

ALABAMA DEPARTMENT OF MENTAL HEALTH

DIVISION OF DEVELOPMENTAL DISABILITIES
ADMINISTRATIVE CODE

CHAPTER 580-5-30 and
DD Operational Guidelines
Administrative and Support Requirements For
Community Providers of
Intellectual Disability Services

Assessment Tool for Certification Reviews

Provider

Date

Assessment Tool for Certification Reviews

This section is divided into thirteen Quality Improvement factors:

Factor One: Rights Protection and Promotion

Factor Two: Dignity and Respect

Factor Three: Natural Support Networks

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

Factor Five: Best Possible Health

Factor Six: Safe Environments

Factor Seven: Staff Resources and Supports

Factor Eight: Positive Services and Supports

Factor Nine: Continuity and Personal Security

Factor Ten: Quality Improvement System

Factor Eleven: Other Requirements Supporting Protection, Health, and Safety

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

Factor Thirteen: Support Coordination

There are three methods involved in assessing whether an organization and/or its settings meets Quality Improvement and/or the Home and Community Based Services Settings Rule requirements.

Home and Community-Based Services (HCBS) Settings Rule The expectation is that all settings certified for delivery of waiver services are in full compliance with the HCBS Rule. Therefore, the criteria for all probes identified as HCBS is set at 100%. The system and practice for all HCBS Probes in each Factor must be present to meet the 100% mark.

Factors Four, Five and Six

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

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

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

Action Required (AR) – 0 points --Incomplete planning and action.

Progress Noted (PN) –2 points --Planning and action has occurred with evidence of partial results.

Effective Results (ER) –3 points --Actions are demonstrating the desired results.

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

Information Gathering

Probes, correlating with the requirements in Chapter 580-5-30, Intellectual Disabilities Services, and the Division of Developmental Disabilities (DDD) Provider Operational Guidelines Manual are included in this Assessment Tool as a means of discovering information about the Indicators and making rating decisions. They are not scored separately but are used to gather information to support the decision about whether the Indicator is being met satisfactorily.

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

Scoring and Certification

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

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

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

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

- If a setting certified for delivery of HCBS Medicaid waiver funded services does not meet the 100% criteria for all HCBS Probes, certification of the waiver funded HCBS setting will be withdrawn and all individuals receiving HCBS Medicaid waiver funded services in that setting will be transitioned to one that is certified. If the organization meets the 100% criteria for Factors Four, Five and Six, AND receives either PN or ER on a minimum of 80% of the other applicable Indicators, the organization is certified for one year and a Plan of Action to address Indicators rated “Action Required” and “Progress Noted” must be submitted to the Office of Certification Administration within thirty (30) days from receipt of the letter from that Office.
- If the organization meets the 100% criteria for Factors Four, Five and Six, AND receives either PN or ER on a minimum of 90% of the other applicable Indicators, the organization is certified for two years.

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

Factors	Indicators	Services Provided by the Organization			Other Notes
		Support Coordination	Non-Congregate	Residential and/or Day	
Factor One	8	√ (7 indicators)	√	√	Indicator G not applicable to Support Coordination
Factor Two	5	√	√	√	
Factor Three	4	√	√	√	
Factor Four	6 (100% compliance)	√	√	√	
Factor Five	5 (100% compliance)	√ (4 indicators)	√	√	Indicator E not applicable to agencies not administering medications
Factor Six	4 (100% compliance)	√ (3 indicators)	√	√	Indicator D not applicable to Support Coordination
Factor Seven	4	√	√	√	
Factor Eight	11	√ (6 Indicators)		√	Indicators A, E, I, J, K not applicable to Support Coordination
Factor Nine	3	√	√	√	
Factor Ten	3	√	√	√	
Factor Eleven	5	√	√	√	
Factor Twelve	3		√		
Factor Thirteen	5	√			
Number of Indicators Scored	51	42	35	43	For organizations providing services in more than one category, indicators are added as applicable
	Max Score = 153	Max Score = 126	Max Score = 105	Max Score = 129	

Number of Requirements Required for Certification

Total Indicators Applied to the Organization	Minimum Number of PN+ER Required for 80% Criteria	Minimum Number of PN+ER Required for 90% Criteria
30/90	24/72	27/81
31/93	25/74	28/84
32/96	26/77	29/86
33/99	26/79	30/89
34/102	27/82	31/92
35/105	28/84	32/95
36/108	29/86	32/97
37/111	30/89	33/100
38/114	30/91	34/103
39/117	31/94	35/105
40/120	32/96	36/108
41/123	33/98	37/111
42/126	34/101	38/113
43/129	34/103	39/116
44/132	35/106	40/119
45/135	36/108	41/122
46/138	37/110	41/124
47/141	38/113	42/127
48/144	38/115	43/130

Examples:

- An organization providing support coordination is subject to meeting the requirements in 42 Indicators. The organization will need to rate PN or ER on 34 Indicators for a One Year Certification (80% of 42 Indicators = 33.6, rounded to 34). The organization will need to rate PN or ER on 38 Indicators for a Two-Year Certification (90% of 42 Indicators = 37.8, rounded to 38).

Indicators and Factors

Factor One

Promotion and Protection of Individual Rights 580-5-30-.10 (2)	AR	PN	ER	Supporting Information
<p>A. The organization implements policies and procedures that clearly define its commitment to and addresses the promotion and protection of individual rights.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> Does the policy list rights afforded all citizens as indicated by the [US] Constitution, laws of the country, and State of Alabama? (OG 6.3.b.A(1)) Do the policies and procedures describe the organization's due process? (OG 6.3.b.A(2)) Do the policies and procedures for due process include individual rights review and documentation in the event of a proposed restriction of an individual's rights? (OG 6.3.b.A(3)) Does the organization refrain from having standing policies and procedures that restrict individual's rights without due process? (OG 6.3.b.A(4)) Does the agency have policies and procedures that address all requirements of the HCBS settings rule that includes training of individuals supported and all staff? (HCBS) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor One

Promotion and Protection of Individual Rights 580-5-30-.10 (2)	AR	PN	ER	Supporting Information
<p>B. The organization informs individuals of their rights.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> Does the organization document verification that it provides to individuals and their legally authorized representatives an oral and written summary of their rights/responsibilities and how to exercise them upon admission; and annually thereafter? (OG 6.3.b.B(1)) Is the information [in 1 above] provided in a format that is in language and style that is easily understood [to the individual]? (OG 6.3.b.B(2)) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor *One*

Promotion and Protection of Individual Rights 580-5-30-.10 (2)	AR	PN	ER	Supporting Information
<p>C. The organization supports individuals to exercise their rights and responsibilities. <i>Probes:</i></p> <ol style="list-style-type: none"> Does the organization assess each individual's ability to understand and exercise his or her rights on an ongoing basis but at least annually? (OG 6.3.b.C(1)) Does the rights assessment address individual's civil and legal rights and individual freedoms? The assessment includes but is not limited to the ability to do the following—(OG 6.3.b.C(2)) <ol style="list-style-type: none"> Exercise freedom of movement with physical environments, including units with lockable entrance doors, with individuals served and only appropriate staff having keys and will be documented in the Person-Centered Plan. If more than one bedroom, each bedroom should be considered a unit and the "tenant" should have a key to their lockable door. (HCBS) Have a lease, residency agreement, or other form of written agreement in place that provides protections and addresses eviction processes and appeals comparable to those provided under the state's landlord tenant law. (HCBS) Manage money Send and receive mail including a private place to read and open mail. Access personal possessions Privacy to make and receive telephone calls and use other means of communication Visit and be visited by whomever they choose at any time (HCBS) Vote and otherwise participate in the political process Make choices about religious affiliation and participation Interact socially with members of either gender. Privacy including a choice of private bedroom or choice of a roommate with furnishings positioned to maximize privacy (HCBS) Freedom and support to control schedules and activities. (HCBS) Does the rights assessment address the need for and scope of advocacy, guardianship and alternatives for each individual? (OG 6.3.b.C(3)) Does the rights assessment include which supports are needed to protect and promote the individual's rights and is documented in the Person-Centered Plan? (OG 6.3.b.C(4)) Does the organization provide assistance to the individual in areas identified as important by the individual and that individual's Support Team? (OG 6.3.b.C(5)) Does the organization provide education to all individuals on the Home and Community-Based Settings Rule and is documented in the Person-Centered Plan? (HCBS) Does the organization provide education regarding voter registration and the voting process to anyone age 18 or over that expresses an interest? (OG 6.3.b.C(6)) Does the organization assist individuals w/voting as needed? [Note: NA for individuals deemed incompetent, due to Alabama voting laws.] (OG 6.3.b.C(7)) Does the organization provide individualized supports/services that are free from discrimination (race, gender, age, language, ethnicity, disability, religion, sexual orientation, or financial circumstances)? (OG 6.3.b.C(8)) Does the organization obtain written, informed consent [from the individual] prior to any intrusive medical or behavioral intervention, and prior to participation in research? (OG 6.3.b.C(9)) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

11. Does the consent contain information regarding procedures to be followed, expected benefits of participation, and the potential discomfort and/or risks? (OG 6.3.b.C(10))				
12. Is the consent information presented in a non-threatening environment, and explained in language that the individual can understand, and is the individual also informed that they may withhold or withdraw consent at any time? (OG 6.3.b.C(11))				
13. Does the organization share information about individuals only with their written, informed consent or that of the legally authorized representative? (OG 6.3.b.C(12))				

Factor *One*

Promotion and Protection of Individual Rights 580-5-30-.10 (2)	AR	PN	ER	Supporting Information
D. Decision-making supports are provided to individuals as needed. <ol style="list-style-type: none"> Does the organization refrain from presuming incompetence or denying individuals' rights to manage financial or personal affairs or exercise other rights solely by reason of his/her having received support services, unless legally determined otherwise? (OG 6.3.b.D(1)) Unless a legal determination of incompetence to participate in one or all the following activities has been made, is every individual free to access courts, attorneys and administrative procedures, execute instruments, dispose of property, marry and divorce, -participate in activities requiring legal representation, make choices regarding services and supports and who provides them without fear of reprisal, interference, or coercion? Is the individual informed of all setting options including non-disability specific settings and an option for a private room in their setting? Is the information documented in the Person-Centered Plan? (OG 6.3.b.D(2)) Do individuals receive only the level of support needed to make their own decisions? Do supports include assisting individuals to advocate for themselves? (OG 6.3.b.D(3)) Does each individual have a written plan to obtain advocacy, guardianship and alternatives to guardianship if those supports are needed? Support Coordination and Provider Organizations shall not serve in a guardianship capacity to those individuals they directly or indirectly support. (OG 6.3.b.D(4)) (See also, ALA Code Section 26-2A-104.1 (b)) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor *One*

Promotion and Protection of Individual Rights 580-5-30-.10 (2)	AR	PN	ER	Supporting Information
E. Staff are trained to recognize and honor individuals' rights. <p><i>Probes:</i></p> <ol style="list-style-type: none"> Are all staff trained to recognize and demonstrate respect for individuals' rights, including how individuals choose to exercise their rights? (OG 6.3.b.E(1)) Are staff that complete rights assessments trained to: (OG 6.3.b.E(2)) <ol style="list-style-type: none"> understand and support individuals' preferences regarding rights, identify goals related to exercising their rights and support attainment of those goals? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

