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MEMO TO: Reviewers and Case Judges for the Community Practice Review

FROM: Lyn Rucker, Community Monitor

DATE: December 13, 2013

Welcome, congratulations and thank you! **Welcome** to the "CPR Team". I am looking forward to working with you to improve the lives of people with disabilities throughout New Mexico, specifically those who are part of the "Jackson class". **Congratulations** on being identified as an experienced and qualified professional who has the integrity, knowledge and ability to assist in the Review. Thank you is an inadequate way to express the appreciation and gratitude I extend to each one of you for your time and willingness to participate in this review, but I **thank you** nonetheless. I recognize that your participation represents an enormous personal and professional expression of faith that the findings and recommendations in the subsequent review report will improve the lives of people with disabilities and those who support them. I share your faith in that outcome and pledge my energies to that end as well.

Not everyone can and should be a Community Practice Reviewer or Case Judge. My hope is that we will build a core group of trained and qualified Reviewers and Case Judges who are recognized as some of the best and most consistently objective evaluators of services to people with disabilities available in New Mexico.

This packet of information is intended to help you understand in detail what your responsibilities are as a Reviewer or Case Judge. This guide provides information which describes the Review process and performance expectations of Reviewers and Case Judges. As a member of the CPR Team, you will be held to the expectations outlined in this guide. Read it closely. If you have questions or ideas which would enhance this effort, please let me know. I welcome your suggestions for improvements.

I. SCOPE AND PURPOSE OF THE COMMUNITY PRACTICE REVIEW

The Jackson v. Ft. Stanton litigation involves a group of approximately 380 individuals including those who have been placed from state mental retardation facilities into community programs. An independent program review is to be conducted with a sample of these individuals to both insure that the community services they receive comply with the placement standards and procedures negotiated with the parties and to provide systems wide feedback designed to improve the planning and service delivery to these persons.

II. Expectations of Reviewers and Case Judges

You are joining a team of qualified and experienced professionals with the responsibility of evaluating services to persons who have developmental disabilities. The protocols you will be using have been designed specifically for the purpose of this review. As a Reviewer or Case Judge, you will be trained on the use of the protocols and expected to seek clarification, as needed, when you are conducting fieldwork. It is your responsibility to read and become familiar with the following expectations and details of how those expectations translate into your practice. If you agree to be a Reviewer or Case Judge you are agreeing to these expectations and practice guidelines.

NOTE: DURING YOUR FIELDWORK, YOU WILL BE GOING INTO PEOPLE'S HOMES. IN AN ATTEMPT TO REMAIN SENSITIVE TO THE VARIOUS CONDITIONS OF THOSE WITH WHOM YOU WILL COME IN CONTACT, PLEASE DO NOT WEAR SCENTS, PERFUMES, ETC.

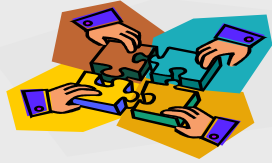| Expectations	Practice Details
1. Review individuals as assigned.	Each Reviewer will be scheduled to review an identified number of people. If you review two people during the on site review week, the expectation is that you will complete your review and protocol book for Class member #1 by noon on Tuesday and Class member #2 by no later than Thursday at noon. Reviewers who participate in Early Bird week should have their Protocol book(s) completed and turned in Sunday evening before the on-site review week. Case Judges may be scheduled to review at least one Class member. If you do conduct a review, the expectation is that you will complete all of the work on Class member #1 by no later than noon on Tuesday so the remainder of your time can be spent reviewing protocol books and Case Judging the materials from Reviewers to whom you are assigned.
2. Initial record review is conducted and General Information Section of the protocol book is completed, to the extent possible, prior to review start date. Comprehensive completion of the Review Protocol Book is	For each assigned Class Member, the Reviewer will begin the process with a record review that focuses on the documentation for the past one to two years. If a more extensive review is required, reviewers should request materials needed to be sure your conclusions are as accurate as possible. Each Reviewer should expect to receive copies of the last two Annual ISPs and related documents and assessments the week preceding the Early Bird and/or Review start date. You are expected to read this material in advance of the review start date. You are also expected to complete as much of the General Information Section of the protocol book as possible prior to starting your review. You should also complete the work sheets made available for you in the Case Management, Day and Residential interview sections of

Expectations	Practice Details
required.	your protocol book. You should have notified the appropriate Regional Staff Manager of any missing information the Wednesday prior to the Early Bird and/or Review Start Date. <u>BE SURE that you complete the Document Request Form on ALL missing materials for which you ask.</u> If you continue to have missing information please make that known so it can be obtained as quickly as possible. Case Judges who are reviewing have the same responsibilities as Reviewers. In addition, Case Judges will be responsible for reviewing the protocol books of Reviewers. All Reviewers have the responsibility to accurately and completely fill out the Review Protocol Book in line with directions provided in this book. Case Judges have the responsibility to discuss the information gathered with the Reviewer thoroughly in an effort to fairly, accurately and completely judge the Reviewer's findings.
3. Additional records reviews are conducted as needed.	If Reviewers/Case Judges have reason to believe that additional information is required in order to render an informed rating, it is your responsibility to ask the Case Manager or relevant provider for the information you are missing, complete the Document Request Form and acquire needed signatures. If you are requesting materials over the phone, complete the Document Request Form and note the method of inquiry.
4. Interviews are conducted with the class member, available guardians, case manager and appropriate providers.	The Reviewer will conduct an interview with the class member, the class member's direct support staff, available guardians, the class member's case manager, and, if the class member receives services, those service providers. If the class member has special sensory and/or physical needs you may also need to interview other specialty providers (e.g., therapists, nurses) or have an interpreter present. Requests to use the team's clinical advisors should be made to your case judge. Case Judges are expected to request information from Reviewers to ensure all appropriate interviews have taken place. If information used to make scoring decisions is unclear, Case Judges are expected to ask Reviewers to seek additional information.
5. Informed by your file review and interviews, you observe the class member in day and residential services.	The Reviewer will observe the class member in his/her day service site(s) and in his/her home. During these observations the Reviewer will also interview available direct support staff. Observations offer an opportunity to get to know more about the individual's life, perspective and needs. It allows you to seek out missing information, perspectives, outcomes, barriers and day-to-day practice information. It enables the reviewer to observe whether or not: needed equipment is present and used as recommended; staff follow meal time plans or behavioral plans as intended; and whether or not interventions strategies are effective. It also enables the individual and staff the opportunity to share what is working and what remains challenging. The interviews provide an opportunity to *request copies of the class member's actual daily schedule,* or, if that is not available, seek a verbal time sequenced outline of what a typical weekday and weekend is like for the class member.
6. All provided evidence is considered prior to rating and conclusions are documented	Reviewers and Case Judges are selected because of their ability to render professional opinions in regard to the quality and adequacy of community programs for persons who have developmental disabilities. The Reviewer and the Case Judge are responsible for gathering enough information to render an opinion that is based on sufficient, competent, relevant information or evidence. The

Expectations	Practice Details
clearly.	Reviewer and the Case Judge will make judgments as professionals qualified to participate and render opinions in the interdisciplinary process. **If there is reason to doubt**, the Reviewer and the Case Judge should take measures to authenticate the evidence or to report possible limitations of the evidence. The individual review method requires the use of evidence to support each rating. Sufficient, relevant information is to be obtained and recorded as a basis for the Reviewer's and Case Judge's findings, conclusions, and opinions. The Reviewer is responsible for accumulating and using evidence to provide a factual basis for reporting. Evidence to support a Reviewer's findings may be of four types: 1. **Physical evidence** obtained through direct observation, such as the Class member's having needed equipment; 2. **Testimonial evidence** obtained through interview. For example, asking someone to explain how a person's preferences were determined; 3. **Documentary evidence** which consists of assessments, ISP's, schedules, records, physician's orders, etc.; 4. **Analytical evidence** secured by comparative or deductive analysis from several pieces of evidence the Reviewer has obtained. An example would be comparing or contrasting the same data secured from different sources. The Reviewer's working protocols must reflect the details of the evidence relied upon and must show how it was obtained or derived. Use the following guide as a part of your "test" to determine the adequacy of the evidence you have gathered/reviewed. **Sufficiency.** Sufficiency is the presence of enough factual, adequate, and convincing evidence to lead a prudent person to the same conclusion as the Reviewer. Determining sufficiency requires good judgment. There is no need for elaborate documentation to support non-controversial matters; however, the Reviewer should provide sufficient evidence to support his/her conclusions. **Relevance.** Relevance refers to the relationship of evidence to its use. Facts or opinions used to prove or disprove an issue should have a logical, sensible relationship to that issue. Information that does not have this relationship is irrelevant and should not be used to prove or disprove a point. **Conciseness**. A report should be no longer than necessary to communicate the information the Reviewer is reporting. Too much detail may conceal the primary message or discourage readers. **Objectivity**. Findings should be presented in an objective and unbiased manner and should include sufficient information to provide readers with a proper perspective. The aim is to produce a report that is fair, not misleading, and which places primary emphasis on matters needing attention. **Adequate Support**. All ratings in the Reviewer's report should be supported by enough objective evidence in the working protocols to demonstrate their accuracy and reasonableness. ***Reviewer's must use the + and – system of documenting the justification for***

Expectations	Practice Details
	their ratings. **Accuracy, Completeness, Fairness.** Procedures should be applied to produce a document that contains no errors in fact or reasoning. The need for accuracy is based on the need to be fair and impartial in reporting to insure readers of report reliability. One inaccuracy can cast doubt on the validity of an entire report and divert attention from the substance of the report. The documentation for each rating should contain sufficient information to promote an adequate understanding of matters reported and to provide a convincing, but fair, presentation in proper perspective. If the Reviewer has conclusions or concerns he/she wants readers to know about, he/she should **state them directly** rather than leaving them to the inference of the reader.
7. Due professional care and sound professional judgment is used in conducting the review and in documenting the rationale for ratings.	This standard places upon a Reviewer and Case Judge the responsibility for employing high professional standards in performing the review. Exercising due professional care means using good judgment in applying review procedures and in writing the rationales for each rating. The quality of review work is related to: procedures properly applied by competent persons; findings and conclusions based on objective use of pertinent facts; and critical supervisory review at every level of the work done and of the judgment exercised by those participating in the review. Due professional care imposes on the Reviewer the requirement to be **alert to and report** situations or actions that could be indicative of abuse, neglect, insensitive care, unnecessary restriction, inefficiency, waste, or ineffective or harmful treatment. The Reviewer is not responsible for internal quality assurance. <u>Due professional care also requires the Reviewer to be alert to and report any situation observed that poses an immediate threat to the health or safety of a class member. If possible, ensure that actions necessary to secure the safety of the class member have been taken.</u> Throughout the record review and interviews, the Reviewer should consider whether culture and cultural competencies have implications in the life of this class member. Any discrepancies found across records, observations, and/or interviews should be ***documented by noting clearly the sources and information that appears discrepant.*** Medications should be verified by observing the medication labels at the home and work/day service site and comparing them to the MAR. All records and case specific information are confidential. Denial of access to pertinent records or activities is to be reported immediately to the Community Monitor. All available records should be reviewed prior to the beginning of the interviews to inform your observations and minimize the need to

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	repeat interviews. This standard does not imply unlimited responsibility for discovery and disclosure of any irregularities in treatment nor does it imply infallibility on the part of either the Reviewer or the reviewed organization. This standard does require professional performance of a quality appropriate to the complexity and importance of the task. Professional judgment is the standard for evaluating compliance with certain designated components of an individual's services. Not every judgment of a qualified professional meets this standard. The decisions arising from the judgments of a professional are presumptively, but not conclusively, valid. Decisions comply with professional judgment based upon the consideration of the following factors: 1. Whether it is rendered in writing with sufficient detail that it can be understood and implemented. 2. Whether it is made by a professional who is licensed, credentialed or otherwise recognized as qualified or who is experienced in the area with respect to the professional's work. 3. Whether it is within the realm of the professional's expertise and not invading the province of the treatment team as a whole. 4. Whether it is unrelated to administrative, placement location, fiscal or other non-clinical considerations. 5. Whether it is based upon documented direct observation of persons served and accurate historical background information, except in emergency situations. 6. Whether it is logically related to the available information about the person served and his or her situation and to the problem, issue, characteristic or condition under discussion. 7. Whether it is explained in sufficient clarity and detail so that the rationale can be understood by a person of reasonable intelligence. 8. Whether it is within the range of acceptable choices or conclusions of professionals in the field in light of contemporary knowledge and practice. 9. It is not in contravention of any applicable provision of any order of the court. Reviewers will evaluate professional decisions based on the above criteria. The IDT should provide guidance to the person served in the area of his/her long-term vision. The Reviewer will exercise his/her professional judgment about the appropriateness of the articulated long-term vision of the persons served. It is understood that the class member's fundamental rights to habilitation and safety will not be violated through the application of professional judgment as to do so would be a violation of the principles of professional judgment. The case manager will insure that the IDT supports the long-term vision of the persons served by assisting him/her in defining practical avenues for achieving that individual's vision and identified outcomes.
8. Ratings are completed in line with protocol rating instructions.	Following this field work, the Reviewer will respond to a series of questions with **either** "yes", "no", "NA" (Not Applicable), CND (Can Not Determine) **or** "0", "1", "2", or "NA" (Not Applicable). <u>Blanks are NOT acceptable. All questions must be answered.</u> A rating of "2" represents circumstances that support a determination of full compliance with the questioned item.

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	A rating of "1" represents partial (less than full) compliance. A rating of "0" indicates non-compliance. A rating of "yes" means that compliance measures have been met. A rating of "no" represents an item is out of compliance. A rating of NA (Not Applicable) represents an item does not apply to the individual being reviewed. In some cases, the Reviewer will simply not have enough information to make an informed decision to appropriately score some questions. The option of "CND" (Can Not Determine) is available as a response in these instances. However, "CND" and N/A (not applicable) can only be selected when it is among the choices provided as answers. ***All ratings must be substantiated by recording a + or – indicating the Reviewer's rationale or justification and the relevant evidence in the space provided after each rating.*** A guide is provided for Reviewers throughout the protocol. The Reviewer should read this guide wherever it appears. The relationship between the person's preferences, needs and services is the primary concern of the individual summary. The relationship between the service and the individual's circumstances is the focus of the overall report.
9. Written Communication	Both Reviewers and Case Judges must have written skills which show his or her ability to effectively communicate in a clear, logical and detailed manner as will be seen in the justification notes and recommendations provided during the CPR.

Date: _____   Reviewer's Name: _____

Person's Name: _____   Provider Name: _____

Procedures for Data Collection: Record Review

In advance of the review, you are to have received and reviewed the individual's current ISP, previous ISP and assessments. **Assessments should have been sent to you in advance of the review.   Assessments that are not sent to you in advance are to be provided by the case manager or provider during your record review and/or interview.** The record review conducted during the review includes the individual's primary record.

The record review is intended to be the means to gather readily accessible, useful information about the Participant assigned. The information sought in the protocol should be available in the Participant's current/active/working record. The record review is not intended to be an exhaustive document search. The Reviewer is not required to search the historical/inactive/"dead" records or files for information unless such a search is needed to substantiate a specific issue discovered during the review.

If you cannot find a document or information, ask the case manager and/or relevant provider staff. If knowledgeable staff says the document or record does not exist, note this, along with the name of the person who told you this, in the protocol book.

The week prior to the review start date, you should have received a copy of the current and previous ISP and all current assessments. You are expected to review this file in advance of the on site or early bird start date. If the copies have not been provided, please identify the documents and ask the appropriate Regional Program Manager for copies to be made available to you in advance of the on site review. NOTE on the Document Request ALL requests for document. If there are problems securing copies of the needed documents during the review, notify your Case Judge immediately.

The Reviewer **MUST finish the initial record review and complete the documentation in the protocol booklet prior to proceeding** to the next phases of the protocol.   It is the Reviewer's responsibility to acquire the information necessary to complete the protocol.

I. General Information (from Case Management Record)

Ratings Guide

YOU MUST PROVIDE AN ANSWER TO EVERY QUESTION.

* 1. Social Security Number	2. Date of Birth	* 3. Current Age	* 4. Gender (Circle One) Male/ Female	* 5. Current Address (Include Zip Code)	* 6. Telephone	* 7. Ethnicity (Check one) ___ Native American ___ Asian ___ Black ___ Caucasian ___ Hispanic ___ Other (specify) _____

* 8.a. Preferred language:	* 8. b. Preferred means of communication:	* 9. Does this Participant have a legal guardian? ___ Yes ___ No	9.a. Legal Guardian Name: Address:	9.b. Telephone: (Address if no phone):

* 10. Guardianship Status (based on legal documents found in record). **Check the <u>one</u> that applies**	___ a. Full (plenary)	___b. Limited (specify) _____	___ c. None, this person is his/her own guardian and the team feels this is appropriate.	___ d. Could Not Determine	___ e. This person does not have a guardian but the team feels the person needs a guardian.

NOTE: Limited guardianship will state specifically what the guardian has authority to do, such as make financial and medical decisions. Full or Plenary guardianship papers may not specify what authority the guardian has, or may list many general things, such as all financial, medical, treatment, and placement decisions. If the document only states the guardian cannot make decisions for the person regarding marriage, children, and voting, that is NOT a limited guardianship; it is a Plenary Guardianship.

NOTE Questions #11 to #14: Do not rely on any one document for this information. This information can often be found in psychological evaluations, the Level of Care form, and many assessments.

Note Axis Definitions: Axis I: Major psychiatric disorders; Axis II: Level of mental retardation; secondary psychiatric disorders; Axis III: Physical health

* 11. Level of care (check **one**)	___ 1	___ 2	___ 3	*Reviewer will find Level of Care determination that is scaled as 1, 2 or 3 in the Case Management record.w*

	DIAGNOSIS	WHERE DID YOU FIND THIS INFORMATION?	DATE OF THE DOCUMENT	NAME OF TITLE OF AUTHOR
*12. Axis I Major Psychiatric Disorders				
* 13. Axis II Level of MR, Secondary psychiatric disorders				
* 14. Axis III Physical health				
* 15. Other conditions				

* 16. Does this Participant currently take medications?   ___ Yes ___ No

Note: A list of current medications is to be recorded in Residential Services Provider Interview, page 80. Be sure that all current medications are listed on page 80 so you can check them at this person's home.

For questions 17-19, the Reviewer is asked to rate each item as either 0, 1, 2 or N/A. The meaning of each rating is as follows:

0 - Information not present or not adequate (non-compliance)

1 - Information is not completed or partially adequate (partial compliance)

2 - Information present and found to be adequate (full compliance)

N/A - Item not applicable to this Participant

	0	1	2	N/A
*17. If Participant is on a neuroleptic medication, is there evidence of involuntary movement screening and follow-up? (choose **one**)				
*18. If needed, is there evidence of ongoing tracking of seizures? (choose **one**)				
* 19. If needed, is there evidence of required blood work? (choose **one**)				

*20.   Name of Case Management Agency: _____

*21.   Name of Residential Agency: _____

*22.   Type of Residential Model:

_____

NOTE DDSD Definitions: If the Participant lives in own home with non-paid family but receives personal care/respite services, record that provider information in Question #25. New service titles for individuals who have converted to the new DD Waiver are indicated in parenthesis.

Family Living: Services are provided to Participant in a family setting. (Actual family or surrogate foster-type family).

Independent Living (Customized In-Home Supports): More independent environment. Staff support is available when needed and furnished on a planned, periodic schedule. Such intermittent support may occur in a home they share with other family members or non-disabled friends or may occur in their own apartment/home where they live alone or with a peer roommate.

