

**Department of Intellectual and Developmental Disabilities  
 Quality Assurance Individual Review  
 for  
 Personal Assistance Services**

|   |  |  |                 |
|---|--|--|-----------------|
| <b>Domain 2. Individual Planning and Implementation</b>   |  |  |                 |
| <b>Related CQL Personal Outcome Measures:</b>   |  |  |                 |
| ➤ People experience continuity and security.  |  |  |                 |
| ➤ People use their environments.  |  |  |                 |
| ➤ People choose services.   |  |  |                 |
| ➤ People choose personal goals.   |  |  |                 |
| <b>Related CQL Basic Assurance Indicators</b>   |  |  |                 |
| ➤ People access quality health care.  |  |  |                 |
| ➤ The organization provides individualized safety supports.   |  |  |                 |
| ➤ The organization implements an ongoing staff development program.   |  |  |                 |
| ➤ The support needs of individuals shape the hiring, training and assignment of all staff.  |  |  |                 |
| ➤ People's individual plans lead to person-centered and person-directed services and supports.  |  |  |                 |
| ➤ The organization provides positive behavioral supports to people.   |  |  |                 |
| ➤ The organization provides continuous and consistent services and supports for each person.  |  |  |                 |
| ➤ Business, administrative and support functions promote personal outcomes.   |  |  |                 |
| ➤ The cumulative record of personal information promotes continuity of services.  |  |  |                 |
| <b>Outcome 2A. The person's plan reflects his or her unique needs, expressed preferences and decisions.</b>                             |  |  |                 |
| <b>Indicators</b>   | <b>Results</b>   | <b>Guidance</b>  | <b>Comments</b> |
| 2.A.1. The person and family members report they are active participants in developing and revising the plan to the extent they desire. | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | Individual Interview and /or other review activities as needed to determine if the provider supports the person's and/or family's involvement.<br><br>The person and family members report they are active participants in revising the plan.<br><br><i>Provider Manual reference: 3.4</i> |                 |

|   |   |  |  |
|---|---|--|--|
| <p>*2.A.4. Current and appropriate assessments of the person's abilities, needs and desires for the future are used in developing the plan.</p> | <p>Y <input type="checkbox"/><br/>                 N <input type="checkbox"/><br/>                 NA <input type="checkbox"/><br/>                 IJ <input type="checkbox"/></p> | <p>The provider completes the Risk Issues Identification Tool prior to completion of the annual ISP or whenever needed to address emerging needs or amend current supports and interventions.</p> <p>The provider actively participates in the information gathering process.</p> <p>The entity that writes an ISP has ultimate responsibilities in this area.</p> <p><i>Provider Manual reference: 3.6; 3.6-1; 4.6.a.</i></p> |  |
|---|---|--|--|

**Outcome 2B. Services and supports are provided according to the person's plan.**

| Indicators   | Results   | Guidance   | Comments |
|--|---|--|----------|
| <p>*2.B.2. The person's plan is implemented in a timely manner.</p>                | <p>Y <input type="checkbox"/><br/>                 N <input type="checkbox"/><br/>                 NA <input type="checkbox"/><br/>                 IJ <input type="checkbox"/></p> | <p><u>Individual Interview and/or other review activities as needed</u></p> <p>Services, plans and outcomes are implemented according to time frames identified in the person's ISP (or there is documentation to support the extension of a timeframe and the need to update this in the ISP).</p> <p><i>Provider Manual reference: 3.10; 3.10.a; 5.11; Clover Bottom Exit Plan Agreed Order 1/29/15.</i></p> |          |
| <p>*2.B.3. The person receives services and supports as specified in the plan.</p> | <p>Y <input type="checkbox"/><br/>                 N <input type="checkbox"/><br/>                 NA <input type="checkbox"/><br/>                 IJ <input type="checkbox"/></p> | <p>Services are consistently provided in a timely fashion, and in the approved type, amount, frequency, and duration identified in the person's Individual Support Plan.</p> <p>Discrepancies in approved units versus delivered units are identified and explained.</p>   |          |

