

Title XIX MR/DD Waiver Program Quality Review Guide

PURPOSE

This guide is to be used by all MR/DD Waiver Program Reviewer's to prepare for and to complete all program reviews.

SCOPE

The scope of the review process is to assess the quality of supports and services provided by MR/DD Waiver Provider agencies. This process will provide a baseline of performance to compare programs and identify service delivery areas for the state that offer opportunities for improvement. A quarterly/annual report card will be issued for each area of Quality to be used by the Quality Councils for analysis and improvement efforts. Areas of review will include DD documentation, financial accountability, person centered planning, and member outcome.

SAMPLING METHODOLOGY

The MR/DD Waiver Program will utilize a stratified sampling method for all review activities. Members will be randomly selected for review. Samples will be selected using the following formula: 10% of all members served, but not less than two (2) nor more than fifteen (15). The sampling population will be members who reside in natural family settings, ISS settings, group home settings, and specialized family care settings. In addition, the sample will obtain a range of age groups from birth to three, school-aged, and adult members.

The financial review will consist of all waiver services that are applicable to the agency being reviewed. If any services result in a disallowance situation, the reviewers will work collaboratively with the Office of Quality Program Integrity (OQPI) of BMS and the ASO, APS Healthcare, for further investigation and/or collection.

At least ten percent (10%) of all Direct Care, Contract, and Professional personnel files will be reviewed for qualification and training requirements.

Provider agencies will not be determining the members, personnel or documentation that will be reviewed.

Reviewers will review ten percent (10%) of the outstanding (45 days or older) full application packets.

BEFORE THE REVIEW

Agency demographic information will be completed prior to going on-site to complete the review. An initial letter informing the agency of the calendar quarter in which the review will occur and requesting Demographic information will be sent at least sixty (60) days before the review quarter. This will allow the agency the opportunity to indicate any black out days in which a review can not occur. Two weeks prior to the review, a second letter will be sent notifying the agency of the dates of the review and to request any additional information needed to set review sample and schedule.

Special or investigative reviews do **not** require any prior notification of the provider.

HOW TO USE THIS GUIDE

The guide will go through each section and item of the Review Worksheet. Reviewers will use this guide during reviews. The guide will give additional and detailed information regarding the items and the rating and scoring of the evidence gathered.

FREQUENCY OF REVIEWS

Reviews will occur on a two (2) year cycle. Agencies who, as a part of their Quality Management Program, conduct six (6) month **self** reviews utilizing the Title XIX MR/DD Waiver Review Guide and obtain a Composite Score of (90) % in all sections for the annual and six (6) month reviews immediately preceding their second or higher regularly scheduled review, may be allowed to conduct a self review in lieu of a State Review for Clinical Standards. The Composite Score is subject to adjustment, dependent upon results of State Reviews for Clinical Standards.

I. ADMINISTRATIVE REVIEW

Reviewers will need to obtain a report from the MR/DD Waiver database on all outstanding application packets.

Policy Reference	Quality Indicators	Rating/Scoring
<p style="text-align: center;">507.15</p> <ul style="list-style-type: none"> The agency contact person is responsible for maintaining a single file with a copy of all DD-19 forms completed and submitted for reimbursement. This single file must have the attachments to the DD-19 form. 	<p>1. The agency maintains a file for all environmental accessibility adaptations with required attachments and documentation.</p> <ul style="list-style-type: none"> Does the Contact Person maintain a file for all EAA? Are the required attachments and documentation present? 	<p>2 = If 100% are present in the EAA files. 1 = If 100% are present but not located in one central file. 0 = If no central file or organization of files is present. POC = If score is 1 or 0 N/A</p>
<p style="text-align: center;">507.3</p> <ul style="list-style-type: none"> Four year degree in a human service field and less than one year of experience in the MR/DD field. (Restrictions - must be under the supervision of the Service Coordinator Supervisor. Four year degree in a non-human service field and one year experience in the MR/DD field. (Restrictions – must be under the supervision of the Service Coordinator Supervisor. A Registered Nurse who has one or more years of experience working in the MR/DD field (Restrictions - must be under the supervision of the Service Coordination Supervisor. <p style="text-align: center;">507.11.1</p> <ul style="list-style-type: none"> Demonstrated competencies as determined by the provider that the individual can perform the core job functions of a skills specialist. Providers without one year post graduate professional experience may provide skills specialist services under the direct supervision of a QMRP professional with a Masters degree in social work, psychology or counseling or a licensed psychologist. 	<p>2. Agencies must have a process for providing required clinical supervision</p> <ul style="list-style-type: none"> Clinical supervision (Individual or Group) involves review of clinical activities, review of case notes and review of treatment plans for six (6) months. This must be verified by supervisory documentation once per month. 	<p>2 = Yes , has written procedures in place and implemented 1 = Yes, with written procedures in place but not implemented. 0 = Yes, with no written procedures in place. POC = If score is 1 or 0 N/A</p>
<p style="text-align: center;">507.3</p> <p>MR/DD Waiver Service Coordinators may not provide services for more than 20 people, inclusive of all people served by the Service Coordinator at any time.</p>	<p>3. Agency service coordinators do not have caseloads that exceed 20 people.</p>	<p>2 = If answer is No. 1 = If answer is Yes, with a caseload of 21 – 25 and Waiver approval documented. 0 = If the answer if Yes, with a caseload of 26 or greater. POC = If score is 0 N/A</p>
<p style="text-align: center;">502.3</p> <ul style="list-style-type: none"> The Service Coordination Agency must notify the state MR/DD Waiver Office in writing, if they are exceeding the maximum case load cap. The Service Coordination Agency must address the following in writing within 48 hours: <ul style="list-style-type: none"> -The number of members per each service Coordinator whose case load exceeds twenty members (e.g., Service Coordinator Name, # of members). -The agency plan, including time lines for hiring and training new Service Coordinators -The agency must include a back-up plan to cover emergencies. 	<p>4. If an agency has service coordinators with more than 20 people, there must be a plan for securing more service coordinators.</p>	<p>2 = Aggressively securing (conducting interviews, checking references.) 1 = Moderately attempting to secure (posting position, running ads.) 0 = No effort to secure more service coordinators POC = If score is 0 N/A</p>

Policy Reference	Quality Indicators	Rating/Scoring
<p style="text-align: center;">503.1</p> <ul style="list-style-type: none"> A member may obtain an application information packet from: Local Behavioral Health Centers, local/county DHHR Offices or the State MR/DD Waiver Office. 	<p>5. The agency has accessible Application Information Packets for distribution.</p>	<p>2 = Agency has packets and staff know where they are and how to obtain more from the State MR/DD Waiver office. 0 = If they do not have a supply. POC = if score is 0</p>
<p style="text-align: center;">503.1</p> <ul style="list-style-type: none"> A 45 day application process will begin upon the initial signature date indicating the receipt of the application (DD-14) by the Waiver provider agency. The provider must submit a completed packet to the State MR/DD Waiver office from this date of signature within a 45 day time frame. 	<p>6. Does the agency have any outstanding application packets (over 45 days)? - Reviewers should obtain a report prior to the review. How many outstanding packets? - Reviewers will review 10% of these cases on-site. - Reviewers should note any documentation that justifies the outstanding status.</p>	<p>2 = Zero outstanding full application packets, or outstanding full application packets with documentation stating rationale that meets Benjamin H. standards. 0 = Any outstanding packets without rationale that meets Benjamin H. standards. POC = if score is a 0.</p>
<p style="text-align: center;">502.2</p> <p>The agency hires qualified professionals.</p> <ul style="list-style-type: none"> The provider agency must operate a credentialing process that ensures the qualifications of Therapeutic Consultant providers as referenced in Section 507.11 	<p>7. The agency ensures all Therapeutic Consultants are qualified.</p> <ul style="list-style-type: none"> Does the Agency have a valid DD 17 for each Therapeutic Consultant? 	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0 N/A</p>
	<p>8. The agency monitors member satisfaction.</p> <ul style="list-style-type: none"> The agency has a procedure to monitor satisfaction The agency has documented evidence of monitoring 	<p>2 = Yes , has written procedures in place and implemented 1 = Yes, with written procedures in place but not implemented. 0 = Yes, with no written procedures in place. POC = If score is 1 or 0 N/A</p>
<p style="text-align: center;">502.2</p> <ul style="list-style-type: none"> The agency has evidence of implementing a utilization review and quality improvement process which includes verification that services have been provided and the quality of those services meets the standards of the MR/DD Waiver Program and all other applicable licensing and certification bodies. 	<p>9. The agency has a quality Improvement process.</p> <ul style="list-style-type: none"> conducts regular review audits has documentation of quality improvement activities 	<p>2 = Yes , has written procedures in place and implemented 1 = Yes, with written procedures in place but not implemented. 0 = Yes, with no written procedures in place. POC = If score is 1 or 0 N/A</p>
	<p>10. The agency utilizes a critical incident database with all required tracking fields? - Report from the agency detailing the critical incidents for the past 12 months. Detailed information means the reviewers should be able to understand the situation from the information provided without needing the actual incident report. or - Agency is utilizing the WVIMS web application (or EDI downloads) Required Fields: <ul style="list-style-type: none"> type of incident number of incidents by agency and member </p>	<p>2 = All required fields present and detailed information is present. 1 = All required fields are present without detailed information. 0 = Required field(s) absent. POC = if score is a 1 or 0.</p>

