

**Alabama Statewide Transition Plan  
Public Comment Summary and State Response**

**Comment submitted by an individual about the use of Technology, dated 3/14/22:**

The comment noted the need to enhance opportunities to use technology to better capture an individual's progress and meaningful outcomes. The Alabama Department of Mental Health (ADMH) appreciates and agrees with the comment. Over the past year, ADMH has been in the process of evaluating its Case Management/Service Coordination system to better align its reporting and claims billing requirements with accountable, efficient and meaningful service delivery. As a result, ADMH released a Request for Proposals (RFP) in January 2022 and a vendor was selected in April 2022 for this purpose.

**Comments submitted by the Alabama Disabilities Advocacy Program (ADAP), dated 10/28/21 and 3/28/22.**

To provide context to the comments summarized below, on 9/30/21, and pursuant to CMS guidance issued on March 22, 2019 and July 14, 2020 regarding the requirements and processes for heightened scrutiny, the Alabama Medicaid Agency (AMA) posted for public comment the findings of the State's review related to settings that were determined by the State to have isolating characteristics but had not yet remediated as of 7/1/21. Based on the CMS guidance that states should report findings regarding these presumed institutional settings no later than 10/30/21, these data were, of necessity, posted in advance of the submission of the full STP. While the 9/30/21 posting did not include a comprehensive description of the overall STP, the State did provide a detailed description of the processes employed to complete the settings assessments that informed the posted lists. Therefore, the initial ADAP comment that the State did not provide a full description of the STP was premature. On 2/28/22, AMA posted the full STP for public comment, with a comprehensive description of the processes, tools and strategies used for setting self-assessment, state compliance validation and remediation.

The State's Protection and Advocacy program, the Alabama Disabilities Advocacy Program (ADAP) provided comment on both postings. The first, submitted on 10/28/21, was a voluminous comment document that called into question both the procedures for identifying presumptively institutional settings as well as the findings with regard to those settings that had remediated. The ADAP document also provided some provider-specific, rather than setting-specific, comments for a small number of certain providers. In all, this initial ADAP response to the request for public comment made specific comments for four providers that were subject to the transition process, for which its staff had made some level of review from the period of May 2021 through October 2021. These included Ability Plus, Eagle's Wings, Nobles Group Homes and Rainbow Omega. A fifth provider (Frenchtown) began operations after the promulgation of the HCBS Settings Rule in March 2014 and was therefore required to be in compliance from the beginning and not eligible for a transition period. On 3/28/22, ADAP and several other co-signers, including representatives of People First of Alabama, TASH Alabama and Self Advocates Becoming Empowered, submitted an additional comment. This comment reiterated many of the same procedural and outcome concerns. (Of note, a separate and much more brief comment from an individual commenter reflected similar issues.)

Overall, AMA and ADMH (i.e., the operating agency for the waivers serving individuals with intellectual disabilities) were surprised by the nature of these negative public comments when the signatories have been regular and active participants, alongside staff from both AMA and ADMH, of the HCBS Stakeholder Task Force and its work groups since their inception in early 2018. These signatories have also been regular active members of the ADMH Developmental Disabilities Coordinating Subcommittee and other planning committees where HCBS compliance work, including the validation and remediation tools, the proposed heightened scrutiny procedures, and reporting of ongoing compliance status of settings have also been regularly discussed. The State would have appreciated these in-depth comments from these stakeholders earlier in the compliance work so that they could have been addressed in a more timely manner. With this said, AMA and ADMH offer these responses to the comments below:

First, AMA noted that the ADAP comments addressed certain procedural public notice requirements. The State feels some of these might be the result of a different interpretation of the expectations. For example, ADAP indicated that the State's posting did not provide documentation to show why it deemed specific settings had overcome the institutional presumption. However, based on the SMD Letter #19-001 regarding Heightened Scrutiny, dated 3/22/19, if the State initially determined that a setting had the effect of isolating individuals and that setting implemented remediation to comply with regulatory criteria to the State's satisfaction by 7/1/20 (later modified to 7/1/21), then there would be no need to submit information on that setting to CMS for a heightened scrutiny review. SMD Letter #19-001 instead required that the State provide a list of settings, if any, that the State previously identified as presumptively institutional due to isolation, but subsequently demonstrated compliance with the settings criteria by 7/1/20 (later changed to 7/1/21), along with a statement that information supporting remediation for those settings is available upon request. The State's submission was consistent with this requirement. Of note, on 1/31/21, AMA responded to a blanket request from ADAP for information for all settings, regardless of their assessed compliance status. The State's response noted the ADAP request involved over 1,200 settings, including multiple documents for each, and estimated it would require ADMH to redirect at least one entire division to produce the approximated 35,000 pages. As a result, due to the size and volume of the request, the State could not respond at that time. ADAP has not thus far issued any further, more manageable request.

In addition, in the submission dated 2/28/22, ADAP commented that the State did not adequately or meaningfully engage with the public comment period, noting that it was very widely disseminated via internet but also available for review at the local Alabama Medicaid District Offices; the local Aging and Disability Resource Centers; and the local DD 310 Boards. The State feels the public comment procedure met the regulatory requirements, at a minimum. But, as ADAP points out in its comment, Alabama is a rural state with some internet access limitations; it has always been a standard practice to also rely in part on providers, advocacy groups and others to help disseminate this type of information and to help explain its meaning and impact. The ADAP comment failed to note that AMA and ADMH made numerous notices to stakeholders in various meetings and encouraged them to assist in further publicizing the STP and facilitating comment.

In a related vein, AMA and ADMH officials were surprised by ADAP comments that stakeholders, including providers, families, beneficiaries and even ADMH staff were unaware of the HCBS Rule and related compliance activities. As described in the STP, numerous and various methods have been developed by the Education and Advocacy Work Group to educate stakeholders and to disseminate HCBS information, including public forums and development and distribution of materials targeted specifically to certain groups. Like the larger HCBS Stakeholder Task Force, members of the Education and Advocacy Work Group include representation from families, self-advocates, providers, advocacy groups and ADMH staff. It has been the understanding that these members, both collectively and in their individual capacities, would promote and educate their constituency about the HCBS Rule and related compliance activities.

The remainder of this response focuses on the comments related to the State's plans for assessing and ensuring HCBS Rule compliance. At the time of the October 2021 ADAP comment, AMA responded that the State had made an initial review of those comments and would be working to clarify and resolve any concerns. In particular, with regard to the specific comments for certain providers, consistent with the public comment process the State designed for this purpose, AMA planned to review and, where needed, to request additional information from ADMH to show that the compliance validation processes determined the providers' settings met the applicable standards. If AMA agreed with the ADMH finding, AMA planned to re-submit settings for public comment with the additional information included. If AMA did not agree with the ADMH finding, settings would be required to undertake further remediation to resolve the deficient areas. Finally, for the fifth provider for which ADAP provided specific comments, AMA has referred that back to ADMH for a review of the certification and monitoring processes the Operating Agency undertook to document compliance.

While the ADAP comments noted that, for the most part, its review was based on a sample of the providers' settings, it did not identify or otherwise reference the specific settings. It was therefore unfortunate that AMA was not consistently able to complete a setting-specific review of ADAP's concerns. Instead, AMA requested that ADMH identify all settings operated by the four named providers. From that list of 62 settings, the State chose a random sample of 13 of the providers' transition eligible settings for an initial round of additional scrutiny. In turn, for those settings, ADMH gathered the documentary evidence that the State's STP proposed to use for Heightened Scrutiny reviews (see page 27 of the STP). In effect, this review process also served as a test-run of the efficacy of the proposed Heightened Scrutiny methodology.

The review began with the identification of settings in January 2022 and was fully concluded in March 2022. Based solely on the documentation reviewed, AMA identified at least some aspects of non-compliance for settings. These included policies and procedures that were either silent on certain requirements or in conflict with them; some person-centered plans that did not effectively support the identification and implementation of opportunities to support individuals' preferences for community integration and/or community employment; and a lack of consistent documentation across several areas. This lack of documentation ranged from the actual community experiences of individuals supported in the setting and the implementation of due process related to modifications of the Rule's requirements for some individuals to a lack of sufficient detail in the ADMH validation tools. Overall, these findings often

did not support the Operating Agency's reporting of Prong 3 compliance for the individual settings in this review.

When AMA presented its specific findings to ADMH, key staff from that agency also reviewed the documentary evidence and concurred. As a result, the two agencies met continuously throughout the ensuing months to review the various processes, including the compliance validation and monitoring tools, and to develop a multi-pronged strategy to remediate and improve. As the strategy evolved, for transparency and feedback, AMA and ADMH shared the review findings and the outlines of the plan with stakeholders, including the signatories to the most recent ADAP submission, at regularly scheduled meetings. The following outlines the underlying conceptual framework, assumptions and key elements of the overall strategy, which are intended to address the concerns outlined in both ADAP public comment submissions.

- Upon review, the State determined that the compliance validation and monitoring tools and procedures described in the STP were conceptually sound, and that this was consistent with their review and approval by the Stakeholder Workgroup. As a result, the State will not make significant revisions to the STP in that regard.
- However, the State was able to identify some flaws in the implementation of the tools and procedures, some of which required a systemic approach to remediation and improvement. First, the tools were not always used as indicated, and sufficient documentation was at times unavailable to demonstrate compliance. This indicated a lack of adequate training and preparation provided to the staff responsible for implementation. Second, the system-level oversight failed to fully detect the scope of these concerns, which in turn caused missed opportunities to provide needed technical assistance to settings. This indicated a need for more formal and robust oversight of the processes and state-level validation of their outcomes, as well as an enhanced capacity for training and technical assistance to settings and their stakeholders. All of these concerns were folded into a multi-pronged strategy, including a focused re-assessment of a sample of the approximately 700 Prong 3 settings previously deemed to have remediated, and a comprehensive HCBS Quality and Compliance Improvement Plan, also with multiple strategies. These are hereby incorporated into the State's STP by reference.
- To address the public comments concerns about the accuracy of STP reporting on the compliance status of settings deemed to have remediated their isolating characteristics by 7/1/21, additional scrutiny is being applied, as follows: ADMH is undertaking an additional review of a random sample of settings, including those that were deemed to have remediated and new settings that were required to be in compliance from the outset. AMA selected a random sample of settings to achieve a 95% confidence level. The sample was also stratified and weighted by provider size. For example, since providers with 25 or more settings represented 47% of all settings, AMA chose 47% of the sample settings from that group. This review is being conducted independent of the Developmental Disabilities Division by a team of Internal Advocates under the administrative direction of the ADMH Commissioner and supervision of the Internal Advocacy Director. The process includes document

reviews (e.g., policies and procedures, Individual Experience Surveys (IEA) and person-centered planning documents) and on-site observations and interviews. The advocacy staff have received training from both Medicaid and ADMH staff, supplemented by special training on Person-Centered Planning by Inclusa. The Advocacy Review will take place between 6/27/22 – 9/30/22. Findings will be reported bi-weekly to the DD Associate Commissioner and regional staff, as well as to providers, Support Coordination agencies and AMA. AMA will also review a sample of all the Advocacy reviews for oversight and quality assurance. Upon AMA review, the State will re-post for public comment any setting found to have a change in the previously-reported compliance status.

- The full *HCBS Quality and Compliance Improvement Plan* is attached for review and has been widely shared with ADMH’s stakeholders. It includes expanded training, technical assistance and multi-level oversight. Many of the actions in the plan are already underway. In summary, the components of the plan include the following:
  - The *Individual Experience Survey* (IEA) has been revised to better probe individuals’ actual experience of community involvement and integration. ADMH has begun providing additional training to Support Coordinators, for both newly hired and existing staff. ADMH Support Coordination Liaisons will use a *Person-Centered Assessment and Plan Feedback and Monitoring Tool* to complete a monthly sample of Support Coordinators’ implementation of the IEA, with data to be provided to both ADMH and AMA. State level staff will review a sample of the findings for validation.
  - Support Coordination Liaisons will also use the above referenced-tool to implement their monitoring of all other aspects of the PCP, including the assessments and the plan itself. Support Coordination Agencies will use the same tool to complete their own internal quality reviews. The data from all of these reviews will be entered into the ADMH information system for review and analysis, with results made available to AMA. AMA will select a sample to review on a quarterly basis.
  - The Monitoring and Certification tools, as referenced in the STP, have been modified as needed to enhance the ability of staff to probe and document compliance with HCBS requirements. These include, but are not limited to, lease agreements and other mandatory requirements defined in the CMS recalibrated strategy.
  - ADMH and AMA have created an initial set of Provider Compliance Checklists designed as a tool to assist settings to assess, confirm and document their level of compliance with the specific requirements of the Home and Community-Based Settings (HCBS) Rule that must be in place by 3/17/23. Additional Checklists to help providers address the remaining HCBS Rule requirements will be forthcoming in the near future. Each of the twelve Checklists addresses one or more of these mandatory requirements. Each is also accompanied by a guidance document with several sections. *What This Looks Like in Practice* is intended to help providers consider some of the factors that would demonstrate compliance, including both “dos and don’ts” to think about. *ADMH-DDD Guidance* includes links to related rules, guidelines and tools the agency has developed and that will add to the provider’s understanding of HCBS compliance expectations. *Source Documents/Other Tips, Tools and Ideas* provides links to more good resources from CMS and other states that can perhaps help providers problem-

solve and brainstorm about strategies to ensure compliance. All ADMH and provider staff have received training on the tools, which are to be completed no later than 8/30/22.

- AMA has provided additional training to ADMH staff and providers on the requirements and processes for collecting and documenting valid and reliable data with regard to HCBS compliance status.
- The results of all of the above strategies will be analyzed on an ongoing basis by both ADMH and AMA to assess and develop further technical assistance and training needs for settings remediation. While this is the front-line strategy for working with settings that are not compliant, ADMH has also clarified that other enforcement actions are possible if providers fail to implement the needed improvements.
- In addition, AMA is working with ADMH and others to broadly disseminate an electronic survey to stakeholders to obtain their feedback about awareness of the HCBS Settings Rule, the status of the Rule's implementation and opinions about ongoing training and technical assistance needed to continue to work towards full compliance. AMA is also using the survey to provide additional outreach and education to stakeholders about the Rule requirements. The survey includes a section designed to specifically solicit feedback from people receiving waiver services about their actual experiences. Based on feedback from the Education and Advocacy Workgroup, the survey is available to those individuals in hard copy as well. The Workgroup is also developing and publicizing Town Hall meetings in all five ADMH Developmental Disabilities regions to facilitate dissemination of the survey to this target population. The data from the survey, which will remain open for the foreseeable future, will also be analyzed on an ongoing basis by AMA to assess and develop further stakeholder education, technical assistance and training needs for settings remediation.

[https://www.surveymonkey.com/r/alabama\\_medicaid\\_HCBS\\_survey](https://www.surveymonkey.com/r/alabama_medicaid_HCBS_survey)

The following paragraphs provide additional responses to specific ADAP comments addressing systemic initiatives the State expects will support the full implementation of the STP. The ADAP comment noted the State's undertaking of a variety of pilots, projects, and new programming to work toward compliance with the Settings Rule, but believed the actual implementation and outcomes had been severely lacking. In response, the State notes that over the last two years, ADMH has undertaken a major transformation of its service system to increase service options, ensure person-driven decisions and promote community integration and independence of those served. Such transformation requires time to change cultures and time to educate both those providing services and those receiving services about the many possibilities and opportunities that exist. The momentum was certainly slowed by the COVID-19 public health emergency, but the State's commitment to the transformation efforts remains strong.

- ***Additional Ongoing Training and Remediation for Person-Centered Plans:*** The following provides additional background and response to the ADAP comment that the ADMH 2019 person-centered planning pilot program and the 2020 update did not result in the creation of meaningful future goals for the waiver beneficiary which could be achieved with appropriate supports as identified in the person-centered plan. Specifically, the submitted comment noted the following deficiencies: a lack of buy-in from support coordinators, a lack of meaningful goals and plans

focusing on individuals' wants and needs, and insufficient access to all waiver services. ADMH officials acknowledge that the 2019 person-centered planning pilot program was not as successful as planned. However, ADMH took the data and issues identified by the 2019 pilot to inform the development and implementation of Person-Centered Planning Process. In late 2019, ADMH collaborated with Annova, a consultant group, to develop a strategic plan for the development of a Person-Centered Planning System specific to Alabama. Through this collaboration, a *Policy Vision for Person-Centered Planning* was developed in December 2019 and shared with stakeholders in January 2020.

The Person-Centered Assessment and Plan (PCAP) format was developed in collaboration with NCAPPs, Annova, national subject matter experts, and stakeholders within the first eight months of 2020. Additionally, ADMH utilized the following resources to inform the development of the PCAP: HCBS requirements established by CMS, core competencies of PCP as identified by the National Quality Forum – Person-Centered Planning and Practice, strength-based perspective and stakeholders' feedback. The first PCAP training occurred in August 2020 with ADMH staff to ensure internal staff were knowledgeable about the new Alabama PCAP and the requirements set forth by the HCBS regulations for the same. The Alabama PCAP includes the following five domains: Daily Living, Community Living, Community Connection, Healthy Living and Self-Determined.

In September of 2020, 250 Support Coordinators and ADMH staff were trained on the new person-centered assessment and planning process. This training provided the foundational principles of strength-based perspective, the five domains of the PCP, conversation guide, person-centered assessment, and person-centered plan. ADMH required all agencies to use the standardized PCAP format and process for person centered assessment and planning beginning October 1, 2020, with the expectation that all individuals enrolled in the ID/LAH waivers would benefit from the new PCAP process at redetermination. It is important to note that this transition also included the shift of complete facilitation and development of an individual's PCAP to the individual and/or Support Coordinator. As part of its technical assistance, training, and remediation strategies, ADMH continues to provide PCP trainings every six weeks for new hire Support Coordinators and ADMH staff. (A compatible training for direct service providers is currently under development). In addition, meetings and trainings with Support Coordination Supervisors have been increased from quarterly to monthly to address issues with PCP process and to provide additional training.

For quality review purposes, ADMH revised its monitoring tool to provide feedback to Support Coordination agencies about their PCPs and records of individuals; increased monitoring of Support Coordination agencies from bi-annual to quarterly; and increased the number of records reviewed from five per agency to five percent of the individuals supported by the agency in the county. The data obtained using the PCP Feedback and Monitoring tool provides qualitative and quantitative information about the PCPs developed. The data is entered into ADMH's electronic record system, and aggregated reports are produced to evaluate effectiveness of the PCP Transformation.

In November 2020, the PCP workgroups consolidated into a Strategic Steering Stakeholder Group, with representation from the direct service provider network, the Support Coordination provider network, ADMH staff, self-advocates, and family members, and continues to identify trends, barriers and other issues needing attention due to the transformation.

ADMH's certification review tools and provider organizational guidelines for Person Centered Planning have also been reviewed through the stakeholder engagement process and are now in alignment. A meeting held in January 2022 shared these new tools with approximately 300 Support Coordination/direct service providers and ADMH staff. ADMH's certification review of Support Coordination agencies began using the new tools in February 2022.

- **Community Waiver Program (CWP):** The ADAP comment noted delays in the implementation of the CWP and concerns about provider capacity, including adequately trained Support Coordinators. ADMH agrees that delays with CMS approval of the CWP, the pandemic and significant work force shortages for providers adversely impacted the roll out of this waiver. However, as of 7/19/22, 139 individuals have been enrolled in the new waiver and are receiving services. There are 39 Preferred Qualified Providers certified to deliver CWP services in the 11 counties served by the CWP. To address some of the challenges faced with the implementation of the CWP, ADMH is offering provider financial incentives to address staff shortages; competency-based training for provider staff through QuiltSS and Columbus Group; evaluating a new RFP for additional needed CWP providers; and employing and/or assigning additional ADMH staff to be dedicated to the CWP.
- **Community Day and Employment Services:** The 2/28/22 ADAP comment stated that the State had not sufficiently shifted away from facility-based services. As noted in the STP, ADMH began expanding and remodeling its community day services in 2019 to be less dependent on facility-based day program models and to offer beneficiaries more service choices that promote community integration and independence. This transition led to the addition and/or expansion of in-home services, self-directed services, community day and employment services. As reflected in the table below, over the past two years, there has been a steady increase in the utilization of in-home, self-directed and community day services and a concurrent decrease in the use of facility-based services.

The comment further stated that, with the COVID-19 pandemic, there has been a dramatic negative impact on access even to facility-based day services. As might be expected, with the increased utilization of other community day services, and the concurrent decrease in the utilization of facility-based day services, the number of facility-based settings has also decreased. For example, in March 2020, there were 112 facility-based day programs compared to 64 such programs at present. However, in March 2020, there were no individuals receiving community-based day habilitation, but as of March 2022, 849 individuals were receiving the community-based service. ADMH continues to prioritize expansion of community-based day services rather than re-



instating additional facility-based programs. In addition, a growing number of the existing facility-based day program settings are expanding their service options to also include community day services for individuals they serve. To date, 36 of the 64 facility-based settings also offer community-based options.

Day Services Utilization Report								
Last Full Year Without Covid			First Full Year With Covid			Current Year to Date		
Service date from: 9/1/2018 to 8/31/2019			Service date from: 9/1/2020 to 8/31/2021			Service date from: 9/1/2021 to 3/31/2022		
Service Code	Distinct # of Individuals	# of Units	Service Code	Distinct # of Individuals	# of Units	Service Code	Distinct # of Individuals	# of Units
<b><i>In Home Care</i></b>			<b><i>In Home Care</i></b>			<b><i>In Home Care</i></b>		
Personal Care	851	3,836,385	Personal Care	984	4,745,568	Personal Care	902	2,690,631
Companion	131	514,375	Companion	145	557,231	Companion	135	293,575
In Home Respite	50	47,656	In Home Respite	30	45,816	In Home Respite	17	10,124
	1032	4,398,416		1159	5,348,615		1054	2,994,330
<b><i>Community Day Services</i></b>			<b><i>Community Day Services</i></b>			<b><i>Community Day Services</i></b>		
Community Experience	389	115,904	Community Experience	564	1,082,175	Community Experience	454	604,922
Community Supported Employment Transp	24	29,943	Community Supported Employment Transp	60	27,108	Community Supported Employment Transp	50	16,672
Community Day Hab	0	0	Community Day Hab	859	775,427	Community Day Hab	849	533,065
Assessment/Discovery; Job Coach/Developer	191	143,333	Assessment/Discovery; Job Coach/Developer	212	202,674	Assessment/Discovery; Job Coach/Developer	195	131,411
	604	289,180		1695	2,087,384		1548	1,286,070
<b><i>Facility Day Services</i></b>			<b><i>Facility Day Services</i></b>			<b><i>Facility Day Services</i></b>		
Pre-Voc Facility	384	271,140	Pre-Voc Facility	100	27,787	Pre-Voc Facility	78	12,367
Facility Day Hab	4671	16,328,102	Facility Day Hab	2577	4,786,604	Facility Day Hab	2124	3,124,844
	5055	16,599,242		2677	4,814,391		2202	3,137,211
<b><i>Individuals Rcvg Self-Directed Svcs</i></b>	458		<b><i>Individuals Rcvg Self-Directed Svcs</i></b>	635		<b><i>Individuals Rcvg Self-Directed Svcs</i></b>	584	

In addition, recent data show that, as of 6/30/22, there is increased utilization of community employment services as compared with pre-pandemic data. A comparison between FY20 and just the first nine months of the current FY22 is reflecting a 2% increase in employment service utilization.

FY	# of Employment Service Claims	Amount of Employment Service Claims Paid
FY20 (12 months)	296,887	\$2,251,360.10
FY22 (9 months)	299,871	\$2,303,395.64

Attachments to Public Comment Response  
7/29/22

# ADMH-DDD HCBS Quality and Compliance Improvement Plan

<b>Contact persons:</b> Quality and Compliance Plan: Terry Pezent, Associate PCP/IEA: Francilla Allen, Support Coordination Monitoring: Amy Waren, Community Services Certification/TA: Connie Batiste, Certification	<b>HCBS Waivers:</b> ID, LAH, CWP Waivers	Plan initiation Date:	<b>5/26/22</b>
		AMA Reporting Schedule:	Bi-weekly beginning 7/1/22
<b>Review Dates:</b> 5/26/22 – 10/31/22 (6 months)		AMA Reviewer:	

**Terms:** IEA – Individual Experience Survey; HCBS – Home & Community Based Setting/Services; SCA – Support Coordination Agency; SC – Support Coordinator; SCL- Support Coordination Liaisons; PCAP – Person-Centered Assessment Plan; PCP – Person Centered Plan; AMA – Alabama Medicaid Agency; ADMH – Alabama Department of Mental Health; DDD – Division of Developmental Disabilities; TA – Technical Assistance; PQIP – Provider Quality Improvement Plan; CAP – Correction Action Plan

Compliance Issue	Actions to improve Quality and address Compliance Issues	Implementation/Time Frame	Responsible Staff
<p><u>Individual Experience Survey (IEA)</u> – The IEA is the approved assessment that describes and measures the participant’s experience with ADMH HCBS Waiver services</p> <p>AMA Findings:                      1. The IEA does not ask individuals receiving residential services if they receive support to participate in the community. Only a yes/no to “If you want to, can you go out into the community?”</p>	<ol style="list-style-type: none"> <li>1. The IEA will be updated to ask if ‘individuals receiving residential services receive support to participate in the community’</li> <li>2. DDD will provide training to Support Coordination Agencies’ (SCA) Support Coordinators (SC) on completion and requirements of the IEA to meet the HCBS rules and how to address IEA responses in the PCP.</li> <li>3. New Hire Support Coordinators: Person Centered Planning and New Hire Orientation Training. This training covers PCP, Dignity of Risk, HCBS Regulatory Requirements and the <b>Individual Experience Assessment (IEA)</b> and the connections between them. This training will be six full days spanning two weeks. Then a 30-day and 60-day follow-up trainings for 2-4 hours. (See Attached proposed outline). (NOTE: Training will include the SCA’s role to ensure adequate probing and discussion of individual’s preferences and preferred outcomes in all domains but more specifically those probes related to employment/volunteer or community integration.)</li> <li>4. Support Coordination Agencies (SCA) Support Coordinators (SC) are required to complete the IEA annually and address IEA responses in the PCP. Support Coordination Liaisons will use the Person-Centered Assessment and Plan Feedback and Monitoring tool (see attached) to review PCPs to verify the IEA was completed and the issues addressed in the PCP</li> <li>5. The data resulting from the SCL PCAP Feedback and Monitoring reviews will be used by DDD to track and evaluate ongoing performance of PCP/IEAs by the SCA to identify new training needs and/or systems improvement needs.</li> <li>6. ADMH will use findings from ADMH Advocacy reviews to provide TA, identify corrective action and QIP actions or to provide positive feedback to the SCA</li> <li>7. Failure to complete the IEA and adequately address responses indicating “no” in the PCP will be determined an insufficient PCP and require a QIP action.</li> <li>8. <b>ALL Support Coordination Agencies (SCAs) must be in FULL COMPLIANCE with all HCBS regulations.</b> <u>Noncompliant findings</u> will result in a mandated HCBS Quality Improvement Plan (QIP) developed by ADMH to be implemented by the SCA.</li> </ol>	<ol style="list-style-type: none"> <li>1. 5/26/22</li> <li>2. By 7/31/22</li> <li>3. Ongoing beginning 6/1/22</li> <li>4. 7/1/22</li> <li>5. Ongoing</li> <li>6. 7/1/22</li> <li>7. 7/1/22</li> <li>8. 7/1/22</li> </ol>	<ol style="list-style-type: none"> <li>1. Francilla Allen</li> <li>2. Francilla Allen, Cestelle Walker</li> <li>3. Cestelle Walker</li> <li>4. Francilla/SCLs</li> <li>5. Francilla/SCLs</li> <li>6. Francilla/SCLs</li> <li>7. Francilla/SCLs</li> <li>8. Francilla/SCLs</li> </ol>

