

New Mexico DOH / DHI / QMB Living Care Arrangements & Community Inclusion: AGENCY INDIVIDUAL Record Review Survey Tool

Standard of Care Questions	(Tag #) Surveyor Notes / Deficiency Description	MET	NOT MET	NA
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Agency/Region:
Surveyor:

Date/Time:

Individual Name and Identifier:
JCM (Check if Individual is a JCM):

Services (Circle those that apply to the Individual):

- **2018 Living Care Arrangement:** **Supported Living – Family Living - Intensive Medical Living Supports - Customized In-Home Supports**

 - **2018 Community Inclusion:** **Customized Community Supports – Community Integrated Employment Services**
- Other Services: PT - OT - SLP - BSC - Adult Nursing Services - Rep Payee – Other: _____

Surveyor Instruction: *Item(s) which are required in THERAP system, must be in Therap and will be accessed via Therap, unless specified to be a printed copy. Other items that are required, may be accessed via the Agency's electronic system or hardcopy file.*

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BUDGET / ADMINISTRATIVE INFORMATION

Approved MAD 046 / Budget Worksheet (BWS)

Budget Term:

Surveyor Instruction: *This document is used to verify the DDW Services the individual receives. The Surveyor must document the term of the budget and Services received by the Individual, i.e. therapies and services provided by the Agency being surveyed and service standard model(s) being used. Surveyors must also document the agency providing the service to ensure that correct documents are in the file from the correct provider. This information will guide the Surveyor to determine what is applicable to the person.*

Tag #1A08

List Approved Services:

Guardianship or Power of Attorney documents (as applicable)

Surveyor Instruction: *Review ISP to determine if the Individual has a guardian. If guardian is present, document the name of the guardian / POA and type of guardianship. This is used to ensure that required documents are signed by the appropriate person. If the individual does not have a guardian this would-be N/A. If the individual has a guardian, for this to be met there would need to be court-generated guardian documentation or POA documentation.*

Tag #1A08

Guardianship Name and type: Plenary or Limited

New Mexico DOH / DHI / QMB Living Care Arrangements & Community Inclusion: AGENCY INDIVIDUAL Record Review Survey Tool

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<p>Agency Grievance/Complaint Procedure</p> <p><i>Surveyor Instruction: You are to look for the signed acknowledgement indicating the Agency's grievance / compliant procedure was received by the person or guardian. If the individual has a guardian, you must ensure the guardian has signed the document. This is met if a copy is in the file and is signed by the correct person.</i></p>	<p>Tag #1A29</p> <p>Date:</p>			
<p>If the Agency provides Rep Payee for the individual, is there a monthly accounting of personal funds managed or used by the agency?</p> <p><i>Surveyor Instruction: For individuals who have rep payee in the sample, you must verify there is a monthly accounting of the persons funds and funds are kept separate. You are to ask the agency to review the documents with you and ensure that they are following SSI procedures and the agency's policies and procedures. This would <u>not</u> be met if there is no monthly accounting of the funds, if funds are not separate.</i></p>	<p>Tag #1A07 (CoP)</p>			
ISP Requirements				
<p>Annual ISP</p> <p><i>Surveyor Instruction: You are to ensure the Individual has a current ISP. The surveyor is to review the cover sheet of the ISP to determine if information related to the individual is current, i.e. address, phone number, services, etc. For this to be met, there must be a current and complete (all pages) ISP. If ISP is not current or incomplete, then this is not met and a potential CoP.</i></p>	<p>Tag #1A08.3 (CoP)</p> <p>Term of ISP: _____</p> <p>ISP Meeting Date:</p>			
<p>Addendum A</p> <p><i>Surveyor Instruction: You are to ensure that there is an Addendum A that corresponds with the current ISP and meeting date. If there is no Addendum A, then this is not met and a potential CoP.</i></p>	<p>Tag #1A08.3 (CoP)</p>			

New Mexico DOH / DHI / QMB Living Care Arrangements & Community Inclusion: AGENCY INDIVIDUAL Record Review Survey Tool

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<p>Individual Specific Training Section of ISP (IST)</p> <p><u>Surveyor Instruction:</u> You are to ensure that there is an IST section of the ISP that corresponds with the current ISP and meeting date. You are to review the IST and determine what the required plans are and document them. There may be instances that a plan is documented on the IST, but is not captured in the eCHAT. If this is the case, you are still required to look for that plan. If there is no IST, then this is not met and a potential CoP.</p>	<p>Tag #1A08.3 (CoP) List Required Items in IST, i.e. support plans and crisis plans etc:</p>			
<p>Teaching & Support Strategies (TSS)</p> <p><u>Surveyor Instruction:</u> You are to look for required TSS which are only those applicable to services being provided by the agency being surveyed. You will review the ISP "action plan for desired outcome in the" section and look to determine if the box is checked under strategies / WDSIs needed. If checked "yes" this indicates a TSS is required. If the box is checked "yes" and there is no separate TSS document, then this is not met and a potential CoP. Surveyors must List Complete Outcome and then Action Plans which require Teaching & Support Strategies, circle ones deficient.</p>	<p>Tag #1A08.3 (CoP)</p>			

New Mexico DOH / DHI / QMB Living Care Arrangements & Community Inclusion: AGENCY INDIVIDUAL Record Review Survey Tool

