|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Agency/Area Program:** | | | | **Reviewer Name:** | | |
| **Core Sample Participant Name/#:** | | | | **Review Date:** | | |
| **Date of Annual ISP:** | | | | **Date of Semi-Annual:** | | |
| **RECORD ITEM** | **YES** | **NO** | **N/A** | | **DATE ITEM UPDATED** | **COMMENTS** |
| **PARTICIPANT RECORD KEEPING (404 NAC 4-002.10)** |  |  |  | |  |  |
| B. Individual record is accurate, current, complete |  |  |  | |  |  |
| i. Consents including release of photographs |  |  |  | |  |  |
| **Participant Records (404 NAC 5-006.01)** |  |  |  | |  |  |
| A. Date of entry to services |  |  |  | |  |  |
| B. Name, gender, birth date |  |  |  | |  |  |
| C. Current physical description or current photo |  |  |  | |  |  |
| D. Language or means of communication utilized |  |  |  | |  |  |
| E. Legal status and name/phone #/address of legal guardian |  |  |  | |  |  |
| F. Name/phone #/address of person(s) to contact in an emergency |  |  |  | |  |  |
| G. Name/phone # of current personal physician and any other applicable health care professionals |  |  |  | |  |  |
| H. Medical information including history of seizures, illness, physician orders, treatments, medication history, known allergies. |  |  |  | |  |  |
| I. Records of incidents and accidents |  |  |  | |  |  |
| J. Consents as appropriate |  |  |  | |  |  |
| K. Records of emergency safety intervention usage and the rationale for use |  |  |  | |  |  |
| L. ISP |  |  |  | |  |  |
| M. Documentation of delivery of services and supports |  |  |  | |  |  |
| N. The participant’s rights notification; |  |  |  | |  |  |
| O. Notice of charges |  |  |  | |  |  |
| P. Name/phone number of Service Coordinator |  |  |  | |  |  |
| Q. Accounting of participants funds, if managed by provider |  |  |  | |  |  |
| R. Notification of Termination |  |  |  | |  |  |
| S. Social history information |  |  |  | |  |  |
|  |  |  |  | |  |  |
| **RECORD ITEM** | **YES** | **NO** | **N/A** | | **DATE ITEM UPDATED** | **COMMENTS** |
| **NOTICE OF COSTS TO THE PARTICIPANT (404 NAC 5-001.09)** |  |  |  | |  |  |
| The provider must develop and implement a system for notification to participants of any associated cost to the participant for services or items not funded by developmental disabilities services, and terms of payment. |  |  |  | |  |  |
| Written notice must be given to the participant before initiation of service and before any change, giving adequate time for the participant to respond to the notice. |  |  |  | |  |  |
| The notice must specify that participants will not be charged for services or items that are covered through other funding sources, including but not limited to, items necessary to provide habilitation and transportation related to habilitation. |  |  |  | |  |  |
| **COMPLAINTS AND GRIEVANCES (404 NAC 5-003)** |  |  |  | |  |  |
| The provider must promptly address complaints and grievances filed with the provider on behalf of participants served. The provider’s process to address complaints and grievances must: |  |  |  | |  |  |
| A. Be made available to participants, legal representatives, staff, and other representatives. Utilization of the provider’s process is voluntary and is not meant to deny or delay a participant’s right to file a complaint elsewhere or to access the legal system; |  |  |  | |  |  |
| B. Be convenient to the participant; |  |  |  | |  |  |
| C. Include time frames and procedures for review of complaints and grievances and the provision of a response; |  |  |  | |  |  |
| D. Be reviewed by the provider with the participant and his or her legal representative, where applicable; and |  |  |  | |  |  |
| E. Include the right to access the court system |  |  |  | |  |  |
| **RECORD ITEM** | **YES** | **NO** | **N/A** | | **DATE ITEM UPDATED** | **COMMENTS** |
| **PROCEDURAL REQUIREMENTS REGARDING RIGHTS (404 NAC 4-002.03 (A))** |  |  |  | |  |  |
| (i) Specify participant rights and responsibilities and this specification does not conflict with Title 404 NAC; |  |  |  | |  |  |