	<ol style="list-style-type: none"> <li>a. Non-compliant findings should be corrected across all IEA/PCPs</li> <li>b. SCAs must respond in agreement with the HCBS QIP and dates TA will be provided within 5 business days of receipt of plan.</li> <li>c. SCAs must address ALL findings within 30 days of receiving HCBS QIP.</li> <li>d. SCAs who fail to implement strategies to meet compliance will be considered noncompliant with the HCBS requirements for Person Centered Planning.</li> <li>e. The ADMH-DDD will employ its progressive discipline procedures, as needed, to address any failures on the part of staff to implement actions as outlined in the Quality Improvement Plan. Such procedures may include further staff training to termination of employment. Similarly, the ADMH-DDD will take enforcement actions, where needed, to address providers failure to perform and provide services in accordance with this Quality Improvement Plan and related ADMH policies, procedures and operational guidelines. Such enforcement actions may range from mandated technical assistance to monetary penalties and termination of service contract. Actions may also include notification to Medicaid of areas of non-compliance.</li> </ol>		
<p><u>Person Centered Plans (PCP)</u> – describes the individual waiver participant’s experience and activities for community integration.</p> <p>AMA Findings:</p> <ol style="list-style-type: none"> <li>1) Does not reference specific non-disability specific options offered</li> <li>2) Does not identify/address barriers to individualized employment/volunteer or community integration opportunities</li> </ol>	<ol style="list-style-type: none"> <li>1) Support Coordination Liaisons will review records for each agency on a quarterly basis. This review includes all domains of the PCAP/PCP, addressing IEA issues in PCP and quarterly narratives. <ol style="list-style-type: none"> <li>a. PCAP/PCPs will be reviewed to ensure non-disability specific options are offered. SCAs will be required to update PCAP/PCPs not addressing this area within 30 days.</li> <li>b. PCAP/PCPs will be reviewed to ensure barriers to individualized employment/volunteer or community integration opportunities are addressed. SCAs will be required to update PCAP/PCPs not addressing this area within 30 days.</li> <li>c. Record reviews will consist of a random, stratified sample to achieve a 95% confidence level based on total number of records that should be reviewed annually.</li> </ol> </li> <li>2) Review of Redetermination Packets for PCP information will be conducted as follows: <ol style="list-style-type: none"> <li>a. PCA and PCP must be included in redetermination packet which are currently reviewed by Waiver Coordinator using a monthly checklist. (Attached) The checklist will be provided to the SCL for verification prior to submission to Regional Office Fiscal Manager.</li> <li>b. The SCL will review the Redetermination Teams channel prior the SCA quarterly Quality Review. The SCL should include an action in the SCA’s QIP to address redetermination packets that do not have the PCAP/PCP included.</li> <li>c. The data is maintained in Teams and provided to the Directors of SC and Community Programs or monthly submission to the Associate Commissioner and Fiscal Officer.</li> <li>d. Prior to submitting redetermination packet, the Support Coordination Supervisors must review all person-centered assessments and plans to be submitted to ensure the assessment is complete. This includes a review to ensure <ol style="list-style-type: none"> <li>i) The information is entered in PCAPv2 in ADIDIS</li> </ol> </li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. Ongoing</li> <li>2. Ongoing <ol style="list-style-type: none"> <li>a. 8/1/22</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. Francilla Allen, Support Coordination Liaisons, Waiver Coordinators</li> <li>2. Amy Waren</li> </ol>

	<ul style="list-style-type: none"> <li>ii) Information pertaining to all domains has been entered and provide a clear description of the individual</li> <li>iii) The individuals desire and goals are identified in his/her language</li> <li>iv) PCAPv2 meets all HCBS regulations,</li> <li>v) The IEA findings are addressed in PCP</li> </ul> <p>3) All Direct Service Providers and SCAs will receive an overview of the PCP provider training. This will be an opportunity for provider feedback before final training materials are developed.</p> <ul style="list-style-type: none"> <li>a. Finalize, format and add training to web-based platform</li> <li>b. Release training to direct service provider</li> </ul> <p>4) Support Coordination Agencies will perform internal quality reviews using the PCAP DDD Monitoring and Feedback Tool</p> <ul style="list-style-type: none"> <li>a. SCAs will be provided the Monitoring and Feedback tool used by the SCLs for Quality review.</li> <li>b. SCAs will be required to complete an internal review of their PCAP/PCPs and IEAs to ensure compliance with PCAP/PCP and HCBS requirements and regulations for ongoing quality improvement.</li> <li>c. The SCA will use the same monitoring form used by Support Coordination Liaisons. The SCA will enter this information into ADIDIS, track their findings and submit to ADMH.</li> <li>d. SCLs will review SCA QIP to ensure compliance. Questions regarding QIP will be added to the PCAP Monitoring and Feedback tool.</li> </ul> <p>5) <b>ALL Support Coordination Agencies (SCAs) must be in <u>FULL COMPLIANCE with all HCBS regulations.</u> <u>Noncompliant findings</u> will result in a mandated HCBS Quality Improvement Plan (QIP) developed by ADMH to be implemented by the SCA.</b></p> <ul style="list-style-type: none"> <li>a. Non-compliant findings should be corrected across all IEA/PCPs</li> <li>b. SCAs must respond in agreement with the HCBS QIP and dates TA will be provided within 5 business days of receipt of plan.</li> <li>c. SCAs must address ALL findings within 30 days of receiving HCBS QIP.</li> <li>d. <u>SCAs who fail to implement strategies to meet compliance will be considered noncompliant with the HCBS requirements for Person Centered Planning.</u></li> <li>e. The ADMH-DDD will employ its progressive discipline procedures, as needed, to address any failures on the part of staff to implement actions as outlined in the Quality Improvement Plan. Such procedures may include further staff training to termination of employment. Similarly, the ADMH-DDD will take enforcement actions, where needed, to address providers failure to perform and provide services in accordance with this Quality Improvement Plan and related ADMH policies, procedures and operational guidelines. Such enforcement actions may range from mandated technical assistance to monetary penalties and termination of service contract. Actions may also include notification to Medicaid of areas of non-compliance.</li> </ul>	<p>3. 5/26/22</p> <ul style="list-style-type: none"> <li>a. June 2022</li> <li>b. July 2022</li> </ul> <p>4. 8/1/22</p> <p>5. Beginning 7/1/22</p>	<p>3. Francilla, Terry H (Madison Arc), Kate H (Madison 310)</p> <p>4. Francilla, SCLs</p> <p>5. Francilla, SCLs</p>
<p><u>Compliance Monitoring Tools/Process -</u></p>	<p>1. Monitoring and compiling Prong III (Alabama Model) data will continue as prescribed in Operational Guideline 5.5 (See Attached)</p>	<p>1. On-going</p> <p>2. 7/1/22</p>	<p>Amy Waren and Regional Office Staff</p>

<p>1. The Regional Monitor monitors every certified DMH/DDDD setting twice annually, once each during periods April 1- September 30 and October 1- March 31.</p> <p>2. The Regional Monitor uses the Monitoring tool and reviews the latest Transition to Compliance Plan to complete the monitoring assignment, comprehensively addressing each item included and verifying with direct observation of substantiating documentation, interviews, and/or visual inspection, as appropriate.</p> <p>3. The Regional Monitor completes the monitoring report and transmits to the Provider via email within ten (10) business days, delineating those findings requiring follow up.</p> <p><u>AMA Findings:</u> Unable to confirm if all needed areas of noncompliance were addressed due to lack of specific documentation to indicate actions taken and current evidence of compliance</p>	<p>2. Monitoring Form will be updated to be more specific regarding the HCBS questions (See Attached)</p> <p>3. A check list of the Transition to Compliance Plans/ Monitoring findings follow up process will be developed and implemented (See Attached)</p> <p>4. Regional/Statewide internal meetings will be held to address findings from monthly regional monitoring reports using a standardized agenda for all meetings. (See Attached)</p> <p>5. A standardized report will be used to monitor and report Prong III (Alabama Model) compliance data. (Example of monthly report Attached)</p> <p>6. <b><u>ALL Direct Service Providers must be in FULL COMPLIANCE with all HCBS regulations.</u></b> <u>Noncompliant findings</u> will result in a mandated HCBS Quality Improvement Plan (QIP) developed by ADMH to be implemented by the SCA.</p> <p>a. Non-compliant findings should be corrected across all settings</p> <p>b. Providers must respond in agreement with the HCBS QIP and dates TA will be provided within 5 business days of receipt of plan.</p> <p>c. Providers must address ALL findings within 30 days of receiving HCBS QIP.</p> <p>d. <u>Providers who fail to implement strategies to meet compliance will be considered noncompliant with the HCBS requirements.</u></p> <p>7. <b>Response to AMA findings:</b></p> <p>a. Original information contained on validation. Transition to compliance plans only contained areas of noncompliance. Ongoing monitoring indicates actions taken. Updated the Monitoring Form to be more specific regarding the HCBS questions, including the requirement for an explanation and provision of specific evidence (Attached)</p>	<p>3. 7/1/22</p> <p>4. 7/1/22</p> <p>5. Ongoing</p>	
<p>Certification Reviews</p>	<p>All HCBS related Probes have been added and identified in the Assessment Tool for Certification Reviews. Certification staff uses the Tool when conducting all certification site reviews. (A copy of the Assessment Tool is attached)</p> <p>1. All areas identified as HCBS must be 100% compliant</p> <p>2. Personal Outcome Measures (POMs)</p> <p>a. Results of Personal Outcome Measures (POM) interviews conducted prior to certification site reviews will be recorded on the POM Information - Gathering Notes form effective April 1, 2022. This form includes the interviewer's notes necessary in determining the presence of individual</p>	<p>1. 8/1/22</p> <p>2. Ongoing</p>	<p>Connie Batiste</p>

	<p>outcomes and supports and the status of an individual's satisfaction with services and supports. (Form and interview questions attached)</p> <p>b. In conjunction with the standard probing interview questions, a checklist of additional questions will be developed from the Certification Supplemental Assessment Tool specific to the HCBS Rule. Use of the checklist will be effective June 15, 2022. (Supplemental assessment tool is attached)</p> <p>3. Agency Policy and Procedure review will include a requirement for organizational, staff and participant knowledge of the Settings Rule and its specific requirements.</p> <p>4. ADMH is evaluating actions to be taken when current PCPs are not available during a certification review of a direct support provider. If confirmed the SCA did not provide the PCP, correction action will be required and the SCA will have 15 business days to provide the direct service provider the missing PCPs. Failure to provide the missing PCPs will result in further action as indicated in "6.f." below.</p> <p>5. ADMH is evaluating a weighted score for SCAs so that completion and quality of Person-Centered Planning can be more appropriately measured for Certification reviews by 9/1/22 for implementation 10/1/22.</p> <p>6. <b><u>ALL Direct Service and Support Coordination Providers must be in FULL COMPLIANCE with all HCBS regulations.</u></b> <u>Noncompliant findings will result in a mandated HCBS Quality Improvement Plan (QIP) developed by ADMH to be implemented by the provider.</u></p> <p>a. Non-compliant findings should be corrected across all settings and IEA/PCPs</p> <p>b. Providers must respond in agreement with the HCBS QIP and dates TA will be provided within 5 business days of receipt of plan.</p> <p>c. Providers must address ALL findings within 30 days of receiving HCBS QIP.</p> <p>d. <u>Providers who fail to implement strategies to meet compliance will be considered noncompliant with the HCBS requirements.</u></p> <p>e. <u>All Direct Service and Support Coordination providers must meet 100% compliance with all HCBS requirements beginning 10/1/22</u></p> <p>f. The ADMH-DDD will employ its progressive discipline procedures, as needed, to address any failures on the part of staff to implement actions as outlined in the Quality Improvement Plan. Such procedures may include further staff training to termination of employment. Similarly, the ADMH-DDD will take enforcement actions, where needed, to address providers failure to perform and provide services in accordance with this Quality Improvement Plan and related ADMH policies, procedures and operational guidelines. Such enforcement actions may range from mandated technical assistance to monetary penalties and termination of service contract. Actions may also include notification to Medicaid of areas of non-compliance.</p>	<p>3. 8/1/22</p> <p>4. 8/1/22</p> <p>5. 10/1/22</p>	
<p>BSPs and Due Process -</p> <p><u>AMA Findings:</u> Lacked documentation of less restrictive interventions</p>	<p>1. The updated monitoring form include specifics of less restrictive interventions used and requirement of BPRC and HRC signature pages (See updated monitoring tool attached and also, OG, 5.5 that describes monitoring process)</p> <p>2. Office of Psychological and Behavioral Services provides clear guidelines that outline the requirements for BSPs to include less restrictive interventions. Providers of behavioral supports are required to have this training and adhere to these guidelines.</p>	<p>1. 7/1/22</p> <p>2. Ongoing</p>	<p>1. Amy Waren</p> <p>2. Dr. Eliza Belle</p>

<p>and did not provide BPRC/HRC review</p>	<p>The guidelines are also considered the minimum standards for the provision of positive behavior supports.</p> <ol style="list-style-type: none"> <li>3. ADMH will send a communication to providers describing all requirements for BSPs (along with a checklist) and advise providers to update their BSPs.</li> <li>4. <b>ALL Direct Service Providers must be in FULL COMPLIANCE with all HCBS regulations.</b> <u>Noncompliant findings</u> will result in a mandated HCBS Quality Improvement Plan (QIP) developed by ADMH to be implemented by the SCA. <ol style="list-style-type: none"> <li>a. Non-compliant findings should be corrected across all settings</li> <li>b. Providers must respond in agreement with the HCBS QIP and dates TA will be provided within 5 business days of receipt of plan.</li> <li>c. Providers must address ALL findings within 30 days of receiving HCBS QIP.</li> <li>d. <u>Providers who fail to implement strategies to meet compliance will be considered noncompliant with the HCBS requirements.</u></li> <li>e. The ADMH-DDD will employ its progressive discipline procedures, as needed, to address any failures on the part of staff to implement actions as outlined in the Quality Improvement Plan. Such procedures may include further staff training to termination of employment. Similarly, the ADMH-DDD will take enforcement actions, where needed, to address providers failure to perform and provide services in accordance with this Quality Improvement Plan and related ADMH policies, procedures and operational guidelines. Such enforcement actions may range from mandated technical assistance to monetary penalties and termination of service contract. Actions may also include notification to Medicaid of areas of non-compliance.</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>3. 7/15/22</li> </ol>	<ol style="list-style-type: none"> <li>3. Dr. Eliza Belle</li> </ol>
<p>Uniform Lease Agreements  AMA reports 50% of leases reviewed met compliance</p>	<ol style="list-style-type: none"> <li>1. ADMH (HCBS Stakeholder Taskforce) will develop a guideline for lease agreements to include a lease agreement template for review/comment by AMA by 6/30/22.</li> <li>2. All applicable settings will be required to have lease agreements that are in compliance with the guidelines beginning 7/31/22.</li> <li>3. All Providers will be trained on the lease requirements and provided an example lease template by 7/31/22. Upon completion of training, providers will be expected to replace current lease agreements with those that meet compliance with the guidelines as leases are renewed.</li> <li>4. Certification will review lease agreements using guidelines as part of the certification review to ensure requirements are met beginning 8/1/22.</li> <li>5. <b>ALL Direct Service Providers must be in FULL COMPLIANCE with all HCBS regulations.</b> <u>Noncompliant findings</u> will result in a mandated HCBS Quality Improvement Plan (QIP) developed by ADMH to be implemented by the SCA. <ol style="list-style-type: none"> <li>a. Non-compliant findings should be corrected across all settings</li> <li>b. Providers must respond in agreement with the HCBS QIP and dates TA will be provided within 5 business days of receipt of plan.</li> <li>c. Providers must address ALL findings within 30 days of receiving HCBS QIP.</li> <li>d. <u>Providers who fail to implement strategies to meet compliance will be considered noncompliant with the HCBS requirements.</u></li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. Ongoing beginning 8/1/22</li> <li>2. Beginning 7/31/22</li> <li>3. Beginning 7/31/22</li> <li>4. Beginning 8/1/22</li> </ol>	<p>Amy Waren/Connie Batiste</p>



	<p>e. The ADMH-DDD will employ its progressive discipline procedures, as needed, to address any failures on the part of staff to implement actions as outlined in the Quality Improvement Plan. Such procedures may include further staff training to termination of employment. Similarly, the ADMH-DDD will take enforcement actions, where needed, to address providers failure to perform and provide services in accordance with this Quality Improvement Plan and related ADMH policies, procedures and operational guidelines. Such enforcement actions may range from mandated technical assistance to monetary penalties and termination of service contract. Actions may also include notification to Medicaid of areas of non-compliance.</p>		
<p>Technical Assistance- Identify specific strategies to come in compliance with HCBS Rule</p>	<ol style="list-style-type: none"> <li>1. Opportunities for technical assistance will be identified throughout all ADMH oversight activities identified in the Remediation Plan i.e. Advocacy Reviews, Ongoing Compliance Monitoring, etc.</li> <li>2. ADMH staff will be provided training by AMA as well as additional resources that will enable them to work with the provider to develop strategies to meet compliance</li> <li>3. TA will be a mandated activity and will be tracked across all five regions.</li> </ol>	<p>6/1/22</p>	<p>Connie/Amy/AMA</p>

<p>Provider Compliance Checklist</p>	<ol style="list-style-type: none"> <li>1. A mandatory Provider Compliance Checklist and supporting information will be provided to all direct service providers for completion within 30 days of receipt.</li> <li>2. AMA will provide training to ADMH Certification, Advocacy and Monitoring Staff about HCBS Compliance and the mandated Provider Compliance Checklist.</li> <li>3. ADMH/AMA will provide the PCC training to providers</li> <li>4. Certification, Advocacy and Monitors will request a review of the Provider's Compliance Checklist during regularly scheduled provider visits in support of the provider to ensure areas of expected compliance are addressed. This will be an opportunity for the provider to discuss with the ADMH staff any further opportunities for technical assistance specifically related to HCBS compliance for those full compliance areas that must be in place by March 17, 2023 per the new CMS compliance strategy: <ol style="list-style-type: none"> <li>a. Privacy, dignity, respect, and freedom from coercion and restraint</li> <li>b. Control of personal resources</li> <li>c. A lease or other legally enforceable agreement providing similar protections</li> <li>d. Privacy in their unit, including lockable doors, and freedom to furnish or decorate the unit</li> <li>e. Access to food at any time</li> <li>f. Access to visitors at any time</li> <li>g. Physical accessibility</li> <li>h. For any modifications to the relevant regulatory criteria, there must be person-centered service plan documentation.</li> </ol> </li> <li>5. This checklist will become part of the Heightened Scrutiny packet submitted to AMA and CMS for review. Supporting documentation of compliance should also be included with submission.</li> </ol> <p>NOTE: CMS reviews those areas of compliance listed above as an individual's civil rights. Therefore, providers must be in full compliance with the items in this list by March 17, 2023. Furthermore, even though CMS has provided some flexibility with the requirements related to community integration and has not set a date for full compliance, all providers are expected to continue their work to achieve community integration as much as is possible. The state will be required to develop a correct action plan for submission to CMS that continues to monitor and report on provider's progress to full compliance.</p>	<ol style="list-style-type: none"> <li>1. By 7/15/22</li> <li>2. By 7/8/22</li> <li>3. By 7/15/22</li> <li>4. Beginning 8/15/22</li> </ol>	<p>Connie/Amy/Terry/AMA</p>
<p>Enforcement Actions</p>	<ol style="list-style-type: none"> <li>1. The ADMH-DDD will employ its progressive discipline procedures, as needed, to address any failures on the part of staff to implement actions as outlined in the Quality Improvement Plan. Such procedures may include further staff training up to termination of employment.</li> <li>2. Similarly, the ADMH-DDD will take enforcement actions, where needed, to address providers failure to perform and provide services in accordance with this Quality Improvement Plan and related ADMH policies, procedures, and operational guidelines. Such enforcement actions may range from mandated technical assistance to monetary penalties and termination of service contract. Actions may also include notification to Medicaid of areas of non-compliance.</li> </ol>	<p>5/26/22</p>	<p>Terry Pezent, Associate Commissioner</p> <p>Kim Boswell, Commissioner</p>

**ADMH – Division of Developmental Disabilities**

**Medicaid HCBS Settings Rule Ongoing Monitoring Individual Experience Assessment Survey (IEA)**

**Section A: General Information - A response to each question is required unless otherwise indicated.**

1. Person's First and Last Name:		Date of Survey:
2. Does the person have a legal guardian? <b>If no, skip to question 4. If yes, answer 3a – 3c</b> A guardian is a qualified person appointed by a court to act for an incapacitated person only to the extent necessitated by the incapacitated person's mental and adaptive limitations or other conditions warranting the court-appointment of a guardian.		Yes No
3. If yes, is the guardian a paid/corporate guardian (i.e., the guardian is an attorney or works for an agency), or an unpaid family/friend?		Paid Guardian Unpaid Guardian
a. If Unpaid Guardian, enter the name of the Guardian		
b. If Paid Guardian, Enter the name of the Guardian/ Agency		
c. Does the person live with the legal guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. In which Waiver is person enrolled (select one): <input type="checkbox"/> CWP Waiver <input type="checkbox"/> ID Waiver <input type="checkbox"/> LAH Waiver		
5. Name of Support Coordinator Conducting IEA:		
Support Coordinator employed by:		
Number of months SC has supported person:		6. Region (circle one): 1 2 3 4 5
7. If the person is not able to answer one or more of the questions independently, is someone other than the person responding? <b>If NO</b> skip to Section B <b>If YES</b> , answer 7a – 7b		Yes No
7a. If yes, what is the First and Last name of the person assisting with responses?		
7b. What is his/her relationship to the person?	<input type="checkbox"/> Child <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> (Other)Family <input type="checkbox"/> Friend <input type="checkbox"/> DSP <input type="checkbox"/> Guardian	

**\*\*IMPORTANT: The person should always be asked first and the person's responses should always be used first.\*\***

**Section B: HCBS Setting Experience Overall All participants are required to complete this section**

Question:	Response:	HCBS Setting Requirement:
1. Do you have your own bank account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Allows person to control personal resources.</i>
2. Do you have access to your money?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Can you buy the things you need?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Did someone tell you about the services and supports that you are eligible for?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Facilitates personal choice regarding services and supports and who provides them.</i>
5. Did you choose the services and supports you are receiving from the list of services you are eligible for?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. If you have services in your person-centered plan that can be self-directed, were you given the option to choose between using self-direction and using a provider agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
7. If you chose an agency provider for some of your services, were you given a choice of provider agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
7. Did you choose the specific person/people who provide your services and supports?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Do you know how to request a change in your services and supports?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Do you know how to request a change in who provides your services and supports?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Do you have a paid job?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Provides opportunities to seek employment and work in a competitive integrated workplace.</i>
11. Do you think you might want a paid job?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Do you have the help you need to look for a job if and when you want one?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Can you go where you want and like to go in your local the community?	<input type="checkbox"/> Every time I want to <input type="checkbox"/> Most of the time I want to <input type="checkbox"/> Not as much as I would like	<i>Support full access to the broader community.</i>
15. Does someone regularly tell you about activities and events in your local community that you might be interested in?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Do you have access to transportation if you need to get somewhere in your community?	<input type="checkbox"/> Every time I want to <input type="checkbox"/> Most of the time I want to <input type="checkbox"/> Not as much as I would like	
17. Are you able to get the support you need to do things in the community that you want to do?	<input type="checkbox"/> Every time I want to <input type="checkbox"/> Most of the time I want to <input type="checkbox"/> Not as much as I would like	
18. Do you do things in your community a few times every week? (Examples: go shopping, church, sports, events, see family and friends, volunteer, work, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Other than family or paid caregivers, how often each week do you spend time with people who do not have disabilities?	<input type="checkbox"/> Less than 2 times/week <input type="checkbox"/> 2-3 times <input type="checkbox"/> 4-5 times <input type="checkbox"/> More than 5 times/week	
20. How long have you lived in your current residence?	Choose one: <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years	
21. Did you choose where you live?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>The setting was selected by the person from among setting options, including</i>
22. If you are an adult and don't live in your own home/apartment, has anyone asked you if might like to do this (with support services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

23. Did you choose the places where you receive all of your services outside the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>non-disability specific settings.</i>
24. Do you have access to a phone, computer, or other technology you can use in your home and to communicate with others?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Optimizes personal initiative, autonomy, and independence in making life choices.</i>
25. Do you get asked to make some choices for yourself every day?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
26. Can you make decisions about your schedule, where you go, who you see, and when?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
27. Can you be alone if you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Ensures person's rights of privacy, dignity, respect and freedom from coercion and restraint.</i>
28. Can you have a private conversation without others listening?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
29. Is your personal information kept secure so others can't see it?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
30. Do the people who support you treat you the way you want to be treated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
31. Do the people who support you listen to your questions or concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
32. Does anyone ever physically restrain you or limit your freedom to move around?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
33. Do others knock before entering your bedroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Does the person participate in Residential Services? If YES, complete Section C; If NO, STOP HERE.</b>		<input type="checkbox"/> YES or <input type="checkbox"/> NO
<b>Section C: Residential Services (Community-Based Residential Services or Adult Family Home Services)</b>		
Select the type of residential services the person is receiving		<input type="checkbox"/> CWP CBRS <input type="checkbox"/> CWP AFH <input type="checkbox"/> ID Waiver Residential Hab
Name of Service Provider	City/County:	
Question:	Response:	HCBS Setting Requirement:
1. Were you given the option to explore the possibility of living in your own place - a place that is not owned or controlled by a service provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Choice of non-disability specific setting.</i>
2. Do you know how to request to live someplace else?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Choice of residential setting.</i>
3. Do you have a lease that was explained to you and that you signed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Do you know your rights as a tenant and how you are protected from eviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Specific unit or dwelling is owned, rented or occupied under a legally enforceable agreement.</i>
5. Can you lock and unlock your front door yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Are you comfortable with who else has a key to your front door?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Unit has lockable entrance door person has key and who else has key is limited to only staff that need to.</i>
7. Do others knock before entering your front door?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Can you close and lock your bedroom door?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Each person has privacy in their sleeping or living unit.</i>
9. Can you close and lock your bathroom door?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Are you comfortable with who else has a key to your bedroom or bathroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Were you given the option of a private room if you could afford it?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

12. Did you choose your roommate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Choice of housemate(s) and roommate.</i>
13. Do you like living with your roommate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Do you know how to request a roommate change?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. If you want to share your bedroom, can you choose who to share with?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Did you decorate or help decorate the place you live (paint colors; wall hangings; furniture)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Freedom to furnish and decorate.</i>
17. Did you choose how to have your room decorated (paint color; wall hangings; furniture)?	<input type="checkbox"/>	
18. Can you move the furniture where you want?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Can you hang up different things on the wall if you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Do you make your own schedule?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Freedom and support to control schedules and activities.</i>
21. Can you decide when you get up, take a bath, eat, exercise or participate in other activities at home and in the community?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
22. Do you receive supports to participate in the community?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
23. Can you watch television, listen to the radio and do things that you like when you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Can you eat when you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Access to food at any time.</i>
25. Can you eat where you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Can you eat what you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
26. Can you request a different meal if you want one?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
27. Are snacks accessible and available anytime?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
28. Can you have visitors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Allow visitors at any time.</i>
29. Can you have visitors at any time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
30. Can you have privacy with your visitors if you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
31. Do you have the supports you need to move around your room/house as you choose?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Physically accessible.</i>
32. Can you enter and exit your room/house as you choose?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
33. Do you have full access to the common areas of your home such as the kitchen, dining area, laundry, and shared living areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
34. Have you been given a resident handbook? (If applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>Policies outlining personal rights are available and accessible to the person.</i>
35. Do you understand the handbook or know who to ask if you have questions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
36. Do you have access to a phone, computer or other technology to communicate with others outside the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

37. Can you make decisions about your schedule, where you go, who you see, and when?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Optimizes personal initiative, autonomy, and independence in making life choices.</i>
Revisions to Person Centered Plan Required: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, describe areas to be addressed and target date for revisions to be done.</i>		
Signature of Support Coordinator:	Date forwarded to: <input type="checkbox"/> CWP QE Staff (for CWP Participants) <input type="checkbox"/> Regional Office Monitoring Staff (for ID/LAH Participants)	
<b><u>TO BE COMPLETED BY CWP QE STAFF OR REGIONAL OFFICE MONITORING STAFF</u></b>		
Remediation Plan Required: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete table below</i>		
<b><u>Remediation Steps Required:</u></b>	<b><u>Who Responsible?</u></b> <i>Name HCBS provider(s) and/or Support Coordinator as applicable</i>	<b><u>Target Date for Completion of Each Remediation Step:</u></b>
<input type="checkbox"/> Check here when QE Staff/RO Monitor confirm remediation fully completed  DATE CONFIRMED:	<b><u>Signature of QE Staff/Regional Office Monitoring Staff:</u></b>	