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BSC & Therapy Documents				
<p>Positive Behavior Support Plan</p> <p>Date(s) of Plan:</p> <p>Surveyor Instruction: If the individual receives BSC services, you must ensure the plan is current for the ISP year and it is a plan developed by the BSC provider listed in the MAD 046 / Budget Worksheet. You must review the plan and determine if a restriction is noted. If so, what is it the restriction? You must determine if the restriction requires HRC approval. If approval is required, you must document last approval date. If the plan is current for the ISP year and is developed by the BSC provider listed on the budget this would be met.</p>	<p>Tag #1A08</p> <p>List any restrictions noted:</p>			
<p>Behavior Crisis Intervention Plan (Note: this may not always be required, it is based on PBP)</p> <p>Date(s) of Plan:</p> <p>Surveyor Instruction: If the individual receives BSC services, you must review the plan and determine if a BCIP is required. A BCIP is not always required, it is based on the PBSP. You should also review the IST section of the ISP to see if the BCIP is checked as required. You must determine if restrictions are noted in the plan and if so does it require HRC approval. If approval is required, you must document last approval date. In order for this to be met the BCIP must be current.</p>	<p>Tag #1A08</p> <p>List any restrictions noted:</p>			
<p>Human Rights Committee Meeting Minutes/Approval</p> <p>Restriction(s) requiring approval:</p> <p>Surveyor Instruction: If the individual receives BSC services, you must review the PBSP and BCIP and determine if a restriction noted? If so, must document restriction. Does the restriction require HRC approval? If approval is required, you must document last approval date. Must also be reviewed if the individual has restriction noted in documentation but there is no BSC. If there is HRC approval it must be completed quarterly or as required for this to be met.</p>	<p>Tag #1A31 (CoP)</p> <p>If approval(s) is/are not current, what was the date of the last approval? _____</p>			

New Mexico DOH / DHI / QMB Living Care Arrangements & Community Inclusion: AGENCY INDIVIDUAL Record Review Survey Tool

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<p>Speech Therapy Plan (Therapy Intervention Plan TIP)</p> <p><u>Surveyor Instruction:</u> <i>If the individual receives SLP services, you must ensure the plan is current for the ISP year and it is a plan developed by the SLP provider listed in the MAD 046 / Budget Worksheet. If the plan is current for the ISP year and is developed by the SLP provider listed on the budget this would be met.</i></p>	<p>Tag #1A08</p> <p>Date(s) of Plan:</p>			
<p>Occupational Therapy Plan (Therapy Intervention Plan TIP)</p> <p><u>Surveyor Instruction:</u> <i>If the individual receives OT services, you must ensure the plan is current for the ISP year and it is a plan developed by the OT provider listed in the MAD 046 / Budget Worksheet. If the plan is current for the ISP year and is developed by the OT provider listed on the budget this would be met</i></p>	<p>Tag #1A08</p> <p>Date(s) of Plan:</p>			
<p>Physical Therapy Plan (Therapy Intervention Plan TIP)</p> <p><u>Surveyor Instruction:</u> <i>If the individual receives PT services, you must ensure the plan is current for the ISP year and it is a plan developed by the PT provider listed in the MAD 046 / Budget Worksheet. If the plan is current for the ISP year and is developed by the PT provider listed on the budget this would be met.</i></p>	<p>Tag #1A08</p> <p>Date(s) of Plan:</p>			
IDT / PERSON CENTERED PLANNING				
<p>IDT Meeting Minutes (as applicable)</p> <p><u>Surveyor Instruction:</u> <i>Based on documents reviewed was a meeting required? (Refer to NMAC 7.26.5 for complete list of when IDT is required to convened). IDT meetings are required (in-person or via phone) when there is a significant life change; situations where an individual is at risk of significant harm (In this case the IDT shall convene within one working day); situations where it has been determined the individual is a victim of abuse, neglect or exploitation (substantiation by IMB). In these instances, determine if an IDT meeting was held. If no IDT meetings were needed this would-be N/A. If an IDT was required (based on items outlined in NMAC 7.26.5) and no documentation of meeting is found this would be not met.</i></p>	<p>Tag #1A08</p>			

New Mexico DOH / DHI / QMB Living Care Arrangements & Community Inclusion: AGENCY INDIVIDUAL Record Review Survey Tool

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<p>Team Justification Form (Non-Health Related) (as applicable)</p> <p><u>Surveyor Instruction:</u> This was previously known as the Decision Justification Form. This document is to be used for non-health related recommendations which an IDT has considered but determined not to implement. Surveyors are to document the recommendation the IDT has considered and chosen not to implement. CM is responsible to ensure the Team Justification Process is followed and complete This Would-be N/A if the process was not used. This would not be met, if the form was not completed when required or the IDT did not follow the process, including using the correct document.</p>	<p>Tag #1A08</p>			
<p>Person Centered Assessment (CCS and/or CIES Individuals)</p> <p><u>Surveyor Instruction:</u> This assessment is applicable to those who receive CCS and/or CIES, including Jackson Class Members who receive Inclusion Services. The initial assessment shall be completed within 90 calendar days of an individual starting the service and must be reviewed and updated annually A new PCA must be completed every 5 years. For this to be met, persons receiving community inclusion must have a current PCA.</p>	<p>Tag # IS12</p> <p>Date: _____</p> <p>Annual Review: _____</p>			
<p>Person Centered Assessment Components (CCS and/or CIES Individuals)</p> <p><u>Surveyor Instruction:</u> In reviewing the PCA it must contain at a minimum the following:</p> <ul style="list-style-type: none"> a. information about the person's background and status; b. the person's strengths and interests; c. conditions for success to integrate into the community, including conditions for job success (for those who are working or wish to work); and d. support needs for the individual. <p>For this to be met, identified components must be present. If one or more is missing this not met.</p>	<p>Tag # IS12.1</p>			