Policy Reference	Quality Indicators	Rating/Scoring
<p align="center">502.2</p> <p>SPECIFIC REQUIREMENTS In addition to the provider participation requirements as set forth in Chapter 300, Provider Participation Requirements, MR/DD Waiver Program provider agencies must: Meet and maintain the standards established by the Secretary of the U. S. Department of Health and Human Services (DHHS), and all applicable state and federal laws governing the provision of these services.</p>	<p>11. The agency can provide documentation of current interagency collaboration with all related service providers. Reviewers should obtain copies of all Interagency Collaboration Agreements.</p> <p>Do the Interagency Collaborative Agreement outline:</p> <ul style="list-style-type: none"> • responsibilities • have a formal process for problem solving 	<p>2 = 100% of the Interagency Agreements are available with all criteria addressed 1 = 100% of the Interagency Agreements are available 0 = Less than 100% of the Interagency Agreements are available POC = if score is a 1 or 0</p>
<p align="center">502.2</p> <p>SPECIFIC REQUIREMENTS In addition to the provider participation requirements as set forth in Chapter 300, Provider Participation Requirements, MR/DD Waiver Program provider agencies must: Meet and maintain the standards established by the Secretary of the U. S. Department of Health and Human Services (DHHS), and all applicable state and federal laws governing the provision of these services.</p>	<p>12. If this agency provides payee services for any member, is there a system of checks and balances?</p> <ul style="list-style-type: none"> - If the center is the fiduciary for funds, they shall maintain a current record and keep separate accounts of each consumer's funds. - They shall provide at least monthly and upon request, a statement of his or her account. - All money earned by a consumer shall be used for the sole benefit of that consumer. <p>Centers shall allow a consumer or his or her legal representative to use his or her personal funds.</p>	<p>2= All criteria are met with documentation present (available) 1= All criteria are met without documentation 0= Some or no criteria is met POC= if score is 1 or 0 N/A</p>
<p align="center">502.2</p> <p>SPECIFIC REQUIREMENTS In addition to the provider participation requirements as set forth in Chapter 300, Provider Participation Requirements, MR/DD Waiver Program provider agencies must: Meet and maintain the standards established by the Secretary of the U. S. Department of Health and Human Services (DHHS), and all applicable state and federal laws governing the provision of these services.</p>	<p>13. The Agency has procedures that ensure the individual (or legal representative) exercises their right to approve or disapprove expenditures prior to expenditure?</p>	<p>2 = Yes, with written procedures in place and implemented. 1 = Yes, with written procedures in place but not implemented. 0 = No. POC = If score is 0 N/A</p>
<p align="center">502.2</p> <p>SPECIFIC REQUIREMENTS In addition to the provider participation requirements as set forth in Chapter 300, Provider Participation Requirements, MR/DD Waiver Program provider agencies must: Meet and maintain the standards established by the Secretary of the U. S. Department of Health and Human Services (DHHS), and all applicable state and federal laws governing the provision of these services.</p>	<p>14. The Agency's makeup of the Human Rights Committee meets standards.</p> <ul style="list-style-type: none"> - A center with fewer than thirty (30) consumers shall have a minimum of three (3) members on the human rights committee, and a center with more than thirty (30) consumers shall have a minimum of five (5) members. - At least one third of the committee members shall be consumers and no more than one third shall be staff of the center. 	<p>2 = Yes 0 = No POC = If score is 0.</p>
<p>Does the agency have the following written policies and procedures:</p>		
<p align="center">502.2</p> <p>SPECIFIC REQUIREMENTS In addition to the provider participation requirements as set forth in Chapter 300, Provider Participation Requirements, MR/DD Waiver Program provider agencies must: Meet and maintain the standards established by the Secretary of the U. S. Department of Health and Human Services (DHHS), and all applicable state and federal laws governing the provision of these services.</p>	<p>15. Incident & Critical Incident Reporting Policy. The agency has a policy that addresses the following:</p> <ul style="list-style-type: none"> • prevention • reporting • action steps/follow-up • monitoring for trends 	<p>2 = If the policy addresses all the criteria. 1 = If the policy addresses all the criteria, except prevention 0 = If the policy does not address all the criteria POC = If the score is a 1 or 0.</p>

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<p style="text-align: center;">502.2</p> <p>SPECIFIC REQUIREMENTS In addition to the provider participation requirements as set forth in Chapter 300, Provider Participation Requirements, MR/DD Waiver Program provider agencies must: Meet and maintain the standards established by the Secretary of the U. S. Department of Health and Human Services (DHHS), and all applicable state and federal laws governing the provision of these services.</p>	<p>16. Complaint & Appeal Process Policy. The agency has a policy that addresses the following:</p> <ul style="list-style-type: none"> • how a member is to file a complaint or appeal • time lines for responses to complaints and appeals • how the appellant can appeal an agency response • how the appellant can file an appeal at the state level or request a fair hearing without going through the agency first 	<p>2 = If the policy addresses all the issues. 1 = If the policy addresses all the issues, except bypassing the local level to the state level. 0 = If the policy does not address any of the issues POC = If the score is a 1 or 0.</p>
<p style="text-align: center;">502.2</p> <p>SPECIFIC REQUIREMENTS In addition to the provider participation requirements as set forth in Chapter 300, Provider Participation Requirements, MR/DD Waiver Program provider agencies must: Meet and maintain the standards established by the Secretary of the U. S. Department of Health and Human Services (DHHS), and all applicable state and federal laws governing the provision of these services.</p>	<p>17. Support for Behavioral Needs Policy. The agency has a policy that addresses the following:</p> <ul style="list-style-type: none"> • the development of behavior support plans • positive behavioral support • use of reactive/restrictive measures (when, how, monitoring, follow-up, reporting) • human rights committee approval • use of medications to control behavior • emergency situations • crisis (prevention, reporting, follow-up)? 	<p>2 = If the policy addresses all the issues. 1 = If the policy addresses all the issues, except positive behavioral support. 0 = If the policy does not address all the issues with the exception of positive behavioral support. POC = If the score is a 1 or 0.</p>
<p style="text-align: center;">502.2</p> <p>SPECIFIC REQUIREMENTS In addition to the provider participation requirements as set forth in Chapter 300, Provider Participation Requirements, MR/DD Waiver Program provider agencies must: Meet and maintain the standards established by the Secretary of the U. S. Department of Health and Human Services (DHHS), and all applicable state and federal laws governing the provision of these services.</p>	<p>18. Management of Personal Income. The agency has a policy that addresses the following:</p> <ul style="list-style-type: none"> • how the members' personal income is spent • when, and where the members' personal income is spent • agency staff access to funds • who has the responsibility to monitor members' personal income 	<p>2 = If the policy addresses 100% of the criteria 1 = If the policy addresses at least 75% of the criteria 0 = If the policy addresses less than 75% of the criteria POC = If the score is a 1 or 0.</p>
<p style="text-align: center;">502.2</p> <p>SPECIFIC REQUIREMENTS In addition to the provider participation requirements as set forth in Chapter 300, Provider Participation Requirements, MR/DD Waiver Program provider agencies must: Meet and maintain the standards established by the Secretary of the U. S. Department of Health and Human Services (DHHS), and all applicable state and federal laws governing the provision of these services.</p>	<p>19. Abuse & Neglect Policy. The agency has a policy that addresses the following:</p> <ul style="list-style-type: none"> • Prevention • Reporting • Investigating • Follow –up • Monitoring • Mandatory reporting 	<p>2 = If the policy addresses all the criteria. 1 = If the policy addresses all of the criteria, except mandatory reporting. 0 = If the policy does not address any of the criteria POC = If the score is a 1 or 0.</p>
<p style="text-align: center;">502.2</p> <p>SPECIFIC REQUIREMENTS In addition to the provider participation requirements as set forth in Chapter 300, Provider Participation Requirements, MR/DD Waiver Program provider agencies must: Meet and maintain the standards established by the Secretary of the U. S. Department of Health and Human Services (DHHS), and all applicable state and federal laws governing the provision of these services.</p>	<p>20. Medication Administration Policy. The agency has a policy that addresses the following:</p> <ul style="list-style-type: none"> • medication administration (who is responsible) • storage • medication orders • accessibility of orders wherever Agency staff administer medication • PRN orders • medication errors • Agency back up medication administration plans. 	<p>2 = If the policy addresses all the criteria 1 = If the policy addresses 50% of the criteria. 0 = If the policy addresses less than 50% of the criteria POC = If the score is a 1 or 0.</p>

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	<p>21. Member Discharge The agency has a policy that addresses the following:</p> <ul style="list-style-type: none"> • Notification of intent to discharge • Responsibilities of agency • Responsibilities of individual (or legal representative) • Timelines for discharge process 	<p>2 = If the policy addresses all the criteria 1 = If the policy addresses 50% of the criteria. 0 = If the policy addresses less than 50% of the criteria POC = If the score is a 1 or 0.</p>
	<p>22. Member Illness The agency has a policy that addresses the following:</p> <ul style="list-style-type: none"> • accessing community/day programming services <ul style="list-style-type: none"> - Day program plan if applicable - Residential coverage if applicable - Employment/Work plan if applicable 	<p>2 = If the policy addresses all the criteria 1 = If the policy addresses 50% of the criteria 0 = If the policy addresses less than 50% of the criteria POC = If the score is 1 or 0 N/A</p>
		<p>TOTAL SCORES %</p>

II. QUALIFIED PROVIDER REVIEW

This section is focused on the qualifications and training requirements of MR/DD Waiver providers. The reviewer's will review at least 10% of all personnel files for service coordinators, Therapeutic Consultants, nurses, and direct support staff. If any provider (employee or contract) does not have the required qualifications or training before the provision of services, those services provided are subject to disallowance.

If the agency has less than a 70% compliance rating (Total composite score %) - the sample needs to be extended to 15%. Final scores will be composite scores.

Policy Reference	Quality Indicator	Individual Ratings	Composite Scores
<p>502.5</p> <p>Individuals providing Service Coordination, Residential Habilitation, Day Habilitation, Pre-vocational, Supported Employment, Adult Companion II, Respite II, Nursing, Skills Specialist, and Behavioral Specialist/Analyst must be trained in the following (provide verification and dates of the initial training and those training which require recertification):</p> <ul style="list-style-type: none"> • Overview of Developmental Disabilities • People First Language • Normalization • Sensitivity to Individual/Family Needs/Concerns • Member Rights and Confidentiality • Recognition of and Reporting of Neglect and Abuse • Member Specific Training in Health/safety and/or Habilitation Objectives Needed to Provide Direct Care Services • Person-Centered Planning <p>Individuals providing Adult Companion 1 and Respite 1 must provide evidence that they have training in:</p> <ul style="list-style-type: none"> • Current certification in CPR • Current certification in First Aid • Recognition and reporting of neglect and abuse • Documentation <p>Additionally, individuals providing Service Coordination must have training in:</p> <ul style="list-style-type: none"> • Community Resources • Home Visits • Day Habilitation Visits • Facilitation of IDT meetings • Developing/documenting an IPP • Linkage, referral, and advocacy • Crisis planning <p>Additionally, Skills Specialist and Behavioral Specialist/Analyst must have training in:</p> <ul style="list-style-type: none"> • Development of Task Analysis and/or Methodology • Overview of positive behavioral support • Development of Behavioral Guidelines, Protocols, and Positive Behavioral Support Plans <p>Provider agencies must maintain record of the training verification.</p>	<p>Agency administration ensures all staff has required training prior to the delivery of services.</p>		
	23. Overview of Developmental Disabilities Training.	2 = Yes 0=No N/A	2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.
	24. People First Language Training.	2 = Yes 0=No N/A	2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.
	25. Normalization Training.	2 = Yes 0=No N/A	2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.
	26. Sensitivity to Individual/Family Needs/Concerns Training.	2 = Yes 0=No N/A	2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.
	27. Member Rights & Confidentiality Training.	2 = Yes 0=No N/A	2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.
	28. Recognition of and Reporting of Neglect and Abuse Training.	2 = Yes 0=No	2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.
	29. Positive Behavioral Support Training.	2 = Yes 0=No N/A	2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.
	30. Non-violent Crisis Intervention Training. (Not required for community residential habilitation)	2 = Yes 0=No N/A	2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.
	31. Training on current MR/DD Waiver Manual and Home and Community Based Services	2 = Yes 0=No N/A	2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.
	32. CPR Certification. Is there a copy of valid CPR certification in the personnel file for the sample? A copy of the actual certification card must be present, or a list with date and pass/fail, and the instructor's signature.	2 = Yes 0=No	2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.