## Person-Centered Assessment & Planning Feedback

Name of Person:		Name of Support Coordinator:	
PCP Assessment Date:		Agency Name:	
Feedback Date:		Person Providing Feedback:	
Does the assessment identify the Person-Centered Planning Team?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the assessment define the person's preference for their role in the planning process?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the assessment identify the person's communication preferences?			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Daily Life Domain</b>			
Do all sub-domains include a purposeful and comprehensive description of the person's current situation?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the assessment appear to capture the person's desired future situation for each sub-domain area?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Does each sub-domain include information about the person's strengths, capabilities, assets and resources?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the information captured in the subdomains correlate with the identified outcomes?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Do the measures captured in the assessment identify how the outcomes will be monitored to determine progress to achieving goals using the SMART Details Method?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Do the core issues captured in the assessment match the information in the sub-domain areas?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the exploration of potential strategies captured in the assessment appear to fully explore all potential options to achieve outcomes, including what the person can do for themselves independently?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Do the selected strategies relate to and address all the identified barriers/core issues to achieving the outcome, including the person's contribution to achieving outcomes?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Do the selected strategies identify options for settings offered and settings selected?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the correct strategy type chosen for each of the selected strategies?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the back-up and contingency planning captured appear to identify how outcomes will be supported if the selected strategies are unavailable?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Notes on strengths & opportunities for the Daily Life domain:			

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**Community Connections Domain**

Do all sub-domains include a purposeful and comprehensive description of the person’s current situation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the assessment appear to capture the person’s desired future situation for each sub-domain area?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does each sub-domain include information about the person’s strengths, capabilities, assets and resources?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the information captured in the subdomains correlate with the identified outcomes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do the measures captured in the assessment identify how the outcomes will be monitored to determine progress to achieving goals using the SMART Details Method?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do the core issues captured in the assessment match the information in the sub-domain areas?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the exploration of potential strategies captured in the assessment appear to fully explore all potential options to achieve outcomes, including what the person can do for themselves independently?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do the selected strategies relate to and address all the identified barriers/core issues to achieving the outcome, including the person’s contribution to achieving outcomes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do the selected strategies identify options for settings offered and settings selected?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the correct strategy type chosen for each of the selected strategies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the back-up and contingency planning captured appear to identify how outcomes will be supported if the selected strategies are unavailable?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Notes on strengths & opportunities for the Community Connections domain:	

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**Community Living Domain**

Do all sub-domains include a purposeful and comprehensive description of the person’s current situation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the assessment appear to capture the person’s desired future situation for each sub-domain area?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does each sub-domain include information about the person’s strengths, capabilities, assets and resources?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the information captured in the subdomains correlate with the identified outcomes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do the measures captured in the assessment identify how the outcomes will be monitored to determine progress to achieving goals using the SMART Details Method?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do the core issues captured in the assessment match the information in the sub-domain areas?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the exploration of potential strategies captured in the assessment appear to fully explore all potential options to achieve outcomes, including what the person can do for themselves independently?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do the selected strategies relate to and address all the identified barriers/core issues to achieving the outcome, including the person’s contribution to achieving outcomes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do the selected strategies identify options for settings offered and settings selected?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the correct strategy type chosen for each of the selected strategies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the back-up and contingency planning captured appear to identify how outcomes will be supported if the selected strategies are unavailable?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Notes on strengths & opportunities for the Community Living domain:	

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**Healthy Living Domain**

Do all sub-domains include a purposeful and comprehensive description of the person’s current situation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the assessment appear to capture the person’s desired future situation for each sub-domain area?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does each sub-domain include information about the person’s strengths, capabilities, assets and resources?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the information captured in the subdomains correlate with the identified outcomes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do the measures captured in the assessment identify how the outcomes will be monitored to determine progress to achieving goals using the SMART Details Method?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do the core issues captured in the assessment match the information in the sub-domain areas?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the exploration of potential strategies captured in the assessment appear to fully explore all potential options to achieve outcomes, including what the person can do for themselves independently?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do the selected strategies relate to and address all the identified barriers/core issues to achieving the outcome, including the person’s contribution to achieving outcomes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do the selected strategies identify options for settings offered and settings selected?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the correct strategy type chosen for each of the selected strategies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the back-up and contingency planning captured appear to identify how outcomes will be supported if the selected strategies are unavailable?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Notes on strengths & opportunities for the Healthy Living domain:	

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**Self-Determined Domain**

Do all sub-domains include a purposeful and comprehensive description of the person’s current situation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the assessment appear to capture the person’s desired future situation for each sub-domain area?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does each sub-domain include information about the person’s strengths, capabilities, assets and resources?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the information captured in the subdomains correlate with the identified outcomes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do the measures captured in the assessment identify how the outcomes will be monitored to determine progress to achieving goals using the SMART Details Method?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do the core issues captured in the assessment match the information in the sub-domain areas?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the exploration of potential strategies captured in the assessment appear to fully explore all potential options to achieve outcomes, including what the person can do for themselves independently?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do the selected strategies relate to and address all the identified barriers/core issues to achieving the outcome, including the person’s contribution to achieving outcomes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do the selected strategies identify options for settings offered and settings selected?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the correct strategy type chosen for each of the selected strategies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the back-up and contingency planning captured appear to identify how outcomes will be supported if the selected strategies are unavailable?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Notes on strengths and opportunities for the Self-Determined domain:	

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**CM Monitoring**

**Evaluation Completion/Review Monitoring:**

Is there evidence of completion/review of the Assessment? (key, rights, safety, financial, & IEA)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there evidence of completion of the Employment Assessment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there evidence of completion/review of the annual physical/ RN Assessment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there evidence of completion/review of the Psychological Assessment?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Is there evidence of completion/review of a Behavior Plan?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Is there evidence of completion/review of the Functional Assessment?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Was a discharge/transition plan completed?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Is there evidence of completion review of the ICAP?	Enter ICAP Score: <input type="text"/>
Is the current Support Coordinator accurately reflected in ADIDIS?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Quarterly Review of PCP:**

Was the quarterly review completed within 90-days?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are all of the services listed in the plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are all waiver services addressed including health, safety, risk, and back-up plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there evidence residence type is updated (new date & residence type changed if necessary) in ADIDIS on Client's Demographics?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Is the person's actual current address accurately documented in ADIDIS on Client's Demographics?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there evidence a new Employment Assessment was completed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there evidence that all planned waiver services were delivered per the plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Does the plan have all signatures?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the signed plan uploaded into ADIDIS?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the entire Person-Centered Plan been reviewed at least every 90 days?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If needed, has the Person-Centered Plan been updated or changed?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
If needed, has the POC been updated or changed?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Was redetermination completed within 365-days?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>Narrative report review:</b>	
Does the quarterly narrative capture CM activities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the quarterly narrative reflect any changes, including discharge?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there progress notes that appear to be updated and reflect the person?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the POC been reviewed at least every 90 days?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are details for Alabama Medicaid Agency Review available and complete	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
*Check applicable details below:	
<input type="checkbox"/> Name of day program <input type="checkbox"/> Name of residential program <input type="checkbox"/> Freedom of Choice document <input type="checkbox"/> Level of Care document <input type="checkbox"/> Dissatisfaction of Service Form signed and dated <input type="checkbox"/> Completed plan of care (for review period)	<input type="checkbox"/> Home safety review with remediation plan (found under the Living Situation Domain) <input type="checkbox"/> Individual case management plan of care <input type="checkbox"/> Training information (for review period) <input type="checkbox"/> Case management narrative (for review period) <input type="checkbox"/> Record of medical exams, i.e., physical/dental exams, medical appointments, immunizations
<b>Documentation Review:</b>	
Enrollment documentation checks evident: If no, mark below which are <b>missing</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Psychological Report w/ ID IQ Score <70 Prior to 18	<input type="checkbox"/> Medical & Psychological Diagnosis <input type="checkbox"/> ICAP Compuscore Report <input type="checkbox"/> Psychological Report w/ ID IQ Score <70 after to 18
Monthly Medicaid eligibility (print of Medicaid Agency website page in record):	Yes <input type="checkbox"/> No <input type="checkbox"/>
Minimum TCM documentation evident: If no, mark below which are <b>missing</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Name of recipient <input type="checkbox"/> Dates of service <input type="checkbox"/> Name of agency and person providing services <input type="checkbox"/> Nature, extent, or units of the service provided <input type="checkbox"/> Place of service	<input type="checkbox"/> Comprehensive case file <input type="checkbox"/> Assistance for recipient in locating needed service providers and making linkages <input type="checkbox"/> Assessment to determine services received are adequate <input type="checkbox"/> Re-assessment to determine to resolve crisis situations
Initial person-centered assessment and plan completed within 30-days of contact:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Document any Quarterly Review findings:	

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**Overall Feedback**

	Does the entirety of the assessment appear to offer a full picture of the person?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Does the assessment appear to have been developed through a collaborative process involving the person and family and other agencies providing services and/or supports?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Does the assessment offer information that is easy to understand, avoiding likely unfamiliar acronyms and jargon?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Is the assessment written in a strength-based way?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Does the assessment appear to be objective?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Does the assessment avoid language that could be considered culturally insensitive?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Does the assessment use person-first language?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Does the assessment appear to capture the person’s own words, as appropriate?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Additional suggestions or feedback:**

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**Quality Improvement Plan**

	Does the currently	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Does the assessment appear to have been developed through a collaborative process involving the person and family and other agencies providing services and/or supports?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Does the assessment offer information that is easy to understand, avoiding likely unfamiliar acronyms and jargon?	Yes <input type="checkbox"/> No <input type="checkbox"/>



Is the assessment written in a strength-based way?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the assessment appear to be objective?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the assessment avoid language that could be considered culturally insensitive?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the assessment use person-first language?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the assessment appear to capture the person's own words, as appropriate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>



**RCS RESIDENTIAL & DAY HABILITATION**  
**MONITORING REPORT**

**Section I. Agency Assessment**

Monitoring Type: Residential  Day Habilitation

**Agency Name:**

**Name of Setting:**

**Address of Setting:**

**Date:**

**Time:**

**Total # of People Served**

**Number of Individuals Present  
(Day Habilitation)**

**Number of Individuals Absent:  
(Day Habilitation)**

**Number of Individuals Present:  
(Residential Habilitation)**

**Number of Individuals Absent:  
(Residential Habilitation)**

**Are Individual (s) in the setting consistent with census reported to Regional Office?** Yes  No

**Notes:**

**Name(s)/Title of Staff Present:**

**Section I - Continued**

**Day Services Being Provided: Select the type of services provided**

- |   |   |
|---|---|
| <input type="checkbox"/> Day Habilitation Services Level 1-4          | <input type="checkbox"/> Day Habilitation Services/Transportation Level 1-4 |
| <input type="checkbox"/> Prevocational Services                       | <input type="checkbox"/> Supported Employment Services                      |
| <input type="checkbox"/> Individual Assessment/Discovery              | <input type="checkbox"/> Individual Job Coach                               |
| <input type="checkbox"/> Individual Job Developer                     | <input type="checkbox"/> Community Experience Services                      |
| <input type="checkbox"/> Positive Behavior Support Services- Level1-3 | <input type="checkbox"/> Community Day/Community Day w/Transportation       |

**Notes (List additional day services provided):**

**How does the agency deliver day habilitation services?**

- On-site
- Virtual
- Within the Community

**Observation of Setting:**

- Have Fire Drills been completed (monthly)? Yes  No
- Have Severe weather Drills been completed (quarterly)? Yes  No
- Drill records completed in full. Yes  No  (Name, dates, times, any concerns)
- Does the setting present a health hazard? Yes  No
- Any broken windows, appliances, plumbing, electrical fixtures, or structural damages? Yes  No
- Any exits cluttered or blocked? Yes  No

**Notes (Other environmental hazards, Indicate missing drills if applicable, etc.):**

**Section I - Continued**

**Person Centered Plan/Leisure Activities**

Is the PCP present in the setting for all individuals? Yes  No

Is the PCP current for all individuals in the setting? Yes  No

Is the PCP signed and dated by required entities? Yes  No

Is the PCP scanned in ADIDIS with signatures? Yes  No

Notes: (List PCP of each individual along with dates.)

**Health/Safety**

Are there any individuals present who appear to be deteriorating or potentially need medical attention?  
Yes  No  If yes, have actions been taken in response to the individual's deteriorating health?

Notes (Must provide detailed information as it relates to medical attention)

Are individuals supported and staff healthy? Yes  No  (If No explain below)

Is the setting well stocked personal protective equipment (gloves, masks, etc.)? Yes  No  N/A  (If No explain below)

Is the setting well stocked with food? Yes  No  N/A  (If No explain below)

Is the agency having difficulty locating these items to adequately supply the setting? Yes  No  (If Yes, explain below)

Is the agency having any difficulty maintaining appropriate staffing ratios for this site? Yes  No  (If Yes, explain below)

Is the agency or the individual supported in need of anything else Yes  No  (If Yes, explain below)

Notes (Must provide detailed information as it relates to staffing ratio, illness, and health, please discuss items marked Yes or No)

**Utilization of PPE/Screening Protocols**

Does the setting have a thermometer? Yes  No  N/A

Does the setting have a daily log of temperatures (Staff/Individual/Visitors)? Yes  No  N/A

Are staff wearing appropriate masks during shift? Yes  No  N/A

Are the individuals afforded proper PPE if necessary (mask, gloves etc.)? Yes  No  N/A

Is the Emergency Infectious Disease Plan present in the setting? Yes  No  N/A

Notes (If any answer is No verify EID Plan is amended and comment):

## Section II.

### Desk Review

#### Assessments

Current IRA (Individualized Risk Assessment) attached in ADIDIS? Yes  No

Current IEA (Individualized Experience Assessment) attached in ADIDIS? Yes  No

Has the Infectious Disease Emergency Plan been accepted? Yes  No

Is the Infectious Disease Emergency Plan attached in notes via ADIDIS? Yes  No

**Notes (Explanation required if plans are not attached or N/A if not applicable):**

#### HCBS Compliance

HCBS Validation Assessment attached in notes via ADIDIS? Yes  No

Transition to Compliance Plan attached in notes via ADIDIS? Yes  No

Has the transition to compliance plan been accepted? Yes  No

Are remediation steps completed by for each Validation question on the HCBS Transition Plan? Yes  No

Was the HCBS Transition Plan reviewed during the monitoring? Yes  No

Have any of the Validation questions fallen out of compliance during review? Yes  No

*(List Numbers)*

Does the setting have documentation to support the setting validation? Yes  No

Does the setting require people to automatically sign over every employment paycheck or direct deposit to the provider agency or to an account controlled by the provider agency? Yes  No  N/A

The setting (*where supports/services are delivered*) is integrated and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS. Yes  No  N/A

Does the setting provide any of the following: physical, occupational, and/or speech therapies; counseling and/or mental health treatment; behavioral analysis; medical services from a doctor or nurse practitioner within the setting? Yes  No  N/A

Does the setting have Policies and Procedures that document community integration, individual choice, access to transportation, freedom of movement and Rights/Restrictions? Yes  No

Do individuals have access to preferred/varied leisure activities *in* the setting? Yes  No

List a minimum of three below.

The setting is selected by the individual from setting options including non-disability specific settings, and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and based on the individual's needs, preferences, and for residential settings, resources available for room and board. (*An individual 'chooses' the setting they need and/or desire to receive supports 'they' need and/or desire for 'their' good life through HCBS waiver services.*) Yes  No  N/A

The Setting ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint. Yes  No

The Setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. Yes  No

The Setting facilitates individual choice regarding services and supports and who provides them and provides assistance with their personal appearance (If needed)? Yes  No

Is the unit or dwelling a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services? Yes  No  N/A

Does the individual have, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity? Yes  No  N/A

Does the setting have current leases for each individual and signed by all necessary parties? Yes  No  N/A

For settings in which landlord tenant laws do not apply, is there a lease, residency agreement, or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law. Yes  No  N/A

Does each individual have their own room? Yes  No  N/A

If not, do they have privacy in their sleeping or living unit? Yes  No  N/A

If a bedroom is shared, does the setting ensure the two people sharing mutually agree to share and they have the option to renegotiate this arrangement with the setting, if at any time this becomes necessary? Yes  No  N/A

Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors. (If more than one bedroom, each bedroom should be considered a unit and the 'tenant' should have a key to their lockable door) Yes  No  N/A

Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement. Yes  No  N/A

Individuals have the freedom and support to control their own schedules and activities. Yes  No

Individuals have freedom of movement. Yes  No

Individuals in the settings have the freedom to move about outside to the same degree of access of people not receiving HCBS and movement matched to their age, skills abilities, desires, and goals. Yes  No  N/A

Individuals have access to food at any time. Yes  No

Does the setting afford people receiving HCBS full access to dining areas with comfortable seating and opportunity to converse with others during break or mealtimes? Yes  No

Individuals are able to have visitors of their choosing at any time. Yes  No  N/A

Does the setting provide opportunities for private dining if requested by the person receiving HCBS?

Yes  No

Does the setting afford people who receive HCBS the opportunity for tasks and activities matched to their age, skills, abilities, desires, and goals? Yes  No

Does the setting post or provide information to people receiving HCBS, including their families or guardians, about how to make a request for additional services or accommodations, or make changes to any aspect of the services they are receiving through the setting? Yes  No

Are people already living in the setting, after meeting a potential new unit-mate through introductions and get-to-know each other opportunities, able to provide meaningful input into whether the potential new unit-mate is able to move into the unit? Yes  No  N/A

Have any of the rule requirements above been modified specific to an individual in the setting?

Yes  No

If any rule modifications have been made, do those modifications address all requirements of the rule in the PCP? Yes  No  N/A

Does the Provider have a completed compliance checklist? Yes  No  N/A

Have they made progress on the needed items? Yes  No  N/A

Does the Provider need Technical Assistance? If so, in what area? Yes  No  N/A

**Notes: (Explain and Provide Specific Evidence for each question above).**

**Notes Cont.: (Explain and Provide Specific Evidence for each question above).**



**Restrictions**

Any Behavior Support Plans (BSP's) in place? Yes  No  N/A

Any Psychotropic Medication Plans (PMP's) in place? Yes  No  N/A

Any special staffing stipulated? Yes  No  N/A

Special staffing implemented as required? Yes  No  N/A

Any other restrictions stipulated? Yes  No  N/A

BSP's current with an implementation date within the last 12 months? Yes  No  N/A

BSP includes less restrictive interventions tried? Yes  No  N/A

- *Must be included for ALL rights restrictions outlined in the plan(s).*

Due Process Signatures:

- *All must be 'yes' to be considered compliant and must be included with the BSP and/or PMP*

Parent/Guardian/Individual: Yes  No  N/A

Author of Plan/QDDP: Yes  No  N/A

BCBA (if applicable): Yes  No  N/A  *\*if approved for Specialized Behavioral Services, must be 'YES'*

BPRC: Yes  No  N/A

HRC: Yes  No  N/A

Fading plans included in BSP's for special staffing and all other restrictions? Yes  No  N/A

(List specific restrictions, persons with BSP's, etc. below):

Notes:

**Section III.**

**Findings, Recommendations & Follow-Up**

Notes:

**Review and Signatures**

**Anticipated timeframe of next monitoring visit:**

**Report Submitted By:**

**Date Submitted:**

**Community Services Director (or Designee) Review:**

**Date Reviewed:**

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)**--Incomplete planning and action.

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

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

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

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 for agencies not administering medications
Factor Six	4 (100% compliance)	√ (3 indicators)	√	√	Indicator D not applicable for Support Coordination
Factor Seven	4	√	√	√	
Factor Eight	11			√	
Factor Nine	3	√	√	√	
Factor Ten	3	√	√	√	
Factor Eleven	5	√	√	√	
Factor Twelve	3		√		
Factor Thirteen	5	√			
<b>Number of Indicators Scored</b>		<b>36</b>	<b>35</b>	<b>43</b>	<b>For organizations providing services in more than one category, indicators are added as applicable</b>

### Number of Requirements Required for Certification

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

**Examples:**

- An organization providing support coordination only is subject to meeting the requirements in 33 Indicators. The organization will need to rate PN or ER on 26 Indicators for a One Year Certification (80% of 33 Indicators = 26.4, rounded to 26). The organization will need to rate PN or ER on 30 Indicators for a Two-Year Certification (90% of 33 Indicators = 29.7, rounded to 30).
- An organization providing support coordination services as well as one or more of the Non-Congregate services is subject to meeting the requirements in 34 Indicators (31 for support coordination, and an additional 3 Indicators in Factor Thirteen). A One Year Certification will require a rating of PN or ER on 29 (28.8) Indicators, and a Two-Year Certification will require a rating of PN or ER on 32 (32.4) Indicators.



# Indicators and Factors

*Factor One*

Promotion and Protection of Individual Rights 580-5-30-.10 (2)	AR	PN	ER	Supporting Information
<p><b>A. The organization implements policies and procedures that clearly define its commitment to and addresses the promotion and protection of individual rights.</b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>1. 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))</li> <li>2. Do the policies and procedures describe the organization's due process?(OG 6.3.b.A(2))</li> <li>3. 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))</li> <li>4. Does the organization refrain from having standing policies and procedures that restrict individual's rights without due process? (OG 6.3.b.A(4))</li> <li>5. 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)</li> </ol>	<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>B. The organization informs individuals of their rights.</b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>1. 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))</li> <li>2. 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))</li> </ol>	<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>C. The organization supports individuals to exercise their rights and responsibilities.</b>  <i>Probes:</i></p> <ol style="list-style-type: none"> <li>1. 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))</li>   <li>2. 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"> <li>a. 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)</li> <li>b. Have a lease, residency agreement, or other form of written agreement in place that provides protections and addresses eviction processes and appeals comparable to those provided under the state's landlord tenant law. (HCBS)</li> <li>c. Manage money</li> <li>d. Send and receive mail including a private place to read and open mail.</li> <li>e. Access personal possessions</li> <li>f. Privacy to make and receive telephone calls and use other means of communication</li> <li>g. Visit and be visited by whomever they choose at any time (HCBS)</li> <li>h. Vote and otherwise participate in the political process</li> <li>i. Make choices about religious affiliation and participation</li> <li>j. Interact socially with members of either gender.</li> <li>k. Privacy including a choice of private bedroom or choice of a roommate with furnishings positioned to maximize privacy (HCBS)</li> <li>l. Freedom and support to control schedules and activities. (HCBS)</li> </ol> </li>   <li>3. Does the rights assessment address the need for and scope of advocacy, guardianship and alternatives for each individual? (OG 6.3.b.C(3))</li>   <li>4. 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))</li>   <li>5. 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))</li>   <li>6. 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)</li>   <li>7. 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))</li>   <li>8. 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))</li>   <li>9. 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))</li>   <li>10. 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))</li> </ol>	<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
<p><b>D. Decision-making supports are provided to individuals as needed.</b></p> <p>1. 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))</p> <p>2. 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))</p> <p>3. 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))</p> <p>4. 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))</p>	<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>E. Staff are trained to recognize and honor individuals' rights.</b></p> <p><i>Probes:</i></p> <p>1. 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))</p> <p>2. Are staff that complete rights assessments trained to: (OG 6.3.b.E(2))</p> <p style="margin-left: 20px;">a. understand and support individuals' preferences regarding rights,</p> <p style="margin-left: 20px;">b. identify goals related to exercising their rights and support attainment of those goals?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