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SERVICE SPECIFIC DOCUMENTATION				
<p>Living Care Arrangements (SL, FL, CIHS, IMLS): Progress Notes/Daily Contact Logs:</p> <p><u>Surveyor Instruction:</u> <i>If the Individual receives LCA services the agency is required to maintain the current and prior ISP year. You will review documents for a 3-month period (billing period identified as part of the survey). You will review these documents and complete the billing tools at the same time to ensure all required components are present. This cannot be met if there is no documentation found for the period reviewed.</i></p> <p><i>If there are missing elements to the documentation this will be cited in billing, if the agency billed. For billing, you must review daily notes to ensure they contain the name of the individual, date, time in/out, description of service and signature of staff providing the service.</i></p>	<p>Tag #1A08.1 <i>List dates if any are not found</i></p>			
<p>Living Care Arrangements: Data Collection/Data Tracking: (i.e. Outcomes/Action Steps Implementation Tracking)</p> <p><u>Surveyor Instruction:</u> <i>You are to review data tracking for the current ISP. You will review to determine if the agency has tracking, if it being completed at frequency and if it being implemented as required by the description in the ISP. This area can be cited at a Standard or CoP level deficiency. If the outcome/action step is not being completed at frequency this would be a Standards Level Deficiency, however, if there is no implementation documented or the agency's documented outcomes/action steps do not match the current ISP or if there are no outcomes for any life area for which the individual receives services funded by the DDW then this would be a potential CoP. This can only be met if implementation is occurring for the outcomes/action steps in the current ISP.</i></p>	<p>Tag #1A32 (CoP) / 1A32.1 <i>List specific outcome/action plan which is not met and list time frame if any are not found / Must document frequency if not completed as required.</i></p>			

New Mexico DOH / DHI / QMB Living Care Arrangements & Community Inclusion: AGENCY INDIVIDUAL Record Review Survey Tool

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<p>Community Inclusion (CCS): Progress Notes/Daily Contact Logs:</p> <p>Surveyor Instruction: <i>If the Individual receives Community Inclusion services the agency is required to maintain the current and prior ISP year. You will review documents for a 3-month period (billing period identified as part of the survey). You will review these documents and complete the billing tools at the same time to ensure all required components are present. This cannot be met if there is no documentation found for the period reviewed.</i></p> <p><i>If there are missing elements to the documentation this will be cited in billing, if the agency billed. For billing, you must review daily notes to ensure they contain the name of the individual, date, time in/out, description of service and signature of staff providing the service.</i></p>	<p>Tag #1A08.1 List dates if any are not found</p>			
<p>Community Inclusion (CCS): Data Collection/Data Tracking: <i>(i.e. Outcomes/Action Steps Implementation Tracking)</i></p> <p>Surveyor Instruction: <i>You are to review data tracking for the current ISP. You will review to determine if the agency has tracking, if it being completed at frequency and if it being implemented as required by the ISP. This area can be cited at a Standard or CoP level deficiency. If the outcome/action step is not being completed at frequency this would be a Standards Level Deficiency, however, if there is no implementation documented or the agency's documented outcomes/action steps do not match the current ISP or if there are no outcomes for any life area for which the individual receives services funded by the DDW then this would be a potential CoP. This can only be met if implement is occurring of the outcomes/action steps.</i></p>	<p>Tag #1A32 (CoP) / 1A32.1 List specific outcome/action plan which is not met and list time frame if any are not found / Must document frequency if not completed as required.</p>			

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<p>Community Inclusion (CIES / SE): Progress Notes/Daily Contact Logs:</p> <p><i>Surveyor Instruction: If the Individual receives Community Inclusion services you must review daily notes to ensure they contain the name of the individual, date, time in/out, description of service and signature of staff providing the service. The agency is required to maintain the current and prior ISP year. You will review documents for a 3-month period (billing period identified as part of the survey). You will review these documents and complete the billing tools at the same time to ensure all required components are present. This cannot be met if there is no documentation found for the period reviewed. If there are missing elements to the documentation this will be cited in billing, if the agency billed.</i></p>	<p>Tag #1A08.1 List dates if any are not found</p>			
<p>Community Inclusion (CIES / SE): Data Collection/Data Tracking: (i.e. Outcomes/Action Steps Implementation Tracking)</p> <p><i>Surveyor Instruction: You are to review data tracking for the current ISP. You will review to determine if the agency has tracking, if it being completed at frequency and if it being implemented as required by the ISP. This area can be cited at a Standard or CoP level deficiency. If the outcome/action step is not being completed at frequency this would be a Standards Level Deficiency, however, if there is no implementation documented or the agency's documented outcomes/action steps do not match the current ISP or if there are no outcomes for any life area for which the individual receives services funded by the DDW then this would be a potential CoP. This can only be met if implement is occurring of the outcomes/action steps.</i></p>	<p>Tag #1A32 (CoP) / 1A32.1 List specific outcome/action plan which is not met and list time frame if any are not found / Must document frequency if not completed as required.</p>			

New Mexico DOH / DHI / QMB Living Care Arrangements & Community Inclusion: AGENCY INDIVIDUAL Record Review Survey Tool