Supported Living: Services are provided to an individual or in groups of 4 or less. Service is provided 24 hours with the exception of time spent in education/employment setting.

(Intensive Medical Living): Similar to Supported Living, but includes a daily nursing visit and expanded support for highly complex medical needs. This service is based upon a higher reimbursement rate for the extra medical oversight, but does not indicate a certain location. Individuals receiving Intensive Medical Living may have roommates that receive regular Supported Living. This rate is also available short term in certain circumstances such as post-hospital stabilization.

Other: If a class member is not in a service described above, please put other and describe what type of service the class member is receiving.

*23.   Number of residences in which the individual has lived within the last year (Count the current home, too): _____

*24.   Day/Employment Program(s):
  a)   Name of Agency/Agencies:

_____   _____

  b)   Type of Program(s):
       (Note day activity v. sheltered workshop v. supported
       employment)

_____   _____

NOTE DDSD definitions

Individual Supported Employment (Community Integrated Employment - Individual): Face-to-face support of Participant placed in community-based employment. Supervision and support is furnished in response to the Participant's needs and preferences.

Intensive Individual Supported Employment: Direct on-the-job job coaching of persons placed in community-based employment. Utilized for persons when supported employment services are not sufficient to adequately support an individual in a community placement. (Note: as people switch into the new DD Waiver, the Supported Employment reimbursement is based upon a fifteen minute unit instead of a monthly rate making this service unnecessary.)

Group Supervised Employment (Community Integrated Employment - Group):   On-site supervision of persons working as part of an integrated group in community-based employment. Supervision is furnished on a continuous, full-time schedule by a provider.

Self Employment: assistance with the development of business plans, marketing, banking, and other services relating to the implementation of their business plan;

(Job Development): activities to assist an individual to plan for, explore and secure Community Integrated Employment

Community Access (Customized Community Supports - Individual and/or Small Group): Is designed to: promote maximum participation in community life; support individuals in achieving their personal outcomes; promote self-advocacy; and enhance an individual's ability to control their environment.

Personal Support (Community Inclusion Aide): A non-medical service assisting the individual with activities of daily living to maintain personal care, self help and independent living skills. These services take place in the individual's Customized Community Supports, Employment or Customized In-Home and/or settings and are provided on a one-to-one staff-to-person served ratio.

Adult Habilitation (Customized Community Supports - Group): Daily program of group activities designed to increase the individual's skills in performing routine functions. Services take place outside the individual's residential setting.

Note: Individuals can receive combinations of services. For example, an individual might receive Supported Employment part time and Community Membership. If individuals are receiving combinations of services, list all the services the person receives.

*25.   Other major providers (e.g., behavior supports, PT, SLP,
        Adult Nursing, etc.):

                    Providers   Services/Dates Receiving That Service

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

BEFORE PROCEEDING PLEASE INSURE THAT YOU HAVE ANSWERED ALL OF QUESTIONS 1-25.

Documentation of Relevant Information (from Case Management Record)

The following pages are provided for the Reviewer to record information found in the case management file that is relevant to the Summary Questions to be answered at the end of the protocol. The Reviewer should be very familiar with the specific questions in the Summary Questions Section prior to reviewing the primary record/case management file. To assist the Reviewer in recording and finding information needed to complete the Summary Questions Section, the following pages have been formatted by subject area with a brief guide to the information to be recorded in each section.

This space is "working paper" for the Reviewer. Information recorded here will be used as evidence to support determinations made in the Summary Questions Section of the protocol. Record the date and source of any information recorded on these pages. The Reviewer may summarize or paraphrase the information found in the record or may record the information verbatim.

Notes on Assessments. Copies of all current assessments should have been provided with the initial packet of information. If not, they must be requested and, if possible, obtained by the Reviewer. Use this space to record information about assessments indicated as needed but not found, efforts to arrange any missing assessments, and any pertinent information found in the case manager's notes about the assessments.

Consider the following types of assessments: physical health; dental; psychological; behavioral; psychiatric; physical therapy; occupational therapy; daily living skills; vision; hearing; communication/speech; social/recreational; vocational/employment; other: i.e., neurological; self-administration of medications; nutritional; etc.

For each assessment, the Reviewer needs to review the Professional Judgment Standard in this document and Reviewer's Guide.

An assessment cannot be considered adequate if it does not include clear information that can be used for planning. The mere presence of a piece of paper titled an assessment does not automatically warrant a "2" rating if the contents do not approach the Professional Judgment Standard.

*Note to Reviewer: Please be sure to include information on, Behavioral, Career/Vocational Assessments and Aspiration Screens.

If you find that recommendations made in an assessment are not followed or are followed incorrectly, be sure to provide detail regarding the source document of the recommendation not being followed so teams can refer back to them. Use the back of this page if necessary.

Note assessments completed in the past year.
These assessments are required annually: History & Physical Exam—required for everyone; e-CHAT—required for everyone; Medication Administration Assessment Tool (MAAT) is required annually for everyone, Comprehensive Individual Assessment (CIA)—required for everyone. The Aspiration Risk Screening Tool is only required annually for those individuals who previously scored as low aspiration risk and who, therefore, are not required to have a CARMP.

Assessments requirements should be identified in the ISP: Positive Behavior Supports Assessment; Occupational Therapy (OT) Assessment; Physical Therapy (PT) Assessment; Speech Therapy (SLP) Assessment; Vision Exam; Dental Exam; Neurological Exam; Psychiatric Exam; Vocational Assessment; Aspiration Screens; TEASC, SAFE clinic, and other clinic exams/assessments.

Date of Source Document	Name of Source Document	Type of Assessment Provided	Recommendations Made	Recommendations made by: give name and title.	If needed documents are not available, give name & title of who you ask for this information?

Notes on Team Process. Record information found on the frequency of IDT meetings; topics discussed during any IDT meetings; any communication among the IDT members outside of formal meetings including the "topic" of any communication; information about unusual incidents and any IDT follow-up; or any information pertinent to how the team is functioning for this Participant.

Note: The IDT shall consist of: person served, case manager, guardian (if applicable), direct service staff from each provider agency and ancillary service providers (if applicable) such as therapists, nurses, vocational specialists, , behavioral support consultant, etc. The team may also include a friend advocate, physician, psychiatrist, psychologist, family member and/or legal representative. Participation of ancillary service providers does not require the provider's physical presence at the IDT meeting. Their participation can be accomplished through the submission of assessments/progress reports, through conference call, or through meeting with another team member prior to the meeting to discuss issues/concerns/recommendations. This is also true for nurses in cases where urgent health needs of another individual prohibited their attending in person.

If you find specific meeting/incidents which resulted in a score of a "0" or "1", be sure you document information. ***Note all IDT meetings held in the past year, including Annual ISP meetings (6 month ISP reviews are no longer required) and all interim IDT meetings held to review and/or revise the ISP...*** If other relevant meetings have been held you may note them here as well e.g. Aspiration Reviews.

Date of Meeting	Type of Meeting or Incident	Follow Up Required or Agreed Upon	Evidence that Follow Up Was done/not? Cite Source.

Notes on Monitoring and Coordination of Services by Case Manager.   Record information on case manager contact with the person; the frequency and outcome of case manager visits and telephone calls to the person's home and day program/work site; case manager contacts with ancillary providers; information about the outcomes and/or recommendations of physician/dental visits; case manager efforts to locate and secure needed services.

Note: Case Managers are to see class members at least 2 times per month. Note contact with other team members. Look for patterns… when the Case Manager visits is the person always in bed? Is there progress on Outcomes/Action Plans? Does the Case Manager always visit at the same time and same place (their visits are to be at different times and in multiple places)? IDT meetings do count as a face-to-face meeting for that month.

If you find problems, e.g., inadequate number of contacts, inadequate follow up, inadequate attention to issues when visiting, etc; please note those details. **ALSO:** Note home visits and site visits as well as contacts with providers, the individual, the guardian, and others such as the individual's healthcare providers, follow-ups for appointments and exams, etc. within the past year. Note: If you see exemplary intervention please note in Individual Summary and Good News Section of the Findings and Recommendations.

Contact Date & Time of Day	Location of Contact	Issue	What happened as a result of the lack of meaningful contacts/follow up?	Source Documents (Evidence verifying your findings)

Notes on Progress/Regression Information. Record information related to the person's progress/growth. This may include information (progress reports) generated by service providers and/or ancillary providers that was found in the person's record. Use this space to make notes about the type (data only, data and written summaries) of information found specific to outcomes on the ISP. Include information about growth/progress that may not be specific to outcomes in the ISP. If you find problems such that you will score either a "0" or a "1", note those details. **ALSO:** List provider reports for the past year which may include but not be limited to: Residential monthly/quarterly/semi-annual progress reports; Day/Employment monthly/quarterly/semi-annual progress reports; BSC quarterly/semi-annual reports; OT 6-month reports; PT 6-month reports; SLP 6-month reports; Psychiatric visit reports/notes. Nurses are required to provide quarterly reports for people who score a moderate or high on the e-CHAT. Once the individual comes under the new standards the frequency of such reporting will be reduced from quarterly to semi-annually unless the individual receives Intensive Medical Living Services.

Date of Report	Type of Report	Completed by (Give name and title)	Related to what ISP (date) and Outcome (list)	List type of growth, progress or regression … use exact quotes from reports when possible

Notes on Other Information Found in the Record. Use this space to record information that is relevant to the review of this person's services but does not fit into any of the categories above. Be specific in terms of document you are referencing, date, author and issue.
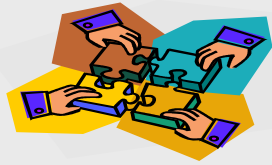
Date: _____   Reviewer's Name: _____

Name of Person Interviewed: _____ Title of Person Interviewed: _____ Phone Number: _____

Case Manager's Interview

If necessary, describe your role as a Reviewer and the overall aim of the review as well as the purpose of the interview in the information gathering process. During the interview, wherever the protocol uses the term "person" or "Participant", the Reviewer should use the person's name when speaking, for example, "Ms. Smith," or "Mr. Jones."

When interviewing the case manager, most Reviewers have found it useful to begin with a general "Tell me about" the person to allow the person being interviewed to express his/her initial and/or primary views. If subsequent items in the interview address issues already present in response to the initial "tell me..." question, the Reviewer should simply state, "I believe you have already told me about this..." reiterating the information. Allow the person interviewed to correct, clarify or expand the information as necessary. Before beginning the initial questions about the Participant's services, tell the case manager that you have a copy of the (give them the date) ISP and (specify) assessments. Please verify with the case manager that the copy(s) given to the Reviewer is the most current and that there are no other assessments/documents you should have. If you know of documents that are missing ASK the case manager for copies and fill out the Document Request Form.

The Reviewer should make every effort to record the case manager's responses verbatim. Try not to paraphrase, and **do not prompt** the interviewee for desired answers. The Reviewer should make any needed notes at a level of detail and reference that permits the Reviewer to put the information in the context necessary to be useful in supporting the Reviewer's judgments and descriptions. The Reviewer should try not to use acronyms when asking questions. The case manager may have the individual's file with them, especially the ISP, and may refer to it as needed.

Even if asked directly, **do not** tell the person interviewed that anything is or is not "all right," "okay with me," does or does not "comply" with any regulation, law or requirement, or any other indication of approval or disapproval.

Even if asked directly, **do not** provide technical assistance or "recommendations" to resolve or improve issues.

Remember that the case manager may have to respond to an emergency or crisis situation during the interview. If this happens, the Reviewer should terminate the interview immediately and establish a time to reschedule or resume the interview. Do not continue to engage the person in conversation.

Thank the person for his/her time and cooperation. **Remember!** Obtain a copy of the current ISP and current assessments, if you don't already have them.

Use this space to record items identified during your **record review** that you wish to specifically ask or verify with the Case Manager. During your interview find the appropriate time to pursue these issues.   If the information you require is found to your satisfaction, check the box to the left of the item you've listed. If not, leave it blank, highlight it and use it as a reference when scoring and/or writing up your summary. Use this space to identify missing information you need to ask the Case Manager for, use it to verify that recommendations have been followed, use it to ask about needed equipment/devices, etc.

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A.   Tell me about (Participant):

B.   What are the person's strengths?

C.   What is your Long Term Vision for this person?
        Note: If you get a general answer, ask if there is anything specific they would like to see the person do/achieve.

D.   (Verify Reviewer's copy of current ISP.) Is this a copy of the IDT's current plan for this person? ___ Yes   ___ No.
        If different from what you were provided, get copy of most recent and record date of ISP you were sent and ISP provided.
        Date of ISP you were sent: _____ Date of most current: _____

E.	Did you participate in the development of the ISP? ___ Yes ___ No. If no, why not?

F.	Who are the members of this person's IDT? (List name and working title) Verify with signature page of ISP.

G.	Are there any IDT members who did not participate in developing the ISP? ___ Yes ___ No.
	a) If Yes, who?

	b) If Yes, what have you done to insure adequate participation?

	c) Was their lack of participation a problem? ___ Yes ___ No. If yes, indicate WHO was missing and WHY it was a problem.

H.	How often is the ISP revised? Why?

	Dates of Revisions during the past year: _____
	Compare with what was found in record review. If there is a discrepancy, ask the case manager about it.
	Note: Per ISP Regulations effective October 2006, . six month reviews are no longer required; however, the ISP should be revised as needed.

I.	If the person has a guardian, what is the extent (how often) and nature (why/what does the guardian do with the person?) of the guardian's participation in service planning or delivery?

J.	Is this level of guardianship participation adequate for the person? If not, why not?
	Note: List measurable indicators that the level of participation is a problem, if it is.

K.   a. What is the extent and nature of the person's participation in service planning?

              Note: Check the signature sheet AND ask what the person's level of involvement was and if he/she attended the ISP meetings.

        b. Did you meet with the person prior to his/her ISP Meeting? ___ Yes ___ No. If yes, what did you discuss?

L.   How does the team integrate this Participant's culture, values and natural support systems into the ISP and the person's everyday life?

              NOTE: List specific measurable indicators, then look for verification in the notes and program records or other interviews. This question usually needs to be repeated, and needs to be taken slowly, with spacing between the words: culture—values—and natural support systems.   You can explain that when thinking about culture we mean things like ethnic and or life style preferences; with values we mean beliefs (e.g., religious or family) with natural supports we mean people, groups of people, organizations or environmental.

M.   Do the individual members of the IDT carry out their responsibilities as stated in the Participant's ISP? Get specific examples (names, dates if possible and person. If action was taken, seek evidence.).

              Note: the case manager stated everyone does and the record review evidenced lack of a particular service or assessment or follow up, ask the case manager about the discrepancy.

N.   Have there been any conflicts among team members about the Participant's service and support needs? If Yes, what was the conflict(s) and how was the conflict resolved?

O.   How do team members communicate with each other in between scheduled team meetings about the person's plan implementation, progress and needs?

P. What, if any, change in behavior has occurred during the past year?

Q. What, if any, change in sleeping patterns has occurred during the past year? Describe. If you can get dates or the records the case manager feels verify this information so you know the frequency.

R. What, if any, change in overall activity levels has occurred during the past year? Describe. If you can get dates, look for frequency and measurability.
    Note: This can be rephrased, for example: "Is the person more or less active than usual or more/less independent?"

S. If any change is reported in behavior, sleeping patterns, or activity levels, was the person evaluated for underlying reasons (health, environment, relationships, etc.) for the change(s)? (If yes, Who conducted the evaluation?   When? What type of specialist was this person? What was the outcome?)

T. Please describe any health-related needs this person may have.
    Note: The information you receive here should be verified by the record, ask the case manager about any discrepancies.

U.   Has the IDT discussed the person's health-related issues? What did they do and how did they resolve these health issues?

Note: They may have discussed health issues at the last Annual ISP meeting. If so, the ISP and/or meeting minutes need to reflect such, ask the case manager about any discrepancies.

V.   What natural supports does the person have and what generic services does the person use?

Note: Look for verification in the record and in other interviews of these activities.

- o   What memberships does this person have in the community? List what groups or organizations the person belongs to and frequency of attendance.

- o   List Names of friends this person has who are not paid to be in this person's life:

- o   List valued roles the person plays in the community and how often the person experiences them.

- o   List generic services the person uses and how often:
  Note: Generic services are those any one of us might use, such as stores, medical facilities, library, community recreation center

W.   What opportunities does this Participant have for integration with non-disabled persons? How often?

Note: May reflect discussion of things from V. above.

X.   Do you have any concerns that provider policies restrict this person's ability to pursue adult relationships? If yes--ask the interviewee to tell you what policies/practice and any examples they may have.

Y.   **Additional Services Needed in the Past 6 Months**
        During the past 6 months were there other services that the Participant needed but did not receive? List service(s) including natural supports.

Z.   If there was anything listed in "Y", ask: Why was the service not received by the Participant? Note: If the case manager states they do not know, write that down, and then ask who would know or how the case manager/team might find that information.

AA.   Are there other services needed by the Participant now or over the next 6 months?

        a) If Yes, list services.

        b) If Yes, what actions are being taken by whom to secure the needed services? If the case manager states they do not know, write that down, and then ask who would know or how the case manager/team can find that information.

BB.   How do you review/monitor activities of providers, ISP status and progress on outcomes/objectives or outcomes/Action Plans (documents used, how often, etc.)?

CC.   How do you determine whether a modification of this plan is needed?

DD.   How do you see your job as it relates to --

    a)   The Participant?

    b)   Providers?

    c)   Regional Office?

    d)   Division of Health Improvement?

EE.   Who supports you and your efforts to meet the needs of this person? Is this enough support for you? If not, why not?

FF.   How long have you been employed in this job? (Try to record the date s/he started) Have you been a case manager elsewhere?

GG.   How many cases are you assigned (list people with DD and others, class members and non-class members)?

HH.   How long have you been this Participant's case manager? (If you can record month and year this person started working with this class member.

II.   How frequently do you meet face-to-face with this person?

JJ.   What training did you receive to assist you in working with this person?
The Individual Specific Training Requirements section (previously called Addendum B) of the ISP lists training needed; compare to CM's answers, ask if there are discrepancies. Also, if they say they received individual specific training, ask them what.

KK.   Do the Participant's program providers understand your role as the person's case manager?

LL.   Has this person been in the hospital or emergency room in the past year? (If yes, get ALL date(s), issues). If the case manager indicates something that is different than what was found in the record review, note their response, then ask about the discrepancy.

MM.   If "LL" was yes, please describe the IDT's and your involvement in the treatment and discharge planning.

NN.   In your opinion, what are the most important issues and needs to be addressed with this person?

OO.   Does the Participant's program meet his/her needs? Explain.

PP.   From your perspective, what are the leading stressors in this person's life at this time?

QQ.   Have there been any unusual incidents with this Participant? If yes, what, with whom, when, how often?

        What follow-up occurred?

RR.   a.   Does this person's ISP have an adequate behavioral crisis intervention plan as warranted by his/her behavioral history?
           ___ Yes   ___ No   If No— What's missing or needs to be in it?

         b.   Does this person's ISP have an adequate medical emergency response plan as warranted by his/her chronic medical condition?
           ___ Yes   ___ No   If No— What's missing or needs to be in it?

SS.   Does this Participant require any adaptive equipment or assistive technology? If yes,--What is it? LIST EVERYTHING THE CM identifies:

TT.   Did this Participant receive needed devices? If yes, are they available, in good working condition, and used across all environments? If No--Do you know why not? What is being done to acquire the device, to get it into working order, to get it used across all areas?

UU.   Have staff been trained in the appropriate use of this equipment for this individual? Have you observed staff using it with the person? Were they doing it correctly? What were they doing that was correct/not?