3. Are staff trained in due process procedures? (OG6.3.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><b>F. The organization upholds due process requirements.</b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>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))</li> <li>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))</li> <li>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))</li> <li>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))</li> <li>5. Are individuals provided adequate training in due process procedures including:               <ol style="list-style-type: none"> <li>a. any procedures for placing a limitation or restriction on an individual's rights,</li> <li>b. training that supports the removal of rights restrictions. (OG6.3.b.F(5))</li> </ol> </li> <li>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))</li> </ol>	<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><b>G. The organization has access to a working and effective Human Rights Committee</b></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"> <li>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))</li> <li>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))</li> <li>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))</li> </ol>	<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"> <li>a. Current and/or former service users</li> <li>b. Family members of service users</li> <li>c. Representatives of community support and advocacy organizations</li> <li>d. Local officials</li> <li>e. Citizens at large</li> <li>f. Performance Improvement/Quality enhancement staff (ex-officio)</li> </ul> <p>6. Does the HRC:</p> <ul style="list-style-type: none"> <li>a. make recommendations to promote individuals' rights</li> <li>b. proactively promote and protect individuals' rights</li> <li>c. review reports of substantiated allegations of abuse, neglect, mistreatment, and exploitation</li> <li>d. review other data that reveal practices with respect to human, civil and legal rights</li> <li>e. review research projects involving human participation to ensure the protection of the individuals who are involved</li> <li>f. assist in the review of rights-related policies and procedures</li> <li>g. promote rights-related education and training programs</li> <li>h. review rights restrictions</li> <li>i. assist in monitoring activities; advise the program administrator on consumer rights-related grievances; and</li> <li>j. review rights-related issues in behavioral plans?</li> </ul> <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><b>H. Services are provided in a safe and humane environment.</b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>1. Is adequate furniture, supplies, equipment available as needed to support personal needs and outcomes of individuals served? (OG 6.3.b.H(1))</li> <li>2. Is furniture, supplies and equipment in good repair and operating effectively?(OG 6.3.b.H(2))</li> <li>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))</li> <li>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))</li> <li>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))</li> </ol>	<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><b>A. Individuals are treated as individuals first.</b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>1. Do the organization's policies and procedures reflect and reinforce: (OG 6.3.c.A(1))               <ol style="list-style-type: none"> <li>a. courteous practices towards individuals?</li> <li>b. the avoidance of labels to describe individuals based on physical characteristics or disabilities?</li> <li>c. the practice of addressing individuals by their preferred name?</li> <li>d. privacy in an individual's bedroom with furnishing selected and arranged by the individual? (HCBS)</li> <li>e. ensuring the setting is physically accessible to the individual? (HCBS)</li> </ol> </li> <li>2. Does the organization provide training to staff and volunteers on policies regarding dignity and respect? (OG 6.3.c.A(2))</li> <li>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))</li> </ol>	<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><b>B. The organization respects individuals' concerns and responds accordingly.</b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>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))</li> <li>2. Do complaint/grievance procedures include the name and telephone number of the local contact? (OG 6.3.c.B(2))</li> <li>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))</li> <li>4. Is grievance procedure information available in frequently used areas, particularly where individuals receive services? (OG 6.3.c.B(4))</li> <li>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))</li> <li>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))</li> <li>7. Are responses to grievances or complaints provided in a timely manner per the agency's procedures? (OG 6.3.c.B(7))</li> <li>8. Are responses in a manner and format that is relevant and understandable? (OG 6.3.c.B(8))</li> <li>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))</li> </ol>	<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><b>C. Individuals have privacy.</b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>1. Does the organization provide space for individuals to:               <ol style="list-style-type: none"> <li>a. speak or interact with others in private and</li> <li>b. open and read mail or other materials? (OG 6.3.c.C(1))</li> </ol> </li> <li>2. Does the organization afford every individual the right to privacy? (OG 6.3.c.C(2))</li> <li>3. Does support staff demonstrate respect for individuals' privacy when:               <ol style="list-style-type: none"> <li>a. providing supports for bathing, dressing and personal hygiene in a private manner, and</li> <li>b. when entering personal spaces? (OG 6.3.c.C(3))</li> </ol> </li> </ol>	<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><b>D. Supports and services enhance dignity and respect.</b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>1. Do practices enhance dignity and respect while recognizing individual choices and preferences? (OG 6.3.c.D(1))</li> <li>2. Do individuals receive needed supports to:               <ol style="list-style-type: none"> <li>a. ensure healthy hygiene and personal cleanliness?</li> <li>b. choose clothing that is clean, fashionable and that fits?</li> <li>c. decorate their personal spaces based on choice while maintaining environments that are safe and sanitary? (HCBS) (OG 6.3.c.D(2))</li> </ol> </li> <li>4. Are transportation and other supports provided so individuals can access community services in a manner similar to others? (OG 6.3.c.D(3))</li> <li>5. Does the organization have policies related to privacy that address consent and use of video surveillance equipment and other electronic recording devices such as cell phones, cameras, video recorders, etc. (OG 6.3.c.D(4))</li> </ol>	<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><b><i>E. Individuals have meaningful work and activity choices.</i></b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>1. Do personal assessments:               <ol style="list-style-type: none"> <li>a. identify preferred work and activities?</li> <li>b. Identify practices to help individuals make choices based on preferences and assist individuals to achieve goals? (OG 6.3.c.E(1))</li> </ol> </li> <li>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))</li> <li>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))</li> <li>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))</li> <li>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))</li> </ol>	<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>A. Policies and procedures facilitate continuity of natural support systems.</b></p> <p>Probes:</p> <ol style="list-style-type: none"> <li>1. Does the organization have policies and procedures that define natural supports and acknowledge the importance of natural supports in promoting identity, personal security and continuity for individuals served by the organization? (OG 6.3.d.A(1))</li> <li>2. Does the definition of natural supports include families and friends as well as community resources such as local organizations, clubs, places of worship, schools, or other places where new and existing relationships can be built and facilitated outside of the organization? (OG 6.3.d.A(2))</li> <li>3. 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))</li> <li>4. 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))</li> <li>5. Do policies and practices reflect how the organization will assist individuals to access their natural supports? (OG 6.3.d.A(5))</li> <li>6. 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))</li> <li>7. 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))</li> <li>8. 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))</li> <li>9. 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))</li> </ol>	<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>B. The organization recognizes emerging support networks.</b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>1. 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))</li> <li>2. Does the organization have ways to connect individuals to natural supports including addressing and overcoming barriers? (OG 6.3.d.B(2))</li> <li>3. Does the organization have strategies to build the capacity for natural supports based on individuals' choices and preferences? (OG 6.3.d.B(3))</li> <li>4. 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))</li> </ol>	<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>C. Communication occurs among individuals, their support staff, and their families.</b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>1. Does the organization have internal communication systems for individuals, their support staff, and families:               <ol style="list-style-type: none"> <li>a. that provide choices about extent and frequency of contact with their natural support networks?</li> <li>b. that ensures inquiries from those in individuals' natural support systems are responded to in a natural and timely manner?</li> <li>c. 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))</li> </ol> </li> <li>2. 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))</li> <li>3. Does the organization include a variety of methods for helping individuals stay connected to natural supports? (OG 6.3.d.C(3))</li> </ol>	<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>D. The organization facilitates each individual's desire for natural supports.</b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>Does the organization document individuals' satisfaction with the amount of contact with their natural support system? (OG 6.3.d.D(1))</li> <li>Does the organization document individuals' involvement with their natural support systems? (OG 6.3.d.D(2))</li> <li>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))</li> <li>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))</li> </ol>	<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><b>A. The organization implements policies and procedures that define, prohibit, and prevent abuse, neglect, mistreatment, and exploitation.</b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>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?</li> <li>Does the organization notify the DDD of all reportable incidents and take action in accordance with the Community IPMS?</li> <li>Does the organization have policies and procedures that comply and are consistent with requirements of the IPMS? (OG 6.3.e.A(3))</li> <li>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))</li> <li>Is the system used to take preventative actions and improve safety of the environment and care for individuals? IPMS Section VIII</li> </ol>	<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><b><i>B. The organization promotes freedom from abuse, neglect, mistreatment, and exploitation.</i></b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>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))</li> <li>2. Is there an understandable, easy to use complaint process? (OG 6.3.e.B(2))</li> <li>3. Are individuals supported to report allegations of abuse, neglect, mistreatment, including unauthorized use of restraints, and exploitation? (OG 6.3.e.B(3))</li> <li>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))</li> <li>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))</li> <li>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))</li> <li>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))</li> <li>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))</li> <li>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"> <li>a. if the occurrence of such an incident may have been the result of neglect?</li> <li>b. if additional supports are needed for individuals involved? (OG 6.3.e.B(8))</li> </ol> </li> </ol>	<input data-bbox="1167 310 1232 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><b>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.</b></p> <p>Probes:</p> <ol style="list-style-type: none"> <li>1. 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))</li> <li>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))</li> </ol>	<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><b>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.</b></p> <p>Probes:</p> <ol style="list-style-type: none"> <li>1. 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"> <li>a. as soon as possible but within a time frame to ensure that DDD receives a copy of the investigation report within 15 working days from the occurrence of the incident? IPMS Section V</li> </ol> </li> <li>2. Does the organization follow the recommendations for incident and investigation reports in the IPMS? IPMS Section V (OG 6.3.e.D(2))</li> </ol>	<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><b>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.</b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>1. 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))</li> <li>2. Are the investigation outcomes and recommended actions implemented in accordance with the IPMS Community Guidelines? (OG 6.3.e.E(2))</li> <li>3. Is an initial, comprehensive mortality review completed and available? (OG 6.3.e.E(3))</li> </ol>	<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><b>F. Support staff knows how to prevent, detect and report allegations of abuse, neglect, mistreatment, and exploitation.</b></p> <p>Probes:</p> <ol style="list-style-type: none"> <li>1. Does the organization ensure all staff receives orientation on abuse, neglect, mistreatment, and exploitation? (OG 6.3.e.F(1))</li> <li>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))</li> <li>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))</li> <li>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))</li> <li>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))</li> <li>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))</li> </ol>	<input type="checkbox"/>	

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

Best Possible Health 580-5-30-.10 (6)	Y/N	Supporting Information
<p><b>A. Individuals have supports to manage their own healthcare.</b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>1. Are individuals given the opportunity to choose health care providers as desired?</li> <li>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))</li> <li>3. Do individuals have access to all their health care records? (OG 6.3.f.A(4))</li> <li>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))</li> <li>5. Are supports available to assist individuals with medications and treatments if necessary? (OG 6.3.f.A(6))</li> <li>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"> <li>a. provided information and effectively communicated understanding regarding the purpose, dosage, time, and possible side effects of the medications?</li> <li>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?</li> <li>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))</li> </ol> </li> <li>7. Has the individual demonstrated a competent self-administration of medication? (OG 6.3.f.E(12c))</li> <li>8. Is self-medication discussed during the annual person-centered plan meetings? Are concerns addressed and documented? OG 6.3.f.E (14)</li> <li>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)</li> <li>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))</li> </ol>	<input data-bbox="1104 256 1167 315" type="checkbox"/>	

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

Best Possible Health 580-5-30-.10 (6)	Y/N	Supporting Information
<p><b>B. Individuals access quality health care.</b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>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))</li> <li>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))</li> <li>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))</li> <li>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)</li> <li>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))</li> <li>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))</li> <li>7. Are individuals who require supports for mobility provided assistance and supports to prevent skin breakdown. (OG 6.3.f.B(5))</li> <li>8. Do individuals have therapeutic and adaptive equipment that fits and is in good repair. (OG 6.3.f.B(5))</li> </ol>	<input data-bbox="1104 256 1167 318" type="checkbox"/>	

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

Best Possible Health (OG 6.3.f.)	Y/N	Supporting Information
<p><b>C. Health needs are addressed in a timely manner.</b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>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))</li> <li>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))</li> <li>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))</li> <li>4. Are actions taken to address health needs documented? (OG 6.3.f.C(3))</li> <li>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))</li> <li>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))</li> <li>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))</li> </ol>	<input type="checkbox"/>	

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

Best Possible Health 580-5-30-.10 (6)	Y/N	Supporting Information
<p><b>D. Staff immediately recognize and respond to medical emergencies.</b> <i>Probes:</i></p> <ol style="list-style-type: none"> <li>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))</li> <li>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))</li> <li>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))</li> <li>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))</li> </ol>	<input type="checkbox"/>	

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

<b>Best Possible Health (OG 6.3.f.)</b>	<b>Y/N</b>	<b>Supporting Information</b>
<p><b>E. Individuals receive medications and treatments safely and effectively.</b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>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))</li> <li>2. Is the unit dose or individual prescription system used for all prescription drugs? (OG 6.3.f.E(2))</li> <li>3. Are all medications labeled and stored in accordance with criteria herein? (OG 6.3.f.E(3))               <ol style="list-style-type: none"> <li>a. Medications are stored under lock and key.</li> <li>b. All narcotic medications, Schedule 2, 3, 4, and 5 are stored under double lock and key.</li> <li>c. Medications are stored separately from non-medical items.</li> <li>d. Medications are stored under proper conditions of temperature, light, humidity, sanitation, and ventilation.</li> <li>e. Internal and external medications are clearly labeled as such and stored separately from each other.</li> <li>f. The organization as a system to document ongoing accountability for all prescription medication through an inventory process.</li> </ol> </li> <li>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))</li> <li>5. Are prescription medications used only by the individual for whom they are prescribed? (OG 6.3.f.E(5))</li> <li>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))</li> <li>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))</li> <li>8. Does the organization document corrective action taken in response to medication errors? (OG 6.3.f.E(8))</li> <li>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</li> </ol>	<input 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)

<b>Safe Environments 580-5-30-.10 (7)</b>	<b>Y/N</b>	<b>Supporting Information</b>
<p><b>A. The organization provides individualized safety supports.</b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>Are individuals' abilities to be safe in their environments assessed? (OG 6.3.g.A(2))</li> <li>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))</li> <li>Are individuals provided supports to the extent needed, based on the functional assessment of safety? (OG 6.3.g.A(1))</li> <li>Are assessment results documented in the PCP? (OG 6.3.g.A(3))</li> </ol>	<input type="checkbox"/>	

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

Safe Environments 580-5-30-.10 (7)	Y/N	Supporting Information
<p><b>B. The physical environment promotes individuals' health, safety, and independence.</b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>1. Are kitchen areas, electrical appliances, and outlets free of hazards? (OG 6.3.g.B(1))</li> <li>2. 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))</li> <li>3. Are environments clean, pest free and adequately maintained to ensure basic safety? (OG 6.3.g.B(3))</li> </ol>	<input type="checkbox"/>	

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

Safe Environments 580-5-30-.10 (7)	Y/N	Supporting Information
<p><b>C. The organization has individualized emergency plans.</b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>1. Do the organization's emergency plans:             <ol style="list-style-type: none"> <li>a. address a variety of situations?</li> <li>b. accommodate the individual needs of individuals? (OG 6.3.g.C(1))</li> </ol> </li> <li>2. Are alarms and visual signs in place for individuals who require them? (OG 6.3.g.C(2))</li> <li>3. Are emergency contact numbers readily available to staff and individuals receiving supports? (OG 6.3.g.C(4))</li> </ol>	<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><b>D. Routine inspections ensure environments are sanitary and hazardfree.</b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>1. Does the organization monitor housekeeping and conduct regular safety inspections? (OG 6.3.g.D(1))</li> <li>2. Does the organization complete routine maintenance and repairs to ensure safe conditions throughout any physical structures? (OG 6.3.g.D(1))</li> <li>3. Is there a system for immediately reporting and correcting environmental or safety hazards? (OG 6.3.g.D(1))</li> <li>4. Does the organization maintain records of:               <ol style="list-style-type: none"> <li>a. repairs and maintenance?</li> <li>b. safety and sanitation inspections? (OG 6.3.g.D(2))</li> </ol> </li> <li>5. Does the organization adhere to applicable certification and licensure standards, statutes and regulations regarding the physical environment as required by Alabama DMH Administrative Code, 580-3-22? (OG 6.3.g.D(3))</li> <li>6. 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))</li> </ol>	<input data-bbox="1182 305 1245 363" type="checkbox"/>	



# Factor Seven

Staff Resources and Supports 580-5-30-.10 (8)	AR	PN	ER	Supporting Information
<p><b>A. The organization implements a system for staff recruitment and retention.</b></p> <p><b>Probes</b></p> <ol style="list-style-type: none"> <li>1. Does the organization recruit and hire staff in accordance with all applicable laws and organizational requirements? (OG 6.3.h.A(1))</li> <li>2. 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))</li> <li>3. 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"> <li>a. Convictions for any crime of violence</li> <li>b. Convictions for any felony</li> <li>c. The following criminal convictions will prevent a potential employee from employment for the time specified.                   <ol style="list-style-type: none"> <li>1. Reckless endangerment in the past five (5) years</li> <li>2. Stalking in the second degree in the past five (5) years</li> <li>3. Criminal trespassing in the first degree in the past five (5) years</li> <li>4. Violating a protective order in the past three (3) years</li> <li>5. Unlawful contact in the second degree in the past year</li> <li>6. Criminal mischief in the first degree in the past seven (7) years</li> </ol> </li> </ol> </li> <li>4. 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))</li> <li>5. 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))</li> <li>6. Is the TB testing administered, read, and documented by healthcare professionals who are not employees of the Direct Service Provider? (OG 6.3.h.A(5))</li> <li>7. 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))</li> </ol>	<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*

<b>Staff Resources and Supports 580-5-30-.10 (8)</b>	<b>AR</b>	<b>PN</b>	<b>ER</b>	<b>Supporting Information</b>
<p><b><i>B. The organization implements policies and procedures that promote continuity and consistency of staff.</i></b></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><b>C. Staff are qualified for their roles.</b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>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))</li> <li>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))</li> <li>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))</li> <li>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))</li> <li>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))</li> <li>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))</li> </ol>	<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><b>D. The organization implements an ongoing staff development program.</b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>1. Does the organization assure orientation/training for each employee? (OG 6.3.h.D(1))</li> <li>2. Does the organization maintain records documenting all employees training on site? (OG 6.3.h.D(2))</li> <li>3. Prior to assuming their assigned positions, do all employees complete training in each of the following areas:               <ul style="list-style-type: none"> <li>▪ Rights of individuals served</li> <li>▪ HCBS Settings Rule (HCBS)</li> <li>▪ Complaint/grievance procedure</li> <li>▪ Policies and procedures regarding abuse, neglect, mistreatment, and exploitation</li> <li>▪ Overview of intellectual/developmental disabilities</li> <li>▪ Infection control/universal precautions</li> <li>▪ Severe weather preparedness</li> <li>▪ Fire Safety (OG 6.3.h.D(3))</li> </ul> </li> <li>4. 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"> <li>▪ CPR (must receive certification)</li> <li>▪ First aid (must receive certification)</li> <li>▪ Medical emergencies</li> <li>▪ Management of aggressive behavior</li> <li>▪ Medication training including medication side effects</li> <li>▪ Signs and symptoms of illness</li> <li>▪ Incident identification/reporting in accordance with the IPMS. (OG 6.3.h.D(4))</li> </ul> </li> <li>5. 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))</li> <li>6. 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"> <li>▪ Agency policy and procedures</li> <li>▪ Philosophy of self-determination</li> <li>▪ Person-centered supports</li> <li>▪ General behavioral principles w/emphasis on skill acquisition and behavior reduction techniques (OG 6.3.h.D(6))</li> </ul> </li> <li>7. Does the organization annually provide refresher training for all employees in each of the following areas:               <ul style="list-style-type: none"> <li>• Rights of individuals served</li> <li>• HCBS Settings Rule (HCBS)</li> <li>• Complaint/grievance procedure</li> <li>• Policy and procedures on abuse, neglect, mistreatment, and exploitation</li> <li>• Infection control/universal precautions (OG 6.3.h.D(7))</li> </ul> </li> </ol>	<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"> <li>▪ Mentoring</li> <li>▪ On the job support</li> <li>▪ Personal growth and development planning; or</li> <li>▪ Competency based measurement? (OG 6.3.h.D(12))</li> </ul>				
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 Support Coordination Only or Non-Congregate Services]

Positive Services and Supports 580-5-30-.10 (9)	AR	PN	ER	Supporting Information
<p><b>A. Individuals are informed about the services and supports the agency provides.</b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>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))</li> <li>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))</li> <li>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)</li> <li>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))</li> <li>Is the information provided to individuals in language and terms appropriate to the individual's ability to understand? (OG 6.3.i.A(4))</li> </ol>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

Positive Services and Supports 580-5-30-.10 (9)	AR	PN	ER	Supporting Information
<p><b>B. Individuals are provided assistance in making choices and planning for services and supports.</b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>1. Does each individual have a support team that includes:               <ol style="list-style-type: none"> <li>a. Support Coordinator,</li> <li>b. the legally authorized representative or advocate as needed,</li> <li>c. family members (as desired by the individual and/or legally authorized representative),</li> <li>d. representatives of all service providers (particularly staff responsible for program implementation),</li> <li>e. QDDP, and</li> <li>f. 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))</li> </ol> </li> <li>2. 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))</li> <li>3. 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))</li> <li>4. Within 30 days of entry into the program, does the team meet to develop a person-centered plan? (OG 6.3.i.B(4))</li> <li>5. Does the team meet at least annually (every 365 days) to review and update the individual's plan? (OG 6.3.i.B(5))</li> <li>6. 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))</li> <li>7. 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))</li> <li>8. During support team meetings, is information presented in language and terms appropriate for the individual to understand? (OG 6.3.i.B(8))</li> <li>9. 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))</li> <li>10.</li> </ol>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

Positive Services and Supports 580-5-30-.10 (9)	AR	PN	ER	Supporting Information
<p><b>C. The organization assesses the individual's personal goals and priority services and supports.</b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>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))</li>   <li>2. Is the functional assessment updated annually at the time of the person-centered plan? (OG 6.3.i.C(2))</li>   <li>3. Does the assessment address all of the following areas at a minimum:               <ul style="list-style-type: none"> <li>• Personal preferences</li> <li>• Family/home situation</li> <li>• Health needs</li> <li>• Activities of daily living</li> <li>• Vocational needs</li> <li>• Communication skills</li> <li>• Leisure activities</li> <li>• Physical supports [i.e., adaptive equipment]; and</li> <li>• Social supports? (OG 6.3.i.C(3))</li> </ul> </li> </ol>	<input data-bbox="1142 305 1190 358" type="checkbox"/>	<input data-bbox="1215 305 1264 358" type="checkbox"/>	<input data-bbox="1299 305 1348 358" type="checkbox"/>	

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

Positive Services and Supports 580-5-30-.10 (9)	AR	PN	ER	Supporting Information
<p><b><i>D. Individuals' plans lead to person-centered and person-directed services and supports.</i></b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>1. Do individuals have person-centered plans based on personal strengths, interests, and needs? (OG 6.3.i.D(1))</li> <li>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))</li> <li>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))</li> <li>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))</li> <li>5. Does information for person-centered plans include observations of the individual? (OG 6.3.i.D(5))</li> <li>6. Do person-centered plans incorporate information from team members who know the individual well? (OG 6.3.i.D(6))</li> <li>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))</li> <li>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))</li> <li>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))</li> <li>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))</li> </ol>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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

Positive Services and Supports 580-5-30-.10 (9)	AR	PN	ER	Supporting Information
<p><b>E. The organization provides continuous and consistent services and supports for each individual.</b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>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? (OG6.3.i.E(1))</li> <li>2. Do staff possess the knowledge, skills, and abilities to implement individuals' person- centered plans as written? (OG 6.3.i.E(2))</li> <li>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))</li> <li>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))</li> <li>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? (OG6.3.i.E(5))</li> </ol>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

Positive Services and Supports 580-5-30-.10 (9)	AR	PN	ER	Supporting Information
<p><b>F. The organization supports individuals to choose or change the type of services they receive.</b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>Does the individual know which services are available to choose/receive?</li> <li>Is there documented evidence the organization supports individuals to choose or change the type of services they receive?</li> </ol>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

Positive Services and Supports 580-5-30-.10 (9)	AR	PN	ER	Supporting Information
<p><b>G. Individuals report receiving all services identified in the Person-Centered Plan.</b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>Does the individual know all services identified in their person-centered plan?</li> <li>Does the individual report receiving all services identified in their person-centered plan?</li> </ol>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

Positive Services and Supports 580-5-30-.10 (9)	AR	PN	ER	Supporting Information
<p><b>H. The organization monitors the effectiveness of each individual's person-centered plan.</b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>1. 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))</li> <li>2. Is the implementation of person-centered plans reviewed and documented at least every 90 days for effectiveness? (OG 6.3.i.F(2))</li> <li>3. Does the review include progress/achievement for each learning, participation, or service opportunity? (OG 6.3.i.F(3))</li> <li>4. 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))</li> <li>5. Are person-centered plans modified by individuals with their support teams when requested by the individual? (OG 6.3.i.F(4))</li> </ol>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

Positive Services and Supports 580-5-30-.10 (9)	AR	PN	ER	Supporting Information
<p><b><i>I. The organization provides positive behavioral supports to individuals.</i></b></p> <p><i>Probes:</i></p> <ul style="list-style-type: none"> <li>6. 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))</li> <li>7. Are positive interventions and supports used prior to any modifications to the person-centered service plan documented? (HCBS) (OG 6.3.i.G(2))</li> <li>8. 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))</li> <li>9. When appropriate, do individuals have behavior support plans that reduce, replace, or eliminate specific behaviors? (OG 6.3.i.G(3))</li> <li>10. Are the DDD Behavioral Services Guidelines Procedural Guidelines (BSPG) (02-05) followed when implementing Behavior Support Plans?(OG 6.3.i.G(4))</li> <li>11. Are behavior supports developed by a qualified professional based on information gathered in a functional assessment? (HCBS) (OG 6.3.i.G(5))</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<p>7. Does the support plan describe the specific behavioral supports that may and may not be used? (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 Support Coordination Only or Non-Congregate Services]*

Positive Services and Supports 580-5-30-.10 (9)	AR	PN	ER	Supporting Information
<p><b>J. Individuals are free from unnecessary intrusive interventions.</b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>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))</li> <li>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))</li> <li>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))</li> <li>4. Has the BSP that includes Level 2 or 3 interventions been reviewed and approved by the Behavior Program Review Committee? (OG6.3.i.H(4))</li> <li>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))</li> <li>6. Are all reviews and approvals updated annually? BSPGPBS-03 (OG 6.3.i.H(5))</li> <li>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))</li> <li>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))</li> <li>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))</li> </ol>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<p>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))</p> <p>11. Does the organization prohibit the use of corporal punishment, seclusion, noxious or aversive stimuli, forced exercise or denial of food or liquids that are part of an individual's nutritionally adequate diet?(HCBS) (OG 6.3.i.H(10))</p> <p>12. Are requests for the use of Level 4 intervention procedures, with the exception of Emergency Mechanical Restraint, sent to the Director of Psychological and Behavioral Services (DPBS)? Are all restraints approved through the BSP process documented in the person-centered plan? The QDDP will review at the frequency directed by the Director of Psychological and Behavioral Services? (OG 6.3.i.H(11))</p> <p>13. Does the agency document and comply with the limit for use of Emergency Mechanical Restraint as required by IPMS? (OG6.3.i.H(12))</p>				
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*Factor Eight [NA for Agencies Providing Support Coordination Only or Non-Congregate Services]*

<b>Positive Services and Supports 580-5-30-.10 (9)</b>	<b>AR</b>	<b>PN</b>	<b>ER</b>	<b>Supporting Information</b>
<p><b><i>K. The organization treats individuals with psychotropic medications for mental health needs consistent with standards of care.</i></b></p> <p><i>Probes:</i></p> <p>1. Does the use of psychotropic medications for behavior support and use of medication(s) to reduce or change behavior associated with psychiatric symptoms comply with provisions of DDD PBS Level 3, including incorporation into a Behavior Support and/or Psychotropic Medication Plan? (OG 6.3.i.I(1))</p> <p>2. 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))</p> <p>3. 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))</p> <p>4. 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 (OG6.3.i.I(4))</p>	<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>A. The governing body provides leadership.</b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>1. Does the organization have: (OG 6.3.j.A(1))               <ol style="list-style-type: none"> <li>a. written board approved operational policies?</li> <li>b. articles of incorporation (or a charter) with bylaws?</li> <li>c. a current organizational chart that is updated at least annually and identifies the titles of employees?</li> <li>d. a written mission statement approved by the board?</li> </ol> </li> <li>2. Are the responsibilities of the board defined in writing? (OG 6.3.j.A(2))</li> <li>3. Does the board maintain and make records/minutes of meetings available? (OG 6.3.j.A(3))</li> <li>4. 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))</li> <li>5. Is the mission statement consistent with its legal constituting documents describing its purpose, services/supports it provides, who receives services, and how expectations of those who receive services are met? (OG 6.3.j.A(5))</li> <li>6. Does the mission and values statement reflect the organization's commitment to protect individuals' rights? (OG 6.3.j.A(6))</li> <li>7. Does the mission and values statement reflect the organization's provision and availability of services through positive approaches that are dignified and respectful and demonstrate the achievement of outcomes unique to each individual? (OG 6.3.j.A(7))</li> <li>8. Does the board review mission and values statements at least annually? (OG 6.3.j.A(8))</li> <li>9. Does the board have a system for receiving input from current and prospective service users in the development of the organization's mission statement, values, and ongoing organization and operations? Does this system provide feedback to participants for required or desired changes? (OG 6.3.j.A(9))</li> <li>10. Is the system for providing feedback easily understood by individuals receiving services and supports? (OG 6.3.j.A(10))</li> <li>11. Does the organization conduct flexible operations that meet the individual accessibility and availability needs for those receiving supports? (OG 6.3.j.A(11))</li> </ol>	<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>B. The organization supports individuals to manage and access their personal money.</b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>1. 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))</li> <li>2. 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))</li> </ol>	<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>C. The cumulative record of personal information promotes continuity of services.</b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>1. 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))</li> <li>2. Does the organization have:               <ol style="list-style-type: none"> <li>a. a system for protecting the confidentiality of records, including financial and health information, in accordance with HIPAA regulations and other applicable state and federal laws?</li> <li>b. 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?</li> <li>c. a system for ensuring records is safe from loss, destruction, or use by unauthorized individuals? (OG 6.3.j.C(2))</li> </ol> </li> <li>3. 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))</li> </ol>	<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
<p><b>A. The organization monitors quality improvement.</b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>1. 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))</li> <li>2. Does the organization make the plan available to DDD staff as requested? (OG 6.3.k.A(2))</li> <li>3. 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"> <li>a. Promotion and Protection of Individual Rights</li> <li>b. Dignity and Respect</li> <li>c. Promotion of Natural Supports</li> <li>d. Protection from Abuse, Neglect, Mistreatment, and Exploitation</li> <li>e. Incident prevention and management (including IPMS)</li> <li>f. Best Possible Health (including NDP)</li> <li>g. Safe Environments</li> <li>h. Staff Resources and Supports</li> <li>i. Positive Services and Supports (including Behavioral Services Procedural Guidelines)</li> <li>j. Continuity and Personal Security?</li> </ol> </li> </ol>	<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>B. A comprehensive plan describes the methods and procedures for monitoring quality improvement.</b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>1. 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))</li> <li>2. Does the plan identify individuals responsible for collecting and analyzing data from the internal monitoring system? (OG 6.3.k.B(2))</li> <li>3. 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))</li> </ol>	<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>C. Quality improvement monitoring data is used for continuous learning and improvement.</b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>1. Does the plan emphasize quality enhancement and continuous improvement?(OG 6.3.k.C(1))</li> <li>2. 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))</li> </ol>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



## Factor *Eleven*

Additional Requirements Supporting Protection, Safety and Health	AR	PN	ER	Supporting Information
<p><b>A. Protection From Abuse, Neglect, Mistreatment, and Exploitation (OG 6.3.e.A)</b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>1. Does the organization notify DDD of all reportable incidents and take action in accordance with IPMS?               <ol style="list-style-type: none"> <li>a. Report verbally immediately for missing individual, death, or allegations of abuse, neglect, mistreatment, or exploitation? (IPMS Section IV)</li> <li>b. 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)</li> </ol> </li> <li>2. 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?</li> <li>3. 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?</li> <li>4. Is the system used to take preventative actions to improve the safety of the environment and care for individuals? (IPMS Section VIII)</li> </ol>	<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
<p><b>A-1. The organization identifies individuals' previously unreported incidents of abuse, neglect, mistreatment, exploitation, and unexplained deaths.</b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>1. Has the organization identified previously unreported incidents of abuse, neglect, mistreatment, exploitation, and unexplained deaths?</li> </ol>	<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><b>A-2. The organization identifies individuals' previously unreported incidents of unauthorized restrictive interventions or seclusion.</b></p> <p>Probes:</p> <ol style="list-style-type: none"> <li>1. Has the organization identified previously unreported incidents of unauthorized restrictive interventions or seclusions?</li> </ol>	<input type="checkbox"/>	<input type="checkbox"/>	