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<p>Living Care Arrangements: Semi-Annuals</p> <p><u>Surveyor Instruction:</u> You are to review a minimum of 2 reports - Current & Prior ISP year if necessary. The 1st report covers from the start of the person's ISP year until the end of a six-month period (180 calendar days). The second report is integrated into the annual report, when applicable and is due 14 calendar days prior to the annual ISP meeting. You are to determine if the reports were completed within the required timeframe by the agency currently providing service. If an individual changes provider during the course of the ISP year, the provider is only responsible for the semi-annual from the period the individual came to the new provider. If they were not completed by the provider or not completed within required time frame, this is not met.</p>	<p>Tag #1A38 List time frames of requires reports circle ones, not found:</p>			
<p>Living Care Arrangements: Semi-Annual Components</p> <p><u>Surveyor Instruction:</u> In reviewing the semi-annual it must contain at a minimum the following:</p> <ul style="list-style-type: none"> a. the name of the person and date on each page; b. the timeframe that the report covers; c. timely completion of relevant activities from ISP Action Plans or clinical service goals during timeframe the report is covering; d. a description of progress towards Desired Outcomes in the ISP related to the service provided; e. a description of progress toward any service specific or treatment goals when applicable (e.g. health related goals for nursing); f. significant changes in routine or staffing if applicable; g. unusual or significant life events, including significant change of health or behavioral health condition; h. the signature of the agency staff responsible for preparing the report; and i. any other required elements by service type that are detailed in these standards. <p>This is not met if:</p> <ul style="list-style-type: none"> 1) one or more is components are missing or not completed; 2) If documentation contains no progress of outcomes / action steps and there is no evidence of how lack of progress is being addressed. 	<p>Tag #1A38.1</p>			

New Mexico DOH / DHI / QMB Living Care Arrangements & Community Inclusion: AGENCY INDIVIDUAL Record Review Survey Tool

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<p>Community Inclusion (CCS): Semi-Annuals</p> <p><u>Surveyor Instruction:</u> You are to review a minimum of 2 reports - Current & Prior ISP year if necessary. The 1st report covers from the start of the person's ISP year until the end of a six-month period (180 calendar days). The second report is integrated into the annual report, when applicable and is due 14 calendar days prior to the annual ISP meeting. You are to determine if the reports were completed within the required timeframe by the agency currently providing service. If an individual changes provider during the course of the ISP year, the provider is only responsible for the semi-annual from the period the individual came to the new provider. If they were not completed by the provider or not completed within required time frame, this is not met.</p>	<p>Tag #1A38 List time frames of requires reports circle ones, not found:</p>			
<p>Community Inclusion (CCS): Semi-Annual Components</p> <p><u>Surveyor Instruction:</u> In reviewing the semi-annual it must contain at a minimum the following:</p> <ul style="list-style-type: none"> a. the name of the person and date on each page; b. the timeframe that the report covers; c. timely completion of relevant activities from ISP Action Plans or clinical service goals during timeframe the report is covering; d. a description of progress towards Desired Outcomes in the ISP related to the service provided; e. a description of progress toward any service specific or treatment goals when applicable (e.g. health related goals for nursing); f. significant changes in routine or staffing if applicable; g. unusual or significant life events, including significant change of health or behavioral health condition; h. the signature of the agency staff responsible for preparing the report; and i. any other required elements by service type that are detailed in these standards. <p>This is not met if:</p> <ul style="list-style-type: none"> 1) one or more is components are missing or not completed; 2) If documentation contains no progress of outcomes / action steps and there is no evidence of how lack of progress is being addressed. 	<p>Tag #1A38.1</p>			

New Mexico DOH / DHI / QMB Living Care Arrangements & Community Inclusion: AGENCY INDIVIDUAL Record Review Survey Tool

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<p>Community Inclusion (CIES): Semi-Annuals</p> <p><u>Surveyor Instruction:</u> You are to review a minimum of 2 reports - Current & Prior ISP year if necessary. The 1st report covers from the start of the person's ISP year until the end of a six-month period (180 calendar days). The second report is integrated into the annual report, when applicable and is due 14 calendar days prior to the annual ISP meeting. You are to determine if the reports were completed within the required timeframe by the agency currently providing service. If an individual changes provider during the course of the ISP year, the provider is only responsible for the semi-annual from the period the individual came to the new provider. If they were not completed by the provider or not completed within required time frame, this is not met.</p>	<p>Tag #1A38 List time frames of requires reports circle ones, not found:</p>			
<p>Community Inclusion (CIES): Semi-Annual Components</p> <p><u>Surveyor Instruction:</u> In reviewing the semi-annual it must contain at a minimum the following:</p> <ul style="list-style-type: none"> a. the name of the person and date on each page; b. the timeframe that the report covers; c. timely completion of relevant activities from ISP Action Plans or clinical service goals during timeframe the report is covering; d. a description of progress towards Desired Outcomes in the ISP related to the service provided; e. a description of progress toward any service specific or treatment goals when applicable (e.g. health related goals for nursing); f. significant changes in routine or staffing if applicable; g. unusual or significant life events, including significant change of health or behavioral health condition; h. the signature of the agency staff responsible for preparing the report; and i. any other required elements by service type that are detailed in these standards. <p>This is not met if:</p> <ul style="list-style-type: none"> 1) one or more is components are missing or not completed; 2) If documentation contains no progress of outcomes / action steps and there is no evidence of how lack of progress is being addressed. 	<p>Tag #1A38.1</p>			

New Mexico DOH / DHI / QMB Living Care Arrangements & Community Inclusion: AGENCY INDIVIDUAL Record Review Survey Tool