|   |   |   |                        |
|---|---|---|------------------------|
| <p>*2.B.4. Provider staff are knowledgeable about the person's plan.</p>  | <p>Y <input type="checkbox"/><br/>                 N <input type="checkbox"/><br/>                 NA <input type="checkbox"/><br/>                 IJ <input type="checkbox"/></p> | <p><i>Provider Manual reference: 5.11</i></p> <p><u>Staff Interview and/or other review activities as needed.</u></p> <p>The provider ensures that there is a copy of the current ISP located in the personal assistance (PA) record and staff have access.</p> <p>Provider staff have received training specific to the person's individual needs, interventions and programs and are knowledgeable about any responsibilities they have to carry out related to activities identified in the plan. This includes supports related to risks, health related needs, dietary issues, and equipment.</p> <p>If the person is receiving services from the school system, staff should be knowledgeable about his or her school services.</p> <p><i>Provider Manual reference: 5.3.11; 10.10.</i></p> |                        |
| <p>*2.B.5. Provider documents provision of services and supports in accordance with the plan.</p>                           | <p>Y <input type="checkbox"/><br/>                 N <input type="checkbox"/><br/>                 NA <input type="checkbox"/><br/>                 IJ <input type="checkbox"/></p> | <p>Ongoing documentation shows the provider's efforts to implement services, support and outcomes in accordance with the person's plan. Documentation is completed and maintained per the DIDD Provider Manual</p> <p>Supports and interventions relating to risks are carried out.</p> <p><i>Provider Manual reference: 3.10; Clover Bottom Exit Plan Agreed Order 1/29/15.</i></p>  |                        |
| <p><b>Outcome 2D. The person's plan and services are monitored for continued appropriateness and revised as needed.</b></p> |   |   |                        |
| <p><b>Indicators</b></p>  | <p><b>Results</b></p>   | <p><b>Guidance</b></p>  | <p><b>Comments</b></p> |
| <p>*2.D.6. Provider documentation</p>   | <p>Y <input type="checkbox"/></p>   | <p>A periodic review is completed for any month in</p>  |                        |

|   |   |   |  |
|---|---|---|--|
| <p>indicates appropriate monitoring of the plan's implementation.</p> | <p><b>N</b> <input type="checkbox"/></p> <p><b>NA</b> <input type="checkbox"/></p> <p><b>U</b> <input type="checkbox"/></p> | <p>which services are authorized.</p> <p>The review provides a narrative summary of progress and/or challenges observed during implementation of ISP outcomes and action steps for which the provider is responsible.</p> <p>The review also includes evidence about whether services provided do or do not achieve the outcomes in the ISP.</p> <p>Discrepancies in approved units versus delivered units not described in a note are identified and explained.</p> <p>Issues related to delivery of services and implementation of the plan are detected and addressed to resolution.</p> <p>The periodic review contains:</p> <ul style="list-style-type: none"> <li>• The name of the person supported;</li> <li>• The dates of services provided;</li> <li>• The person's response to services;</li> <li>• Any new or updated staff instructions;</li> <li>• Any recommendations for changes to the ISP e.g., when there is no progress for an outcome or action step;</li> <li>• Any significant health-related or medical events occurring since the last review; and</li> <li>• The signature and title of the person completing the periodic review, with the date the periodic review was completed.</li> </ul> <p>Monthly progress notes must be sent to the ISC by the twentieth (20th) of the month following the month of service provision.</p> <p><i>Provider Manual reference: 3.10.b-c.; Clover</i></p> |  |
|---|---|---|--|

|   |   |  |  |
|---|---|--|--|
| <p>2.D.7. The provider informs the ISC of emerging risk issues or other indicators of need for revision to the individual plan.</p> | <p> <b>Y</b> <input type="checkbox"/><br/> <b>N</b> <input type="checkbox"/><br/> <b>NA</b> <input type="checkbox"/><br/> <b>IJ</b> <input type="checkbox"/> </p> | <p><b>Bottom Exit Plan Agreed Order 1/29/15.</b></p> <p>Documentation reflects when there are issues that may impact the continued implementation or appropriateness of an ISP or when there is a need for a review of the ISP, provider staff notify the appropriate persons, provide all needed information and follow the issue to resolution.</p> <p>The provider is responsible for carefully reviewing the final ISP and notifying the ISC of any inaccurate, conflicting or missing information.</p> <p><i>Provider Manual reference: 3.10.c.5-6.</i></p> |  |
|---|---|--|--|

**Domain 3. Safety and Security**

**Related CQL Personal Outcome Measures:**

- People are safe.
- People experience continuity and security.
- People use their environments.
- People are free from abuse and neglect.