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	33. First Aid Certification. Is there a copy of valid First Aid certification in the personnel file for the sample? A copy of the actual certification card must be present.	2 = Yes 0=No	2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.
	34. Documentation Training.	2 = Yes 0=No	2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.
	35. Participant-Specific Training (DD-13). Health and Safety Training(s) and Habilitation Training(s)	2 = Yes 0=No N/A	2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.
	36. Person-Centered Planning Training.	2 = Yes 0=No N/A	2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.
	37. Community Resources Training. (For service coordinators only.)	2 = Yes 0=No N/A	2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.
	38. Home Visit Training. (For service coordinators only.)	2 = Yes 0=No N/A	2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.
	39. Day Habilitation Visit Training. (For service coordinators only.)	2 = Yes 0=No N/A	2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.
	40. Facilitation of IDT Meetings Training. (For service coordinators only.)	2 = Yes 0=No N/A	2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.
	41. Linkage, Referral, and Advocacy Training. (For service coordinators only.)	2 = Yes 0=No N/A	2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.
	42.Crisis Planning Training. (For service coordinators only)	2 = Yes 0=No N/A	2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.
	43.Development of Task Analysis and/or Methodology. (For Therapeutic Consultants only.)	2 = Yes 0=No N/A	2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.
	44. Overview of positive behavioral support. (For Therapeutic Consultants only.)	2 = Yes 0=No N/A	2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.
	45. Development of Behavioral Guidelines, Protocols, and Positive Behavioral Support Plans. (For Therapeutic Consultants only.)	2 = Yes 0=No N/A	2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.

Policy Reference	Quality Indicator	Individual Ratings	Composite Scores
<p align="center">507.3</p> <p>Criminal Investigation Background Check (CIB). CIB results which may place a member at risk of personal health and safety or have evidence of a history of Medicaid fraud or abuse must be considered by the provider agency before placing an individual in a position to provide services to the member.</p>	<p>46. Proof of CIB Background Check. Is there proof a CIB background check was completed and the outcome meets the MR/DD Waiver program requirements?</p>	<p>2 = Yes 0=No N/A</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>
<p align="center">507.13.1</p> <p>PROVIDER QUALIFICATIONS</p> <ul style="list-style-type: none"> Current WV registered nursing license. <p align="center">507.13.2</p> <p>PROVIDER QUALIFICATIONS</p> <ul style="list-style-type: none"> Current WV Nursing License. <p align="center">507.16.2</p> <p>Psychological Evaluations and Triennial services must be provided by a psychologist licensed to practice in WV or eligible to be licensed to practice in WV and under the supervision of a WV licensed psychologist.</p> <p align="center">502.2</p> <p>The provider agency must operate a credentialing process that ensures the qualifications of Therapeutic Consultant providers as referenced in Section 507.11</p>	<p>47. Applicable Professional licenses.</p>	<p>2 = Yes 0=No N/A</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>
<p align="center">507.4</p> <p>PROVIDER QUALIFICATIONS</p> <p>Drivers must be at least eighteen (18) years of age and have a valid driver's license (copy to be kept on file).</p> <p align="center">507.5</p> <p>PROVIDER QUALIFICATIONS</p> <p>Respite Care Level I Prior to the provision of services, the contracted Respite providers must submit verification of the following to the contracting provider:</p> <ul style="list-style-type: none"> Contractor is a minimum of 18 years of age. <p align="center">507.6.1</p> <p>PROVIDER QUALIFICATIONS</p> <p>Residential service providers must have a minimum of the following qualifications:</p> <ul style="list-style-type: none"> Be at least 18 years old with proof of age on file. <p align="center">507.6.2</p> <p>PROVIDER QUALIFICATIONS</p> <p>Residential service providers must have a minimum of the following qualifications:</p> <ul style="list-style-type: none"> Be at least 18 years old with proof of age on file. <p align="center">507.7</p> <p>PROVIDER QUALIFICATIONS</p> <p>Adult Companion Level I</p> <p>Prior to the provision of services, the contracted Adult Companion Level I Provider must submit verification of the following to the contracting provider:</p> <ul style="list-style-type: none"> The contractor is a minimum of 18 years of age. 	<p>48. Proof of Age. Is there documentation which verifies the provider is 18 years of age or older?</p>	<p>2 = Yes 0=No N/A</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>

Policy Reference	Quality Indicator	Individual Ratings	Composite Scores
<p>Adult Companion Level II Providers must be employees of the behavioral health provider chosen for the service and:</p> <ul style="list-style-type: none"> Be at least 18 years old with proof of age on file at the provider agency. <p style="text-align: center;">507. 8</p> <p>PROVIDER QUALIFICATIONS Day Habilitation Program service providers must have a minimum of the following qualifications:</p> <ul style="list-style-type: none"> Be at least 18 years old with proof of age on file. <p style="text-align: center;">507. 9</p> <p>PROVIDER QUALIFICATIONS Prevocational service providers must meet the following criteria:</p> <ul style="list-style-type: none"> Must be at least 18 years old with proof of age on file. <p style="text-align: center;">507.10</p> <p>PROVIDER QUALIFICATIONS Supported employment service providers must meet the following criteria:</p> <ul style="list-style-type: none"> Must be at least 18 years old with proof of age on file. <p style="text-align: center;">507. 14</p> <p>PROVIDER QUALIFICATIONS Crisis Service providers must have a minimum of the following qualifications:</p> <ul style="list-style-type: none"> Be at least 18 years old with proof of age on file. 			
<p style="text-align: center;">507.3</p> <p>PROVIDER QUALIFICATIONS</p> <ul style="list-style-type: none"> Four (4) year degree in a human service field Four (4) year degree in a non-human service field and one (1) year experience in the MR/DD field. <p style="text-align: center;">507. 5</p> <p>PROVIDER QUALIFICATIONS Respite Care Level II. Respite Care Level II providers must meet the following requirements:</p> <ul style="list-style-type: none"> High school diploma or GED <p style="text-align: center;">507. 6. 2</p> <p>PROVIDER QUALIFICATIONS Residential service providers must have a minimum of the following qualifications:</p> <ul style="list-style-type: none"> Have a high school diploma or Graduate Equivalency Degree (G.E.D.) to deliver services. <p style="text-align: center;">507. 7</p> <p>Adult Companion Level II Providers must be employees of the behavioral health provider chosen for the service and:</p> <ul style="list-style-type: none"> Have a high school diploma or Graduate Equivalency Degree (G.E.D.). <p style="text-align: center;">507. 8</p> <p>PROVIDER QUALIFICATIONS Day Habilitation Program service providers must have a minimum of the following qualifications:</p> <ul style="list-style-type: none"> Have a high school diploma or Graduate Equivalency Degree (G.E.D.) 	<p>49. Proof of high school diploma, GED, or degree. Is there documentation which verifies the completion of high school, GED, or degree?</p>	<p>2 = Yes 0=No N/A</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>

Policy Reference	Quality Indicator	Individual Ratings	Composite Scores
<p align="center">507. 9</p> <p>PROVIDER QUALIFICATIONS Prevocational service providers must meet the following criteria:</p> <ul style="list-style-type: none"> • Have a high school diploma or Graduate Equivalency Degree (G.E.D.) <p align="center">507.10</p> <p>PROVIDER QUALIFICATIONS Supported employment service providers must meet the following criteria:</p> <ul style="list-style-type: none"> • Have a high school diploma or Graduate Equivalency Degree (G.E.D.) <p align="center">507. 11. 1</p> <p>PROVIDER QUALIFICATIONS</p> <ul style="list-style-type: none"> • Minimum of a Bachelor's degree in human service field such as psychology, social work, education, or counseling. <p align="center">507.11.2</p> <p>PROVIDER QUALIFICATIONS</p> <ul style="list-style-type: none"> • Minimum of a Bachelor's degree in human service field such as psychology, social work, education, or counseling. <p align="center">507. 14</p> <p>PROVIDER QUALIFICATIONS Crisis Service providers must have a minimum of the following qualifications:</p> <ul style="list-style-type: none"> • Have a high school diploma or Graduate Equivalency Degree (G.E.D.) 			
<p align="center">507. 3</p> <p>PROVIDER QUALIFICATIONS</p> <ul style="list-style-type: none"> •one or more years experience in the MR/DD field. •one (1) year experience in the MR/DD field. • A Registered Nurse who has one or more years of experience working in the MR/DD field. <p align="center">507. 11. 1</p> <p>PROVIDER QUALIFICATIONS</p> <ul style="list-style-type: none"> • Must have one year professional experience working with individuals with mental retardation/developmental disabilities. <p align="center">507.11.2</p> <p>PROVIDER QUALIFICATIONS</p> <ul style="list-style-type: none"> • Minimum of two years professional work experience working with individuals with mental retardation and/or developmental disabilities. <p align="center">507.11.3</p> <p>PROVIDER QUALIFICATIONS Minimum of three years professional work experience working with individuals with mental retardation and/or developmental disabilities.</p>	<p>50. Proof of required experience in the MR/DD field. (For Service Coordinators and Therapeutic Consultants only) Is there documentation that the provider has the required years experience per provider type?</p>	<p>2 = Yes 0=No N/A</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>
<p align="center">502.2</p> <p>The provider agency must operate a credentialing process that ensures the qualifications of Therapeutic Consultant providers as referenced in Section 507.11</p>	<p>51. Does agency have a current and complete DD-17 for each required personnel?</p>	<p>2 = Yes 0=No</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>

Policy Reference	Quality Indicator	Individual Ratings	Composite Scores
	52. Were training files accessible?	2 = Yes 0=No	2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.
	53. Were training files organized to easily locate documentation?	2 = Yes 0=No	2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.
		TOTAL SCORES	TOTAL SCORES %

III. SERVICE COORDINATION

This section focuses on duties of Service Coordination and applies only for those agencies providing Service Coordination services