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<p>Nursing Semi-Annuals</p> <p><u>Surveyor Instruction:</u> You are to review a minimum of 2 reports - Current & Prior ISP year if necessary. The 1st report covers from the start of the person's ISP year until the end of a six-month period (180 calendar days). The second report is integrated into the annual report, when applicable and is due 14 calendar days prior to the annual ISP meeting. You are to determine if the reports were completed within the required timeframe by the agency currently providing service. If an individual changes provider during the course of the ISP year, the provider is only responsible for the semi-annual from the period the individual came to the new provider. If they were not completed by the provider or not completed within required time frame, this is not met.</p>	<p>Tag #1A38 List time frames of requires reports circle ones, not found:</p>			
<p>Community Life Engagement (CLE) for CCS: Is there documentation of implementation of the persons meaningful day, which would include a daily schedule or an individualized calendar and progress, which is linked to the person's interest and outcomes?</p> <p><u>Surveyor Instruction:</u> This is a revision to the 2018 standards and would be NA if the individual has not transitioned to the 2018 version. Community Life Engagement (CLE) is also sometimes used to refer to "Meaningful Day" or "Adult Habilitation" activities. CLE refers to supporting people in their communities, in non-work activities. CLE is: individualized supports for each person; promotion of community membership and contribution; use of human and social capital to decrease dependence on paid supports; and provision of supports that are outcome-oriented and regularly monitored. CCS for adults are designed to assist a person to increase his/her independence and potentially reduce the amount of paid supports, to establish or strengthen interpersonal relationships, to join social networks, and to participate in typical community life. CCS are based upon the preferences and choices of each person and designed to measure progress toward Desired Outcomes specified in the ISP. Activities include adaptive skill development, adult educational supports, citizenship skills, communication, social skills, self-advocacy, informed choice, community integration, and relationship building. For this to be met, there would need to be documentation of a schedule indicating what individualize activities the person choses to participate in. This is the language in the standards, "Creating individualized schedules that can be modified easily based on individual needs, preferences, and circumstances and that outline planned activities per day, week and month including date, time, location, and cost of the activity."</p>	<p>Tag #IS04</p>			

New Mexico DOH / DHI / QMB Living Care Arrangements & Community Inclusion: AGENCY INDIVIDUAL Record Review Survey Tool

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Family Living Only Requirements:				
<p>Home Study - Family Living only</p> <p>Surveyor Instruction: For individuals in FL services you must determine if the Individual has a current home study. If the individual is new to FL services within the last year, there must be an initial home study. If continued services with same agency the home study must be completed annually. The home study must also be updated each time there is a change in family composition or when the family moves to a new home. You are to document the date of the home study found. This is only met when there is a current one in place. It will be not met if one is not found or if it is more than one-year old from the last one completed.</p>	<p>Tag #LS06</p> <p>If new to services: <input type="checkbox"/> Initial date: _____</p> <p>If continued service: <input type="checkbox"/> Annual (most recent) date: _____</p>			
<p>Is there Documentation of monthly face-to-face consultation in the FL home conducted by agency supervisors or internal service coordinators with the DSP and the person receiving services to include:</p> <p>Surveyor Instruction: Surveyor to review 12 months of documentation. In reviewing the monthly consultation it must cover the following:</p> <ol style="list-style-type: none"> reviewing implementation of the person's ISP, Outcomes, Action Plans, and associated support plans, including HCPs, MERPs, PBSP, CARMP, WDSI; scheduling of activities and appointments and advising the DSP regarding expectations and next steps, including the need for IST or retraining from a nurse, nutritionist, therapists or BSC; and assisting with resolution of service or support issues raised by the DSP or observed by the supervisor, service coordinator, or other IDT members. <p>For this to be met, the identified areas must be addressed. If one or more is missing or not addressed this not met.</p>	<p>Tag #LS06</p>			
Documents Supporting Healthcare Coordination (Therap & Required Plans):				
<p>Health Passport</p> <p>Surveyor Instruction: Review Therap to determine if there is a Health Passport. The Health Passport must be updated annually and when e-CHAT or contact information changes. This document must contain the individual, physician and emergency contact information, a complete list of current medical diagnoses, health and safety risk factors, allergies, and information regarding insurance, guardianship, and advance directives. This would be met if it was present, current and contains the required information. If any of this area are not present, then it would be not met.</p>	<p>Tag #1A15.2 (CoP)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Individual's Name <input type="checkbox"/> Name of Physician <input type="checkbox"/> Emergency Contact Information <input type="checkbox"/> Medical Diagnosis <input type="checkbox"/> Health and Safety risk factors <input type="checkbox"/> Allergies <input type="checkbox"/> Information regarding Insurance <input type="checkbox"/> Guardianship/Healthcare Decision Maker <input type="checkbox"/> Advanced Directives 			

New Mexico DOH / DHI / QMB Living Care Arrangements & Community Inclusion: AGENCY INDIVIDUAL Record Review Survey Tool

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<p>Electronic Comprehensive Health Assessment Tool (e-CHAT)</p> <p>Surveyor Instruction: An e-CHAT is required for persons in FL, SL, IMLS, or CCS-Group. All other DD Waiver individuals may obtain an e-CHAT if needed or desired by adding ANS hours for assessment and consultation to their budget. The e-CHAT may not be delegated by a licensed nurse to a non-licensed person. Only an RN may approve the e-CHAT and must be approved within 3 business days of being completed. The annual E-CHAT must be completed 14 calendar days but no more than 45 calendar days prior to the annual ISP meeting and updated as needed (after hospitalization or change of condition [within 3 business days]). For this to be met, there must be a current e-CHAT in Therap, which was approved by the RN within 3 business days of being completed.</p>	<p>Tag #1A15.2 (CoP)</p> <p>eCHAT Date Completed: _____</p> <p>eCHAT Date Approved: _____</p> <p>Document each revision found during the ISP year:</p>			
<p>Electronic Comprehensive Health Assessment Tool (e-CHAT) Summary</p> <p>eCHAT Acuity Level: _____</p> <p>Surveyor Instruction: An e-CHAT is required for persons in FL, SL, IMLS, or CCS-Group. All other DD Waiver individuals may obtain an e-CHAT if needed or desired by adding ANS hours for assessment and consultation to their budget. The e-CHAT Summary contains all the required and to be considered HCPs and MERPs. For this to be met, there must current e-CHAT summary in Therap.</p>	<p>Tag #1A15.2 (CoP)</p> <p>List required "R" HCP & MERP plans:</p>			
<p>Medication Administration Assessment Tool (MAAT)</p> <p>Surveyor Instruction: A MAAT must be completed by a licensed nurse at least two weeks before the annual ISP meeting. The MAAT must indicate which of the following modes of medication delivery is to be done:</p> <p>a. Self-administration; b. Self-administration with physical assistance by staff; c. Assistance with medication delivery (AWMD) by staff; d. Medication administration by licensed/certified personnel (RN, LPN and CMA); or e. Mode of medication delivery determined by the guardian when a consensus cannot be reached.</p> <p>Once this is determined by the IDT the agency nurse needs to obtain Primary Care Practitioner orders. This will be met if there is a current MAAT in Therap, which outlines the mode of medication delivery.</p>	<p>Tag #1A15.2 (CoP)</p> <p>Date of MAAT: _____</p> <p>Mode of delivery: _____</p>			