*Factor Eleven*

Additional Requirements Supporting Protection, Safety and Health	AR	PN	ER	Supporting Information
<p><b>B. Best Possible Health (OG 6.3.f)</b></p> <p>Probes:</p> <ol style="list-style-type: none"> <li>1. Are individuals given the opportunity to choose their own health care providers as desired? OG6.3.f.A(1)</li> <li>2. Are individuals supported to make their own health care appointments and choices regarding their medical care as needed? OG6.3.f.A(2)</li> <li>3. Are health care strategies/interventions implemented and carried out according to recommendations of the Centers for Disease Control, with emphasis placed on age-specific screening tests? OG6.3.f.A(3)</li> <li>4. 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)</li> </ol>	<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> <ul style="list-style-type: none"> <li>a. All medications are stored under lock and key</li> <li>b. All narcotic medications, Schedule 2, 3, 4 and 5, are stored under double lock and key</li> <li>c. Medications are stored separately from non-medical items</li> <li>d. Medications are stored under proper conditions of temperature, light, humidity, sanitation and ventilation</li> <li>e. Internal and external medications are clearly labeled as such and stored separately from each other</li> <li>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)</li> </ul> <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
<p><b>C. Safe Environments (OG 6.3.g.)</b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>Are environments designed and maintained to be accessible, safe, and sanitary for individuals? OG6.3.g.C(1).</li> <li>Are quarterly severe weather drills and monthly fire drills conducted and documentation of the drills is available? OG6.3.g.C(3)</li> </ol>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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## 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
<p><b>A. Staff providing services know how to support the individual.</b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>Does staff training include a review of the individual's person-centered plan? (OG 6.3.I.A(1-a))</li> <li>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))</li> <li>Does training include reporting and recordkeeping? (OG6.3.I.A(1-c))</li> <li>Does the training include arranging for alternate services (back up) services when needed? (OG 6.3.I.A(2))</li> </ol>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

<b>Personal Care, Companion, Respite and Crisis Intervention Services, and Supported Employment Services at an Integrated Worksite (OG 6.3.I.)</b>	<b>AR</b>	<b>PN</b>	<b>ER</b>	<b>Supporting Information</b>
<p><b><i>B. The organization develops and implements a person-centered plan.</i></b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>1. Does the organization collaborate development of a person-centered plan? (OG 6.3.I.B(1))  <b><u>OR</u></b>                      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))</li> <li>2. Is the person-centered plan developed with input from the individual and his/her legally authorized representative? (OG 6.3.I.B(5))</li> <li>3. Does the plan describe services in detail so the staff can provide services required by the individual? (OG 6.3.I.B(2))</li> <li>4. Does the organization provide documentation that the plan has been followed? (OG 6.3.I.B(1))  <b><u>OR</u></b>                      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))</li> <li>5. Does the organization provide documentation that the plan has been modified as needed? (OG 6.3.I.B(1))</li> <li>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))</li> <li>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))</li> <li>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))</li> </ol>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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

<b>Personal Care, Companion, Respite and Crisis Intervention Services, and Supported Employment Services at an Integrated Worksite (OG 6.3.1.)</b>	<b>AR</b>	<b>PN</b>	<b>ER</b>	<b>Supporting Information</b>
<p><b>C. Services are monitored.</b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>1. <i>Is documentation of the provision of identified services/supports available? (OG 6.3.1.C(1))</i></li> <li>2. <i>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 6.3.1.C(2))</i></li> <li>3. <i>Does the QDDP conduct a site visit as needed but at least every 90 days? (OG 6.3.1.C(3))</i></li> <li>4. <i>Does the QDDP assess the effectiveness of the service and the individual's satisfaction, and make any changes that are needed? (OG 6.3.1.C(4))</i></li> <li>5. <i>Is there documentation that the QDDP has taken corrective or improvement action in a timely manner according to needs? (OG 6.3.1.C(5))</i></li> </ol>	<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><b>A. The Support Coordinator performs a person-centered assessment and planning to identify goals, values, strengths, needs, preferences, and interests.</b> (OG 4.8.3(c))</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>1. Does the assessment identify what role the individual wants to take in leading or facilitating their own person-centered plan?</li> <li>2. Does the organization demonstrate administrative capacity to ensure quality of services in accordance w/state and federal requirements? (OG 4.8.3f(i))</li> <li>3. Does the organization have contingency plan to ensure continuity of services? (OG 4.8.3e)</li> <li>4. Does the organization demonstrate the capacity to document and maintain individual case records in accordance with state and federal requirements? (TCM CH 106.2.3)</li> <li>5. Does the organization demonstrate capacity to meet the Support Coordination service needs of individuals with intellectual disabilities?</li> <li>6. Does the Support Coordinator meet with the individual face-to-face annually? (OG 4.8.3d and TCM 106.2.1)</li> <li>7. Is the assessment and plan written in a strength-based way? (OG 4.8.3c)</li> <li>8. Does the assessment identify both current state and desired future state? (OG 4.8.3c)</li> <li>9. Does the assessment provide enough information to offer a full picture of the individual? (OG 4.8.3c)</li> <li>10. Does the assessment include identifying information/social history? (OG 4.8.3c)</li> <li>11. 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)</li> <li>12. 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)</li> <li>13. Does the plan incorporate all services and supports received by the individual and is there is a plan of care? (OG 4.8.3c)</li> <li>14. If the individual receives more than eight (8) hours of personal care or companion services per day, is the plan approved by DDD?</li> </ol>	<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)				
<p><b>B. The Support Coordinator monitors services and supports.</b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>1. 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))</li> <li>2. 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))</li> <li>3. Does the Support Coordinator modify the support coordination plan as needed? (OG 4.8.3d)</li> <li>4. Does the Support Coordinator document services so that there is clear evidence that pressing issues are addressed? (OG 4.8.3e)</li> <li>5. Does the Support Coordinator document the team meetings? (OG 4.8.3c(viii))</li> <li>6. 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"> <li>a. Are at least two of these visits made per year in the individual's home? (TCM CH106.2.1)</li> </ol> </li> <li>7. <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></li> <li>8. 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)</li> </ol>	<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><b>C. Documentation supports evaluation of the Person-Centered Plan and promotes continuity of services and supports.</b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>1. 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"> <li>a. The appropriateness of the person-centered plan?</li> <li>b. Any health or safety issues?</li> <li>c. Progress or lack of progress in achieving goals identified in the plan?</li> <li>d. Support Coordinator activities?</li> </ol> </li> <li>2. 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)</li> <li>3. 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)</li> <li>4. 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)</li> <li>5. 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)</li> <li>6. 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)</li> <li>7. 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)</li> </ol>	<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><b>D. The Support Coordination agency implements a system for transition/discharge planning.</b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>1. Prior to an individual being discharged from a service, does the agency complete a transition plan and/or discharge plan? (OG 1.6)</li> <li>2. Does the transition/discharge plan incl. a summary of services used? (OG 1.6)</li> <li>3. Does the transition/discharge plan include the reason for transition/discharge? (OG 1.6)</li> <li>4. Does the transition/discharge plan identify future supports if needed? (OG 1.6)</li> <li>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)</li> </ol>	<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><b>E. The Support Coordinator arranges services and supports.</b></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>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)</li> <li>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)</li> <li>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)</li> <li>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)</li> <li>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)</li> <li>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)</li> </ol>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Certification Supplemental Assessment Tool

Provider Name:	Date of Assessment:
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Setting Address:	Executive Director:
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All providers delivering Home and Community Based Services (HCBS) **MUST MAINTAIN FULL COMPLIANCE** with the 2014 HCBS Settings Rule. Providers **MUST** ensure they have the capacity to deliver services that meet these federal regulations. Examples of capacity may include, but is not limited to, transportation, appropriate staffing ratios, supports for employment outcomes, respect, and support for choices of people supported, etc. These rules have been cross walked with the ADMH Certification Tool.

This Certification Supplemental Assessment Tool will be used to evaluate a provider’s compliance, or non-compliance, if it is reported the provider does meet all HCBS Settings Rule requirements on 9/30/22. Should the Certification review not agree with the monitor’s findings, Certification and the monitor will review findings and supporting documentation for final decision making. Certification Staff will then present the information to the Associate Commissioner for final determination based on his/her review.

For more information about the HCBS Settings Rule visit the CMS website at:  
<https://www.medicaid.gov/medicaid/hcbs/guidance/index.html>

Your initials by each statement below indicates you have reviewed the provider’s compliance with the specific rule. Non-compliance should be indicated by “NC”. **NOTE: IMMEDIATE DE-CERTIFICATION AS AN HCBS SETTING WILL BE RECOMMENDED IF ANY OF THE ITEMS BELOW ARE NOT IN COMPLIANCE**

<b>Initials</b>	<b>Regulatory Requirements for Home and Community-Based Services Checklist:</b>
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For 1915(c) home and community-based waivers and 1915(i) State plan home and community-based services, home and community-based settings must have all the following qualities defined at §441.301(c)(4) and §441.710 respectively, and such other qualities as the Secretary determines to be appropriate, based on the needs of the individual as indicated in their person-centered service plan:

	The setting ( <i>where supports/services are delivered</i> ) is integrated and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.
	The setting is selected by the individual from setting options including non-disability specific settings, and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and based on the individual's needs, preferences, and for residential settings, resources available for room and board. ( <i>An individual ‘chooses’ the setting they need and/or desire to receive supports ‘they’ need and/or desire for ‘their’ good life through HCBS waiver services.</i> )
	Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.
	Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.
	Facilitates individual choice regarding services and supports and who provides them.

In provider-owned or controlled residential settings, in addition to the qualities specified above, the following additional conditions must be met:

	The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services. The individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State
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	must ensure a lease, residency agreement, or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.
	Each individual has privacy in their sleeping or living unit:
	<ul style="list-style-type: none"> <li>Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors. <i>(If more than one bedroom, each bedroom should be considered a unit and the 'tenant' should have a key to their lockable door)</i></li> </ul>
	<ul style="list-style-type: none"> <li>Individuals sharing units have a choice of roommates in that setting.</li> </ul>
	<ul style="list-style-type: none"> <li>Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</li> </ul>
	<ul style="list-style-type: none"> <li>Individuals have the freedom and support to control their own schedules and activities.</li> </ul>
	<ul style="list-style-type: none"> <li>Individuals have access to food at any time.</li> </ul>
	<ul style="list-style-type: none"> <li>Individuals can have visitors of their choosing at any time.</li> </ul>
	<ul style="list-style-type: none"> <li>The setting is physically accessible to the individual.</li> </ul>

**Any modification of the additional conditions specified in items 1 through 4 above, must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan:**

	<ul style="list-style-type: none"> <li>Identify a specific and individualized assessed need <i>(to make the change)</i>.</li> </ul>
	<ul style="list-style-type: none"> <li>Document the positive interventions and supports used prior to any modifications to the person-centered service plan.</li> </ul>
	<ul style="list-style-type: none"> <li>Document less intrusive methods of meeting the need that have been tried but did not work.</li> </ul>
	<ul style="list-style-type: none"> <li>Include a clear description of the condition directly proportionate to the specific assessed need.</li> </ul>
	<ul style="list-style-type: none"> <li>Include regular collection and review of data to measure the ongoing effectiveness of the modification.</li> </ul>
	<ul style="list-style-type: none"> <li>Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.</li> </ul>
	<ul style="list-style-type: none"> <li>Include the informed consent of the individual.</li> </ul>
	<ul style="list-style-type: none"> <li>Include an assurance that interventions and supports will cause no harm to the individual</li> </ul>

**Settings That are Not Home and Community-Based:**

**Settings that are Presumed to have the Qualities of an Institution:**

For 1915(c) home and community-based waivers, section 441.301(c)(5)(v) specifies that the following settings are presumed to have the qualities of an institution:

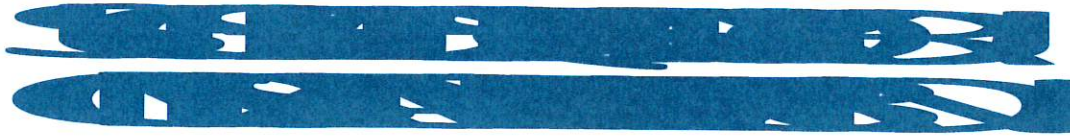
- any setting located in a building that is also a publicly or privately-operated facility that provides inpatient institutional treatment,
- any setting located in a building on the grounds of, or immediately adjacent to, a public institution, or
- any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.**

My initials and signature below denote I evaluated this provider's FULL compliance with the HCBS Settings Rule. Based on this ADMH Certification Assessment, this setting is found to be:

\_\_\_\_\_ Compliant – recommended for continued certification

\_\_\_\_\_ Non-compliant – recommended for decertification

Initials	Printed Name	ADMH Staff Signature	Date



### 1. People are safe

- What kinds of safety risks are you concerned about? In your home? In your community?
- Do you feel safe at home? At work?
- Is there any place you don't feel safe?
- What would you do if there were an emergency (fire, illness, injury, severe weather)?
- Do you have safety equipment at home (smoke alarm, fire extinguisher, a way to see who is at the door before you open it)?
- Do you have safety equipment at work (protective eye and ear wear, safety devices on machinery)? Is this equipment maintained in good working order?
- Do you feel safe in your neighborhood?
- How do you react if a stranger approaches you?
- Are your living and working environments clean and free of health risks?

### 2. People are free from abuse and neglect

- Do you have any complaints about how you are treated by anyone?
- Have you been hurt by anyone?
- Has anyone taken advantage of you?
- Does anyone yell or curse at you? If so, who do you tell?
- What was done to address your concerns?
- Who would you tell if someone hurt you or did something to you that you didn't like?
- Do you know what abuse is? Do you know what neglect is?
- Do you know what exploitation is? Do you know what mistreatment is?
- Have you been abused? Have you been neglected? Have you been a victim of exploitation or mistreatment?
- Where are the safe places, people, or other resources that you can get in touch with if you have been abused, mistreated, or feel threatened?

### 3. People have the best possible health

- Do you feel healthy? If no, what bothers you?
- What do you do to stay healthy?
- What health concerns (physical and mental) do you have?
- Do you discuss your health concerns with anyone? How are your questions or concerns addressed?
- Are you seeing a doctor, dentist, and other health care professionals?
- Do you receive regular exams? What kind?
- Do you take any medication? If so, what is it and how does it help?
- What advice has your health care professional given you? Are you following it?
- If yes, is it working? If no, what do you think the problem is?
- If you think the medications, treatments, or interventions are not working, what is being done?



#### 4. People experience continuity and security

- How long have your support staff worked with you?
- Do you have the consistency you need in the staff who work with you?
- What would cause you to make changes in your current situation?
- Is there anything you do not want to change?
- What is your source of income?
- Do you have enough money to pay expenses (food, rent, clothing, health care, insurance, transportation, leisure activities)?
- How do you protect your personal property and other resources?
- Are there things you have to do without? If so, what are they and why can't you have them?
- Is your financial situation acceptable? If yes, why? If no, what do you want to change?
- Have you experienced any changes?
- How do you feel about these changes?

#### 5. People exercise rights

- What do you know about your rights as a citizen?
- Do you have access to information about your rights as a citizen? As an employee? As a person receiving services?
- What rights are most important to you?
- Are you able to exercise your rights without difficulty?
- What information or support do you need to help you to exercise your rights?
- With whom can you talk about your questions or concerns regarding rights?

#### 6. People are treated fairly

- Have there been times when you thought you were treated unfairly or that your rights were violated?
- With whom can you talk when you have concerns about your rights or how you are treated?
- Are any of your rights formally limited?
- If yes, did you agree to the limitation?
- What is being done to change the situation?
- What assistance are you getting so that you can exercise this right in the future?

#### 7. People are respected

- How do staff treat you?
- How do people talk to and about you?
- Do people call you by your preferred name?
- How do you know if your opinions are valued and respected?
- What do you think about the things you do at home, school, work? Are they interesting? Boring?
- What do you think about the activities that you do? Are you learning or gaining things from these activities? Do they make you feel important? Is it a good use of your time?
- Do people listen to your comments and concerns?
- Do you think people treat you as important?

**8. People use their environments**

- Is there something you wish you could do, but can't?
- Is there anything you can't do or use because you don't have the proper equipment or modifications (use the kitchen, bathroom or telephone; perform job duties; take care of personal needs)?
- Do you know how to use appliances and equipment (microwave, stove, telephone, washer, dryer)?
- Are there things that you are prevented from doing due to rules, practices, regulations, or staff behavior?
- Are there locked areas? If so, do you have a key?
- Is there anything that would make it easier for you to get around your home, school, place of work, or community?
- Is transportation available when you want to go somewhere?
- Do you decide how to furnish and decorate your home/room?

**9. People live in integrated environments**

- Where do you live and work?
- Do other people receiving services live and work with or near you?
- Where do you go to have fun?
- Are these places where other people living in your community would go?
- Do you spend time in other places used by people in your community?
- How did you select these places?

**10. People interact with other members of the community**

- Who do you know in your community?
- With whom do you like to spend time? With whom do you spend most of your time?
- When you go places, whom do you meet? Talk with?
- What kinds of interactions do you have with people (order food in restaurants; pay for purchases; talk with people at church, synagogue or other places of worship; visit with neighbors)?
- If you work, what kinds of social contacts do you have there (lunches, breaks, parties after work)?
- What barriers do you face? With whom do you talk about this?

**11. People participate in the life of the community**

- What kinds of things do you do in the community (shopping, banking, church, synagogue, mosque, school, hair care)? How often?
- What kinds of recreational or fun things do you do in your community (movies, sports, restaurants, special events)? How often?
- How do you know what there is to do?
- Who decides where and with whom you go?
- Is there anything you would like to do in your community that you don't do now?
- What do you need to make this happen?
- What supports do you need to participate as often as you'd like in community activities?

**12. People are connected to natural support networks**

- Who are the people in your life that you can count on?
- Who do you want to talk to or be with when you go through tough times?
- Who do you want to share your successes with? How do you maintain contact with these people?
- Have you lost contact with family members or others?
- Is the contact you have enough for you? If not, what is the reason?
- What type or frequency of contact would you prefer?
- What do you think could be done to change the situation?
- Where do you get emotional strength?

**13. People have friends**

- How do you define friendship? Who are your friends?
- With whom do you like to spend time?
- What do you like to do with friends?
- How often do you see your friends?
- Do you spend enough time with them?
- Besides seeing your friends, what other kinds of things do you do to stay in contact?
- Do you have enough friends? Would you like more?

**14. People have intimate relationships**

- Who are you closest to?
- Is there someone with whom you share your personal thoughts or feelings?
- Whom do you trust to talk with about private concerns and feelings?
- Who is there for you when you need to talk?
- With whom do you share your good and bad feelings?
- Is this enough for you?

**15. People decide when to share personal information**

- Do you know if there is a record (journal, file, book, electronic file) that has information about you?
- What is in that record? Have you looked at it? Has anyone told you what information is in it?
- How do you know if anyone reads, hears, or receives information about you?
- How do you decide who reads or gets information about you?
- Is there information about you posted where others can read it?
- Has anyone talked with you about confidentiality?
- Is there any personal information about you that you do not want shared with others?

**16. People perform different social roles**

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

**17. People choose where and with whom they live**

- How did you choose where to live?
- What options did you have to choose from?
- How did you decide who would live with you?
- What do you like about your living situation?
- What would you like to be different?

**18. People choose where they work**

- What do you do for work or your career?
- What options did you have?
- Who chose what you do?
- Can you do something different if you want to?
- How did others help you with this?
- Are you satisfied with the decision either you or others made?
- If not, what would you like instead?

**19. People choose services**

- What services are you receiving?
- When, where, and from whom do you receive the services?
- Who decided what services you would receive?
- If you did not decide, what was the reason?
- How did you decide who would provide the service?
- Are these the services you want?
- Do you have enough services? Are they meeting your needs and expectations?
- Can you change services or providers if you so choose?

**20. People choose personal goals**

- How do you want your life to be in the future?
- What is important to you to accomplish or learn?
- Whom do you talk with about your future?
- What are your hopes and dreams for yourself?
- What assistance (if any) do you need to make these things happen?

**21. People realize personal goals**

- What have you done that you feel good about?
- What have you accomplished over the past few (one or two) years that has made you feel good about yourself?
- What accomplishments have pleased you most?
- Sometimes things happen that make life better. Has that happened to you?
- If you did not accomplish something important to you, what got in your way?
- What assistance or support do you think you need?

## 1. People are safe

### Questions about this outcome for the person

- Does the person know what to do in emergencies?
- If the person doesn't know, what do you do to ensure safety?
- Does the person need any special equipment in order to respond to emergencies?
- If so, does the person have these things?

### Questions about individualized supports

- How do you know that the person is safe (at home, work, school, neighborhood, and in vehicles)?
- How do you learn about safety issues that concern the person?
- What do you do to ensure that places where the person spends time are safe?
- Are there any barriers to the person's safety?
- How do you assist the person to overcome barriers to this outcome?
- What organizational practices, values, and activities support this outcome for the person?

## 2. People are free from abuse and neglect

### Questions about this outcome for the person

- Has the person ever indicated or reported concerns about how he or she was treated by others?
- If so, to whom were those complaints reported?
- What was done about the complaints?
- If allegations were substantiated, what action was taken?
- What is the area of greatest risk for the person?
- If the person cannot verbalize concerns, what do you do to determine whether or not abuse or neglect has occurred?
- What is done to inform people about abuse and neglect and what to do if it occurs?

### Questions about individualized supports

- Does the person understand abuse, neglect, mistreatment, and exploitation? If yes, how do you know that?
- What has been done to inform the person?
- What activities/practices are in place for the person to prevent abuse and neglect, including any mistreatment or exploitation?
- How do you assist the person to overcome barriers to this outcome?
- What organizational practices, values, and activities support this outcome for the person?

### 3. People have the best possible health

#### Questions about this outcome for the person

- How has the person defined best possible health?
- What preventive health care measures are in place for the person?
- How is the person involved in his or her own health care?
- Is the person following the health care professional's recommendations? If no, why do you think that is?
- Do you think the person feels health interventions are working?
- If not, what is being done about it?

#### Questions about individualized supports

- How have you explored health issues with the person?
- What supports does the person need to achieve or maintain best possible health?
- Who provides the support?
- How was this decided?
- How do you assist the person to overcome barriers to this outcome?
- What organizational practices, values, and activities support this outcome for the person?

### 4. People experience continuity and security

#### Questions about this outcome for the person

- What does the person consider to be important issues that would affect his or her continuity and security?
- Does the person feel secure in his or her living and working situations?
- Does the person feel secure financially?
- What has the person told you is important for continuity and security?
- If the person has indicated concerns, what are they and what was done about them?

#### Questions about individualized supports

- How are changes handled and planned for?
- How is the importance of staff continuity defined for the person and addressed through the support process?
- How is the sufficiency of the person's economic resources determined?
- What supports are provided if they are insufficient?
- How is the person assisted to obtain additional resources?
- How does the organization ensure that the person has protections for his or her personal resources?
- How do you assist the person to overcome barriers to this outcome?
- What organizational practices, values, and activities support this outcome for the person?

### 5. People exercise rights

#### Questions about this outcome for the person

- What rights are important to the person?
- How do you know that?
- What rights does the person exercise most?

#### Questions about individualized supports

- How is the person supported to learn about his or her rights?
- Does the person need support to exercise rights?
- If so, what are the supports and who provides them?
- Are there any barriers that affect the outcome for the person?
- How do you assist the person to overcome barriers to this outcome?
- What organizational practices, values, and activities support this outcome for the person?

## 6. People are treated fairly

### Questions about this outcome for the person

- Has the person shared any concerns about his or her treatment or violation of rights?
- What recourse does the person have when he or she has concerns?
- Have any rights limitations been imposed on this person?
- What is the reason for the limitation (Individual need; Staff practices; Organizational policy)?
- Who consented to the limitation?

### Questions about individualized supports

- Does the person have rights limitations?
- What is the reason for the limitation?
- How was it decided that the limitation was necessary?
- Who consented to the limitation?
- Who reviewed the limitation? What is the plan to remove the limitation (Training; Support; Change in policy or practice)?
- How long will the limitation be in place?
- What are the barriers that affect the outcome for the person?
- How do you assist the person to overcome barriers to this outcome?
- What organizational practices, values and activities support this outcome for the person?

## 7. People are respected

### Questions about this outcome for the person

- What is important to the person with regard to respect?
- What has been done to personalize the activities or interventions for the person?
- What benefits will these activities or interventions provide for this person?
- Is the person involved in all decisions affecting his or her life?

### Questions about individualized supports

- How do you know if the person feels respected?
- How is respect considered in decisions regarding supports, services and activities?
- Are there any barriers that affect the outcome for the person?
- How do you assist the person to overcome barriers to this outcome?
- What organizational practices, values, and activities support this outcome for the person?

## 8. People use their environments

### Questions about this outcome for the person

- Is there anything the person has difficulty doing or cannot do because of the lack of modifications or adaptations?
- What assistance do you provide to the person when modifications or adaptations are needed?
- What resources are available within the organization and the community when modifications and adaptations are needed?
- Is transportation available to help the person access places and activities?
- How has the person been supported to furnish or decorate their home/room?

### Questions about individualized supports

- How do you determine the extent to which the person can use his or her environments?
- How do you determine if adaptations or assistive technologies are needed?
- What adaptations or modifications have been made for the person?
- How do you support the person in decorating and furnishing their home/room?
- Are there rules, practices, or staff behaviors that interfere with the person using his or her environments?
- How are barriers to this outcome being addressed through supports for the person?
- What organizational practices, values, and activities support this outcome for the person?

**9. People live in integrated environments****Questions about this outcome for the person**

- Does the person live in typical community housing?
- Does the person work in a building in which people from their community work?
- Do leisure activities take place in settings used by people from their community?
- Do sports and work teams consist of a diverse group of people from their community?

**Questions about individualized supports**

- How have you determined what integration means to and for the person?
- How do services, supports and activities promote and encourage integration?
- What supports are provided to increase efforts toward physical integration in public education programs, work, social activities and/or leisure activities?
- Are there any barriers that affect the outcome for the person?
- How do you assist the person to overcome barriers to this outcome?
- What organizational practices, values, and activities support this outcome for the person?

**10. People interact with other members of the community****Questions about this outcome for the person**

- What opportunities does the person have to interact with others?
- Do you know if the person's current situation is satisfactory to him or her?
- Is there anything the person needs to support current relationships or develop new ones?
- What is the person's preference for interaction?

**Questions about individualized supports**

- How do you support the person to have opportunities to meet and interact with others?
- How do you determine the person's preferences for interactions?
- How do you know if the type and frequency of interactions are satisfactory to the person?
- Are there any barriers that affect the outcome for the person?
- How do you assist the person to overcome barriers to this outcome?
- What organizational practices, values, and activities support this and encourage the person to interact with others?

**11. People participate in the life of the community****Questions about this outcome for the person**

- Do you know what the person would like to do in his or her community?
- Is the person encouraged and assisted to use a broad variety of community resources?
- Is training provided if the person needs it?
- Is support provided if the person needs it?

**Questions about individualized supports**

- How is the person informed of options available in his or her community?
- How do you learn about what the person prefers to do?
- How do you learn about how often the person likes to be involved in community activities?
- What supports does the person need to participate in community activities? How are those provided?
- Are there any barriers that affect the outcome for the person?
- How do you assist the person to overcome barriers to this outcome?
- What organizational practices, values, and activities support this outcome for the person?



## 12. People are connected to natural support networks

### Questions about this outcome for the person

- Do you know who is part of the person's natural support network?
- Do you know if the person is satisfied with his or her contact with these people?
- What assistance is provided to maintain the person's contact with his or her family and others who provide emotional support?

### Questions about individualized supports

- How do you learn about the person's support network?
- What do you do to support contact?
- If there is no contact, what is done to assist the person to re-establish contact if desired?
- If contact is with parents only, what do you do to expand the network to extended family?
- What do you do if the extent and frequency of contact is unsatisfactory to the person?
- Are there any barriers that prevent the person from remaining connected with the people he or she identifies as part of their support network?
- How do you assist the person to overcome barriers to this outcome?
- What organizational practices, values, and activities support this outcome for the person?