VV.   If the person has a behavior plan, please describe the actions it calls for you to take when you are with the person.
[What behaviors does it address and what steps are to be taken for prevention/intervention?]

WW.   Has the Participant made progress or experienced regression in the following areas in the last year? If there is progress, describe it. If there has been no progress, explain why not for each area. If there is regression in any area, describe what actions have been taken by the IDT in each regressed area.

a)   Living

If there has been **progress**, identify it	If there has been **no progress**, explain why not.	If there has been **regression**, describe what actions have been taken by the IDT to address the regression.

b)   Learning/Working

If there has been **progress,** identify it.	If there has been **no progress**, explain why not.	If there has been **regression**, describe what actions have been taken by the IDT to address the regression.

c)   Social/Leisure

If there has been **progress**, identify it	If there has been **no progress**, explain why not.	If there has been **regression**, describe what actions have been taken by the IDT to address the regression.

d)   Other

If there has been **progress**, identify it	If there has been **no progress**, explain why not.	If there has been **regression**, describe what actions have been taken by the IDT to address the regression.

XX.   In your opinion, is this Participant's current residential situation: (Record details… incidents, dates, names of those involved, etc.)
a)   Appropriate?
If No, Explain.

b)   Least restrictive?
If No, Explain.

c)   Most integrated?
If No, Explain.

d)   Safe?
If No, Explain.

e)   Problematic?
If Yes, Explain.

YY.   In your opinion, is this Participant's current work/day situation-   (Record details… incidents, dates, names of those involved, etc.)
a)   Appropriate with respect to the person's needs and capabilities?
If No, Explain.

b)   Least Restrictive?
If No, Explain.

c)   Integrated and Normalized?
If No, Explain.

d) Safe?
If No, Explain.

e) Problematic?
If Yes, Explain.

ZZ. How did the IDT determine the Participant's preferences in each life area?

AAA. Has this Participant or guardian ever objected to any component of the service plan and/or the services provided? If yes,

a) What process occurred?

b) What was the resolution?

BBB. Is there anything else you would like to tell me about this Participant?

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YOU MUST PROVIDE AN ANSWER TO EVERY QUESTION.

</div>

Ratings Guide

    0 - Information not present or not adequate (non-compliance)

    1 - Information is not completed or partially adequate (partial compliance)

    2 - Information present and found to be adequate (full compliance)

For each question your possible responses are limited to the optional responses listed. For instance, if a question does not list NA as a possible response, you may not use it.
Reviewers: ***In your notes use a (+) to indicate examples of compliance; Use a (-) to indicate examples of non-compliance.***

*26.   Does the case manager "know" the person?   0 / 1 / 2

    Note: We expect the CM to thoroughly describe this person's preferences, needs and circumstances, including information describing the individual's method/style of communication; personality, likes, dislikes; the individual's general routine; important people, activities, things in the individual's life; significant events that occurred or are occurring which have an impact on the individual and what s/he is doing or plans to do. Also look for description of strengths, positive attributes, things to build on, such as: communication method; work ethic; skills s/he possess; willingness to try things; willingness to participate in activities; etc. Cannot be a "2" if the case manager gives only clinical diagnoses and no personal information or visa versa.

*27.   Does the case manager understand his/her role/job?   0 / 1 / 2

    Note: We will take into consideration BOTH what the CM says during the interview about what the job is, as well as what the CM has done in light of the person's needs and circumstances.   From the interview, refer to CM activities such as twice-monthly visits, reviewing provider data tracking sheets and quarterly/semi-annual reports, reviewing reports from therapists, conversations with Team members, specialty services reporting or use of Regional Office Request for Intervention Form. Consider if the CM reviewed data sheets and reports from providers and/or therapists which indicate whether or not outcomes are met. If there has been no progress on an outcome, is there evidence that consideration was given to the need to revise strategies or action steps. If there has been a significant life change, such as job status change or living situation change, was the ISP revised to reflect this? Did the CM describe how they: advocate, monitor, provide or acquire technical or other assistance as needed?

    Note: Therapists are allowed to complete semi-annual reports.

*28.   Did the case manager receive training on the topics needed to assist him/her in meeting the needs of this person?

0 / 1 / 2

Note: Consider required DOH/DDSD competencies; individual-specific trainings, and mentoring from previous CM and/or supervisor. We want the CM to have person-specific information so they are an informed advocate/monitor. For example, if this person has specific eating requirements due to risk of aspiration, we would expect the CM to have received training regarding issues that impact this person such as: positioning during eating; eating utensils needed and how they are to be used; the pace at which eating is safe for this person, etc. Cannot be a 2 if the case manager has had all DDSD requirements but not individual-specific trainings for information in the behavior support plan, comprehensive aspiration risk management plan, seizure plan, crisis plan, etc.

*29.   Is the case manager available to the person?

0 / 1 / 2

Note: Is the CM making the required number of visits with the class member in different locations? Specifically, Visits twice a month, at least one of those times in the home. Does the CM spend time with the person so he/she knows and observes first hand the person's needs and circumstances? Cannot be a 2 if the documentation from the record review indicates the case manager makes less than 2 visits a month; or all visits occur in the same location.

*30.   Was the case manager able to describe the person's health related needs?

0 / 1 / 2

Note: Since the Case Manger, as part of site visits, is required to verify that aspiration risk management plans are available and being implemented, it is expected the case manager would provide some information which indicates that they know the person's status regarding aspiration. Also consider statements of clinical diagnoses, such as seizure disorder, high blood pressure, diabetes; symptoms the person has displayed, diagnoses the person has and what is being done to address them. For example, has been having trouble standing up from sitting in a chair, residential provider made an appointment with PCP, will go to the doctor about it next week. Also note past illnesses that may affect the person now; such as was hospitalized for pneumonia last winter so extra precautions are taken during the winter such as not going out when it is really cold, and if s/he gets a cough s/he goes to the doctor right away. If undiagnosed issues exist, the CM should outline what is being done to pursue and protect the person's overall health. Cannot be a 2 if the case manager does not, for example, mention aspiration if the person is considered to be at risk of aspiration or does not mention diabetes and the person is diabetic.

*31. Does the case manager have an appropriate expectation of growth for this person?

Note: The CM should articulate this person's ability, potential and natural next steps. There should be an expectation of growth. More than just the person being happy, healthy, and safe. Look for information such as: the person working at a community integrated job; living in a more independent setting; going for further formal education; learning a particular new skill or activity. Cannot be a 2 if the case manager only mentions that they would like the person to be healthy, happy, and/or safe; or to just keep going to their day program or living where they are, with no specific indication of why that's relevant to the person long term.

0 / 1 / 2

*32. Does the case management record contain documentation that the case manager is monitoring and tracking the delivery of services as outlined in the ISP?

Note: Case Manager's contact notes, the site visit forms and overall record will be reviewed. 2 monthly visits, one of them in the home. If the person is not getting a service that is noted in the ISP and there is no documented evidence that the case manager is following-up on getting the service in place, this cannot be a 2. Cannot be a 2 if the documentation from the record review indicates the case manager makes less than 2 visits a month; or all visits occur in the same location.

0 / 1 / 2

*33. Does the case manager provide case management services at the level needed by this person?

Note: We will consider the degree (timeliness and effectiveness) to which recommendations have been followed up on, services have been provided in line with this person's needs and barriers have been identified, addressed and eliminated.   If the person is not getting a service that is noted in the ISP and there is no evidence that the case manager is following-up in a timely way to get the service in place, this cannot be a 2.

0 / 1 / 2

*34. Does the case manager receive the type and level of support needed to do his/her job?

Note: Combination of the CM's personal opinion and the degree to which evidence of lack of job performance, if any, is identified and corrected. Also consider completion of required DOH/DDSD competencies; individual-specific trainings, and mentoring from previous CM and/or supervisor. Cannot be a 2 if the case manager indicated s/he does not receive adequate support, (question EE in the case manager interview) or the Case Manager's performance is inadequate with no intervention on the part of the Case Management Agency.

0 / 1 / 2
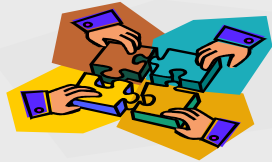
Date: _____   Reviewer: _____

Name of Person Interviewed: _____, Name of person(s) assisting:_____ Relationship of person(s) assisting the Participant: _____ Phone number of Person(s) assisting: _____

Will the Participant consent to be interviewed? (check one)   ☐ Yes   ☐ No   ☐ Person unable to respond   ☐ Reviewer unable to comprehend response.

Person's Interview

Ask the questions to the best of your ability. You may reword any question BUT do not lead the person to an answer. Please try to have enough of an exchange (including all possible verbal and non verbal elements) with the class member to determine issues of choice, satisfaction with his/her daily life, participation in service planning, awareness of guardian, case manager, other staff and friends.

If the Participant chooses not to participate in the interview, please document reason(s) and omit pages 44 to 48. If the person being interviewed wishes to have someone with him/her during the interview the Reviewer should respect the person's wishes. However, the purpose of the interview is to gather information from the person. The Reviewer must determine and address the degree to which someone assists the person to express his/her responses or responds "for" the person. Arrangements are to have been made for any necessary interpreters.

Thank the person for his/her time and cooperation.

Reviewer ▪ Observe any adaptive equipment and/or assistive technology that is available and being used. Ask the person about the equipment. If they have help using it, who helps them, etc. List what you observe/learn. If the person is unable to respond in a way that you understand, ask staff and ask them to demonstrate the use of the equipment.

▪ Please note if the Participant has signs of involuntary movement.

Person's Interview

A.   Hi. My name is _____. What is your name?

                                                               ____ Person's Answer
     ____ Assistant's Answer

B.   Do you like where you live now?   ___ Yes   _____ No.   ____ Person's Answer
         What do you like about it?   ____ Assistant's Answer

         What do you not like about it?

C.   Did you choose the place where you live? ___ Yes   _____ No.   ____ Person's Answer
     ____ Assistant's Answer

D.   Did you choose the people you live with? _____ Yes   _____ No.   ____ Person's Answer
     ____ Assistant's Answer

E.   Do you get along with your housemates?   ____ Person's Answer
         _____ Yes   _____ No   ____ Assistant's Answer

F.   **(If answer to D and/or E is no, ask this question.)**

         Do you want to live with (check one) _____ another person or _____ live alone?   ____ Person's Answer
     ____ Assistant's Answer
         Have you told your team? __ Yes, I've told the team, _____ No, I haven't told the team.

         How are they helping you?

G. Do you feel safe and comfortable here? _____ Yes _____ No   ____ Person's Answer
    If "No", Can you tell me why you don't feel safe and comfortable? Have you told your team? Anyone else? Who?   ____ Assistant's Answer

    How are they helping you?

H. Can you be by yourself as much as you want to? _____ Yes _____No   ____ Person's Answer
                                                                                ____ Assistant's Answer

I. Do you take any medicine? _____ Yes _____ No.   What do you take? How does the medicine make you feel?   ____ Person's Answer
                                                                                ____ Assistant's Answer

J. Can you see your friends and family when you want to see them? _____ Yes _____ No   ____ Person's Answer
                                                                                ____ Assistant's Answer

    a. What are some of your friends names?
    b. Are they paid staff?

K. When you have friends and family here, can you be alone with them? _____ Yes _____ No   ____ Person's Answer
                                                                                ____ Assistant's Answer

L. Does anyone come into your bedroom without asking? _____ Yes _____ No   ____ Person's Answer
                                                                                ____ Assistant's Answer

M. Can you use the phone when you want to? _____ Yes _____ No   ____ Person's Answer
                                                                                ____ Assistant's Answer

N. Does someone help you around the house? _____ Yes _____ No   ____ Person's Answer
                                                                                ____ Assistant's Answer

O. Did you choose the staff who help you at home? _____ Yes _____ No   ____ Person's Answer
                                                                                ____ Assistant's Answer

P.   Do you like the staff who help you here? _____ Yes   _____ No   ____ Person's Answer
                                                                                                            ____ Assistant's Answer

Q.   Does someone help you with your money? _____ Yes   _____ No   ____ Person's Answer
                                                                                                            ____ Assistant's Answer

R.   Do you have your own money to spend when you go out? _____ Yes   _____ No   ____ Person's Answer
                                                                                                            ____ Assistant's Answer

S.   Can you spend your money the way you want to? _____ Yes   _____ No   ____ Person's Answer
                                                                                                            ____ Assistant's Answer

T.   Do you get your favorite foods and drinks in your home? _____ Yes   _____ No. Look to see if they are in the home.   ____ Person's Answer
                                                                                                            ____ Assistant's Answer

U.   If you do not like the food that you are served, what do you do?   ____ Person's Answer
                                                                                                            ____ Assistant's Answer

V.   What happens if you are not hungry when a meal is served?   ____ Person's Answer
                                                                                                            ____ Assistant's Answer

W.   Are you learning to make your own food? _____ Yes   _____ No. Who helps you?   ____ Person's Answer
                                                                                                            ____ Assistant's Answer

X.   Do you ever go out to eat? _____ Yes   _____ No. How often? (look for evidence) Where? Who takes you?   ____ Person's Answer
                                                                                                            ____ Assistant's Answer

Y.   Where is your favorite place to go? Do you get a chance to go there often? How do you get there? Where else do you go   ____ Person's Answer
        for fun?   ____ Assistant's Answer

        a. Are you a member of any group, club or team? ___ Yes   ___ No. If yes, list names of group(s):

Z.   Do you participate in cultural activities? _____ Yes _____ No   ____ Person's Answer
If Yes, what are they?   ____ Assistant's Answer

      a. Do you get to participate as often as you'd like? ___ Yes ___ No

AA.   What do you do during the day? Do you like it? _____ Yes _____ No How do you get there?   ____ Person's Answer
       ____ Assistant's Answer

      a. What other things would you like to do during the day?

BB.   Did you choose the staff who helps you during the day? _____ Yes _____ No   ____ Person's Answer
Do you like the staff who help you? _____ Yes _____ No   ____ Assistant's Answer

CC.   Are you learning new things? _____ Yes _____ No. What new things are you learning?   ____ Person's Answer
       ____ Assistant's Answer

DD.   Do you know who (Reviewer, insert the Participant's Case Manager's name) is?   ____ Person's Answer
Do you like _____? _____ Yes _____ No. If no, why?   ____ Assistant's Answer
Do you think that _____ helps you? How often do you see _____?

EE.   Do you have a guardian? _____ Yes _____ No.   ____ Person's Answer
Who is your guardian?   ____ Assistant's Answer
Does your guardian help you? _____ Yes _____ No

FF.	Do you go to meetings to talk about what you want, what you need, and about your future? _____ Yes _____ No	_____ Person's Answer
	Do people listen to what you have to say? _____ Yes _____ No	_____ Assistant's Answer
	Does your team help you get what you want and need? _____ Yes _____ No	

| GG. | What do you wish for? | _____ Person's Answer |
| | | _____ Assistant's Answer |

| HH. | Is there anything else you would like to tell me? | _____ Person's Answer |
| | | _____ Assistant's Answer |
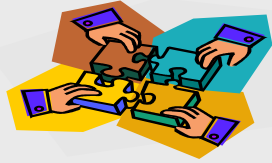
Date: _____   Name of Reviewer: _____

Name of Person(s) Interviewed: _____, Title: _____

Type of Service: _____ Name and phone number of anyone sitting in on this interview: _____

Why are they sitting in? _____

Day/Employment Interviews

The purpose of the interview is to gain insight into the perspective, knowledge, opinions, preferences, and circumstances of the person interviewed. The interview may present the Reviewer with the opportunity to observe first hand someone's communication skills, appearance, manner and working style. The questions presented in interview protocols are intended to elicit certain information. Each Reviewer is expected to phrase or rephrase the question(s) as necessary to promote clear communication addressing the intent of the questions. However, **you MAY NOT lead the person to an answer**.

The Reviewer should make every effort to record the interviewee's responses verbatim. Try not to paraphrase. The Reviewer should make any needed notes at a level of detail and reference that permits the Reviewer to put the information in the context necessary to be useful in supporting the Reviewer's judgments and descriptions. The Reviewer should not use acronyms when asking questions.

If you have not met the person to be interviewed before, begin by introducing yourself. If the person does not know, describe your role as a Reviewer and the overall aim of the review as well as the purpose of the interview in the information gathering process.

Even if asked directly, **do not** tell the person interviewed that anything is or is not "all right," "okay with me," does or does not "comply" with any regulation, law or requirement, or any other indication of approval or disapproval.

Even if asked directly, **do not** provide technical assistance or "recommendations" to resolve or improve issues.

For purpose of this Review, only interview a person providing direct service support to this class member.
If the direct support staff has been on the job for 30 days or less, his/her supervisor may also provide information AFTER the direct support staff has answered.
YOU MUST RECORD THE DIRECT SUPPORT STAFF PERSON'S RESPONSES SEPARATE FROM THE SUPERVISORS.

If the person's direct support staff is not available/allowed to participate in this interview find out why
and note the reason and who is giving you this information. Make these notations in your protocol book under the appropriate interview.
Notify the agency that you will record the answers provided but they may not be counted and the entire interview may be scored a "0".
Consult with your Case Judge and Community Monitor prior to completing your protocol book.

During the interview, whenever the protocol uses the term "person" or "Participant" the Reviewer should use the person's name when speaking, for example, "Ms. Smith," or "Mr. Jones."

When interviewing the direct service provider, most Reviewers have found it useful to begin with a general "tell me about" the Participant to allow the person being interviewed to express his/her initial and/or primary views. If subsequent items in the interview address issues already present in response to the initial "Tell me..." question, the Reviewer should simply state, "I believe you have already told me about this...", reiterating the information. Allow the person interviewed to correct, clarify or expand the information as necessary.

Remember that the service provider may have to respond to an emergency or crisis situation during the interview. If this happens, the Reviewer should terminate the interview immediately and establish a time to reschedule or resume the interview. Do not continue to engage the person in conversation.

At the end of the interview, thank the person for his/her time and cooperation.
Based on your review of the records, what should be present in this environment? (e.g., adaptive equipment/assistive technology equipment, specific responses to behavior, specific supports during eating, etc.) List these types of things here/on the back of this page. If the information you require is found to your satisfaction, check the box to the left of the item you've listed. If not, leave it blank, highlight it and use it as a reference when scoring and/or writing up your summary. Use this space to identify missing information, use it to verify that recommendations have been followed, use it to ask about needed equipment/devices, etc.

☐ _____

☐ _____

☐ _____

☐ _____

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
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- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

A.   Tell me about (Participant):
      Note: The interviewee may ask, well what do you want to know? The reviewer can respond by saying: "I've never met the person or don't know him/her very well—so just tell me what you know about her/him".

B.   From your work with this person, what are the person's strengths?

C.   How long have you worked with this person? (Try to get day and year this person started)

D.   Please describe the person's typical day, give me an idea about how long the person spends doing these activities.
      Note: If the interviewee states them, record the time the person arrives, what he/she does next and for approximately how long, then what the person does next and for how long, etc. Note the total number of hours per day the person is engaged in meaningful activities that relate to his/her ISP.

E.   Are you a member of this person's IDT [Team]? _____ Yes   _____ No.

F.   Did you participate in the development of the person's ISP [Plan]? _____ Yes   _____ No. How did you participate? What did you do?

      If the answer is "No", the reviewer should ask: "Did information about the person get from you to the Team and information from the meeting get back to you?"   If so, how?

G.   Have you received training on implementing the person's:
      a. ISP? _____ Yes   _____ No. If yes, what did you learn?

      b. Behavior Plan? _____ Yes   _____ No. If yes, what did you learn you are to do?
            Note: If the individual does not have a Behavior Support Plan mark this as N/A.