New Mexico DOH / DHI / QMB Living Care Arrangements & Community Inclusion: AGENCY INDIVIDUAL Record Review Survey Tool

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<p>Aspiration Risk Screening Tool (ARST)</p> <p>Surveyor Instruction: ARM screening is required for all adults (21+) and young adults (18 – 20) on the DD Waiver who receive Living Supports (Family Living, Supported Living, IMLS) and Customized Community Supports Group (CCS-Group). ARST screening is completed annually by a licensed nurse for those individuals determined at low-risk, however when an individual is determined to be at moderate or high risk the CM is contacted, and arrangements are made to complete a CARMP. For this to be met, individuals at low-risk must have an annual ARST in Therap. Those with moderate or high risk, you must look to see that the agency nurse contacted a CM and if a CARMP was developed or if there is a Decision Consultation Process (DCP), formerly known as the Decision Consultation Form.</p>	<p>Tag #1A15.2 (CoP)</p> <p>Date of ARST: _____</p> <p>Risk level: _____</p>			
<p>Comprehensive Aspiration Risk Management Plan (CARMP)</p> <p>Surveyor Instruction: A CARMP is required for any adult or young adult with moderate to high risk of aspiration. Within 60 days following ARST result a CARMP must be developed, however if the IDT does not want to implement a CARMP the following must occur:</p> <ul style="list-style-type: none"> • CM holds a meeting for DCP to assure informed decision-making. • The individual & guardian may accept all, part or none of the CARMP. • This process and final decisions are reflected on the DCP • Team edits CARMP per DCP and finalize. <p>If the CARMP is to be implemented it must be done with 90-days following ARST result. In, order for this to be met a current CARMP must be complete or there must be a DCP in place indicating it was considered, but none or some of the plan was accepted. For this to be met, the CARMP must be current and linked/attached in Therap.</p>	<p>Tag #1A15.2 (CoP)</p> <p>Date of CARMP: _____</p>			

New Mexico DOH / DHI / QMB Living Care Arrangements & Community Inclusion: AGENCY INDIVIDUAL Record Review Survey Tool

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<p>Health Care Plans (HCP)</p> <p>Surveyor Instruction: Review of HCP are dependent on required HCP listed in the eCHAT summary and IST section of the ISP. Surveyors must review required HCPs and determine if all required plans are in place and current (must be reviewed semi-annually or after a change in condition or hospitalization). If an individual has a CARMP separate HCPs are not required as these will be covered in the CARMP. If the person has a CARMP ensure required HCP identified in the eCHAT are in the CARMP and this would become NA. If the Individual does not require a CARMP the you must ensure required HCPs are in place. If no plan exists or is not current, you must document on the tool which plan does not exist or is not current. HCPs may be combined at the discretion of nurse when clinically appropriate and must be signed by the author. If combined, you may ask the nurse to show you where items are addressed within the plan. For this to be met, surveyor must determine if there is an individualized current plan in place as required and the plans must be linked/attached in Therap.</p>	<p>Tag #1A15.2 (CoP)</p> <p>Required by IST:</p> <p>Required by eCHAT:</p>			
<p>Medical Emergency Response Plans (MERP)</p> <p>Surveyor Instruction: MERPs are required for persons who have one or more conditions or illnesses that present a likely potential to become a life-threatening situation. You must ensure that required MERPs listed in the eCHAT summary and IST section of the ISP are in place and current (annual review prior to ISP meeting). MERPs must be individualized and cannot be combined with other MERPs. If an individual has a CAMRP, there will still be MERPs if required in eCHAT. If no MERP is in place as required by eCHAT or is not current, you must document on the tool which plan does not exist or what plan is not current. For this to be met, there must be current individualized plan(s) in place for each MERP as required and the plans must be linked/attached in Therap.</p>	<p>Tag #1A15.2 (CoP)</p> <p>Required by IST:</p> <p>Required by eCHAT:</p>			