## 13. People have friends

### Questions about this outcome for the person

- With whom does the person choose to spend time?
- Who are the person's friends? How do you know?
- What contact does the person have with his or her friends?
- Are the interactions and contacts the person has with friends similar to typical friendships that you or people you know have? Are they voluntary, mutual, and interactive?

### Questions about individualized supports

- How do you determine the importance of friendship to the person?
- How do you know if the person needs support to develop or maintain friendships?
- How do you determine satisfaction with the extent and frequency of contact?
- Are there any barriers that affect the outcome for the person?
- How do you assist the person to overcome barriers to this outcome?
- What organizational practices, values, and activities support this outcome for the person?

## 14. People have intimate relationships

### Questions about this outcome for the person

- Do you know how the person defines intimacy?
- What is that definition?
- Do you know if the person has the type and degree of intimacy desired?
- How do you support the person's choices for intimate relationships?

### Questions about individualized supports

- How do you learn about the person's desires for intimacy?
- How do you know if the person needs support to develop or maintain intimate relationships?
- If the person needs support, what has been arranged?
- Are there any barriers that affect the outcome for the person?
- How do you assist the person to overcome barriers to forming intimate relationships with others?
- What organizational practices, values, and activities support this outcome for the person?

**15. People decide when to share personal information****Questions about this outcome for the person**

- Does the person know that information about him or her is kept on file?
- Who has access to information about the person?
- Has information about the person been shared with others? With whom? For what purpose?
- Does the person know what specific information is shared with others?
- Do you know if there is specific information the person does not want shared with others?

**Questions about individualized supports**

- How is the person informed about what is in his or her record?
- Who consents to the sharing of information about the person?
- How is the person protected from violations of confidentiality, both within and outside the organization?
- Are there any barriers that affect the outcome for the person?
- How are barriers to this outcome addressed?
- What organizational practices, values, and activities support this outcome for the person?

**16. People perform different social roles****Questions about this outcome for the person**

- What social roles do you think the person performs?
- Why do you think these are social roles for the person?
- What roles do you see the person having the potential or interest to perform?
- If the person stopped participating, would he or she be missed?

**Questions about individualized supports**

- How have the person's interests been identified?
- How do you know what social roles the person would like to perform?
- What opportunities have been provided?
- What supports does the person need to develop or maintain social roles?
- Have those supports been provided?
- Are there any barriers that affect the outcome for the person?
- How do you assist the person to overcome barriers to this outcome?
- What organizational practices, values, and activities support this outcome for the person?

**17. People choose where and with whom they live****Questions about this outcome for the person**

- Who decided where and with whom the person would live?
- What options and experiences did the person have in order to make choices?
- If the person did not choose, why not?

**Questions about individualized supports**

- How do you learn about the person's preferences for type of living situation?
- How do you present options to the person so he or she can make informed choices?
- Is the person living where and with whom he or she wishes? If not, what is the barrier?
- What are you doing to overcome this barrier?
- What organizational practices, values, and activities support the person to maintain or achieve this outcome?

**18. People choose where they work****Questions about this outcome for the person**

- How was it decided where the person would work?
- What options/experiences did the person have?
- Who made the decision about where the person works? If it wasn't the person, why not?
- Is the current work situation satisfactory to the person? If not, what is being done?
- How are the person's concerns addressed if there is not a good match?
- How does the person's current job relate to his or her preferences, skills, and interests?

**Questions about individualized supports**

- How do you learn about the person's preferences for work?
- How do you present options to the person so he or she can make informed choices?
- Is the person working where he or she wishes? If not, what is the barrier?
- What are you doing to overcome the barrier?
- How do you learn about the person's job satisfaction?
- What organizational practices, values, and activities support the person to maintain or achieve this outcome?

**19. People choose services****Questions about this outcome for the person**

- What services does the person use?
- What services were identified as beneficial by the person?
- What options for services were presented to the person?

**Questions about individualized supports**

- How do you determine the services desired by the person?
- How were options for services and providers presented to the person?
- How were the person's preferences considered when presenting options?
- If the person has limited ability to make decisions or limited experience in decision-making, what do you do?
- How do you assist the person to overcome barriers to this outcome?
- What organizational practices, values, and activities support this outcome for the person?

**20. People choose personal goals****Questions about this outcome for the person**

- What are the person's goals?
- What leads you to think that?
- How is the person working toward the attainment of personal goals?

**Questions about individualized supports**

- How have you explored hopes, dreams, and desires for the future with the person?
- What are you doing to support the person?
- Why did you select this action?
- How do you learn if the supports/activities are effective?
- How do you assist the person to overcome barriers to this outcome?
- What organizational practices, values, and activities support this outcome for the person?

**21. People realize personal goals****Questions about this outcome for the person**

- What personal goals has the person achieved?
- If any were not achieved, what is the reason?

**Questions about individualized supports**

- How do you know if the person accomplished something personally significant?
- What did you do to assist the person to experience personal success?
- What barriers to goal attainment does the person face?
- How do you assist the person to overcome barriers to this outcome?
- What organizational practices, values, and activities support this outcome for the person?



# Personal Outcome Measures®

## INFORMATION-GATHERING NOTES



Person Interviewed: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Interview Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Follow-Up/Support Person Interviewed: \_\_\_\_\_ Interview Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Interviewer: \_\_\_\_\_ Observers: \_\_\_\_\_



★ Type and Scope required to be present

MY HUMAN SECURITY		
INDICATOR	INTERVIEWER'S NOTES	PRESENT? (Y/N)
<b>1 People are safe</b>  Live, work and pursue leisure Know how to respond Safety concerns addressed  Identified safety issues Provided supports to address concerns	<b>Outcome</b>	
	<b>Support</b>	
<b>2 People are free from A &amp; N</b>  understand meaning any allegations evidence of mistreatment Personal distress  Know person's concerns Information, education Provide support concerns and/or provide supports at risk Allegations reported and investigated	<b>Outcome</b>	
	<b>Support</b>	
<b>3 People have the best possible health</b>  see professionals address concerns interventions selected by the person interventions effective equipment good repair health care for sex, age, risks  know person's definition supports provided to promote/maintain support for regular services respond to changing needs supported to be aware of medical issues person supported to self-manage	<b>Outcome</b> (physical, dental, vision, hearing, Pap, mammogram, PSA, screening colorectal cancer, other)	
	<b>Support</b>	

# MY HUMAN SECURITY

INDICATOR	INTERVIEWER'S NOTES	PRESENT? (Y/N)
<p><b>4 People experience continuity and security</b></p> <p>economic resource for needs            protections for belongings (health POA, financial POA, will, homeowner/renter insurance, savings, retirement, burial plan)            changes over past 2 years            Changes anticipated            Control over changes</p> <p>Know what is required or efforts            Supports provided</p>	<p><b>Outcome</b> (residence, roommate, finances, employment, daytime, provider, relationship, guardian, natural supports, direct staff, financial situation, other)</p> <p><b>Support</b></p>	
<p><b>5 People exercise rights</b></p> <p>Rights not exercised            Who limits            Adequate due process</p> <p>Preferences solicited            Important rights identified or efforts made            Support to exercise rights</p>	<p><b>Outcome</b> (personal possessions, fair wages, voice opinion, vote, religion, privacy, free of coercion/restraint, access money, personal decision-making, move in community, file complaint, access food, visitors any time)</p> <p><b>Support</b></p>	
<p><b>6 People are treated fairly</b></p> <p>fair treatment or rights limitations            Adequate due process            Issue addressed to person's satisfaction</p> <p>Solicited information            Procedures for adequate due process            Procedures consistent with due process principles            Respond to address concerns about fair treatment or complaints</p>	<p><b>Outcome</b></p> <p><b>Support</b></p>	
<p><b>7 People are respected</b></p> <p>Treated w/respect by—            Interactions reflect concern for opinions, feelings, preferences            Participate in challenging and interesting things</p> <p>Know what is important            Interaction respectful            Supports enhance self-image</p> <p>NOTE: Make this decision last</p>	<p><b>Outcome</b> (family, residential, roommates, employment support, day staff, co-workers, medical, adult education staff, classmates, business, therapist, neighbors)</p> <p><b>Support</b></p>	

# MY COMMUNITY

INDICATOR	INTERVIEWER'S NOTES	PRESENT? (Y/N)
<p><b>8 People use their environments</b></p> <p>Maximum access—home, work, community            What limits? Lack of staff, training, equipment, environmental mods, transportation, rules/practices            Use environments s/he frequents</p> <p>Know if the person can access            Assessed person's interest and ability            Modifications made</p>	<p><b>Outcome</b></p> <hr/> <p><b>Support</b></p>	
<p><b>9 People live in integrated environments</b></p> <p>Use same environments as others            If not, informed choices?</p> <p>Know what integration means            Services provide opportunities for integration</p>	<p><b>Outcome</b></p> <hr/> <p><b>Support</b></p>	
<p><b>10 People interact with other members of the community</b></p> <p>Direct interaction             Type &amp; Frequency            If no, informed choice</p> <p>Assessed type and Frequency            Know person's preference            Provide support</p>	<p><b>Outcome</b></p> <hr/> <p><b>Support</b></p>	
<p><b>11 People participate in the life of the community</b></p> <p>How does the person participate             Type &amp; Frequency            If no, informed choice</p> <p>Know what person wants to do or efforts            Know how often or are they learning about preferences            Access to information            Support</p>	<p><b>Outcome</b></p> <hr/> <p><b>Support</b></p>	

# MY RELATIONSHIPS

INDICATOR	INTERVIEWER'S NOTES	PRESENT? (Y/N)
<p><b>12 People are connected to natural support networks</b>            Have nat. supp. net (if not, informed choice) ★            Enough contract-type and frequency</p> <p>Identified network            Know status            Provide support            Promote opportunities to develop</p>	<p><b>Outcome</b></p> <p><b>Support</b></p>	
<p><b>13 People have friends</b> ★</p> <p>Have friends            Satisfied number            Satisfied contact</p> <p>Know preferences and needs            Supports to develop, maintain, enhance</p>	<p><b>Outcome</b></p> <p><b>Support</b></p>	
<p><b>14 People have intimate relationships</b> ★</p> <p>Have intimate relationships            Satisfied type and scope</p> <p>Know preferences            Assist to explore and evaluate experiences            Support pursue, form, maintain            Address barriers</p>	<p><b>Outcome</b></p> <p><b>Support</b></p>	
<p><b>15 People decide when to share personal information</b></p> <p>Person knows info provider has            What info want to protect? (personal (name, address, birthdate, race.); services; behavior issues, relationships, financial, legal/criminal; ANE; other            Desires respected            Info shared only w/consent</p> <p>Know preferences for confidentiality            Obtain consent            Procedures to respect wishes</p>	<p><b>Outcome</b></p> <p><b>Support</b></p>	
<p><b>16 People perform different social roles</b> ★</p> <p>Have            Fill a variety of roles            If no, informed choice            Satisfied with type</p> <p>Know roles person fills            Assessed interests in additional roles or expanding            Assist with performing</p>	<p><b>Outcome</b></p> <p><b>Support</b></p>	



# MY CHOICES

INDICATOR	INTERVIEWER'S NOTES	PRESENT? (Y/N)
<p><b>17 People choose where and with whom to live</b> Options about where and with whom Generic and private room/home Decide where to live Select with whom</p> <p>Know where and with whom the person wants to live Support to explore all options Provide options for generic or private room/home Acknowledge preferences, address barriers Preferences and characteristics considered when selecting</p>	<b>Outcome</b>	
	<b>Support</b>	
<p><b>18 People choose where they work</b> Opportunities to experience options Generic Does the person decide where to work or what to do</p> <p>Know interests Provide with varied experiences Generic (non-disability specific) Respond to desires for work Support to address barriers</p>	<b>Outcome</b>	
	<b>Support</b>	
<p><b>19 People choose services</b> Select services and supports Services focus on goals Choices about service providers Choices about direct support professionals</p> <p>Actively solicit preferences for services, providers, direct support staff Provide options Honor choices</p>	<b>Outcome</b> (residential/in-home, employment/day, health, case management, other)	
	<b>Support</b>	



## 5.5. Monitoring of Waiver Services

**Responsible Office:** Regional Community Services

**Reference:** ADMH Administrative Code 580-3-23-.13 through 580-3-23-.15

**Statement:** Regional Community Services (RCS) staff in each Fiscal Region observe and assess provision of Waiver services (Residential, Day and Supports) twice annually.

**Purpose/Intent:** Waiver services (Residential, Day and Supports) are monitored twice annually to ensure they are administered according to CMS and ADMH standards.

**Scope:** Regional Community Services; Director of Community Program

**Definitions:** CMS (Centers for Medicare and Medicaid Standards); RCS (Regional Community Services); CSD (Community Services Director); POA (Plan of Action); DDD (Division of Developmental Disabilities)

**Procedures:**

1. The Regional Monitor monitors every certified DMH/DD setting twice annually, once each during periods April 1 – September 30 and October 1 – March 31.
2. The Regional Monitor arrives to the setting unannounced, if possible. In the event two unannounced visits are attempted at disparate times, but no one is available at the setting, the Regional Monitor may contact the Provider directly to arrange a time when Waiver-served individuals and Provider staff members will be present.
3. The Regional Monitor uses the corresponding Monitoring Tool (e.g., Residential, Day, or Supports) to complete the monitoring assignment, comprehensively addressing each item included and verifying with direct observation of substantiating documentation, interviews, and/or visual inspection, as appropriate.
4. In the event the monitoring visit yields findings that indicate immediate risks to health, safety or security, the Regional Monitor will immediately notify the Community Services Director (CSD) for determination of a safe and appropriate time frame for addressing the emergent finding(s) (e.g., 24 hours, immediately, etc.). It may be that the individuals served at the setting should be temporarily relocated while the emergent findings are rectified. The Regional Monitor will then notify the Provider director/supervisor of the time frame for addressing the emergent findings and whether the individuals served at the setting must be relocated until they are addressed.
5. The Regional Monitor completes the monitoring report and transmits to the Provider via email within ten (10) business days, delineating those findings requiring follow-up. The CSD/designee is to be copied on this email.
6. If the Provider receives a monitoring report that requires follow-up response(s), the Provider must address those findings and respond directly to the Regional Monitor within ten (10) business days with evidence of resolution for each.
  - a. Note that any emergent findings that were resolved during or before that 10-day period must be reflected in the Provider's response as resolved.
  - b. If there are findings that require more than 10 business days to resolve, the Provider is required to submit to RCS within the allotted 10 business days a Plan of Action (POA) for those findings, to include method and specific time frame of resolution.
7. If there are no findings requiring follow-up, or when all findings are fully and satisfactorily addressed, the Regional Monitor provides the closed monitoring report and, as applicable, substantiating documentation/evidence to the CSD/designee for review and notation of completion.

8. If the Provider does not satisfactorily address all findings within the allotted 10 business days, or if the POA submitted for any outstanding items is inadequate, inappropriate, or not satisfactorily resolved within the Provider's specified time frame(s), the Regional Monitor transmits a single prompt to the Provider on the eleventh business day after they were notified of the findings, with detailed explanation(s) and requesting final resolution. The CSD/designee is to be copied on this email.
  - a. If the Provider does not respond to this prompt within five (5) business days, the Regional Monitor will notify the CSD and designee (if applicable) on the sixth business day.
  - b. The CSD will meet with the designee (if applicable) and the Regional Monitor to review the unresolved findings and to identify appropriate topics of Technical Assistance for the Provider.
  - c. The Regional Office will require the Provider to participate in the assigned Technical Assistance and then resolve the outstanding findings/provide substantiating evidence within 30 days.
  - d. If the Provider does not satisfactorily resolve all findings following provision of Technical Assistance, the provider's initial Monitoring Report and POA (if applicable) will be reviewed by the CSD for recommendation of a "For Cause Review" by DMH certification.
9. If a "For Cause Review" is warranted by DDD Certification, the provider will be placed on Provisional status. At this time, the provider will be required to follow the procedures specified in ADMH Administrative Code 580-3-23-.13 through 580-3-23-.15.
10. For accountability purposes, the CSD/designee maintains a database of expected and actual Provider response/POA receipt dates.

**HCBS**

**SETTINGS**

**COMPLIANCE**

**CHECKLISTS**

July, 2022

## HCBS SETTINGS COMPLIANCE CHECKLIST INSTRUCTIONS

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This set of Checklists have been designed as tools to assist settings to document their level of compliance with the specific requirements of the Home and Community-Based Settings (HCBS) Rule **that must be in place by March 17, 2023:**

- Privacy, dignity, respect, and freedom from coercion and restraint
- Control of personal resources
- A lease or other legally enforceable agreement providing similar protections
- Privacy in their unit, including lockable doors, and freedom to furnish or decorate the unit
- Access to food at any time
- Access to visitors at any time
- Physical accessibility
- For any modifications to the relevant regulatory criteria, there must be person-centered service plan documentation.

Each of the twelve Checklists addresses one or more of these requirements. Each is also accompanied by a guidance document with several sections:

- *What This Looks Like in Practice* is intended to help providers consider some of the factors that would demonstrate compliance, including both “dos and don’ts” to think about.
- *ADMH-DDD Guidance* includes links to related rules, guidelines and tools the agency has developed and that will add to the provider’s understanding of HCBS compliance expectations.
- *Source Documents/Other Tips, Tools and Ideas* provide links to other good resources from CMS and other states that can perhaps help providers problem-solve and brainstorm about strategies to ensure compliance.

### HCBS Compliance Checklist Instructions

- There are sections of the Checklists designated for providers and sections for ADMH- DDD staff. They each include documentation to review and interviews and observations to make. The strongest evidence of compliance results when all three types of activities are completed.
- **Complete all portions of the checklist and note those sections where external reviews will be performed.** Providers will note the date each portion of the review was completed, name of the reviewer, date of review, names and dates of applicable documents, names and dates of trainings, names of those interviewed and dates of interviews.
- Contact your Regional Office if you have any questions about how to complete the provider sections.
- When ADMH-DDD staff arrive to complete any monitoring or certification activities, they will request to see the completed Checklists. Because both monitoring and certification activities address each of these mandatory requirements, the completed Checklists should help facilitate the ease and speed with which ADMH-DDD staff can confirm compliance.
- It’s possible that, in completing the Checklist, you might realize you don’t yet have all the evidence you need to demonstrate compliance. One of the benefits of these tools is to help you identify where you might need to strengthen your compliance strategies. If you find that to be the case, you can use the guidance documents to help. You can also contact your Regional Office to get technical assistance related to your specific concern.

## HCBS Requirement: Lockable Doors and Keys

In a provider-owned or controlled residential setting, each individual must have privacy in their sleeping or living unit with entrance doors lockable by the individual. Only appropriate staff may have keys to the door.

### What This Looks Like in Practice

- People who live in the home can come and go even if the front door is locked (e.g., ring a bell, have their own key or request a key prior to leaving).
- Locks are standard on all bedroom unit doors, and people who live in the home can choose whether to use them.
- People have control over their privacy and the option to lock their bedroom or unit door from the inside and outside.
- People have their own key/fob to their bedroom or unit.
- When asked, people know they have a right to lock their own doors and have keys.
- If there are circumstances that prevent people from having a locked bedroom/unit door, or carrying their own keys, these are discussed during the person-centered planning process and described and documented in the person-centered plan.
  - ✓ The person-centered plan documents discussion of practical and creative strategies that can help people have access to privacy, including lockable doors and their own keys, despite the apparent circumstances. (For example, if the person loses the key repeatedly, the team strategizes ways to make it more secure.)
  - ✓ If this is not possible, the person-centered plan documents discussion of practical and creative strategies to remedy the circumstances causing any restriction of this right, and those plans are implemented.
  - ✓ A Human Rights Committee reviews any restrictions when they are proposed, including the plan to remedy it and the projected timelines, and reviews the plan regularly to make sure it remains appropriate and progress is being made.
- Staff can state the rights of people to have privacy, including lockable doors and their own keys.
- The staff person(s) allowed to have keys/fob to a person's room is determined by the person and the provider and should be documented in the person-centered plan.
- Staff and others respect the person's privacy by knocking and receiving permission before entering a person's room.
- Staff only access a person's bedroom or unit without permission to address health and safety concerns. Staff are trained on a safety plan for use in an emergency situation if a person's bedroom or bathroom door is locked.
- People are offered their own bedroom, when available.

### ADMH-DDD Guidance and Tools

Provider Operational Guidelines Manual (02/03/22): Section 6.3.b

### Source Documents/Other Tips, Tools and Ideas:

1. [https://mn.gov/dhs/assets/102517-hcbs-best-practices-guide\\_tcm1053-318393.pdf](https://mn.gov/dhs/assets/102517-hcbs-best-practices-guide_tcm1053-318393.pdf)
2. <https://bhddh.ri.gov/sites/g/files/xkgbur411/files/documents/HCBS-Final-Rule---Guide-and-FAQ- Part-1-Jan2019.pdf>
3. [https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Maine-HCBS-Provider- Manual-2021\\_0.docx](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Maine-HCBS-Provider- Manual-2021_0.docx)
4. <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services- and-Supports/Home-and-Community-Based-Services/Downloads/Exploratory-questions-re- settings-characteristics.pdf>
5. <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and- supports/home-and-community-based-services/downloads/exploratory-questions-non- residential.pdf>
6. <https://www.dmas.virginia.gov/media/2846/residential-locks-roommates-decorate-2021.pdf>

## Checklist: Lockable Doors

### Policy, Procedures and Operational Guidelines

<ol style="list-style-type: none"> <li>1. Ensure that P&amp;P Manual contains the specific requirement that individuals will have locks on their sleeping or living unit to allow for privacy.</li> <li>2. Ensure the P&amp;P Manual describes the expectation that staff and others respect the person’s privacy by knocking and receiving permission before entering a person’s room.</li> <li>3. Ensure the P&amp;P Manual explains how to determine the appropriate staff who can have a key to an individual’s room and the circumstances under which they can use it.</li> <li>4. Ensure that P&amp;P Manual describes the specific procedure to obtain due process if a modification is required, in keeping with the description in the <i>Checklist for Person- Centered Plan Documentation of Modifications to HCBS Requirements</i> to include Human Rights Committee Review (HRC).</li> <li>5. Ensure that P&amp;P Manual requires provider staff are trained with regard to privacy requirements, including locks on sleeping or living unit doors and individuals’ right to lock door unless there is a formal restriction, completed in accordance with due process policy, in place.</li> <li>6. Ensure that operational (maintenance) guidelines include a procedure for ensuring that locks are present and in working order on at least a quarterly basis.</li> </ol>	<p>✓ Does the Manual contain the expectation for each policy?                  ✓ Does the Manual describe the provider’s specific procedures for ensuring each policy is implemented?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Check to confirm policy is complete</td> <td style="width: 20%;">Yes</td> <td style="width: 20%;">No</td> </tr> <tr> <td>1. Contains</td> <td></td> <td></td> </tr> <tr> <td>2. Describes</td> <td></td> <td></td> </tr> <tr> <td>3. Explains</td> <td></td> <td></td> </tr> <tr> <td>4. Describes</td> <td></td> <td></td> </tr> <tr> <td>5. Requires</td> <td></td> <td></td> </tr> <tr> <td>6. Ensures</td> <td></td> <td></td> </tr> </table>	Check to confirm policy is complete	Yes	No	1. Contains			2. Describes			3. Explains			4. Describes			5. Requires			6. Ensures		
Check to confirm policy is complete	Yes	No																				
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5. Requires																						
6. Ensures																						

<p><b>Ensure that provider staff have been trained to competency for this requirement.</b></p> <ol style="list-style-type: none"> <li>1. Is there training curriculum available for review?</li> <li>2. Does the training material accurately reflect the requirement and what it should look like in practice?</li> <li>3. Do the training rosters show that all staff have been trained in this requirement?</li> </ol>	Name of Training: Name of Trainer: Date of Training: Training Roster Available:
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Provider Confirmation		External Review for Heightened Scrutiny Review & Advocacy		
Name of Policy		<i>Type of Review</i>	<i>Name of Reviewer</i>	<i>Date</i>
Policy Page and/or Number		Certification		
Date Policy Completed/Approved		Monitoring		
Approved By		Advocacy		

**NOTE: External Reviews will include ‘Observation’ and ‘Interview’ questions below during Certification and Monitoring Visits**

Observations	Individual/Staff Name(s)	Date
All bedroom doors have working locks.		
Every individual has a key to their sleeping or living unit doors.		
Due Process Plans are available for review when bedroom doors do not have working locks and individuals do not have keys; the Due Process Plans are consistent with the Due Process policy for individuals who do not have keys.	List any individual who do not have a key and the date of HRC review:	



Interviews	Individual/Staff Name(s)	Date
<p>Ensure that every individual interviewed is aware of the right to lock sleeping or living unit doors for privacy. Examples of questions to ask:</p> <ul style="list-style-type: none"> <li>✓ Can you lock the door to your bedroom if you want to so that you can have privacy?</li> <li>✓ If any individual interviewed has an approved restriction consistent with the due process policy, ensure the individual has been informed of the restriction and the plan to remove it.</li> </ul>		
<p>Ensure that every individual interviewed has a key to their sleeping or living unit doors. Examples of questions to ask:</p> <ul style="list-style-type: none"> <li>✓ Do you have a key for your bedroom?</li> <li>✓ Do you keep it with you or have a special place for it?</li> <li>✓ If you don't have a key, why not? Has anyone offered to give you one?</li> </ul> <p>If any individual interviewed has an approved restriction consistent with the due process policy, ensure the individual has been informed of the restriction and the plan to remove it.</p>		
<p>Interview individuals about their ability to use their keys and locks effectively and any relevant supports and/or training in the person-centered plan. Examples of questions to ask:</p> <ul style="list-style-type: none"> <li>✓ Do you know how to use your key/lock?</li> <li>✓ If feasible and appropriate: Could you please show me how you use your key/lock?</li> </ul> <p>If any individual cannot effectively use their lock and/or key: Is someone helping you practice and learn how to use it, or does someone help you use it when needed?</p>		
<p>Interview staff to ensure they can describe an individual's right to lock the bedroom door for privacy and any approved restriction, including the plan in process to remove it, consistent with the due process policy.</p> <ul style="list-style-type: none"> <li>✓ If any individual supported has a plan in place to remove a modification, such as an individual training plan, provider staff should be able to describe the components of the plan that they are expected to implement</li> </ul>		
<p>Interview staff to ensure they can describe how they support individuals to use, or learn how to use, their lock and key.</p>		
<p>Interview staff to ensure that those who have key access to individuals' rooms can describe the circumstances under which they can use the key.</p>		
<p>Notes:</p>		

### HCBS Requirement: Enforceable Lease

For provider-owned or controlled settings, the unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.

For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.

#### What This Looks Like in Practice

- The lease or other legally enforceable residency agreement contains the HCBS-required resident rights and informs people receiving supports and providers of their responsibilities under the agreement, such as:
  - ✓ Amount and due date for rent or room/board
  - ✓ Person's responsibilities (i.e., maintaining his/her living space and not engaging in activities that disrupt or potentially cause harm to roommates)
  - ✓ Provider's responsibilities for property maintenance
  - ✓ Reasons the provider could initiate an involuntarily termination to the lease/agreement
  - ✓ Provider's timeframe for giving the person a notice of service termination and/or eviction
  - ✓ Person's appeal rights information
  - ✓ The timeframe the lease is in force
- The provider explains the terms of the lease/agreement in a format the person can easily understand.
- The provider might include information about lease/agreement rights in a program handbook, but, if so, the lease/agreement explicitly references that those rights are outlined in the handbook. There is also documentation showing the person received the handbook and had the opportunity to get any questions answered.
- The provider gives the person a fully signed copy of the lease/residency agreement and a place for safekeeping.
- The provider does not impose or accept any restriction to this right.
- The following should *never* occur:
  - ✓ A provider forces an individual to move out without due process, including adequate notice.
  - ✓ A provider discharges/evicts an individual for an issue that was not included or described in the admission agreement that was signed by the person or their legal representative.

