the person's goals?
2. How is the person working toward the attainment of personal goals?
3. How have you explored hopes, dreams and desires for the future with the person?
4. What is your role in assisting the person to achieve personal goals?
5. What role does the person play in developing the person-centered plan and coordinating an individual support team?
6. How do you learn if the supports/activities are effective?
7. What personal goals has the person achieved?
8. If any were not achieved, what is the reason?
9. How do you know if the person accomplished something personally significant?
10. What did you do to assist the person to experience personal success?
11. What barriers does the person have in choosing and realizing personal goals, including choosing where and with whom he or she lives and where he or she works?
12. How do you assist the person to overcome these barriers?
13. Who decided about where and with whom the person would live and work? How was it decided?
14. What options and experiences did the person have in order to make choices?
15. How do you present options to the person so he or she can make informed choices?

16. If the person did not choose where to live or work, why not?
17. How do you learn about the person's preferences for type of living situation and preferences for work?
18. Is the person living where and with whom he or she wishes? If not, what is the barrier?
19. How does the person's current job relate to his or her preferences, skills and interests?
20. Is the current work situation satisfactory to the person? If not, what is being done?
21. How do you learn about the person's job satisfaction?
22. How are the person's concerns addressed if there is not a good match [for work]?
23. What organizational practices, values and activities support the person to maintain or achieve this outcome?

The organization will want to analyze and explain:

- The system for developing, implementing and monitoring person-centered plans.
- The organization's system for developing and implementing mental health and behavior support plans.

SPEND TIME WITH PEOPLE

Spend time with people in as many settings as possible. Ask people's permission to visit them. How are choices in daily routine offered? How are person-centered plans and any behavior support plans implemented?

DOCUMENT REVIEW

Review policies and procedures, person-centered plans, behavior and mental health support plans, assessments, staff training records, and other documents to get an accurate picture of how positive supports are provided.

PERSONAL OUTCOME MEASURES

- People choose personal goals.

Personal Outcome Questions:

1. Have the person's priorities regarding goals been solicited?
2. Does the person choose personal goals?
3. Are these the goals the person is working toward?
4. If the answers above are yes, the outcome is present.

Individualized Support Questions:

1. Does the organization now the goals the person has identified for him or herself or are efforts being made to learn about the person's goals?
2. Does the organization provide supports and services to assist the person in pursuing personal goals?
3. Based on the answers to these questions, are individualized supports in place that facilitate this outcome?

- People realize personal goals.

Personal Outcome Questions:

Has the person accomplished something that is significant to him or her, in the past year or two?
If the answer is yes, the outcome is present.

Individualized Support Questions:

1. Has the organization identified accomplishments the person sees as significant?
 2. Does the organization assist the person to celebrate the achievement of personal milestones?
 3. Based on the answers to these questions, are individualized supports in place that facilitate this outcome?
- People are treated fairly.
See 580-5-33-.04 Promotion and Protection of Individual Rights, in regard to Behavior Support Plans.
 - People choose services.
See 580-5-33-.05 Dignity and Respect, for Personal Outcome and Individualized Support Questions.
 - People choose where and with whom they live.
See 580-5-33-.05 Dignity and Respect, for Personal Outcome and Individualized Support Questions.
 - People choose where they work.
See 580-5-33-.05 Dignity and Respect, for Personal Outcome and Individualized Support Questions.

580-5-33-.12 Continuity and Personal Security

Indicators:

- A. The governing body provides leadership.*
- B. The organization supports people to manage and access their personal money.*
- C. Business, administrative and support functions promote personal outcomes.*
- D. The cumulative record of personal information promotes continuity of services.*

The organization's mission, vision and values promote personal outcomes through person-centered services and supports. People feel secure that their services and supports will remain as long as they need them. Person-centered services represent the foundation of the organization's philosophy and practice. Thus, the organization structures itself so as to promote people's feelings of security. It follows basic, sound business and fiscal practices to ensure the continued viability of the organization.

The organization ensures people have sufficient resources both to meet life's basic needs and to achieve their goals. People have sufficient financial supports to enjoy life. Equipment people need to be as independent as possible is obtained and maintained in working condition. The organization ensures any records they keep about people are organized efficiently. Finally, the organization protects people's privacy. Thus, people are aware of, and have access to, any information the organization keeps about them and decide, for each instance, when and to whom that information may be disclosed.

Procedures for Gathering Information

FOCUSED CONVERSATIONS

Gather information directly from people to determine if they have sufficient resources to meet their needs as well as to achieve personal goals. Here are some suggested questions for people and those who know them best. In addition, there are also some questions or areas that each organization will want to address.

Suggested questions for the person:

1. What is your source of income? Do you have enough money or resources to meet your daily needs (food, rent, clothing, health care, insurance, transportation, leisure activities)?
2. Do you need any other resources to achieve your personal goals? Whom have you asked to support you? What happened then?
3. Do you have any special equipment needed for mobility, etc.? If so, does it work the way it should? Do you feel you benefit from its use?
4. What do you do if something needs to be repaired or replaced?
5. Do you know if the organization keeps information about you in a file? If so, where is it kept, and do you have access to it? Can you look at your records if you want?
6. Have you experienced any changes? How do you feel about those changes?
7. Are you able to talk to anyone about changes you would like to see happen, or not happen?

Suggested questions for someone who knows the person best:

1. Are you aware of any resources the person needs to meet personal goals?
2. What role do you play in assisting the person to obtain resources for those personal goals?

3. Are you aware of any resources that he or she requires to meet daily needs?
4. What does the person consider to be important issues that would affect his or her continuity and security?
5. Does the person feel secure in his or her living and working situations?
6. Does the person feel secure financially?
7. If you need to help the person find something in his or her file kept by the organization, how would you go about doing that?
8. How are changes handles and planned for?
9. How is the sufficiency of the person's economic resources determined?
10. How is the person assisted to obtain additional resources, if they are insufficient?
11. How does the organization ensure that the person has protection for his or her personal resources, including financial accounting?

The organization will want to analyze and explain:

- The system for ensuring that people have sufficient resources to meet their daily needs and to meet their personal goals.
- The organization's fiscal practices.
- The monitoring and maintenance plan of the organization's physical space(s).

SPEND TIME WITH PEOPLE

Spend time with people in as many settings as possible. Ask people's permission to visit them. Does there appear to be sufficient food, clothing and adequate furniture that is in good repair? Are basics such as toilet paper, soap and other personal hygiene items present in sufficient quantities?

DOCUMENT REVIEW

Review policies and procedures, mission statements, table of organization and other documents to get an accurate picture of how continuity and security are maintained.

PERSONAL OUTCOME MEASURES

- People experience continuity and security.

Personal Outcome Questions:

1. What changes have occurred for the person over the past one or two years? Are changes determined by the person?
2. Is the control over changes similar to that exercised by other people?
3. Does the person have economic resources to meet his or her basic needs?
4. If answers to the above are yes, the outcome is present.

Individualized Support Questions:

1. Does the organization know what is required for the person to experience continuity and security or are efforts being made to learn about the person's preferences?
2. Are supports provided to assist the person in attaining and maintaining continuity and security?
3. Based on the answers to these questions, are individualized supports in place that facilitate this outcome?

- People decide when to share personal information.

Personal Outcome Questions:

1. What personal information is the person most concerned about protecting? Are the person's desires about the sharing of information respected?
2. Is personal information shared with others only at the request of, or with the consent of, the person or his or her legally authorized representative?
3. If the answers are yes, the outcome is present.

Individualized Support Questions:

1. Does the organization know the person's preferences for confidentiality regarding personal information?
2. Does the organization obtain the person's consent or that of the legally authorized representative prior to the release of any personal information?
3. Are procedures implemented to respect the person's wishes about the sharing of personal information?
4. Based on the answers to these questions, are individualized supports in place that facilitate this outcome?

Additional Considerations:

The sharing of information through both written and spoken means is considered in determining whether the outcome is present. If the person requires assistance to understand and/or share personal information, and adequate supports are in place, then the outcome is present.