**Related CQL Basic Assurance Indicators**

- People are free from abuse, neglect, mistreatment and exploitation.
- Acute health needs are addressed in a timely manner.
- Staff immediately recognize and respond to medical emergencies.
- They physical environment promotes people's health, safety and independence.
- The organization has individualized emergency plans.
- Routine inspections ensure that environments are sanitary and hazard free.
- The organization implements an ongoing staff development program.
- The organization implements systems that promote continuity and consistency of direct support professionals.
- Business, administrative and support functions promote personal outcomes.
- The cumulative record of personal information promotes continuity of services.
- The organization implements policies and procedures that define, prohibit and prevent abuse, neglect, mistreatment and exploitation.
- The organization implements systems for reviewing and analyzing trends, potential risks and sentinel events including allegations of abuse,

- neglect, mistreatment and exploitation, and injuries of unknown origin and deaths.
- Support staff know how to prevent, detect and report allegations of abuse, neglect, mistreatment and exploitation.
- 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.
- The organization ensures thorough, appropriate and prompt response to substantiated cases of abuse, neglect, mistreatment and exploitation, and to other associated issues identified in the investigation.
- The organization implements a system for staff recruitment and retention.

**Outcome 3A: Where the person lives and works is safe.**

| Indicators   | Results  | Guidance  | Comments |
|--|--|---|----------|
| *3.A.3. Provider responds to emergencies in a timely manner.   | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | When PA staff is on duty, provider documentation indicates appropriate action is taken in a timely manner when emergencies occur.<br><br><i>Provider Manual reference: 5.3.5; 5.3.8</i>   |          |
| 3.A.4. Provider staff report that the system for obtaining back-up or emergency staff is working.                              | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <u>Staff Interview</u><br><br>Staff demonstrate that emergency procedures and phone numbers are readily available.<br><br><i>Provider Manual reference: 5.3.11</i>  |          |
| *3.A.5. Providers assess and reassess the home and work environment regarding personal safety and environmental safety issues. | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | There are no serious safety issues noted in the environment in which the PA services are provided.<br><br><i>Provider Manual reference: 15.3.c.</i>   |          |
| *3.A.6. Providers resolve safety issues in a timely manner.  | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | Actions are taken to communicate and rectify any individual safety issues or problems identified.<br><br>Provider documentation indicates actions are taken and resolution occurs in a timely manner when safety issues are identified. |          |

|  |  |   |  |
|--|--|---|--|
|  |  | <i>Provider Manual reference: 5.3.; 5.4.; 5.6.</i>  |  |
| *3.A.7. Providers use a system of inspection and maintenance of vehicles used for transport. | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <p>If provider staff are responsible for transportation, vehicles used for the person's transportation are well maintained and safe in accordance with the agency's system of inspection and maintenance.</p> <p>First-aid kits are available in all vehicles.</p> <p><i>Provider Manual reference: 8.7.; 15.5.b.6.; Provider Agreement A.15.</i></p> |  |

**Outcome 3C. Safeguards are in place to protect the person from harm.**

| <b>Indicators</b>  | <b>Results</b>   | <b>Guidance</b>   | <b>Comments</b> |
|--|--|---|-----------------|
| 3.C.1. The person and family members report they understand the reporting system for reportable incidents and know what to expect when a report has been made. | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <p><u>Individual Interview and/or other review activities as needed</u></p> <p>The person knows what to do if someone mistreats him/her or fails to provide needed assistance to him/her (or is supported as needed to respond to these issues).</p>                                  |                 |
| 3.C.2. The person and family members report they feel that they can report incidents without fear of retaliation.  | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <p><u>Individual Interview and/or other review activities as needed</u></p>   |                 |
| *3.C.4. The provider has developed and implemented protection from harm policies and procedures.   | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <p>The primary provider and other COS members or professionals, as appropriate, develop for persons at-risk for crisis an individualized cross-systems crisis plan, consistent with DIDD requirements, to provide guidance for seeking and obtaining assistance from others in an</p> |                 |