#### ADMH-DDD Guidance and Tools:

Provider Operational Guidelines Manual (02/03/22): Section 6.3.b

#### Source Documents/Other Tips, Tools and Ideas

1. Alabama Uniform Residential Landlord and Tenant Act:  
[http://ali.state.al.us/legislation/landlord\\_tenant.pdf](http://ali.state.al.us/legislation/landlord_tenant.pdf)
2. [https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Maine-HCBS-Provider-Manual-2021\\_0.docx](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Maine-HCBS-Provider-Manual-2021_0.docx)
3. [https://mn.gov/dhs/assets/102517-hcbs-best-practices-guide\\_tcm1053-318393.pdf](https://mn.gov/dhs/assets/102517-hcbs-best-practices-guide_tcm1053-318393.pdf)
4. <https://bhddh.ri.gov/sites/g/files/xkgbur411/files/documents/HCBS-Final-Rule---Guide-and-FAQ- Part-1-Jan2019.pdf>
5. [https://dss.sd.gov/docs/medicaid/hcbs/01.25.17\\_PowerPoint.pdf](https://dss.sd.gov/docs/medicaid/hcbs/01.25.17_PowerPoint.pdf)
6. [https://www.dmas.virginia.gov/media/1228/occupancy\\_lease\\_agreement\\_terms.pdf](https://www.dmas.virginia.gov/media/1228/occupancy_lease_agreement_terms.pdf)

**Checklist: Legally Enforceable Agreement (Lease)**

**Policy, Procedures and Operational Guidelines**

1. Ensure that P&P Manual contains the specific requirement that individuals will have a legally enforceable lease that provides the same responsibilities and protections from eviction/discharge/transfer as other community members and as aligned with landlord-tenant law.
2. Ensure that the P&P Manual describes how and when the individual will be informed of the lease and lease requirements.
3. Ensure that P&P Manual describes the specific procedure to obtain due process if a modification is required, in keeping with the description in the *Checklist for Person-Centered Plan Documentation of Modifications to HCBS Requirements*.
4. Ensure that P&P Manual requires provider staff to be trained with regard to the lease and lease requirements.

- ✓ Does the Manual contain the expectation for each policy?
- ✓ Does the Manual describe the provider’s specific procedures for ensuring each policy is implemented?

Check to confirm the policy is complete	Yes	No
1. Contains		
2. Describes		
3. Describes		
4. Requires		

**Ensure that provider staff have been trained to competency for this requirement.**

1. Is there training curriculum available for review?
2. Does the training material accurately reflect the requirement and what it should look like in practice?
3. Do the training rosters show that all staff have been trained in this requirement?

Name of Training: \_\_\_\_\_

Name of Trainer: \_\_\_\_\_

Date of Training: \_\_\_\_\_

Training Roster Available: \_\_\_\_\_

**Provider Confirmation**

**External Review for Heightened Scrutiny Review & Advocacy**

Name of Policy:		<u>Reviewer</u>	<u>Name of Reviewer</u>	<u>Date</u>
Policy Page and/or Number		Certification		
Date Policy Completed/Approved		Monitoring		
Approved By:		Advocacy		

**NOTE: External Reviews will include ‘Observation’ and ‘Interview’ questions below during Certification and Monitoring Visits**

<b>Observations</b>	<b>Individual/Staff Name(s)</b>	<b>Date</b>
Observe that all individuals have a current and signed, legally enforceable lease agreement.		
List any individuals who do not have a lease available for review and that is consistent with the policies described above.		
List any individuals who have modifications that require due process consistent with policy.		
<b>Interviews</b>	<b>Individual/Staff Name(s)</b>	<b>Date</b>
Interview individuals, and/or guardians if applicable, to ensure they are aware of the right to and existence of the legally enforceable lease.		
Interview staff to ensure they are aware of an individual’s right to a legally enforceable		

lease agreement.		
Notes:		

## HCBS Requirement: Control of Personal Resources

The setting is integrated and supports full access to the greater community for people who receive HCBS services. This includes opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources and receive services in the community to the same degree of access as people who do not receive HCBS.

### What This Looks Like in Practice

- People have control over their personal funds and other personal resources as well as access to information about their income.
- People are offered financial literacy skills training, including how to use the personal resources they possess and how to protect those resources at home, work, and in the community.
- People have the opportunity to shop and make purchases consistent with their choices and available personal resources.
- The setting supports people to implement the decisions they make about how they want to spend their money (e.g., providing support and transportation to go to places they choose to spend their money, providing support for on-line and/or mail order purchases, etc.).
- People have a way to access their money when they choose, not just during a set timeframe or business office hours.
- The setting offers each person a separate place to keep their money, checkbook, ATM card (as applicable), and only the person (and necessary staff, if applicable) should have a key to this location. If a person does not have key, this modification must be justified and documented in the person-centered plan
- People choose their own banking and financial services.
- If designated as the Representative Payee, the provider ensures that commingling of funds does not occur.
- The provider does not require people to sign over their paycheck or another form of payment/income as a condition of receiving services (unless required by a state-funded program).

### ADMH-DDD Guidance and Tools:

ADMH DDD Provider Money Management Guidance

Operational Guideline: Money Management for Individuals Served

Provider Operational Guidelines Manual (02/03/22):

### Source Documents/Other Tips, Tools and Ideas

1. [https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Maine-HCBS-Provider-Manual-2021\\_0.docx](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Maine-HCBS-Provider-Manual-2021_0.docx)
2. [https://mn.gov/dhs/assets/102517-hcbs-best-practices-guide\\_tcm1053-318393.pdf](https://mn.gov/dhs/assets/102517-hcbs-best-practices-guide_tcm1053-318393.pdf)
3. [https://dss.sd.gov/docs/medicaid/hcbs/01.25.17\\_PowerPoint.pdf](https://dss.sd.gov/docs/medicaid/hcbs/01.25.17_PowerPoint.pdf)
4. <https://dds.dc.gov/publication/hcbs-training-control-personal-resources-strategies-and-tools>
5. <https://www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Downloads/Exploratory-questions-re-settings-characteristics.pdf>
6. <https://www.medicare.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/exploratory-questions-non-residential.pdf>

### Checklist: Control Over Personal Resources

#### Policy, Procedures and Operational Guidelines

1. Ensure that P&P Manual contains the specific requirement that individuals will have control over their personal resources, including personal funds, and that individuals have access to information about their resources.
2. Ensure the P&P Manual describes the expectation that individuals are able to shop and make purchases with their personal funds consistent with their personal choices.
3. Ensure the P&P Manual explains the process for designating a Representative Payee and how commingling of funds will be prevented.
4. Ensure that P&P Manual describes the specific procedure to obtain due process if a modification is required, in keeping with the description in the *Checklist for Person-Centered Plan Documentation of Modifications to HCBS Requirements*.
5. Ensure that P&P Manual requires provider staff are trained with regard to individuals' control over Personal Resources.

- ✓ Does the Manual contain the expectation for each policy?
- ✓ Does the Manual describe the provider's specific procedures for ensuring each policy is implemented?

Check to confirm policy is complete	Yes	No
1. Contains		
2. Describes		
3. Describes		
4. Describes		
5. Requires		

#### Ensure that provider staff have been trained to competency for this requirement.

1. Is there training curriculum available for review?
2. Does the training material accurately reflect the requirement and what it should look like in practice?
3. Do the training rosters show that all staff have been trained in this requirement?

Name of Training:  
 Name of Trainer:  
 Date of Training:  
 Training Roster Available:

#### Provider Confirmation

#### External Review for Heightened Scrutiny Review & Advocacy

Name of Policy:		<u>Type of Review</u>	<u>Name of Reviewer</u>	<u>Date</u>
Policy Page or Number		Certification		
Date Policy Completed/Approved:		Monitoring		
Approved By:		Advocacy		

**NOTE: External Reviews will include 'Observation' and 'Interview' questions below during Certification and Monitoring Visits**

Observations	Individual Name(s)	Date
Observe, as feasible, whether individuals have control over and access to their personal resources.		
If there is an approved provider-imposed restriction, is a plan in process to remove it that is consistent with the person-centered plan and due process policy?		

Interviews	Individual Name(s)	Date
<p>Interview individuals to ensure they are aware of their right to have control over and access to personal resources. Examples of questions to ask:</p> <ul style="list-style-type: none"> <li>✓ Are you able to keep your own money with you?</li> <li>✓ If you don't keep your own money with you, can you get it whenever you ask for it?</li> <li>✓ Do you have your own bank account or ATM card? Do you know how to use them?</li> </ul>		
<p>Ensure that every individual has the ability to shop and make purchases with their personal funds consistent with the individual's personal choices. Examples of questions to ask:</p> <ul style="list-style-type: none"> <li>✓ If you want to buy something and you have enough money to pay for it, do you go shopping for it? Do you ever buy things on-line?</li> <li>✓ Where do you like to shop? How often do you go shopping?</li> </ul> <p>If there is an approved provider- imposed restriction, there is a plan in process to remove it that is consistent with the person-centered plan and due process policy.</p>		
<p>Interview staff to ensure they can describe an individual's right to control and access their personal resources, including personal funds, and that they can describe their roles and responsibilities in supporting individuals to exercise control over personal resources.</p>		
<p>For providers who are Representative Payees, Interview staff to ensure they can describe their role and responsibilities.</p>		
<p>Notes:</p>		

## HCBS Requirement: Freedom to Furnish and Decorate Sleeping or Living Units

People have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.

### What This Looks Like in Practice

- People can decorate their rooms as desired by choosing decorations and/or furnishing them within their budget and within the terms of any lease/residency agreement.
- The provider encourages individuality within the bedroom décor and has a process for gathering input from individuals and providing support in decorating bedrooms.
- Any rules or responsibilities about furnishing of living units must be included in the terms of the lease or residency agreement and must be respected by both the participant and the provider.
- People can bring their own furniture and other belongings to this setting, such as a favorite chair or comfortable bed, as long as personal effects do not compromise the health and safety of any person and space allows.
- A person's bedroom should not be furnished by the provider with no input from the person, and decorations should not be restricted beyond normal landlord-tenant norms.
- Bedrooms don't all look identical.
- When re-decorating common areas, the provider takes into account the preferences of the people living in the home, to the extent possible.

### ADMH-DDD Guidance and Tools:

Provider Operational Guidelines Manual (02/03/22): Dignity and Respect 6.3.c.4.b.iii.

### Other Tips, Tools and Ideas

1. [https://mn.gov/dhs/assets/102517-hcbs-best-practices-guide\\_tcm1053-318393.pdf](https://mn.gov/dhs/assets/102517-hcbs-best-practices-guide_tcm1053-318393.pdf)
2. <https://bhddh.ri.gov/sites/g/files/xkgbur411/files/documents/HCBS-Final-Rule---Guide-and-FAQ-Part-1-Jan2019.pdf>
3. [https://dss.sd.gov/docs/medicaid/hcbs/01.25.17\\_PowerPoint.pdf](https://dss.sd.gov/docs/medicaid/hcbs/01.25.17_PowerPoint.pdf)
4. [https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Maine-HCBS-Provider-Manual-2021\\_0.docx](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Maine-HCBS-Provider-Manual-2021_0.docx)
5. <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Downloads/Exploratory-questions-re-settings-characteristics.pdf>
6. <https://www.dmas.virginia.gov/media/2846/residential-locks-roommates-decorate-2021.pdf>



## Checklist: Freedom to Furnish and Decorate Sleeping or Living Units

### Policy, Procedures and Operational Guidelines

1. Ensure that P&P Manual contains the specific requirement that individuals will have control over decorating and furnishing their living units and that units are not pre- furnished.
2. Ensure the P&P Manual describes the expectation that individuals have control over their decor as long as personal effects do not compromise the health and safety of any person and as space allows.
3. Ensure the lease agreement specifies any rules or responsibilities about the furnishing of living units in the terms of the lease or residency agreement.
4. Ensure that P&P Manual describes the specific procedure to obtain due process if a modification is required, in keeping with the description in the *Checklist for Person- Centered Plan Documentation of Modifications to HCBS Requirements*.
5. Ensure that P&P Manual requires provider staff are trained with regard to individuals' control over decorating and furnishing their living units.

- ✓ Does the Manual contain the expectation for each policy?
- ✓ Does the Manual describe the provider's specific procedures for ensuring each policy is implemented?

Check to confirm policy is complete	Yes	No
1. Contains		
2. Describes		
3. Specifies		
4. Describes		
5. Requires		

### Ensure that provider staff have been trained to competency for this requirement.

1. Is there training curriculum available for review?
2. Does the training material accurately reflect the requirement and what it should look like in practice?
3. Do the training rosters show that all staff have been trained in this requirement?

Name of Training:  
 Name of Trainer:  
 Date of Training:  
 Training Roster Available:

### Provider Confirmation

### External Review for Heightened Scrutiny Review & Advocacy

Name of Policy:		<u>Type of Review</u>	<u>Name of Reviewer</u>	<u>Date</u>
Policy Page or Number		Certification		
Date Policy Completed/Approved:		Monitoring		
Approved By:		Advocacy		

**NOTE: External Reviews will include 'Observation' and 'Interview' questions below during Certification and Monitoring Visits**

Observations	Individual Name(s)	Date
Observe whether individuals have bedrooms that do not all look alike and that they appear to be decorated with personal items.		

If there is an approved provider- imposed restriction, is a plan in process to remove it that is consistent with the person-centered plan and due process policy?		
<b>Interviews</b>	<b>Individual Name(s)</b>	<b>Date</b>
<p>Interview individuals to ensure they can decorate and furnish their living units according to their preferences. Examples of questions to ask:</p> <ul style="list-style-type: none"> <li>✓ Can you decorate your room like you want to?</li> <li>✓ What kinds of decorations do you like?</li> <li>✓ Are there things you can't have in your room that you would like to have?</li> <li>✓ Would you like to show me your room?</li> </ul>		
Interview staff to ensure they can describe an individual's right to decorate and furnish their living units.		
Notes:		

**HCBS Requirement: Access to Food**  
People have access to food at any time.

**What This Looks Like in Practice**

- People have choices of when, where and with whom they would like to eat (e.g., no set mealtimes or assigned seats, an individual can request alternative meals if desired, etc.).
- People can eat a meal or snack at any time (e.g., if they miss a meal due to an activity, they do not have to wait for the next meal to eat; the provider can set aside a plate for them to reheat later or provide an alternate meal when they return).
- People have a place to store their own snacks if they want.
- The kitchen and food storage areas are accessible to people who live in the home. Kitchen cabinets and refrigerators are not locked or “off-limits.”
- People who work have access to food through typical workplace rules that all employees follow.
- Examples of support may include:
  - ✓ Assisting with budgeting and shopping for snacks
  - ✓ Assisting with safe storage of snacks
  - ✓ Providing alternative choices when a main meal option is not chosen or when the participant eats a meal outside of a standard mealtime
  - ✓ Assisting with healthy food choices without controlling or discounting the participant’s preferences
- The setting may not limit a person’s access to food items solely based on:
  - ✓ Whether staff think the food is “junk food”
  - ✓ The staff’s personal beliefs
  - ✓ A staff’s perception that the person is not a healthy weight
- If it’s an agreed upon goal in a person’s person-centered plan, staff at the setting can assist a person to learn about better food choices and how to make them – but staff still respect the person’s decisions, even if they don’t agree with them.
- The setting does not limit a person’s access to food unless there is an identified and documented risk to the person’s health or safety that requires rights modification.

**ADMH-DDD Guidance and Tools:**

Provider Operational Guidelines Manual (02/03/22): Rights 6.3.b.

**Source Documents/Other Tips, Tools and Ideas**

1. [https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Maine-HCBS-Provider-Manual-2021\\_0.docx](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Maine-HCBS-Provider-Manual-2021_0.docx)
2. [https://mn.gov/dhs/assets/102517-hcbs-best-practices-guide\\_tcm1053-318393.pdf](https://mn.gov/dhs/assets/102517-hcbs-best-practices-guide_tcm1053-318393.pdf)
3. <https://bhddh.ri.gov/sites/g/files/xkgbur411/files/documents/HCBS-Final-Rule---Guide-and-FAQ-Part-1-Jan2019.pdf>
4. <https://www.oregon.gov/DHS/SENIORS-DISABILITIES/HCBS/Resources/Access%20to%20Food.pdf>
5. <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Downloads/Exploratory-questions-re-settings-characteristics.pdf>
6. <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/exploratory-questions-non-residential.pdf>

### Checklist: Access to Food

#### Policy, Procedures and Operational Guidelines

1. Ensure that P&P Manual contains the specific requirement that individuals have access to food at any time and are provided a place to store snacks.
2. Ensure the P&P Manual describes the expectation that individuals have choices of when, where and with whom they would like.
3. Ensure the P&P Manual describes the expectation that individuals who work have access to food through typical workplace rules that all employees follow.
4. Ensure that P&P Manual describes the specific procedure to obtain due process if a modification is required, in keeping with the description in the *Checklist for Person- Centered Plan Documentation of Modifications to HCBS Requirements*.
5. Ensure that P&P Manual requires provider staff are trained with regard to individuals' access to food at any time.

- ✓ Does the Manual contain the expectation for each policy?
- ✓ Does the Manual describe the provider's specific procedures for ensuring each policy is implemented?

Check to confirm policy is complete	Yes	No
1. Contains		
2. Describes		
3. Describes		
4. Describes		
5. Requires		

#### Ensure that provider staff have been trained to competency for this requirement.

1. Is there training curriculum available for review?
2. Does the training material accurately reflect the requirement and what it should look like in practice?
3. Do the training rosters show that all staff have been trained in this requirement?

Name of Training:  
 Name of Trainer:  
 Date of Training:  
 Training Roster Available:

#### Provider Confirmation

#### External Review for Heightened Scrutiny Review & Advocacy

Name of Policy:		<i>Type of Review</i>	<i>Name of Reviewer</i>	<i>Date</i>
Policy Page or Number		Certification		
Date Policy Completed/Approved:		Monitoring		
Approved By:		Advocacy		

**NOTE: External Reviews will include 'Observation' and 'Interview' questions below during Certification and Monitoring Visits**

Observations	Individual/Staff Name(s)	Date
Ensure that individuals have access to food at any time and are provided a place to store snacks.		

If there is an approved provider- imposed restriction, is a plan in process to remove it that is consistent with the person-centered plan and due process policy?		
<b>Interviews</b>	<b>Individual/Staff Name(s)</b>	<b>Date</b>
<p>Interview individuals to ensure they are aware they can have to food at any time and are provided a place to store snacks.</p> <p>Examples of questions to ask:</p> <ul style="list-style-type: none"> <li>✓ If you get hungry or want a snack outside of mealtimes, can you get something to eat if you want to?</li> <li>✓ Do you have to get permission from anybody? If so, do you know why you need permission?</li> </ul>		
<p>Interview staff to ensure they can describe an individual’s right to access to food at any time and their roles and responsibilities to support that right.</p> <ul style="list-style-type: none"> <li>✓ If any individual has an approved restriction consistent with the due process policy, ensure staff know about the restriction and the plan to remove it, and can describe their roles and responsibilities in implementing that plan.</li> </ul>		
Notes:		

## HCBS Requirement: Privacy

Providers must ensure an individual's right of privacy.

### What This Looks Like in Practice

- Settings have policies and procedures and related staff training to ensure peoples' needs and desires for privacy are respected and protected.
- Staff and roommates respect a person's personal possessions/private property.
- People have access to make and receive private telephone calls and access to personal communication via text, email or other personal communication method.
- People have access to spaces for private conversations or quiet time (e.g., a place to be alone if someone is upset or wants to relax in a quiet area).
- There is a location where people can visit privately with visitors.
- People have privacy during activities of daily living such as maintaining personal hygiene, bathing, grooming and dressing. Staff ask for the person's permission to provide the needed support and do so in a private area and with discretion and dignity.
- Staff knock on the door and get permission from a person before entering the living unit. If the person is not readily able to express permission, the staff will, as much as possible, ensure that the person is aware of the staff person's presence and intention to enter the living unit and monitor the person's reaction for signs of their privacy being violated.
- The provider and staff keep personal information private and do not share it with others without the person's expressed consent.
- Staff do not discuss an individual in the open or within earshot of those who do not need to hear the discussion.
- People's full names and personal/health information are not left in public for others to see.
- Staff don't open mail or other forms of communication without the consent of the person or their guardian.
- One way of ensuring that individuals have privacy in their living unit is providing them with the choice of roommate. People are supported in exploring every possible residential option, including being able to choose a roommate whenever possible. This means that:
  - ✓ The provider has a written process supporting individuals choosing their own roommate.
  - ✓ People are involved in the selection of a roommate.
  - ✓ The provider informs individuals of the process for requesting or changing a roommate.

### ADMH-DDD Guidance and Tools:

Provider Operational Guidelines Manual (02/03/22): Section 6.3.b. and 6.3.c.

### Source Documents/Other Tips, Tools and Ideas

1. [https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Maine-HCBS-Provider-Manual-2021\\_0.docx](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Maine-HCBS-Provider-Manual-2021_0.docx)
2. [https://mn.gov/dhs/assets/102517-hcbs-best-practices-guide\\_tcm1053-318393.pdf](https://mn.gov/dhs/assets/102517-hcbs-best-practices-guide_tcm1053-318393.pdf)
3. <https://bhddh.ri.gov/sites/g/files/xkgbur411/files/documents/HCBS-Final-Rule---Guide-and-FAQ-Part-1-Jan2019.pdf>
4. [https://dss.sd.gov/docs/medicaid/hcbs/01.25.17\\_PowerPoint.pdf](https://dss.sd.gov/docs/medicaid/hcbs/01.25.17_PowerPoint.pdf)
5. <https://www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Downloads/Exploratory-questions-re-settings-characteristics.pdf>
6. <https://www.medicare.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/exploratory-questions-non-residential.pdf>
7. <https://www.dmas.virginia.gov/media/2846/residential-locks-roommates-decorate-2021.pdf>

## Checklist: Privacy

### Policy, Procedures and Operational Guidelines

<ol style="list-style-type: none"> <li>1. Ensure that P&amp;P Manual contains the specific requirement that individuals have the right to privacy, have the right to have their information kept private, and have the right to have personal care provided in private.</li> <li>2. Ensure the P&amp;P Manual describes the expectation that people have access to make and receive private telephone calls and access to personal communication via text, email or other personal communication method as well as a location where they can visit with others privately.</li> <li>3. Ensure the P&amp;P Manual describes the expectation that the provider and staff keep personal information private and do not share it with others without the person's expressed consent.</li> <li>4. Ensure the P&amp;P Manual describes the expectation that staff will not enter the person's living unit without first knocking on the door and obtaining permission from the person to enter the living unit.</li> <li>5. Ensure that P&amp;P Manual describes the specific procedure for choosing a roommate, whenever possible.</li> <li>6. Ensure that P&amp;P Manual describes the expectation for obtaining due process if a modification to is required, in keeping with the description in the <i>Checklist for Person- Centered Plan Documentation of Modifications to HCBS Requirements</i>.</li> <li>7. Ensure that P&amp;P Manual requires provider staff are trained with regard to individuals' right to privacy.</li> </ol>	✓ Does the Manual contain the expectation for each policy? ✓ Does the Manual describe the provider's specific procedures for ensuring each policy is implemented?		
	Check to confirm policy is complete	Yes	No
	1. Contains		
	2. Describes		
	3. Describes		
	4. Describes		
	5. Describes		
	6. Describes		
7. Requires			

### Ensure that provider staff have been trained to competency for this requirement.

<ol style="list-style-type: none"> <li>1. Is there training curriculum available for review?</li> <li>2. Does the training material accurately reflect the requirement and what it should look like in practice?</li> <li>3. Do the training rosters show that all staff have been trained in this requirement?</li> </ol>	Name of Training: Name of Trainer: Date of Training: Training Roster Available:
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Provider Confirmation		External Review for Heightened Scrutiny Review & Advocacy		
Name of Policy:		<u>Type of Review</u>	<u>Name of Reviewer</u>	<u>Date</u>
Policy Page or Number		Certification		
Date Policy Completed/Approved:		Monitoring		
Approved By:		Advocacy		

**NOTE: External Reviews will include "Observation" and "Interview" questions below during Certification and Monitoring Visits**

Observations	Individual/Staff Name(s)	Date
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Observe that individuals are afforded the right to privacy.		
If there is an approved restriction, there is a plan in process to remove it that is consistent with the person- centered plan and due process policy.		
<b>Interviews</b>	<b>Individual/Staff Name(s)</b>	<b>Date</b>
<p>Interview individuals to ensure they are aware of their right to privacy. Examples of questions to ask:</p> <ul style="list-style-type: none"> <li>✓ Do staff allow you to have privacy when you want it?</li> <li>✓ If you have visitors, can you visit with them privately?</li> <li>✓ If you want to make telephone calls, do you have a place to do that privately?</li> <li>✓ Do staff help you with any personal care? Do they do that in a private place?</li> <li>✓ If there is an approved restriction, there is a plan in process to remove it that is consistent with the person-centered plan and due process policy.</li> </ul>		
<p>Interview staff to ensure they can describe an individual’s right to privacy, including not sharing personal information without the individual’s consent and not entering the living unit without permission.</p> <ul style="list-style-type: none"> <li>✓ If any individual has an approved modification about staff entering the living unit without permission that is consistent with the due process policy, ensure staff know about the restriction and the plan to remove it, and can describe their roles and responsibilities in implementing that plan.</li> </ul>		
Notes:		



## **HCBS Requirement: Dignity and Respect**

Providers must ensure an individual's rights of dignity and respect.

### **What This Looks Like in Practice**

- The setting ensures individuals they serve are treated with dignity and respect at all times. This includes respecting individuals' likes and dislikes, talking with individuals in a way that makes them feel respected and heard and assisting individuals with ADLs in a compassionate manner that preserves their dignity.
- During mealtimes, staff do not require people to wear bibs or use disposable cutlery, plates and cups.
- People choose hairstyles and clothes that meet their personal preferences, fit and are clean and appropriate for the time of day and weather.
- Staff address people in the manner in which the person would like to be addressed. People are addressed by their preferred name, not "hon," "sweetie" or a similar name.
- Staff do not curse or use profanity and converse with people in a respectful and appropriate manner.
- Staff do not discuss a person who is present like they are not there or within earshot of other persons living in or visiting the settings. Staff include the person in conversation.
- Staff converse respectfully with people while providing care and assistance, regardless of the person's ability to vocalize a response.
- Staff use written, verbal and non-verbal communication that demonstrates the values of respect and dignity.
- When in the community, staff model respectful interactions and communications for others.
- The setting does not allow any restriction to this right.

### **ADMH-DDD Guidance and Tools:**

Provider Operational Guidelines Manual (02/03/22): Section 6.3.b and 6.3.c

### **Source Documents/Other Tips, Tools and Ideas**

1. [https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Maine-HCBS-Provider-Manual-2021\\_0.docx](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Maine-HCBS-Provider-Manual-2021_0.docx)
2. [https://mn.gov/dhs/assets/102517-hcbs-best-practices-guide\\_tcm1053-318393.pdf](https://mn.gov/dhs/assets/102517-hcbs-best-practices-guide_tcm1053-318393.pdf)
3. [https://dss.sd.gov/docs/medicaid/hcbs/01.25.17\\_PowerPoint.pdf](https://dss.sd.gov/docs/medicaid/hcbs/01.25.17_PowerPoint.pdf)
4. <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Downloads/Exploratory-questions-re-settings-characteristics.pdf>
5. <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/exploratory-questions-non-residential.pdf>

## Checklist: Dignity and Respect

### Policy, Procedures and Operational Guidelines

<ol style="list-style-type: none"> <li>1. Ensure that P&amp;P Manual contains the specific requirement that providers ensure that individuals are treated with dignity and respect at all times.</li> <li>2. Ensure the P&amp;P Manual describes the expectation that individuals have freedom of choice about clothing and hairstyle.</li> <li>3. Ensure the P&amp;P Manual describes the expectation that staff will address people in the manner in which the person would like to be addressed.</li> <li>4. Ensure that P&amp;P Manual prohibits any restriction to this requirement.</li> <li>5. Ensure that P&amp;P Manual describes the expectation for obtaining due process if a modification to is required, in keeping with the description in the <i>Checklist for Person- Centered Plan Documentation of Modifications to HCBS Requirements</i>.</li> <li>6. Ensure that P&amp;P Manual requires provider staff are trained with regard to individuals' rights to dignity and respect.</li> </ol>	✓ Does the Manual contain the expectation for each policy? ✓ Does the Manual describe the provider's specific procedures for ensuring each policy is implemented?		
	Check to confirm policy is complete	Yes	No
	1. Contains		
	2. Describes		
	3. Describes		
	4. Prohibits		
	5. Describes		
6. Requires			

<b>Ensure that provider staff have been trained to competency for this requirement.</b> <ol style="list-style-type: none"> <li>1. Is there training curriculum available for review?</li> <li>2. Does the training material accurately reflect the requirement and what it should look like in practice?</li> <li>3. Do the training rosters show that all staff have been trained in this requirement?</li> </ol>	Name of Training: Name of Trainer: Date of Training: Training Roster Available:
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Provider Confirmation		External Review for Heightened Scrutiny Review & Advocacy		
Name of Policy:		<u>Type of Review</u>	<u>Name of Reviewer</u>	<u>Date</u>
Policy Page or Number		Certification		
Date Policy Completed/Approved:		Monitoring		
Approved By:		Advocacy		

**NOTE: External Reviews will include 'Observation' and 'Interview' questions below during Certification and Monitoring Visits**

Observations	Individual/Staff Name(s)	Date
Observe whether individuals are treated with dignity and respect, consistent with what this should look like in practice.		
If there is an approved restriction, there is a plan in process to remove it that is		

consistent with the person- centered plan and due process policy.		
<b>Interviews</b>	<b>Individual/Staff Name(s)</b>	<b>Date</b>
<p>Interview individuals to ensure they are aware of these rights and if they feel they are treated with dignity and respect.</p> <p>Examples of questions to ask:</p> <ul style="list-style-type: none"> <li>✓ Do you feel that staff listen to and respect you?</li> <li>✓ Do you feel that your likes, dislikes, and preferences are respected?</li> <li>✓ Are you able to wear your hair and clothes as you would like as long as they are fit, clean, and appropriate for the weather?</li> </ul>		
Interview staff to ensure they can describe an individual’s rights to dignity and respect at all times and their roles and responsibilities to support these rights.		
Notes:		

## **HCBS Requirement: Freedom from Coercion**

Providers must ensure an individual's freedom from coercion.