Policy Reference	Quality Indicator	Individual Ratings	Composite Scores
<p>507.3</p> <ul style="list-style-type: none"> Access the necessary resources detailed in the IPP, make referrals to qualified service providers and resources, and ensure that service providers implement the instructional (behavioral) and service objectives of the IPP. Monitor the instructional (behavioral) and service objectives to ensure that objectives are implemented according to the IPP. 	<p>54. Service coordinators, or agency designee, ensure any member who requires a behavior support plan has one. (SC Agency only)</p> <ul style="list-style-type: none"> If identified on the IPP, a BSP has been created within 90 days Or, depending on time frame, a functional analysis has begun 	<p>2 = yes 1 = yes, but not within time frames 0 =no N/A</p>	<p>2 = If 100% meet all criteria. 1 = If 90% meet all criteria. 0 = If less than 90% meet all criteria POC = If score is 1 or 0 N/A</p>
<p>507.2.1</p> <p>Crisis IDT Meeting – This type of IDT Meeting occurs when a member is experiencing a crisis (example: behavioral, medical, housing and service provision). In the event that all team members cannot be present (for a crisis IDT meeting only), a written report of the crisis IPP must be disseminated to all members within 5 working days.</p>	<p>55. Service coordinators, or agency designee ensure members who need a crisis plan, have crises plans documented on the IPP. (SC Agency only)</p>	<p>2 = yes 0 =no N/A</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0 N/A</p>
<p>501</p> <p>Individual Program Plan (IPP). This service also ensures that persons with developmental disabilities have opportunities to make meaningful choices with regard to their life, and inclusion in the community. The IPP must include both paid and unpaid, or natural supports in the individual's life. ...The content of the IPP is guided by the member's needs, wishes, desires, and goals</p>	<p>56. Service coordinators, or agency designee ensure members are allowed to exercise their choices and preferences and have them documented on the IPP (SC Agency only).</p>	<p>2 = yes 0 =no N/A</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0</p>
<p>507.3</p> <p>Notify, convene, coordinate and chair the meeting with the IDT. The Service Coordinator and the individual may wish to coordinate the annual IPP with the planning process for other service systems.</p>	<p>57. Service coordinators, or agency designee ensure IPP disagreements are resolved (SC Agency only) in accordance with:</p> <ul style="list-style-type: none"> Interagency Collaborative Agreements Agency Grievance Policy State Level Appeal 	<p>2 = yes 0 =no N/A</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0 N/A</p>
<p>507. 3</p> <p>Application and Eligibility Process:</p> <p>-Ensure that every six (6) months thereafter that the individual, his/her family, and/or legal representative re-establish financial eligibility at the county DHHR office or annually for individuals who are currently receiving SSI.</p>	<p>58. Service coordinators oversee economic eligibility (SC Agency only).</p>	<p>2 = Yes 0=No</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>
<p>502.2</p> <p>SPECIFIC REQUIREMENTS</p> <p>In addition to the provider participation requirements as set forth in Chapter 300, Provider Participation Requirements, MR/DD Waiver Program provider agencies must:</p> <p>Meet and maintain the standards established by the Secretary of the U. S. Department of Health and Human Services (DHHS), and all applicable state and federal laws governing the provision of these services.</p>	<p>59. Members of the IDT 30 day must receive written notification of IDT meeting. (SC Agency only).</p>	<p>2 = Yes 0=No</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>
		TOTAL SCORES	TOTAL SCORES %

IV. ASSESSMENTS IPP/IDT

This section focuses on the assessments used to determine service and support needs of the member, and the plan for implementation.

If the agency has less than a 70% compliance rating (Total composite score %) - the sample needs to be extended to 15%. Final scores will be composite scores.

Policy Reference	Quality Indicators	Rating/Scoring	
		Individual Ratings	Composite Scores
<p>503. 4 Re-determination of medical eligibility must be completed annually for each member. Pursuant to federal law, an individual must qualify for recertification at least annually.</p>	<p>60. The member's Medical Eligibility/recertification is current.</p> <ul style="list-style-type: none"> The date of the last certification was not more than 365 days older than the present one 	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0</p>	<p>2 = If 100% meet all criteria. 1 = If 90% meet all criteria. 0 = If less than 90% meet all criteria POC = If score is 1 or 0</p>
<p>513.1 Annual nursing assessment (all member's must have annual nursing assessment)</p>	<p>61. The Annual Nursing Assessment meets requirements.</p> <ul style="list-style-type: none"> Completed within required timeframe Actual assessment of member's health status and healthcare needs are documented List of recommendations for IPP, based on assessment, is included Self-med administration Assessment included if individual is over the age of 12 	<p>2 = If 100% of the criteria are met 1 = If 50% of the criteria are met 0 = If less than 50% of the criteria are met criteria POC = If score is 1 or 0.</p>	<p>2 = If 100% meet all criteria. 1 = If 90% meet all criteria. 0 = If less than 90% meet all criteria POC = If score is 1 or 0</p>
<p>514 DD-2A Annual Medical Evaluation</p>	<p>62. The DD-2A meets requirements.</p> <ul style="list-style-type: none"> Physical assessment completed (by physician/PA/NP) Completed within required timeframe Includes Doctor signature Includes Diagnoses Includes ICF/MR LOC recommendation 	<p>2 = If 100% of the criteria are met 1 = If 50% of the criteria are met 0 = If less than 50% of the criteria are met criteria POC = If score is 1 or 0.</p>	<p>2 = If 100% meet all criteria. 1 = If 90% meet all criteria. 0 = If less than 90% meet all criteria POC = If score is 1 or 0</p>
<p>507.16.2 Administration of test- generates material that is formulated into a report that includes data, analysis of the data or results of the testing, and recommendations. A comprehensive psychological evaluation must be completed every 3 years for all members utilizing the DD-3 format. Psychological Evaluation, Triennial Services must include: Intellectual testing Measures of adaptive behavior Interview with the individual Other age appropriate and/or disability-specific evaluation methods. This service also includes a review of current status, recommendations for instructional services to increase skills and other therapeutic interventions, diagnostic impression(s), statement supported by evaluation results indicating if the individual requires an ICF/MR level of care based on his/her need for habilitative services and recommendation supported by evaluation results that home and community-based services are appropriate. Psychological Evaluations, Triennial services must be provided by a psychologist with at least a Master's degree in psychology from an accredited program and licensed to practice in WV or eligible to be licensed to practice in WV and under the supervision of a WV licensed psychologist.</p>	<p>63. The DD-3 (Triennial) requirements.</p> <ul style="list-style-type: none"> Completed within required timeframe <p>Includes:</p> <ul style="list-style-type: none"> Interview with the individual Review of current status Intellectual testing Measures of adaptive behavior Signature of a licensed psychologist 	<p>2 = If 100% of the criteria are met 1 = If 50% of the criteria are met 0 = If less than 50% of the criteria are met criteria POC = If score is 1 or 0.</p>	<p>2 = If 100% meet all criteria. 1 = If 90% meet all criteria. 0 = If less than 90% meet all criteria POC = If score is 1 or 0</p>

Policy Reference	Quality Indicators	Rating/Scoring	
		Individual Ratings	Composite Scores
<p>507.16.2 Administration of test- generates material that is formulated into a report that includes data, analysis of the data or results of the testing, and recommendations.</p> <ul style="list-style-type: none"> The comprehensive evaluation may be updated by a psychologist, the following 2 years by interviewing the individual, checking the individual's current status, completing adaptive behavior scales and updating all recommendations for children below 18 years of age. An annual psychological evaluation is not required for adults 18 years of age and older. The DD-3 format must be utilized. <p>This service also includes a review of current status, recommendations for instructional services to increase skills and other therapeutic interventions, diagnostic impression(s), statement supported by evaluation results indicating if the individual requires an ICF/MR level of care based on his/her need for habilitative services and recommendation supported by evaluation results that home and community-based services are appropriate.</p> <p>The comprehensive evaluation may be updated by a psychologist, the following 2 years by interviewing the individual, checking the individual's current status, completing adaptive behavior scales and updating all recommendations for children below 18 years of age. An annual psychological update is not required for adults 18 years of age and older.</p> <p>Psychological Evaluations, Triennial services must be provided by a psychologist with at least a Master's degree in psychology from an accredited program and licensed to practice in WV or eligible to be licensed to practice in WV and under the supervision of a WV licensed psychologist.</p> <p>The Psychological Evaluation, Annual Update service must include:</p> <ul style="list-style-type: none"> Specific scores of a standardized adaptive behavior measure Observation of the person Prognosis statement regarding how the person will function with continued ICF/MR level of care DSM-IV format with an ICD-9 diagnosis Recommendations for adaptive training and behavioral supports. <p>The Adaptive Behavior Scales previously mentioned must be completed on the Adaptive Behavior Scales for adults (ABS-RC: 2) and Adaptive Behavior Scales for children ages 3 to 18 years (ABS-S: 2). Children age three and below may utilize the Vineland Adaptive Behavior Scale or other age-appropriate standardized measurements of adaptive functioning.</p> <p>Psychological Evaluation, Annual Update services must be provided by a psychologist with at least a Master's degree in psychology from an accredited program and licensed to practice in WV or eligible to be licensed to practice in WV and under the supervision of a WV licensed psychologist.</p>	<p>64. The DD-3 (Annual Update) meets requirements.</p> <ul style="list-style-type: none"> Completed within required timeframe for people 18 and under <p>Includes:</p> <ul style="list-style-type: none"> DSM-IV with an ICD -9 diagnosis Measures of adaptive behavior Observation of the individual Recommendation for adaptive training and behavior supports Signature of a licensed psychologist 	<p>2 = If 100% of the criteria are met 1 = If 50% of the criteria are met 0 = If less than 50% of the criteria are met POC = If score is 1 or 0 N/A.</p>	<p>2 = If 100% meet all criteria. 1 = If 90% meet all criteria. 0 = If less than 90% meet all criteria POC = If score is 1 or 0 N/A</p>

Policy Reference	Quality Indicators	Rating/Scoring	
		Individual Ratings	Composite Scores
<p>507.17 An initial Social History is performed for the initial comprehensive evaluation and must include:</p> <ul style="list-style-type: none"> • Developmental history • Family history and description of home and family life • Educational history and achievements • Functional/life/vocational skills status • Recreational interests • History of hospitalizations, and • Legal status and other relevant information. <p>Information should also be gathered from the individual or legal guardian on what he/she wants from services with relation to his/her goals for home life, day services, social life and/or other life areas. This service must include a current social information review of historical social information, findings and assessments, recommendations and verification that the data supports such recommendations.</p>	<p>65. The DD-4 meets requirements.</p> <ul style="list-style-type: none"> • Completed by Therapeutic Consultant with a degree in Social Work and/or WV licensure in social work. • A social worker with a temporary license (must be supervised by a Master's level, licensed social worker per state social work licensing policies and his/her work must be co-signed by the supervising social worker) • All areas are completed with detailed information • Contains current social information as well as a review of historical social information • Includes assessments and recommendations 	<p>2 = If 100% of the criteria are met 1 = If 50% of the criteria are met 0 = If less than 50% of the criteria are met criteria POC = If score is 1 or 0.</p>	<p>2 = If 100% meet all criteria. 1 = If 90% meet all criteria. 0 = If less than 90% meet all criteria POC = If score is 1 or 0</p>
<p>503.1 The Initial Medical Evaluation (DD-2A), Psychological Evaluation (DD-3), and Informed Consent forms (DD-7 and DD-7A) are to be maintained on site at the local service coordination provider agency and made available for state or federal monitors to review.</p> <p>514 DD-7 Informed Consent (Choice of ICF/MR and MR/DD Waiver)</p>	<p>66. The DD-7 meets requirements.</p> <ul style="list-style-type: none"> • Signed by member and/or legal representative • Gives choice of ICF vs. Waiver • Includes witness signature • Includes signature of SC supervisor if SC is under supervision. 	<p>2 = If 100% of the criteria are met 1 = If 50% of the criteria are met 0 = If less than 50% of the criteria are met criteria POC = If score is 1 or 0.</p>	<p>2 = If 100% meet all criteria. 1 = If 90% meet all criteria. 0 = If less than 90% meet all criteria POC = If score is 1 or 0</p>
<p>503.1 The Initial Medical Evaluation (DD-2A), Psychological Evaluation (DD-3), and Informed Consent forms (DD-7 and DD-7A) are to be maintained on site at the local service coordination provider agency and made available for state or federal monitors to review.</p> <p>514 DD-7A Informed Consent (Choice of Providers and Services)</p>	<p>67. The DD-7A meets requirements.</p> <ul style="list-style-type: none"> • Signed by member and/or legal representative • Gives choice of SC agency • Includes witness signature • Includes signature of SC supervisor if SC is under supervision. 	<p>2 = If 100% of the criteria are met 1 = If 50% of the criteria are met 0 = If less than 50% of the criteria are met criteria POC = If score is 1 or 0.</p>	<p>2 = If 100% meet all criteria. 1 = If 90% meet all criteria. 0 = If less than 90% meet all criteria POC = If score is 1 or 0</p>
<p>507.3</p> <ul style="list-style-type: none"> • Visit the member monthly at his/her residence to personally meet with the individual and service providers to verify that services are being delivered in accordance with the IPP in a safe environment, and check that documentation of services is occurring. Visits with the individual, his/her family and/or legal representative will be utilized by the Service Coordinator to update progress towards obtaining services and resources and discuss progress towards achieving objectives contained in the IPP. The Service Coordinator will also elicit information from the member, his/her family and/or legal representative on their assessment of services, achievements, and/or unmet needs. 	<p>68. The DD 9 for the past six months meets all requirements.</p> <ul style="list-style-type: none"> • DD-9 form is used • All areas have a response • Areas requiring follow up are documented and followed up the next month 	<p>2 = If 100% of the criteria are met 1 = If 50% of the criteria are met 0 = If less than 50% of the criteria are met criteria POC = If score is 1 or 0. N/A</p>	<p>2 = If 100% meet all criteria. 1 = If 90% meet all criteria. 0 = If less than 90% meet all criteria POC = If score is 1 or 0 N/A</p>

Policy Reference	Quality Indicators	Rating/Scoring	
		Individual Ratings	Composite Scores
<p>507.3</p> <ul style="list-style-type: none"> Visit the member at his/her day activity a minimum of every other month to verify that services are being delivered in accordance with the IPP, in a safe environment, and check that documentation of services is occurring. The Service Coordinator is encouraged to visit the supported employment setting if the visit will not be disruptive to the setting or member, assist with problem solving and engage in linkage and referral when needed. 	<p>69. The DD-9A for the past 6 months meets requirements.</p> <ul style="list-style-type: none"> DD-9 A form is used All areas have a response Evaluations cover all service environments over the period of 6 mos. <ul style="list-style-type: none"> For example SE, pre-voc, community day habilitation (multiple environments), agency based day habilitation Areas requiring follow up are documented and followed up the next month 	<p>2 = If 100% of the criteria are met 1 = If 50% of the criteria are met 0 = If less than 50% of the criteria are met criteria POC = If score is 1 or 0. N/A</p>	<p>2 = If 100% meet all criteria. 1 = If 90% meet all criteria. 0 = If less than 90% meet all criteria POC = If score is 1 or 0 N/A</p>
<p>506</p> <p>RIGHT TO APPEAL If an applicant/member is determined not to be medically eligible by the State MR/DD Waiver office, a Notice of Decision and a Request for Hearing form will be issued to the applicant/member. The decision/denial may be appealed directly through the fair hearing process.</p>	<p>70. The member (or legal representative) had his/her rights presented.</p>	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>
<p>507.2 This group that is inclusive of the member participates in the IPP meeting for the purpose of review of assessments or evaluations, necessary to implement a person centered plan.</p> <p>507.3 Coordinate evaluations annually to be utilized as a basis of need and recommendation for services in the development of the IPP.</p>	<p>71. All required assessments are completed prior to the development of the IPP.</p> <ul style="list-style-type: none"> Nursing Assessment DD 2A DD 3 DD 4 Person Centered Futures Plan 	<p>2 = If 100% of the criteria are met 1 = If 50% of the criteria are met 0 = If less than 50% of the criteria are met criteria POC = If score is 1 or 0.</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>
<p>507.2 This group that is inclusive of the member participates in the IPP meeting for the purpose of review of assessments or evaluations, necessary to implement a person centered plan.</p> <p>507.3 Coordinate evaluations annually to be utilized as a basis of need and recommendation for services in the development of the IPP.</p>	<p>72. Recommended assessments are completed prior to the development of the IPP</p>	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>
<p>514</p> <ul style="list-style-type: none"> DD-5 Individual Program Plan 	<p>73. IPP is a complete document.</p> <ul style="list-style-type: none"> Assessments/Recommendations (Not just "recommend ICF LOC") ISP IHP BSP (which includes functional analysis), Protocol, Guidelines if applicable IDT meeting minutes 	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>
<p>507.11.2 A Positive Behavior Support Plan is a written document that summarizes strategies that assist in preventing challenging behavior(s) from occurring and helps the consumer learn new skills. The plan must be developed within a 90 day time frame. Development and implementation of a plan is as follows:</p> <ul style="list-style-type: none"> Human rights committee approval 	<p>74. Behavior support plans have:</p> <ul style="list-style-type: none"> methods for tracking data and monitoring progress HRC approval or disapproval as appropriate 	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0 N/A</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>

Policy Reference	Quality Indicators	Rating/Scoring	
		Individual Ratings	Composite Scores
<p>507.2 This group that is inclusive of the member participates in the IPP meeting for the purpose of review of assessments or evaluations, discussion of recommendations or individualized needs, identification of resources or methods of support, outline of service options and training goals, and preparation of interventions or strategies necessary to implement a person centered plan.</p>	75. The ISP and IHP portion of the IPP is based on information taken from assessments and recommendations listed in the IPP.	2 = If answer is Yes 0 = If answer is No POC = If score is 0	2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.
<p>507.2 This group that is inclusive of the member participates in the IPP meeting for the purpose of review of assessments or evaluations, discussion of recommendations or individualized needs, identification of resources or methods of support, outline of service options and training goals, and preparation of interventions or strategies necessary to implement a person centered plan.</p>	76. Habilitation objectives are based on information taken from assessments and recommendations listed in the IPP and the IHP.	2 = If answer is Yes 0 = If answer is No POC = If score is 0	2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.
<p>507.2 This group that is inclusive of the member participates in the IPP meeting for the purpose of review of assessments or evaluations, discussion of recommendations or individualized needs, identification of resources or methods of support, outline of service options and training goals, and preparation of interventions or strategies necessary to implement a person centered plan.</p>	77. Natural supports are identified in the ISP. <ul style="list-style-type: none"> The IPP identifies plans for utilizing Circle of Support 	2 = If answer is Yes 0 = If answer is No POC = If score is 0 N/A	2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.
<p>507.2 This group that is inclusive of the member participates in the IPP meeting for the purpose of review of assessments or evaluations, discussion of recommendations or individualized needs, identification of resources or methods of support, outline of service options and training goals, and preparation of interventions or strategies necessary to implement a person centered plan.</p>	78. Medication Administration is identified in the ISP.	2 = If answer is Yes 0 = If answer is No POC = If score is 0 N/A	2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.
<p>507.2 This group that is inclusive of the member participates in the IPP meeting for the purpose of review of assessments or evaluations, discussion of recommendations or individualized needs, identification of resources or methods of support, outline of service options and training goals, and preparation of interventions or strategies necessary to implement a person centered plan.</p>	79. Medications are identified: <ul style="list-style-type: none"> and addressed in the ISP with symptoms that medications are intended to treat identified as an objective 	2 = If all criteria are met 1 = If some one criteria is met 0 = If answer is No POC = If score is 0 N/A	2 = If 100% meet all criteria. 1 = If 90% meet all criteria. 0 = If less than 90% meet all criteria POC = If score is 1 or 0
<p>507.2 This group that is inclusive of the member participates in the IPP meeting for the purpose of review of assessments or evaluations, discussion of recommendations or individualized needs, identification of resources or methods of support, outline of service options and training goals, and preparation of interventions or strategies necessary to implement a person centered plan.</p>	80. All prescribed services and supports are provided in accordance with the IPP.	2 = If answer is Yes 0 = If answer is No POC = If score is 0	2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.
<p>514 • DD-5 Individual Program Plan</p>	81. IPPs for members residing in an ISS/Group Home includes the type, amount, duration, scope and frequency of services to meet assessed needs. <ul style="list-style-type: none"> billing code units written description 	2 = If answer is Yes 0 = If answer is No POC = If score is 0	2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.

Policy Reference	Quality Indicators	Rating/Scoring	
		Individual Ratings	Composite Scores
<p style="text-align: center;">514</p> <ul style="list-style-type: none"> • DD-5 Individual Program Plan 	<p>82. IPPs for members residing In the NF setting includes the type, amount, duration, scope and frequency of services to meet assessed needs.</p> <ul style="list-style-type: none"> • billing code • units • written description 	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>
<p style="text-align: center;">507.2.1</p> <p>Medicaid can not reimburse for services rendered when the IPP has expired or is invalid.</p>	<p>83. IPP is current document.</p> <ul style="list-style-type: none"> - Completed within required time frames. 	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>
<p style="text-align: center;">507.2.1</p> <p>The IDT must be based on person centered philosophy. The development of the IPP by the IDT must be guided by the member's needs, wishes, desires, and goals. At a minimum, the IDT consists of:</p> <ul style="list-style-type: none"> • The member • His/her family and/or legal guardian as applicable 	<p>84. The member has participated in the development of their IPP (with assistance from their legal representative if needed).</p> <ul style="list-style-type: none"> - Futures plan information completed for member - Individual wishes/dreams/goals are on the assessment page - Individual wishes/dreams/goals are in the ISP and IHP - For non-annual and 6 mo IDT meetings, any changes or additions to the individual's wishes/dreams/goals are indicated in the IDT meeting minutes. 	<p>2 = If 100% of the criteria are met 1 = If 50% of the criteria are met 0 = If less than 50% of the criteria are met POC = If score is 1 or 0.</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>
<p style="text-align: center;">507.2</p> <p>The IPP is to be developed on an annual basis. Minimally, the annual IPP must be reviewed at a six month interval. IPP reviews should occur on a quarterly basis, however, for those IDT teams that do not review the annual IPP quarterly; a rationale must be given for not reviewing the IPP quarterly. The IPP must be reviewed at critical junctures (refer to definitions for critical juncture).</p> <p style="text-align: center;">507.2</p> <p>Situations that may warrant an earlier review include, but are not limited to:</p> <ul style="list-style-type: none"> The member has successfully completed an objective(s) included in the IPP The member is regressing or losing skills already gained The member is failing to progress toward identified objectives after reasonable efforts have been made The member is being considered for training towards new objectives The member is having a minor or major occurrence in his/her life 	<p>85. IPP has been reviewed and updated at least every six months (180 days) or at times prescribed by the IDT.</p>	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>

Policy Reference	Quality Indicators	Rating/Scoring	
		Individual Ratings	Composite Scores
<p>507.2.1 At a minimum, the IDT consists of:</p> <ul style="list-style-type: none"> • The member • His/her family and/or legal guardian as applicable • A Service Coordinator • At least one member of the team must be either the member's Skills Specialist or a Behavioral Specialist/Analyst • Representatives of all agencies/providers who provide services to the individual • A physician or registered nurse is required if the member is receiving skilled nursing services, or medical services that require RN oversight. The nurse is not required to attend quarterly meetings but may submit recommendations to the Service Coordinator for review at the quarterly IDT meetings. • A psychologist is required when the member has the need for specialized psychological evaluation and intervention due to co-existing (DSM IV TR Axis I diagnosis of Schizophrenia and other psychotic disorders and mood disorders) mental health disorders or behavioral needs. The only exception is if the member resides with a natural or adoptive family who addresses the DSM IV TR Axis I mental health disorder and/or behavioral needs independent of the MR/DD Waiver program through a physician/psychiatrist; and the team agrees to the exception. The psychologist is not required to attend the quarterly IDT meetings but may submit recommendations to the Service Coordinator for review at the quarterly IDT meetings. <p>Other members of the IDT must be included, as necessary, to develop a comprehensive IPP and assist the individual.</p>	<p>86. Required IDT Members have attended the Meeting.</p> <ul style="list-style-type: none"> • Documented with signatures (including credentials for professional staff) on the plan • Documentation of telephone attendance in the IDT meeting minutes or signature page. 	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>
		TOTAL SCORES	TOTAL SCORES %

V. MEMBER REVIEW - HEALTH & WELFARE

This section focuses on the health and safety oversight of the member. If the agency has less than a 70% compliance rating (Total composite score %) - the sample needs to be extended to 15%. Final scores will be composite scores.

Policy Reference	Quality Indicators	Rating/Scoring	
		Individual Ratings	Composite Scores
	<p>87. If the individual has experienced any dangerous or high-risk situations, was the following implemented by the agency:</p> <ul style="list-style-type: none"> incident reporting monitoring follow-up by appropriate person(s) notification to legal representative addressed by the team 	<p>2 = If 100% of the criteria are met 1 = If 50% of the criteria are met 0 = If less than 50% of the criteria are met POC = If score is 1 or 0. N/A</p>	<p>2 = If 100% meet all criteria. 1 = If 90% meet all criteria. 0 = If less than 90% meet all criteria POC = If score is 1 or 0 N/A</p>
<p>502.5 Individuals providing Service Coordination, Residential Habilitation, Day Habilitation, Pre-vocational, Supported Employment, Adult Companion II, Respite II, Nursing, Skills Specialist, and Behavioral Specialist/Analyst must be trained in the following (provide verification and dates of the initial training and those training which require recertification):</p> <ul style="list-style-type: none"> Participant Specific Training in Health/safety and/or Habilitation Objectives Needed to Provide Direct Care Services 	<p>88. There is evidence of Participant-specific training related to:</p> <p>1. any health & safety issue, such as:</p> <ul style="list-style-type: none"> medication side effects expected outcomes evacuation needs health/safety protocols <p>2. habilitation programs:</p> <ul style="list-style-type: none"> training on program objectives 	<p>2 = If answer is Yes for all items in 1 and 2 1=If answer is Yes for items in 1 or 2 0 = If answer is No POC = If score is 0</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>
<p>507.2 Once a member has been awarded a Waiver allocation, the member has 90 days to begin receiving services. The IPP should address implementation dates of services that are not to be implemented at the 90 day interval.</p>	<p>89. Services are implemented in timely manner after the development of the IPP</p> <ul style="list-style-type: none"> Stipulation for new Waiver members 	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0 N/A</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>
<p>507.2 This group that is inclusive of the member participates in the IPP meeting for the purpose of review of assessments or evaluations, discussion of recommendations or individualized needs, identification of resources or methods of support, outline of service options and training goals, and preparation of interventions or strategies necessary to implement a person centered plan.</p>	<p>90. All services and supports provided are documented in the IPP.</p>	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>
<p>507.2 This group that is inclusive of the member participates in the IPP meeting for the purpose of review of assessments or evaluations, discussion of recommendations or individualized needs, identification of resources or methods of support, outline of service options and training goals, and preparation of interventions or strategies necessary to implement a person centered plan.</p>	<p>91. Goals and objectives are implemented as outlined in the IPP.</p> <ul style="list-style-type: none"> ISP is implemented as outlined IHP is implemented as outlined 	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>
<p>507.11.1 Assessment, evaluation and monitoring of the effectiveness of intervention or instruction plans (habilitation plans or behavioral guidelines) for habilitation training. 507.11.2 and 507.11.3 Assessment, evaluation and monitoring of the effectiveness of intervention or instruction plans (habilitation plans, behavioral guidelines, protocols).</p>	<p>92. All services and supports provided are monitored for effectiveness.</p> <ul style="list-style-type: none"> Monthly by TC 	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>

Policy Reference	Quality Indicators	Rating/Scoring	
		Individual Ratings	Composite Scores
<p>507.13.1 RN Skilled Nursing Services are restricted to those nursing services that are outside the scope and practice of a LPN. If the RN provides a Skilled Nursing service that is within the scope of practice for a LPN, the RN must utilize the LPN code. Nursing services that may be provided by a Registered Nurse (RN) include but are not limited to:</p> <ul style="list-style-type: none"> Monthly nursing summaries 	<p>93. All services and supports provided are monitored for effectiveness.</p> <ul style="list-style-type: none"> Monthly by RN if applicable 	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0 N/A</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>
<p>502.2 SPECIFIC REQUIREMENTS In addition to the provider participation requirements as set forth in Chapter 300, Provider Participation Requirements, MR/DD Waiver Program provider agencies must: Meet and maintain the standards established by the Secretary of the U. S. Department of Health and Human Services (DHHS), and all applicable state and federal laws governing the provision of these services.</p>	<p>94. Is there informed consent for medications?</p>	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0 N/A</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>
<p>502.2 SPECIFIC REQUIREMENTS In addition to the provider participation requirements as set forth in Chapter 300, Provider Participation Requirements, MR/DD Waiver Program provider agencies must: Meet and maintain the standards established by the Secretary of the U. S. Department of Health and Human Services (DHHS), and all applicable state and federal laws governing the provision of these services.</p>	<p>95. Is there informed consent for Behavior Support Plans?</p>	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0 N/A</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>
<p>507.2 Disseminate copies of the IPP to the member or member's legal representative and all provider agencies indicated on the IPP.</p>	<p>96. Members of the IDT receive copy of IPP.</p> <ul style="list-style-type: none"> with in 14 days (Annual or 180 day) 	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>
<p>507.2.1 Crisis IDT Meeting – This type of IDT Meeting occurs when a member is experiencing a crisis (example: behavioral, medical, housing and service provision). In the event that all team members cannot be present (for a crisis IDT meeting only), a written report of the crisis IPP must be disseminated to all members within 5 working days.</p>	<p>97. Members of the IDT receive copy of IPP.</p> <ul style="list-style-type: none"> within 5 days for crisis IDT or emergency IDT 	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0 N/A</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>
<p>507.2 The Individual Program Planning includes the development of the initial IPP, annual IPP and subsequent reviews or revisions of the IPP (to include quarterly reviews as warranted).</p>	<p>98. Service and supports are revised when not effective. Transition, crisis, discharge IPP updated/revised when warranted by changes in the member's needs.</p> <ul style="list-style-type: none"> ISP is updated or IDT meeting minutes reflect revised services and supports 	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>
<p>514 DD-5 Individual Program Plan</p>	<p>99.Task analyses match the IHP</p> <ul style="list-style-type: none"> Programs implemented and programs listed on IHP are the same 	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0</p>	<p>2 = If 100% meet all criteria. 1 = If 90% meet all criteria. 0 = If less than 90% meet all criteria POC = If score is 1 or 0</p>

Policy Reference		Quality Indicators	Rating/Scoring	
			Individual Ratings	Composite Scores
DD-5	514 Individual Program Plan	100. Task analyses include staff instructions (methodology). -Remind staff how to train member, not just score results -Are individualized to the program, and not the same for all training programs	2 = If 100% of the criteria are met 1 = If 50% of the criteria are met 0 = If less than 50% of the criteria are met POC = If score is 1 or 0.	2 = If 100% meet all criteria. 1 = If 90% meet all criteria. 0 = If less than 90% meet all criteria POC = If score is 1 or 0
DD-5	514 Individual Program Plan	101. Member has a flexible weekly schedule that allows the member to make choices throughout the day. Documentation noted on schedule that stipulates the schedule is dependent on the health and ability of the member and other issues such as weather, staffing, etc.	2 = If 100% of the criteria are met 1 = If 50% of the criteria are met 0 = If less than 50% of the criteria are met POC = If score is 1 or 0.	2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.
	507.3 • Service Coordination providers must begin the discharge process and provide linkage to services appropriate to the level of need when a member is initially found to be ineligible for MR/DD Waiver Services.	102.The IPP has a discharge or transitional plan if applicable.	2 = If answer is Yes 0 = If answer is No POC = If score is 0 N/A	2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.
	507.2 This group that is inclusive of the member participates in the IPP meeting for the purpose of review of assessments or evaluations, discussion of recommendations or individualized needs, identification of resources or methods of support, outline of service options and training goals, and preparation of interventions or strategies necessary to implement a person centered plan.	103. The member has all needed specialist and health professionals as identified in the IPP.	2 = If answer is Yes 0 = If answer is No POC = If score is 0 N/A	2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.
		104.Health problems are monitored.	2 = If answer is Yes 0 = If answer is No POC = If score is 0 N/A	2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.
	507.2 This group that is inclusive of the member participates in the IPP meeting for the purpose of review of assessments or evaluations, discussion of recommendations or individualized needs, identification of resources or methods of support, outline of service options and training goals, and preparation of interventions or strategies necessary to implement a person centered plan.	105. Special health concerns and regimens/protocols are implemented per physician recommendations.	2 = If answer is Yes 0 = If answer is No POC = If score is 0 N/A	2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.
	507.3 pg 37 Provide oral and written information on the MR/DD Waiver Program provider agency's rights and grievance procedures for members served by the agency.	106. Service coordinators, or agency designee ensure members/legal representatives know the agency's internal grievance and appeal process.	2 = Yes 0=No	2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.
			TOTAL SCORES	TOTAL SCORES
				%

VI. MEMBER REVIEW-HOME VISIT

This section focuses on the Member services and outcomes in the home environment. If the agency has less than a 70% compliance rating (Total composite score %) - the sample needs to be extended to 15%. Final scores will be composite scores.

Policy Reference	Quality Indicators	Rating/Scoring	
		Individual Ratings	Composite Scores
<p>507.3</p> <ul style="list-style-type: none"> Visit the member monthly at his/her residence to personally meet with the individual and service providers to verify that services are being delivered in accordance with the IPP in a safe environment, and check that documentation of services is occurring. Visits with the individual, his/her family and/or legal representative will be utilized by the Service Coordinator to update progress towards obtaining services and resources and discuss progress towards achieving objectives contained in the IPP. The Service Coordinator will also elicit information from the member, his/her family and/or legal representative on their assessment of services, achievements, and/or unmet needs. 	<p>107. The Service Coordinator visits the member at home monthly.</p> <p>-The visit consists of monitoring member and evaluation of programs</p> <p>-Is there a DD 9 for the past three months? (<i>extra credit</i>)</p> <ul style="list-style-type: none"> All areas are completed Areas requiring follow up are documented and followed up the next month (<i>extra credit</i>) 	<p>2 = If DD 9 is in the home 1 = If visit monitors and evaluates 0 = If no monthly visit POC = If score is 1 or 0.</p>	<p>2 = If 100% meet all criteria. 1 = If 90% meet all criteria. 0 = If less than 90% meet all criteria POC = If score is 1 or 0</p>
<p>507.2</p> <p>This group that is inclusive of the member participates in the IPP meeting for the purpose of review of assessments or evaluations, discussion of recommendations or individualized needs, identification of resources or methods of support, outline of service options and training goals, and preparation of interventions or strategies necessary to implement a person centered plan.</p>	<p>108. Unmet medical needs are being appropriately addressed by the IDT.</p>	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>
<p>507.2</p> <p>This group that is inclusive of the member participates in the IPP meeting for the purpose of review of assessments or evaluations, discussion of recommendations or individualized needs, identification of resources or methods of support, outline of service options and training goals, and preparation of interventions or strategies necessary to implement a person centered plan.</p>	<p>109. Special health concerns and regimens are implemented per physician recommendations.</p> <p>- Lab studies are done in accordance with physician recommendation</p> <p>-Copies of Lab studies are present</p>	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>
	<p>110. The staff are aware of and able to generally verbalize agency nursing/medical policies? ASK:</p> <p>-What you do if someone refuses medications or treatment? -What do you do if nurse/AMA is not there to give medications? -What do you do if medications run out? -What if member throws away or spits out medications after administration? -What do you do if you find medications on the floor/pockets/etc.? -How does the member receive PRN medications? -Under what conditions do you call the nurse? -What medications does your member take? -What (if any) medical diagnosis do they have?</p>	<p>2 = If 100% of the criteria are met 1 = If 50% of the criteria are met 0 = If less than 50% of the criteria are met criteria POC = If score is 1 or 0.</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>

Policy Reference	Quality Indicators	Rating/Scoring	
		Individual Ratings	Composite Scores
<p>507.2 This group that is inclusive of the member participates in the IPP meeting for the purpose of review of assessments or evaluations, discussion of recommendations or individualized needs, identification of resources or methods of support, outline of service options and training goals, and preparation of interventions or strategies necessary to implement a person centered plan.</p>	<p>111. Appropriate staff administer medications - staff are the same as identified in the ISP</p>	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0 N/A</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>
<p>502.2 SPECIFIC REQUIREMENTS In addition to the provider participation requirements as set forth in Chapter 300, Provider Participation Requirements, MR/DD Waiver Program provider agencies must: Meet and maintain the standards established by the Secretary of the U. S. Department of Health and Human Services (DHHS), and all applicable state and federal laws governing the provision of these services.</p>	<p>112. Medications are:</p> <ul style="list-style-type: none"> locked in original labeled container from the pharmacy separate per member oral medications separate from topical medications controlled substances are stored separately from other medications 	<p>2 = If 100% of the criteria are met 1 = If 50% of the criteria are met 0 = If less than 50% of the criteria are met POC = If score is 1 or 0.</p>	<p>2 = If 100% meet all criteria. 1 = If 90% meet all criteria. 0 = If less than 90% meet all criteria POC = If score is 1 or 0 N/A</p>
<p>502.2 SPECIFIC REQUIREMENTS In addition to the provider participation requirements as set forth in Chapter 300, Provider Participation Requirements, MR/DD Waiver Program provider agencies must: Meet and maintain the standards established by the Secretary of the U. S. Department of Health and Human Services (DHHS), and all applicable state and federal laws governing the provision of these services.</p>	<p>113. If AMAPs are used, they are supervised.</p> <ul style="list-style-type: none"> Must be at least quarterly 	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0 N/A</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0 N/A</p>
<p>502.2 SPECIFIC REQUIREMENTS In addition to the provider participation requirements as set forth in Chapter 300, Provider Participation Requirements, MR/DD Waiver Program provider agencies must: Meet and maintain the standards established by the Secretary of the U. S. Department of Health and Human Services (DHHS), and all applicable state and federal laws governing the provision of these services.</p>	<p>114. There are current physician's orders for all medications or medical treatments administered. (N/A for Natural Family situations when family is administering, although this is HIGHLY recommended.)</p> <ul style="list-style-type: none"> 90 days for psychotropic medications yearly for all other medications. 	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0 N/A</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0 N/A.</p>
<p>502.2 SPECIFIC REQUIREMENTS In addition to the provider participation requirements as set forth in Chapter 300, Provider Participation Requirements, MR/DD Waiver Program provider agencies must: Meet and maintain the standards established by the Secretary of the U. S. Department of Health and Human Services (DHHS), and all applicable state and federal laws governing the provision of these services.</p>	<p>115. The current MARs are present.</p> <ul style="list-style-type: none"> Administering staff signatures present signed off by RN 	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0 N/A</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0 N/A</p>

Policy Reference	Quality Indicators	Rating/Scoring	
		Individual Ratings	Composite Scores
<p>502.5 Individuals providing Service Coordination, Residential Habilitation, Day Habilitation, Pre-vocational, Supported Employment, Adult Companion II, Respite II, Nursing, Skills Specialist, and Behavioral Specialist/Analyst must be trained in the following (provide verification and dates of the initial training and those training which require recertification):</p> <ul style="list-style-type: none"> Member Specific Training in Health/safety and/or Habilitation Objectives Needed to Provide Direct Care Services 	<p>116. There is evidence of Participant-specific training related to any health/safety issue, such as:</p> <ul style="list-style-type: none"> medication side effects expected outcomes evacuation needs health/safety protocols <p>Staff interviews show that staff have had training and can articulate understanding of member's needs and</p>	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>
	<p>117. Staff have ready access to:</p> <ul style="list-style-type: none"> IPP crisis plans behavior plans health & safety protocols 	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>
<p>502.2 SPECIFIC REQUIREMENTS In addition to the provider participation requirements as set forth in Chapter 300, Provider Participation Requirements, MR/DD Waiver Program provider agencies must:</p> <ul style="list-style-type: none"> Agency Administration is responsible for ensuring: <ul style="list-style-type: none"> All agency documentation is current and meets state and federal standards. 	<p>118. Task analyses documentation is current.</p> <ul style="list-style-type: none"> -up to date -not pre recorded 	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>
<p>514</p> <ul style="list-style-type: none"> DD-26 Record Retention and Storage 	<p>119. There are three months of documentation available to staff</p> <ul style="list-style-type: none"> -nursing documentation -habilitation documentation 	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>
	<p>120. Is the staff coverage the same as in the IPP?</p>	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>

Policy Reference	Quality Indicators	Rating/Scoring	
		Individual Ratings	Composite Scores
	<p>121. Staff can articulate understanding of agency incident reporting.</p> <ul style="list-style-type: none"> • Staff knows how to access the 24 hour hotline for APS/CPS. • Have the staff give examples of incident(s) and critical incident(s). • Have staff explain the difference between a regular and critical incident • Do the direct care staff have access to blank incident reporting forms? Have them show you a blank form. • Have the staff explain their responsibility regarding reporting abuse and/or neglect as outlined in the Waiver Manual. • Have the direct care staff define, verbal, physical, sexual abuse and neglect. 	<p>2 = If 100% of the criteria are met 1 = If 50% of the criteria are met 0 = If less than 50% of the criteria are met POC = If score is 1 or 0.</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>
<p>502.2 SPECIFIC REQUIREMENTS In addition to the provider participation requirements as set forth in Chapter 300, Provider Participation Requirements, MR/DD Waiver Program provider agencies must: Meet and maintain the standards established by the Secretary of the U. S. Department of Health and Human Services (DHHS), and all applicable state and federal laws governing the provision of these services.</p>	<p>122. Are fire drills performed on a regular basis?</p> <ul style="list-style-type: none"> • Quarterly <p>Ask to see report forms.</p>	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>
<p>502.2 SPECIFIC REQUIREMENTS In addition to the provider participation requirements as set forth in Chapter 300, Provider Participation Requirements, MR/DD Waiver Program provider agencies must: Meet and maintain the standards established by the Secretary of the U. S. Department of Health and Human Services (DHHS), and all applicable state and federal laws governing the provision of these services.</p>	<p>123. If the agency handles any member funds, are there records for checks and balances?</p>	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>
	<p>124. Has the member experienced a continuity of services? Has there been a high turnover of SC& staff, frequent moves, multiple roommates, etc.</p>	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria</p>
		TOTAL SCORES	TOTAL SCORES %

VII. MEMBER REVIEW-DAY HABILITATION VISIT

This section focuses on the Member services and outcomes in the day environment. If the agency has less than a 70% compliance rating (Total composite score %) - the sample needs to be extended to 15%. Final scores will be composite scores.