H.   Is the ISP useful in helping you to understand and-work with this person? _____ Yes _____ No   How, or in what way?

I.   Does the IDT meet when major events occur in this person's life? _____ Yes _____ No.
If yes, what happened and when did this occur?

J.   How would you initiate an IDT meeting if you thought one was needed?

K.   How does the team integrate this Participant's culture, values and natural support systems into the ISP and the person's everyday life?
NOTE: List specific measurable indicators, then look for verification in the notes and program records or other interviews. This question usually needs to be repeated, and needs to be taken slowly, with spacing between the words: culture—values—and natural support systems. You can explain that when thinking about culture we mean things like ethnic and or life style preferences; with values we mean beliefs (e.g., religious or family) with natural supports we mean people, groups of people, organizations or environmental.

L.   What are this person's current ISP Outcomes?

        L.a. Please describe your responsibilities in implementing this person's outcomes .

M.   Do you think the other members of the Team carry out their responsibilities as they are stated in the person's ISP? _____ Yes _____ No.
Examples:

N.   Have there been any conflicts among team members about the person's service and support needs? _____ Yes   _____ No
            If Yes, how was the conflict resolved?

O.   Describe how team members communicate with each other in between scheduled team meetings about the person's ISP progress and needs.

P.   Who is the person's independent case manager? _____

            a. How helpful is this person [the case manager]?

            b. What do you see as her/his role or job?

Q.   To what extent (how often) is the guardian involved in this person's life? Is this level of involvement enough? Why/Why not? What does the guardian
            do?

R.   Has the person or guardian ever objected to or requested services other than what you provide? _____ Yes   _____ No
            If yes, When? What was objected to or requested? What happened?

S.   Does your agency have a formal complaint or grievance process for the person and her/his guardian? _____ Yes   _____ No.
            Note: Often the interviewee will ask for clarification, 'what do you mean?', and the reviewer can clarify by stating: 'If the Individual or Guardian did not like the way something is being
            done or not done, how would they go about getting it taken care of?' 'Who would they contact?'

            If Yes, please describe. (Note: Reviewer should ask to see it.)

T.   Have you received any training specific to reporting abuse, neglect, and exploitation? _____ Yes   _____ No

If Yes, <u>to what agencies do you report suspected abuse, neglect, exploitation?</u>   Note: you MUST also ask the second part of this question.

Have you ever reported? ____ Yes   ____ No   What happened after you reported?

U.   Have you received training on the ISP process?   _____ Yes   _____ No   If Yes, when? _____
If Yes, please describe this training.

V.   What other types of training would be beneficial to you or do you think you would like to have?

W.   What barriers [obstacles] do you encounter in working with or planning for this person?
Note: Often the interviewee will ask for clarification. The reviewer can respond with: 'Has the person wanted to do something but others said no or it got put off for whatever reason?' If the person you are interviewing identifies a barrier, ask if it was ever resolved.

X.   What, if any, change in behavior has occurred during the past year?
Note: If there has been a change, find out what the change is and when and why (if they know) it occurred.

Y.   What, if any, change in sleeping patterns has occurred during the past year? Note: If there has been a change, find out what the change is and when and why (if they know) it occurred.

Z.   What, if any, change in overall activity levels has occurred during the past year? [Is the person more/less active than usual or more/less independent than usual?
Note: If there has been a change, find out what the change is and when and why (if they know) it occurred.

AA.   If any change is reported in behavior, sleeping patterns, or activity levels, was the person evaluated to assess for underlying reasons (health, environmental, relationships, etc.) for the change(s)? If yes, What type of specialist was this person? What was the outcome?

BB.   Please describe any health-related needs or issues this person may have.

CC.   Has the IDT discussed the person's health-related issues? What did they do and how did they resolve these health issues?
           Note: They may have discussed health issues at the last Annual ISP meeting. If so, the ISP and/or meeting minutes need to reflect such, ask the case manager about any discrepancies.

DD.   Has the person been in the hospital or emergency room since you have been working with the person? _____ Yes _____ No. If yes, please describe your involvement in the treatment and discharge planning.

EE.   a.   Does this person's ISP have an adequate behavioral crisis intervention plan as warranted by his/her behavioral history?
                    ___ Yes   ___ No   If No— What's missing or needs to be in it?

               b.   Does this person's ISP have an adequate medical emergency response plan as warranted by his/her chronic medical condition?
                    ___ Yes   ___ No   If No— What's missing or needs to be in it?

FF.   (For persons in wheelchairs or with limitations to movement and mobility) Verify with the interviewee that the person has mobility issues. If so, ask the staff person:
           Describe what procedures you use for specific care related to mobility.
           Note: Questions a. - d. may get answered as the interviewee answers this first question and continues talking.

           a. Did you receive training on how to best help this person with his specific mobility issues? If yes, Tell me what you do.

           b. What equipment does the person need?

c. Is this equipment available and used here?   ___ Yes   ___ No. If yes, <u>ask to see it</u> and be sure it's working. If no, list what is not, and ask: Why isn't it here or Why isn't it used here?

d. Have you been trained in and do you know how to use this equipment? Please describe what you do.   Who trained you (title/name)

GG.   (For persons who have seizure disorders) Verify with the interviewee that the person has a seizure diagnosis or a history of seizures. If so, ask the staff person: Describe what procedures you use for specific care related to seizure management.

a. Did you receive training on what to do if the person has a seizure? If yes, tell me what you do.
Note: This may be answered within the question immediately above.

HH.   (For persons who have difficulty swallowing) Verify with the interviewee that the person has difficulty swallowing food and/or meds. If so, ask the staff person: Describe what procedures you use for specific care related to eating and medication delivery.
Note: Questions a.-d. may get answered as the interviewee answers this first question and continues talking.

a. Did you receive training specific to the individual regarding how to assist the person with eating and medication delivery? If yes, Tell me what you do.

b. What equipment does the person need?

c. Is this equipment available and used here? ___ Yes   ___ No. If yes, ask to see it, be sure it's working. If no, list what is not, and ask: Why it isn't here and/or Why isn't it used here?

d. Have you been trained in and do you know how to use this equipment? Please describe what you do. Who trained you (title/name)

II.   (For persons who cannot obtain liquids without assistance) Verify with the interviewee that the person needs assistance with hydration/obtaining liquids. If so, ask the staff person: Describe what procedures you use for hydrating the person.
Note: Questions a.-d. may get answered as the interviewee answers this first question and continues talking.

a. Did you receive training specific to the individual regarding how to assist the person <u>with obtaining liquids?</u> If yes, Tell me what you do.

b. What equipment is needed to assist this person?

c. Is this equipment available and used here? ___ Yes ___ No. If yes, ask to see it, be sure it's working. If no, list what is not, and ask: Why isn't it here and/or Why isn't it used here?

d. Have you been trained and do you know how to best monitor and reduce this person's dehydration risk?   Please describe/show me what you do.

JJ.   Please describe skin care needs specific to this person.
Note: Questions a.-d. may get answered as the interviewee answers this first question and continues talking.

a. Did you receive training specific to the individual regarding how to assist the person with these needs? <u>If yes</u>, Tell me what you do.

b. What products are needed to assist this person?

c. Are these products available and used here? ___ Yes ___ No. If yes, ask to see them. If no, list what is not, and ask: Why aren't they here and/or why aren't they used here?

d. Have you been trained in and do you know how to use these products? Tell me what you do. Who trained you (title/name)?

KK. Does this person require any adaptive equipment or assistive technology? _____ Yes _____ No

Note: If the interviewee has already listed some equipment/devices, reviewer can reiterate by saying: You said the person uses _____, is there any other equipment or devices the person uses or needs?

If yes, Tell me what they need: (Note: List everything the Direct Support Staff identifies)

Is all the needed equipment available and used? ____ Yes. ____ No. If no, list what is not used and ask: Why isn't it here and/or Why isn't it used here?

Have you been trained to use this equipment? ___ Yes ___ No. If no, list what the staff has not been trained on and ask: Do you know why you haven't been trained?

LL. During the past 6 months [since you have been working with the person if the interviewee has been with the person less than 6 months] were there other services that the person needed but did not receive? _____ Yes _____ No
If yes, What are they?

MM. Do you know why the service(s) was not received by the person? _____ Yes _____ No.
If yes, explain.

NN. Are there other services needed by the person now or will there be over the next 6 months? _____ Yes _____ No
If yes, list services.

OO. Do you know what actions, if any, are being taken and by whom to secure the needed services? _____ Yes _____ No
If yes, explain.

PP.   Are resources (i.e., medical, personal money, transportation) adequate to meet this person's needs? _____ Yes _____ No
If No, what is not adequate and what is being done, if you know.

QQ.   In your opinion, what are the most important issues/needs to be addressed with this person?

RR.   From your knowledge of the person, what are the person's preferences in each life area:
a.   Learning/Work?

b.   Social/Leisure?

SS.   Does your agency have any policies that might restrict this person's ability to pursue adult relationships? _____ Yes _____ No. If Yes, do you kow what they say or what the effect has been to the person?

TT.   What natural supports does the person have and what generic services does the person use?
Note: Look for verification in the record and in other interviews of these activities.

- o   What memberships does this person have in the community? List what groups or organizations the person belongs to and how often he/she participates in them.

- o   List Names of friends this person has who are not paid to be in this person's life:

- o   List valued roles the person plays in the community and how often the person experiences them.

- o   List generic services the person uses and how often:
Note: Generic services are those any one of us might use, such as stores, medical facilities, library, community recreation center

UU.   Verify whether or not the person is employed. If employed ask, How many hours per week does the person work? What does the person do? Where?

VV.   Could the person work more hours per week, if they wanted to?

WW.   How much money does the person earn per hour?

XX.   Are there at least 50 percent non-disabled employees where the person works?

YY.   Is the job considered to be permanent (not seasonal) [Not just for the summer or during the Christmas rush]?

ZZ.   Has the person made progress in the following areas in the past year? Explain each response.
a) Learning/Working

If there has been **progress,** identify it.	If there has been **no progress**, explain why not.	If there has been **regression**, describe what actions have been taken by the IDT to address the regression.

b) Social/Leisure

If there has been **progress**, identify it	If there has been **no progress**, explain why not.	If there has been **regression**, describe what actions have been taken by the IDT to address the regression.

AAA.   Over the next year, what would you like to see this person doing?

BBB.   What is your long-term vision for the person? [What would you like to see for this person/ see this person doing in the next few years?]
Note: if you receive a very general response, ask if there is anything more specific they would like to see the person do/achieve.

CCC.   Is there anything else you would like to tell me about this person?

REVIEWER: PLEASE COMPLETE THE CHART ON THE FOLLOWING PAGE.

Observations of Person's Day/Employment Program

Programmatic and Environmental Review

General Conditions		
Type of Condition	**Yes**	**No**
Generally clean?		
Generally good state of repair of the building?		
Safety hazards found? Describe:		
Furniture: Good state of repair? Sufficient seating available? Appropriate to environment/tasks?	☐ ☐ ☐	☐ ☐ ☐
General Environment: Sufficient space for all tasks? Noise level acceptable? Supervision level acceptable? Necessary equipment available? Integrated appropriately into the community?	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐

Observations of Activities, Events, Environment

Day/Employment Services …… Summary

Ratings Guide

0 - Information not present or not adequate (non-compliance)
1 - Information is not completed or partially adequate (partial compliance)
2 - Information present and found to be adequate (full compliance)
NA - Item not applicable to this Participant
CND - Cannot determine answer based on information available

For each question your possible responses are limited to the optional responses listed. For instance, if a question does not list NA as a possible response, you may not use it.
*Reviewers: **In your notes YOU MUST use a (+) to indicate examples of compliance; Use a (-) to indicate examples of non compliance.***

YOU MUST PROVIDE AN ANSWER TO EVERY QUESTION.

*35. Does the day/employment direct services staff "know" the Participant?　　　　　　　　　　　　　　　0 / 1 / 2
Note: We expect the staff to thoroughly describe this person's preferences, needs and circumstances, including information describing the individual's method/style of communication; personality, likes, dislikes; the individual's general routine; important people, activities, things in the individual's life; significant events that occurred or are occurring which have an impact on the individual and what s/he is doing or plans to do. Also look for description of strengths, positive attributes, things to build on, such as: communication method; work ethic; skills s/he possess; willingness to try things; willingness to participate in activities; etc. Cannot be a "2" if the staff gives only clinical diagnoses and no personal information or visa versa.

*36. Does the direct service staff have adequate input into the Participant's ISP?　　　　　　　　　　　　0 / 1 / 2
Note: We will look to see if the direct service staff have had input at the ISP, or if it is documented that they provided input directly to the CM in advance of the ISP Meeting. Is there evidence that they provide input through their Supervisor/Coordinator/Manager/Lead and is there proof that this information is shared at the meeting. Verify Day Program staff attendance with the signature page of the ISP. Cannot be a 2 if there is no verified evidence that the Day Program Direct Support Staff provided input into the ISP.

*37.   Did the direct service staff receive training on implementing this Participant's ISP?   0 / 1 / 2

Note: We look to see if the direct service staff are implementing this person's ISP in line with expectations as outlined in the ISP and/or other directions (e.g., from therapists or other specialists.)   Cannot be a 2 if the Direct Support Staff stated they received training, but observation and verbal description evidenced they did not know the person's ISP, PBSP, Comprehensive Aspiration Risk Management Plan, outcomes/objectives/action plans, or other plans that are to be implemented.

*38.   Was the direct service staff able to describe this Participant's health-related needs?   0 / 1 / 2

Note: The direct service staff identifies the important health related needs, needs that if not known and addressed can present a risk to the health and stability of the individual.   Are looking for clinical diagnoses, such as seizure disorder, high blood pressure, diabetes; symptoms the person has recently displayed and what is being done to address them, such as - recently has been having trouble standing up from sitting in a chair, has an appointment with PCP, will go to the doctor next week. Also note past illnesses that may affect the person now; such as was hospitalized for pneumonia last winter so extra precautions are taken during the winter such as not going out when it's really cold, and if s/he gets a cough s/he goes to the doctor right away. Cannot be a 2 if the Direct Support Staff did not note: risk of aspiration and the person has a Comprehensive Aspiration Risk Management Plan or CARMP because of it; the person has seizures and documentation evidenced the person has an active seizure disorder with a seizure plan and a seizure crisis plan; the person has diabetes and documentation evidenced s/he is to have regular blood glucose monitoring and/or a special diet; or other conditions that the person receives medication for, is to be on a special diet because of, has a medical emergency response plan for, or documentation indicated the condition affects the person's daily life on regular basis.

*39.   Was the direct service staff able to describe his/her responsibilities in providing daily care/supports to the Participant?   0 / 1 / 2

Note: Cannot be a 2 if the Direct Support staff could not describe things such as: the assistance they provide the person with ADLs and personal care; what outcomes s/he is responsible for or give some indication s/he knows them and implements them; how often the outcome is worked towards and when and how data is collected. Both 39.a. and 39.b. must be a 2 for this to be a 2.

39a. Was the direct service staff able to provide specific information regarding the person's daily activities, including the exact times of   0 / 1 / 2
day the person is doing what?

39b. Can the direct service staff describe his/her responsibilities in implementing this person's ISP outcomes/action plans?   0 / 1 / 2
Note: Please refer to answer provided in question "L" of the interview, and relate that answer to the actual outcomes/action plans in the ISP.

*40. Did the direct service staff have training in the ISP process?　　　　　　　　　　　0 / 1 / 2

　　　Note: We will consider what the direct service staff tell us, what we observe and what the evidence of ISP implementation suggests. Reviewers are looking for: knowledge of person-centered planning; knowledge of the person's vision, outcomes, and action plans; evidence that the person receives the support needed to do/acquire what they want; indication that the interviewee attended the required DDSD 1-Day ISP Training and knows what the ISP process is about. Cannot be a 2 if the Direct Support Staff could not describe basics regarding the ISP and/or observation indicated that the Direct Support Staff was not implementing the ISP and/or record review indicated that the ISP was not being implemented.

*41. Did the direct service staff have training on the provider's complaint process and on abuse, neglect and exploitation?　　　0 / 1 / 2

　　　Note: Both 41.a. and 41.b. must be a 2 for this to be a 2.

　　　Did the direct service staff:

　　　41.a. have training on the provider's complaint process? ……………………………………………………………………………….　0 / 1 / 2

　　　Note: Did the staff indicate the reporting chain of command, e.g., go through my Supervisor; contact the Program Manager or Director; something to indicate there is someone within the agency a person can contact with a complaint/grievance. The direct service staff could also show the reviewer the agencies procedure that is in the person's book or the staff book, or that is located somewhere in the program area. Cannot be a 2 if the Direct Support Staff indicated they did not know if their agency had a complaint process or that they knew nothing about their agency's complaint process.

　　　41.b. have training on how and to whom to report abuse, neglect and exploitation? ………………………………………………………　0 / 1 / 2

　　　Note: The interview must reflect the answers DOH or DHI AND APS. Human Services is NOT acceptable. Direct service staff could also show a card with the number, the poster, or another format with the number on it, and they indicate that is the number to call. Cannot be a 2 if the Direct Support Staff did not indicate reports are made to DOH/DHI AND APS.

*42. Does the direct service staff have an appropriate expectation of growth for this Participant?　　　　　　0 / 1 / 2

　　　Note: The direct support staff should articulate this person's abilities, potential and natural next steps. There should be an expectation of growth and the team should be acting on that expectation. End of life plans may also be a factor. The reviewer looks for staff to explore things such as the person working at a community integrated job, living in a more independent setting, taking a trip, going for further formal education, learning a particular new skill or activity. Cannot be a 2 if the Direct Support Staff stated that they would like the person to be healthy, happy, and/or safe; or to just keep coming to the day program, with no specific indication of why and what the person would do there.

*43. Is the day/employment environment generally clean, free of safety hazards and conducive to the work/activity intended? Note: See page 63.　　　0 / 1 / 2 / NA / CND

Supported Employment Services

Note: The DOH/DDSD Policy "Access to Employment" Effective July 21, 2003 states that all persons with developmental disabilities shall have access to employment, using a career development approach that reflects an individual's employment possibilities using person-centered planning that builds on capabilities, choice and control over social connectedness. The policy re-affirms the Developmental Disabilities Supports Division's commitment to equal access to valued employment. This policy establishes a framework for (a) planning, (b) designing, (c) implementing and (d) modifying valued supported employment services for individuals with developmental disabilities living in community-based settings.

It is the policy of the Developmental Disabilities Supports Division that, to the extent permitted by funding, each individual receive supported employment services that are integrated into ISP planning and that will assist and encourage independence and productivity.

*124.   Has the IDT or the Reviewer recommended a supported employment assessment for the person?   Yes / No

*125.   In the opinion of the IDT or the Reviewer, does the person need supported employment?   Yes / No
          Note: We will consider DDSD's Employment First policy and the Jackson mandate to consider employment. We will consider what the person's day looks like now, does the person have a work outcome, does the person want to work and if there are other indicators in the person's life/ISP that indicate work might make sense (i.e. needs to make more money, likes to help others, is bored, etc.) Is there any compelling reason why one would not pursue work for this person?

If #124 and #125 are BOTH "no" then #126 through #130 should be marked NA

*126.   Did the person receive a supported employment assessment?   Yes / No / NA
          Note: A supported employment assessment is not required to be a separate document labeled as such. A supported employment assessment could be found within other assessments such as an Employment assessment or preference/interest type of assessment and/or integrated into the Work/Learn Narrative of the ISP.