### **What This Looks Like in Practice**

- Coercion means persuading or convincing someone to do something using force, threats intimidation or other unethical means. The setting informs individuals that they have the right to live in an environment free from coercion.
- In a manner or format people supported can understand, the setting makes sure people know their rights and how to exercise them and provides them with instructions on how to file a complaint if their rights are violated by a peer, staff or any other person present at the setting.
- The complaint policy includes a statement that no retaliation will occur if a complaint is filed.
- The setting posts a recipient rights document in a public area where people and guardians are likely to see it.
- In a residential setting, the individual's rights are identified as part of the lease/Residency Agreement, and the setting keeps record of giving individual rights to each person.
- The provider reviews with individuals their rights no less than annually, and more frequently as needed.
- Staff understand and demonstrate that they have a responsibility to protect peoples' rights.
- Staff understand and demonstrate that their job is to provide assistance and support to people, rather than to direct or "manage" them.
- Staff show people that they account for and honor their choices according to their person-centered plan.

### **ADMH-DDD Guidance and Tools:**

Provider Operational Guidelines Manual (02/03/22): Sections 6.3.b, 6.3.e

### **Source Documents/Other Tips, Tools and Ideas**

1. [https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Maine-HCBS-Provider-Manual-2021\\_0.docx](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Maine-HCBS-Provider-Manual-2021_0.docx)
2. [https://mn.gov/dhs/assets/102517-hcbs-best-practices-guide\\_tcm1053-318393.pdf](https://mn.gov/dhs/assets/102517-hcbs-best-practices-guide_tcm1053-318393.pdf)
3. <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Downloads/Exploratory-questions-re-settings-characteristics.pdf>
4. <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/exploratory-questions-non-residential.pdf>

## HCBS Requirement: Freedom from Restraint

Providers must ensure an individual's freedom from restraint.

### What This Looks Like in Practice

- The provider informs individuals that they have the right to live in an environment free from restraint.
- Staff understand and demonstrate that their job is to provide assistance and support to people, rather than to direct or “manage” them.
- Staff show people that they account for and honor their choices according to their person-centered plan.
- To assist those who might not use socially acceptable ways to express themselves when they are tired, angry, anxious, fearful or impatient, staff provide positive behavioral supports and techniques as the primary and first-line tools and interventions. Examples include modeling, positive reinforcement, problem-solving, comfort statements, environmental adaptations, etc.
- All behavioral support needs are described in the person-centered plan.
- The need for any restrictive intervention is assessed by a qualified professional, described and justified in the person-centered plan. It is also approved according to the ADMH-DDD *Behavioral Services Procedural Guidelines* and the policy and procedures for modifying and HCBS requirement.
- Medications, whether over the counter or prescription, are not used for convenience of staff or as a substitute for positive behavior supports.
- Medical restraints are used only when ordered by a medical practitioner.
- If a behavioral restraint is ever necessary to protect a person or others from harm, only trained staff perform restraint techniques that are approved for use by ADMH-DDD, and only for the least time required.
- All chemical and physical behavioral restraints are reviewed by an appropriately constituted Human Rights and Behavioral Review Committee.

### ADMH-DDD Guidance and Tools:

Provider Operational Guidelines Manual (02/03/22): Sections 6.3.b and 6.3.e  
Behavioral Services Procedural Guidelines

### Source Documents/Other Tips, Tools and Ideas

- [https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Maine-HCBS-Provider-Manual-2021\\_0.docx](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Maine-HCBS-Provider-Manual-2021_0.docx)
- [https://mn.gov/dhs/assets/102517-hcbs-best-practices-guide\\_tcm1053-318393.pdf](https://mn.gov/dhs/assets/102517-hcbs-best-practices-guide_tcm1053-318393.pdf)
- <https://www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Downloads/Exploratory-questions-re-settings-characteristics.pdf>
- <https://www.medicare.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/exploratory-questions-non-residential.pdf>

### Checklist: Freedom from Coercion and Restraint

#### Policy, Procedures and Operational Guidelines

<ol style="list-style-type: none"> <li>1. Ensure that P&amp;P Manual contains the specific requirement that providers ensure that individuals are free from coercion and restraint.</li> <li>2. Ensure the P&amp;P Manual describes the expectation that the provider does not allow practices that include coercion or restraint interventions of individuals in their care.</li> <li>3. Ensure the P&amp;P Manual describes the expectation that the provider informs individuals of their rights and provides them with instructions on how to file a complaint if their rights are violated by a peer, staff or any other person present at the setting and that a recipient rights document and who to contact to file a complaint is posted in a public area.</li> <li>4. Ensure that P&amp;P Manual describes the specific procedure to obtain due process if a modification is required, in keeping with the description in the <i>Checklist for Person- Centered Plan Documentation of Modifications to HCBS Requirements</i>.</li> <li>5. Ensure that P&amp;P Manual requires provider staff are trained with regard to individuals' rights to freedom from coercion and restraint.</li> </ol>	✓ Does the Manual contain the expectation for each policy? ✓ Does the Manual describe the provider's specific procedures for ensuring each policy is implemented?		
	Check to confirm policy is complete	Yes	No
	1. Contains		
	2. Describes		
	3. Describes		
	4. Describes		
5. Requires			

<b>Ensure that provider staff have been trained to competency for this requirement.</b> <ol style="list-style-type: none"> <li>1. Is there training curriculum available for review?</li> <li>2. Does the training material accurately reflect the requirement and what it should look like in practice?</li> <li>3. Do the training rosters show that all staff have been trained in this requirement?</li> </ol>	Name of Training: Name of Trainer: Date of Training: Training Roster Available:
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Provider Confirmation		External Review for Heightened Scrutiny Review & Advocacy		
Name of Policy:		<u>Type of Review</u>	<u>Name of Reviewer</u>	<u>Date</u>
Policy Page or Number		Certification		
Date Policy Completed/Approved:		Monitoring		
Approved By:		Advocacy		

**NOTE: External Reviews will include "Observation" and "Interview" questions below during Certification and Monitoring Visits**

Observations	Individual/Staff Name(s)	Date
Observe to ensure that individuals are free from coercion and restraint.		
If there is an approved restriction, there is a plan in process to remove it that is consistent with the person- centered plan and due process policy.		

Interviews	Individual/Staff Name(s)	Date
<p>Interview individuals to ensure that they are aware of this right and feel free from coercion and restraint. Examples of questions to ask:</p> <ul style="list-style-type: none"> <li>✓ Do staff help you do the things you tell them you want to do?</li> <li>✓ Do you feel safe here?</li> <li>✓ Do you ever feel threatened or forced to do something that you don't want to do?</li> <li>✓ Does anyone here ever physically stop you from doing anything?</li> <li>✓ Do you know how to report a complaint if someone treats you in a way that you think is wrong?</li> </ul>		
<p>Interview staff to ensure they can describe individuals' rights to be free from coercion and restraint and their roles and responsibilities to support these rights.</p> <ul style="list-style-type: none"> <li>✓ If there is an approved modification or Behavior Support Plan, staff can describe how to implement it as written.</li> </ul>		
<p>Notes:</p>		

**HCBS Requirement: Access to Visitors at Any Time**  
Individuals are able to have visitors of their choosing at any

**What This Looks Like in Practice**

- People can choose their visitors and have no restrictions on visit times, including the ability to host visitors for meals, just as anyone would have in their own home or rental unit.
- People may have overnight guests.
- People have access to visitors in unrestricted areas within the setting.
- People have the right to privacy during visits.
- People have the opportunity to develop close, private and personal relationships without unnecessary barriers or obstacles imposed on them.
- The provider helps individuals coordinate arrangements for visitors, if needed.
- This requirement does not mean individuals can be inconsiderate of others' rights or the need for quiet and safety in the residence. It is intended to ensure individuals who live in provider owned homes have the same freedoms with relationships and visitors in their homes.
- Providers' policies and procedures for visits should include the individual's right to:
  - Have visitors of their choosing at any time
  - Request privacy during the visit
- The provider will make the Visitation policy available to all people and their guests that specifies:
  - Any limitations on the duration of stay and fees for lodging, visitor meals, etc. The policy may require roommate consent for overnight visitors.
  - Any conditions in which visitors are prohibited and/or restricted due to a risk to the health and safety of people residing at the setting.
  - If visitors are required to sign in:
    - Any restrictions on visitors who have caused or are causing a disturbance or who pose a health or safety risk to people within the setting.
    - The provider will notify people in writing if any visitor restrictions apply to their guests.
- People's right to have visitors of their choosing at any time must also be contained in the resident rights document and the resident handbook.
- People's lease/Residency Agreement shall not impose restrictions on visitors aside from identifying how long a visitor may stay before being considered a tenant.
- The setting may establish procedures to ensure the safety and welfare of people who live and work there. For example, providers may request that visitors notify staff that they are present in the residence. However, the procedure must not restrict visitors unnecessarily for the convenience of staff or restrict the person's freedom of association with whomever they choose.
- Providers may not screen the individual's visitors.
- The provider may not determine who may or may not visit based on their own feelings about the visitor's character.
- The setting may not have scheduled visitation hours.
- The provider directly addresses health and safety concerns with the person and shares them with the person's manager/Support Coordinator. If the case manager/Support Coordinator implements visit modifications, the modifications are documented and implemented in collaboration with the individual and the provider.

**ADMH-DDD Guidance and Tools:**

Provider Operational Guidelines Manual (02/03/22): Section 6.3.b



### **Other Tips, Tools and Ideas**

1. [https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Maine-HCBS-Provider-Manual-2021\\_0.docx](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Maine-HCBS-Provider-Manual-2021_0.docx)
2. [https://mn.gov/dhs/assets/102517-hcbs-best-practices-guide\\_tcm1053-318393.pdf](https://mn.gov/dhs/assets/102517-hcbs-best-practices-guide_tcm1053-318393.pdf)
3. <https://bhddh.ri.gov/sites/g/files/xkgbur411/files/documents/HCBS-Final-Rule---Guide-and-FAQ-Part-1-Jan2019.pdf>
4. <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Downloads/Exploratory-questions-re-settings-characteristics.pdf>
5. <https://www.dmas.virginia.gov/media/1225/residential-visitors.pdf>

### Checklist: Access to Visitors at Any Time

#### Policy, Procedures and Operational Guidelines

<ol style="list-style-type: none"> <li>1. Ensure that P&amp;P Manual contains the specific requirement that individuals are able to have visitors of their choosing at any time.</li> <li>2. Ensure the P&amp;P Manual describes the expectation that people have access to visitors in unrestricted areas within the setting and may have overnight guests.</li> <li>3. Ensure the P&amp;P Manual describes the expectation that the people have the opportunity to develop close, private and personal relationships without unnecessary barriers or obstacles imposed on them.</li> <li>4. Ensure the P&amp;P Manual describes any visitor- related procedures implemented by the setting to ensure the safety and welfare of people who live and work there and that these do not restrict visitors unnecessarily for the convenience of staff or restrict the person’s freedom of association with whomever they choose.</li> <li>5. Ensure that the residents’ rights document and resident handbook include the right to have visitors of their choosing at any time.</li> <li>6. Ensure that P&amp;P Manual describes the specific procedure to obtain due process if a modification is required, in keeping with the description in the <i>Checklist for Person- Centered Plan Documentation of Modifications to HCBS Requirements</i>.</li> <li>7. Ensure that P&amp;P Manual requires provider staff are trained with regard to individuals’ ability to have visitors of their choosing at any time.</li> </ol>	✓ Does the Manual contain the expectation for each policy? ✓ Does the Manual describe the provider’s specific procedures for ensuring each policy is implemented?		
	Check to confirm policy is complete	Yes	No
	1. Contains		
	2. Describes		
	3. Describes		
	4. Describes		
	5. Includes		
	6. Describes		
7. Requires			

<b>Ensure that provider staff have been trained to competency for this requirement.</b> <ol style="list-style-type: none"> <li>1. Is there training curriculum available for review?</li> <li>2. Does the training material accurately reflect the requirement and what it should look like in practice?</li> <li>3. Do the training rosters show that all staff have been trained in this requirement?</li> </ol>	Name of Training: Name of Trainer: Date of Training: Training Roster Available:
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Provider Confirmation		External Review for Heightened Scrutiny Review & Advocacy		
Name of Policy		<u>Type of Review</u>	<u>Name of Reviewer</u>	<u>Date</u>
Policy Page and/or Number		Certification		
Date Policy Completed/Approved		Monitoring		
Approved By		Advocacy		

**NOTE: External Reviews will include ‘Observation’ and ‘Interview’ questions below during Certification and Monitoring Visits**

<b>Observations</b>	<b>Individual/Staff Name(s)</b>	<b>Date</b>
Observe as feasible, whether individuals are able to have visitors of their choosing at any time.		
If there is an approved provider- restriction, there is a plan in process to remove it that is consistent with the person-centered plan and due process policy.		
<b>Interviews</b>	<b>Individual/Staff Name(s)</b>	<b>Date</b>
<p>Ensure that every individual is aware they can have visitors of their choosing at any time and that they exercise this right freely. Examples of questions to ask:</p> <ul style="list-style-type: none"> <li>✓ Are you able to have visitors when you would like to?</li> <li>✓ Do you decide who you want to have as guests?</li> <li>✓ When you have visitors, are you able to talk and meet with them privately?</li> <li>✓ Do staff ever control who you can or cannot visit with? If some visitors are not allowed, do staff provide a reason?</li> <li>✓ Does your home have a visitation policy?</li> </ul>		
<p>Ensure that staff can describe an individual’s ability to have visitors of their choosing at any time.</p> <ul style="list-style-type: none"> <li>✓ If any individual has an approved modification consistent with the due process policy, ensure staff know about the restriction and the plan to remove it, and can describe their roles and responsibilities in implementing that plan.</li> </ul>		
Notes:		

## HCBS Requirement: Physical Accessibility

The setting is physically accessible to the individual(s).

### What This Looks Like in Practice

- In general, the setting is fully accessible and compliant with the Americans with Disabilities Act (ADA).
- People have unobstructed access to and are able to use common areas in the home, such as the kitchen, dining area, laundry area and shared living space, to the extent they desire. People can move about the setting and are not confined by gates or other barriers that prevent access to common areas.
- If people use wheelchairs for mobility, all the doorways to common areas in the setting are wide enough to allow the person to move back and forth freely and comfortably.
- Outdoor leisure or recreational areas, like patios and porches, are fully accessible to people with mobility needs.
- As needed, there are grab bars, ramps, adapted furniture, etc., to ensure access to desired areas and household items.
- The setting is designed to promote maximum independence and autonomy. For example, the washer and dryer are front loading for a person in a wheelchair if he/she chooses to do his/her own laundry, and the microwave is in an accessible location in case a person wants to warm up a meal.
- The provider has a conversation with people about accessibility needs upon move-in and ensures the physical environment meets the needs of people who live in the setting.
- Providers and staff regularly check for fall or trip hazards (loose rugs, uneven surfaces, etc.).
- People are notified that they may request a reasonable accommodation, and the provider explains how to make such a request.

### ADMH-DDD Guidance and Tools:

Provider Operational Guidelines Manual (02/03/22): Sections 6.3.g.

### Source Documents/Other Tips, Tools and Ideas

1. [https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Maine-HCBS-Provider-Manual-2021\\_0.docx](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Maine-HCBS-Provider-Manual-2021_0.docx)
2. [https://mn.gov/dhs/assets/102517-hcbs-best-practices-guide\\_tcm1053-318393.pdf](https://mn.gov/dhs/assets/102517-hcbs-best-practices-guide_tcm1053-318393.pdf)
3. <https://bhddh.ri.gov/sites/g/files/xkgbur411/files/documents/HCBS-Final-Rule---Guide-and-FAQ-Part-1-Jan2019.pdf>
4. [https://dss.sd.gov/docs/medicaid/hcbs/01.25.17\\_PowerPoint.pdf](https://dss.sd.gov/docs/medicaid/hcbs/01.25.17_PowerPoint.pdf)
5. <https://www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Downloads/Exploratory-questions-re-settings-characteristics.pdf>
6. <https://www.medicare.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/exploratory-questions-non-residential.pdf>

## Checklist: Physical Accessibility

### Policy, Procedures and Operational Guidelines

1. Ensure that P&P Manual contains the specific requirement that the setting is fully accessible and compliant with the Americans with Disabilities Act.
2. Ensure the P&P Manual describes the expectation that providers ensure a person's physical environment meets his or her needs.
3. Ensure the P&P Manual describes the expectation that, as needed, the provider installs grab bars, ramps, adapted furniture, etc., to ensure access to desired areas and household items.
4. Ensure the P&P Manual describes the expectation that people are notified that they may request a reasonable accommodation, and that the provider explains how to make such a request.
5. Ensure that P&P Manual describes the specific procedure to obtain due process if a modification is required, in keeping with the description in the *Checklist for Person-Centered Plan Documentation of Modifications to HCBS Requirements*.
6. Ensure that P&P Manual requires provider staff are trained with regard to the setting being physical accessible to the individual, including the right of the individual to move about the setting and not be confined to any one defined area.

- ✓ Does the Manual contain the expectation for each policy?
- ✓ Does the Manual describe the provider's specific procedures for ensuring each policy is implemented?

Check to confirm policy is complete	Yes	No
1. Contains		
2. Describes		
3. Describes		
4. Describes		
5. Describes		
6. Requires		

### Ensure that provider staff have been trained to competency for this requirement.

1. Is there training curriculum available for review?
2. Does the training material accurately reflect the requirement and what it should look like in practice?
3. Do the training rosters show that all staff have been trained in this requirement?

Name of Training:  
 Name of Trainer:  
 Date of Training:  
 Training Roster Available:

Provider Confirmation		External Review for Heightened Scrutiny Review & Advocacy		
Name of Policy		<u>Type of Review</u>	<u>Name of Reviewer</u>	<u>Date</u>
Policy Page and/or Number		Certification		
Date Policy Completed/Approved		Monitoring		
Approved By		Advocacy		

**NOTE: External Reviews will include ‘Observation’ and ‘Interview’ questions below during Certification and Monitoring Visits**

<b>Observations</b>	<b>Individual Name(s)</b>	<b>Date</b>
Observe to ensure that all exits and entrances are accessible to all individuals and that they are able to move freely throughout the common living areas.		
If there is an approved provider- restriction, there is a plan in process to remove it that is consistent with the person-centered plan and due process policy.		
<b>Interviews</b>	<b>Individual Name(s)</b>	<b>Date</b>
Interview individuals to ensure they are able to move freely in and out of the home and throughout their living unit and the home’s common areas, without barriers. Examples of questions to ask: <ul style="list-style-type: none"> <li>✓ Are you able to move around your home and access different rooms, like the kitchen and laundry room, as you like?</li> <li>✓ If you use a wheelchair for mobility, are all the doorways to common areas wide enough to allow you to move back and forth freely?</li> <li>✓ Are you able to use outdoor spaces, like patios and porches?</li> <li>✓ Are there are grab bars, ramps, or other furniture that help you move around the residence?</li> <li>✓ If there is an approved modification, there is a plan in process to remove it that is consistent with the person- centered plan and due process policy.</li> </ul>		
Interview individuals to ensure they are aware of their ability to request reasonable accommodations. Ask: <ul style="list-style-type: none"> <li>✓ Do you know how to ask if you need something that will make it easier help to move around your home or day program?</li> </ul>		
Ensure that staff can describe an individual’s ability to physically access the space. <ul style="list-style-type: none"> <li>✓ If any individual has an approved modification consistent with the due process policy, ensure staff know about the restriction and the plan to remove it, and can describe their roles and responsibilities in implementing that plan.</li> </ul>		
Notes:		

## HCBS Requirement:

### Person-centered Plan Documentation of Modifications to HCBS Requirements

Modifications to any of the requirements must be supported by specific assessed need, justified in the person-centered plan and documented in the person-centered plan.

#### What This Looks Like in Practice

- Everyone, including people who receive waiver services, has the right to make choices, even when those choices might result in poor outcomes. Providers and Support Coordinators maximize an individual's ability to make choices while working to minimize the risk to the person or others.
- Any modification of the rights specified in the HCBS rule is supported by a specific assessed need that clearly and adequately explains why the modification is needed.
- Any modification of the rights specified in the HCBS rule is documented in the person-centered plan, including all of the following:
  - ✓ Positive interventions and supports used prior to any modifications to the service delivery plan
  - ✓ Less intrusive methods of meeting the need that have been tried but did not work
  - ✓ Regular collection and review of data to measure the ongoing effectiveness of the modification
  - ✓ Established time limits for periodic reviews to determine if the modification is still necessary or can be terminated
  - ✓ An assurance that interventions and supports will cause no harm to the person
  - ✓ Informed consent. The person's informed consent is obtained prior to a necessary modification, and the setting does not implement a modification without such consent.
- The setting ensures all modifications are implemented in the least restrictive manner necessary to protect the person and provides support to reduce or eliminate the need for the modification in the most integrated setting and inclusive manner.
- Modifications are reviewed regularly and reduced or ended as soon as possible.
- The provider has and follows clear policies and procedures that outline how and when to pursue approval for a modification.
- The provider maintains an open line of communication with the person about modifications (and guardian, when applicable.)

#### ADMH-DDD Guidance and Tools:

HCBS Modifications Training for ID Waiver

HCBS Rights Modification Addendum ID Waiver Residential Service Recipients

ID Waiver HCBS Modification Decision - Making Tree

Medicaid HCBS Settings Rule-HCBS Modifications - Training for ID Waiver Support Coordinators & Providers

Provider Operational Guidelines Manual (02/03/22): Section 6.3.b.

#### Source Documents/Other Tips, Tools and Ideas

1. [https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Maine-HCBS-Provider-Manual-2021\\_0.docx](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Maine-HCBS-Provider-Manual-2021_0.docx)
2. [https://mn.gov/dhs/assets/102517-hcbs-best-practices-guide\\_tcm1053-318393.pdf](https://mn.gov/dhs/assets/102517-hcbs-best-practices-guide_tcm1053-318393.pdf)
3. <https://bhddh.ri.gov/sites/g/files/xkgbur411/files/documents/HCBS-Final-Rule---Guide-and-FAQ-Part-1-Jan2019.pdf>
4. [https://dss.sd.gov/docs/medicaid/hcbs/01.25.17\\_PowerPoint.pdf](https://dss.sd.gov/docs/medicaid/hcbs/01.25.17_PowerPoint.pdf)
5. <https://www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Downloads/Exploratory-questions-re-settings->

characteristics.pdf

6. <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/exploratory-questions-non-residential.pdf>
7. <https://www.dmas.virginia.gov/media/1227/modification-of-rights.pdf>
8. <https://www.dmas.virginia.gov/media/4812/hcbs-modifications-explained.pdf>



## Checklist: Person-centered Plan Documentation of Modifications to HCBS Requirements

### Policy, Procedures and Operational Guidelines

<ol style="list-style-type: none"> <li>1. Ensure that P&amp;P Manual contains the specific requirement that any modification of the rights specified in the HCBS rule must be supported by a specific assessed need and documented in the person-centered plan.</li> <li>2. Ensure the P&amp;P Manual describes the expectation that providers ensure all modifications are implemented in the least restrictive manner necessary to protect the person and provide support to reduce or eliminate the need for the modification in the most integrated setting and inclusive manner.</li> <li>3. Ensure that the P&amp;P Manual or other operational guidelines include a procedure for documenting modification, including:                         <ol style="list-style-type: none"> <li>a. Positive interventions and supports used prior to any modifications to the service delivery plan</li> <li>b. Less intrusive methods of meeting the need that have been tried but did not work</li> <li>c. Regular collection and review of data to measure the ongoing effectiveness of the modification</li> <li>d. Established time limits for periodic reviews to determine if the modification is still necessary or can be terminated</li> <li>e. An assurance that interventions and supports will cause no harm to the person</li> <li>f. Informed consent</li> </ol> </li> <li>4. Ensure that P&amp;P Manual describes the specific procedure to obtain due process if a modification is required, in keeping with the description in the <i>Checklist for Person-Centered Plan Documentation of Modifications to HCBS Requirements</i>.</li> <li>5. Ensure that P&amp;P Manual requires provider staff are trained with regard to individuals' ability to have visitors of their choosing at any time.</li> </ol>	✓ Does the Manual contain the expectation for each policy? ✓ Does the Manual describe the provider's specific procedures for ensuring each policy is implemented?		
	Check to confirm policy is complete	Yes	No
	1. Contains		
	2. Describes		
	3. Includes		
	4. Describes		
5. Requires			

<b>Ensure that provider staff have been trained to competency for this requirement.</b> <ol style="list-style-type: none"> <li>1. Is there training curriculum available for review?</li> <li>2. Does the training material accurately reflect the requirement and what it should look like in practice?</li> <li>3. Do the training rosters show that all staff have been trained in this requirement?</li> </ol>	Name of Training: Name of Trainer: Date of Training: Training Roster Available:
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### Provider Confirmation

### External Review for Heightened Scrutiny Review & Advocacy

Name of Policy		<u>Type of Review</u>	<u>Name of Reviewer</u>	<u>Date</u>
Policy Page and/or Number		Certification		
Date Policy Completed/Approved		Monitoring		
Approved By		Advocacy		

**NOTE: External Reviews will include ‘Observation’ and ‘Interview’ questions below during Certification and Monitoring Visits**

<b>Observations</b>	<b>Individual Name(s)</b>	<b>Date</b>
<p>Observe to ensure that, if there are any approved modifications for any individuals in a setting, there is a corresponding plan in place to remove it that is consistent with the person-centered plan and due process policy described above.</p> <ul style="list-style-type: none"> <li>✓ Review the person-centered plan.</li> <li>✓ Review the HRC approval minutes for the approved plan to remove the modification.</li> <li>✓ Review documentation to show that the setting keeps data and completes periodic reviews, as defined in the approved plan, to determine if a modification might be reduced or removed. Ensure that the determination is data-based and the rationale is clearly documented</li> </ul>		
<b>Interviews</b>	<b>Individual Name(s)</b>	<b>Date</b>
<p>Interview individuals with modifications, and guardians as applicable, to ensure they provided consent. Ask:</p> <ul style="list-style-type: none"> <li>✓ If you are not allowed to (specify the modification), did staff tell you why and did you agree to it?</li> </ul>		
<p>Interview staff to ensure that, If any individual has an approved modification consistent with the due process policy, they know about it and the plan to remove it, and can describe their roles and responsibilities in implementing that plan.</p>		
<p>Notes:</p>		