| (ii) Inform each participant served, and if applicable, the participant’s parent if a minor, or the participant’s legal representative, of the participant’s rights and responsibilities;  (1) The information must be given at the time of entry to services, at the participant’s annual individual support plan (ISP) review, and when significant changes occur; and  (2) The information must be provided in a manner that is easily understood, given verbally and in writing, in the native language of the participant, or through other modes of communication necessary for understanding; |  |  |  | |  |  |
| (iii) Require the provision of supports to participants receiving services in exercising their rights; |  |  |  | |  |  |
| (iv) Do not treat participants’ rights as privileges; and |  |  |  | |  |  |
| (v) Prohibit retaliation against participants’ services and supports due to the participant, family members, or legal representatives advocating on behalf of the participant served. This includes initiating a complaint with outside agencies. |  |  |  | |  |  |
| **RECORD ITEM** | **YES** | **NO** | **N/A** | | **DATE ITEM UPDATED** | **COMMENTS** |
| **HEALTH SERVICES (404 NAC 5-001.10)** |  |  |  | |  |  |
| Unless otherwise identified in IPP, the provider takes reasonable steps to assist and support individuals in obtaining health services consistent with his/her needs.  Participant  health services and evaluations include, but are not limited to: |  |  |  | |  |  |
| 1. Physical Exams |  |  |  | |  |  |
| 2. Dental services |  |  |  | |  |  |
| 3. Psychological services |  |  |  | |  |  |
| 4. Physical and occupational therapy |  |  |  | |  |  |
| 5. Speech therapy |  |  |  | |  |  |
| 6. Audiological services |  |  |  | |  |  |
| 7. Vision services |  |  |  | |  |  |
| 8. Nutrition therapy |  |  |  | |  |  |
| 9. A medical evaluation at the frequency determined appropriate by the participant’s treating medical provider |  |  |  | |  |  |
| 10. A dental evaluation at the frequency determined appropriate by the participant’s treating dental provider; |  |  |  | |  |  |
| 11. Medication administration and monitoring |  |  |  | |  |  |
| 12. Medical services |  |  |  | |  |  |
| 13. Nutritional services |  |  |  | |  |  |
| 14. Health monitoring and supervision |  |  |  | |  |  |
| 15. Assistance with personal care |  |  |  | |  |  |
| 16. Person health care and education |  |  |  | |  |  |
| 17. Exercise |  |  |  | |  |  |
| 18 Other Therapies |  |  |  | |  |  |
| **404 NAC 5-001.10(A) OBSERVING AND REPORTING**. Regardless of whether the provider has been assigned the responsibility of obtaining health services for the participant, the provider must observe, report, and respond to the participant’s health status and physical conditions, in a timely and appropriate manner, as needed |  |  |  | |  |  |
|  |  |  |  | |  |  |
| **RECORD ITEM** | **YES** | **NO** | **N/A** | | **DATE ITEM UPDATED** | **COMMENTS** |
| **INITIAL ORIENTATION REQUIREMENTS. (404 NAC 4-003.03(A)) Initial orientation must be completed by all new employees prior to working alone with individuals. Employees must complete the following training requirements:** |  |  |  | |  | i-vi are reviewed on the Staff Review Form. If the same staff were also reviewed here, v only needs to be documented on this form OR the Staff review form. |
| The following training areas must be addressed:  (i) Individual’s choice;  (ii) Individual’s rights in accordance with state and federal laws;  (iii) Confidentiality;  (iv) Dignity and respectful interactions with individuals;  (v) Individual support plan and any medical, behavioral, or safety protocols for all participants to whom the staff provides direct services; and  (vi) Abuse, neglect, or exploitation and state law reporting requirements and prevention. |  |  |  | |  |  |
| **RECORD ITEM** | **YES** | **NO** | **N/A** | | **DATE ITEM UPDATED** | **COMMENTS** |
| **INCIDENT REPORTING (404 NAC 4-002.11)** |  |  |  | |  |  |
| The provider must report incidents using the electronic system approved and used by the Department. The provider must implement a system for handling and reporting incidents that includes: |  |  |  | |  |  |
| A. Identification of incidents that require completion of an incident report to the Department that includes:  (i) Situations that adversely affect the physical or emotional well-being of a participant served;  (ii) Alleged or suspected cases of abuse, neglect, exploitation, or mistreatment; and  (iii) Emergency safety situations that require the use of emergency safety interventions; |  |  |  | |  |  |
