

## DA Person Centered Compliance Tool

<p><b>Framework and Compliance Indicators</b></p> <p><b>Applicable Article 455 IAC 2 Regulations</b></p> <p><b>Waiver Assurances</b></p> <p><b>Recommended Probes</b></p>		<p><b>Discovery Mechanisms</b></p> <p>Discovery mechanisms are not meant to be inclusive. They are meant to be suggestions to gather information for the Reviewer. Guidelines are intended to help the Reviewer to make decisions about the presence or absence of the Indicators. The Discovery mechanisms listed here in no way imply they are meant to be directives for completion, or a requirement to be answered in every instance.</p>		
<p><b>Focus I: Participant-Centered Service Planning and Delivery</b></p> <p><b>Desired Outcome:</b> <i>Services and supports are planned and effectively implemented in accordance with each participant's unique needs, expressed preferences and decisions concerning his/her life in the community</i></p>		<p><b>Spending Time With People</b></p> <p>(Initially during the conversation with the person using the DA Interview, then throughout the Review process.)</p> <p><b>Examples only: specific situations may change observations.</b></p>	<p><b>Conversations With People</b></p> <p><b>Selected Examples only: specific situations may change conversations with people.</b></p>	<p><b>Review of Documents</b></p> <p><b>Examples only: specific situations may change documents needing review.</b></p>
<p><b>I.A. 1 Assessment</b></p> <p><b>Desired Outcome:</b> <i>Comprehensive information concerning each participant's preferences and personal goals, needs and abilities, health status and other available supports is gathered and used in developing a</i></p>	<p><b>I.A.1.1 The person's plan of care is based on an assessment that identifies the person's preferences, needs, and abilities.</b></p> <p><b>Supporting Regulations:</b> 2-17-1; 2-17-6; 2-19-1. <b>Supporting Assurances:</b> D-1: d, e,</p> <p>1. Does the Case Manager know the person's needs and wants as related to:</p> <p style="padding-left: 40px;">a. health</p>	<p><b>Observe if any behavior issues are present during the visit.</b></p> <p><b>Observe if any medical conditions that might require treatments exist.</b></p> <p><b>Observe any formal, structured training programs that are implemented during the</b></p>	<p><b>Ask the person if anyone asked them about their preferences for services.</b></p> <p><b>Ask the person if they helped develop their plan.</b></p> <p><b>Ask the Case Manager how the</b></p>	<p><b>Review the person's Plan of Care (POC) for assessments that <i>support</i> the person's desires and needs.</b></p> <p><b>Review the POC to determine if the POC <i>incorporates</i> the results of assessments.</b></p> <p><b>Review the POC to</b></p>

<p><i>personalized service plan.</i></p>	<p>b. welfare  c. wishes for self-directed care  d. available funding? 2-17-1</p> <p>2. Do assessments lead to identifying the person's needs and wants? 2-17-6</p> <p>3. Did any assessments, evaluations and screenings that the person had focus on the skills and <b>services</b> present, those preferred and desired by the person, and those needed to realize personal goals? 2-19-1</p> <p>4. Does the person's plan of care incorporate the results of assessments, evaluations and screenings required by the provider? 2-19-1</p> <p>Assurances:</p> <p>1. Do assessments lead to evaluating the person's strengths, capacities, needs, preferences and desired outcomes, health status, and potential risk factors?</p> <p>2. Is the person's ability to be safe in their environment assessed? (450B form)</p> <p>3. Are assessment results, including <b>services</b> needed to be safe at home and in other environments the person spends their time, documented in their POC?</p> <p>4. Are safety assessments completed on an ongoing basis and reviewed at least annually?</p> <p><b>I.A.1.2 The person receives an evaluation/re-evaluation to determine their eligibility for Waiver services.</b></p>	<p><b>visit.</b></p> <p><b>Observe for any informal teaching opportunities that are provided.</b></p> <hr/> <p><b>Observe the person to see the extent of services being provided.</b></p>	<p><b>person's wants and needs were discovered.</b></p> <hr/> <p><b>Ask the person to talk about their services.</b></p> <p><b>Ask the person if they</b></p>	<p><b>determine the combination of Service Providers.</b></p> <p><b>Review the POC to determine if the number and type of services reflect the needs and desires of the person.</b></p> <hr/> <p><b>Review the Eligibility Screen (E-Screen) to determine if there is documentation that</b></p>
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	<p>1. Has the person been re-evaluated for continued need for Waiver services?  2. Is the evaluation within the time frames required (6 months from last LOC evaluation?).</p> <p><b>I.A.1.3 The person receives an evaluation to determine their functional impairment level.  Supporting Regulations: 2-4-10;  Assurances: Appendix B-6, c.</b></p> <p>1. Does the Level of Care (LOC) documentation contain an assessment of the current functional impairment level seen in the person?</p>	<hr/> <p><b>Observe the person and their environment to see the extent of services being provided.</b></p>	<p><b>like the services they receive.</b></p> <p><b>Ask the Case Manager to describe any services that are not needed, but are provided anyway.</b></p> <p><b>Ask the direct service staff about the documentation requirements for services provided.</b></p> <hr/> <p><b>Ask the person to describe their services.</b></p> <p><b>Ask the Case Manager to explain their involvement in the evaluation of functional impairment level.</b></p> <p><b>Ask the Case Manager to explain the process of functional impairment level evaluation.</b></p> <p><b>Ask the Case Manager if there are any documentation</b></p>	<p><b>assessments are complete and current.</b></p> <p><b>Review the POC/CCB to determine the level of service documented.</b></p> <p><b>Review documentation requirements from the service provider for services provided.</b></p> <hr/> <p><b>Review the person's POC/CCB to determine if their functional impairment level has been evaluated and documented.</b></p> <p><b>Review the CCB\POC to determine what services are required based on the person's functional level.</b></p>
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			requirements to make a determination of the person's functional impairment level.	
<p><b>I.A.2 Participant Decision Making</b>  <b>Desired Outcome:</b>  <i>Information and support is available to help participants make informed selections among service options.</i></p>	<p><b>I.A.2.1 The person's Case Manager supports the person to select his/her services.</b>  <b>Supporting Regulations:</b> 2-17-1; 2-17-5;</p> <ol style="list-style-type: none"> <li>1. Did the person receive a list of services available through the waiver? 2-17-5</li> <li>2. Did the person's Case Manager provide information about services that the person may need or want but that are not provided through the waiver?</li> <li>3. Did the Case Manager provide the person information about community resources?</li> <li>4. Was the Case Manager flexible in assisting the person to access community resources and services as needed?</li> <li>5. Does the Case Manager assist the person to use generic community resources whenever possible?</li> <li>6. Does the person receive the level of support needed to make their own decisions about service options?</li> <li>7. Did the Case Manager explain to the person the array of services available to meet their medical needs and goals?</li> </ol>		<p><b>Ask the person if they had a role in choosing their services.</b></p> <p><b>Ask the person if there are other services they needed but didn't get.</b></p> <p><b>Ask the Case Manager to explain the person's role in selecting services.</b></p> <p><b>Ask the Case Manager the extent to which the person chooses service providers.</b></p>	<p><b>Ask to see a list of all services that was provided to the person prior to selection.</b></p> <p><b>Review the Case Manager's list of service options available in the area that match the services the person receives.</b></p> <p><b>Review the CCB/POC to determine if the person has any services in decision-making skills.</b></p> <p><b>Review any documentation for rationale that relates to services not provided.</b></p>

	<p><b>I.A.2.2 The Case Manager provides the person with information regarding community services and assists them to access community services. Supporting Regulations: 2-17-1</b></p> <p>1. Does the Case Manager know the person’s wants and needs regarding community services?  2. Did the Case Manager provide the person with information and assistance the person to access community services?  3. Does the Case Manager provide information regarding the array of services available to the person whether the services are currently being provided?  4. Upon request of the person or his/her legal representative does the Case Manager provide the person with a current list of approved providers, including a complete description of services offered by each provider from a generated pick list?</p>		<p><b>Ask the person if the Case Manager helps them in deciding about services.</b></p> <p><b>Ask the person if they have all the information they need to make a decision about community services.</b></p> <p><b>Ask the person who their contacts are when they need help.</b></p> <p><b>Ask the Case Manager how they know when the person lacks information or assistance.</b></p> <p><b>Ask the Case Manager what they do when they become aware that the person lacks information or assistance.</b></p>	<p><b>Review documentation to support that the Case Manager provides information and assistance services.</b></p> <p><b>Review the community services pick list the Case Manager provided to the person.</b></p> <p><b>Determine if the pick list contained an “array” of choices.</b></p> <p><b>Confirm that the CCB is signed by the person.</b></p>
<p><b>I.A.3 Free Choice of Providers</b>  <b>Desired Outcome:</b>  <i>Information and support is available to assist participants to freely</i></p>	<p><b>I.A.3.1 The person’s Case Manager supports the person to select his/her providers.</b>  <b>Supporting Regulations: 2-17-5;</b>  <b>Supporting Assurances: D-1: d, f; D-2: a; E-1: a</b></p>	<p><b>Watch for any indications where the direct service staff are “doing for the person” instead of giving the person the opportunity to do the task</b></p>	<p><b>Ask the person to describe the services the provider gives to them.</b></p> <p><b>Ask the Case</b></p>	<p><b>Review any written procedures or management-directives that direct the staff to teach the person skills of self-management and</b></p>