Policy Reference	Quality Indicators	Rating/Scoring	
		Individual Ratings	Composite Scores
<p>507.3 Visit the member at his/her day activity a minimum of every other month to verify that services are being delivered in accordance with the IPP, in a safe environment, and check that documentation of services is occurring. The Service Coordinator is encouraged to visit the supported employment setting if the visit will not be disruptive to the setting or member, assist with problem solving and engage in linkage and referral when needed.</p>	<p>125. The Service Coordinator visits the member at day service sites at least every other month. -The visit consists of monitoring member and evaluation of programs -All sites are visited, such as Facility based, community based, Supported Employment, etc. -Is there a DD 9 for the past three months? (<i>extra credit</i>)</p> <ul style="list-style-type: none"> All areas are completed Areas requiring follow up are documented and followed up the next month (<i>extra credit</i>) 	<p>2 = If DD 9 is in the home 1 = If visit monitors and evaluates 0 = If no monthly visit POC = If score is 1 or 0.</p>	<p>2 = If 100% meet all criteria. 1 = If 90% meet all criteria. 0 = If less than 90% meet all criteria POC = If score is 1 or 0</p>
<p>507.9 507.10 MR/DD Waiver Prevocational Training {Supported Employment} services may not be substituted for those services available through DRS through a program funded under Section 110 of the Rehabilitation Act of 1973. Documentation of a referral to the Division of Rehabilitation Services (DRS) must be maintained by the provider agency in the individual's record of service.</p>	<p>126. If the individual has competitive employment in any of these settings, DRS has been involved. -Documentation that a referral has been done</p>	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0 N/A</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0 N/A.</p>
<p>507.2 This group that is inclusive of the member participates in the IPP meeting for the purpose of review of assessments or evaluations, discussion of recommendations or individualized needs, identification of resources or methods of support, outline of service options and training goals, and preparation of interventions or strategies necessary to implement a person centered plan.</p>	<p>127. Unmet medical needs are being appropriately addressed by the IDT.</p>	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>
<p>507.2 This group that is inclusive of the member participates in the IPP meeting for the purpose of review of assessments or evaluations, discussion of recommendations or individualized needs, identification of resources or methods of support, outline of service options and training goals, and preparation of interventions or strategies necessary to implement a person centered plan.</p>	<p>128. Special health concerns and regimens are implemented per physician recommendations. - Lab studies are done in accordance with physician recommendation -Copies of Lab studies are present</p>	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>

Policy Reference	Quality Indicators	Rating/Scoring	
		Individual Ratings	Composite Scores
	<p>129. The staff are aware of and able to generally verbalize agency nursing/medical policies? ASK:</p> <p>-What you do if someone refuses medications or treatment? -What do you do if nurse/AMA is not there to give medications? -What do you do if medications run out? -What if member throws away or spits out medications after administration? -What do you do if you find medications on the floor/pockets/etc.? -How does the member receive PRN medications? -Under what conditions do you call the nurse? -What medications does your member take? -What (if any) medical diagnosis do they have?</p>	<p>2 = If 100% of the criteria are met 1 = If 50% of the criteria are met 0 = If less than 50% of the criteria are met POC = If score is 1 or 0.</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>
<p>507.2 This group that is inclusive of the member participates in the IPP meeting for the purpose of review of assessments or evaluations, discussion of recommendations or individualized needs, identification of resources or methods of support, outline of service options and training goals, and preparation of interventions or strategies necessary to implement a person centered plan.</p>	<p>130. Appropriate staff administer medications - staff are the same as identified in the ISP</p>	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0 N/A</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>
<p>502.2 SPECIFIC REQUIREMENTS In addition to the provider participation requirements as set forth in Chapter 300, Provider Participation Requirements, MR/DD Waiver Program provider agencies must: Meet and maintain the standards established by the Secretary of the U. S. Department of Health and Human Services (DHHS), and all applicable state and federal laws governing the provision of these services.</p>	<p>131. Medications are:</p> <ul style="list-style-type: none"> locked in original labeled container from the pharmacy separate per member oral medications separate from topical medications controlled substances are stored separately from other medications 	<p>2 = If 100% of the criteria are met 1 = If 50% of the criteria are met 0 = If less than 50% of the criteria are met POC = If score is 1 or 0.</p>	<p>2 = If 100% meet all criteria. 1 = If 90% meet all criteria. 0 = If less than 90% meet all criteria POC = If score is 1 or 0 N/A</p>
<p>502.2 SPECIFIC REQUIREMENTS In addition to the provider participation requirements as set forth in Chapter 300, Provider Participation Requirements, MR/DD Waiver Program provider agencies must: Meet and maintain the standards established by the Secretary of the U. S. Department of Health and Human Services (DHHS), and all applicable state and federal laws governing the provision of these services.</p>	<p>132. If AMAPs are used, they are supervised.</p> <ul style="list-style-type: none"> Must be at least quarterly 	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0 N/A</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0 N/A</p>
<p>502.2 SPECIFIC REQUIREMENTS In addition to the provider participation requirements as set forth in Chapter 300, Provider Participation Requirements, MR/DD Waiver Program provider agencies must: Meet and maintain the standards established by the Secretary of the U. S. Department of Health and Human Services (DHHS), and all applicable state and federal laws governing the provision of these services.</p>	<p>133. There are current physician's orders for all medications or medical treatments administered.</p> <ul style="list-style-type: none"> 90 days for psychotropic medications yearly for all other medications. 	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0 N/A</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0 N/A.</p>

Policy Reference	Quality Indicators	Rating/Scoring	
		Individual Ratings	Composite Scores
<p>502.2 SPECIFIC REQUIREMENTS In addition to the provider participation requirements as set forth in Chapter 300, Provider Participation Requirements, MR/DD Waiver Program provider agencies must: Meet and maintain the standards established by the Secretary of the U. S. Department of Health and Human Services (DHHS), and all applicable state and federal laws governing the provision of these services.</p>	<p>134. The current MARs are present.</p> <ul style="list-style-type: none"> Administering staff signatures present signed off by RN 	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0 N/A</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0 N/A</p>
<p>502.5 Individuals providing Service Coordination, Residential Habilitation, Day Habilitation, Pre-vocational, Supported Employment, Adult Companion II, Respite II, Nursing, Skills Specialist, and Behavioral Specialist/Analyst must be trained in the following (provide verification and dates of the initial training and those training which require recertification):</p> <ul style="list-style-type: none"> Member Specific Training in Health/safety and/or Habilitation Objectives Needed to Provide Direct Care Services 	<p>135. There is evidence of Participant-specific training related to any health/safety issue, such as:</p> <ul style="list-style-type: none"> medication side effects expected outcomes evacuation needs health/safety protocols <p>Staff interviews show that staff have had training and can articulate understanding of member's needs and</p>	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>
	<p>136. Staff have ready access to:</p> <ul style="list-style-type: none"> IPP crisis plans behavior plans health & safety protocols 	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>
<p>502.2 SPECIFIC REQUIREMENTS In addition to the provider participation requirements as set forth in Chapter 300, Provider Participation Requirements, MR/DD Waiver Program provider agencies must:</p> <ul style="list-style-type: none"> Agency Administration is responsible for ensuring: <ul style="list-style-type: none"> All agency documentation is current and meets state and federal standards. 	<p>137. Task analyses documentation is current.</p> <ul style="list-style-type: none"> -up to date -not pre recorded 	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>
<p>514</p> <ul style="list-style-type: none"> DD-26 Record Retention and Storage 	<p>138. There are three months of documentation available to staff</p> <ul style="list-style-type: none"> -nursing documentation -habilitation documentation 	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>
	<p>139. Is the actual staff coverage the same as in the IPP?</p>	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>

Policy Reference	Quality Indicators	Rating/Scoring	
		Individual Ratings	Composite Scores
	<p>140. Staff can articulate understanding of agency incident reporting</p> <ul style="list-style-type: none"> -Staff knows how to access the 24 hour hotline for APS/CPS. -Have the staff give examples of incident(s) and critical incident(s). -Have staff explain the difference between a regular and critical incident -Do the direct care staff have access to blank incident reporting forms? Have them show you a blank form. -Have the staff explain their responsibility regarding reporting abuse and/or neglect as outlined in the Waiver Manual. -Have the direct care staff define, verbal, physical, sexual abuse and neglect. 	<p>2 = If 100% of the criteria are met 1 = If 50% of the criteria are met 0 = If less than 50% of the criteria are met POC = If score is 1 or 0.</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>
<p>502.2 SPECIFIC REQUIREMENTS In addition to the provider participation requirements as set forth in Chapter 300, Provider Participation Requirements, MR/DD Waiver Program provider agencies must: Meet and maintain the standards established by the Secretary of the U. S. Department of Health and Human Services (DHHS), and all applicable state and federal laws governing the provision of these services.</p>	<p>141. If the agency handles any member funds, are there records for checks and balances?</p>	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>
<p>502.2 SPECIFIC REQUIREMENTS In addition to the provider participation requirements as set forth in Chapter 300, Provider Participation Requirements, MR/DD Waiver Program provider agencies must: Meet and maintain the standards established by the Secretary of the U. S. Department of Health and Human Services (DHHS), and all applicable state and federal laws governing the provision of these services.</p>	<p>142. The facility is accessible. (Unlicensed Sites only)</p>	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>
<p>502.2 SPECIFIC REQUIREMENTS In addition to the provider participation requirements as set forth in Chapter 300, Provider Participation Requirements, MR/DD Waiver Program provider agencies must: Meet and maintain the standards established by the Secretary of the U. S. Department of Health and Human Services (DHHS), and all applicable state and federal laws governing the provision of these services.</p>	<p>143. The facility has adaptations or modifications that promote safety. (Unlicensed Sites only)</p>	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>
	<p>144. Has the member experienced a continuity of services? Has there been a high turnover of SC & staff, frequent moves, multiple roommates, etc.</p>	<p>2 = If answer is Yes 0 = If answer is No POC = If score is 0</p>	<p>2 = If 100% meet criteria. 1 = If 90% meet criteria. 0 = If less than 90% meet criteria POC = If score is 1 or 0.</p>
		TOTAL SCORES	TOTAL SCORES
		%	%