| B. Recording the essential facts of the incident, including the results of the incident and any actions which might have prevented the incident; |  |  |  | |  |  |
| C. An action plan that includes the provider’s immediate effort to address the situation and prevent recurrence; |  |  |  | |  |  |
| D. Timeline to ensure prompt reporting of incidents as appropriate, including reporting to:  (i) Provider management;  (ii) The individual who receives services involved in the incident;  (iii) Family member or legal representative as appropriate;  (iv) Child and Adult Abuse and Neglect in the Department; and  (v) Law enforcement; |  |  |  | |  |  |
| E. Reporting requirements including:  (i) A verbal report to the Department upon becoming aware of the incident;  (ii) A written report using the Department approved format within 24 hours of the verbal report;  (iii) A written summary submitted to the Department of the provider’s investigation and action taken within 14 calendar days; and  (iv) An aggregate report of incidents must be submitted to the Department on a quarterly basis. Each report must be received by the Department no later than 30 calendar days after the last day of the previous quarter. The reports must include a compilation, analysis, and interpretation of data, and include evidentiary examples to evaluate performance that result in a reduction in the number of incidents over time; and |  |  |  | |  |  |
| **RECORD ITEM** | **YES** | **NO** | **N/A** | | **DATE ITEM UPDATED** | **COMMENTS** |
| **POSITIVE BEHAVIORAL SUPPORTS (404 NAC 5-001.08)** |  |  |  | |  |  |
| In addressing the participant’s behaviors, the provider must: |  |  |  | |  |  |
| A. Develop and implement policies and procedures that emphasize positive approaches directed towards maximizing the growth and development of each participant; |  |  |  | |  |  |
| B. Develop an assessment that defines the communicative function of the behavior for the participant and focuses on what purpose the identified behavior serves in the participant’s life |  |  |  | |  |  |
| C. Review the participant’s day supports, residential supports, and other relevant data and incorporate it in the assessment process; |  |  |  | |  |  |
| D. Develop a plan for the participant that emphasizes positive meaningful activities and options that are inconsistent with the behavior targeted for change; |  |  |  | |  |  |
| E. Plan a meaningful day that has individualized supports for the participant; |  |  |  | |  |  |
| F. Document potential stressors and triggers that may lead to the participant experiencing a crisis. Once identified, there must be a comprehensive safety plan developed and implemented; |  |  |  | |  |  |
| G. Conduct meaningful and individualized data collection and data analysis that tracks the progress of the participant. The data must be presented in a useful manner and collected through a range of methods that are valid and meaningful for planning and evaluation efforts; and |  |  |  | |  |  |
| H. Utilize data analysis and progress to adjust services to meet the participant’s needs |  |  |  | |  |  |
| **RECORD ITEM** | **YES** | **NO** | **N/A** | | **DATE ITEM UPDATED** | **COMMENTS** |
| **RESTRICTIVE MEASURES**  **(404 NAC 5-007)** |  |  |  | |  |  |
| A. The restrictive measures determined necessary for one individual, must not affect other individuals who receive services in that environment; |  |  |  | |  |  |
| B. The restrictive measure must not be used as punishment, or for the convenience of staff, due to shortage of staff, as a substitute for habilitation, or as an element of a positive behavior support plan; |  |  |  | |  |  |
| C. The restrictive measure must be the least restrictive and intrusive as possible; |  |  |  | |  |  |
| D. There is a goal of reducing and eliminating the restrictive measure; |  |  |  | |  |  |
| E. Prior to proposing a restrictive measure, there must be documented evidence that shows other less restrictive methods have been regularly applied by trained staff and failed; unless a participant’s  behavior resulted in an immediate and serious threat to the health and safety; |  |  |  | |  |  |
| F. The individual or their legal representative, if applicable, must give consent to the restrictive measure; |  |  |  | |  |  |