<p><i>choose among qualified providers.</i></p>	<ol style="list-style-type: none"> <li>1. Did the person receive from his/her Case Managers a current list of waiver service providers and a description of the services each provider offers?</li> <li>2. Did the Case Manager assist the person in evaluating potential service providers?</li> <li>3. Does the person receive only the level of support needed to make their own decisions about service providers?</li> <li>4. Are waiver services to address the person's identified needs available; or is the Case Manager making an effort to secure non-waiver services?</li> <li>5. Are community resources to address the person's identified needs available or is the Case Manager making an effort to secure other services?</li> <li>6. Is the person/person's representative supported in acting/making decisions related to self-directed attendant care workers? E-1</li> <li>7. Does the Case Manager provide supports and information relating to this choice?</li> <li>8. Did the person's Case Manager present them with a list of approved Medicaid Waiver providers?</li> <li>9. Has the CCB/POC and Freedom of Choice Documents been signed by the person?</li> </ol>	<p><b>independently or with only the help needed.</b></p> <p><b>Watch for any signs for the person being supported to make independent choices and self-manage.</b></p>	<p><b>Manager to explain the process regarding how the person chose providers.</b></p> <p><b>Ask the Case Manager if they have Reviewed the community for providers needed by the person.</b></p> <p><b>Ask the Case Manager on what basis did the person make their choice of providers?</b></p> <p><b>Ask the Case Manager if the person is receiving services from a provider where that is the only provider of that service in the community.</b></p>	<p><b>choice-making.</b></p> <p><b>Review any documented evidence that providers are chosen by the person.</b></p> <p><b>Review a list of providers received by that person. Determine if that is the only provider in the community offering that service.</b></p>
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<p><b>I.A.4 Service Plan</b>  <b>Desired Outcome:</b> <i>Each participant's plan comprehensively addresses his or her identified need for HCBS, health care and other services in accordance with his or her expressed personal preferences and goals.</i></p>	<p><b>I.A.4.1 The person's plan of care addresses the person's preferences, needs, and abilities.</b>  <b>Supporting Regulations:</b> 2-16-2; 2-17-6; 2-19-1; 2-20-1; 2-20-2</p> <ol style="list-style-type: none"> <li>1. Is the person's plan of care designed to enhance his/her independence? 2-19-1 <ol style="list-style-type: none"> <li>a. Are plans of care based on people's priorities?</li> </ol> </li> <li>2. Does the person's plan of care include or identify: <ol style="list-style-type: none"> <li>a. a formal description of goals</li> <li>b. objectives</li> <li>c. strategies</li> <li>d. desired outcomes</li> <li>e. persons responsible for implementing the plan 2-19-1</li> <li>f. amount of Case Manager contact 2-17-6</li> <li>g. residential provider (if applicable) 2-20-1</li> <li>h. day program provider (if applicable)</li> <li>i. emergency contacts and telephone numbers 2-20-2</li> <li>j. provider responsible for maintaining the person's personal file 2-16-2</li> </ol> </li> <li>3. Is the person's plan of care current and relevant?</li> <li>4. Is the person's POC reviewed every 90 days?</li> <li>5. Has the person's plan of care been modified as the person's needs changed and as the person did or did not realize goals and objectives?</li> <li>6. Has the person's plan of care been modified as the person's expectations change?</li> </ol>	<p><b>Watch specific interactions to determine if the service staff is following any plan.</b></p> <p><b>Watch interactions to see if a person's preferences are reflected in what the staff is doing.</b></p>	<p><b>Ask the person to describe their daily routine and if they need support from the provider with that.</b></p> <p><b>Ask the person if they chose the activities in their daily routine.</b></p> <p><b>Ask the person what kind of choice they had in choosing the persons they wanted to participate in the development of their plan.</b></p> <p><b>Ask the person if they feel that the services in the plan allow them the independence they desire.</b></p> <p><b>Ask the Case Manager how often visits are made to the person.</b></p> <p><b>Ask the Case Manager how the person's preferences, strengths and needs were incorporated into the person's plan.</b></p> <p><b>Ask the Case Manager what, if any, informal supports</b></p>	<p><b>Review any documentation for evidences of daily routine.</b></p> <p><b>By reviewing the CCB/POC, determine if it matches the person's needs and desires for services.</b></p> <p><b>Review the CCB/POC for the necessary components and requirements listed here.</b></p> <p><b>Review the Case Manager's schedule of visits to the person and review their case notes.</b></p> <p><b>Review the plan of care to determine if specific staff members are assigned program implementation responsibilities.</b></p> <p><b>Determine if the stated goals are supported by action plans.</b></p> <p><b>Review the POC for any documented formal or informal back-up plans for staffing in crisis situations.</b></p>
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	<p><b>I.A.4.2 The person's plan of care leads to person-centered services.</b>  <b>Supporting Assurances: D-1: c, d</b></p> <ol style="list-style-type: none"> <li>1. Does the person choose who they want to participate in the development of their POC?</li> <li>2. Does the person's POC address their goals, needs (including health care needs), and preferences of services?</li> <li>3. Does the POC include a formal description of goals, objectives, and strategies that include desired outcomes the persons responsible of implementation of the services?</li> <li>4. Is the POC designed to enhance the person's independence?</li> <li>5. Does the person's POC incorporate informal and formal back-up plans for staffing and crisis situation?</li> <li>6. Does the person's POC include a description of health care <b>services</b> needed?</li> </ol> <p><b>I.A.4.3 The person is supported in the Plan of Care Development</b>  <b>Supporting Assurances: D-1;</b>  <b>D-1: Service Plan Development</b></p>		<p>(friends, family) were incorporated in the development of the person's plan.</p> <hr/> <p>Ask the person if they chose people to participate with them in the development of their plan.</p> <hr/>	<hr/> <p>Review the POC/CCB to determine who participated in the development of the person's plan.</p> <p>Review the POC/CCB to verify that goals and needs and preferences are addressed.</p> <p>Verify from the POC/CCB that outcomes are described in goals and objectives.</p> <hr/> <p>Review the POC/CCB to verify that the assessment has evaluated the person's</p>
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	<p>1. Does the person have a “pick list” of approved providers from which to choose service providers within the service area or do they have a copy of their signed pick list after making their choices</p> <p>2. In addition to the person and the Case Manager, are all the people the person wants to be involved in the development of the plan actually involved in its development?</p> <p>3. Has the person signed a release form to allow the Case Manager to contact service providers?</p> <p><b>I.A.4.4 The person has a Plan of Care (POC)/CCB.</b>  <b>Supporting Regulations:</b> 2-16-1; 2-17-6; 2-19-1</p> <p>1. Is guidance and direction provided to families or paid staff for how to implement the person’s POC/CCB?</p> <p>2. Does the Case Manager create a plan of care for the person that:</p> <p>(1) Consists of a formal description of goals, objectives, and strategies, including,</p> <p>(2) Desired outcomes;</p> <p>(3) Persons responsible for implementation;</p> <p>(4) Be designed to enhance independence?</p>		<p><b>Ask the person if the services are adequate.</b></p> <p><b>Ask the direct service staff about the documentation requirements for services provided.</b></p> <p><b>Ask the Case Manager how the POC/CCB was developed.</b></p>	<p><b>strengths, capacities, needs, preferences and desired outcomes, health status, and risk factors.</b></p> <p><b>Verify documented evidence that DA has approved the amount of service the person receives.</b></p> <p><b>Verify that the person has signed a release for the Case Manager to contact prospective Providers.</b></p> <p><b>Review the POC/CCB to ensure it is</b></p> <p><b>1. Based on the person’s needs and wants;</b></p> <p><b>2. Consists of formal description of goals, objectives and strategies including the following:</b></p> <p style="padding-left: 40px;"><b>a) Desired outcomes</b></p> <p style="padding-left: 40px;"><b>b) Persons responsible for implementation</b></p> <p><b>3. Is designed to enhance independence.</b></p> <p><b>Review the CCB\POC to</b></p>
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	<p><b>I.A.4.5 People have supports to manage their own health care.</b>  <b>Supporting Assurances: D-1: d, f; D-2: a</b></p> <ol style="list-style-type: none"> <li>1. Does the person choose their own health care providers?</li> <li>2. Is the person provided with understandable information about their health care, their medications and treatments, including the purpose, intended outcomes, side effects or other risks and alternatives?</li> <li>3. Are they then supported in making choices regarding their medical care?</li> <li>4. Is the person supported to participate in the direction of the POC?</li> <li>5. Has the person participated in direction of the POC?</li> </ol>	<p><b>Observe the person to see the extent of services being provided.</b></p>	<p><b>Ask the person to describe the way they chose health care providers.</b></p> <p><b>Ask the person what information they used to select providers.</b></p>	<p><b>determine what services are required.</b></p> <p><b>Review the POC/CCB to determine the level of service documented.</b></p> <p><b>Review the POC/CCB for evidence that the person participated in making choices about selecting providers.</b></p>
<p><b>I.A.5 Participant Direction</b>  <b>Desired Outcome:</b>  <i>Participants have the authority and are supported to direct and manage their own services to the extent they wish.</i></p>	<p><b>I.A.5.1 The person's wishes to self-direct are honored.</b>  <b>Supporting Regulation: 2-17-1</b></p> <ol style="list-style-type: none"> <li>1. Are the person's wishes to self-direct identified in the plan of care? 2-17-1</li> <li>2. Is the person supported to self-direct as indicated in their plan of care? 2-17-1</li> </ol>	<p><b>Watch to determine if the interactions between the person and the direct service staff clearly demonstrate that person receiving services is directing the services.</b></p>	<p><b>Ask the person if they decided to direct the services listed in their POC.</b></p> <p><b>Ask the person if they are receiving any support to maintain self-direction of their POC.</b></p>	<p><b>Check any documentation regarding the person's wishes to be supported in self-direction.</b></p> <p><b>Review services delivered compared to the hours the direct service staff worked.</b></p>