          DDSD Policy: Vocational Assessment Profile: "Means A vocational assessment or profile that is an objective analysis of a person's interests, skills, needs career goals, preferences, concerns, in areas that can pertain to an employment outcome and can ultimately be … matched to a potential job, self-employment opportunity, career advancement or other employment opportunity… A vocational assessment must be of a quality and content to be acceptable to DVR or DDSD. See July 16, 2008 Policy VAP-001 and Procedure VAPP-001 with same date.

*127. Does the supported employment assessment conform to DOH regulations? 0 / 1 / 2 / NA

Note: The assessment is current, relevant and functional. Current generally means reviewed and revised as needed on an annual basis - which may be indicated in the Work/Learn Narrative section of the ISP. If the person has experienced problems getting a job or experienced problems on the job, the assessment should be done as needed and more frequently than annually. If the person HAS A JOB, is doing well on the job, likes his/her job the assessment does not have to be annual but MAY NOT be older than 3 years.

*128. Does the person have a career development plan (based on assessments) that meets the person's needs? 0 / 1 / 2 / NA

Note: A career development plan is not required to be a separate document labeled as such. It can be documented in several sources (i.e. long-term vision, progress towards the vision, outcomes, Work/Learn action plans, Employment assessment, Personal Profile, etc...). If an appropriate career development plan is found, but is not based on assessments or is not being implemented, this item should be a "1". The Career Development Plan includes vocational profile and strategic/action plan; the Plan should be current, relevant and functional; the Plan should be individualized and should be being implemented; if the individual has a work outcome, the career plan provides a "blueprint" for job development/career development; if the plan isn't working, it is revised as necessary in a timely manner; strategic plan/action plan reflects the key points discovered in the vocational assessment/profile process.

*129. Is the person engaged in supported employment? Yes / No / NA

Note: Supported employment is defined as: paid employment, with ongoing supports, in integrated settings for the maximum number of hours possible based on the unique strengths, resources, interests, concerns, abilities and capabilities of individuals with the most severe disabilities. Integrated settings are work places where most of the employees are not disabled and with whom/where an individual interacts on a regular basis, in the performance of their job duties, with employees who are not disabled (Federal Register, 1992).

If, in the judgment of the IDT or the Reviewer, the person needs only assessment at this time (this would be rare), this item should be rated "NA". If the IDT or the Reviewer determines that the person should be receiving supported employment services, but is not, this item should be rated "No".

*130. Is the supported work provided in accordance with the following? 0 / 1 / 2 / NA

    *a. At least a 10-hour work week? ……………………………………………………………………………….... Yes / No / NA

    *b. Person earns at least ½ of minimum wage? …………………………………………………………………… Yes / No / NA

*c. Work setting is at least 50 percent non-disabled co-workers? …………………………………………………...   Yes / No / NA

*d.   There is a reasonable expectation that the job will continue (not a temporary or seasonal job). …………………...   Yes / No / NA

For this to be a "2" the person must meet all of the criteria outlined in "a" to "d". DDSD no longer allows exemptions. <u>Do NOT leave blanks</u>. Unless #124 and #125 are BOTH "no" you cannot score NA on "a" through "d".

Date: _____   Reviewer: _____

Name and Title of Person(s) Interviewed: _____

Type of Service: _____   Phone Number of Anyone Assisting: _____

Why are they sitting in? _____

Residential Interviews

For purpose of this Review, only interview a person providing residential direct service support to the Participant.
If the direct support staff has been on the job for 30 days or less, his/her supervisor may also provide information AFTER
the direct support staff has answered.
YOU MUST RECORD THE DIRECT SUPPORT STAFF PERSON'S RESPONSES SEPARATE FROM THE SUPERVISORS.

If the person's direct support staff is not available/allowed to participate in this interview find out why and note the reason
and who is giving you this information in the record. Notify the agency that you will record the answers provided
but they may not be counted and the entire interview may be scored a "0".
Consult with your Case Judge and Community Monitor prior to completing your protocol book.

The purpose of the interview is to gain insight into the perspective, knowledge, opinions, preferences, and circumstances of the person interviewed. The interview may present the Reviewer with the opportunity to observe first hand someone's communication skills, appearance, manner and working style. The questions presented in interview protocols are intended to elicit certain information. Each Reviewer is expected to phrase or rephrase the question(s) as necessary enable the staff to better understand the intent of the questions. However, **you MAY NOT lead the person to an answer**.

The Reviewer should make every effort to record the interviewee's responses verbatim. Try not to paraphrase. The Reviewer should make any needed notes at a level of detail that enables the reviewer to use the information to support the Reviewer's judgments and conclusions. The Reviewer should not use acronyms when asking questions.

If you have not met the person to be interviewed before, begin by introducing yourself. You may want to ask the person what information he/she has already received about the review and the Reviewer's role. If necessary, describe your role as a Reviewer and the overall aim of the review as well as the purpose of the interview in the information gathering process. During the interview, whenever the protocol uses the term "person" or "Participant" the Reviewer should use the person's name when speaking, for example, "Ms. Smith," or "Mr. Jones."

Even if asked directly, **do not** tell the person interviewed that anything is or is not "all right," "okay with me," does or does not "comply" with any regulation, law or requirement, or any other indication of approval or disapproval.

Even if asked directly, **do not** provide technical assistance or "recommendations" to resolve or improve issues.

When interviewing the direct service provider, most Reviewers have found it useful to begin with a general "tell me about" the person to allow the individual being interviewed to express his/her initial and/or primary concerns. If subsequent items in the interview address issues already present in response to the initial "Tell me..." question, the Reviewer should simply state, "I believe you have already told me about this...", reiterating the information. Allow the person interviewed to correct, clarify or expand the information as necessary.

Remember that the staff person may have to respond to an emergency or crisis situation during the interview. If this happens, the Reviewer should terminate the interview immediately and establish a time to reschedule or resume the interview later in the same day. Do not continue to engage the person in conversation.

Thank the person for his/her time and cooperation.

Based on your review of the records, what should be present in this environment? (e.g., adaptive equipment/assistive technology equipment, specific responses to behavior, specific supports during eating, etc.) List here/on the back of this page. If the information you require is found to your satisfaction, check the box to the left of the item you've listed. If not, leave it blank, highlight it and use it as a reference when scoring and/or writing up your summary. Use this space to identify missing information, use it to verify that recommendations have been followed, use it to ask about or observe needed equipment/devices, etc.

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A.	Tell me about (Participant):
	Note: The interviewee may ask, well what do you want to know? The reviewer can respond by saying: "I've never met the person or don't know him/her well —so please tell me about her/him".

B.	From your work with this person, what are the person's strengths?

C.	How long have you worked with this person? (Try to get year and day the person started)

.
D.	Please describe a typical day in the person's home, including the approximate times of day the person does given activities and the length of time in each activity.
	Note: If the interviewee states them, record the time the person wakes up, what he/she does next and for approximately how long, then what the person does next and for how long, etc.
	Note the total number of hours per day the person is engaged in meaningful activities that relate to his/her ISP

	Weekdays:

	Weekends:

E.	Are you a member of this person's IDT [Team]? _____ Yes _____ No.

F.   Did you participate in the development of the person's ISP [Plan]? _____ Yes   _____ No. How did you participate? What did you do?

                If the answer is "No", the reviewer should ask: "Did information about the person get from you to the Team and information from the meeting get back to you?" If so, how?

G.   Have you received training on implementing the person's:
                a. ISP? _____ Yes   _____ No. If yes, what did you learn?

                b. Behavior Plan? _____ Yes   _____ No. If yes, what did you learn you are to do?
                    Note: If the individual does not have a Behavior Support Plan mark this as N/A.

H.   Is the ISP useful in helping you to understand and work with this person? _____ Yes   _____ No   How, or in what way?

I.   Does the IDT meet when major events occur in this person's life? _____ Yes   _____ No.
          If yes, what happened and when did this occur?

J.   How would you initiate an IDT meeting if you thought one was needed?

K.   How does the team integrate this Participant's culture, values and natural support systems into the ISP and the person's everyday life?
          NOTE: List specific measurable indicators, then look for verification in the notes and program records or other interviews. This question usually needs to be repeated, and needs to be taken slowly, with spacing between the words: culture—values—and natural support systems. You can explain that when thinking about culture we mean things like ethnic and or life style preferences; with values we mean beliefs (e.g., religious or family) with natural supports we mean people, groups of people, organizations or environmental.

L.		What are this person's current ISP Outcomes?

		L.a. Please describe your responsibilities in implementing this person's outcomes .

M.		Do you think the other members of the Team carry out their responsibilities as they are stated in the person's ISP? _____ Yes _____ No.
		Examples:

N.		Have there been any conflicts among team members about the person's service and support needs? _____ Yes _____ No
		If Yes, how was the conflict resolved?

O.		Describe how team members communicate with each other in between scheduled team meetings about the person's ISP progress and needs.

P.		Who is the person's independent case manager? _____

		a. How helpful is this person [the case manager]?

		b. What do you see as her/his role or job?

Q.		To what extent (how often) is the guardian involved in this person's life? Is this level of involvement enough? Why/Why not? What does the guardian
		do?

R.		Has the person or guardian ever objected to or requested services other than what you provide? _____ Yes _____ No
		If yes, When? What was objected to or requested? What happened?

S. Does your agency have a formal complaint or grievance process for the person and her/his guardian? _____ Yes _____ No.
Note: Often the interviewee will ask for clarification, 'what do you mean?', and the reviewer can clarify by stating: 'If the Individual or Guardian did not like the way something is being done or not done, how would they go about getting it taken care of?' 'Who would they contact?'

If Yes, please describe. (Note: Reviewer should ask to see it.)

T. Have you received any training specific to reporting abuse, neglect, and exploitation? _____ Yes _____ No   If Yes, <u>to what agencies do you report suspected abuse, neglect, exploitation?</u>   Note: you MUST also ask the second part of this question.

Have you ever reported? ____ Yes ____ No   What happened after you reported?

U. Have you received training on the ISP process? _____ Yes _____ No   If Yes, when? _____
If Yes, please describe this training.

V. What other types of training would be beneficial to you or do you think you would like to have?

W. What barriers [obstacles] do you encounter in working with or planning for this person?
Note: Often the interviewee will ask for clarification. The reviewer can respond with: 'Has the person wanted to do something but others said no or it got put off for whatever reason?' If the person you are interviewing gives an example, ask if the issue got resolved.

X. What, if any, change in behavior has occurred during the past year?
Note: If there has been a change, find out what the change is and when and why (if they know) it occurred.

Y. What, if any, change in sleeping patterns has occurred during the past year?
Note: If there has been a change, find out what the change is and when and why (if they know) it occurred.

Z.   What, if any, change in overall activity levels has occurred during the past year? [Is the person more/less active than usual or more/less independent than usual? Note: If there has been a change, find out what the change is and when or why (if they know) it occurred.

AA.   If any change is reported in behavior, sleeping patterns, or activity levels, was the person evaluated to assess for underlying reasons (health, environmental, relationships, etc.) for the change(s)? If yes, [What type of specialist was this person? What was the outcome?

BB.   Please describe any health-related needs or issues this person may have.

CC.   Has the IDT discussed the person's health-related issues? (Took out "When") What did they do and how did they resolve these health issues?
Note: They may have discussed health issues at the last Annual ISP meeting. If so, the ISP and/or meeting minutes need to reflect such, ask the case manager about any discrepancies.

DD.   Has the person been in the hospital or emergency room since you have been working with the person? _____ Yes   _____ No. If yes, please describe your involvement in the treatment and discharge planning.

EE.   a.   Does this person's ISP have an adequate behavioral crisis intervention plan as warranted by his/her behavioral history?
                ___ Yes   ___ No   If No— What's missing or needs to be in it?

           b.   Does this person's ISP have an adequate medical emergency response plan as warranted by his/her chronic medical condition?
                ___ Yes   ___ No   If No— What's missing or needs to be in it?

FF.   (For persons in wheelchairs or with limitations to movement and mobility) Verify with the interviewee that the person has mobility issues. If so, ask the staff person:
Describe what procedures you use for specific care related to mobility.
Note: Questions a.-d. may get answered as the interviewee answers this first question and continues talking.

a. Did you receive training specific on how to best help this person with his/her specific mobility issues? If yes, Tell me what you do.

b. What equipment does the person need?

c. Is this equipment available and used here? ___ Yes   ___ No. If yes, ask to see it and be sure it's working. If no, list what is not, and ask:
Why isn't it here? Why isn't it used here?

d. Have you been trained in and do you know how to use this equipment? Please describe what you do.   Who trained you (title/name)

GG.   (For persons who have seizure disorders) Verify with the interviewee that the person has a seizure diagnosis or a history of seizures. If so, ask the staff person: Describe what procedures you use for specific care related to seizure management.

a. Did you receive training on what to do if the person has a seizure? If yes, tell me what you do.
Note: This May be answered within the question immediately above.

HH. (For persons who have difficulty swallowing) Verify with the interviewee that the person has difficulty swallowing food and/or meds. If so, ask the staff person: Describe what procedures you use for specific care related to eating and medication delivery.
Note: Questions a.-d. may get answered as the interviewee answers this first question and continues talking.

a. Did you receive training specific to the individual regarding how to assist the person with eating and medication delivery? If yes, Tell me what you do.

b. What equipment does the person need?

c. Is this equipment available and used here? ___ Yes   ___ No. If yes, ask to see it, be sure it's working. If no, list what is not, and ask: Why isn't it here? Why isn't it used here?

d. Have you been trained in and do you know how to use this equipment? Please describe what you do. Who trained you (title/name)

II.   (For persons who cannot obtain liquids without assistance) Verify with the interviewee that the person needs assistance with hydration/obtaining liquids. If so, ask the staff person: Describe what procedures you use for hydrating the person.

Note: Questions a.-d. may get answered as the interviewee answers this first question and continues talking.

a. Did you receive training specific to the individual regarding how to assist the person <u>with obtaining liquids?</u> If yes, Tell me what you do.

b. What equipment is needed to assist this person?

c. Is this equipment available and used here? ___ Yes ___ No. If yes, ask to see it, be sure it's working. If no, list what is not, and ask: Why isn't it here? Why isn't it used here?

d. Have you been trained and do you know how to best monitor and reduce this person's dehydration risk? Please describe/show me what you do.

JJ.   Please describe skin care needs specific to this person.

Note: Questions a.-d. may get answered as the interviewee answers this first question and continues talking.

a. Did you receive training specific to the individual regarding how to assist the person with these needs? <u>If yes</u>, Tell me what you do.

b. What products are needed to assist this person?

c. Are these products available and used here? ___ Yes ___ No. If yes, ask to see them. If no, list what is not, and ask: Why isn't it here? Why isn't it used here?

d. Have you been trained in and do you know how to use these products? Tell me what you do. Who trained you (title/name)?

KK.   Does this person require any adaptive equipment or assistive technology? _____ Yes _____ No
        Note: If the interviewee has already listed some equipment/devices, reviewer can reiterate by saying: You said the person uses _____, is there any other equipment or devices the person uses or needs?

        If yes, Tell me what they need: (Note: List everything the Direct Support Staff identifies)

        Is all the needed equipment available and used? ____ Yes. ____ No. If no, list what is not used and ask: Why isn't it here? Why isn't it used here?

        Have you been trained to use this equipment? ___ Yes ___ No. If no, list what the staff has not been trained on and ask: Why haven't you been trained?

LL.   During the past 6 months [since you have been working with the person if the interviewee has been with the person less than 6 months] were there other services that the person needed but did not receive? _____ Yes _____ No
        If yes, What are they?

MM.   Do you know why the service(s) was not received by the person? _____ Yes _____ No.
        If yes, explain.

NN.   Are there other services needed by the person now or will there be over the next 6 months? _____ Yes _____ No
        If yes, list services.

OO.   Do you know what actions, if any, are being taken and by whom to secure the needed services? _____ Yes _____ No
        If yes, explain.

PP.   Are resources (i.e., medical, personal money, transportation) adequate to meet this person's needs? _____ Yes _____ No
If No, what is not adequate and what is being done to secure the needed services, if you know.

QQ.   In your opinion, what are the most important issues/needs to be addressed with this person?

RR.   From your knowledge of the person, what are the person's preferences in each life area:
a) Live?

b) Social/Leisure?

SS.   Does your agency have any policies that might restrict this person's ability to pursue adult relationships? _____ Yes _____ No. If Yes, what do they say?

TT.   What natural supports does the person have and what generic services does the person use?
Note: Look for verification in the record and in other interviews of these activities.
- What memberships does this person have in the community? List what groups or organizations the person belongs to and how frequently he/she participates in them.

- List Names of friends this person has who are not paid to be in this person's life:

- List valued roles the person plays in the community and how often the person experiences them.

- List generic services the person uses and how often:
  Note: Generic services are those any one of us might use, such as stores, medical facilities, library, community recreation center

UU.   Has the person made progress in the following areas in the past year? Explain each response.

a) Living _____ Yes _____ No

If there has been **progress**, identify it	If there has been **no progress**, explain why not.	If there has been **regression,** describe what actions have been taken by the IDT to address the regression.

b) Social/Leisure _____ Yes _____ No

If there has been **progress,** identify it	If there has been **no progress**, explain why not.	If there has been **regression**, describe what actions have been taken by the IDT to address the regression.

VV.   Over the next year, what would you like to see this person doing?

WW.   What is your long-term vision for the person? [What would you like to see for this person/ see this person doing in the next few years?]
Note: if you receive a very general response, ask if there is anything more specific they would like to see the person do/achieve.

XX.   Describe the extent of the person's participation in the community?
Note: This is a slightly different question from TT. We want to know the nature of the persons participation in the community and how often. These activities may or may not be with others who have disabilities.

YY.   How frequently does the person participate in community events?

ZZ.   Is there anything else you would like to tell me about this person?

REVIEWER: PLEASE CHECK MEDICATIONS IN THE PERSON'S HOME AND COMPLETE THE FOLLOWING CHART. Medication information is to come directly off the container label when possible, and be compared to Medication Administration Record (MAR) to be sure they match. Also check the medication administration record to be sure medications have been given as instructed.

Medication Review

Name of Medication	Dosage	Target Symptom/Behavior

Environmental Observations

NOTE: You are a guest in this person's home. Please introduce yourself to everyone and DO NOT go into the class member's bedroom without first seeking and receiving permission. Do NOT go into other individual's bedrooms unless you are invited by the person whose bedroom you are entering. Be respectful and courteous to everyone in this home. Everyone's privacy should be respected. Behave as you would wish a stranger to behave in your home.

If you rate "NO" be specific about your observations!