580-5-33-.13 Basic Assurances[®] System

Indicator:

- A. *The organization monitors Basic Assurances[®].*
- B. *A comprehensive plan describes the methods and procedures for monitoring Basic Assurances[®].*
- C. *Basic Assurances[®] monitoring data is used for continuous learning and improvement.*

The organization maintains and evaluates a system of Basic Assurances[®]. Basic Assurances[®] evaluation focuses on both the individual's and the organization's system of supports. There is no substitute for direct knowledge of the issues impacting people's health, safety and personal security. The organization has a formal plan that outlines how it will monitor and evaluate the presence of Basic Assurances[®] for people. It also has policies and procedures that carefully delineate how it will develop, implement and monitor the plan. Ongoing evaluation of Basic Assurances[®] occurs at two levels: the individual and the larger organization. Once the organization is aware of individual concerns or larger trends in providing Basic Assurances[®] for people, action is taken to correct the situation.

Procedures for Gathering Information

FOCUSED CONVERSATIONS.

Gather information directly from people to determine how they are involved in the organization's Basic Assurances[®] System. Here are some suggested questions for people and those who know them best. In addition, there are also some questions or areas that each organization will want to address.

Suggested questions for the person:

1. Are you involved in any standing committee run by the organization? If so, please tell us how you are involved.
2. What kinds of Basic Assurances[®] are you concerned about in your life? (Give examples)
3. Are you satisfied that you are provided sufficient supports to be healthy, safe and secure?

Suggested questions for someone who knows the person best:

1. Are you aware of any standing committees the person participates in?
2. Are you aware of any concerns the person has about health, safety or personal security? If so, what has been your role in assisting the person to address those concerns?

The organization will want to analyze and explain:

- The system for ensuring people are healthy, safe and secure.

DOCUMENT REVIEW

Review policies and procedures, the Basic Assurances[®] Management Plan and other documents to get an accurate picture of how the organization implements Basic Assurances[®].

580-5-33-.14 Personal Care, Companion, Respite and Crisis Intervention Services and Supported Employment Services at an Integrated Worksite

Indicators:

- A. Staff providing services know how to support the person.*
- B. The organization develops and implements a person-centered plan.*
- C. Services are monitored.*

Personal Care Services include assistance with any activity of daily living (ADL) or instrumental activity of daily living (IADL). Assistance with ADLs includes bathing, toileting, transfer and ambulation, skin care, grooming, dressing, extension of therapies and exercise, routine care of adaptive equipment primarily involving cleaning as needed, meal preparation, assistance with eating, assistance with medication and incidental household cleaning and laundry. IADLs include shopping, banking, budgeting, using public transportation, social interaction, recreation, and leisure activities. Assistance with IADLs includes accompaniment, coaching and minor problem solving necessary to achieve the objectives of increased independence, productivity and inclusion in the community. Personal Care can also include supporting a person at an integrated worksite where the individual is paid a competitive wage.

Adult Companion Services include non-medical care, supervision and socialization, provide to a functionally impaired adult. Companions may assist or supervise the individual with such tasks as meal preparation, laundry and shopping, but do not perform these activities as discrete services. The provision of companion services does not include hands-on nursing care. Providers may perform light housekeeping tasks that are incidental to the care and supervision of the individual. This service is provided in accordance with a therapeutic goal in the plan of care, and not purely diversional in nature.

Crisis Intervention Services provides immediate therapeutic intervention, available to an individual on a 24-hour basis, to address personal, social, and/or behavioral problems which otherwise are likely to threaten the health and safety of the individual or of others and/or to result in the individual's removal from his current living arrangement.

Crisis intervention may be provided in any setting in which the consumer resides or participates in a program. The service includes consultation with family members, providers and other caretakers to design and implement individualized crisis treatment plans and provide additional direct services as needed to stabilize the situation.

Respite Care is a service provided in or outside a family's home to temporarily relieve the unpaid primary caregiver. Respite care provides short-term relief to an adult or child for a brief period of rest or relief for the family from day to day care giving for a dependent family member.

Supported Employment Services at an Integrated Worksite includes supporting individuals at a worksite where other workers do not have disabilities (Integrated Worksite) and where the individual with the disability is paid at least minimum wage (Competitive Employment).

The principles of Supported Employment at an Integrated Worksite are:

- (a) Employment First: The outcome in which an individual has sustained work in an integrated worksite at a competitive wage, and the services by which to obtain this outcome, are a priority over other services. This is the principle of Employment First.
- (b) The Employment First Principle means that every person needs to be assessed for employment as a part of planning. In planning with an adult of working age, therefore, work must be addressed.
- (c) Working is the normal expectation of adults in our society and should not be bypassed because of a disability.
- (d) No one is excluded who wants to participate- level of disability is not a barrier and all individuals who express the desire for work are to be assessed and supported to be employed.
- (e) Job Development begins when the individual expresses interest in working. There are no requirements for pre-employment assessment and training, although the Vocational Rehabilitation benefit must be sought and utilized, if available, prior to billing the waiver program.
- (f) Follow-along supports are continuous as long as the individual needs them to maintain employment.
- (g) The individual's choices and decisions about work are important and must be given deference; maintaining employment is achieved only when individuals obtain jobs they desire and these jobs are matched with their capabilities.
- (h) Individuals are to receive all the same benefits as other employees in the same workplace and job description.
- (i) Successful supported employment begins with excellent person centered planning, of which assessment for employment is an important component.

Procedures for Information Gathering

FOCUSED CONVERSATIONS

Suggested questions for the person:

1. What staff person is providing your services? Do you like this person(s)?
2. Who decided the staff that would provide these services? Did you have a choice?
3. Do you have staff when you need or want them? Who schedules the staff? Do they ask you about when you want or need staff? Can you change the schedule if you want? Have you ever done that?
4. Are you receiving an amount of services that is more or less than what you requested? If so, how was this decided?
5. Have you had any problems with your services?
6. Who would you talk to if there were issues regarding the provision of services?
7. Who supervises the staff that provide the services? Do you know this person and how to contact him or her?
8. Does your assigned QDDP visit during the times that you are receiving supports from your staff?

Suggested questions for someone who knows the person best:

1. Are you aware of any problems the person has had or is having with his or her services?

2. How are staff assignments made? Who decided upon the staff person assigned?
3. How is scheduling done? How was the schedule determined for this person?

The organization will want to analyze and explain:

- The system for training staff in general skills and the person's specific support plan
- The system for assessing the need for service
- The system for developing the person's plan
- The QDDP's role
- Provisions for providing respite services

DOCUMENT REVIEW

Review support plans for people who receive these services, including respite, the documentation of the provision of services and assessment and evaluation. Review staff training.

PERSONAL OUTCOME MEASURES

- People choose services.
See 580-5-33-.04 Promotion and Protection of Individual Rights for Personal Outcome and Individualized Support Questions.

580-5-33-.15 Case Management Standards

Indicators:

- A. The organization demonstrates the capacity to provide the core elements of case management.*
- B. The case manager performs a written comprehensive face-to-face assessment of the person's assets, needs, supports, goals and preferences.*
- C. The case manager coordinates planning.*
- D. The case manager arranges services and supports.*
- E. The case manager monitors services and supports.*
- F. Documentation supports evaluation of the person-centered plan and promotes continuity of services and supports.*
- G. The case management agency implements a system for transition/discharge planning.*

Case Managers coordinate services and resources. The Case Manager is an agent who partners with the person to determine priorities and preferences for services. He or she assists the person in assessing needs, defining expected outcomes and developing or coordinating an outcome-based person-centered plan. The Case Manager locates services and resources that are consistent with the person's preferences, develops community linkage and monitors, reviews, and revises plans. The Case Manager will also seek out generic resources in the community.

The Case Manager ensures, through this collaborative process, that the choices made by the person are actualized in the broader community.

Procedures for Information Gathering

FOCUSED CONVERSATIONS

Gather information directly from people to determine how they receive case management services. Here are some suggested questions for people and those who know them best. In addition, there are also some questions or areas the organization will want to address.

Suggested questions for the person:

1. What does your case manager do?
2. How does he/she help you?
3. How does that work for you?
4. Tell me about what happens when your case manager visits.
5. Are you satisfied with the services and supports you receive?
6. Are these the services you want?
7. Do you have enough services? Are they meeting your needs and expectations?
8. Can you change services or providers if you so choose?
9. How do you want your life to be in the future?
10. What is important to you to accomplish or learn?
11. Whom do you talk with about your future?
12. What are your hopes and dreams for yourself?
13. What assistance (if any) do you need to make these things happen?
14. What have you done that you feel good about?
15. What have you accomplished over the past few (one to three) years that has made you feel good about yourself?

16. What accomplishments have pleased you most?

Suggested questions for someone who knows the person best:

1. What does the case manager do for the person?
2. How are you involved in supporting the person with his/her case management services?
3. Are you aware of any concerns the person has about case management? What? What has happened as a result of you knowing that?
4. What options for services were presented to the person?
5. How do you determine the services desired by the person?
6. How were options for services and providers presented to the person?
7. How were the person's preferences considered when presenting options?
8. If the person has limited ability to make decisions or limited experience in decision-making, what do you do?
9. What are the person's goals?
10. What leads you to think that?
11. How is the person working toward the attainment of personal goals?
12. How have you explored hopes, dreams and desires for future with the person?
13. What are you doing to support the person?
14. Why did you select this action?
15. How do you learn if the supports/activities are effective?
16. What personal goals has the person achieved?
17. If any were not achieved, what is the reason?
18. How do you know if the person accomplished something personally significant?
19. What did you do to assist the person to experience personal success?
20. How do you assist the person to overcome barriers to this outcome (choosing services, choosing and realizing personal goals)?
21. What organizational practices, values and activities support this outcome for the person?

The organization will want to analyze and explain:

- How the organization assures and improves quality case management services and documentation
- How it provides case management services

SPEND TIME WITH PEOPLE

Spend time with people in as many settings as possible. Ask people's permission to visit them. How are support plans implemented?

DOCUMENT REVIEW

Review policies and procedures, person-centered plans, case management plans and Plans of Care, assessments, progress notes and other documents to get an accurate picture of how case management services are provided.

PERSONAL OUTCOME MEASURES

- People choose services.
See 580-5-33-.04 Promotion and Protection of Individual Rights for Personal Outcome and Individualized Support Questions.

- People choose personal goals.

See 590-5-33-.11 Positive Services and Supports for Personal Outcome and Individualized Support Questions.

- People realize personal goals.
See 590-5-33-.11 Positive Services and Supports for Personal Outcome and Individualized Support Questions.

Roster of Individuals Served

Purpose:

This roster is designed to provide the review team with information about the variety of people receiving services from the organization. This information is used in the selection of the samples for the interview process.

Individuals included in the sample will be selected by the Certification Staff in advance. This process allows the organization's staff the time to ask individuals for their permission and to set up the schedule for the review team.

Accuracy in the roster is important so we can ensure an appropriate and representative sample for your organization. If you are unsure about who should be on the roster, please contact your Certification Staff.

Instructions for completing the roster:

1. Please include all individuals receiving services under the governance of the organization's Board of Directors.

1. List each individual served by initials, name or identification code.
2. Indicate the person's age.
3. Indicate the individual's gender.
4. Identify the individual's living situation and address (feel free to abbreviate living situation, such as Own Home with OH, but please supply a legend with the abbreviations).
5. Indicate the individual's type of day or employment setting (competitive job, school, day program, etc.). Again, if you abbreviate, please provide a legend.
6. List the individual's primary disability/diagnosis.
7. List the individual's secondary disability/diagnosis.
8. Check whether the person needs communication assistance. If yes, please state the type (sign language, staff assistance, communication board, etc.)
9. Please indicate if the individual has:
 - A behavior support plan with restrictive intervention (BP)
 - Filed a complaint or grievance (C/G)
 - Intensive medical support needs or follow along (MED)
 - Special diets (modified or pureed, etc.) or requires special eating assistance (SD)
 - Someone who has had a recent allegation of abuse, neglect or exploitation (ANE)
 - Someone who has had a reportable incident in the last three months (RI)
 - Someone who has had an emergency room visit or hospitalization (ER/H)
 - Someone who is new to service (NS)
 - Someone who has consented to research (CR)
10. If your organization provides case management services, identify the case manager.

Information for Providers to Make Available for Certification Review

580-5-33-.04 Promotion and Protection of Individual Rights

Policies and Procedures regarding:

- Rights

- Due Process

- Freedom from discrimination

- Consents for intrusive medical or behavioral intervention and participation in research

- HIPAA compliance

Staff Training regarding respect for people's rights and due process procedures

Human Rights Committee policies, procedures and minutes of meetings

580-5-33-.05 Dignity and Respect

Policies and Procedures regarding:

- Dignity and respect

- Complaints/Grievances

Log of Complaints/Grievances

Staff training regarding dignity and respect

Identifying information about the organization such as letterhead, pamphlets, fundraising materials

580-5-33-.06 Natural Support Networks

Policies and Procedures regarding:

- Definition and acknowledgement of natural supports, and how the organization assists people in making and maintaining contact with natural supports

Staff training to support people's contact with natural supports

580-5-33-.07 Protection from Abuse, Neglect, Mistreatment and Exploitation

Community Incident and Prevention Management Plan, including procedures for abuse, neglect, mistreatment and exploitation

Documentation of investigations and follow-up actions for any allegations

Mortality Review investigations

Staff training on abuse, neglect, mistreatment and exploitation

Quality assurance/basic assurance system reporting on incident data

580-5-33-.08 Best Possible Health

Policies and Procedures regarding:

- Compliance with the Nurse Delegation Program
- People's access to their health care records
- Staff TB skin tests

Staff training to respond to medical emergencies

Documentation of Medication Assistant Supervisory training (for residential services)

Medication Administration Records (if applicable)

Incident Reports related to medication errors

580-5-33-.09 Safe Environments

Emergency Plans

Documentation of quarterly severe weather drills and monthly fire drills

Records of maintenance and repairs and of internal safety and sanitation inspections

Procedure for reporting and correcting environmental or safety hazards

580-5-33-.10 Staff Resources and Supports

Reference and background checks, for any new staff hired

Documentation of drug testing for any new staff hired whose job duties involve the care, safety and well-being of people, and for reasonable suspicion of any employee

Documentation of TB skin tests for new staff that have direct contact with people served

Employee satisfaction and exit surveys

Documents regarding staff accountability, assignments and schedules

Assessment of hiring practices and staffing plan

Staff education and licensing credentials

Staff orientation and training

Certifications of staff in CPR and First Aid

580-5-33-.11 Positive Services and Supports

Policies and Procedures regarding:

- Information provided to people and their legally authorized representatives about services and payment

- Person-Centered Plan development and monitoring

- Behavior Support Plans and restrictive interventions

Staff training in behavioral techniques

580-5-33-.12 Continuity and Personal Security

Operational policies
Articles of Incorporation and bylaws
Current organizational chart
Written mission statement and values
Written responsibilities of the Board of Directors
Records/minutes of Board meetings
Job Description for the Executive Director
Accounting and fiscal practices
Current certifications and licenses for operations
Policies and Procedures regarding maintenance of records and personal information

580-5-33-.13 Basic Assurances® System

Written internal monitoring plan, including:
 Data collected
 Ways data is used to inform and educate staff and people receiving services

580-5-33-.14 Personal Care, Companion, Respite and Crisis Intervention Services and Supported Employment Services at an Integrated Worksite

Staff training that is specific to the persons being supported

580-5-33-.15 Case Management Standards

Any policies and procedures related to case management services
Case Management credentials and training