	<p><b>The Case Manager is responsible for the oversight and monitoring of the POC and CCB budget of the person who has selected self-directed attendant care.</b></p> <p><b>Note to Reviewer: If the person chose Self-Directed Services, complete the Supplemental entitled, "Participant Direction of Services (Self-Directed Attendant Care)."</b></p>		<p><b>Ask the Case Manager to describe how they provided oversight and monitoring of the person's POC/CCB budget when the person chose self-directed attendant care.</b></p>	<p><b>Review any time sheets that might be available.</b></p>
<p><b>Focus I: Participant-Centered Service Planning and Delivery</b></p> <p><b>I.B. Service Delivery</b></p>				
<p><b>I.B.1 Ongoing Service and Support Coordination</b>  <b>Desired Outcome:</b>  Participants have continuous access to assistance as needed to obtain and coordinate services and promptly address issues encountered in community living.</p>	<p><b>I.B.1.1 The person receives the necessary assistance and coordination to consistently obtain the services in their plan of care.</b>  <b>Supporting Regulations:</b> 2-8-4; 2-9-2; 2-12-1; 2-19-1;  1. When the person has changes in their daily routines, whether due to their own requests or for other reasons, does the provider have a system to respond accordingly?  2. Does the Case Manager collaborate with the person's other service providers to coordinate services consistently with the person's plan of care? 2-9-2  3. Does the provider have a system for ensuring important events that impact the person are effectively communicated between assigned staff, among service provider members, across different</p>	<p><b>Talk to people in as many settings as possible. Check the level of assistance the person receives in each setting. Determine if it matches what is outlined in the POC.</b></p> <p><b>Watch for interactions with different people across environments.</b></p> <p><b>Are those interactions reflective of the person's POC services?</b></p>	<p><b>Ask the person if their daily routine ever changes.</b></p> <p><b>Ask the person if they can change their routine activities if they want to.</b></p> <p><b>Ask the person if their schedule is personal to them only and not directed by others.</b></p> <p><b>Ask the person if they have changed Case Manager or providers in the past three months.</b></p> <p><b>Ask the Case Manager how</b></p>	<p><b>Review any documentation regarding changes in routine activities. Determine how much input the person and/or direct service staff have in making those changes.</b></p> <p><b>If the person has changed providers check to see if the person has provided consent exchange of information.</b></p> <p><b>Check all documentation regarding any change in Case Management services.</b></p>



	<p>provider that includes the date of service and number of units of service delivered?</p> <p>4. Are data recorded by direct service staff to verify that services are provided?</p> <p>5. Is the person's continued need for the same services evaluated?</p> <p>6. If people's needs for services decreases, are actions taken to reduce the frequency of services thereby reducing the costs?</p> <p>7. Has the Case Manager maintained written evidence that cost effectiveness of the person's services have been monitored?</p> <p><b>I.B.1.3 Once the person's needs are established and services are chosen; those services may be enhanced based on the person's needs changing.</b>  <b>Supporting Regulations:</b> 2-17-1</p> <p>1. Was a determination of needs made initially for the person and documented in the person's POC/CCB?</p> <p>2. When documented evidence in the person's POC/CCB demonstrates additional needs requiring services were discovered, have additional services been provided?</p> <p>3. Has the POC/CCB been updated to reflect that <b>service enhancements are needed</b>?</p>	<p>Observe the person to see what types of services are being provided.</p>	<p><b>the continued need for services is evaluated.</b></p> <p><b>Ask the Case Manager what type of funding is available for the person.</b></p> <p><b>Ask the Case Manager to describe the monitoring process to verify that the costs of services are justified.</b></p> <p>Ask the person what kinds of services are provided.</p> <p>Ask participant if the services are adequate, too much or too little.</p> <p>Ask the person to describe any services that are not needed, but are provided anyway.</p> <p>Ask the direct service staff what services they provide.</p>	<p><b>services provided.</b></p> <p>Review documentation to support that the Case Manager evaluates the need to enhance services based on need</p>
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	<p><b>I.B.1.4 Once the person’s needs are established and services are chosen; those services may be terminated based on the person’s needs changing. Supporting Regulation: 2-17-1</b></p> <p>1. When documented evidence demonstrates the person has become independent in the skills for which a service has been assigned, have those services been terminated in the person’s POC/CCB? 2. When services have been terminated due to the person’s no longer needing that service, has the POC/CCB been updated to reflect that change?</p>		<p><b>Ask the Case Manager how often the continued need for the same services is evaluated.</b></p> <p><b>Ask the Case Manager if their services continue to be required for the person to be successful.</b></p>	<p><b>Review documentation to support that the Case Manager evaluates the need to terminate services based on need.</b></p>
	<p><b>I.B.1.5 When enhancement of services or termination of services results in the person being transferred to a different provider, the Case Manager coordinates the</b></p>		<p><b>Ask the person if changing providers was their decision.</b></p> <p><b>Ask the Case</b></p>	<p><b>Review the person’s POC/CCB to determine if the records were transferred to the new provider within five</b></p>

	<p><b>effective transition from one provider to another. 2-8-4;</b></p> <ol style="list-style-type: none"> <li>1. Did the original provider transfer copies of all records related to the person to the new provider?</li> <li>2. Were the person's records transferred             <ol style="list-style-type: none"> <li>(1) within five (5) calendar days; and</li> <li>(2) in compliance with HIPAA regulations?</li> </ol> </li> <li>3. If the transfer resulted from termination of services from one provider, did the terminated provider, before termination, participate in an interdisciplinary meeting to coordinate the transfer of services to a new provider?</li> <li>4. If applicable, did the terminated provider agree to continue serving the person until a new provider furnishing similar services was in place?</li> <li>5. If the terminated provider did not continue service while waiting for another provided to be found, was there written permission from the state's Medicaid waiver specialist authorizing the services to be discontinued?</li> </ol> <p><b>I.B.1.6 When enhancement of services or termination of services results in the person being transferred to a different Case Manager, both the former and current Case Managers are involved in the transfer process. Supporting Regulations: 2-8-3; 2-8-4</b></p>		<p><b>Manager if the person has changed providers within the past year.</b></p> <hr/> <p><b>Ask the person if it was their decision to change Case Managers.</b></p> <p><b>Ask the Case Manager if the former Case Manager continued to furnish service until the current Case Manager</b></p>	<p><b>calendar days.</b></p> <p><b>Review the POC/CCB or other documentation to determine if both the old and new providers worked together to provide services until the new provider assumed the full provision of services.</b></p> <p><b>Check for any written permission from the Medicaid waiver specialist to allow the old provider to terminate services prior to the new provider assuming full responsibility.</b></p> <hr/> <p><b>Review the person's POC/CCB to verify that the change of Case Managers was a smooth transition.</b></p>
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	<p>1. Did the former Case Manager participate in an interdisciplinary meeting at which the new Case Manager was present?</p> <p>2. Did the former Case Manager agree to continue serving the person until a new Case Manager was furnishing service?</p> <p>3. If the former Case Manager did not continue service while another Case Manager was found, was there written permission from the state's Medicaid waiver specialist authorizing the services to cease?</p>		<p>took over.</p>	
<p><b>I.B.2 Service Provision</b>  <b>Desired Outcome:</b>  <i>Services are furnished in accordance with the participant's plan.</i></p>	<p><b>I.B.2.1 The person receives continuous and consistent services and supports as specified in their plan of care.</b>  <b>Supporting Regulations:</b> 2-8-2; 2-16-1; 2-17-1; 2-17-2</p> <p>1. Has the Case Manager completed their required qualification training? 2-17-2</p> <p>2. Do staff document that they have provided services in accordance with the person's plan of care and the provider's policies and procedures? 2-16-1</p> <p>3. Are the person's preferences reflected in daily routines outlined in their plan of care? 2-17-1</p> <p>4. Does the person's routine include when, where and how needed services are provided?</p> <p>5. Does the provider have an emergency staffing plan that at a minimum provides the services needed to keep the person safe? 2-8-2</p> <p>6. Does the person have needed</p>	<p><b>If provider's staff is present, make a notation regarding how many paid staff members are present and providing service to the person.</b></p> <p><b>For each service provided note the identity of the staff who provided that service.</b></p> <p><b>Note the staff's interactions.</b></p> <p><b>Following any service provision, watch to see if staffs complete any documentation for the service.</b></p>	<p><b>If possible, ask the provider staffs who makes the assignments in the person's residence.</b></p> <p><b>Ask the provider manager or supervisor who completes the staffing plan for that person.</b></p> <p><b>Ask the direct service staff what kinds of services are in the person's POC.</b></p> <p><b>Ask the Case Manager what methods are used to ensure that all providers have emergency staffing plans to assure person's safety and on-going service</b></p>	<p><b>Review the provider's direct service staffing plan. Determine if all of the person's needs and safety needs according to the POC are met by the provider's plan.</b></p> <p><b>Review the direct service staff work schedule to determine if sufficient staff is present to implement services as outlined in the POC at all times during the times listed in the POC.</b></p> <p><b>Review any document that outlines what the emergency service plan requires.</b></p> <p><b>Review any documentation regarding how many</b></p>