|   |   |   |  |
|---|---|---|--|
|   |   | <p>emergency situation.</p> <p><i>Provider Manual reference: 12.7.2.</i></p>  |  |
| <p>*3.C.5. Provider staff are knowledgeable about the protection from harm policies and procedures.</p>   | <p><b>Y</b> <input type="checkbox"/></p> <p><b>N</b> <input type="checkbox"/></p> <p><b>NA</b> <input type="checkbox"/></p> <p><b>IJ</b> <input type="checkbox"/></p> | <p><u>Interview</u></p> <p>For all settings in which they work, staff are able to locate available incident reporting documents and are knowledgeable about incident management policies and procedures.</p> <p>Staff know how to access the State Investigator contact number; and, are knowledgeable about how to identify and report instances of suspected abuse, neglect or exploitation.</p> <p><i>Provider Manual reference: 7.1-1.; 7.2; 7.4.</i></p>   |  |
| <p>3.C.7. Provider staff report feeling safe to report incidents without fear of retaliation.</p>   | <p><b>Y</b> <input type="checkbox"/></p> <p><b>N</b> <input type="checkbox"/></p> <p><b>NA</b> <input type="checkbox"/></p> <p><b>IJ</b> <input type="checkbox"/></p> | <p><u>Individual (Staff) Interview</u></p>  |  |
| <p>3.C.9. The provider records all complaints, takes action to appropriately resolve the complaints presented, and documents complaint resolution achieved.</p> | <p><b>Y</b> <input type="checkbox"/></p> <p><b>N</b> <input type="checkbox"/></p> <p><b>NA</b> <input type="checkbox"/></p> <p><b>IJ</b> <input type="checkbox"/></p> | <p><u>Individual Interview and/or other review activities as indicated</u></p> <p>The person and/or legal representative have been provided individually appropriate information regarding how to access and use complaint resolution processes if complaints arise concerning his/her services including contact information for both for his/her service provider and for the Regional Office Complaint Resolution Unit.</p> <p>The person and family members report they know whom to contact regarding problems and concerns.</p> |  |

|   |   |  |  |
|---|---|--|--|
|   |   | <p>The person and family members indicate that reported problems and concerns are resolved in a timely and courteous manner.</p> <p><i>Provider Manual reference: 2.6.a.</i></p> |  |
| <p>*3.C.10. The provider reports incidents as required by DIDD, including following timeframes and directing the report to the appropriate party.</p> | <p><b>Y</b> <input type="checkbox"/></p> <p><b>N</b> <input type="checkbox"/></p> <p><b>NA</b> <input type="checkbox"/></p> <p><b>IJ</b> <input type="checkbox"/></p> | <p>Individual documentation and interview(s) indicate timely and appropriate reporting.</p> <p><i>Provider Manual reference: 7.1-1.; 7.2.</i></p>                                |  |

**Domain 4. Rights, Respect and Dignity**

**Related CQL Personal Outcome Measures:**

- People are treated fairly.
- People choose where and with whom they live.
- People use their environments.
- People live in integrated environments.
- People choose services.
- People are respected.
- People exercise rights.
- People choose where they work.

**Related CQL Basic Assurance Indicators**

- The organization implements policies and procedures that promote people's rights.
- The organization supports people to exercise their rights and responsibilities.
- People are treated as people first.
- The organization respects people's concern and responds accordingly.
- Supports and services enhance dignity and respect.
- The organization provides continuous and consistent services and supports for each person.
- Staff recognize and honor people's rights.
- People have privacy.
- The organization treats people with psychoactive medication for mental health needs consistent with national standards of care.
- People are free from unnecessary, intrusive interventions.
- The organization upholds due process requirements.
- The organization provides positive behavioral supports to people.

| Outcome 4A. The person is valued, respected and treated with dignity.   |  |   |          |
|---|--|---|----------|
| Indicators  | Results  | Guidance  | Comments |
| 4.A.1. The person and family members report that the person is valued, respected, and treated with dignity.               | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <u>Individual Interview and/or other review activities as indicated; Direct Observation</u><br><br><i>Provider Manual reference: 2.1.a.; 2.3; 2.4.</i>  |          |
| *4.A.5. Providers demonstrate and provide supports that promote value, respect and fair treatment for persons they serve. | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <u>Direct Observation (may include review of documentation)</u><br><br>The person is referred to by name.<br><br>The person is referred to appropriately (i.e., slang terms or disability labels are not used to refer to the person).<br><br>Staff interacts with the person in a manner of mutual respect and cooperation.<br><br>The person is treated with dignity, respect and fairness; is listened to, responded to and treated as an adult (if an adult).<br><br>Arrangements made with the person by provider staff are kept and on time, as planned.<br><br>Services and supports are consistently implemented in accordance with the person's current preferred lifestyle and related needs, and in a manner to increase personal independence, productivity, integration and inclusion.<br><br>Personal information is maintained in a confidential manner. |          |