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Standard of Care Questions	(Tag #) Surveyor Notes / Deficiency Description	MET	NOT MET	NA
Healthcare Documentation and Follow-up:				
<p>Annual Physical Exam</p> <p>Date of Annual Physical</p> <p>Surveyor Instruction: All Individuals receiving DDW services are required to have a current annual physical. Per Appendix A Client File Matrix (2018 DDW Standards) all agencies providing LCA, CCS, CIES services are required to maintain a copy of the annual physical. Surveyors are required to document any type follow-up which is need or any recommendation which are made. The surveyor will then determine if follow-up or recommendation is followed. For specific follow-up / recommendations look at tool to document in appropriate location. For this to be met there must be a current annual physical on the Therap Physician Consultation Form and it must be linked/attached in Therap.</p>	<p>Tag #1A08.2 (CoP)</p> <p>Document what follow-up and / or recommendation is required:</p>			
<p>Physician Consultation Form: Annual Dental</p> <p>Date:</p> <p>Surveyor Instruction: Per (2018 DDW Standards) all agencies providing SL and IMLS services are required to maintain a copy of the annual dental exam. Surveyors are required to document any type follow-up which is need or any recommendation which are made. The surveyor will then determine if follow-up or recommendation is followed. For specific follow-up / recommendations look at tool to document in appropriate location. This cannot be met, if there is no annual dental or if it is not current and linked/attached in Therap.</p>	<p>Tag #1A08.2 (CoP)</p> <p>Document what follow-up is needed and / or recommendations made:</p> <p>Was follow-up or recommendation completed?</p> <p>If, not was Decision Consultation Form (Medical) completed?</p>			
<p>Physician Consultation Form: Eye Examination (if recommended)</p> <p>Date:</p> <p>Surveyor Instruction: Per (2018 DDW Standards) all agencies providing SL services are required to maintain a copy of the eye examination if recommended. Surveyors are required to document any type follow-up which is need or any recommendation which are made. The surveyor will then determine if follow-up or recommendation is followed. For specific follow-up / recommendations look at tool to document in appropriate location. This cannot be met, if the recommended eye examination is not completed or if follow-up was not completed (and no DCF is in place) or if it is not current and linked/attached in Therap.</p>	<p>Tag #1A08.2 (CoP)</p> <p>Document what follow-up is needed and / or recommendations made:</p> <p>Was follow-up or recommendation completed?</p> <p>If, not was Decision Consultation Form (Medical) completed?</p>			

New Mexico DOH / DHI / QMB Living Care Arrangements & Community Inclusion: AGENCY INDIVIDUAL Record Review Survey Tool

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<p>Physician Consultation Form: Hearing Test (if recommended)</p> <p>Date:</p> <p>Surveyor Instruction: Per (2018 DDW Standards) all agencies providing SL services are required to maintain a copy of the hearing test if recommended. Surveyors are required to document any type follow-up which is need or any recommendation which are made. The surveyor will then determine if follow-up or recommendation is followed. For specific follow-up / recommendations look at tool to document in appropriate location. This cannot be met, if recommended hearing test is not completed or if follow-up was not completed (and no DCF is in place) or if it is not current and linked/attached in Therap.</p>	<p>Tag #1A08.2 (CoP)</p> <p>Document what follow-up is needed and / or recommendations made:</p> <p>Was follow-up or recommendation completed?</p> <p>If, not was Decision Consultation Form (Medical) completed?</p>			
<p>Physician Consultation Form: (document type of exam and / or evaluation if recommended)</p> <p>Date:</p> <p>Surveyor Instruction: Per Appendix A Client File Matrix (2018 DDW Standards) all agencies providing LCA, CCS, CIES services are required to maintain a copy of the Physician Consultation Form (completed document after the appointment). Surveyors are required to document the type of appointment and any type follow-up which is need or any recommendation which are made. The surveyor will then determine if follow-up or recommendation has occurred. This cannot be met, if follow-up or recommendations were not completed (and no DCF is in place) or if it is not current and linked/attached in Therap.</p>	<p>Tag #1A08.2 (CoP)</p> <p>Document what follow-up is needed and / or recommendations made:</p> <p>Was follow-up or recommendation completed?</p> <p>If, not was Decision Consultation Form (Medical) completed?</p>			
<p>Physician Consultation Form: (document type of exam and / or evaluation if recommended)</p> <p>Date:</p> <p>Surveyor Instruction: Per Appendix A Client File Matrix (2018 DDW Standards) all agencies providing LCA, CCS, CIES services are required to maintain a copy of the Physician Consultation Form (completed document after the appointment). Surveyors are required to document the type of appointment and any type follow-up which is need or any recommendation which are made. The surveyor will then determine if follow-up or recommendation has occurred. This cannot be met, if follow-up or recommendations were not completed (and no DCF is in place) or if it is not current and linked/attached in Therap.</p>	<p>Tag #1A08.2 (CoP)</p> <p>Document what follow-up is needed and / or recommendations made:</p> <p>Was follow-up or recommendation completed?</p> <p>If, not was Decision Consultation Form (Medical) completed?</p>			

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Standard of Care Questions	(Tag #) Surveyor Notes / Deficiency Description	MET	NOT MET	NA
<p>Physician Consultation Form: (document type of exam and / or evaluation if recommended)</p> <p>Date:</p> <p>Surveyor Instruction: Per Appendix A Client File Matrix (2018 DDW Standards) all agencies providing LCA, CCS, CIES services are required to maintain a copy of the Physician Consultation Form (completed document after the appointment). Surveyors are required to document the type of appointment and any type follow-up which is need or any recommendation which are made. The surveyor will then determine if follow-up or recommendation has occurred. This cannot be met, if follow-up or recommendations were not completed (and no DCF is in place) or if it is not current and linked/attached in Therap.</p>	<p>Tag #1A08.2 (CoP) Document what follow-up is needed and / or recommendations made:</p> <p>Was follow-up or recommendation completed?</p> <p>If, not was Decision Consultation Form (Medical) completed?</p>			
<p>Physician Consultation Form: (document type of exam and / or evaluation if recommended)</p> <p>Date:</p> <p>Surveyor Instruction: Per Appendix A Client File Matrix (2018 DDW Standards) all agencies providing LCA, CCS, CIES services are required to maintain a copy of the Physician Consultation Form (completed document after the appointment). Surveyors are required to document the type of appointment and any type follow-up which is need or any recommendation which are made. The surveyor will then determine if follow-up or recommendation has occurred. This cannot be met, if follow-up or recommendations were not completed (and no DCF is in place) or if it is not current and linked/attached in Therap.</p>	<p>Tag #1A08.2 (CoP) Document what follow-up is needed and / or recommendations made:</p> <p>Was follow-up or recommendation completed?</p> <p>If, not was Decision Consultation Form (Medical) completed?</p>			
<p>Physician Consultation Form: (document type of exam and / or evaluation if recommended)</p> <p>Date:</p> <p>Surveyor Instruction: Per Appendix A Client File Matrix (2018 DDW Standards) all agencies providing LCA, CCS, CIES services are required to maintain a copy of the Physician Consultation Form (completed document after the appointment). Surveyors are required to document the type of appointment and any type follow-up which is need or any recommendation which are made. The surveyor will then determine if follow-up or recommendation has occurred. This cannot be met, if follow-up or recommendations were not completed (and no DCF is in place) or if it is not current and linked/attached in Therap.</p>	<p>Tag #1A08.2 (CoP) Document what follow-up is needed and / or recommendations made:</p> <p>Was follow-up or recommendation completed?</p> <p>If, not was Decision Consultation Form (Medical) completed?</p>			