	formal and in-formal safety supports?		<p><b>needs are met.</b></p> <p><b>Ask the Case Manager if they have completed their required qualification training and education requirements to function as a Case Manager.</b></p>	<p><b>times “emergency” direct service staff has been used in the past three to six months</b></p> <p><b>Review the Case Manager’s training and/or qualification file for qualifications.</b></p> <p><b>Note: Case Manager Education and Work Experience:</b></p> <ul style="list-style-type: none"> <li>• <b>A registered nurse with one year’s experience in human services, OR,</b></li> <li>• <b>A bachelor’s degree in any field with a minimum of one year full-time, direct service experience (This experience includes assessment, care plan development, and monitoring).</b></li> </ul>
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	<p><b>I.B.2.2 The provider has the necessary systems and supplies to implement the person’s plan of care.</b></p> <p><b>Supporting Regulations:</b> 2-8-2; 2-9-1; 2-9-2; 2-10-1; 2-12-1; 2-18-1; 2-19-1; 2-20-1</p> <p>1. Has the provider developed a sufficient staffing plan? 2-8-2</p> <p>2. Does the provider have an effective and timely system for repairing, maintaining, and replacing furnishings and equipment and for maintaining the person’s physical environment?</p> <p>a. If the person received any durable medical equipment, home, or vehicle modifications, do these have at least a one year warranty? 2-18-1;</p> <p>3. If the person receives transportation services, are these provided by vehicles that have been properly maintained, registered, and insured? 2-12-1</p> <p><b>Note to Reviewer: If waiver transportation services are received, complete Supplemental Review for Transportation Services.</b></p> <p>4. Does the provider have an emergency staffing plan that at a minimum provides the supports needed to keep people safe? 2-20-1</p> <p>5. Does the provider have an effective system for contacting administrative</p>	<p>Watch for services being provided, and note what materials are used.</p> <p>If possible, observe a meal during the visit and note the food served and dining equipment that is used to support the person.</p> <p>Look for needs for modification of food and observe if food consistency is appropriate to needs.</p> <p>Check the utensils used during a meal to see what options the person is offered to eat the food.</p> <p>Note the need for any adaptive equipment or devices that support the person being more independent.</p> <p>Note the quality of the condition of the adaptive equipment.</p> <p>Note if the person who uses the adaptive equipment is able to use it correctly. If not, note how much assistance the staff provide.</p>	<p>Ask the direct service staff if they have enough materials to implement each of the services needed.</p> <p>Ask the direct service staff what kinds of materials are needed to provide the services listed in the person’s POC.</p> <p>Ask the direct service staff about any modifications to the person’s food.</p> <p>Ask the direct service staff about any adaptive equipment that must be used.</p> <p>Check with the Case Manager to determine if food modifications and adaptive equipment is included as part of the person’s POC.</p> <p>Ask the Case Manager about any needed specialized support for adaptive equipment.</p> <p>Ask the Case</p>	<p>Review the POC for the needed services and determine what materials are needed to implement the services for each objective.</p> <p>Check if there are any dietary suggestions or physician orders to determine if food consistency modification is needed.</p> <p>Check the POC for needed adaptive equipment.</p> <p>Review provider’s training records for the non-licensed direct service staff to determine if they are qualified to provide the needed service.</p>
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	<p>staff after hours, on weekends, on holidays and during the absence of regularly assigned supervisory staff?</p> <p>6. Does the provider have a supervisory structure that promotes continuity and consistency of needed services? 2-9-1</p> <p>7. Does the provider implement communication strategies that promote the person receiving continuous and consistent services, including communication between direct service staff and with the person? 2-9-2; 2-19-1</p> <p><b>I.B.2.3 Documentation contained in the person's file promotes continuity and consistency of services.</b></p> <p><b>Supporting Regulations:</b> 2-16-1; 2-16-2;2-17-4; 2-17-7;</p> <p>1. Does the provider maintain documentation of services needed by and provided to the person? 2-16-1;</p> <p>2. Is the person's personal information written so as to promote continuity and consistency of services?</p> <p>3. Has the assigned provider developed a system for transferring information to and from each provider identified in the plan of care? 2-16-2</p> <p>    a. Is this system being utilized?</p> <p>    b. Is the person's personal file being kept in the person's residence, primary service delivery location, or the offices of the specified provider? 2-16-2</p> <p>4. Does the person's Case Manager maintain documentation on:</p> <p>    a. contacts with the person, or the person's representative,</p>		<p><b>Manager who is responsible for providing the needed training regarding the use of adaptive equipment.</b></p> <p><b>Ask the direct service staff how broken or missing equipment is replaced for the person.</b></p>	
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	<p>b. contacts with providers  c. unusual occurrences  d. issue resolutions 2-17-7;</p> <p>5. Does the Case Manager work with the person maintaining the person's personal file to ensure that access to current and historical information is easy?</p> <p>6. Does the provider have a system to ensure personal information contained in the personal file is complete, accurate, clear and legible? 2-16-1</p> <p>7. Does the person, and/or his legally authorized representative(s), have access to their personal file? 2-17-4;</p> <p>8. Does the Case Manager complete a face-to-face visit with the person at least every ninety (90) days, or more often as necessary?</p>			
<p><b>I.B.3 Ongoing Monitoring Desired Outcome:</b>  <i>Regular, systematic and objective methods - including obtaining the participant's feedback - are used to monitor the person's well being, health status, and the effectiveness of HCBS in enabling the person to achieve his or her personal goals.</i></p>	<p><b>I.B.3.1 The provider's data and documentation supports evaluation of the services and objectives in the person's support plan.</b>  <b>Supporting Regulations:</b> 2-8-1; 2-9-4; 2-9-5; 2-17-6; 2-19-1;</p> <p>1. Does documentation show that the person consistently received the services indicated in their plan of care?</p> <p>2. Is there evidence that the Case Manager conducted monitoring visits at the intervals specified in the person's plan of care? 2-17-6</p> <p>a. At each of these intervals, is there evidence that the Case Manager informed the person of their right to:</p> <ul style="list-style-type: none"> <li>• refuse treatment</li> <li>• seek changes to their plan of care 2-8-1</li> </ul> <p>3. In monitoring how the person's</p>	<p><b>If by chance, or schedule, the Case Manager is on-site during the Reviewer visit, view the interactions between the Case Manager and the person.</b></p> <p><b>Determine if the person seems to know the Case Manager.</b></p>	<p><b>Ask the person how often they see the Case Manager.</b></p> <p><b>Ask the Case Manager how long the person has been a part of that Case Manager's caseload.</b></p> <p><b>Ask the Case Manager how often the person is actually visited face-to-face.</b></p> <p><b>Ask the Case Manager if the visits are documented anywhere.</b></p> <p><b>Ask the Case</b></p>	<p><b>Review Case Manager's case notes for that person to determine the frequency and content of the visits. (InSite)</b></p> <p><b>Review any visitation schedules provided by the Case Manager.</b></p> <p><b>Review any other documentation and verification data provided by the Case Manager.</b></p> <p><b>Check any logs the Case Manager provides regarding timeliness of services from providers.</b></p>

	<p>support plan is being implemented, does the Case Manager's documentation include an assessment of the:</p> <ul style="list-style-type: none"> <li>a. quality of services and products delivered</li> <li>b. timeliness of services and products delivered</li> <li>c. appropriateness of services</li> <li>d. appropriateness of the outcomes</li> <li>e. person's progress towards meeting outcomes 2-17-6</li> </ul> <p>4. Is there documentation of the Case Manager's follow-up and resolution of problems? 2-17-6</p> <p>5. If the person had any crisis situations, is there documentation that the Case Manager acted immediately to address the situation? 2-17-6</p> <p>6. Does the provider conduct an annual assessment of the appropriateness and effectiveness of the service that they deliver? 2-9-5</p> <ul style="list-style-type: none"> <li>a. Does the provider have a written process for analyzing the resulting data? 2-9-5</li> <li>b. Have any changes been made as a result of this analysis?</li> </ul> <p>7. Do providers use the state's data collection system? 2-9-4</p> <p><b>I.B.3.2 Data and documentation support evaluation of the person's health and welfare and promote continuity of services.</b>  <b>Supporting Assurances: D-2: a</b></p> <ul style="list-style-type: none"> <li>1. Does the Case Manager meet with the person at a minimum of every (90) days to monitor the POC?</li> <li>2. Does the Case Manager complete a</li> </ul>		<p><b>Manager how often observations are made regarding services actually being delivered or implemented by providers.</b></p> <p><b>Ask if the Case Manager documents observations of actual services when they are being delivered.</b></p> <p><b>Ask the Case Manager what average time is between a requested service and the delivery of that service.</b></p> <ul style="list-style-type: none"> <li>a. Ask if that time interval is documented.</li> </ul> <p><b>Ask the Case Manager how it is determined that services to the person are actually being implemented.</b></p> <p><b>Ask the Case Manager/Provider of Service if there is a system in place to verify the reliability of the data collected for training and intervention</b></p>	<p><b>Check the POC goals and objectives for signs of progress or loss of skills.</b></p> <p><b>Check the POC or other documents provided for evidence that the data collected for objectives is valid and reliable.</b></p> <p><b>Check the review dates on the POC and note the time between reviews.</b></p> <p><b>Check any procedure or written practice that documents data verification.</b></p> <p><b>If anyone documents Case Manager visits to the person, reconcile that with the information received from the conversation with the Case Manager.</b></p> <p><b>Have the Case Manager explain any discrepancies.</b></p>
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	<p>timely 90-day checklist to assure that approved services continue to meet the medical needs and goals of the person?</p> <p>3. Is the person's health and welfare assessed?</p> <p>4. Is the potential for abuse, neglect or exploitation assessed?</p> <p>5. Are services and outcomes in the POC assessed?</p> <p>6. Do the person's providers of service share documentation regarding the person's well-being with the Case Manager?</p> <p>7. Does documentation show that needed health <b>care services</b> are consistently provided?</p>		<p><b>programs.</b></p> <p><b>Ask the Case Manager how often the person's support plan is reviewed.</b></p> <p><b>Ask the Case Manager if the state's automation system for documentation is followed.</b></p> <p><b>Ask the Case Manager to explain what is done with that system.</b></p>	
<p><b>I.B.4 Responsiveness to Changing Needs</b>  <b>Desired Outcome:</b>  <i>Significant changes in the participant's needs or circumstances promptly trigger consideration of modifications in his or her plan.</i></p>	<p><b>I.B.4.1 The person's plan of care is modified when there are changes in ability, needs, desires, or circumstances.</b>  <b>Supporting Regulations:</b> 2-8-1; 2-17-6;</p> <p>1. When the person's status changed due to changes in physical condition, mental status, age, or any unusual event, has his/her plan of care been updated accordingly to appropriately address these new needs? 2-17-6</p> <p>2. Is the person routinely reminded of their right to change their plan of care? 2-8-1</p> <p>3. Has the plan of care been modified:</p> <ul style="list-style-type: none"> <li>a. to reflect changes in the person's progress towards outcomes?</li> <li>b. as goals and objectives have or have not been realized?</li> <li>c. is the person's POC and health care services modified in a timely</li> </ul>		<p><b>Ask the Case Manager what conditions would exist for updating the POC.</b></p> <p><b>Ask the Case Manager to explain the circumstances under which the POC is modified.</b></p>	<p><b>Review the POC for inclusion of significant changes in the person's status and needs.</b></p> <p><b>Determine how the POC has been adjusted to meet those changes.</b></p> <p><b>Review the schedule, if one exists, that relates to the updating of the person's POC.</b></p>

	<p>manner based on acute health changes?  4. Have any changes been implemented promptly?</p> <p><b>Supporting Assurance: D-2: a</b></p> <p>1. When identified, is there evidence of follow-up on problems and immediate action taken to resolve critical issues and crisis?  2. Are provider back-up plans identified in the person's POC reviewed and adjusted as warranted?  3. When needed, have changes been made in the POC to meet the medical needs and goals of the person?</p> <p><b>I.B.4.2 The provider respects the person's concerns and responds accordingly</b>  <b>Supporting Assurance: F-3: c</b></p> <p>1. Does the person receive the necessary supports to report complaints, problems or concerns?  2. Does the person receive a timely response to their complaint that is relevant and understandable?  3. Is the consumer aware that they may voluntarily terminate self directed attendant care at any time they choose? E-1 (I)</p> <p><b>I.B.4.3 The Case Manager resolves all disputes by following the dispute resolution procedures prescribed by the State.</b>  <b>Supporting Regulations: 2-17-6; 2-9-3</b></p>			<p><b>Review all dispute documentation to verify its impact on the person.</b></p> <p><b>Verify that the issues of</b></p>
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	<p>1. Was the resolution of the dispute designed to address the person's needs?</p> <p>2. Did the parties involved in the dispute and the person attempt to resolve the dispute informally by exchanging information that might lead toward possible resolution?</p> <p>3. Was the dispute resolved within fifteen (15) days?</p> <p>4. Did written documentation of the dispute describe the issues of the dispute, each party's position and their efforts to resolve the dispute?</p> <p>5. If unresolved, was the dispute referred to the Division of Aging (DA) for resolution?</p> <p>6. If resolved, did each party abide by the final decision?</p> <p>7. If any party believed they were adversely affected or aggrieved by DA's decision, was a request for an administrative review completed within fifteen (15) calendar days after written notification?</p>			<p>the dispute were described and stated each party's position and efforts for resolution.</p> <p>Verify if the dispute was unresolved. If it was, verify that it was referred to DA for resolution.</p> <p>Verify if an administrative review was requested. If it was, verify that it was requested timely (within 15 calendar days).</p>
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<p><b>Focus II: Participant Safeguards</b>  <b>Desired Outcome:</b>  <i>Participants are safe and secure in their home and communities, taking into account their informed and expressed choices.</i></p>		<p><b>Spending Time With People</b></p> <p>(Initially during the conversation with the person using the Personal Outcome Measures®, then throughout the Review process.)</p>	<p><b>Conversations With People</b></p> <p>Selected Examples</p>	<p><b>Review of Documents</b></p> <p>Examples only: specific</p>
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		Examples only: specific situations may change observations.	only: specific situations may change conversations with people.	situations may change documents needing review.
<p><b>II.A Risk and Safety Planning</b>  <b>Desired Outcome:</b>  <i>Participant health risk and safety considerations are assessed and potential interventions identified that promote health, independence and safety with the informed involvement of the participant.</i></p>	<p><b>II.A.1 The person has health care services.</b>  <b>Supporting Regulations:</b> 2-9-5; 2-14-1; 2-16-1; 2-17-1; 2-17-6; 2-17-7; 2-19-1;  1. Are current and relevant health care evaluations and screenings documented in the person's records? 2-17-1  2. Are the person's preferences and ability to self-administer medications and treatments routinely assessed? 2-17-1  3. Does the person's plan of care document the results of health care evaluations and screenings, including recommendations? 2-16-1  4. Does the person's plan of care include a description of health care service needed? 2-19-1  5. Does documentation show that needed health care services are consistently provided? 2-16-1  6. Does the Case Manager's monitoring identify any unmet health care needs that the person may have? 2-17-6  a. Were these promptly addressed and documented? 2-17-7  2-9-5  7. Does the person receive health care supports only to the extent needed?</p> <p><b>II.A.2 The person is supported to receive quality health care.</b>  <b>Supporting Regulations:</b> 2-17-1; 2-</p>	<p>If an opportunity arises where medication is given to the person, observe to determine if correct procedures are used.</p> <p>Observe any health care supports that are provided.</p>	<p>Ask the person if they take their own medicine.</p> <p>Ask the person what health care service is provided.</p> <p>Ask the non-licensed direct care service staff to describe their training in CPR.</p> <p>Ask direct care service staff to describe the health related services they provide.</p>	<p>Review the POC/CCB to determine if evaluations and screenings for healthcare have been documented and are provided by qualified staff.</p> <p>Review the POC/CCB for a description of health needs.</p>

	<p>17-6;  1. Are there standardized protocols for regularly required evaluations?  2. Does the person have current and relevant specialized health care assessments for dementia, seizure disorders; orthopedic or neuromuscular disorders; heart disease, metabolic disorders (diabetes), eating disorders, including dysphasia, gastroenterological disorders, and other nutrition concerns; psychiatric disorders including an increase in depression; or any other health condition that typically requires evaluation by a licensed health care provider.  3. Does the person routinely receive comprehensive physical examinations?</p> <p><b>Note to Reviewer: If the person receives services through a Health Care Coordination Service Provider, complete the Supplemental Provider Review Tool entitled, "Health Care Coordination."</b></p>		<p><b>Ask the person when was the last time they had a physical examination by a health care practitioner.</b></p>	<p><b>Review the POC/CCB to ensure specialized health care assessments are completed as needed.</b></p> <p><b>Check the health records for completed physical examinations.</b></p>
<p><b>II.B Critical Incident Management</b>  <b>Desired Outcome:</b>  <i>There are systematic safeguards in place to protect participants from critical incidents and other life-endangering situations.</i></p>	<p><b>II.B.1 The person is free from abuse, neglect, mistreatment and exploitation.</b>  <b>Supporting Regulations:</b> 2-8-1; 2-8-2;  1. Has the person been provided understandable information about their rights to be free from abuse, neglect, mistreatment and exploitation? 2-8-1  2. Is the person supported to report unusual occurrences - allegations of abuse, neglect, mistreatment and exploitation? 2-8-1</p>	<p><b>Observe for any physical signs of injury or bruising.</b></p>	<p><b>Ask the person if they are aware of their personal rights regarding abuse, neglect mistreatment or exploitation.</b>  <b>Ask the person if they know how to report abuse, neglect, mistreatment or exploitation.</b>  <b>Ask the person if they know that all</b></p>	<p><b>Review any documentation related to rights and freedom from abuse that is shared with the person.</b></p> <p><b>Review the Provider's policy and procedures regarding reporting of unusual occurrences.</b></p> <p><b>Review any reports of unusual incidents</b></p>

	<p>3. Is the person's direct service staff knowledgeable about how to report abuse, neglect, mistreatment and exploitation? 2-8-1</p> <p>4. Does the person know and understand that the provider is mandated to report unusual occurrences to DA and APS/CPS? 2-8-2</p> <p>5. Does staff report unusual occurrences to DA and APS/CPS upon becoming aware of the incident? 2-8-2</p> <p>6. Is there evidence present that shows incidents are reported correctly? Including:</p> <ul style="list-style-type: none"> <li>a. Submitting the report within 24 hours</li> <li>b. Is the staff immediately suspended from duty, if necessary?</li> <li>c. Has the provider submitted other reports within 48 hours?</li> <li>d. Has the Case Manager identified initial corrective actions?</li> </ul> <p>7. Does the person's Case Manager submit follow-up reports:</p> <ul style="list-style-type: none"> <li>a. within 7 days of the initial report</li> <li>b. then every 7 days after that until DA deems that the issue is resolved 2-8-2</li> </ul> <p>8. If the person has been involved in an allegation of abuse, neglect, mistreatment, or exploitation, did the provider suspend involved staff pending the investigation? 2-8-2</p> <ul style="list-style-type: none"> <li>a. Has the provider taken corrective action to assure that the person is safe? 2-8-1</li> </ul>		<p><b>their service providers are mandated to report any suspected abuse, neglect, mistreatment or exploitation. Ask the person to explain their understanding of how to report unusual occurrences.</b></p> <p><b>Ask the direct service staff to explain the process of reporting abuse, neglect, mistreatment and exploitation.</b></p> <p><b>Ask the direct service staff to whom they report unusual occurrences when they become aware of an incident.</b></p> <p><b>Ask the Case Manager to explain the reporting procedures for an allegation of abuse, neglect, mistreatment or exploitation.</b></p> <p><b>Ask the Case Manager to explain how corrective actions to findings of abuse, neglect, mistreatment or exploitation are</b></p>	<p><b>reported on behalf of the person. Determine if trends exist.</b></p> <p><b>Review any training documents to support staff training regarding reporting abuse, neglect, mistreatment or exploitation.</b></p> <p><b>Review reporting documentation sent to DA, and APS/CPS to determine it was submitted timely.</b></p> <p><b>Review the Case Manager's follow-up reports for timeliness and content for Provider corrective action.</b></p> <p><b>Review any documentation that verifies that the Provider's practice is to separate the accused person from the person receiving services if an allegation is made.</b></p>
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	<p><b>II.B.2 The provider’s safeguards protect the person from abuse, neglect, mistreatment, and exploitation.</b>  <b>Supporting Regulations:</b> 2-8-1; 2-8-2</p> <p>1. Has the person’s direct service staff received an orientation on what constitutes abuse, neglect, mistreatment and exploitation?</p> <p>    a. Did this orientation include how to prevent, detect, and report incidents of abuse, neglect, mistreatment, and exploitation?</p> <p>2. Before providing services to the person, do staff demonstrate competency in defining abuse, neglect, mistreatment and exploitation, and on reporting procedures?</p> <p>3. Is there evidence that shows the person has been trained on abuse/neglect reporting:</p> <ul style="list-style-type: none"> <li>• Who to contact</li> <li>• When to contact</li> <li>• How to report</li> </ul> <p>Hotline number</p> <p><b>Reviewer Guidance: If there are concerns about a provider reporting, reviewing, and/or investigating incidents of abuse, neglect, mistreatment, or exploitation then follow-up by reviewing the provider’s policies. However, in the absence of evidence to the contrary, we assume that this indicator is met:</b></p> <p><b>II.B.3 The provider implements</b></p>		<p><b>developed, and by whom.</b></p> <hr/> <p><b>If available, ask the direct service staff to explain what kind of orientation they received in abuse, neglect, mistreatment and exploitation.</b></p>	<hr/> <p><b>For Non-Licensed only, review any training documents for staff to determine if they have demonstrated competency in knowing what abuse, neglect, mistreatment and exploitation is.</b></p> <p><b>Review training documents to verify that staff has been trained in reporting abuse, neglect, mistreatment and exploitation.</b></p>
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	<p><b>policies and procedures that define, prohibit and prevent abuse, neglect, mistreatment and exploitation.</b>  <b>Supporting Regulations:</b> 2-8-1; 2-8-2; 2-9-5; 2-17-2; 2-20-1;</p> <p>1. Are the provider's definitions of abuse, neglect, mistreatment and exploitation comprehensive and specific? 2-8-2</p> <p>2. Does the policy expressly prohibit abuse, neglect, mistreatment and exploitation of people? 2-8-1</p> <p>3. Are responsibilities and procedures for reporting unusual occurrences defined? 2-8-1; 2-20-1</p> <p>4. Are procedures for protecting people from potential further abuse, neglect, mistreatment or exploitation defined? 2-8-1</p> <p>5. Does the provider define procedures for investigating possible abuse and neglect? 2-8-1</p> <p>a. Does this include the administrative action it will use to respond to the results of the inquiry? 2-8-1</p> <p><b>II.B.4 The person's acute health needs are addressed in a timely</b></p>	<p><b>When spending time with the person notice the staff interactions with the person.</b></p> <p><b>Determine if the person and direct service staffs freely communicate with each other and appear to be comfortable with each other.</b></p> <p><b>When spending time with</b></p>	<p><b>Ask the Provider representative to explain the Provider's policy and practice regarding requirements for preventing abuse.</b></p> <p><b>Ask the Provider representative to explain the Provider's response to allegations of abuse, neglect, mistreatment and exploitation.</b></p> <p><b>In conversation with</b></p>	<p><b>Review the Provider's policy on abuse, neglect, mistreatment and exploitation to verify the requirements of 455 IAC 2 are included.</b></p> <p><b>At a minimum, the non-licensed Provider's policies regarding abuse, neglect, mistreatment and exploitation should include:</b></p> <ul style="list-style-type: none"> <li>• <b>Definitions;</b></li> <li>• <b>Prohibition of abuse, neglect, mistreatment and exploitation;</b></li> <li>• <b>Prevention;</b></li> <li>• <b>Staff training;</b></li> <li>• <b>Reporting procedures;</b></li> <li>• <b>Provisions for protecting people;</b></li> <li>• <b>Investigation procedures;</b></li> <li>• <b>Administrative actions;</b></li> <li>• <b>Data collection and analysis procedures; and,</b></li> <li>• <b>Data regarding corrective actions.</b></li> </ul>
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	<p><b>manner.</b>  <b>Supporting Regulations:</b> 2-17-1; 2-17-6  1. Do direct service staff recognize and promptly report physical or behavioral changes, complaints of illness, accidents and injuries, and other signs and symptoms of illness?</p>	<p><b>the person determine if physical health or behavior has changed recently.</b>  <b>Observe for any signs of illness or injury.</b></p>	<p><b>the person, determine the following information:</b></p> <p><b>What do you do when you feel sick?</b></p> <p><b>Does staff help you when you get hurt or do not feel well?</b></p> <p><b>What are some of the things they help you with?</b></p> <p><b>What happens when you go to a doctor's appointment, do staff help you with that?</b></p> <p><b>Is there a nurse that comes to your house?</b></p> <p><b>Do you talk with the nurse about your health or when you are sick?</b></p> <p><b>Ask the direct service staff if the person has experienced any significant health or behavioral changes recently.</b></p> <p><b>If so, ask the direct service staff to explain what their</b></p>	<p><b>Review incident reports, daily logs, and progress notes, to see if reportable incidents/medical emergencies were processed, if problems were acted upon in a timely manner, and investigated and resolved as needed.</b></p> <p><b>When a problem is identified in this area review the facility policies and procedures to identify the source of any problem (lack of effective policy, or lack of implementation of procedure and policy).</b></p> <p><b>Review records to determine if documentation from doctors' appointments, hospital or ER visits, or other health care providers has been accomplished according to needs.</b></p> <p><b>Review Case Management notes or nursing progress notes to see if new health care concerns have been assessed and any needed changes have been reflected in risk plans, or the POC/CCB.</b></p>
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			<p>action is upon notice of that change.</p> <p>Ask the direct service staff to identify by name or title who they would notify, and when, if they notice a significant change in the person.</p> <p>Ask the person's health care direct service staff, or the Case Manager the following:</p> <p>What health issues do you have to be most concerned about with the person?</p> <p>How do you know they are getting sick? What do you need to watch for?</p> <p>When the person gets sick, what do you do? (Actions taken, notifications, record keeping).</p> <p>When the person gets hurt or injured, what do you do? (Actions taken, notifications, record keeping).</p>	
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	<p><b>II.B.5 Staff immediately recognize and respond to medical emergencies.</b>  <b>Supporting Regulations:</b> 2-20-1</p> <ol style="list-style-type: none"> <li>1. Does the provider implement policies and procedures that ensure a rapid and effective response to people experiencing medical emergencies?</li> <li>2. Does non-licensed provider's direct service staff receive competency-based training to recognize and respond to people experiencing medical emergencies?</li> <li>3. Are medical emergency responses implemented effectively and decisively? <ol style="list-style-type: none"> <li>a. Do they consistently follow established policies and procedures?</li> </ol> </li> </ol>	<p><b>Initially review any medical equipment in the home to meet the person's identified medical needs.</b></p> <p><b>Is the equipment accessible when needed?</b></p> <p><b>Is equipment taken when the person travels?</b></p> <p><b>Is emergency medication available in the right dose and quantity?</b></p>	<p><b>Ask if Incident reports have been filed to note significant changes in health status?</b></p> <hr/> <p><b>When spending time with the person, cover the following questions:</b></p> <p><b>Have you had to go to the hospital or emergency room since you have lived here? What happened that you needed to go?</b></p> <p><b>Is there something you are supposed to do to prevent another emergency of this type?</b></p> <p><b>Ask the person's direct service staff and/or the Case Manager the following:</b></p> <p><b>Has the person had a medical emergency in the past year?</b></p> <p><b>What was the emergency?</b></p>	<hr/> <p><b>Review incident reports, daily logs, and progress notes, to see if reportable incidents related to medical emergencies were processed, if problems were acted upon in a timely manner, and investigated and resolved as needed.</b></p> <p><b>When a medical emergency has occurred, is there evidence in the record of a Case Management or health care professional review to assess the need for a change in approach to prevent or minimize the occurrence of future emergencies.</b></p> <p><b>When a problem is identified in this area review the Provider's policies and procedures to identify source of problem (lack of effective policy, or lack of</b></p>
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			<p><b>What was done?</b></p> <p>As a result of that emergency was anything changed about how you are supposed to care for the person?</p> <p>Have you been trained in CPR?</p> <p>Are there special emergency procedures that need to be done because of special risk factors (choking, seizures, and allergic reactions)?</p>	<p>implementation of procedure and policy).</p> <p>Review training records. Has the non-licensed direct service staff been trained in CPR?</p> <p>If a special need in emergency response (i.e. seizure management, or allergic reaction) has been identified in the person's POC/CCB as a risk, are procedures in place for this response and have staff been trained in these procedures?</p>
<p><b>II.C Housing and Environment</b>  <b>Desired Outcome:</b> <i>The safety and security of the participant's living arrangement is assessed, risk factors are identified and modifications are offered to promote independence and safety in the home.</i></p>	<p><b>II.C.1 The person receives personalized supports.</b>  <b>Supporting Regulations:</b> 2-9-5; 2-17-1; 2-17-6; 2-18-1; 2-19-1</p> <p>1. Is the person's ability to be safe in their environment assessed? 2-17-1  2. Does the assessment look at the person's ability to:</p> <ol style="list-style-type: none"> <li>be safe in the kitchen</li> <li>evacuate in the event of fire or severe weather</li> <li>call for help</li> <li>manage other safety concerns specific to the person or the particular living environment?</li> </ol> <p>3. Are assessment results, documented in the person's plan of</p>	<p>Observe for any obvious safety issues, i.e., broken furniture, tears in the carpet, slippery throw rugs, and broken fixtures.</p> <p>Look for any modified equipment used by the person.</p>	<p>Ask the person if they feel safe in the home.</p> <p>Ask the person if they have any equipment that needed to be modified in design to help them be more independent.</p> <p>Ask the non-licensed support staff to explain the training they have had in safety and security.</p>	<p>Review the person's POC/CCB for any assessments that identify needs for safety and security.</p> <p>Review any documentation present that identifies the person's ability to practice safety in their home.</p> <p>Review any documentation that describes any equipment modifications used by the person to be more</p>

	<p>care? 2-19-1</p> <p>4. Does the person receive a safety assessment on an ongoing basis? 2-17-6</p> <p>a. Is this assessment reviewed at least annually? 2-9-5</p> <p>5. Does the person's living area conform to the specifications identified in their plan of care?</p> <p>a. Have design modifications as specified in the person's service plan been made to facilitate accessibility and safety? 2-17-1; 2-17-6</p> <p>6. If the person received a waiver personal emergency response system, does the person have at least a one year warranty for the device? 2-18-1</p> <p><b>Note to Reviewer: If the person receives Waiver Services using Personal Emergency Response System, use that Supplemental Provider Review Tool.</b></p> <p>7. If the person receives residential and/or day services, has the person and his/her staff been trained in the person's specific safety and security policies and procedures? 2-20-1</p> <p>a. Does this training include when/how to notify:</p> <ul style="list-style-type: none"> <li>• law enforcement</li> <li>• APS/CPS</li> <li>• emergency response agencies</li> </ul> <p>2-20-1</p> <p><b>II.C.2 Routine inspections ensure that environments are sanitary and hazard free.</b></p> <p><b>Supporting Regulations: 2-8-2</b></p> <p>1. Does the provider have a system for</p>			<p><b>independent.</b></p> <p><b>Review non-licensed direct service staff training documentation to verify that staff has been trained in safety and security.</b></p> <hr/> <p><b>Ask the person if the home has been inspected for safety</b></p> <p><b>Review any documentation regarding inspections of the</b></p>
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	<p>reporting and responding to environmental hazards?</p> <p>2. Are sanitation problems and safety concerns identified and corrected in a timely and appropriate manner?</p> <p>3. Are the person's living and work environments sanitary and free of safety hazards?</p> <p>4. Does the provider conduct its own inspections?</p> <p>5. Does the provider maintain records and reports of corrective actions taken?</p>		<p><b>issues by anyone.</b></p> <p><b>Ask the direct service staff if the home is inspected for safety and sanitation issues.</b></p>	<p><b>environment in which the person lives.</b></p> <p><b>Review any records or reports that relate to safety or sanitation issues and the corrective action taken to fix those issues.</b></p>
<p><b>II.D Behavior Interventions</b>  <b>Desired Outcome:</b>  <i>Behavior interventions - including chemical and physical restraints are only used as a last resort and subject to rigorous oversight.</i></p>	<p><b>II.D.1 The person is free from unnecessary, intrusive interventions.</b>  <b>Supporting Regulations:</b> 2-8-1; 2-17-1; 2-17-6;</p> <p>1. If the person causes injury to themselves or others does he/she receive services? 2-17-1</p> <p>2. Do people receive only the amount of behavioral and medical service necessary to prevent harm to themselves or others?</p> <p>3. Does the Case Manager routinely assess the appropriateness of these services? 2-17-6</p> <p>4. Does the provider ensure that people are not subjected to highly intrusive behavior interventions or punishment for the convenience of staff, or in lieu of a behavior plan? 2-8-1</p> <p>5. Does the provider prohibit the use of corporal punishment, seclusion, noxious or aversive stimuli, forced exercise, and denial of food or liquids that are part of a person's nutritionally adequate diet? 2-8-1</p> <p>6. Is evidence present to show that the</p>	<p><b>Look for any signs of personal injury that might relate to self-injury.</b></p> <p><b>Look for any signs of locking devices or alarms.</b></p> <p><b>Look for any furniture with belts or other ties attached that might be used for restraint purposes.</b></p> <p><b>Look for any areas where the person's personal property may be non-accessible to the person.</b></p>	<p><b>Ask the person to describe any intrusive or restrictive practices that they feel are unnecessary.</b></p> <p><b>Ask the person if they ever have any requirements imposed on them that they do not agree with.</b></p>	<p><b>Review the POC/CCB for any procedures that have any element of intrusiveness or restrictiveness.</b></p>

	use of restraint/restrictive intervention has been reported?			
<b>II.E. Medication Management</b> <b>Desired Outcome:</b> <i>Medications are managed effectively and appropriately.</i>	<b>II.E.1 The person receives medications and treatments safely and effectively.</b> <b>Supporting Regulations:</b> 2-17-1; 2-17-6 <b>Appendix G-3: Medication Management and Administration (1 of 2)</b>  1. Is the person provided the level of service necessary to ensure that they take medications and complete treatments according to prescribed orders? 2. Does the person participate in medication administration? 3. Has an assessment been completed to show the level of support needed for medication administration? 4. Has the Case Manager been involved in monitoring medication administration? (every 90 days) 5. Is there evidence that non-licensed providers' direct service staff have been trained on the following criteria for medication administration: - Provision of reminders; - Opening of medication containers; - Instructions on administration of controlled substances; - Reasons, med actions, specific instructions and side effects of medication? 6. Is documentation of taking medications present? 7. Are medication errors reported according to the Incident Reporting Procedure?	<b>If the opportunity arises, observe the preparation and taking medications.</b>  <b>Determine if the person takes his/her own medication without supports.</b>  <b>Determine if services are needed, and if so, what level of service is needed.</b>  <b>Determine if the person keeps any record of taking and using up medications.</b>  <b>Determine if the medication supply is present and is of sufficient quantity from next order date.</b>	<b>Ask the person if they take their own medicine.</b>  <b>Ask the person if they need any supports to help them take their medicine.</b>  <b>If family members or friends are available, ask about any informal support or assistance they give the person regarding taking medicine.</b>  <b>If staff supports the person in taking medicine, ask the staff about what training they have had in preparing and administering medicine to other people.</b>  <b>Ask the direct service staff if they record their giving the person medicine on any official document.</b>	<b>Review the person's POC/CCB for information regarding the services needed in taking medicine.</b>  <b>Review any documentation where medicine use has been documented, like the Medication Administration Record (MAR) if used.</b>  <b>Review any incident reports regarding medicine errors.</b>

	<ul style="list-style-type: none"> <li>- Wrong dose</li> <li>- Missed dosage</li> <li>- Wrong route of administration</li> </ul> <p><b>Note to Reviewer: Elements of medication management is included in the following Supplementals:</b></p> <ul style="list-style-type: none"> <li>- <b>Adult Foster Care;</b></li> <li>- <b>Assisted Living;</b></li> <li>- <b>Adult Day Services;</b></li> <li>- <b>Health Care Coordination;</b></li> <li>- <b>Respite Services</b></li> </ul>			
<p><b>II.F Natural Disasters and Other Public Emergencies</b>  <b>Desired Outcome:</b>  <i>There are safeguards in place to protect and support participants in the event of natural disasters or other public emergencies.</i></p>	<p><b>II.F.1 The provider has an emergency plan to promote the person's safety during natural disasters and other public emergencies.</b>  <b>Supporting Regulations:</b> 2-8-2; 2-17-3; 2-17-6; 2-20-1; 2-20-2;</p> <p>1. If the person receives residential and/or day services, has the person and his/her staff been trained in the person's specific safety and security policies and procedures? 2-20-1</p> <p>a. Does this training include:</p> <ul style="list-style-type: none"> <li>• scheduling and completing evacuation drills</li> <li>• procedures to be followed during a tornado, fire, or inclement weather 2-20-1</li> </ul> <p>2. Does the person's emergency plan identify what the person will do in the event of fire or severe weather?</p> <p>3. Are the person's emergency phone numbers readily available? 2-20-2</p> <p>4. Does the person's emergency phone number list include how to reach the Provider during non-business hours? 2-17-3</p>	<p><b>Note any posted emergency numbers needed for the person.</b></p>	<p><b>Ask the person if they have experienced any emergency actions due to any disaster or unusual occurrence.</b></p> <p><b>Ask the person if they have access to emergency numbers in case of an emergency.</b></p> <p><b>Ask the person what kind of help or aids are needed to better evacuate in case of an emergency.</b></p>	<p><b>Review policies of residential services and day services for emergency plans.</b></p> <p><b>Review any documents relating to non-licensed providers' direct service staff being trained in emergency procedures.</b></p> <p><b>Review incident reports to determine if DA was notified of emergencies.</b></p>

	<p>5. If the person requires alarms, visual signals, and/or other modifications to evacuate in the event of an emergency are these available and in working order?</p> <p>6. Are natural disasters and other public emergencies reported to DA on an incident report form? 2-8-2</p>			
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<b>Focus III. Participant Rights and responsibilities.</b>		<b>Spending Time With People</b>  (Initially during the conversation with the person using the Personal Outcome Measures©, then throughout the Review process.)  Examples only: specific situations may change observations.	<b>Conversations With People</b>  Selected Examples only: specific situations may change conversations with people.	<b>Review of Documents</b>  Examples only: specific situations may change documents needing review.
<b>III.A Civic and Human Rights</b> <b>Desired Outcome:</b> <i>Participants are</i>	<b>III.A.1 The provider implements policies and procedures that promote the person’s rights.</b> <b>Supporting Regulations:</b> 2-8-1; 2-9-6; 2-17-4;	<b>Look for ways that people are exercising their rights. Is the phone accessible? Do they have access to their personal</b>	<b>Ask the person if they understand that they don’t lose their rights just because they are receiving</b>	<b>Ask if the provider has a policy on protecting and promoting people’s rights. Review the policy.</b>