<div align="center">

Observations of Person's Residence
_____ **Check here if residence <u>not</u> observed**

</div>

a.	Are medications appropriately secured in the home? Note if they are locked or stored so others in the home do not have easy access to them.	Yes / No / NA
b.	Are records of medication use maintained?	Yes / No / NA
c.	Is the residence clean?	Yes / No
d.	Is the residence in a state of good repair? If no, list what is not.	Yes / No
e.	Is the residence safe for individuals (void of hazards)? If no, list what is not.	Yes / No
f.	Does the person have enough clothes to wear? If no, list what you observe.	Yes / No / CND
	a) Is it seasonal?	Yes / No / CND
	b) Is it age appropriate? Note: You can answer this question based on your observations of what the person is wearing. You do not and should not go through the person's clothes closet and drawers. If you have reason to believe that this is an issue, report it based on your source of evidence (e.g., interviews, observations of what the person is wearing).	Yes / No / CND

g.   Is there adequate and appropriate food and drink available based on the person's needs?   Yes / No / CND

        Note: You can answer this question based on your observations of what the person is eating or preparing to eat when you are in the home. If you have reason to believe that this is an issue or you need to verify items needed for a special diet, you can look in the refrigerator/cabinets IF you ask permission and are granted permission by the individual, housemates and/or staff present.

h.   Is the residence integrated into an appropriate area in the community?   Yes / No

i.   Does the location allow for socially integrative activities?   Yes / No

j.   Is there any indication of the individual's participation in the selection of decorations?   Yes / No / CND

k.   Is there adequate room for small groups and individual activities?   Yes / No

l.   Is there privacy for the person?   Yes / No

m.   Is there access to a phone?   Yes / No

n.   Does the person require an adaptive environment?   Yes / No

        a) If Yes, were adaptations made?   Yes / No/ NA

o.   Is there evidence that this person needs assistive technology and/or adaptive equipment?   Yes / No/ NA

        a)   If Yes, what type?

        b) If Yes, has the equipment/support been obtained?   Yes / No / CND / NA

        c) If obtained, is the equipment being used?   Yes / No / CND / NA

        d) Have staff been trained on the use of this equipment?   Yes / No / CND / NA

Residential Services: Summary

Ratings Guide

0 - Information not present or not adequate (non-compliance)
1 - Information is not completed or partially adequate (partial compliance)
2 - Information present and found to be adequate (full compliance)
NA - Item not applicable to this person
CND - Cannot determine answer based on information available

For each question your possible responses are limited to the optional responses listed. For instance, if a question does not list NA as a possible response, you may not use it. *In your notes* **YOU MUST use a (+) to indicate examples of compliance; Use a (-) to indicate examples of non compliance.**

YOU MUST PROVIDE AN ANSWER TO EVERY QUESTION.

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*44. Does the residential direct services staff "know" the person?   0 / 1 / 2

Note: We expect the staff to thoroughly describe this person's preferences, needs and circumstances, including information describing the individual's method/style of communication; personality, likes, dislikes; the individual's general routine; important people, activities, things in the individual's life; significant events that occurred or are occurring which have an impact on the individual and what s/he is doing or plans to do. Also look for description of strengths, positive attributes, things to build on, such as: communication method; work ethic; skills s/he possess; willingness to try things; willingness to participate in activities; etc. Cannot be a "2" if the staff gives only a clinical diagnosis and no personal information or visa versa.

*45. Does the direct service staff have adequate input into the person's ISP?   0 / 1 / 2

Note: We will look to see if the direct service staff have had input at the ISP, or if it is documented that they provided input directly to the CM in advance of the ISP Meeting. Is there evidence that they provide input through their Supervisor/Coordinator/Manager/Lead and is there proof that this information is shared at the meeting. Verify staff attendance with the signature page of the ISP. Cannot be a 2 if there is no method, either documented or described verbally, for Residential Direct Support Staff to provide input to the ISP.

*46.   Did the direct service staff receive training on implementing this person's ISP?   0 / 1 / 2

Note: We look to see if the direct service staff are implementing this person's ISP in line with expectations as outlined in the ISP and/or other directions (e.g., from therapists or other specialists.)   Cannot be a 2 if the Direct Support Staff stated they received training, but observation and verbal description evidenced they did not know the person's ISP, PBSP, Comprehensive Aspiration Risk Management Plan (CARMP), outcomes/ action plans, or other plans that are to be implemented.

*47.   Is the residence safe for individuals (void of hazards)?   Yes / No

Note: The home must be accessible to the individual, needed modifications must be in place, the individual must be safe and free from danger. Accessible means physically able and "permitted" to use all the general areas.

*48.   Was the residential direct service staff able to describe this Participant's health-related needs?   0 / 1 / 2

Note: The direct service staff identifies the important health related needs, needs that if not known and addressed can present a risk to the health and stability of the individual.   Are looking for clinical diagnoses, such as seizure disorder, high blood pressure, diabetes; symptoms the person has recently displayed and what is being done to address them, such as - recently has been having trouble standing up from sitting in a chair, has an appointment with PCP, will go to the doctor next week. Also note past illnesses that may affect the person now; such as was hospitalized for pneumonia last winter so extra precautions are taken during the winter such as not going out when it is really cold, and if s/he gets a cough s/he goes to the doctor right away. Cannot be a 2 if the Direct Support Staff did not note: risk of aspiration and Comprehensive Aspiration Risk Management Plan or CARMP; the person has seizures and documentation evidenced the person has an active seizure disorder with a seizure plan and a seizure crisis plan; the person has diabetes and documentation evidenced s/he is to have regular blood glucose monitoring and/or a special diet; or other conditions that the person receives medication for, is to be on a special diet because of, has a medical crisis plan for, or documentation indicated the condition affects the person's daily life on regular basis.

*49.   Was the residential direct service staff able to describe his/her responsibilities in providing daily care/supports to the Participant?   0 / 1 / 2

Note: Cannot be a 2 if the Direct Support staff could not describe the assistance they provide the person with ADLs and personal care, could not describe what outcomes/action plans s/he is responsible for or give some indication s/he knows them and implements them, such as how often the action plan is done and when and how data is collected.
Both 49.a. and 49.b. must be a 2 for this to be a 2.

0 / 1 / 2

49a. Was the direct service staff able to provide specific information regarding the person's daily activities, including the exact times of day the person is doing what?

0 / 1 / 2

49b. Can the direct service staff describe his/her responsibilities in implementing this person's ISP outcomes and action plans?

Note: Please refer to answer provided in question "L" of the interview, and relate that answer to the actual outcomes and action plans in the ISP.

*50.   Did the residential direct service staff have training in the ISP process?   0 / 1 / 2

Note: We will consider what the direct service staff tell us, what we observe and what the evidence of ISP implementation suggests. Are looking for key words such as: person-centered planning; knowledge of the person's vision, outcomes and Action Plans; support so the person gets what they want; indication that the interviewee did attend the required DDSD 1-Day ISP Training and has knowledge of the ISP process. Cannot be a 2 if the Direct Support Staff could not describe anything about an ISP such as what it is or what is in it and/or observation evidenced that the Direct Support Staff was not implementing the ISP and/or record review evidenced the ISP was not being implemented.

*51.   Did the residential direct service staff have training on the provider's complaint process and on abuse, neglect and exploitation?   0 / 1 / 2
Note: Both 51.a. and 51.b. must be a 2 for this to be a 2.

Did the direct service staff:

51.a. have training on the provider's complaint process? …………………………………………………………………..   0 / 1 / 2
Note: Did the staff indicate the reporting chain of command, e.g., go through my Supervisor; contact the Program Manager or Director; something to indicate there is someone within the agency a person can contact with a complaint/grievance. The direct service staff could also show the reviewer the agencies procedure that is in the person's book or the staff book, or that is located somewhere in the program area. Cannot be a 2 if the Direct Support Staff indicated they did not know if their agency had a complaint process or that they knew nothing about their agency's complaint process.

51.b. have training on how and to whom to report abuse, neglect and exploitation? ……………………………………………………   0 / 1 / 2
Note: The interview must reflect the answers DOH or DHI <u>AND</u> APS. Human Services is NOT acceptable. Direct service staff could also show a card with the number, the poster, or another format with the number on it, and they indicate that is the number to call. Cannot be a 2 if the Direct Support Staff did not indicate reports are made to DOH/DHI AND APS.

*52.   Does the residential direct service staff have an appropriate expectation of growth for this Participant?   0 / 1 / 2
Note: The direct support staff should articulate this person's abilities, potential and natural next steps. There should be an expectation of growth and the team should be acting on that expectation. End of life plans may also be a factor. Are looking for things such as the person working at a community integrated job, living in a more independent setting, taking a trip, going for further formal education, learning a particular new skill or activity. Cannot be a 2 if the Direct Support Staff stated that they would like the person to be healthy, happy, and/or safe; or to just keep coming to the day program, with no specific indication of why and what the person would do there.

*53.   Does the person's residential environment offer a minimal level of quality of life? (i.e., clean, furniture in good repair, safe home and neighborhood, person is allowed to make daily choices, privacy respected, reasonable rules/structure)   0 / 1 / 2
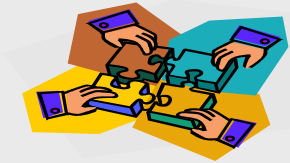
Date: _____   Reviewer: _____

Name of Guardian Interviewed: _____, If not Guardian, relationship to the Person: _____

Is this person a corporate guardian? _____ Yes _____ No. If yes, name of agency: _____

Phone number of the person interviewed: _____

Guardian Interview

If the Reviewer is not able to complete the full interview, the Reviewer should ensure that at least the following topics are discussed:

- satisfaction with the person's total program;
- involvement of guardian in the planning process;
- knowledge and use of grievance and appeal processes;
- level of satisfaction with case manager;
- frequency and adequacy of communication with the team; and,
- perception of the adequacy of the implementation of services.

The reviewer is expected to phrase or rephrase questions as necessary to promote communication addressing the intent of the question.

A.   Tell me about (person). The interviewee may ask, "What do you want to know?" The reviewer can respond by saying: "I've never met (name of the person) or I don't know (the person) well —so please tell me about her/him".

B.   From your knowledge of this person, what are his/her strengths?

C.   How long have you been this person's legal guardian?

D.   How much contact do you have with the person? (List how many times per week or month or year the guardian is in contact and type of contact, e.g., face-to-face, telephone, letter, etc.)

E.   Do you know who the person's case manager is? List name.

F.   How much contact do you have with the case manager?

G.   Is the case manager helpful to you?

H.   a. How much contact do you have with the person's work/day service provider?

        b. How much contact do you have with the person's residential provider?

I.   Do they work with you to ensure the person's program is adequate/appropriate?

J.   Have the providers explained how you would appeal a planning decision or situations that you don't agree with?

K.   Do you consider yourself part of the person's Team?

        Note: If the guardian indicates s/he is not a part of the IDT, ask the guardian if s/he attends meetings about the person. Try to determine if the guardian had any input in the ISP.

L.   Do you receive a copy of the person's ISP?

M.   Is the person given choices based on his/her cultural preferences? Please give examples.

N.   Are the person's culture and values (beliefs) honored in service planning and service delivery?
        If Yes, please give examples.

O.   What is your long-term vision for this person? What would you like to see them doing in three years?

P.   What are this person's most significant needs?

Q.   Were you offered choices in deciding services for this person?

R.   Are the services provided now addressing the person's needs?

S.   Are you satisfied with the person's residential situation? If No, explain.

T.   Are you satisfied with the person's current work/day situation? If No, explain.

U.   Does the person appear satisfied with the residential/day/other services?
Please explain.

V.   Does the person participate in community activities?

How often?

W.   Does this person need adaptive equipment, environmental modifications or assistive technology? Please explain.

X.   Do you feel comfortable using these devices with the person? Please explain.

Y.   In your opinion, does this person receive the other services he/she needs (medical, transportation)?

Z.   Is there anything else you would like to tell me about this person?

Name of Class Member being reviewed: _____ Reviewer's Name: _____Date: _____

Summary

Ratings Guide

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2 - Information present and found to be adequate (full compliance)
NA - Item not applicable to this person
CND - Cannot determine answer based on information available

For each question your possible responses are limited to the optional responses listed. For instance, if a question does not list NA as a possible response, you may not use it. *In your notes YOU MUST use a (+) to indicate examples of compliance; Use a (-) to indicate examples of non-compliance.*

YOU MUST PROVIDE AN ANSWER TO EVERY QUESTION.

Health

*54. Overall, were the team members interviewed able to describe the person's health-related needs?   0 / 1 / 2
Before answering this question, you must review your answers to questions #30 [Page 41], #38 [Page 65], #48 [page 87].
          ___ is the score for Question #30   ___ is the score for Question #38   ___ is the score for Question #48
If these three scores are all 2's the answer to this question is a "2". If the answers are mixed (one is scored a "1", one a "2" and another a "0"), this must be scored
a "1". No additional justifications are necessary

*55. Is there evidence that the IDT discussed the person's health related issues?   0 / 1 / 2
Note: In addition to information gathered during interviews, consider the health and safety section of the ISP.,CM progress notes, provider and therapy reports and
progress notes. This cannot be a "2" if the documentation and what was expressed by the team members interviewed were not consistent.

*56   In the opinion of the Reviewer, are the person's health supports/needs being adequately addressed?   0 / 1 / 2

Note: Needed assessments must be secured/scheduled; recommendations must be followed up on in a timely way. New DME and Augmentative Communication Devices are required to be delivered within 150 days from the date requested. Repairs or modifications to DME are required to be completed 60 days from the date requested. Therapy assessments should begin within 30 days of receipt of the Freedom of Choice and no later than 90 days of being identified as a need by the IDT team. Appointments with neurologists, psychiatrists, dentists and other medical specialists should be scheduled/in place no later than 45 days following the identified need by the IDT . Symptoms should be noted and pursued; dangers should be identified and eliminated/reduced; etc. This cannot be a "2" if there are outstanding assessments/evaluations, no evidence of follow-up of expressed symptoms, or no follow-through on health care recommendations, (e.g. the doctor ordered the person to have a C-Pap machine for use when sleeping at night, and there is no C-Pap machine at the person's home or the C-Pap machine is there but does not work), or lack of timely attention to/resolution of issues.

Assessments

Examples of assessments "types": physical health; dental; psychological; behavioral; psychiatric; physical therapy; occupational therapy; daily living skills; vision; hearing; communication/speech; social/recreational; vocational/employment; other: i.e., neurological; self-administration of medications; education (if under age 21); nutritional; etc. Written/paper assessments that are not dated and/or not signed by the evaluator cannot be considered; however, assessments automatically dated and given "electronic signature" through the Therap system for E-CHAT, MAAT and Aspiration Risk Screening Tool are acceptable. An assessment cannot be considered adequate if it does not include clear information that can be used for planning. The mere presence of a piece of paper titled an assessment does not automatically warrant a "2" rating if the contents do not approach the Professional Judgment Standard.

Note: Assessments provide information to guide planning. Assessments should identify the individual's preferences, desires and interests (this can be used to develop and/or enhance vision statements for individual's who cannot communicate directly with the IDT): strengths and skills (to identify what is currently in place to support the vision); challenges to adaptations/assistive technology); and learning style and culture (to identify the Action Plans, needed strategies and supports that are the least restrictive and most likely to be effective in assisting the individual to attain his or her vision). Assessments should be ongoing, as IDT members learn new information about the person through the provision of ongoing supports and services. Relevant information should be included in quarterly/semi-annual reports, as it is discovered. Assessment information should be formally updated and summarized annually, and sent out to team members two weeks prior to the ISP meeting. The team should be sure:

- o All assessments the individual needs, in order for planning to be relevant, were considered.
- o Relevant input from all team members was obtained prior to the annual meeting.
- o Assessments identify needs, strengths, learning style, and preferences of the individual.
- o Assessments identify presenting disabilities and if possible, causes and proposed solutions.
- o Assessments include clearly stated recommendations. If the IDT determines one or more recommendations are not appropriate, team consensus on why not is documented in the Decision Consultation Form (for medically related recommendations); for non-medically related recommendations team consensus may be documented in IDT minutes or in a Decision Justification Form.
- o If the team identifies need for a new service/assessment at the annual meeting, this should be completed in a timely manner and the team must convene to review implications for planning and recommendations based on the new assessment and the ISP must be revised to incorporate the new information.

*57. Did the team consider what assessments the person needs and would be relevant to the team's planning efforts?

0 / 1 / 2

Note: All assessments should be sent out to Team members two weeks in advance of the ISP meeting. Consider recommendations for assessments made as a part of other evaluations, as well as other information found in the CM primary record. This cannot be a "2" if any of the required assessments were not considered. Required assessments include but are not limited to: History & Physical Exam, e-CHAT, Nurses quarterly/semi-annual reports for people at moderate or high on the e-CHAT, Medication Administration Assessment Tool (MAAT) if the person takes medication, Comprehensive Individual Assessment (CIA).   Other assessments that may be considered based on the person's needs include: Behavior Support Consultation (BSC), Occupational Therapy (OT), Physical Therapy (PT), Speech Therapy (SLP), Vision Exam,   Dental Exam,   Neurological Exam, Psychiatric Exam, Vocational Assessment, Aspiration Screens (required annually if they do not already have a CARMP), TEASC, SAFE clinic, and other clinic exams/assessments.

*58. Did the team arrange for and obtain the needed, relevant assessments?

0 / 1 / 2

Note: The Action Plan section of the ISP should address only those assessments that are still needed. Routine assessments that have been completed will not be listed in the action plan section. Case Managers are to track assessments provided and assessments needed – reviewers should review the tracking sheet being used by the CM.   The information you have gathered regarding this person's needs including assessments found in the CM primary record should guide your answer to this question. This cannot be a "2" if any of the required assessments were not obtained. Nurses are required to provide quarterly/semi-annual reports for people at e-CHAT acuity of moderate or high. OT, PT and SLP provide reports every 6 months unless the ISP states differently. BSCs are to send their Quarterly/Semi-annual Reports to both OBS and Case Manager.

*59. Are the assessments adequate for planning?

0 / 1 / 2

Note: Determine if the assessments provide information that will guide the Team to support the individual and develop a comprehensive plan to help the person learn or develop a skill, achieve an outcome, address a medical or behavioral issue, etc. This cannot be a "2" if provider assessments (e.g. BSC, OT, PT, SLP, CIA, e-CHAT, etc.) do not have information and recommendations which can be used in developing the ISP, outcomes, and Action Plans. If a Provider assessment recommendation simply states to continue the service, this cannot be a "2".

*60. Were the recommendations from assessments used in planning?   0 / 1 / 2

Note: Determine if information and recommendations from the assessments were used throughout the ISP, such as in narrative section, outcome criteria, Action Plans and strategies, or other areas of the plan. This cannot be a "2" if #59 was a "1" or "0" or if the recommendations from any of the assessments were not found in the ISP.

Adequacy of Planning and Adequacy of Services

*61. Is there a document called an Individual Service Plan (ISP) that was developed within the past year?   Yes / No

If you answered "No" to question #61, then mark questions #62 through #79 as "NA" and then proceed to question #80.

*62. Was the ISP developed by an appropriately constituted IDT?   0 / 1 / 2 / NA

Note: The IDT shall consist of the following members: person served; case manager; guardian (if applicable); direct service staff from each provider agency; ancillary service providers (if applicable) such as therapists; nurses; vocational specialists; physicians; psychiatrists; psychologists; these professions rarely attend team meeting, but may have submitted written assessments or evaluations for team consideration. The team may also include a friend advocate, family member and/or legal representative. "Applicable" depends on the preferences and needs of the individual. Check the ISP signature page, as well as interviewees' responses, to determine if there was an appropriately constituted Team. If the individual scores a moderate or high acuity on the e-CHAT and there is no evidence that a nurse participated in the meeting, this cannot be a "2". If the individual is behaviorally involved, and there is no evidence a Behavior Support Consultant participated in the meeting, this cannot be a "2". If there was no evidence the person attended their own meeting, and no explanation as to why the person did not attend their own meeting, this cannot be a "2".

*63.   For any team members not physically present at the IDT meeting, is there evidence of their participation in the development of the   0 / 1 / 2 / NA
         ISP?
         Note: Participation of ancillary service providers does not require the provider's physical presence at the IDT meeting. Their participation can be accomplished
         through conference call, or through meeting with another team member prior to the meeting to discuss issues/concerns/recommendations. This applies to
         therapists and nurses. If the e-CHAT acuity is moderate or high the nurse MUST participate in the ISP, must do quarterly/(semi-annual) reports on the person's
         health care plan, must have a health care plans for which the e-CHAT summary indicates an "R" for required.   Healthcare plans may be combined as determined
         by nurse professional judgment and a separate aspiration healthcare plan is not required (and is not desirable) in addition to the CARMP because a CARMP is
         considered a type of healthcare plan that combines several aspects.