|   |  | <i>Provider Manual reference: 2.3; 2.4; 2.7.</i>  |          |
|---|--|---|----------|
| <b>Outcome 4C. The person exercises his or her rights.</b>                        |  |   |          |
| Indicators  | Results  | Guidance  | Comments |
| *4.C.2. The person has time, space and opportunity for privacy.                   | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <u>Individual Interview and/or other review activities as indicated; Direct Observation; Record Review</u><br><br>The person has time, space and opportunities for privacy, including closed doors, no one entering personal space without seeking permission, access to a private telephone, visiting and grooming/dressing space, private mail.<br><br>Review of provider documentation indicates no problems with privacy.<br><br><i>Provider Manual reference: 2.1.a; 2.3.</i>  |          |
| *4.C.7. The person exercises his or her rights without inappropriate restriction. | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <u>Individual Interview and/or other review activities as indicated; Direct Observation</u><br><br>The person is appropriately supported to have basic rights and to have as much control over his/her life as possible.<br><br>Information is not released without current consent signed by the person and/or his or her legal representative.<br><br>The person and/or legal representative report he or she has been provided with understandable information regarding his/her rights as a citizen, grievance and appeal rights, |          |

|  |  |  |
|--|--|--|
|  | <p>rights to confidentiality, to access records, and to decide with whom to share information.</p> <p><i>Provider Manual reference: 2.1.a; 2.2; 2.3; 2.7.c; 2.9; 8.3.a</i></p> |  |
|--|--|--|

**Outcome 4D. Rights restrictions and restricted interventions are imposed only with due process.**

| Indicators  | Results   | Guidance  | Comments |
|---|---|---|----------|
| <p>4.D.2. The person and family members report that they knowingly and voluntarily gave consent to restricted interventions and have the opportunity to refuse, withdraw, or modify approval.</p> | <p><b>Y</b> <input type="checkbox"/></p> <p><b>N</b> <input type="checkbox"/></p> <p><b>NA</b> <input type="checkbox"/></p> <p><b>IJ</b> <input type="checkbox"/></p> | <p><u>Individual Interview and/or other review activities as indicated</u></p> <p>If there is any rights restriction, restricted intervention or psychotropic medication being used by the person, the person and his/her family and/or legal representative have received information about risks, benefits, side effects and alternatives, and have given voluntary, informed, documented consent for the use of the intervention or medication. Consents are renewed according to the DIDD Provider Manual.</p> <p><i>Provider Manual reference: 8.3.a</i></p> |          |
| <p>*4.D.3. Rights restrictions and restricted interventions are reviewed and/or approved in accordance with DIDD requirements.</p>  | <p><b>Y</b> <input type="checkbox"/></p> <p><b>N</b> <input type="checkbox"/></p> <p><b>NA</b> <input type="checkbox"/></p> <p><b>IJ</b> <input type="checkbox"/></p> | <p>Providers take collaborative and coordinated action to:</p> <ul style="list-style-type: none"> <li>• Obtain Human Rights Committee review of the use of psychotropic medication(s);</li> <li>• Obtain Human Rights Committee review prior to the programmatic use of restricted interventions;</li> <li>• Review the use of psychotropic medication in accordance with the DIDD Provider Manual; and</li> <li>• Ensure Behavior Support Committee and Human Rights Committee approvals are</li> </ul>  |          |

|  |   |   |                 |
|--|---|---|-----------------|
|  |   | <p>obtained prior to implementation of behavior support plans containing restricted, special individualized or specialized behavioral safety interventions.</p> <p><i>Provider Manual reference: 2.9; 8.5.a.; 12.6.</i></p> |                 |
| <p>*4.D.4. The provider imposes restricted interventions in accordance with the person's behavior support plan.</p>                      | <p><b>Y</b> <input type="checkbox"/></p> <p><b>N</b> <input type="checkbox"/></p> <p><b>NA</b> <input type="checkbox"/></p> <p><b>IJ</b> <input type="checkbox"/></p> | <p>Restricted interventions are utilized only in compliance with DIDD Policy and when addressed in an approved Behavior Support Plan.</p> <p><i>Provider Manual reference: 2.1.a.; 12.6.2-6.</i></p>                        |                 |
| <p><b>Domain 5. Health</b></p>   |   |   |                 |
| <p><b>Related CQL Personal Outcome Measures:</b></p>   |   |   |                 |
| <p>➤ People have the best possible health.</p>   |   |   |                 |
| <p>➤ People choose services.</p>   |   |   |                 |
| <p><b>Related CQL Basic Assurance Indicators</b></p>   |   |   |                 |
| <p>➤ People have supports to manage their own health care.</p>   |   |   |                 |
| <p>➤ People access quality health care.</p>  |   |   |                 |
| <p>➤ Data and documentation support evaluation of health care objectives and promote continuity of services and supports.</p>            |   |   |                 |
| <p>➤ Acute health needs are addressed in a timely manner.</p>  |   |   |                 |
| <p>➤ Staff immediately recognize and respond to medical emergencies.</p>   |   |   |                 |
| <p>➤ The organization treats people with psychoactive medication for mental health needs consistent with national standards of care.</p> |   |   |                 |
| <p>➤ People are free from unnecessary, intrusive interventions.</p>  |   |   |                 |
| <p>➤ Business, administrative and support functions promote personal outcomes.</p>   |   |   |                 |
| <p>➤ People receive medication and treatments safely and effectively.</p>  |   |   |                 |
| <p>➤ The organization implements an ongoing staff development program.</p>   |   |   |                 |
| <p>➤ The cumulative record of personal information promotes continuity of services.</p>  |   |   |                 |
| <p><b>Outcome 5A. The person has the best possible health.</b></p>   |   |   |                 |
| <b>Indicators</b>  | <b>Results</b>  | <b>Guidance</b>   | <b>Comments</b> |
| *5.A.5. Needed health care services  | <b>Y</b> <input type="checkbox"/>   | If implementation of health care services   |                 |

|  |   |  |  |
|--|---|--|--|
| <p>and supports are provided.</p>  | <p><b>N</b> <input type="checkbox"/><br/> <b>NA</b> <input type="checkbox"/><br/> <b>IJ</b> <input type="checkbox"/></p>  | <p>and/or physician's orders is required of the PA service, those supports are delivered and documented per the agency's policy for healthcare management and oversight.</p> <p>Any health related procedures requiring completion by a nurse are completed only by a nurse. Only a registered nurse may delegate activities related to health related procedures.</p> <p>Documentation of RN delegation includes and specifies:</p> <ul style="list-style-type: none"> <li>• That the nurse personally is delegating his/her license;</li> <li>• Names of staff delegation is applicable to;</li> <li>• Specific task/s being delegated;</li> <li>• Description of training provided to staff; and</li> <li>• Description of how the RN will monitor staff.</li> </ul> <p><i>Provider Manual reference: 8.3.b.; Joint Statement on Delegation, American Nurses Association and National Council of State Boards of Nursing.</i></p> |  |
| <p>*5.A.8. Provider staff take actions to address the person's emerging health problems or issues.</p> | <p><b>Y</b> <input type="checkbox"/><br/> <b>N</b> <input type="checkbox"/><br/> <b>NA</b> <input type="checkbox"/><br/> <b>IJ</b> <input type="checkbox"/></p> | <p>Upon discovery of any emerging health problems, ineffective medical interventions, additional information, or changes in health care concerns:</p> <ul style="list-style-type: none"> <li>• Provider staff obtain the necessary intervention from the applicable health care provider, and</li> <li>• The provider notifies the person's Independent Support Coordinator.</li> </ul> <p><i>Provider Manual reference: 8.2., 8.3.b., 8.6.</i></p>  |  |

| <b>Outcome 5B. The person takes medications as prescribed.</b>                                  |  |   |                 |
|---|--|---|-----------------|
| <b>Indicators</b>   | <b>Results</b>   | <b>Guidance</b>   | <b>Comments</b> |
| 5.B.1. The person's record adequately reflects all the medications taken by the person.         | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <p>If the PA staff is responsible for administering medications, the person's record contains current physician's orders for each medication (includes prescribed and over the counter).</p> <p><i>Provider Manual reference: Chapter 8; 10.10</i></p>  |                 |
| *5.B.2. Needed medications are provided and administered in accordance with physician's orders. | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <p>If the PA staff is responsible for administering medications, the provider ensures that prescription medications are taken in accordance with the directions of a physician.</p> <p>Ongoing medication refusals are reported to the prescribing practitioner.</p> <p>Medication variances are effectively detected, responded to, and reported per agency and DIDD policy and procedures.</p> <p>For persons who self-administer medications, the provider establishes procedures for and monitors the person's self-administration plan.</p> <p><i>Provider Manual reference: Chapter 8; Principles of Medication Administration Unit 6</i></p> |                 |
| *5.B.3. Only appropriately trained staff administer medications.                                | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <p>All unlicensed direct support staff who administer medications have successfully completed the Medication Administration by Unlicensed Personnel course, as per DIDD medication administration guidelines, and continue to maintain their certification, per DIDD Provider Manual.</p> <p>Any medications requiring administration by a nurse are administered only by a nurse. Only a</p>   |                 |

|  |   |   |  |
|--|---|---|--|
|  |   | <p>registered nurse may delegate activities related to medication administration.</p> <p>Documentation of RN delegation includes and specifies:</p> <ul style="list-style-type: none"> <li>• That the nurse personally is delegating his/her license;</li> <li>• Names of staff delegation is applicable to;</li> <li>• Specific task/s being delegated;</li> <li>• Description of training provided to staff; and</li> <li>• Description of how the RN will monitor staff.</li> </ul> <p><i>Provider Manual reference: Chapter 8; TCA 4-5-202, 68-1-904; Joint Statement on Delegation, American Nurses Association and National Council of State Boards of Nursing.</i></p> |  |
| <p>*5.B.4. Medication administration records are appropriately maintained.</p> | <p><b>Y</b> <input type="checkbox"/></p> <p><b>N</b> <input type="checkbox"/></p> <p><b>NA</b> <input type="checkbox"/></p> <p><b>IJ</b> <input type="checkbox"/></p> | <p>For the times that PA staff are responsible for administering medications, medication administration records are documented, legible, and accurately reflect DIDD requirements.</p> <p>Documentation of PRN medication includes the reason and result on the MAR.</p> <p>Information related to side effects, such as medication profile sheets, are maintained in the person's record in a place readily accessible to the person administering the medications.</p> <p>Information listed on the MAR matches the prescription label and physician's orders.</p> <p><i>Provider Manual reference: Chapter 8; 10.6.; Open Line 8/31/12; TCA 1200-20-12.06(2)</i></p>       |  |

|   |   |   |  |
|---|---|---|--|
| <p>5.B.5. Storage of medication ensures appropriate access, security, separation, and environmental conditions.</p> | <p>Y <input type="checkbox"/><br/>                 N <input type="checkbox"/><br/>                 NA <input type="checkbox"/><br/>                 IJ <input type="checkbox"/></p> | <p>If the PA is administering medications, medications should be stored per the agency medication administration policy.</p> <p>The PA stores medications appropriately when they must be transported for administration during community outings.</p> <p><i>Provider Manual reference: Chapter 8</i></p> |  |
|---|---|---|--|

**Outcome 5C. The person’s dietary and nutritional needs are adequately met.**

| Indicators   | Results   | Guidance   | Comments |
|--|---|--|----------|
| <p>*5.C.1. The person is supported to have good nutrition.</p> | <p>Y <input type="checkbox"/><br/>                 N <input type="checkbox"/><br/>                 NA <input type="checkbox"/><br/>                 IJ <input type="checkbox"/></p> | <p>If the PA is responsible for assisting the person to eat, any dietary guidelines or mealtime instructions are implemented as recommended or ordered.</p> <p>Any dietary or nutritional supports requiring administration by a nurse are administered only by a nurse. Only a registered nurse may delegate activities related to dietary or nutritional supports.</p> <p>Documentation of RN delegation includes and specifies:</p> <ul style="list-style-type: none"> <li>• That the nurse personally is delegating his/her license;</li> <li>• Names of staff delegation is applicable to;</li> <li>• Specific task/s being delegated;</li> <li>• Description of training provided to staff; and</li> <li>• Description of how the RN will monitor staff.</li> </ul> <p><i>Provider Manual reference: 8.1.; 8.2.; Joint</i></p> |          |

|  |  |  |  |
|--|--|--|--|
|  |  | <i>Statement on Delegation, American Nurses Association and National Council of State Boards of Nursing.</i> |  |
|--|--|--|--|

**Domain 6. Choice and Decision Making**

**Related CQL Personal Outcome Measures:**

- People exercise rights.
- People choose where and with whom they live.
- People choose where they work.
- People live in integrated environments.
- People choose services.
- People choose personal goals.

**Related CQL Basic Assurance Indicators**

- The organization implements a system for staff recruitment and retention.
- The support needs of individuals shape the hiring, training and assignment of all staff.
- The organization implements systems that promote continuity and consistency of direct support professionals.
- Decision-making supports are provided to people as needed.
- People have meaningful work and activity choices.
- The organization provides continuous and consistent services and supports for each person.

**Outcome 6A. The person and family members are involved in decision-making at all levels of the system.**

| <b>Indicators</b>  | <b>Results</b>   | <b>Guidance</b>   | <b>Comments</b> |
|--|--|---|-----------------|
| 6.A.3. The person and family members are given the opportunity to participate in the selection and evaluation of their direct support staff.             | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <u>Individual Interview and/or other review activities as indicated</u><br><br><i>Provider Manual reference: 3.3; 11.1.d</i>    |                 |
| 6.A.4. The person and family members report they feel free to express their concerns to providers and report that the provider acts upon their concerns. | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <u>Individual Interview and/or other review activities as indicated</u><br><br><i>Provider Manual reference: 2.6.a.; 2.6.b.</i> |                 |

**Outcome 6B. The person and family members have information and support to make choices about their lives.**

| Indicators   | Results  | Guidance  | Comments |
|--|--|---|----------|
| 6.B.1. The person is supported to communicate choices. | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | <u>Individual Interview and/or other review activities as indicated; Direct Observation</u><br><br><i>Provider Manual reference: 2.1.a.; 3.3.; 3.5.1.; 8.1.1-2.</i> |          |

**Domain 9. Provider Capabilities and Qualifications**

**Related CQL Personal Outcome Measures:**

- People decide when to share personal information.
- People are free from abuse and neglect.