<p><i>informed of and supported to freely exercise their fundamental constitutional and federal or state statutory rights.</i></p>	<p>1. Does the person, and his/her legal representative as applicable, have information on exercising their rights? 2-17-4  2. Does the provider have a policy to inform persons of their right to exercise any or all guaranteed rights? 2-8-1  3. If the person receives residential services, does the person have full access to the home including any space used as an office? 2-9-6</p> <p><b>III.A.2 The person is supported to exercise their rights and responsibilities.</b>  <b>Supporting Regulations:</b> 2-8-1; 2-17-</p>	<p><b>possessions? Is there area's in the home that people are restricted from? Are there cabinets or closets that are locked? Are there any restrictions that impact everyone?</b></p>	<p><b>services.</b></p> <p><b>Ask the person:</b></p> <p><b>What rights are important to you?</b></p> <p><b>Are there things you want to do that you have been told you cannot do?</b></p> <p><b>Does anyone open and read your personal mail?</b></p> <p><b>Does staff listen in on your telephone calls?</b></p> <p><b>Ask the person to describe how they maintain contact with family and friends.</b></p> <p><b>Does staff provide medical treatments for you privately?</b></p> <hr/> <p><b>Ask the person if staff have co-opted a place in their home</b></p>	<p><b>Ask what training the staff receives on rights.</b></p> <p><b>Review any "house rules" that describe practices that apply to everyone who lives in the house.</b></p> <p><b>Determine if any of the "house rules" restrict access through locks or storage of property.</b></p> <p><b>Review any document provided or posted that lists the individual's rights.</b></p>
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	<p>4</p> <ol style="list-style-type: none"> <li>1. Is the person treated in accordance with their age?</li> <li>2. Does direct service staff demonstrate respect for the person's privacy when providing needed services for dressing and personal hygiene and when entering the person's room?</li> <li>3. Does the person receive needed services to ensure their personal cleanliness?</li> <li>4. Is the person's personal information shared only with the person or their legally authorized representative's permission? 2-17-4</li> </ol>		<p><b>when they are present that the person is unable to use.</b></p> <p><b>Ask the person if any of their rights are restricted by anyone? If so how does it impact their life?</b></p> <p><b>Ask the person if they were asked to give consent to any restrictions.</b></p> <p><b>Ask the person what supports they would need to exercise their rights?</b></p> <p><b>Ask the direct service staff if the person's ability to exercise their rights has been assessed?</b></p> <p><b>Ask the direct service staff how they learned about the person's rights and how does the direct service staff know those rights are important to the person?</b></p>	
<p><b>III.B Participant Decision Making</b></p>	<p><b>Note to Reviewer: If the person chose Self-Directed Services,</b></p>			

<p><b>Authority</b>  <b>Desired Outcome:</b>  <i>Participants receive training and support to exercise and maintain their own decision-making authority.</i></p>	<p>complete the Supplemental entitled, “Participant Direction of Services (Self-Directed Attendant Care).”</p> <p><b>III.B.1 The person is supported to self-direct services to the extent they wish.</b>  <b>Supporting Regulation:</b> 2-17-1  1. Has the person been assessed to determine the ability to manage all or part of their services?  2. Has the person been informed of self-directed services on the waiver?</p>			
<p><b>III.C. Due Process</b>  <b>Desired Outcome:</b>  <i>Participants are informed of and supported to freely exercise their Medicaid due process rights.</i></p>	<p><b>III.C.1 People have the right to due process when they are dissatisfied with their Medicaid services.</b>  <b>Supporting Regulations:</b> IC 12-15-28  1. Does the person understand that they have the right to appeal when they are dissatisfied with their Medicaid services?  2. Does the Case Manager routinely inform the person of their due process rights?</p> <p><b>III.C.2 People exercise due process when they are dissatisfied with their Medicaid services.</b>  <b>Supporting Regulation:</b> 2-8-1  1. Does the person have the opportunity to request a fair hearing?  2. Does the person understand how to file an appeal?  3. Is information regarding the appeal process shared with the persons’ guardian or advocate, when</p>		<p><b>Ask the person if they are aware of the rights they have to make appeals to the state regarding their Medicaid services.</b></p> <p><b>Ask the Case Manager to explain how the person is informed of their Medicaid due process rights.</b></p> <hr/> <p><b>Ask the person if they ever have requested a formal hearing before an Administrative Law Judge if they have been dissatisfied with their services.</b></p> <p><b>Ask the Case Manager if information has been</b></p>	<p><b>Review the information that is provided to the person that explains their right to appeal.</b></p> <hr/> <p><b>Review any documentation regarding a hearing as a result of dissatisfaction with Medicaid services.</b></p>

	<p>appropriate?</p> <p>4. Did the person receive a copy of their initial POC/CCB and any changes made throughout the year?</p>		<p>given to the person regarding fair hearings.</p>	
<p><b>III.D. Grievances</b>  <b>Desired Outcome:</b>  <i>Participants are informed of how to register grievances and complaints and supported in seeking their resolution. Grievances and complaints are resolved in a timely fashion.</i></p>	<p><b>III.D.1 The provider respects the person's concerns and responds accordingly.</b>  <b>Supporting Regulations:</b> 2-8-1, 2-8-2; 2-9-3; 2-17-4; 2-20-1</p> <p>1. Does the person receive the needed supports to report complaints, problems or concerns? 2-8-1</p> <p>2. Has the person, and his/her legal representative as applicable, received from their Case Manager a written protocol of their right to file a complaint with DA and Case Manager? 2-17-4</p> <p>a. Does this procedure include the process for filing a complaint? 2-8-1;</p> <p>3. Does the person's emergency telephone list contain the APS designated complaint number and available to the person? 2-20-1</p> <p>4. If the person filed a complaint, did he receive a response that was timely, relevant, and understandable?</p> <p>5. If the person's providers had a dispute did they come to a reasonable resolution that met the person's needs? 2-9-3</p> <p>a. If not, did they each forward their issues, positions, and efforts to resolve the dispute to DA for resolution? 2-9-3</p> <p>6. Is the Ombudsman emergency number posted? (Assisted Living and Adult Foster Care homes.)</p> <p><b>III.D.2 The quality of the services provided to the person is evaluated on a regular basis. Supporting</b></p>	<p><b>Observe to see if the APS and CPS (if person is under age 18) emergency telephone number is available to the person.</b></p>	<p><b>Ask the person who they talk to if they have a complaint or concern?</b></p> <p><b>Ask the person if they feel listened to?</b></p> <p><b>Ask the person if they ever tell someone about a complaint or concern, is something done about it? Ask them if they have an example?</b></p> <p><b>Ask direct service staff how people's complaints and concerns are addressed?</b></p>	<p><b>Review the Provider's and procedures, reports, staff training on filing complaints/grievances.</b></p> <p><b>Review any complaint resolutions reports to verify the complaints or disputes were resolved.</b></p>
		<p>Observe the person to see</p>	<p>Ask the person if</p>	<p>Review documentation</p>

	<p><b>Regulations:</b> 2-17-6; 2-9-2</p> <ol style="list-style-type: none"> <li>1. Does the Case Manager evaluate the quality of services provided to the person at least at least every 90 days?</li> <li>2. Does the case management provider for a person <i>collaborate</i> with the person's other service providers to coordinate services to the person consistent with the person's care plan? 2-9-2</li> <li>3. Is the quality of services documented?</li> <li>4. Are procedures in place for people to complain if services are not in accord with their wants and needs?</li> <li>5. Action is taken, if needed, when service quality is not appropriate?</li> <li>6. Does the Case Manager specify the amount of contact required with a person in an approved plan of care? 2-17-6</li> <li>7. Does the Case Manager assess and monitor the services and outcomes established for the person in the plan of care to: <ol style="list-style-type: none"> <li>(1) Provide follow-up on identified problems;</li> <li>(2) Act immediately to resolve critical issues and crises in accordance with 455 IAC 2;</li> <li>(3) If concerns with services or outcomes are identified, address the concerns?</li> </ol> </li> </ol>	<p><b>what types of services are being provided.</b></p>	<p><b>they are receiving the types of services they want and need.</b></p> <p><b>Ask the person if they know how to complain if services do not meet their wants and needs.</b></p> <p><b>Ask the person if they have formally filed a dispute regarding their dissatisfaction with services.</b></p> <p><b>Ask the person how often the Case Manager visits them.</b></p> <p><b>Ask the direct service staff what services are provided.</b></p> <p><b>Ask the Case Manager how often they evaluate the quality of services provided.</b></p> <p><b>Ask the Case Manager what action, if needed, is taken when service quality is not appropriate.</b></p> <p><b>Ask the Case Manager if any disputes have been</b></p>	<p><b>that supports the Case Manager evaluates the quality of services on an at least every 90 days.</b></p> <p><b>Review any complaints made by the person within the last year.</b></p> <p><b>Review the dispute file to determine how disputes were addressed.</b></p> <p><b>If a dispute file exists from DA review that file to determine if the timelines (probes) were followed.</b></p>
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<p><b>Focus IV: Participant Outcomes and Satisfaction</b>  <b>Desired Outcome:</b>  <i>Participants are satisfied with their services and achieve desired outcomes.</i></p>		<p><b>Spending Time With People</b>   (Initially during the conversation with the person using the <b>Personal Outcome Measures®</b>, then throughout the Review process.)</p> <p><b>Examples only: specific situations may change observations.</b></p>	<p><b>Conversations With People</b>   <b>Selected Examples only: specific situations may change conversations with people.</b></p>	<p><b>Review of Documents</b>   <b>Examples only: specific situations may change documents needing review.</b></p>
<p><b>IV.A Participant Satisfaction</b>  <b>Desired Outcome:</b>  <i>Participants and family members, as appropriate, express satisfaction with their services and supports.</i></p>	<p><b>IV.A.1 The non-licensed provider has a quality assurance/quality improvement process that includes a consumer satisfaction Review.</b>  <b>Supporting Regulations:</b> 2-9-5  1. If the person has any significant concerns regarding satisfaction with the provider's services:  a. Does the provider know about them?  b. Are they being addressed?  2. Has the provider made changes as a result of what it learned?  3. Has the provider identified a plan to assess the person's satisfaction with the response?</p>	<p><b>When spending time with the person during the satisfaction component of the CST, note the responses as required and make appropriate decisions regarding the presence or absence of outcomes and services.</b></p>		

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