*64.   Overall, is the long-term vision adequate?   0 / 1 / 2 / NA
         Note: An individual's vision (i.e. dream for the future) should state what the individual wants to achieve over the next 1 to 3 years. Most people value and want:
         family and friends; a place to live that is comfortable, safe and meets preferences for design and furnishings; people with whom they live to be compatible; work
         that is interesting and that promotes success and accomplishment; to be a part of and valued by the community; enough money to feel secure and support life's
         desires; good health, etc. It is the job of the team to find out from the individual (through assessment, questions, observations, etc.) what he/she wants to focus on
         for the next few years. As a general rule, vision statements should not be repeated verbatim from one plan to the next. They should change and grow as the
         person does. Exception to this rule, however, would be if none of the vision has been accomplished – in spite of documented clear and consistent work towards
         the vision – and/or the vision statement is still the desired dream of the individual.
         Note: The only allowable way for an individual not to have a vision in Live, Work/Learn and Relationships/Fun is if two criteria are met: 1) the
         person is not receiving any paid supports in that area AND 2) the team documents why the individual does not require the team's supports in that
         area (e.g. natural supports are sufficient, the individual is independent in that area…)

*65. Overall, does the Narrative and Vision Section of the ISP give adequate guidance to achieving the person's long-term vision?   0 / 1 / 2 / NA

Note: The Vision section of the ISP includes questions to prompt the analysis that compares life today and the desired life stated in the vision. It is the team's review and discussion of the assessment information (strengths, preferences, interests, non-negotiables, supports, etc.) to identify what is in place and what needs to be included in planning to support the individual's transition from his/her present status to successful accomplishment of the stated vision for the future. The team should analyze each life area separately. This Section is to address, for each vision statement: the person's strengths, abilities, challenges, skills to be developed to achieve the vision, and what needs to occur including services and supports the persons needs. This cannot be a "2" if any of the Narrative or Vision Sections are not completed and overall does not relate to the achievement of the specified LTV in each life area.

*66. Overall, is the Vision Section of the ISP used as the basis for outcome development?   0 / 1 / 2 / NA

Note: Consider each life area of the ISP separately. ISP outcomes should come directly from the Vision section, but may be in other parts of the ISP also. This cannot be a "2" if the ISP outcomes did not come directly from the Vision Section for each life area.

*67. Overall, do the outcomes in the ISP include criteria by which the team can determine when the outcome(s) have been achieved?   0 / 1 / 2 / NA

Note: Outcomes are the formal steps (learning a new skill or completing an action/responsibility) necessary to achieve the person's desired vision. Each outcome relates to a relevant component of the vision; vision statements that have many components will require multiple outcomes for that specific life area. Outcomes are discussed, agreed upon and written at the IDT meeting; primary responsibilities for the accomplishment of each outcome are assigned. The IDT must meet when outcomes are accomplished in order to identify the next logical step in the process; the ISP is revised based on this discussion. Outcomes are written for the individual; skill maintenance or actions provided by the staff are included in the Vision Section of the ISP, steps of the Action Plans Teaching & Support Strategies and, when necessary, detailed in medical or therapy support plans (i.e. positioning, communication plans, CARMP etc.). In order for this to be a "2" each outcome that is developed must be measurable and state what the person is to do to accomplish it (that is, anyone reading it can tell when the outcome has been accomplished, e.g. the person will lose 50 pounds in the next year; or the person will develop a resume, practice job interview skills, make application and acquire a job in the next year).

*68. Overall, are the ISP outcomes related to achieving the person's long-term vision?　　　0 / 1 / 2 / NA

Note: For this to be a "2" each outcome that is developed must relate to the person's Long Term Vision for that life area. Review the LTV and the outcomes to show if there is a direct connection or not. This score is "0" if no outcomes were developed. Consult with your Case Judge if you find vision statements with no outcome. Outcomes may be re-statements of the vision, as long as the steps are identified in the Action Plans.

*69. Overall, do the ISP outcomes address the person's major needs?　　　0 / 1 / 2 / NA

Note: The ISP is centered on achieving what the person wants, and the outcomes are developed to assist the person in achieving their desires. If there are barriers to the accomplishment of the person's LTV these should be addressed in the person's ISP. The Personal Challenges and Obstacles That Need to be Addressed In Order to Achieve the Desired Outcomes section of the ISP (at the top of each action plan) should address these barriers. These challenges in turn should be addressed in the action steps, strategy(s) and/or support plans. There should be at least one related outcome for each vision statement. Consult with your Case Judge if you find a vision statement with no outcome.

*70. Overall, are the Action Plans specific and relevant to assisting the person in achieving his/her outcomes?　　　0 / 1 / 2 / NA

Note: Action Plans are the steps the team has identified in order for the individual to accomplish his/her outcome. Each Action Plan in the ISP must relate to a specific outcome (and therefore the vision for that life area). Action Plans must contain necessary components in order to ensure they are implemented and progress measured consistently. Look for: measurable action the individual/others will perform; frequency; documentation and reporting requirements; and the assignment of a responsible party(ies). For Action Steps which require strategies, look for the Teaching and Support Strategies sheet which is to be completed at least two weeks prior to expiration of the prior ISP. For those under the new DD Waiver, some Teaching and Support Strategies may have Written Direct Support Instructions from one or more therapists attached which are also due two weeks prior to the expiration of the previous ISP. As most Action Plans require more than one step to complete (some will be worked on concurrently and some in sequence), the IDT should develop all of these steps and specify when each step is to be implemented. This item is "0" if there are no Action Plan/Action Steps. For this to be a "2" each Action Plan must meet the criteria as articulated here, specifically relate to the outcome and state what the person is to do along with others as needed.

*71. Overall, are the Teaching and Support Strategies sufficient to ensure consistent implementation of the services planned? 0 / 1 / 2 / NA

Note: Teaching and Support Strategies are detailed directions written to guide the staff in consistent implementation and documentation of the Action Step. These strategies must be directly related to accomplishing the Action Step in the most effective manner for the individual (learning style, specialized equipment, positioning, etc.). Strategies would address conditions for success (type/level of staff support and special equipment/materials necessary to successfully perform the action. The strategies must specify who will assist the individual, what staff will do (preparation, type/level of staff support, how to provide the support, etc.), when and where the Action Step will be implemented, how often the person will do the activity, when and how data will be collected, and when progress will be reviewed. Therapists may provide direct support to develop the provider strategies, or review and insert recommendations before submission for inclusion in the ISP. For those under the new DD Waiver, the therapist provides Written Direct Support Instructions to be attached to relevant Teaching and Support Strategies. For ongoing strategies these are due two weeks prior to the expiration of the previous ISP. For new strategies, these instructions will be added once the therapist has completed trials with the individual to determine the effectiveness prior to submitting and training DSP on Written Direct Support Instructions. This score is "0" if strategies are needed but not developed/present. For this to be a "2" each strategy must give clear directions so that anyone can read the strategy and know what to do. These directions should note who will assist the person, what type of support is needed, what materials are needed, when and where to do the action step, how often or for how long to do the action step and how and when data will be collected. If the strategy simply states what the staff will do or if the accomplishment of the Action Step is related to the activity of the staff, this cannot be a "2". (e.g., The strategy states: "go on a van ride everyday", this would be a "0", as it is dependent on a staff activity and does not state what the person will do.)

*72. Overall, are the recommendations and/or objectives/strategies of ancillary providers integrated into the outcomes, action plans, and Teaching and Support Strategies of the ISP? 0 / 1 / 2 / NA

Note: Does the ISP incorporate information from ancillary providers (from plans, assessments, recommendations, etc.) dealing with how to reinforce skill building/maintenance, personal traits and abilities appropriately? Relevant Desired Outcomes and associated Teaching and Support Strategies, as needed, contain information from the ancillary providers that supports attainment of the individual's related vision areas. A mere reference to ancillary providers or specific plans/documents is not considered to have sufficient detail to be understood and consistently implemented, unless Written Direct Support Instructions are attached to the Teaching and Support Strategies from the therapist(s). This cannot be a "2" if the person receives therapies and there is no information from the therapists' plans in any of the ISP outcomes/action plans, or strategies. For this to be a "2" there must be relevant information from the therapist in the ISP outcomes, action plans and/or strategies such as information from the BSC on how to approach the person to ask them to do a task; or information from the PT on how to have the person sit or stand to do a task; or information from the SLP on how to communicate a request to the person.

*73. If needed, does the ISP contain a specific Crisis Prevention and Intervention Plan that meets the person's needs? 0 / 1 / 2 / NA

Note: Score a. and b. first, then score this last. For this to be a "2" all Crisis Prevention and Intervention Plans and/or MERPs that are developed must specify: how to prevent the crisis; when the situation becomes a crisis: what the staff need to do to provide appropriate intervention; and describe what that intervention is to be.

a.   If needed does the ISP contain a specific Crisis Intervention Plan for dangerous behavior that meets the person's needs?

0 / 1 / 2 / NA

Note: Has it been made clear in terms of what to do, where to go and who to call in the event of a behavioral crisis as appropriate to this person? Not all PBSPs require a Crisis Plan.   For this to be a "2" all Crisis Intervention Plans that are developed must specify: how to prevent the crisis; when the situation becomes a crisis: what the staff need to do to provide appropriate intervention; and describe what that intervention is to be.

b.   If needed, does the ISP contain a specific Medical Emergency Response Plan (MERP)?

0 / 1 / 2 / NA

Note: Has it been made clear in terms of what to do, where to go and who to call in the event of a medical crisis as appropriate to this person? If a person has a chronic condition with the potential to result in a life threatening situation (some types of seizures, asthma, some types of diabetes, etc.) they should have a MERP. Not all healthcare plans require an associated MERP. The e-CHAT summary report will indicate an "R" for health issues that require creation of a MERP. For this to be a "2" all MERPs that are developed must specify: how to prevent the crisis; when the situation becomes a crisis: what the staff need to do to provide appropriate intervention; and describe what that intervention is to be.

*74.   Does the ISP contain information regarding primary health (medical) care?

0 / 1 / 2

Note: The name and contact information for the Primary Care Physician (PCP) should be on the face sheet of the ISP. The ISP should identify the healthcare coordinator responsible for supporting the individual to make such arrangements. The Health Action Plan page of the ISP should address new/changes to health care that needs to be arranged/followed up on.

74.a. Does the ISP face sheet contain contact information for the PCP?

0 / 1 / 2

74.b. Is the Healthcare coordinator's name and contact information listed in the ISP?

0 / 1 / 2

Note: This should be on the Additional Healthcare Information page of the ISP.

*75.   Does the ISP reflect how the person will get to work/day activities, shopping, and social activities?

0 / 1 / 2 / NA

Note: For this to be a "2" the ISP must note not just that the person needs transportation, but who [either agency or person by name or title] will provide that transportation. This information is expected to be in the Action Plan of the ISP, but if it is found in other sections (i.e. Strategy, Vision) that is acceptable. This can be answered N/A IF Question #109 is a "2".

*76.   Does the ISP reflect how the person will obtain prescribed medications?   0 / 1 / 2 / NA

Note: For this to be a "2" the name and phone number of the pharmacy (face sheet), and the person responsible for getting medications refilled and obtaining new medications (Medication Delivery section of Additional Healthcare Information page) must be noted.

*77.   Does the ISP contain a list of adaptive equipment needed and who will provide it?   0 / 1 / 2 / NA

Note: For this to be a "2" the ISP must note ALL of the adaptive equipment the person is to have available for use, and who is responsible for obtaining and maintaining it. Specific items may be found in the Health & Safety Narrative, Vision analysis questions, Action Plans, and/or Teaching & Support Strategies (including attached Written Direct Support Instructions) pages. If ancillary therapy plans contain a comprehensive list of ALL of the adaptive equipment and who is responsible for obtaining and maintaining it, this may be scored a "2".

*78.   Overall, is the ISP adequate to meet the person's needs?   0 / 1 / 2 / NA

Note: This question focuses on the adequacy of the ISP… the written plan. Based on the rating you have given Questions #61 through #77, does the ISP adequately address the person's living, working/learning, social/leisure and health needs/supports? The ISP does not have to be "perfect" but it should be based on the person's assessed needs and strengths and include relevant interventions designed to enable and move the person closer to his/her vision. The ISP should be directed towards the acquisition skills and behaviors necessary for the individual to function with as much self-determination as possible, should prevent or decelerate regression and attempt to keep the person safe and free from harm. The reviewer is to consider all the scores and rationales from questions #61-77, using those rationales here to substantiate the score. If #61-77 are all "2", then this is a "2"; if they are all "1", then this is a "1"; and if they are all "0" then this is "0". By noting the + and – from each of the previous responses (#61-77), the dominant ranking ("1" or "0") will determine the score

> **If you answered question 78 as "0", "1" or "NA", then answer question 79 as "NA".**

> **If you answered question 78 as "2" then proceed to select an appropriate answer for question 79.**

*79. **Is the ISP being implemented?**
Note: Determine if the ISP is being implemented by looking at outcome and action plan data collection, provider and therapist monthly, quarterly or semi-annual reports noting progress made or the reason for lack of progress, and information obtained from interviewees. Score this question accordingly, noting the corresponding rationale, then proceed to question #81. This can only be a "2" if the data collection and provider and therapist reports note progress or the reason for lack of progress –and if all IDT members interviewed indicated progress has been made or stated why they thought progress was not made and how it is being addressed

0 / 1 / 2 / NA

If you answered question 78 as "0", "1" or "NA", then answer question 80 as appropriate.

If you answered question 78 as "2", then answer question 80 as "NA".

If you answered question 78 as "2" then proceed to select an appropriate answer for question 79.

*80. **a. Is the ISP being implemented?**
Note: Answer this question if this person's ISP was NOT rated as a 2. The Note in #79 applies here as well.

0 / 1 / 2 / NA

b. Are current services adequate to meet the person's needs?
Note: Consider all of the services the individual receives, including Case Management, Community Living, Nursing, Nutrition, Day, Employment, and all Therapies. The reviewer is to note what is determined as adequate, and for those that are considered to be inadequate note the reason for that determination. This cannot be a "2" if the person is to receive a particular therapy but there was no progress report from the therapist, and no evidence the therapist had seen the person at home or during the day program. This cannot be a "2" if the person is to receive a specific staffing support during specific times, and the documentation (or your observations) indicates that the support has not been there on a regular basis for a substantial amount of time.

0 / 1 / 2 / NA

*81. **Overall, was the direct service staff trained on the implementation of this person's ISP?**
Note: This should be scored "0" if #61 was answered "No".

Before answering this question, you must review your answers to questions #37 [Page 65], and #46 [Page 87]
        ___ is the score for Question #37   ___ is the score for Question #46
If both of these are "2" the answer to this question is a "2". If the answers are mixed (one is scored a "1" and one is "2"), this must be scored a "1". No additional justifications are necessary

0 / 1 / 2

*82.   Overall, were the direct service staff able to describe their responsibilities in providing daily care/supports to the person?   0 / 1 / 2

Before answering this question, you must review your answers to questions #39 [Page 65], #49 [Page 88].
    ___ is the score for Question #39   ___ is the score for Question #49
If both of these are "2" the answer to this question is a "2". If the answers are mixed (one is scored a "1" and one is "2"), this must be scored a "1". No additional justifications are necessary

*83.   Overall, do the progress notes or other documentation in the case management record reflect the status of the outcomes and services of the key life areas stated in the ISP?   0 / 1 / 2

Note: This should be scored "0" if #61 was answered as "No" – there is no ISP. Consider documents such as: progress notes and monthly/quarterly/(semi-annual) reports from each provider; quarterly/6-month reports from each therapist; and monthly reports from the Case Manager. This can be a "2" if all reports specify if outcomes/action plans have been met (not just worked on) and if not met what the plan is (e.g. continue for 3 more months or have an IDT meeting to revise the outcome, action steps or strategies). This cannot be a "2" if any reports just state the outcome has been worked on (e.g. did outcomes this month.

Expectations for Growth

*84.   Based on all of the evidence, in the opinion of the Reviewer, has the person achieved progress in the past year?   0 / 1 / 2 / CND

Note: Reviewers will base this score on documentation reviewed and interviews. For this to be a "2" outcome, action plans or action steps would have to have been met, or evidence of other positive growth would need to be evident.

*85.   Overall, does the IDT have an appropriate expectation of growth for this person?   0 / 1 / 2

Before answering this question, you must review your answers to questions #31 [Page 41], #42 [Page 66], #52 [page 89].
    ___ is the score for Question #31   ___ is the score for Question #42   ___ is the score for Question #52
If these three scores are all 2's the answer to this question is a "2". If the answers are mixed (one is scored a "1", one a "2" and another a "0"), this must be scored a "1". No additional justifications are necessary

Quality of Life

*86.   Was the person provided the assistance and support needed to participate meaningfully in the planning process?   0 / 1 / 2 / CND

Note: Use the signature sheet and Section IV of the ISP to determine if the person attended their own meeting and what their level of involvement was.   Also refer to case management interview question "K" if the person attended the meeting; if the case manager met with the person prior to the meeting to discuss things with the person; if the person gave their input during the meeting; or if the guardian or other members of the team spoke for the person. If there is no indication they attended the meeting and no explanation as to why, either in the ISP, the IDT meeting minutes, or the Case Manager notes, then this is to be scored "0".

*87.   Is the person offered a range of opportunities for participation in each life area?   0 / 1 / 2 / CND

Note: Scoring is determined by evidence of a variety of opportunities being offered to the person in each life area daily/weekly/monthly. If the person is to choose between two objects/activities, determine if those things vary regularly. If not, then this cannot be a "2".

*88.   Does the person have the opportunity to make informed choices?   0 / 1 / 2 / CND

Note: Questions 89-91 should be scored first. If 89, 90 or 91 are scored "0" or "1", this cannot be a "2".

*89.   About where and with whom to live?   0 / 1 / 2 / CND

*90.   About where and with whom to work/spend his/her day?   0 / 1 / 2 / CND

*91.   About where and with whom to socialize/spend leisure time?   0 / 1 / 2 / CND

*92.   Does the evidence support that providers do not prevent the person from pursuing relationships and are respecting the rights of this person?   0 / 1 / 2 / CND

Note: Reviewers will make this determination based on interviews and documentation reviewed.

*93.   Overall, were the direct service staff interviewed trained on the provider's complaint process and on abuse, neglect and exploitation?   0 / 1 / 2

Before answering this question, you must review your answers to questions #41 [Page 66], #51 [Page 89].
    ___ is the score for Question #41   ___ is the score for Question #51
If both of these are "2", the answer to this question is a "2". If the answers are mixed (one is scored a "1", one is a "2"), this must be scored a "1". No additional justifications are necessary

*94.   Does this person and/or guardian have adequate access to the available complaint processes/procedures? Note: Reviewers will score this item based on interviews.   0 / 1 / 2 / CND

*95.   Does the person know his/her guardian?   Yes / No / CND / NA

*96.   Does the person believe the guardian is helpful?   Yes / No / CND / NA

*97.   What is the level of participation of the legal guardian in this person's life and service planning? (Check one of the boxes to the right.)

Note: Based on the information you recorded during all interviews, you should know how often the guardian calls and/or visits the individual--daily, weekly, monthly, holidays only, on an as needed basis only, not at all. Consider if documents sent/provided to guardians are returned promptly. Consider any problems because needed documents are not signed and returned, such as permission for medical treatment and medical releases; or if the guardian is unable to continue in the role of guardian and there is no one else acting as co-guardian, Power of Attorney, or ready to step into the role of guardian, and therefore documents are not getting signed; or if there is no explanation to the case manager from the guardian as to why things are not being done.
Note: This is only N/A if the person is his or her own guardian. If the person is SUPPOSED to have a guardian, but currently does not, the answer is "None".

None	None ☐
Limited: Less than 12 times per year.	Limited ☐
Moderate: 1 or more times per month.	Moderate ☐
Active: 3 or more times a month	Active ☐
NA	NA ☐

*98. In the Reviewer's opinion, does the person need a friend advocate?   Yes / No

Note: The "friend advocate" is a non-paid individual who assists the person in service planning, making his/her preferences known, and in decision making. Individuals are at greater risk and therefore should be considered for a friend advocate when they have few if any people in their lives who are not paid to be in their lives. When personal safeguards are missing, the reviewer will consider recommending a friend advocate for the person. If the reviewer thinks the person is an active self-advocate or the Case Manager and/or other IDT members and/or the guardian speak out for the person or assist the person in speaking out for her/him self then this can be "No".

*99. Does the person have a friend advocate?   Yes / No / NA

Note: This should be scored "NA" if #98 was answered as "No".

*100. If the person is retired, does he/she have adequate opportunities to engage in activities of interest during the day?   0 / 1 / 2 / NA / CND

Note: The reviewer needs to consider the person's age in relation to the retirement age of the general population. A 45 year old person who has never worked cannot be considered "retired". The usual retirement age in the general population begins at about age 65 years. DDSD policy indicates that one has to have worked in order to be considered retired.

*101. Does the person have daily choices/appropriate autonomy over his/her life?   0 / 1 / 2

Note: This score should be based on documentation verifying regular and integrated-into-daily-life opportunities to make choices, observation of examples, and information gained during interviews.

*102. Have the person's cultural preferences been accommodated?   0 / 1 / 2 / CND

Note: Reviewers will be looking to documentation, observation and interviews to verify. Evidence includes foods provided regularly that the person likes, preferred music available and being played, schedules verifying attendance at cultural events of the persons choice; support staff who speak the person's language, etc. Culture is not only ethnic, but may be other things, such as age or lifestyle.

*103. Is the person treated with dignity and respect?   0 / 1 / 2

Note: Reviewers will be observing things like how the person is addressed and talked about; whether the person has personally chosen possessions and privacy; and whether the person's preferences and support/service needs are planned for/met in a timely manner.

Satisfaction

*104.   Overall, is the person satisfied with current services?   0 / 1 / 2 / CND

        Note: Reviewers will interview the class member and be looking for evidence that the person exhibits/reports satisfaction with:

            a. Living arrangements?
            b. Employment/training opportunities?
            c. Freedom to make choices?
            d. Suitability of adaptive equipment?
            e. Contact with the case manager?
            f. Contact with family?
            g. Opportunity to participate in community activities?

*105.   Does the person get along with the case manager?   0 / 1 / 2 / CND

*106.   Does the person find the case manager helpful?   0 / 1 / 2 / CND

*107.   Does the legal guardian find the case manager helpful?   0 / 1 / 2 /
                                                           NA / CND

*108.   Does the person have adequate food and drink available?   0 / 1 / 2 / CND

        Note: Must match your answer (g) on page 84.

*109.   Does the person have adequate transportation to meet his/her needs?   0 / 1 / 2 / CND

*110.   Does the person have sufficient personal money?   0 / 1 / 2 / CND

        Note: Reviewers will be looking to be sure that lack of money does not prevent the person from doing and going places they want. Reviewers will gather this information from interviews and documentation.

*111.   Does the person get along with their day program/employment provider staff?   0 / 1 / 2 /
                                                           NA / CND

*112.   Does the person get along with their residential provider staff?   0 / 1 / 2 /
                                                                                                              NA / CND

Team Process

Successful planning requires the greatest possible involvement of the individual, his/her family, guardian, friends, case manager, support staff and specialists specific to the needs of the person. Each participant is expected to work together, to demonstrate a continuing commitment to learn about the individual and his/her current vision, outcomes, and circumstances, and to consistently carry out the roles and responsibilities necessary to support the individual to realize those aspirations.

*113.   Deleted. Question related to the 6 month ISP which is no longer required.

*114.   Are the individual members of the IDT following up on their responsibilities?   0 / 1 / 2
           Note: Base this score on the interviewee responses, as well as documentation indicating if a service or support has been carried out or not, and if follow-up has been done. Consider if the therapists are providing therapy according to their plan, that the assigned persons are getting the individual to medical and other appointments, that the providers are implementing ISP or outcomes/action plans. If interviewees stated everyone is following up, yet the record indicated no follow up on getting a service into place, this cannot be scored a "2".

*115.   If there is evidence of team conflict, in the Reviewer's opinion, has the team made efforts to build consensus?   0 / 1 / 2 / NA
           Note: This item is scored "NA" if there is no evidence of team conflict.

*116. Do records or facts exist to indicate that the team convened meetings as needed due to changed circumstances and/or needs?   Yes / No / NA / CND

Note: Consider things such as whether or not outcomes are being met timely, or if there has been no progress on outcomes they are changed timely, job status change, housing situation change, loss of someone close to the person, loss of skill or physical ability, change of housemate, or other significant events in the person's life that would require the IDT to meet.   In the case of any unusual circumstances mentioned during interviews, determine if the IDT met and discussed the situation, if appropriate medical care was received, if measures were put in place to prevent a recurrence of the situation.

The ISP regulation requires IDT to meet for the following:

1. significant life change, including change in medication that affects behavior or emotional state
2. risk of significant harm (this includes a trend of 3 reportable, substantiated incidents in a 3 month period of time)
3. changes in desired outcomes or loss of a job
4. loss or death of significant person in the individual's life
5. serious accident, illness, injury or hospitalization that disrupts the implementation of the ISP
6. individual, guardian or provider request a program change or relocation, or when termination of services is proposed
7. If the person is the victim of abuse, neglect or exploitation
8. Criminal justice involvement
9. when proposed services are denied by DDSD or New Mexico Medicaid Utilization Review
10. reasonable request of any IDT member

*117. Is there adequate communication among team members between meetings to ensure the person's program can be/is being implemented?   0 / 1 / 2

*118. Do you recommend Team Process Training for this IDT?   Yes / No

Note: If the reviewer observes things such as unresolved team conflict, team members who appear to not know or understand their responsibilities the reviewer may answer this yes. If the reviewer believes a different type of intervention would be more helpful to the team, answer this "no" and make recommendations in the Summary of Findings and Recommendations Section.

*119. Is there evidence or documentation of physical regression in the last year? If Yes, describe.   Yes / No / CND

Note: Consider changes identified during interviews as well as documented evidence and all other information provided during the review.

*120. Is there evidence or documentation of behavioral or functional regression in the last year? If Yes, describe.   Yes / No / CND

Note: Consider changes identified during interviews as well as documented evidence and all other information provided during the review.

*121. If #119 OR #120 is scored "Yes", is the IDT adequately addressing the regression?   0 / 1 / 2 / NA
Note: This response would be "NA" only if BOTH #119 and #120 are scored "No".

*122. Has the person changed residential/day services in the last year? If Yes, was the change: Yes / No
Note: This includes a change(s) in provider(s) or change in services within the same provider agency.

    a. Planned by the IDT? Note: "Planned" means the team met and a transition plan was developed.   0 / 1 / 2 / NA

    b. Appropriate to meet needs?   0 / 1 / 2 / NA

*123. Has the IDT process been adequate for assessing, planning, implementing and monitoring of services for this person?   0 / 1 / 2
Note: This looks at the complete process and the effect it had on the provision of services to the person. Not every item needs to be a + to make this a "2". For example, if the dental exam was not completed, yet all other assessments were obtained and used in developing the plan; the plan was scored as adequate; evidence indicated the plan was being implemented; and the CM, providers and therapists were monitoring service delivery, then this can be scored "2".

Behavior

*131. Is the person considered by the IDT to need behavior services now?   Yes / No / NA

Note: Refer to the due professional care and sound professional judgment section beginning on page 12 in the front of the protocol book. Use the Professional Judgment Standard in rating the adequacy of the behavior assessment. If the individual exhibits behavior that interferes with relationships the person may enjoy because of strong feeling evoked, limits the individual's access to a diverse range of learning opportunities, support resources and settings, or presents imminent danger of harm to self or others, unless very clearly stated to the contrary, and exceeds the capacity of the family/team to address, he/she ought to have a plan for behavior support.

*132. In the opinion of the Reviewer, does the person need behavior services now?   Yes / No / NA

Note: Behavioral services are broad ranging set of possibilities, not limited exclusively to behavioral therapy. Behavioral services may include other forms of intervention designed to address the underlying issue(s) identified. If the things outlined in #131 above are happening (the person has restricted access to the community, no or few relationships, limited vision for potential in growth) because of the person's behavior and the team has not addressed these issues, then the person needs behavioral services.

> **If the answers to BOTH #131 and #132 are "No", then score questions 133-137 as NA and go on to question 138.**
> **Otherwise proceed to read and answer questions 133-137.**

*133. Have adequate behavioral assessments been completed? Note: In addition to frequency, intensity and duration, determine if the   0 / 1 / 2 / NA
assessments add to the team's knowledge of what motivates, sustains or changes the behavior. Are the assessments anecdotal, data based or both?

Note: Does the assessment identify the factors that contribute to the occurrence of challenging behavior? Those factors may be environmental, personal, psychological, past abuse, interpersonal or other internal or external stimuli.

*134. Does the person have a positive behavior support plan developed out of the behavior assessments that meets the person's needs?   0 / 1 / 2 / NA

Note: In addition to seeing the relationship between the assessment and the positive behavior support plan prevention, long-term change, and, when needed, crisis intervention components should be included. The intervention/s should seek to enhance the individual's quality of life rather than simply reduce the behavior. Do the strategies emerge consistently from the assessment? Do they make sense?

Note: The person only needs a crisis plan if the intensity, severity, or duration exceeds the usual strategies of thePBSP. A Crisis Plan is not universally required.

*135. Has the staff been trained on the positive behavior support plan?   0 / 1 / 2 / NA

Note: If staff can reasonably indicate how the PBSP and/or BSC guides and informs their support of the individual, then you can assume this person has been trained. If you have observed interventions in line with the PBSP/BSC this is confirmation that the staff have been trained. If, however, the staff articulate what to do correctly but your observation of interventions are not inline with the PBSP/BSC, this cannot be a "2".

*136. Does the person receive behavioral services consistent with his/her needs?   0 / 1 / 2 / NA

Note: Reviewers will look to see if the IDT has successfully enabled this person to experience a broad range of preferred environments, activities, relationships regardless of behavioral change and/or whether or not the person's competency is increasing and staff are more effective at preventing and or addressing challenging behavior.

*137. Are behavior support services integrated into the ISP?   0 / 1 / 2 / NA

Note: Does the ISP incorporate information from the PBSP in important personal traits, skills and abilities and refer to behavioral challenges appropriately?   Progress towards the Vision, action plan (challenges) and/or strategies for all vision areas should contain information from the PBSP that supports attainment of the individual's vision/outcomes for that area. A mere reference to the behavior plan (i.e. "behavior services" or "see behavior plan") is not considered to have sufficient detail to be understood and consistently implemented; neither is word for word repetition of the plan required.

Adaptive Equipment/Augmentative Communication

*138. Has the person received all adaptive equipment needed?   0 / 1 / 2 / NA

Note: Adaptive equipment identified as being needed is available and used by the person in all relevant environments; it works as intended; and continues to be appropriate to the person. If the person refuses to use the equipment identified, there is evidence that the appropriate specialist has been consulted and alternative devices/interventions assessed, sought and tried. Devices designed specifically for use to support work tasks only; need not be used at home, and vice versa.

*139. Has the person received all assistive technology needed?   0 / 1 / 2 / NA

Note: Assistive technology identified as being needed is available and used by the person in all relevant environments; it works as intended; and continues to be appropriate to the person. If the person refuses to use the devices identified, there is evidence that the appropriate specialist has been consulted and alternative devices/interventions assessed, sought and tried.

*140. Has the person received all communication assessments and services?   0 / 1 / 2 / NA

> Note: People with limited ability to engage in communication and be understood will have reviewers paying particular attention to the efforts on the part of the IDT's to expand the person's ability to communicate and be understood (not just by staff). Recommendations made by Speech Therapist will be reviewed and the expectation will be that those recommendations are followed timely or alternatives noted.

Individual Service Planning

*141. Does the person have an ISP that addresses live, work/learn, fun/relationships and health/other that correlates with the person's desires and capabilities, in accordance with DOH Regulations?   0 / 1 / 2

> Note: This item does not evaluate the adequacy of any one component, but the existence of the ISP document with the required elements in it.
> **This item cannot be rated "NA". If the person does not have an ISP, ("No" on question #61), then rate this as a "0".**

*142. Does the person have an ISP that contains a complete Vision Section that is based on a long-term view?   0 / 1 / 2

> Note: This item evaluates whether the ISP contains progress information reflective of the person's long-term vision. Does the ISP contain a thorough analysis of the individual's progress toward each of their vision statements, including existing skills that can contribute to success as well as skills they need to learn and supports they will need? **This information can be found in the Vision section of the ISP Narrative if the following prompts in the ISP form have been answered:**
> WHAT DOES SUCCESSFUL ACHIEVEMENT OF THIS VISION LOOK LIKE? _____
> WHICH OF THE INDIVIDUAL'S STRENGTHS/TALENTS AND/OR EXISTING SKILLS CONTRIBUTE TO ACHIEVEMENT OF THIS VISION? __
> WHAT PROGRESS HAS ALREADY BEEN MADE TOWARD THIS VISION? (include Assistive Technology the individual already uses) _____
> **WHAT STILL NEEDS TO OCCUR TO OVERCOME ANY BARRIERS AND ACCOMPLISH THIS VISION? (e.g. skill development needed, Assistive Technology needed)**
> **This item cannot be rated "NA". If the person does not have an ISP ("No" on question #61) then rate this as a "0".**

*143. Does the person receive services and supports recommended in the ISP?   0 / 1 / 2

> Note: This item does not evaluate the adequacy of the ISP. It only measures those services stated in the ISP and whether or not those services are being provided to the person. **This item cannot be rated "NA". If the person does not have an ISP, ("No" on question #61) then rate this as a "0".**

*144. Does the person have adequate access to and use of generic services and natural supports? 0 / 1 / 2

Note: "Natural supports" are people (e.g., family, friends, co-workers, neighbors) or supports (e.g., environmental, equipment, technology) used to enable people to do what they want to do.   "Generic services" are community services and activities available to the general public (banks, local community senior centers, restaurants) .

*145. Is the person adequately integrated into the community? 0 / 1 / 2

Note: Evidence of "adequate integration" includes things like: the person has friends who are not paid to be in his/her life and who are not all disabled; the person regularly participates in activities in the community and engages with non-disabled people; the person has memberships, hobbies and/or interests in which he/she participates and engages with people not paid to be in his/her life; the person is recognized by members of his/her community. Consider if the person works, volunteers, and contributes to his/her community in some way. Is he/she seen as a 'regular', known by name and missed when absent? Consider how often the person does these things.

Summary

*146. Overall is the ISP adequate to meet the person's needs? 0 / 1 / 2

Note: To ensure consistency, this rating and rationale must be the same as #78, (Page 102).   **If the person does not have an ISP, ("No" on question #61) then rate this as a "0".**

*147. Is the total program of the level of intensity adequate to meet this person's needs? 0 / 1 / 2

Note: Only consider the services and supports provided, not the ISP document. This can be a "2" if the person has all the staffing supports as required by the ISP, if all adaptive equipment is in place and being used, if all medical plans are being implemented, if there is evidence that outcomes and action plans are being implemented, if all assessments have been completed and followed up on, and if all therapies are occurring per the ISP and therapy plans.

<u>Jackson v. Ft. Stanton</u>

ID#	Person	Reviewer	Date Reviewed	Region	CM Agency	Day Program Agency	Residential Agency
Entered by Paula	**Initials**	**Initials**	**99/99/2008**	**RE**	**Full Name**	**Full Name**	**Full Name**

Immediate Need or Special Attention: Class Members identified as "**needing immediate attention**" are persons for whom urgent health, safety, environment and/or abuse/neglect/exploitation issues were identified which the team is not successfully and actively in the process of addressing in a timely fashion.   Class Members identified as "**needing special attention**" are individuals for whom issues have been identified that, <u>if not addressed</u>, are likely to become an urgent health and safety concern.

If you have reviewed someone who has been identified as an Immediate Need or needing Special Attention you must list:

- Which Category (Immediate Need OR Special Attention).
- WHY they are listed in that category (the findings – must match finding #1 in the grid below).
- If you report to DHI state that here, state why you are reporting, and include detail in the narrative which follows.

If you do NOT have someone in this category, delete this section and proceed to "Description of the person".

<u>Description of the person:</u> This summary MUST include…

- ☐ Age, gender and ethnicity
- ☐ General/Family History if known
- ☐ All diagnoses (In matrix form) (See Sample)
- ☐ All medications (In matrix form) (See Sample)
- ☐ Strengths, preferences, accomplishments, abilities, special relationships in the person's life
- ☐ Brief overview of the adequacy of the ISP.
- ☐ Incident report chronology, if warranted.
- ☐ Health and behavioral status including progress and/or regression. List frequency of hospitalizations and ER visits including reason for visits and follow up taken.
- ☐ Current living and day/work programs and how these programs meet his/her needs;
- ☐ Number of living and day/work placements within the last year, if an issue.
- ☐ Issues that you are going to address in the "findings and recommendations" should be highlighted here. Give particular attention to the effect of the findings on the person's life or the potential effect.
- ☐ Any assistive technology needs the person has and the availability and effectiveness of needed assistive technology. List all of the devices the person is to have and whether or not they are available, being used and functional.
- ☐ If the person's health and safety is currently in jeopardy, report details here.
- ☐ If you are going to file a CAIR Report give details here of the issue.

DIAGNOSIS	INFORMATION LOCATION	DATE	NAME/TITLE OF AUTHOR

Name of Medication	Dosage	Target Symptom/Behavior

Review Recommendations

NOTE: If you do not have findings and recommendations in a specific section, delete that section or put "none".

#	Findings	Recommendations
Immediate Need/Special Attention (if None, Delete this category of findings)		
	This information should also be BEFORE the Description of the Person. For example, if you have reviewed someone the Community Monitor has designated as needing Immediate or Special Attention you must list: ▪ Which Category (Immediate OR Special Attention). ▪ WHAT you found that led to that finding; o If you observed something describe it; o If you identified something missing in the records list specifically what is missing; o If recommendations were not followed, list specifically what recommendations, made by whom and when. BE SPECIFIC so what you found is very clear.	What, in measurable terms, has to happen to resolve the finding. BE SPECIFIC so the Case Manager, provider and regional office know how to follow up.
Good News		
	If appropriate, this is the place to recognize self-determination efforts, exciting and fun things that are happening in the person's life, natural supports, and overall quality of life issues that people should be recognized and thanked for.	You may have no recommendations… but be sure to thank the appropriate people for all of their hard work (including the person, family/guardian, team members, etc.). DO NOT number findings that are thanking people.
Case Management/Guardian		
Direct Care Services		
• Day/Employment		

#	Findings	Recommendations
	• Residential	
	Health & Wellness	
	• Health • Medications • Assessments • Therapies	
	Adequacy of Planning and Adequacy of Services, Team Process, ISP	
	Expectations for Growth, Quality of Life & Satisfaction	
	Behavior	
	Adaptive Equipment/Augmentative Communication	
	Other	
	If other issues are identified that do not fall within the previous categories, list them here.	

Regional Follow Up: *Entered by Lyn*