**Related CQL Basic Assurance Indicators**

- The organization implements policies and procedures that define, prohibit and prevent abuse, neglect, mistreatment and exploitation.
- The organization implements systems for reviewing and analyzing trends, potential risks and sentinel events including allegations of abuse, neglect, mistreatment and exploitation, and injuries of unknown origin and deaths.
- Data and documentation support evaluation of health care objectives and promote continuity of services and supports.
- People receive medication and treatments safely and effectively.
- They physical environment promotes people's health, safety and independence.
- The organization implements a system for staff recruitment and retention.
- The support needs of individuals shape the hiring, training and assignment of all staff.
- The organization implements systems that promote continuity and consistency of direct support professionals.
- The organization treats its employees with dignity, respect and fairness.
- The organization provides continuous and consistent services and supports for each person.
- The organization provides positive behavioral supports to people.
- The organization's mission, vision and values promote attainment of personal outcomes.
- Business, administrative and support functions promote personal outcomes.
- The cumulative record of personal information promotes continuity of services.
- Support staff know how to prevent, detect and report allegations of abuse, neglect, mistreatment and exploitation.
- The organization has individualized emergency plans.
- The organization implements an ongoing staff development program.

**Outcome 9A. The provider meets and maintains compliance with applicable licensure and Provider Agreement requirements.**

| Indicators                    | Results                           | Guidance                                    | Comments |
|-------------------------------|-----------------------------------|---|----------|
| 9.A.3. The provider maintains | <b>Y</b> <input type="checkbox"/> | The provider complies with appropriate DIDD |          |

|   |   |  |  |
|---|---|--|--|
| appropriate records relating to the person. | <b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | requirements related to the person's record.<br><br><i>Provider Manual reference: 2.7.; 5.3.; Chapter 10; DIDD Policy 80.4.4. Electronic Records and Signatures; DIDD Provider Agreement</i> |  |
|---|---|--|--|

**Outcome 9B. Provider staff are trained and meet job specific qualifications.**

| Indicators  | Results  | Guidance  | Comments |
|---|--|---|----------|
| 9.B.1. The person and family members report that provider staff competently provides quality services and supports.                       | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | Individual Interview and/or other review activities as needed.  |          |
| *9.B.2. Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person. | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | Ongoing training is provided as the person's needs change.<br><br><i>Provider Manual reference: 3.10.; Chapter 6.</i> |          |

**Outcome 9C. Provider staff are adequately supported.**

| Indicators   | Results  | Guidance  | Comments |
|--|--|---|----------|
| 9.C.1. Provider staff report that supervisory staff are responsive to their concerns and provide assistance and support when needed. | <b>Y</b> <input type="checkbox"/><br><b>N</b> <input type="checkbox"/><br><b>NA</b> <input type="checkbox"/><br><b>IJ</b> <input type="checkbox"/> | Staff Interview and/or other review activities as needed.<br><br><i>Provider Manual reference: 5.6.</i> |          |

**Domain 10: Administrative Authority and Financial Accountability**

**Related CQL Personal Outcome Measures:**

➤ People experience continuity and security.

**Related CQL Basic Assurance Indicators**

➤ The organization implements sound fiscal practices.

**Outcome 10A. Providers are accountable for DIDD requirements related to the services and supports that they provide.**

| Indicators   | Results   | Guidance   | Comments |
|--|---|--|----------|
| <p>*10.A.1. The agency provides and bills for services in accordance with DIDD requirements.</p> | <p>Y <input type="checkbox"/></p> <p>N <input type="checkbox"/></p> <p>NA <input type="checkbox"/></p> <p>IJ <input type="checkbox"/></p> | <p><u>Review of documentation and billing</u></p> <p>Services are not provided in, or provided while the person is in, a hospital, ICF/IID, Skilled Nursing Facility, local K-12 educational facility or other federally funded program.</p> <p><i>Provider Manual reference: 5.11; 5.13; Waiver Service definitions</i></p> |          |