| G. The restrictive measure is safe for the individual, |  |  |  | |  |  |
| H. The restrictive measure must be documented in the participant’s individual support plan  (ISP). |  |  |  | |  |  |
| **4-007.01 REVIEW AND APPROVAL OF RESTRICTIVE MEASURE**  Prior to implementation  of a restrictive measure, the provider must ensure review and approval by the individual  support planning team and rights review committee**,** |  |  |  | |  |  |
|  |  |  |  | |  |  |
| **RECORD ITEM** | **YES** | **NO** | **N/A** | | **DATE ITEM UPDATED** | **COMMENTS** |
| **PSYCHOTROPIC MEDICATION (404 NAC 4-002.04)** |  |  |  | |  | This only applies to operator owned/controlled settings |
| Psychotropic medications administered by the certified agency provider must: |  |  |  | |  |  |
| 1. Only be given as prescribed by the participant’s treating medical professional acting within his or her scope of practice |  |  |  | |  |  |
| 2. Be reviewed by the individual support planning team to determine if the benefits outweigh the risks and potential side effects; |  |  |  | |  |  |
| 3. Be supported by evidence that a less restrictive and more positive technique has been systematically tried and shown to be ineffective, and that administration of the medications is part of the participant’s person-centered plan as demonstrated by supporting data and outcome measures; |  |  |  | |  |  |
| 4. Be reviewed by the rights review committee, unless all of the following are clearly documented:  (a) The psychotropic medication and dosage;  (b) The diagnosis for which the medication has been prescribed;  (c) The justification or reason for the medication; and  (d) Changes in the medication prescribed or dosage, if any; |  |  |  | |  |  |
| 5. Be reviewed annually by the prescribing physician and semi-annually by the individual support planning team. |  |  |  | |  |  |
| 6. Not be used as a way to deal with under-staffing; ineffective, inappropriate or other nonfunctional programs or environments; |  |  |  | |  |  |
| 7. Also have a positive behavioral supports plan established and in place to address problem behavior when it occurs; and |  |  |  | |  |  |
| 8. Be monitored and documented on an ongoing basis by the provider to provide the individual support planning team and physician sufficient information regarding:  (a) The effectiveness of and any side effects experienced from the medication;  (b) Frequency and severity of symptoms; and  (c) The effectiveness of the positive behavioral supports plan |  |  |  | |  |  |
| **4-002.04(A)** No positive behavioral support plan is required when an individual is prescribed a medication that has the effect of behavior modification, but is prescribed for other reasons, as documented by a physician |  |  |  | |  |  |
| **RECORD ITEM** | **YES** | **NO** | **N/A** | | **DATE ITEM UPDATED** | **COMMENTS** |
| **PARTICIPANTS’ PERSONAL FUNDS/PROPERTY (404 NAC 4-002.06)** |  |  |  | |  |  |
| The provider shall have written policies and procedures to protect the participant’s funds and property. The provider must: |  |  |  | |  |  |
| 1. Have a policy to address who is responsible for replacement or compensation when a participant’s personal items are damaged or missing; |  |  |  | |  |  |
| 2. Not use the participant’s funds and personal property as a reward or punishment |  |  |  | |  |  |
| 3. Not assess the participant’s funds and personal property as payment for damages unless approved by the individual support planning team, and written consent is received from the participant to make the restitution; |  |  |  | |  |  |
| 4. Not use the participant’s funds and personal property to purchase inventory or services for the provider; and |  |  |  | |  |  |
| 5. Not allow the participant’s funds and personal property to be used by provider staff or subcontractors for their personal use. |  |  |  | |  |  |
| **4-002.06(A)**(ii) The participant’s individual support planning team must determine and document in the individual support plan (ISP) the following regarding the temporary transfer of control of a participant’s finances to the provider:  (1) The extent in which the participant can participate in management of his or her financial resources;  (2) The participant’s informed choice; and  (3) The rationale for the transfer of control. |  |  |  | |  |  |