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Medication Delivery:				
<p>Medication Administration Records: ROUTINE MEDICATIONS</p> <p><u>Surveyor Instruction:</u> You are to review the previous month and current month (if available, otherwise you are required to see current Month in residence or inclusion site). You are to determine if the MAR is being completed correctly and if all requirements are in place.</p> <ul style="list-style-type: none"> • Name of resident; • Date given (administered or assisted); • Diagnosis for which the medication is prescribed • Drug product name; • Dosage and form (Liquid, tablet, capsule, injection, suppository) • Strength of drug; • Route of administration; • How often the medication is to be taken; • The name (initials) of the staff administering or assisting with the self-administration of the medication. <p><u>Findings in this area are considered standard level (1A09.0), unless the following are cited then a potential (based on 85% compliance) CoP level finding (1A09):</u></p> <ul style="list-style-type: none"> • MAR contains missing entries • MAR does not indicate exact dosage each time med was given; • MAR and Physician Orders do not match; • Physician Orders indicate med is to be given, med is not on MAR; • Med is to be given, yet not documented on MAR; • No physician orders were found for medication listed in MAR 	<p>Tag #1A09 (CoP) / 1A09.0</p> <p>Include specific details, including dates, time, medication name, dosage, etc., for any deficiencies noted.</p>			

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<p>Medication Administration Records: PRN MEDICATIONS</p> <p><u>Surveyor Instruction:</u> You are to review the previous month and current month (if available, otherwise you are required to see current Month in residence or inclusion site). You are to determine if the MAR is being completed correctly and if all requirements are in place.</p> <p>All PRN (as needed) medications shall have complete detailed instructions regarding the administration of the medication. This shall include:</p> <ul style="list-style-type: none"> • symptoms that indicate the use of the medication, • exact dosage to be used, and • the exact amount to be used in a 24-hour period. • Anyone assisting with meds must obtain verbal authorization from the Agency nurse prior to each administration of PRN medications; Unless related and in a Family Living situation. • Documentation describing the effect of the PRN Medication. <p><i>Findings in this area are considered standard level (1A09.1.0), <u>unless the following are cited then a potential (based on 85% compliance) CoP level finding (1A09):</u></i> (1A09.1):</p> <ul style="list-style-type: none"> • MAR does not contain the documented sign/symptoms to why med was given; • MAR does not contain effectiveness of medication; • MAR does not contain time PRN was assisted with / administered; • MAR and Physician Orders do not match; • Physician Orders indicate med is to be given, med is not on MAR; • No physician orders were found for medication listed in MAR; 	<p>Tag #1A09.1 (CoP) / 1A09.1.0 <i>Include specific details, including dates, time, medication name, dosage, etc., for any deficiencies noted.</i></p>			
<p>Medication Administration Records – Nurse Approval for PRN MEDICATIONS</p> <p><u>Surveyor Instruction:</u> You are to review the previous month and current month (if available, otherwise you are required to see current Month in residence or inclusion site). You are to determine if the PRN medication which was assisted with had nurse approval for individuals in SL or FL with a non-related FLP. If no documentation of prior authorization is found for medication given this cannot be met. Surveyor may review MAR for information, if it is not found the surveyor must request information from Nursing staff. Surveyor must document medication name, date and time if no authorization is found.</p>	<p>Tag #1A09.2 (CoP) <i>Include specific details, including dates, time, medication name, dosage, etc., for any deficiencies noted.</i></p>			

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Incident Management:				
<p>Does the Individual have GERs reported in Therap as required by standards? If no, document event which was not reported. If yes, were they approved within 2 business days.</p> <p><i>Surveyor Instruction: Surveyor to review 12 months of GERs. Provider Agencies must enter and approve GERs within 2 business days with the exception of Medication Errors which must be entered into GER on at least a monthly basis. You are to use the GER (excel) report generated from Therap to determine if the agency is reporting as required. You will document specifics when GERs were not completed as required. For this to be met the agency must have enter required GERs and approved within 2 business days.</i></p>	Tag #1A43.1			
<p>While on-site, did Surveyors have to file ANE reports related to any suspected ANE or any other reportable incidents, which were found during the survey process or identify any reportable IR's not reported by the Agency?</p> <p><i>Surveyor Instruction: Surveyor to review 12 months of ANE reports. While conducting the on-site survey if you suspect any type of ANE you are required to report to DHI/IMB immediately. You are to document what was seen and heard in detail and take pictures if necessary. You are to notify the agency that you are filing an ANE report. If while you are reviewing documentation you determine that there is a GER or other internal incident which should have been reported to DHI/IMB and was, you are required to report immediately. You will document what was found and report. You will utilize the IMB responsible and reporting provider reports to review 1 years' worth or ANE reports to determine if ANE report was filed. If you must report ANE while on-site this cannot be met.</i></p>	Tag #1A27.2			
<p>Additional Note:</p>				