3. Are staff trained in due process procedures? (OG 6.3.b.E(3))				
4. Are staff trained in any procedures for placing a limitation or restriction on an individual's rights? (OG 6.3.b.E(4))				

Factor *One*

Promotion and Protection of Individual Rights 580-5-30-.10 (2)	AR	PN	ER	Supporting Information
<p>F. The organization upholds due process requirements.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Is the organization's due process defined as providing individuals supported, and their legally authorized representatives, with a fair process requiring at least an opportunity to present objections to the proposed action being contemplated? (OG 6.3.b.F(1)) 2. Is due process, including review by a Human Rights Committee (HRC), implemented when it is proposed an individual's rights be restricted for any reason? (OG 6.3.b.F(2)) 3. Does a HRC review any restriction of an individual's rights, including an assessment indicating the need for a restriction periodically, but at least annually, during the period in which the restriction is imposed, and document such? (OG 6.3.b.F(3)) 4. Are all restrictions included in the individual's Person-Centered Plan? When any restrictions are being proposed for an individual, is the individual supported to attend and provide input at the HRC meeting in which the proposed restriction is being reviewed? (OG 6.3.b.F(4)) 5. Are individuals provided adequate training in due process procedures including: <ol style="list-style-type: none"> a. any procedures for placing a limitation or restriction on an individual's rights, b. training that supports the removal of rights restrictions. (OG 6.3.b.F(5)) 6. Is the continued need for the restriction reviewed at least quarterly by the QDDP or more often at the request of the individual? Are all restrictions included in the Person-Centered Plan? (OG 6.3.b.F(6)) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor *One* [NA for Agencies Providing Support Coordination Only]

Promotion and Protection of Individual Rights 580-5-30-.10 (2)	AR	PN	ER	Supporting Information
<p>G. The organization has access to a working and effective Human Rights Committee</p> <p><i>Note: some of the following references are from 580-3-26.</i></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Does the organization utilize a working and effective HRC that complies with the provisions of 580-3-26? (OG 6.3.b.G(1)) 2. Does the HRC review policies, procedures and practices that have the potential for rights restrictions without an individualized assessment? (OG 6.3.b.G(2)) 3. Does the HRC review the frequencies and reasons surrounding the use of restraint for medical and/or behavioral purposes? (OG 6.3.b.F(3)) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<p>4. Does the HRC meet at least quarterly? (OG 6.3.b.G(4))</p> <p>5. Is the HRC composed of a majority of individuals that are not employed by the program, consisting of representatives from each of the following groups? (OG 6.3.b.G(5))</p> <ul style="list-style-type: none"> a. Current and/or former service users b. Family members of service users c. Representatives of community support and advocacy organizations d. Local officials e. Citizens at large f. Performance Improvement/Quality enhancement staff (ex-officio) <p>6. Does the HRC:</p> <ul style="list-style-type: none"> a. make recommendations to promote individuals' rights b. proactively promote and protect individuals' rights c. review reports of substantiated allegations of abuse, neglect, mistreatment, and exploitation d. review other data that reveal practices with respect to human, civil and legal rights e. review research projects involving human participation to ensure the protection of the individuals who are involved f. assist in the review of rights-related policies and procedures g. promote rights-related education and training programs h. review rights restrictions i. assist in monitoring activities; advise the program administrator on consumer rights-related grievances; and j. review rights-related issues in behavioral plans? <p>580-3-26-.03 (2) (OG 6.3.b.G(6))</p>				
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Factor *One*

Promotion and Protection of Individual Rights 580-5-30-.10 (2)	AR	PN	ER	Supporting Information
<p>H. Services are provided in a safe and humane environment.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Is adequate furniture, supplies, equipment available as needed to support personal needs and outcomes of individuals served? (OG 6.3.b.H(1)) 2. Is furniture, supplies and equipment in good repair and operating effectively? (OG 6.3.b.H(2)) 3. Are supplies, equipment or devices, [such as adaptive, therapeutic, corrective, prosthetic, orthotic, and mobility devices] that are for individual use available and in good repair for the individual who requires their use? (OG 6.3.b.H(3)) 4. Is food available that is nutritious and available in quantity and variety to meet each individual's dietary needs and preferences and will be available at any time without restriction? Any restrictions to access to food must be based on an individualized, assessed need that is documented in the Person-Centered Plan along with what efforts will be taken to try to reduce or remove the restricted access as soon as may be feasible. (HCBS). (OG 6.3.b.H(4)) 5. Does the organization maintain current certifications and licenses for operations and comply with all posting and notification requirements of local, state, and federal offices? (OG 6.3.b.H(5)) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor *Two*

Dignity and Respect (580-5-30-.10 (3)	AR	PN	ER	Supporting Information
<p>A. Individuals are treated as individuals first.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Do the organization's policies and procedures reflect and reinforce: (OG 6.3.c.A(1)) <ol style="list-style-type: none"> a. courteous practices towards individuals? b. the avoidance of labels to describe individuals based on physical characteristics or disabilities? c. the practice of addressing individuals by their preferred name? d. privacy in an individual's bedroom with furnishing selected and arranged by the individual? (HCBS) e. ensuring the setting is physically accessible to the individual? (HCBS) 2. Does the organization provide training to staff and volunteers on policies regarding dignity and respect? (OG 6.3.c.A(2)) 3. Does the organization's identifying information (name, letterhead, etc.) promote a positive image of individuals, services and supports? (OG 6.3.c.A(3)) 	<input data-bbox="1129 232 1180 287" type="checkbox"/>	<input data-bbox="1211 232 1262 287" type="checkbox"/>	<input data-bbox="1289 232 1339 287" type="checkbox"/>	

Factor *Two*

Dignity and Respect 580-5-30-.10 (3)	AR	PN	ER	Supporting Information
<p>B. The organization respects individuals' concerns and responds accordingly.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Does the organization provide individuals supported and their legally authorized representatives with information regarding filing complaints and grievances? (OG 6.3.c.B(1)) 2. Do complaint/grievance procedures include the name and telephone number of the local contact? (OG 6.3.c.B(2)) 3. Does the designated local contact have the knowledge to inform individuals, families, and legally authorized representatives of the means of filing complaints and grievances and of accessing advocates, ombudsmen or rights protection within or outside the organization? (OG 6.3.c.B(3)) 4. Is grievance procedure information available in frequently used areas, particularly where individuals receive services? (OG 6.3.c.B(4)) 5. Do notices include the toll-free numbers for the DMH Advocacy Office, the Alabama Disabilities Advocacy Program (ADAP) (Federal protection and advocacy system) and local Department of Human Resources? (OG 6.3.c.B(5)) 6. Does the organization provide access to individuals and advocates, including a DMH internal advocate, and the grievance process without reprisal? (OG 6.3.c.B(6)) 7. Are responses to grievances or complaints provided in a timely manner per the agency's procedures? (OG 6.3.c.B(7)) 8. Are responses in a manner and format that is relevant and understandable? (OG 6.3.c.B(8)) 9. Does the organization implement a system to periodically, but at least annually, review all grievances and complaints for quality assurance purposes? (OG 6.3.c.B(9)) 	<input data-bbox="1125 203 1184 256" type="checkbox"/>	<input data-bbox="1201 203 1260 256" type="checkbox"/>	<input data-bbox="1283 203 1341 256" type="checkbox"/>	

Factor *Two*

Dignity and Respect 580-5-30-.10 (3)	AR	PN	ER	Supporting Information
<p>C. Individuals have privacy.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> Does the organization provide space for individuals to: <ol style="list-style-type: none"> speak or interact with others in private and open and read mail or other materials? (OG 6.3.c.C(1)) Does the organization afford every individual the right to privacy? (OG 6.3.c.C(2)) Does support staff demonstrate respect for individuals' privacy when: <ol style="list-style-type: none"> providing supports for bathing, dressing and personal hygiene in a private manner, and when entering personal spaces? (OG 6.3.c.C(3)) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor *Two*

Dignity and Respect 580-5-30-.10 (3)	AR	PN	ER	Supporting Information
<p>D. Supports and services enhance dignity and respect.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> Do practices enhance dignity and respect while recognizing individual choices and preferences? (OG 6.3.c.D(1)) Do individuals receive needed supports to: <ol style="list-style-type: none"> ensure healthy hygiene and personal cleanliness? choose clothing that is clean, fashionable and that fits? decorate their personal spaces based on choice while maintaining environments that are safe and sanitary? (HCBS) (OG 6.3.c.D(2)) Are transportation and other supports provided so individuals can access community services in a manner similar to others? (OG 6.3.c.D(3)) Does the organization have policies related to privacy that address consent and use of video surveillance equipment and other electronic recording devices such as cell phones, cameras, video recorders, etc. (OG 6.3.c.D(4)) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor *Two*

Dignity and Respect 580-5-30-.10 (3)	AR	PN	ER	Supporting Information
<p><i>E. Individuals have meaningful work and activity choices.</i></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Do personal assessments: <ol style="list-style-type: none"> a. identify preferred work and activities? b. Identify practices to help individuals make choices based on preferences and assist individuals to achieve goals? (OG 6.3.c.E(1)) 2. Do choices of activities and work encourage and promote age-appropriateness and a positive self-image. Do options consider the individual's cultural background and preferences? (OG 6.3.c.E(2)) 3. Does the organization provide individual assessments that identify preferred work activities, including assessing interest in seeking employment and work in competitive integrated settings, (HCBS) identify practices to help individuals make choices based on preferences and assist individuals to achieve goals? (OG 6.3.c.E(3)) 4. Are there options for individuals that are age and culturally appropriate, normative, and promote a positive self-image and are identified preferences documented in the Person-Centered Plan with appropriate goals and objectives? (OG 6.3.c.E(4)) 5. Does the organization facilitate opportunities for competitive integrated employment and supports when employment is the choice of the individual and prescribed in the individual's Person-Centered Plan? (HCBS). (OG 6.3.c.E(5)) 	<input data-bbox="1115 215 1167 269" type="checkbox"/>	<input data-bbox="1188 215 1241 269" type="checkbox"/>	<input data-bbox="1272 215 1325 269" type="checkbox"/>	

Factor *Three*

Natural Support Networks 580-5-30-.10 (4)	AR	PN	ER	Supporting Information
<p>A. Policies and procedures facilitate continuity of natural support systems.</p> <p>Probes:</p> <ol style="list-style-type: none"> Does the organization have policies and procedures that define natural supports and acknowledge the importance of natural supports in promoting identity, personal security and continuity for individuals served by the organization? (OG 6.3.d.A(1)) Does the definition of natural supports include families and friends as well as community resources such as local organizations, clubs, places of worship, schools, or other places where new and existing relationships can be built and facilitated outside of the organization? (OG 6.3.d.A(2)) Do policies and practices reflect how an organization facilitates continuity in existing relationships and supports building new relationships using community resources? (OG 6.3.d.A(3)) Do policies and practices reflect how an organization will assist individuals in making and maintaining contact with natural supports? (OG 6.3.d.A(4)) Do policies and practices reflect how the organization will assist individuals to access their natural supports? (OG 6.3.d.A(5)) Does the organization's facilitation of natural supports include promoting visits to the homes of families and friends.? (NA for Day and Non-Congregate Services) (OG 6.3.d.A(6)) Does the organization's facilitation of natural supports include promoting visits of families and friends to individuals' setting? (NA for Day and Non- Congregate Services) (OG 6.3.d.A(7)) Do staff consider individuals' health, safety and well-being while planning visits with family and friends? (NA for Day and Non-Congregate Services) (OG 6.3.d.A(8)) Are staff and volunteers provided training to develop and/or improve skills to support the individual's communication and contact with natural supports, especially families and friends? (OG 6.3.d.A(9)) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor *Three*

Natural Support Networks 580-5-30-.10 (4)	AR	PN	ER	Supporting Information
<p>B. The organization recognizes emerging support networks.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> Does the organization have a mechanism to identify and support existing and potential or emerging natural supports for each individual? (OG 6.3.d.B(1)) Does the organization have ways to connect individuals to natural supports including addressing and overcoming barriers? (OG 6.3.d.B(2)) Does the organization have strategies to build the capacity for natural supports based on individuals' choices and preferences? (OG 6.3.d.B(3)) Does the organization pursue the use of family members or close personal friends to assist individuals with decision-making? (OG 6.3.d.B(4)) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor *Three*

Natural Support Networks 580-5-30-.10 (4)	AR	PN	ER	Supporting Information
<p>C. Communication occurs among individuals, their support staff, and their families.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> Does the organization have internal communication systems for individuals, their support staff, and families: <ol style="list-style-type: none"> that provide choices about extent and frequency of contact with their natural support networks? that ensures inquiries from those in individuals' natural support systems are responded to in a natural and timely manner? that has a mechanism for legally authorized representatives, and others identified by individuals to receive information and be notified promptly and compassionately of incidents involving the individual? (OG 6.3.d.C(1)) Does the organization maintain written contact information including records of names, addresses and phone numbers of family and friends important to individuals? (OG 6.3.d.C(2)) Does the organization include a variety of methods for helping individuals stay connected to natural supports? (OG 6.3.d.C(3)) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor *Three*

Natural Support Networks 580-5-30-.10 (4)	AR	PN	ER	Supporting Information
<p>D. The organization facilitates each individual's desire for natural supports.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> Does the organization document individuals' satisfaction with the amount of contact with their natural support system? (OG 6.3.d.D(1)) Does the organization document individuals' involvement with their natural support systems? (OG 6.3.d.D(2)) Does the organization have clearly identified expectations related to visits or other interactions with natural supports based on the desires of the individual being supported? (OG 6.3.d.D(3)) Does the organization provide private space for visits and interactions with members of the individual's natural support network? (OG 6.3.d.D(4)) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

Protection from Abuse, Neglect, Mistreatment, and Exploitation 580-5-30-.10 (5)	Y/N	Supporting Information
<p>A. The organization implements policies and procedures that define, prohibit, and prevent abuse, neglect, mistreatment, and exploitation.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> Does the organization implement a Community Incident Prevention and Management System (IPMS) as required by the Department of Mental Health, Division of Developmental Disabilities, to protect individuals served from harm and improve the organization's responsiveness to incidents for the purposes of prevention of harm and risk management? Does the organization notify the DDD of all reportable incidents and take action in accordance with the Community IPMS? Does the organization have policies and procedures that comply and are consistent with requirements of the IPMS? (OG 6.3.e.A(3)) Are definitions of abuse, neglect, mistreatment, including the unauthorized use of restraints, and exploitation comprehensive and specific? Are they consistent with definitions in the Community IPMS? (OG 6.3.e.A(4)) Is the system used to take preventative actions and improve safety of the environment and care for individuals? IPMS Section VIII 	<input type="checkbox"/>	

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

Protection from Abuse, Neglect, Mistreatment, and Exploitation 580-5-30-.10 (5)	Y/N	Supporting Information
<p><i>B. The organization promotes freedom from abuse, neglect, mistreatment, and exploitation.</i></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Are individuals provided understandable information about their right to be free from abuse, neglect, including unauthorized use of restraints, mistreatment, and exploitation? (OG 6.3.e.B(1)) 2. Is there an understandable, easy to use complaint process? (OG 6.3.e.B(2)) 3. Are individuals supported to report allegations of abuse, neglect, mistreatment, including unauthorized use of restraints, and exploitation? (OG 6.3.e.B(3)) 4. Are allegations reported by employees or others including individuals, supported by the organization managed consistently and in the same manner? (OG 6.3.e.B(4)) 5. Do individuals who cause injury or harm to themselves or others receive supports to replace those behaviors consistent with the Alabama DMH, DDD Behavioral Services Procedural Guidelines (DDD-PBS-01-05)? (OG 6.3.e.B(5)) 6. When there are allegations of abuse, neglect, mistreatment, including unauthorized use of restraints, exploitation, or other reportable incidents, does the organization take immediate actions to ensure individuals are protected? IPMS Section V.C (OG 6.3.e.B(6)) 7. When individuals have been subjected to abuse, neglect, mistreatment, including unauthorized use of restraints, or exploitation, does the organization assist the individual to access supports to address the effects of the abuse even if the perpetrator is another individual who receives supports from the organization? (OG 6.3.e.B(7)) 8. When individuals have been subjected to abuse, neglect, mistreatment, including unauthorized use of restraints, or exploitation, does the organization assist the individual to access supports to address the effects of that abuse, even if the abuse occurred before they entered the organization's system of services? (OG 6.3.e.B(7)) 9. Are incidents resulting in injury, where both the perpetrator and victim receive services, investigated or clinically reviewed to determine: <ol style="list-style-type: none"> a. if the occurrence of such an incident may have been the result of neglect? b. if additional supports are needed for individuals involved? (OG 6.3.e.B(8)) 	<input data-bbox="1165 310 1228 370" type="checkbox"/>	

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

Protection from Abuse, Neglect, Mistreatment, and Exploitation 580-5-30-.10 (5)	Y/N	Supporting Information
<p>C. The organization follows reporting requirements for allegations or suspected incidents of physical, verbal, sexual or psychological abuse, mistreatment, neglect, or exploitation regardless of age.</p> <p>Probes:</p> <ol style="list-style-type: none"> Does the organization have a procedure for reporting incidents and injuries in accordance with all applicable laws and DMH/DD requirements, including the Community IPMS? (OG 6.3.e.C(2)) Does the organization notify an individual's responsible relative/guardian immediately in the event of a medical emergency or death? IPMS Section IV (OG 6.3.e.C(3)) 	<input type="checkbox"/>	

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

Protection from Abuse, Neglect, Mistreatment, and Exploitation 580-5-30-.10 (5)	Y/N	Supporting Information
<p>D. The organization ensures objective, prompt, and thorough investigations of each allegation of abuse, neglect, mistreatment, and exploitation, and of each injury, particularly injuries of unknown origin.</p> <p>Probes:</p> <ol style="list-style-type: none"> Is there documentation that the organization conducts investigations in accordance with timelines established by the Community IPMS? (OG 6.3.e.D(1)) <ol style="list-style-type: none"> as soon as possible but within a time frame to ensure that DDD receives a copy of the investigation report within 15 working days from the occurrence of the incident? IPMS Section V Does the organization follow the recommendations for incident and investigation reports in the IPMS? IPMS Section V (OG 6.3.e.D(2)) 	<input type="checkbox"/>	

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

Protection from Abuse, Neglect, Mistreatment, and Exploitation 580-5-30-.10 (5)	Y/N	Supporting Information
<p><i>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.</i></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> Does the organization document the internal investigation/ review and follow up action for all allegations of abuse, neglect, mistreatment, including unauthorized use of restraints, or exploitation? (OG 6.3.e.E(1)) Are the investigation outcomes and recommended actions implemented in accordance with the IPMS Community Guidelines? (OG 6.3.e.E(2)) Is an initial, comprehensive mortality review completed and available? (OG 6.3.e.E(3)) 	<input data-bbox="1102 277 1165 334" type="checkbox"/>	

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

Protection from Abuse, Neglect, Mistreatment, and Exploitation 580-5-30-.10 (5)	Y/N	Supporting Information
<p><i>F. Support staff knows how to prevent, detect and report allegations of abuse, neglect, mistreatment, and exploitation.</i></p> <p>Probes:</p> <ol style="list-style-type: none"> 1. Does the organization ensure all staff receives orientation on abuse, neglect, mistreatment, and exploitation? (OG 6.3.e.F(1)) 2. Does the orientation include prevention, detection, and reporting requirements as specified in internal agency procedures, Community IPMS Guidelines, and any other applicable federal or state requirements? (OG 6.3.e.F(1)) 3. Does staff with specific responsibilities related to reporting, investigating or documenting requirements in the IPMS receive training in their areas of responsibility and in specific procedures as well? (OG 6.3.e.F(2)) 4. Does the organization provide ongoing training in prevention, detection and reporting frequently enough (at least annually) to support both individual and organizational outcomes? (OG 6.3.e.F(3)) 5. Is training on specific supports, services, policies, procedures and/or Person-Centered Plans provided immediately when support staff competency is identified as a causal factor for substantiated incidents of abuse, exploitation, neglect, or mistreatment, including unauthorized use of restraints? (OG 6.3.e.F(4)) 6. Does the organization evaluate potential underreporting and screening of allegations of abuse, neglect (including unauthorized use of restraints), mistreatment, including unauthorized use of restraints, and exploitation, and provide additional training as needed? (OG 6.3.e.F(5)) 	<div data-bbox="1100 253 1163 311" data-label="Form"> <input type="checkbox"/> </div>	

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

Best Possible Health 580-5-30-.10 (6)	Y/N	Supporting Information
<p>A. Individuals have supports to manage their own health care.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Are individuals given the opportunity to choose health care providers as desired? 2. Are individuals provided understandable information about their current and past health conditions, medications, and treatments, including the purpose, intended outcomes, side effects, or other risks and alternatives? (OG 6.3.f.A(3)) 3. Do individuals have access to all their health care records? (OG 6.3.f.A(4)) 4. Are the individual's preferences and ability to self-administer medications and treatments assessed at least annually in compliance with the Nurse Delegation Program? (OG 6.3.f.A(5)) 5. Are supports available to assist individuals with medications and treatments if necessary? (OG 6.3.f.A(6)) 6. If the individual self-administers medications, have all the following criteria been established and documented in accordance with the Nurse Delegation Program? Has the individual been: (OG 6.3.f.E(12)) <ol style="list-style-type: none"> a. provided information and effectively communicated understanding regarding the purpose, dosage, time, and possible side effects of the medications? b. instructed, and effectively communicated understanding of what to do and who to call if he/she misses a dose, takes extra medication, or experiences an adverse reaction? c. educated, and effectively communicated understanding, in maintenance of his/her medication history and in recording information needed by the physician to determine medication and dosage effectiveness? (OG 6.3.f.A(3)) 7. Has the individual demonstrated a competent self-administration of medication? (OG 6.3.f.E(12c)) 8. Is self-medication discussed during the annual Person-Centered Plan meetings? Are concerns addressed and documented? OG 6.3.f.E (14) 9. Does staff support self-administration of medication through periodic monitoring of administration and documentation of continued proficiency by the individual? OG 6.3.f.E (15) 10. Are individuals supported to become knowledgeable about how to access emergency medical care and to access it as needed? (OG 6.3.f.A(7)) 	<div data-bbox="1100 258 1165 318" data-label="Form"> <input type="checkbox"/> </div>	

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

Best Possible Health 580-5-30-.10 (6)	Y/N	Supporting Information
<p>B. Individuals access quality health care.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. [If the individual began receiving services within the last year], was the individual's initial physical examination conducted by a licensed physician or CNP within 365 days prior to admission? (OG 6.3.f.B(1)) 2. Has the individual had an annual physical and have the medical needs been reviewed within 90 days prior to or at the time of the PCP? (OG 6.3.f.B(2)) 3. Are individuals assisted in obtaining preventive and routine health services, including physical examinations, immunizations, and screenings, consistent with their age and risk factors as recommended by their personal physician? (OG 6.3.f.B(3)) 4. Are preventive health care strategies/interventions contained in the Person-Centered Plan based on the individual's current health status and age implemented carried out according to the Centers for Disease Control recommendations regarding preventive/screening practices? Emphasis will be placed on age-specific screening tests. -OG6.3.f.B(3) 5. Does each individual newly admitted have a TB skin test with documented results, or written evidence that the test was completed previously, or the test is medically contraindicated? (OG 6.3.f.B(4)) 6. Does each individual have annual TB skin test as medically indicated? If the skin test yields a questionable result, does the organization follow-up with the physician? (OG 6.3.f.B(4)) 7. Are individuals who require supports for mobility provided assistance and supports to prevent skin breakdown. (OG 6.3.f.B(5)) 8. Do individuals have therapeutic and adaptive equipment that fits and is in good repair. (OG 6.3.f.B(5)) 	<div data-bbox="1100 256 1165 318" data-label="Form"> <input type="checkbox"/> </div>	

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

Best Possible Health (OG 6.3.f.)	Y/N	Supporting Information
<p>C. Health needs are addressed in a timely manner.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Does the organization have a process for ensuring an individual who develops a medical problem, either an emergency or acute health care change, is assessed [by a qualified health care practitioner] in a timely manner? (OG 6.3.f.C(1)) 2. Is the individual with an emergency or acute health problem provided treatment/care and monitoring in accordance with good standards of nursing or medical care to resolve the problem effectively? (OG 6.3.f.C(1)) 3. Does the organization have systems in place that ensure ongoing communication between individuals' health care support staff, and outside health care staff to promote continuity of care? (OG 6.3.f.C(2)) 4. Are actions taken to address health needs documented? (OG 6.3.f.C(3)) 5. When available, do individuals' medical records document hospital summaries that include the discharge diagnosis, current health status, follow-up instructions and any restrictions or limitations of recent hospitalizations? Does the organization document its efforts to obtain hospital summaries? (OG 6.3.f.C(4)) 6. Do individuals' records document acute health changes to provide a clear picture of the course of the illness or injury, treatment provided, and the individual's status from the time of identification through resolution? (OG 6.3.f.C(5)) 7. Are individuals' Person-Centered Plans, including health care and supports, modified in a timely manner based upon acute health changes? (OG 6.3.f.C(6)) 	<input type="checkbox"/>	

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

Best Possible Health 580-5-30-.10 (6)	Y/N	Supporting Information
<p>D. Staff immediately recognize and respond to medical emergencies. <i>Probes:</i></p> <ol style="list-style-type: none"> 1. Do direct support staff (non-licensed medical personnel) receive training to recognize and respond to individuals experiencing medical emergencies? (OG 6.3.f.D(1)) 2. Is medical equipment ordered by a physician to respond in a potential emergency for pre- existing (known) conditions available, well maintained, clean and functional? (OG 6.3.f.D(2)) 3. Is medication ordered by a physician to respond in a potential emergency available in the appropriate dose, quantity, and form? (OG 6.3.f.D(3)) 4. Are first aid kits available and appropriately stocked for the provision of initial care for an illness or injury? (OG 6.3.f.D(4)) 	<input type="checkbox"/>	

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

Best Possible Health (OG 6.3.f.)	Y/N	Supporting Information
<p>E. Individuals receive medications and treatments safely and effectively.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Does the organization implement policies and procedures approved by their Board of Directors requiring full compliance with the Alabama Board of Nursing's Regulation 610-X- 7-.06, Alabama Department of Mental Health Residential Community Programs and the Nurse Delegation Program? (OG 6.3.f.E(1)) 2. Is the unit dose or individual prescription system used for all prescription drugs? (OG 6.3.f.E(2)) 3. Are all medications labeled and stored in accordance with criteria herein? (OG 6.3.f.E(3)) <ol style="list-style-type: none"> a. Medications are stored under lock and key. b. All narcotic medications, Schedule 2, 3, 4, and 5, are stored under double lock and key. c. Medications are stored separately from non-medical items. d. Medications are stored under proper conditions of temperature, light, humidity, sanitation, and ventilation. e. Internal and external medications are clearly labeled as such and stored separately from each other. f. The organization as a system to document ongoing accountability for all prescription medication through an inventory process. 4. Are medications, both prescription and non-prescription, administered and recorded according to valid orders and in compliance with the Alabama Board of Nursing's Regulation 610-X-7-.06, Alabama Department of Mental Health Residential Community Programs, and the Nurse Delegation Program. (OG 6.3.f.E(4)) 5. Are prescription medications used only by the individual for whom they are prescribed? (OG 6.3.f.E(5)) 6. Is each prescription medication identifiable up to the point of administration? Identifiable means it is clearly labeled with the name of the individual, name of the medication, and the specific dosage. Do prescription medication labels state the expiration date? Do names of medications on labels match the Medication Administration Record. (OG 6.3.f.E(6)) 7. Are medication errors and reactions recorded and reported in accordance with the organization's written policy, the Community IPMS guidelines, and the Nurse Delegation Program? (OG 6.3.f.E(7)) 8. Does the organization document corrective action taken in response to medication errors? (OG 6.3.f.E(8)) 9. Does the organization ensure a nurse, pharmacist, or physician dispose discontinued and outdated medications promptly and safely? Is the disposal of discontinued/outdated medications witnessed and documented in accordance with policy? (OG 6.3.f.E(9)) 	<input data-bbox="1102 284 1165 341" type="checkbox"/>	

<p>10. Does each individual administered medication receive supervision by the prescribing physician including regular evaluation of the individual's response to the medication? (OG 6.3.f.E(10))</p> <p>12. Are individuals taking psychotropic medications routinely evaluated by a licensed physician at a minimum of every six months, to ensure the drug is effective, is being given at the lowest possible dosage, and is consistent with appropriate standards of care? (OG 6.3.f.E(11))</p> <p>13. When an individual takes anti-convulsant or psychotropic medications, does the organization ensure blood level examinations are repeated as clinically indicated for potential toxic side effects and ensure levels are within therapeutic range? Are records of the most recent examinations maintained in the individual's record, or if they cannot be obtained, a letter from the physician indicating that individual is in "usual state of health"? (OG 6.3.f.E(11b))</p> <p>14. In residential services and program services, is there a MAS trained registered nurse or licensed practical nurse responsible for supervising the delegation of medication assistance by unlicensed personnel? (OG 6.3.f.E(16))</p> <p>15. In residential services, is there an on-call MAS nurse available 24 hours a day, 7 days a week? (OG 6.3.f.E(17))</p>		
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Factor *Six* (note: this Factor requires 100% compliance)

Safe Environments 580-5-30-.10 (7)	Y/N	Supporting Information
<p>A. The organization provides individualized safety supports.</p> <p><i>Probes:</i></p> <p>1. Are individuals' abilities to be safe in their environments assessed? (OG 6.3.g.A(2))</p> <p>2. Does the assessment include, but not limit itself to, safety in the kitchen? The ability to adjust hot water, to respond to an emergency like fire or severe weather, to call for help and to use cleaning supplies? Other safety concerns specific to the individual or the particular environment? (OG 6.3.g.A(2))</p> <p>3. Are individuals provided supports to the extent needed, based on the functional assessment of safety? (OG 6.3.g.A(1))</p> <p>4. Are assessment results documented in the PCP? (OG 6.3.g.A(3))</p>	<input type="checkbox"/>	

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

Safe Environments 580-5-30-.10 (7)	Y/N	Supporting Information
<p>B. The physical environment promotes individuals' health, safety, and independence.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> Are kitchen areas, electrical appliances, and outlets free of hazards? (OG 6.3.g.B(1)) Do heating and cooling systems maintain temperature comfortable for individuals served according to weather conditions? Is the temperature (in most cases) maintained between 70° and 80° Fahrenheit? (OG 6.3.g.B(2)) Are environments clean, pest free and adequately maintained to ensure basic safety? (OG 6.3.g.B(3)) 	<input type="checkbox"/>	

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

Safe Environments 580-5-30-.10 (7)	Y/N	Supporting Information
<p>C. The organization has individualized emergency plans.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> Do the organization's emergency plans: <ol style="list-style-type: none"> address a variety of situations? accommodate the individual needs of individuals? (OG 6.3.g.C(1)) Are alarms and visual signs in place for individuals who require them? (OG 6.3.g.C(2)) Are emergency contact numbers readily available to staff and individuals receiving supports? (OG 6.3.g.C(4)) 	<input type="checkbox"/>	

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

Safe Environments 580-5-30-.10 (7)	Y/N	Supporting Information
<p><i>D. Routine inspections ensure environments are sanitary and hazardfree.</i></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> Does the organization monitor housekeeping and conduct regular safety inspections? (OG 6.3.g.D(1)) Does the organization complete routine maintenance and repairs to ensure safe conditions throughout any physical structures? (OG 6.3.g.D(1)) Is there a system for immediately reporting and correcting environmental or safety hazards? (OG 6.3.g.D(1)) Does the organization maintain records of: <ol style="list-style-type: none"> repairs and maintenance? safety and sanitation inspections? (OG 6.3.g.D(2)) Does the organization adhere to applicable certification and licensure standards, statutes and regulations regarding the physical environment as required by Alabama DMH Administrative Code, 580-3-22? (OG 6.3.g.D(3)) Does the organization maintain the appearance of the setting, inside and out, consistent with that of other homes in the neighborhood? (HCBS) (NA for Day Services) (OG 6.3.g.D(4)) 	<div data-bbox="1178 305 1241 365" data-label="Form"> <input type="checkbox"/> </div>	

Factor *Seven*

Staff Resources and Supports 580-5-30-.10 (8)	AR	PN	ER	Supporting Information
<p>A. The organization implements a system for staff recruitment and retention.</p> <p>Probes</p> <ol style="list-style-type: none"> Does the organization recruit and hire staff in accordance with all applicable laws and organizational requirements? (OG 6.3.h.A(1)) Do all employees/agents have reference and national background checks prior to employment? Volunteers who work with individuals unsupervised shall be subject to the national background check. (OG 6.3.h.A(2)) Does the background check consist of the following personal identifiers; name, social security number, date of birth, and driver's license number or state issued non-drivers' identification? The following criminal activities will permanently disqualify a potential employee from employment: (OG 6.3.h.A(3)) <ol style="list-style-type: none"> Convictions for any crime of violence Convictions for any felony The following criminal convictions will prevent a potential employee from employment for the time specified. <ol style="list-style-type: none"> Reckless endangerment in the past five (5) years Stalking in the second degree in the past five (5) years Criminal trespassing in the first degree in the past five (5) years Violating a protective order in the past three (3) years Unlawful contact in the second degree in the past year Criminal mischief in the first degree in the past seven (7) years Is drug testing included as part of the pre-employment screening process for employees whose job duties involve the care, safety and wellbeing of individuals and on reasonable suspicion (for-cause) of any employee of the organization? (OG 6.3.h.A(4)) Does the organization require all new staff that have direct contact with individuals supported to have a TB skin test with documented results, unless there is written evidence that such testing has been done within the last year unless there is a medical contraindication? (OG 6.3.h.A(5)) Is the TB testing administered, read, and documented by healthcare professionals who are not employees of the Direct Service Provider? (OG6.3.h.A(5)) In lieu of annual TB testing of employees, does the organization annually provide documented ADMH approved TB education training for each employee who has direct contact with the individuals served? This annual education can be completed by healthcare professionals who are employees of the Direct Service Provider. (OG 6.3.h.A(6)) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<p>8. Does the organization assess at least annually and adjust hiring practices based on analysis of position turnover, availability of qualified candidates, vacancy rates, staffing ratios, availability of financial resources, supports needed by individuals and other relevant data? (OG 6.3.h.A(7))</p> <p>9. Does the organization work with state and local resources such as schools and job placement services to ensure an adequate supply of qualified candidates? (OG 6.3.h.A(8))</p> <p>10. Does the organization conduct employee satisfaction surveys, including exit surveys when employees leave? (OG 6.3.h.A(9))</p> <p>11. Are satisfaction surveys reviewed for suggestions to improve recruitment and retention? (OG 6.3.h.A(10))</p>				
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Factor *Seven*

Staff Resources and Supports 580-5-30-.10 (8)	AR	PN	ER	Supporting Information
<p><i>B. The organization implements policies and procedures that promote continuity and consistency of staff.</i></p> <p><i>Probes:</i></p> <p>1. Does the organization have an adequate number of personnel and staff to carry out the stated purpose/mission? (OG 6.3.h.B(1))</p> <p>2. Do individuals have adequate staff to provide needed services/supports so their expectations, needs and desired outcomes can be achieved? (OG 6.3.h.B(2))</p> <p>3. Does the organization maintain records demonstrating staff accountability? (OG 6.3.h.B(3))</p> <p>4. Does the organization maintain records demonstrating staff assignments and/or staff schedules? (OG 6.3.h.B(4))</p> <p>5. Are the organization's hiring practices and staffing plan shaped by supports needed by individuals served and individualized for each individual? (OG 6.3.h.B(5))</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor *Seven*

Staff Resources and Supports 580-5-30-.10 (8)	AR	PN	ER	Supporting Information
<p>C. Staff are qualified for their roles.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Do employees who provide supports to individuals have the educational background and licensing credentials as required by the funding source, state law, and federal law? (OG 6.3.h.C(1)) 2. Do Executive Directors/Owners/Operators possess a bachelor's degree from an accredited institution in Public Health, Special Education, Social work, Business Administration, Public Administration, Psychology, or other Human Serves field working with individuals with various disabilities, or Registered Nurse? Does the director have considerable experience (5 or more years) working with individuals with intellectual and/or developmental disabilities in community settings? The director must possess, or be eligible for, license or certification in their particular field if applicable. (OG 6.3.h.C(2)) 3. Have all support coordinators completed a Support Coordination training program approved by DDD and the Alabama Medicaid Agency? (OG 6.3.h.C(3)) 4. Do all QDDPs have at least one year of experience working directly w/individuals with intellectual or other developmental disabilities, QDDP training offered by the state? (OG 6.3.h.C(5)) 5. Do all QDDPs have the minimum educational background required (Doctor of Medicine or osteopathy, registered nurse, or a bachelor's degree in a human service field or a bachelor's degree with 12 hours course credit in a human service field)? (OG 6.3.h.C(4)) 6. Are students completing a degree in psychology, counseling, social work or psychiatric nursing, providing direct services only under the following conditions: the student is in a clinical practicum that is part of an officially sanctioned academic curriculum; receives a minimum of one hour/week direct clinical supervision from a licensed/certified mental health professional with at least 2 years post master's experience in a direct service functional area; and the student's clinical notes are co-signed by the supervisor? (OG 6.3.h.C(6)) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor Seven

Staff Resources and Supports 580-5-30-.10 (8)	AR	PN	ER	Supporting Information
<p>D. The organization implements an ongoing staff development program.</p> <p>Probes:</p> <ol style="list-style-type: none"> Does the organization assure orientation/training for each employee? (OG 6.3.h.D(1)) Does the organization maintain records documenting all employees training on site? (OG 6.3.h.D(2)) Prior to assuming their assigned positions, do all employees complete training in each of the following areas: <ul style="list-style-type: none"> Rights of individuals served HCBS Settings Rule (HCBS) Complaint/grievance procedure Policies and procedures regarding abuse, neglect, mistreatment, and exploitation Overview of intellectual/developmental disabilities Infection control/universal precautions Severe weather preparedness Fire Safety (OG 6.3.h.D(3)) Prior to working alone and within at least 90 days of employment, do all employees who provide direct supports to individuals receive training in: <ul style="list-style-type: none"> CPR (must receive certification) First aid (must receive certification) Medical emergencies Management of aggressive behavior Medication training including medication side effects Signs and symptoms of illness Incident identification/reporting in accordance with the IPMS. (OG 6.3.h.D(4)) Prior to working alone and within 90 days of employment, do all staff who provide direct supports receive training needed to implement individuals' plans? (OG 6.3.h.D(5)) Within 90 days of employment, do all staff who provide direct supports to individuals receive training in each of the following: <ul style="list-style-type: none"> Agency policy and procedures Philosophy of self-determination Person-centered supports General behavioral principles w/emphasis on skill acquisition and behavior reduction techniques (OG 6.3.h.D(6)) Does the organization annually provide refresher training for all employees in each of the following areas: <ul style="list-style-type: none"> Rights of individuals served HCBS Settings Rule (HCBS) Complaint/grievance procedure Policy and procedures on abuse, neglect, mistreatment, and exploitation Infection control/universal precautions (OG 6.3.h.D(7)) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

8. Are all direct support staff provided annual training in management of aggressive behavior? (OG 6.3.h.D(8))				
9. Are MAC trained employees evaluated in compliance with the Nurse Delegation Program? (OG 6.3.h.D(9))				
10. Is the staff training program developed based on input from individuals supported and their families/legally authorized representatives? (OG 6.3.h.D(10))				
11. Does the staff training reflect current best practices? (OG 6.3.h.D(11))				
12. Does training for staff include one or more of the following: <ul style="list-style-type: none"> ▪ Mentoring ▪ On the job support ▪ Personal growth and development planning; or ▪ Competency based measurement? (OG 6.3.h.D(12)) 				
13. Do all employees who provide direct supports maintain current certifications in CPR and First Aid? (OG 6.3.h.D(13))				

Factor ***Eight*** [NA for Agencies Providing Non-Congregate Services only]

Positive Services and Supports 580-5-30-.10 (9)	AR	PN	ER	Supporting Information
<p>A. Individuals are informed about the services and supports the agency provides.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Does the agency discuss with the individual receiving supports and the legally authorized representative the organization's services and any related charges, including any limitations placed on the duration or services? (OG 6.3.i.A(1)) 2. Does it provide a written statement of services and related charges to the individual receiving supports and the legally authorized representative? (OG 6.3.i.A(2)) 3. Does the agency provide documentation to demonstrate learning opportunities are provided to individuals served about HCBS regulatory requirements and their right to due process should the provider modify those requirements? (HCBS) 4. Does the agency provide documentation to demonstrate learning opportunities are provided to individuals about HCBS regulatory requirements and their rights to due process should those requirements be modified? (HCBS) 5. Are individuals responsible for payment of charges for services informed of any changes in services or limitations placed on duration of services prior to their occurrence during the service relationship? (OG 6.3.i.A(3)) 6. Is the information provided to individuals in language and terms appropriate to the individual's ability to understand? (OG 6.3.i.A(4)) 	<input data-bbox="1157 321 1209 378" type="checkbox"/>	<input data-bbox="1262 321 1314 378" type="checkbox"/>	<input data-bbox="1346 321 1398 378" type="checkbox"/>	

Factor **Eight** [NA for Agencies Providing Non-Congregate Services Only]

Positive Services and Supports 580-5-30-.10 (9)	AR	PN	ER	Supporting Information	Support Coordination Agency Deficit Identified
<p>B. Individuals are provided assistance in making choices and planning for services and supports.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> Does each individual have a support team that includes: <ol style="list-style-type: none"> Support Coordinator, the legally authorized representative or advocate as needed, family members (as desired by the individual and/or legally authorized representative), representatives of all service providers (particularly staff responsible for program implementation), QDDP, and others as indicated by the individual's life situation, needs, desires and age (in the case of children), or as requested by the individual or determined to be of important support? (OG 6.3.i.B(1)) When individuals enter the program, does the Support Coordinator share pertinent information regarding the individual's support needs, including medical care, safety concerns, etc. with Support Team members within 24 hours? (OG 6.3.i.B(2)) Is there documentation in the individual's record of information shared and individuals attending the initial support team meeting? (OG 6.3.i.B(3)) Within 30 days of entry into the program, does the team meet to develop a person-centered plan? (OG 6.3.i.B(4)) Does the team meet at least annually (every 365 days) to review and update the individual's plan? (OG 6.3.i.B(5)) Does the team meet at the convenience of the individual and other members of the team to develop the Person-Centered Plan? (OG 6.3.i.B(6)) Is each individual and his/her family members or others (with permission by the individual) invited to actively participate in support plan meetings, including transition or discharge planning? (OG 6.3.i.B(7)) During support team meetings, is information presented in language and terms appropriate for the individual to understand? (OG 6.3.i.B(8)) Is the individual and/or legally authorized representative prepared for the Person-Centered Planning meeting by sharing information to be discussed prior to the meeting? If not, was it documented that the meeting was an emergency? Was the information shared in a method he/she understands? (OG 6.3.i.B(8)) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>

Factor ***Eight*** [NA for Agencies Providing Non-Congregate Services only]

Positive Services and Supports 580-5-30-.10 (9)	AR	PN	ER	Supporting Information
<p>C. The organization assesses the individual's personal goals and priority services and supports.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Does each individual have a current functional assessment? [If the individual is new to the organization's services,] is the assessment completed no later than 30 days after entry into services? (OG 6.3.i.C(1)) 2. Is the functional assessment updated annually at the time of the Person-Centered Plan? (OG 6.3.i.C(2)) 3. Does the assessment address all of the following areas at a minimum: <ul style="list-style-type: none"> • Personal preferences • Family/home situation • Health needs • Activities of daily living • Vocational needs • Communication skills • Leisure activities • Physical supports [i.e., adaptive equipment]; and • Social supports? (OG 6.3.i.C(3)) 	<input data-bbox="1140 305 1192 362" type="checkbox"/>	<input data-bbox="1213 305 1266 362" type="checkbox"/>	<input data-bbox="1297 305 1350 362" type="checkbox"/>	

Factor Eight [NA for Agencies Providing Non-Congregate Services only]

Positive Services and Supports 580-5-30-.10 (9)	AR	PN	ER	Supporting Information	Support Coordination Agency Deficit Identified
<p>D. Individuals' plans lead to person-centered and person-directed services and supports.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Do individuals have Person-Centered Plans based on personal strengths, interests, and needs? (OG 6.3.i.D(1)) 2. Do Person-Centered Plans include services and supports preferred by the individual or needed for the individual to realize personal goals as documented in the functional assessment? (OG 6.3.i.D(2)) 3. Does the Person-Centered Plan include learning, participation and support opportunities that are meaningful and functional and enhance the individual's dignity? (OG 6.3.i.D(3)) 4. Is information for person--centered plans obtained directly from the individual to the greatest extent possible or from people who know the individual best? (OG 6.3.i.D(4)) 5. Does information for Person-Centered Plans include observations of the individual? (OG 6.3.i.D(5)) 6. Do Person-Centered Plans incorporate information from team members who know the individual well? (OG 6.3.i.D(6)) 7. Are Person-Centered Plans modified by individuals with their support teams as needed, as soon as possible when there are significant changes in the individual's physical or mental condition? And/or when a major life change is being contemplated by the individual or for the individual? (OG 6.3.i.D(7)) 8. Does the organization have a clearly defined process for convening special Person-Centered Planning meetings? Meetings may be called at any time mutually agreed upon by the individual and/or advocate or legally authorized representative and his/her team. (OG 6.3.i.D(8)) 9. Do Person-Centered Plans include prioritized goals designed to achieve desired individual personal outcomes? Are personal outcomes defined in such a way that they address the individual's preferences and are attainable within a specific timeframe and enhance the individual's life? (OG 6.3.i.D(9)) 10. Do goals include participating in community life (HCBS), gaining and maintaining satisfying relationships, controlling individual resources (HCBS), having opportunities to fulfill respected social roles, expressing preferences and making choices, and development of individual competencies? (OG 6.3.i.D(10)) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<div> <input type="checkbox"/>Yes <input type="checkbox"/>No </div> <div> <input type="checkbox"/>Yes <input type="checkbox"/>No </div> <div> <input type="checkbox"/>Yes <input type="checkbox"/>No </div> <div> <input type="checkbox"/>Yes <input type="checkbox"/>No </div> <div> <input type="checkbox"/>Yes <input type="checkbox"/>No </div> <div> <input type="checkbox"/>Yes <input type="checkbox"/>No </div> <div> <input type="checkbox"/>Yes <input type="checkbox"/>No </div> <div> <input type="checkbox"/>Yes <input type="checkbox"/>No </div> <div> <input type="checkbox"/>Yes <input type="checkbox"/>No </div> <div> <input type="checkbox"/>Yes <input type="checkbox"/>No </div>

Factor ***Eight*** [NA for Agencies Providing Non-Congregate Services only]

Positive Services and Supports 580-5-30-.10 (9)	AR	PN	ER	Supporting Information
<p><i>E. The organization provides continuous and consistent services and supports for each individual.</i></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Do all identified formal supports include implementation strategies defining who is responsible, when, where, and how the opportunity is carried out (including the frequency) and methods of data collection to assess achievement? (OG 6.3.i.E(1)) 2. Do staff possess the knowledge, skills, and abilities to implement individuals' person- centered plans as written? (OG 6.3.i.E(2)) 3. Do staff receive training in how to provide or access the supports needed to implement the goals in each individual's plan? (OG 6.3.i.E(3)) 4. Is there evidence individuals are integrated in and supported to have full access to the greater community based on their individual needs and preferences as determined through daily interactions/conversations and as identified in their Person-Centered Plan? (OG 6.3.i.E(4)) 5. Does the organization have a system for ensuring changes are effectively communicated to everyone within the organization who is important to the individual or provides support to the individual? (OG 6.3.i.E(5)) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor ***Eight*** [NA for Agencies Providing Non-Congregate Services only]

Positive Services and Supports 580-5-30-.10 (9)	AR	PN	ER	Supporting Information	Support Coordination Agency Deficit Identified
<p>F. The organization supports individuals to choose or change the type of services they receive.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> Does the individual know which services are available to choose/receive? Is there documented evidence the organization supports individuals to choose or change the type of services they receive? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

Factor ***Eight*** [NA for Agencies Providing Non-Congregate Services only]

Positive Services and Supports 580-5-30-.10 (9)	AR	PN	ER	Supporting Information	Support Coordination Agency Deficit Identified
<p>G. Individuals report receiving all services identified in the Person-Centered Plan.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> Does the individual know all services identified in their Person-Centered Plan? Does the individual report receiving all services identified in their Person-Centered Plan? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

Factor ***Eight*** [NA for Agencies Providing Non-Congregate Services only]

Positive Services and Supports 580-5-30-.10 (9)	AR	PN	ER	Supporting Information	Support Coordination Agency Deficit Identified
<p>H. The organization monitors the effectiveness of each individual's Person-Centered Plan.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> Does the organization have a system to monitor implementation of Person-Centered Plans? Does it include direct observations of services and supports as well as reliable recorded evidence or information that reflects progress towards objectives and achieving desired outcomes? (OG 6.3.i.F(1)) Is the implementation of Person-Centered Plans reviewed and documented at least every 90 days for effectiveness? (OG 6.3.i.F(2)) Does the review include progress/achievement for each learning, participation, or service opportunity? (OG 6.3.i.F(3)) Are Person-Centered Plans modified by individuals with their support teams when the individual is not benefiting from the opportunities? (OG 6.3.i.F(4)) Are Person-Centered Plans modified by individuals with their support teams when requested by the individual? (OG 6.3.i.F(4)) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>

Factor *Eight* [NA for Agencies Providing Non-Congregate Services only]

Positive Services and Supports 580-5-30-.10 (9)	AR	PN	ER	Supporting Information	Support Coordination Agency Deficit Identified
<p><i>I. The organization provides positive behavioral supports to individuals.</i></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Do Person-Centered Plans include objectives and strategies to address behavior that interfere with the individual's achievement of individual goals and exercise of individual rights? (OG 6.3.i.G(1)) 2. Are positive interventions and supports used prior to any modifications to the person-centered service plan documented? (HCBS) (OG 6.3.i.G(2)) 3. Do strategies to address behaviors use the least intrusive interventions necessary and the most positively supporting interventions available?(HCBS) (OG 6.3.i.G(2)) 4. When appropriate, do individuals have behavior support plans that reduce, replace, or eliminate specific behaviors? (OG 6.3.i.G(3)) 5. Are the DDD Behavioral Services Guidelines Procedural Guidelines (BSPG) (02-05) followed when implementing Behavior Support Plans? (OG 6.3.i.G(4)) 6. Are behavior supports developed by a qualified professional based on information gathered in a functional assessment? (HCBS) (OG 6.3.i.G(5)) 7. Do functional assessments identify physical and environmental issues that need to be addressed to reduce, replace, or eliminate behaviors? (OG 6.3.i.G(6)) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<div style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>

<p>7. Does the support plan describe the specific behavioral supports that may and may not be used? (OG 6.3.i.G(7))</p> <p>8. Do behavior support plans include a plan to reach a functionally equivalent behavior that will take the place of a target/inappropriate behavior? BSPG-PBS-02 (OG 6.3.i.G(8))</p> <p>9. Do direct support staff receive training in behavioral techniques and plans and prior to implementation of supports to individuals? (OG 6.3.i.G(9))</p> <p>10. Does the organization review data to monitor the effectiveness of behavior supports? Is the data reviewed at least quarterly or more often as required by individual needs? (HCBS) (OG 6.3.i.G(10))</p> <p>11. Do the quarterly reports summarize the behavioral/psychiatric symptom data? BSPG—PBS-04 (OG 6.3.i.G(11))</p> <p>12. Does the data indicate whether the intervention(s) is effective? BSPG—PBS-04 (OG 6.3.i.G(12))</p> <p>13. Does the monitoring include information explaining why the behaviors/symptoms have worsened? BSPG—PBS-04 (OG 6.3.i.G(13))</p> <p>14. If no progress is made in three months, has the behavior support plan been modified? BSPG—PBS-04 (OG 6.3.i.G(14))</p> <p>15. Does the report include graph(s) of targeted reduction behaviors? BSPG-PBS-04 (OG 6.3.i.G(15))</p>				
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Factor Eight [NA for Agencies Providing Non-Congregate Services only]

Positive Services and Supports 580-5-30-.10 (9)	AR	PN	ER	Supporting Information
<p>J. Individuals are free from unnecessary, intrusive interventions.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Prior to imposing a rights restriction, is an assessment completed indicating the need for the restriction and does the individual meet with the support team to discuss the reason for the proposed restriction [except in extreme emergency to prevent the individual from harming self or others]? (OG 6.3.i.H(1)) 2. Is criteria for removing the restriction developed and shared with the individual and legally authorized representative prior to imposing the restriction?(HCBS) (OG 6.3.i.H(2)) 3. Has the individual (or the individual's legally authorized representative) given informed consent for any behavior support plan that includes Level 2 or greater procedures? (HCBS)(OG 6.3.i.H(3)) 4. Has the BSP that includes Level 2 or 3 interventions been reviewed and approved by the Behavior Program Review Committee? (OG 6.3.i.H(4)) 5. Has the behavior support plan containing Level 2 or 3 procedures been reviewed and approved by the HRC? (OG 6.3.i.H(4)) 6. Are all reviews and approvals updated annually? BSPGPBS-03 (OG 6.3.i.H(5)) 7. Are emergency or unplanned behavior interventions that are highly intrusive (level not used more than three times in a six-month period without a team meeting to determine needed changes in the individual's behavior support plan? (OG 6.3.i.H(6)) 8. If individuals require behavioral or medical supports to prevent harm to themselves or others, are those supports provided in accordance with DDD-PBS 01-05? (OG 6.3.i.H(7)) 9. Are restraint devices and other restraint procedures applied only by staff with demonstrated competency for the device/ procedure? (OG 6.3.i.H(8)) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

10. Does the organization ensure individuals are not subjected to highly intrusive behavior interventions or punishment for the convenience of staff, or in lieu of a behavior support plan? (HCBS) (OG 6.3.i.H(9))				
11. Does the organization prohibit the use of corporal punishment, seclusion, noxious or aversive stimuli, forced exercise or denial of food or liquids that are part of an individual's nutritionally adequate diet?(HCBS) (OG 6.3.i.H(10))				
12. Are requests for the use of Level 4 intervention procedures, with the exception of Emergency Mechanical Restraint, sent to the Director of Psychological and Behavioral Services (DPBS)? Are all restraints approved through the BSP process documented in the Person-Centered Plan? The QDDP will review at the frequency directed by the Director of Psychological and Behavioral Services? (OG 6.3.i.H(11))				
13. Does the agency document and comply with the limit for use of Emergency Mechanical Restraint as required by IPMS? (OG 6.3.i.H(12))				

*Factor **Eight** [NA for Agencies Providing Non-Congregate Services only]*

Positive Services and Supports 580-5-30-.10 (9)	AR	PN	ER	Supporting Information
<p><i>K. The organization treats individuals with psychotropic medications for mental health needs consistent with standards of care.</i></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> Does the use of psychotropic medications for behavior support and use of medication(s) to reduce or change behavior associated with psychiatric symptoms comply with provisions of DDD PBS Level 3, including incorporation into a Behavior Support and/or Psychotropic Medication Plan? (OG 6.3.i.I(1)) Are PRN orders for psychotropic medications administered in accordance with Nurse Delegation Program and in compliance with emergency procedures and due process? (OG 6.3.i.I(2)) Does the individual's Support Team meet to assess and address behavioral and psychiatric needs when PRN medications are used as an Emergency Procedure three times within a six-month period? (OG 6.3.i.I(3)) If an individual has a Psychotropic Medication Plan because they receive psychotropic medication(s) and have not exhibited a targeted behavior in six months, is the Psychotropic Medication Plan reviewed and approved by the Behavior Program Review Committee at least annually? BSPG—PBS-03 (OG 6.3.i.I(4)) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor *Nine*

Continuity and Personal Security 580-5-30-.10 (10)	AR	PN	ER	Supporting Information
<p>A. The governing body provides leadership.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> Does the organization have: (OG 6.3.j.A(1)) <ol style="list-style-type: none"> written board approved operational policies? articles of incorporation (or a charter) with bylaws? a current organizational chart that is updated at least annually and identifies the titles of employees? a written mission statement approved by the board? Are the responsibilities of the board defined in writing? (OG 6.3.j.A(2)) Does the board maintain and make records/minutes of meetings available? (OG 6.3.j.A(3)) Is the Executive Director responsible for the overall operation of the agency? Is this responsibility included in the job description for the Executive Director? (OG 6.3.j.A(4)) Is the mission statement consistent with its legal constituting documents describing its purpose, services/supports it provides, who receives services, and how expectations of those who receive services are met? (OG 6.3.j.A(5)) Does the mission and values statement reflect the organization's commitment to protect individuals' rights? (OG 6.3.j.A(6)) Does the mission and values statement reflect the organization's provision and availability of services through positive approaches that are dignified and respectful and demonstrate the achievement of outcomes unique to each individual? (OG 6.3.j.A(7)) Does the board review mission and values statements at least annually? (OG 6.3.j.A(8)) Does the board have a system for receiving input from current and prospective service users in the development of the organization's mission statement, values, and ongoing organization and operations? Does this system provide feedback to participants for required or desired changes? (OG 6.3.j.A(9)) Is the system for providing feedback easily understood by individuals receiving services and supports? (OG 6.3.j.A(10)) Does the organization conduct flexible operations that meet the individual accessibility and availability needs for those receiving supports? (OG 6.3.j.A(11)) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor *Nine*

Continuity and Personal Security 580-5-30-.10 (10)	AR	PN	ER	Supporting Information
<p>B. The organization supports individuals to manage and access their personal money.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> Does the organization refrain from engaging in accounting/ fiscal practices that restrict individuals from having access to their personal money?(HCBS) (OG 6.3.j.B(1)) Does the organization, when assisting individuals with money management, provide the individual and legally authorized representative and others identified by the individual of written documentation of expenditures and excess funds at least quarterly? (OG 6.3.j.B(2)) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor *Nine*

Continuity and Personal Security 580-5-30-.10 (10)	AR	PN	ER	Supporting Information
<p>C. The cumulative record of personal information promotes continuity of services.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> Does the organization maintain a cumulative record of information and documentation of services and supports needed by and provided to individuals? (OG 6.3.j.C(1)) Does the organization have: <ol style="list-style-type: none"> a system for protecting the confidentiality of records, including financial and health information, in accordance with HIPAA regulations and other applicable state and federal laws? a system to ensure that only those directly involved in an individual's care, or involved in authorized administrative review or service monitoring have access to records? a system for ensuring records is safe from loss, destruction, or use by unauthorized individuals? (OG 6.3.j.C(2)) Does the organization ensure birth certificates, Social Security cards, eligibility paperwork, and other legal documents are maintained permanently, and all other records are maintained for five years? (OG 6.3.j.C(3)) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

4. Does the individual's current record include at least 12 consecutive months of information? (OG 6.3.j.C(4))				
5. Does personal information include only information needed to provide services and supports to individuals? (OG 6.3.j.C(5))				
6. Does the organization have a system to ensure personal information contained in the record is accurate and legible? (OG 6.3.j.C(6))				
7. Does the organization have a system to ensure information is organized so it is accessible and able to be updated on a regular basis? (OG 6.3.j.C(7))				
8. Do individuals and their legally authorized representative have access to use and contribute to the information in their records, if they choose to do so? (OG 6.3.j.C(8))				

Factor *Ten*

Quality Improvement System 580-5-30-.10 (11)	AR	PN	ER	Supporting Information
A. The organization monitors quality improvement. <i>Probes:</i> <ol style="list-style-type: none"> Does the organization have a written plan of internal monitoring that is approved by the board of directors annually? (OG 6.3.k.A(1)) Does the organization make the plan available to DDD staff as requested? (OG 6.3.k.A(2)) Does the quality improvement monitoring system measure the functions of the organization in at least the following areas: (OG 6.3.k.A(3)) <ol style="list-style-type: none"> Promotion and Protection of Individual Rights Dignity and Respect Promotion of Natural Supports Protection from Abuse, Neglect, Mistreatment, and Exploitation Incident prevention and management (including IPMS) Best Possible Health (including NDP) Safe Environments Staff Resources and Supports Positive Services and Supports (including Behavioral Services Procedural Guidelines) Continuity and Personal Security? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor *Ten*

Quality Improvement System 580-5-30-.10 (11)	AR	PN	ER	Supporting Information
<p>B. A comprehensive plan describes the methods and procedures for monitoring quality improvement.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> Does the plan identify specific information about data sources, data collection methods, and type of analysis for each function measured? (OG 6.3.k.B(1)) Does the plan identify individuals responsible for collecting and analyzing data from the internal monitoring system? (OG 6.3.k.B(2)) Does the plan establish responsibilities and roles of each individual involved [leaders, individuals, families and support staff] in collecting and analyzing the organization's quality improvement? (OG 6.3.k.B(3)) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor *Ten*

Quality Improvement System 580-5-30-.10 (11)	AR	PN	ER	Supporting Information
<p>C. Quality improvement monitoring data is used for continuous learning and improvement.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> Does the plan emphasize quality enhancement and continuous improvement?(OG 6.3.k.C(1)) Is data collected and information learned from the internal monitoring system used to inform and educate individuals, their families and support staff to improve systems and ensure quality improvements are met? (OG 6.3.k.C(2)) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor *Eleven*

Additional Requirements Supporting Protection, Safety and Health	AR	PN	ER	Supporting Information
A. Protection From Abuse, Neglect, Mistreatment, and Exploitation (OG 6.3.e.A) <i>Probes:</i> <ol style="list-style-type: none"> Does the organization notify DDD of all reportable incidents and take action in accordance with IPMS? <ol style="list-style-type: none"> Report verbally immediately for missing individual, death, or allegations of abuse, neglect, mistreatment, or exploitation? (IPMS Section IV) Report w/in one business day to the Support Coordination agency by email or fax for any other reportable incidents except Level 1 and 2 Medication errors? (IPMS Sect VII) Submit General Event Reports (GERs) within 72 hours? (IPMS Section IV) Does the organization develop and implement policies and procedures consistent with Section VIII of the Community IPMS and their internal quality improvement system process? Is the system used to report incident data and identify trends, patterns or isolated incidents that may be indicative of abuse, neglect, mistreatment, or exploitation? Is the system used to take preventative actions to improve the safety of the environment and care for individuals? (IPMS Section VIII) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor *Eleven*

Additional Requirements Supporting Protection, Safety and Health (Abuse, Neglect, Mistreatment, and Exploitation)	AR	ER	Supporting Information
A-1. The organization identifies individuals' previously unreported incidents of abuse, neglect, mistreatment, exploitation, and unexplained deaths. <i>Probes:</i> <ol style="list-style-type: none"> Has the organization identified previously unreported incidents of abuse, neglect, mistreatment, exploitation, and unexplained deaths? 	<input type="checkbox"/>	<input type="checkbox"/>	

Factor *Eleven*

Additional Requirements Supporting Protection, Safety and Health (Abuse, Neglect, Mistreatment, and Exploitation)	AR	ER	Supporting Information
<p>A-2. The organization identifies individuals' previously unreported incidents of unauthorized restrictive interventions or seclusion.</p> <p>Probes:</p> <ol style="list-style-type: none"> Has the organization identified previously unreported incidents of unauthorized restrictive interventions or seclusions? 	<input type="checkbox"/>	<input type="checkbox"/>	

Factor *Eleven*

Additional Requirements Supporting Protection, Safety and Health	AR	PN	ER	Supporting Information
<p>B. Best Possible Health (OG 6.3.f)</p> <p>Probes:</p> <ol style="list-style-type: none"> Are individuals given the opportunity to choose their own health care providers as desired? OG6.3.f.A(1) Are individuals supported to make their own health care appointments and choices regarding their medical care as needed? OG6.3.f.A(2) Are health care strategies/interventions implemented and carried out according to recommendations of the Centers for Disease Control, with emphasis placed on age-specific screening tests? OG6.3.f.A(3) Are individuals assisted in obtaining preventive and routine health services (including physical examinations, immunizations, and screenings) consistent with their age and risk factors as recommended by their personal physician? OG6.3.f.A(3) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<p>5. Are preventive health care strategies/interventions contained in the Person-Centered Plan? OG6.3.f.A(3)</p> <p>6. Are individuals who require support for mobility provided assistance to prevent skin breakdown? OG6.3.f.A(5)</p> <p>7. Do individuals have therapeutic and adaptive equipment, [as needed] that fits them and is in good repair? OG6.3.f.A.(5)</p> <p>8. Does each individual's Person-Centered Plan indicate his/her health needs and outline specific actions and time frames to address those needs? Health needs include, but are not limited to, physical, neurological, dental, nutrition, vision, hearing, speech/language, PT/OT and psychiatric services. OG6.3.f.C.(3)</p> <p>9. Are all medications labeled and stored as follows? OG6.3.f.E(3)</p> <p>a. All medications are stored under lock and key</p> <p>b. All narcotic medications, Schedule 2, 3, 4 and 5, are stored under double lock and key</p> <p>c. Medications are stored separately from non-medical items</p> <p>d. Medications are stored under proper conditions of temperature, light, humidity, sanitation and ventilation</p> <p>e. Internal and external medications are clearly labeled as such and stored separately from each other</p> <p>f. Medication being utilized for an individual self-administering medication is not locked away from him/her; however, it is secured out of reach of other individuals who have not been determined to be capable of self-administering his/her own medication. OG6.3.f.E(13)</p> <p>10. Are both prescription and non-prescription medications administered and recorded in accordance with valid orders and the Alabama Board of Nursing's Regulation 610-X-7-.06, DMH Residential Community Programs and Nurse Delegation Program? OG6.3.f.E(4)</p> <p>11. Are over the counter medications issued to or retrieved by an individual from his/her own personal supply as per a valid medication order? OG6.3.f.E(5)</p> <p>12. Is each prescription medication labeled with the individual's name that matches the MAR, the name of the medication, the specific dosage, and the expiration date up to the point of administration? OG6.3.f.E(6)</p> <p>13. Does the team identify, assess, and document the factors/criteria for consideration, and discuss potential reductions of psychotropic medications with the physician? Is the discussion documented? OG6.3.f.E(11a)</p>				
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Factor *Eleven*

Additional Requirements Supporting Protection, Safety and Health	AR	PN	ER	Supporting Information
C. Safe Environments (OG 6.3.g.) <i>Probes:</i> <ol style="list-style-type: none"> Are environments designed and maintained to be accessible, safe, and sanitary for individuals? OG6.3.g.C(1). Are quarterly severe weather drills and monthly fire drills conducted and documentation of the drills is available? OG6.3.g.C(3) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

Individual Care, Companion, Respite and Crisis Intervention Services, and Supported Employment Services at an Integrated Worksite (OG 6.3.I.)	AR	PN	ER	Supporting Information
A. Staff providing services know how to support the individual. <i>Probes:</i> <ol style="list-style-type: none"> Does staff training include a review of the individual's Person-Centered Plan? (OG 6.3.I.A(1-a)) Does the training include information about specific conditions and required supports for the individual? (i.e., physical, psychological or behavioral challenges, capabilities, support needs and preferences?) (OG 6.3.I.A(1-b)) Does training include reporting and recordkeeping? (OG 6.3.I.A(1-c)) Does the training include arranging for alternate services (back up) services when needed? (OG 6.3.I.A(2)) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

Personal Care, Companion, Respite and Crisis Intervention Services, and Supported Employment Services at an Integrated Worksite (OG 6.3.I.)	AR	PN	ER	Supporting Information
<p>B. The organization develops and implements a Person-Centered Plan.</p> <p><i>Probes:</i></p> <p>1. Does the organization collaborate development of a Person-Centered Plan? (OG 6.3.I.B(1))</p> <p>OR</p> <p>If the organization is providing respite services, does the organization provide evidence that a temporary support plan was developed prior to the service? (OG 6.3.I.B(4))</p> <p>2. Is the Person-Centered Plan developed with input from the individual and his/her legally authorized representative? (OG 6.3.I.B(5))</p> <p>3. Does the plan describe services in detail so the staff can provide services required by the individual? (OG 6.3.I.B(2))</p> <p>4. Does the organization provide documentation that the plan has been followed? (OG 6.3.I.B(1))</p> <p>OR</p> <p>If the organization is providing respite services, does the organization provide documentation that the support plan was implemented while the individual was receiving respite services? (OG 6.3.I.B(4))</p> <p>5. Does the organization provide documentation that the plan has been modified as needed? (OG 6.3.I.B(1))</p> <p>6. If the individual receives more than eight (8) hours of personal care or companion services per day, is the plan approved by DDD? (OG 6.3.I.B(3))</p> <p>7. If the individual's needs require more than eight (8) hours of personal care or companion service per day, does the team meet to discuss viable alternative services to meet the individual's needs? (OG 6.3.I.B(6))</p> <p>8. If the individual and his/her team decide that personal care/ companion/ respite/ crisis intervention services are no longer adequate, is a viable alternative service located before discharge? (OG 6.3.I.B(7))</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

Personal Care, Companion, Respite and Crisis Intervention Services, and Supported Employment Services at an Integrated Worksite (OG 6.3.I.)	AR	PN	ER	Supporting Information
C. Services are monitored. <i>Probes:</i> <ol style="list-style-type: none"> 1. Is documentation of the provision of identified services/supports available? (OG 6.3.I.C(1)) 2. Is there an assigned QDDP to supervise the provision of services, evaluate the continued appropriateness of services, and make changes when the individual's needs or desires are not being met? (OG 6.3.I.C(2)) 3. Does the QDDP conduct a site visit as needed but at least every 90 days? (OG 6.3.I.C(3)) 4. Does the QDDP assess the effectiveness of the service and the individual's satisfaction, and make any changes that are needed? (OG 6.3.I.C(4)) 5. Is there documentation that the QDDP has taken corrective or improvement action in a timely manner according to needs? (OG 6.3.I.C(5)) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor **Thirteen** [NA for agencies not providing Support Coordination services]

Support Coordination Requirements 580-5-30-.10 (12) [OG 4.8, OG 1.6, OG 5.10 and Targeted Case Management 106]	AR	PN	ER	Supporting Information
<p>A. The Support Coordinator performs a person-centered assessment and planning to identify goals, values, strengths, needs, preferences, and interests. (OG 4.8.3(c))</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> Does the assessment identify what role the individual wants to take in leading or facilitating their own Person-Centered Plan? Does the organization demonstrate administrative capacity to ensure quality of services in accordance w/state and federal requirements? (OG 4.8.3f(i)) Does the organization have contingency plan to ensure continuity of services? (OG 4.8.3e) Does the organization demonstrate the capacity to document and maintain individual case records in accordance with state and federal requirements? (TCM CH 106.23) Does the organization demonstrate capacity to meet the Support Coordination service needs of individuals with intellectual disabilities? Does the Support Coordinator meet with the individual face-to-face annually? (OG 4.8.3d and TCM 106.2.1) Is the assessment and plan written in a strength-based way? (OG 4.8.3c) Does the assessment identify both current state and desired future state? (OG 4.8.3c) Does the assessment provide enough information to offer a full picture of the individual? (OG 4.8.3c) Does the assessment include identifying information/social history? (OG 4.8.3c) Does the Support Coordinator ensure the PCP is developed through a collaborative process involving the individual and family or other agencies providing services and/or supports? (OG 4.8.3c) Does the Person-Centered Plan include actions required to meet identified needs and desires of the individual based on the needs assessment? (OG 4.8.3c) Does the plan incorporate all services and supports received by the individual and is there is a plan of care? (OG 4.8.3c) If the individual receives more than eight (8) hours of personal care or companion services per day, is the plan approved by DDD? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor **Thirteen** [NA for agencies not providing Support Coordination services]

Support Coordination Requirements 580-5-30-.10 (12)	AR	PN	ER
<p>B. The Support Coordinator monitors services and supports.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> Does the Support Coordinator evaluate, through interviews and observations, the individual's status and progress towards achievement of goals identified in the plan at least every 90 days? (OG 4.8.3d(i)) Does the Support Coordinator make contact with individuals or agencies providing services as part of the 90-day review and review the results of these contacts along with changes shown in the individual's needs during reassessment? (OG 4.8.3d(ii)) Does the Support Coordinator modify the support coordination plan as needed? (OG 4.8.3d) Does the Support Coordinator document services so that there is clear evidence that pressing issues are addressed? (OG 4.8.3e) Does the Support Coordinator document the team meetings? (OG 4.8.3c(viii)) Does the Support Coordinator meet with the individual face to face at least every 90 days? (OG 4.8.3d) <ol style="list-style-type: none"> Are at least two of these visits made per year in the individual's home? (TCM CH106.2.1) <i>If the individual's needs require more than eight (8) hours of individual care or companion service per day, does the team meet to discuss viable alternative services to meet the individual's needs?</i> If the individual and his/her team decide that individual care/companion/respite/crisis intervention services are no longer adequate, is a viable alternative service located before discharge? (OG 4.8.3d) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Factor **Thirteen** [NA for agencies not providing Support Coordination services]

Support Coordination Requirements 580-5-30-.10 (12)	AR	PN	ER	Supporting Information
<p>C. Documentation supports evaluation of the Person-Centered Plan and promotes continuity of services and supports.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> Does the Support Coordinator complete a 90 day narrative which address: (OG 4.8.3 a, b, c, d and TCM CH 106.2.1 and 106.2.3) <ol style="list-style-type: none"> The appropriateness of the Person-Centered Plan? Any health or safety issues? Progress or lack of progress in achieving goals identified in the plan? Support Coordinator activities? Does the Support Coordinator document a review of the functional assessment to ensure continued adequacy and accuracy? Does the Support Coordinator review the ICAP with the provider if changes have occurred in the individual's life? (OG 4.8.3 and Appendix 1) Does the Support Coordinator document review of the Person-Centered Plan and Medicaid Plan of Care every 90 days by initialing and dating them? (TCM CH 106.2.1 and 106.2.3) Does the Support Coordinator determine that services have been delivered and whether they are meeting the individual's needs and desires to move toward short term and long-range goals? (OG 4.8.3d and TCM CH 106.2.1 and 106.2.3) Is the Person-Centered Plan revised, as appropriate, as a result of monitoring or changes in the individual's status? (OG 4.8.3d and TCM CH 106.2.1 and 106.2.3) Does the individual have a specific contact with the Support Coordination agency? (Might need to be added to OG if not in SC Scope of Service) If there have been changes in the contact individual, has the individual and legally authorized representative have been notified of this change in a timely manner? (Might need to be added to OG if not in SC Scope of Service) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor *Thirteen* [NA for agencies not providing Support Coordination services]

Support Coordination Requirements 580-5-30-.10 (12)	AR	PN	ER	Supporting Information
<p>D. The Support Coordination agency implements a system for transition/discharge planning.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Prior to an individual being discharged from a service, does the agency complete a transition plan and/or discharge plan? (OG 1.6) 2. Does the transition/discharge plan incl. a summary of services used? (OG 1.6) 3. Does the transition/discharge plan include the reason for transition/discharge? (OG 1.6) 4. Does the transition/discharge plan identify future supports if needed? (OG 1.6) 5. Does the Support Coordinator attend the transition/discharge plan meeting, or follow up to see that a transition/discharge plan is completed? (OG 1.6) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Factor **Thirteen** [NA for agencies not providing Support Coordination services]

Support Coordination Requirements 580-5-30-.10 (12)	AR	PN	ER	Supporting Information
<p>E. The Support Coordinator arranges services and supports.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> 1. Does the Support Coordinator, through linkage/ advocacy, coordinate contacts between individuals supported and appropriate support individuals, groups or agencies? (OG 4.8.3, OG 4.8.4 and TCM CH 106.2.1) 2. Does the Support Coordinator call or visit [support] individuals or agencies on behalf of the individual? (OG 4.8.3 and OG 5.10.2) 3. Does the Support Coordinator assist the individual in accessing learning, participation and support opportunities to optimize independence in the use of individual and community resources? (OG 4.8.3 and OG 5.10.2) 4. Does the Support Coordinator assist the individual in accessing supports as needed including coordinating transportation? (OG 4.8.3 and OG 5.10.2) 5. Does the Support Coordinator, through interviews w/ the individual and significant others, assess whether the individual has an adequate individual support system? (OG 4.8.3 and OG 5.10.2) 6. Does the Support Coordinator assist the individual in expanding or establishing individual support system as needed? (OG 4.8.3 and OG 5.10.2) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	