| **4-002.06(B) PROVIDER MANAGEMENT OF PARTICIPANTS’ FINANCES.** If the provider is responsible for handling participants’ funds: |  |  |  | |  |  |
| (i) The provider must maintain a financial record for each participant that includes:  (1) Documentation of all cash funds, savings, and checking accounts, deposits, and withdrawals; and  (2) An individual ledger which provides a record of all funds received and disbursed and the current balance; |  |  |  | |  |  |
| (ii) The provider must provide account balances and records of transactions to each participant at least quarterly, unless otherwise requested; |  |  |  | |  |  |
| (iii) Before the provider allows a non-routine expenditure exceeding $150, the participant must review and prior authorize it, as well as notify the participant’s individual support planning team; |  |  |  | |  |  |
| (iv) The provider must have policies and procedures that outline how financial errors, overdrafts, late fees, and missing money will be handled when the provider is responsible for managing participants’ funds. The policies and procedures must include that:  (1) The provider is responsible for service charges and fees assessed due to staff errors;  (2) The provider must replace missing money promptly if missing money is due to staff error; and  (3) The provider is responsible for taking steps to correct a participant’s credit history when it is affected by provider staff actions in managing the participant’s finances; and |  |  |  | |  |  |
| (v) When the provider is maintaining participants’ personal funds in a common trust, a separate accounting is maintained for each participant or for the participant’s interest in a common trust fund. |  |  |  | |  |  |
| **RECORD ITEM** | **YES** | **NO** | **N/A** | | **DATE ITEM UPDATED** | **COMMENTS** |
| **ASSESSMENTS (404 NAC 5-001.06)** |  |  |  | |  |  |
| The provider must conduct assessments for each participant to obtain accurate and complete information related to the participant’s history, preferences, strengths, abilities, and needed services. |  |  |  | |  |  |
| The assessments must be the basis of development of the individual support plan (ISP). |  |  |  | |  |  |
| Assessments, as assigned to the provider, must be completed for each participant within 30 calendar days of entry to services. |  |  |  | |  |  |
| At least annually, the assessments must be reviewed and updated to reflect the participant’s current status. |  |  |  | |  |  |
| **PROVIDER SERVICE STANDARDS (404 NAC 5-001)** |  |  |  | |  |  |
| **5-001.01** Provider services are based on goals and needs identified in the participant’s individual support plan (ISP). The provider must: |  |  |  | |  |  |
| A. Participate in the individual support planning team; |  |  |  | |  |  |
| B. Provide services in accordance with the participant’s individual support plan (ISP); |  |  |  | |  |  |
| C. Prioritize the needs of the participant, such that:  (i) The participant is challenged to overcome barriers that result in the need for specialized services; and  (ii) The highest level of independence in all areas of community living is achieved; |  |  |  | |  |  |
| D. Develop strategies and supports that are:  (i) Based on prioritized needs;  (ii) Relevant to the individual support plan (ISP);  (iii) Functional;  (iv) Tailored to individual needs, and respectful of participant choice; and  (v) Documented in the individual support plan (ISP); |  |  |  | |  |  |
| E. Implement training and supports consistently in all settings, as the need arises and as opportunities occur; |  |  |  | |  |  |
| F. Encourage and reinforce incidental learning and appropriate behaviors; |  |  |  | |  |  |
| G. Provide activities and environments that facilitate acquisition of skills, appropriate behavior, greater independence, and personal choice; |  |  |  | |  |  |
| H. Accurately measure performance and modify training, supports, or both based on data and changes in the participant’s circumstances; and |  |  |  | |  |  |
| I. Monitor service delivery and address needs as they occur. |  |  |  | |  |  |

| **Objectives as Indicated in the ISP** | **Data for the last 6 months** | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Additional Comments or Follow-up Recommendations: