

Individual Quality Outcome Measures Review: Expanded Item Descriptions (January 1, 2018)

FOCUS AREA: ENVIRONMENT	Evaluation Items to Consider	Potential Identified Concerns	Additional Comments
1	<p>Is the home/site accessible to the individual?</p> <p>Is the individual able to enter and exit doorways of the home?</p> <p>Is the individual able to ambulate freely throughout the home? Are there any internal barriers that impede on the individual's ability to move around in the home?</p> <p>If the individual uses a wheelchair/walker for mobility, is the width of the doorways sufficient to allow for easy passage? Does the internal layout of the home allow enough space for the individual to access all common areas of the home and their private bedroom while using their needed equipment? Are ramps and rails installed where they are needed?</p> <p>Does the home have at least one accessible bathroom that has modifications in place to meet the individual's needs? (shower chair, ability to roll in, detachable shower head, grab bars, slip mats, raised toilet seat, etc.)</p> <p>If there is an outdoor living space, is the space accessible for the individual's needs?</p> <p>If the individual has hearing or visual impairments, are environmental modifications in place in the home to meet their needs and increase opportunity for independence?</p>	<p>Barriers preventing safe entrance/exit from the home.</p> <p>Isolation as the result of internal barriers; Internal barriers that present safety hazards (ex. second floor bedroom for someone with mobility concerns); Barriers to internal access limiting independence and full use of the residence/site; Restrictions limiting free access to parts of the home (locks, signs or staff limiting presence in certain areas)</p> <p>Barriers preventing access within the home for individuals using wheelchairs/walkers.</p> <p>Needed modifications are not in place or are in need of repair.</p> <p>Ambulatory individuals have access to outdoor living space, but non-ambulatory individuals do not.</p> <p>Missing visual fire alarm, door knocker, closed captioning or subtitles for televisions, hand rails/grab bars, etc.</p>	
2	<p>Does the individual have access to privacy for personal care?</p> <p>If the individual requires assistance with personal care tasks, is support provided in a manner that allows for dignity and privacy?</p> <p>If the individual is independent with all or some personal care tasks, does the individual have privacy in their bedroom/bathroom to complete personal care tasks for which he/she does not require assistance?</p> <p>Does the individual have the opportunity for uninterrupted private time away from staff or other residents?</p>	<p>Another resident is consistently intruding on the individual's private bedroom without permission and staff is not redirecting the other resident to prevent their access.</p> <p>Individual is not allowed to privately complete tasks for which he/she does not require assistance.</p> <p>Individual indicates that staff person is consistently entering their bedroom without permission. Individual is unable to have private time.</p>	<p>*If individual is in Belton Class and environmental modifications are not in place, document here.</p> <p>If the individual lacks awareness of modesty standards and appears indifferent to privacy, respond to the question in a manner that upholds their right to privacy and dignity. Do not indicate that it is not applicable.</p>
3	<p>Does the individual have a private place in the home to visit with friends or family?</p> <p>Is there an area of the home either inside or outside (weather dependent) where the individual can meet with friends or family privately (without interruption from staff or other residents)?</p>	<p>There are no areas of the home where the individual can visit with friends or family privately.</p>	<p>If there are safety concerns identified in the ISP that place conditions/ limitations around private time, indicate in comments. If the individual does not have friends or family with whom they would visit at the home, indicate "Yes" and describe why the question is not applicable in the Comments.</p>
4	<p>Does the individual have access to privacy for phone discussions with friends or family?</p> <p>If the individual uses a phone for communication with family/friends, is the individual able to do so in their bedroom or another place within the home without concern for others listening to his/her conversations?</p>	<p>Phone use is only allowed in common areas with staff supervision or presence of other residents.</p>	<p>If there are safety concerns identified in the ISP that place conditions/ limitations around private time, indicate in Comments. If the individual does not use a phone to communicate with friends/family, indicate "Yes" and describe why the question is not applicable in the Comments.</p>
5	<p>Does the individual have access to receive and view their mail/email privately?</p> <p>If the individual desires to do so, does the individual have the opportunity to personally open and privately view their personal mail/email?</p>	<p>Staff or others open/view the individual's mail/email without their permission.</p>	<p>If there are safety concerns identified in the ISP that place conditions/ limitations around mail/e-mail or lacks the capacity to review mail/e-mail without support, indicate "Yes" and describe why the question is not applicable in the Comments.</p>
6	<p>Is the individual able to have private communications with family and friends through other means?</p> <p>If the individual relies on social media or other electronic platforms (Skype, Facetime, etc.) to communicate with family or friends, does he/she have the opportunity to privately do so?</p>	<p>Individual relies on social media or other electronic platforms to communicate with family or friends and his/her access is denied or limited.</p>	<p>If there are safety concerns identified in the ISP that place conditions/ limitations around social media or other electronic communication platforms, indicate in Comments. If there are no other means that the individual utilizes to communicate with family or friends other than phone/email, enter "Yes" and enter "Not applicable" in Comments.</p>
7	<p>The home setting allows the individual the option to have a private bedroom.</p> <p>If the individual desires a private bedroom, does he/she have one? If the individual lives in a CRA/Host Home, he/she must have access to a private bedroom.</p> <p>Is the individual supported to personalize their private bedroom with décor of his/her choosing? Are there any concerns around the furnishings of the individual's bedroom.</p>	<p>Individual desires a private bedroom and has no other option but to share a bedroom with someone else.</p> <p>Individual has a private bedroom, but is not allowed to select any décor to meet his/her preferences. The individual's bed is not appropriate to meet the needs of the individual. There is broken</p>	<p>If the individual lives in a family home and due to the size of the home, he/she must share a bedroom with another family member, but desires to have a private bedroom, describe the circumstances and if any options have been explored for the individual to have a private bedroom.</p>
8	<p>Are all assistive technologies being utilized as planned?</p> <p>Assistive technology (AT) is any item, piece of equipment, software program, or product system that is used to increase, maintain, or improve the functional capabilities of persons with disabilities. AT helps people who have difficulty speaking, typing, writing, remembering, pointing, seeing, hearing, learning, walking, and many other things. Individuals with different disabilities or functional capabilities may benefit from different assistive technologies.</p> <p>AT can be low-tech: communication boards made of cardboard or fuzzy felt. AT can be high-tech: special-purpose computers. AT can be hardware: prosthetics, mounting systems, and positioning devices. AT can be computer hardware: special switches, keyboards, and pointing devices. AT can be computer software: screen readers and communication programs. AT can be inclusive or specialized learning materials/aids or specialized software for learning. AT can be much more—electronic devices, wheelchairs, walkers, braces, educational software, power lifts, pencil holders, eye-gaze and head trackers, and much more.</p> <p>Does the individual have the AT that they need to increase, maintain, or improve his/her functional capabilities?</p> <p>Is all needed AT available to the individual at the site where it is to be utilized?</p> <p>Is all needed AT set-up properly for use by the individual when needed?</p>	<p>Individual does not have needed assistive technology or the AT he/she has is not appropriate for their needs.</p> <p>AT is not present when needed or is present, but not being utilized as planned.</p> <p>AT is present, but is not set-up properly for the individual to benefit from it's use.</p>	<p>https://www.atia.org/at-resources/what-is-at/</p>
9	<p>Are all assistive technologies in good working order?</p> <p>Are any needed AT's in need of repair?</p>	<p>AT is present, but requires repair in order to be utilized as planned.</p>	<p>Indicate who is responsible for ensuring the repairs of the AT are completed.</p>
10	<p>Does the individual have adequate clothing to accommodate the individual's needs or preferences/choices?</p> <p>Does the individual have adequate clothing for all types of weather and all occasions? Are the individual's clothing items the correct size?</p> <p>Does the individual have enough clothing items (shirts, pants, undergarments, socks, shoes, sweaters/jackets, etc.) to wear for at least 7 days without laundering? Are most clothing items in adequate condition? (absence of holes/tears, working zipper, has all needed buttons, etc.)</p> <p>Does the individual have the opportunity to select clothing that he/she would like to wear each day?</p>	<p>Limited supply of options of needed clothing. Limited number of clothing items that are the right size (too big/small).</p> <p>Limited supply of needed clothing items. Most clothing items are in poor condition and in need of repair/replacement.</p> <p>Limited access to clothing that accommodates the individual's preferences/choices. Clothing is selected for the individual even when he/she is capable of making his/her own selections.</p>	
11	<p>Does the individual have adequate food and supplies to accommodate the individual's needs or preferences/choices?</p> <p>Is there enough food available to meet the needs of the household for at least 3 days? Are there enough options of both perishable and non-perishable food items to provide for healthy meals (fresh fruits and vegetables, meat, parity items, frozen foods, canned foods, snacks, nutritional supplements)?</p> <p>Does the individual indicate that he/she enjoys the food choices being offered? Are staff or others responsive when the individual expresses that he/she does not like the food being prepared?</p> <p>Does the individual have access to food for meals and snacks throughout the day?</p> <p>Does the individual have the opportunity to assist with the planning and preparation of meals?</p> <p>Does the individual have access to adequate household supplies to meet their needs? Includes: toiletry/hygiene items, clean linens, soap, cleaning supplies, toilet tissue, etc.</p>	<p>Food is not in adequate supply.</p> <p>Individual is unsatisfied with the meal options provided and nothing is being done to resolve the concern.</p> <p>Individual's access to food is restricted without a doctor's order related to diet or indication in ISP.</p> <p>Individual desires to assist with meal planning and preparation and is not allowed the opportunity to do so.</p> <p>Household toiletry items, clean linens or other supplies are not available, as needed.</p>	<p>All food groups must be available within all CRA's and they must be represented on the daily menu (See Section H-8 in the DD Community Provider Manual).</p>
12	<p>Is the Residential/Day setting clean according to the individual's needs and preferences?</p> <p>Observe setting to determine if it meets reasonable standards of cleanliness and sanitation.</p>	<p>There is visible filth, clutter, excessive dust/cobwebs, sticky surfaces, dirty floors, mold/mildew in moist areas, stained furniture/carpet/linens, insects/rodents/infestation, etc.</p>	

13	Is the Residential/Day setting safe for the individual's needs?	Observe all areas of the setting for general and individual-specific safety concerns.	Interior temperature is too hot/cold depending on season; plumbing/electricity service issues; clutter that impacts mobility/accessibility; holes in walls, broken windows, exterior doors that are not secure or have faulty locks; uneven surfaces, tears in carpet, broken tiles; broken furniture/appliances that could be a safety hazard, etc.
14	Is the Residential/Day setting appropriate for the individual's needs and preferences?	Is the setting appropriate for the individual, in terms of offering opportunities that are consistent with their interests and/or level of cognitive/intellectual functioning?	Individual is in a setting where he/she does not have the opportunity to explore their interests or make progress toward their goals. Individual does not have the opportunity to interact with others with a similar level of cognitive/intellectual functioning.

FOCUS AREA: APPEARANCE and HEALTH

15	Does the individual appear healthy? Describe any observations regarding health since the last review.	Since the last review, are there any notable changes in appearance that would indicate a decline in health? Observations should include: Skin condition, hygiene, weight, ambulation/mobility, mood, energy/activity level, sleep pattern, cognition/memory relative to last visit, etc.	Individual's skin coloring/condition has changed or there are new bruises/injuries. Individual is noticeably smaller or heavier in body weight since the last visit. Individual has a body odor that might indicate a health condition. Individual has a new limp or unsteady gait that was not previously present. Individual appears lethargic. Individual appears to have notable memory decline since the last visit. Individual vocally complains of a health issue or pain and he/she has not received medical attention.
16	Does the individual appear safe? Describe any observed changes related to safety since the last review.	Are there any indications from observation or reports from the individual that there are any new or unresolved safety concerns since the last review?	It is evident during observation that the participant is unsafe or vocally complains of feeling unsafe.
17	Have there been any reported changes in health since last review?	When asked, do staff/family/individual report that there have been any changes in health since the last review?	Staff/family/individual reports that there have been newly diagnosed conditions, new treatments prescribed, new or unresolved injury, changes in mobility or range of motion, new or progressing skin breakdown, changes in cognition, change in body weight, etc.
18	Does the HRST align with current health and safety needs?	Review the current HRST. Has the HRST been completed within the last year? Are there any changes in health and safety needs that have not been updated on the HRST? Are there any changes in medications or diagnoses that have not been updated on the HRST? Have HRST service/training considerations been considered for implementation?	HRST has not been updated in the past 365 days. HRST does not take into account the most recent health information available. New service/training considerations were indicated and provider has not been responsive regarding them.
19	Is the ISP available to staff on site? If there have been ISP addendums, are they available to staff on site?	Is the ISP (and any addendums) available either in printed or electronic format for the staff to review at every site where the individual receives services?	ISP is not available on site. ISP is available on site, but ISP addendums are not. ISP is only available electronically to staff, but there are login issues and the staff are unable to open it.
20	Are all staff knowledgeable about all information contained within the individual's ISP?	Do all staff in the settings demonstrate an understanding of the individual's support needs, health-related information, and person-centered information outlined in the ISP?	Staff do not demonstrate an understanding of how to support the individual in one or more areas and those directives can be found within the ISP. Staff are observed to be supporting the individual in a manner that is inconsistent with what is written in the ISP.
21	Are indicated healthcare plans current (i.e. not expired)?	Have healthcare plans been developed or last reviewed within the past year?	Healthcare plans have been in place for over one year without and the plans have not been reviewed by a RN to determine if they remain accurate (RN signature with date of last review is needed on healthcare plans).
22	Are indicated healthcare plans available to staff on site?	Are healthcare plans available in printed format in an easily accessible location for staff to review at every site where the individual receives services?	Healthcare plans are kept in a locked file cabinet or in an online platform that does not provide for easy access for direct care staff to review.
23	Are all staff knowledgeable about all of the individual's healthcare plans?	Do staff in all settings demonstrate an understanding of the individual's healthcare plans and what their role is in supporting the individual with health needs outlined in the plans?	Staff do not demonstrate an understanding of how to support the individual based on the directives outlined in the healthcare plan(s). Staff are observed to be supporting the individual in a manner that is inconsistent with what is written in the healthcare plan(s).
24	Are indicated healthcare plans being implemented?	Are protocols in place, as indicated in HCP and in the ISP? Are tracking logs present for documentation of seizure activity, blood sugar level, bowel movement information, blood pressure readings, weight record, etc.? Are the tracking logs being utilized by staff, as indicated?	Staff are not abiding by protocols in healthcare plans that outline actions required to mitigate health risks for the individual. Staff do not complete tracking logs at the frequency indicated. Staff did not take the necessary steps outlined in the healthcare plan(s) when data collected was outside of parameters.
25	Are skilled nursing hours being provided, as ordered?	Are the nursing hours, ordered on the PA being delivered by a LPN/RN at the frequency indicated on the Nursing Assessment?	LPN/RN was not present during a time that they were needed for skilled nursing tasks based on nursing recommendations.
26	Are all medical/therapeutic appointments being scheduled and attended?	Has the individual received an annual physical and dental exam? Has one been scheduled, if it has not yet occurred within the past year? Are indicated specialist/therapeutic appointments being scheduled and attended as recommended? Has indicated lab work/AIMS test been completed at recommended intervals?	Individual has not attended an annual physical or dental exam. Individual has not attended needed specialist/therapeutic appointments.
27	Are all follow-up appointments being scheduled and attended?	If a physician recommended a follow-up appointment, was the appointment scheduled and attended within the recommended timeframe?	Follow-up appointment was not scheduled in the timeframe recommended by the physician. Scheduled follow-up appointment was missed.
28	Are all physician/clinician recommendations being followed?	If recommendations were made during a previous medical visit or clinical assessment, has the individual been supported to ensure those recommendations have been followed?	Physician/clinician recommendations have not been followed.
29	Are all prescribed medications being administered, as ordered, and documented accurately?	Review all of the individual's medications and Medication Administration Record (MAR) to determine if prescribed medications are being administered accurately.	There is evidence of medication administration or documentation errors based on review of MAR and current medications present.
30	Are all required assessments/evaluations completed?	If an assessment/evaluation was recommended for a person based on their current condition, has the assessment been completed? This can include OT, PT, ST, SLT, Nutrition, and also needed DBHDD Field Office Clinical Assessments.	Ordered/needed assessments were not completed.
31	Has the individual had any hospital admissions, emergency room, or urgent care visits since the last review?	Since the last review, has the individual been taken to an urgent care clinic, an emergency room or been admitted to a hospital? If so, what was the reason for the hospitalization, ER visit or urgent care visits? Document the date of the visit and duration of stay.	Individual has been taken to an urgent care clinic, an emergency room or been admitted to a hospital since the last review.
32	Have hospital/ED/urgent care discharge plan instructions been followed?	If a hospital admission, hospital emergency department visit or urgent care clinic visit occurred since the last review, were the discharge plan instructions followed by those responsible for the supporting the individual with their health?	A hospital admission, hospital emergency department visit or urgent care clinic visit occurred since the last review and discharge plan instructions were not followed by those responsible for the supporting the individual with their health.

FOCUS AREA: SUPPORTS and SERVICES

33	Do the individual's paid staff appear to treat them with respect and dignity?	Based on observation, do staff appear to respect the individual's privacy and avoid speaking openly about matters that are private to the person? Do staff appear to respect the individual's right to make choices and be included in decision-making about both minor and significant decisions? If the individual attempts to make choices that are dangerous or will otherwise produce negative outcomes for the person, do paid staff help negotiate possible solutions/compromises? Do staff make efforts to help the individual feel safe, included and valued? Do paid staff interact patiently with the individual, so as to allow time for maximum expression?	Staff are observed to be communicating with the individual in a manner that is demeaning, intimidating or unreasonably harsh. Staff are observed talking about the individual and sharing private information with persons who did not need to know. Staff are observed ignoring the individual when they are clearly attempting to communicate. Staff make decisions for the individual without giving him/her the opportunity to participate in making choices. Staff exclude the individual from activities or social interactions for which the individual desires to participate.
34	Do the individual's natural supports appear to treat them with respect and dignity?	Based on observation, do natural supports appear to treat them with respect and dignity, as indicated above?	Family is observed to be communicating with the individual in a manner that is demeaning, intimidating or unreasonably harsh.
35	Are supports and services being delivered to the individual, as identified in the current ISP?	The ISP outlines the supports and services that the individual relies on to meet their needs and assist them with living a meaningful life. All providers signed the ISP attesting to the fact that they will deliver the services and supports as outlined in the ISP. Do services identified in the ISP appear to be delivered in accordance with the service description in waiver policy? Are services being delivered at the frequency with which they were ordered in the ISP? In providing services and supports, are staff taking into consideration the directives outlined in the ISP relating to provision of assistance with activities of daily living, support with community participation/inclusion, assistance with healthcare coordination and health maintenance tasks, support to explore their interests and develop relationships, etc.	Per the ISP, individual is supposed to have enhanced staffing or 1:1 staffing due to exceptional medical or behavioral support needs and the observed staff ratio is deficient. Services ordered in the ISP are not being delivered (ex. Van at CAG is broken, so they have not been attending; lapse in staff for CAI or CLS). Per CAG policy, individuals are being supported in excess of the approved ratio. Staff are not providing supports as identified in the ISP. Staff are performing duties not intended for the service. Deficits are evident in staff performance of necessary duties relating to the needed supports/services. Inadequate staff training on individual's support needs.
36	Is the individual being supported to make progress in achieving their goals (both ISP goals and informally expressed goals)? Indicate the status of the individual's progress toward achieving established goals.	Are the provider staff knowledgeable about the person's goals (both ISP goals and informally expressed goals)? Are staff supporting the person with actions steps toward meeting objectives of his/her goals? Does the individual want to continue efforts to achieve goals previously developed or would he/she like to discontinue/modify current goals or develop new goals?	Staff do not know what the individual's goals are or they do not understand the intent of the goal(s). Staff do not know how to implement supports to assist the individual in achieving the goal(s). Staff do not understand the individual's preferences, hopes and dreams. Staff are observed to be uninterested in assisting the individual in goal achievement.

37	Are there any additional service/support needs not being met at this time? Describe.	Does the individual have a concrete need for any service that is not being provided at this time? Does the individual have any support needs that are either not identified in the ISP? If the individual is deaf/hearing impaired such that they would require communication facilitation, are those supports in place when needed?	Individual needs additional CLS hours due to lack of availability of natural supports. Individual is completing high school and needs CAG/CA/PA/SE. There are changes in support needs that have not been identified in the ISP (Is ISP addendum needed?). Communication facilitators are not in place, when needed, to support the individual.	If any additional waiver services are needed, indicate if a STAR has been submitted relating to the request.
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FOCUS AREA: BEHAVIORAL and EMOTIONAL

38	Since the last visit, are there any emerging or continuing behavioral/emotional responses for the individual?	Is the individual displaying any new behavioral/emotional responses that were not evident at the last review? Are any behavioral/emotional responses that were previously present in severity or negative consequences since the last review? Have there been any significant life changes that may have led to behavioral/emotional responses?	Individual has had a new onset or increase in episodes of physical/verbal aggression, self-injury, property destruction, vocal emotional outbursts, elopement, pica, sexually inappropriate or aggressive behaviors, etc.	
39	Are current supports and behavioral interventions adequate to prevent engaging external interventions?	Are current staff or natural supports intervening effectively when behavioral episodes occur? Have staff or natural supports had to call GCAL/Mobile Crisis Team, call 911 or take the person to a hospital emergency department as a result of a behavioral crisis?	Staff/family have made attempts to intervene, but have been unsuccessful in deescalating the behavioral episode. Staff/family have had to engage external supports to assist with interventions.	
40	Does the individual currently have a Behavioral Support Plan, Crisis Plan, and/or Safety Plan relating to behavioral interventions?	Is there a plan in place to provide recommendations to staff/family about behavioral interventions to implement in the event that a challenging behavior emerges? Are all target behaviors identified in the plan? Based on the plan start date and date of last review by the BSC, is the plan current?	The individual has a Behavioral Support Plan, Crisis Plan, and/or Safety Plan in place designed to support the person with needed behavioral interventions. If a plan is in place and remains needed, determine the date of last review by the BSC. If it is greater than 6 months, open a Coaching and request that the BSP is reviewed to determine if there are any needed modifications. If a plan is needed, but not in place, indicate "No" and open a Coaching in effort to coordinate obtaining a plan. If a plan is in place, but appears to no longer be needed, open a Coaching in effort to coordinate a review of the current plan by the BSC to determine if the plan should be modified or terminated.	The plan may be called by different names, but the content should provide directives relating to recommended behavioral interventions.
41	Is/Are the plan(s) available on site for staff review?	If a Behavioral Support Plan, Crisis Plan, and/or Safety Plan is in place, is the plan available in printed format in an easily accessible location for staff to review at every site where the individual receives services?	BSP is kept in a locked file cabinet or in an online platform that does not provide for easy access for direct care staff to review.	If there are NO plans in place, enter Yes, Acceptable and in Comments: N/A Coaching: Request of provider manager to ensure that any behavioral plans are printed and available for direct care staff in an easily accessible location at each site of services.
42	Is there evidence of implementation of the Behavioral Support Plan, Crisis Plan, and/or Safety Plan? (Includes staff being knowledgeable about plan and ability to describe how they are implementing the plan.)	From observation and interview, do staff/family appear to be utilizing the interventions outlined in the Behavioral Support Plan, Crisis Plan, and/or Safety Plan? Have staff/family been documenting their observations/interventions in behavior tracking logs (A.B.C. data)? What do staff/family report about the effectiveness of the plan?	Staff/family are observed to be using behavioral intervention techniques that conflict with what is recommended in the BSP. Staff/family are not knowledgeable about the plan(s) and it is evident that more training is needed. Staff/family are knowledgeable about the plans and are attempting to implement interventions, but the interventions are not effective.	If there are NO plans in place, enter Yes, Acceptable and in Comments: N/A
43	Since the last visit, has the individual accessed GCAL or the Mobile Crisis Response Team? If yes, describe reason, frequency, duration of any admissions, and if discharge recommendations have been followed. As a result, has the BSP/Safety Plan/Crisis Plan been adapted to reflect any new recommendations or interventions needed?	Question requires no further explanation. Address all components within the comments if there has been any contact with GCAL/MCT.	Individual had a prolonged episode of aggression and all interventions used by staff were unsuccessful in deescalating the situation. GCAL was called and the MCT arrived one hour later. They stayed for two hours until the individual stabilized. MCT recommended modifications to the BSP due to ineffectiveness of interventions used. Discharge recommendations have not been followed. BSP/Safety Plan/Crisis Plan needs to be adapted based on recent incident(s), but it has not been updated.	Coaching should include direct contact with the BSC. If there is no BSC services in place, consider request via STAR.
44	Since the last visit, has the individual had contact with law enforcement? If yes, describe reason and length of involvement. As a result, has the BSP/Safety Plan/Crisis Plan been adapted to reflect any new recommendations or interventions needed?	Since the last visit, has anyone who supports the individual called 911 for assistance with the individual due to being a threat to the safety of themselves or others? Has the individual called 911 and were police dispatched to the scene? Did a neighbor or other community member call police to report an incident relating to the individual?	Police were called as a result of a report from a neighbor that the individual eloped from their residence and was in their backyard playing with their dog. Police returned the individual to his residence. Measures to take to prevent elopement were included in the BSP, but staff were unable to prevent the elopement. Additional staff training is needed. Staff called police due to extreme aggression toward another staff person that she was unable to deescalate. Police arrived and arrested the individual for assault/battery and he was taken to jail. Upon release, SC determined the ISP needed to be amended to describe new support needs or an updated BSP will be needed.	

FOCUS AREA: HOME/COMMUNITY OPPORTUNITIES

45	Does the individual have unpaid community connections? If no, describe steps being taken to further develop community connections.	Community Connections are activities the individual engages in or places that the individual goes in the community where they have the opportunity to develop relationships (i.e. socializing in the neighborhood, volunteer sites, social clubs or groups, places of worship/churches, recreation centers, sports leagues, community theater). Places where paid services are being rendered are generally not considered unpaid community connections (i.e. stores, shopping malls, restaurants, barbers/hair salons, etc.). Is there anyone in the person's life with whom the person has a relationship and that person is not being paid to provide services? Does the individual feel as though the unpaid relationships in their life are adequate or do they desire more relationships in the community? If unpaid supports/connections are not adequate, describe steps have been taken to further develop unpaid community connections. What suggestions have been made? What will be attempted moving forward in an effort to support the individual to develop unpaid community connections?	The individual has no/few natural supports or community connections and there are no steps being taken to assist them with developing these connections. The individual has natural supports or community connections, but the provider is not supporting the individual to maintain them (or actively preventing them from maintaining them).	If there are any unpaid relationships that are not identified on the Relationship Map in the ISP, indicate the name/relationship in the comments and how the relationship was established.
46	Is the individual receiving services in a setting where he/she has the opportunity to interact with people who do not have disabilities (other than paid staff)?	Are there any opportunities offered by the service provider(s) for the individual to interact with people who do not have disabilities and with whom the individual interacted. Note the content of the interaction, if any occurred.	The service provider does not offer the individual opportunities to interact with people who do not have disabilities (other than paid staff).	
47	Is the individual being offered/provided documented opportunities to participate in activities of choice with non-paid community members?	Has the provider documented offering/providing opportunities for the individual to participate in activities of choice with community members who are not being paid to engage in the activity? Indicate what activities the individual participated in since the last review that included unpaid community members.	The individual is not being offered opportunities to participate in activities of choice with non-paid community members.	
48	Does the individual have the opportunity to participate in activities he/she enjoys in their home and community? Describe steps being taken to increase opportunities to meet this objective and allow choices to be offered while in services.	Do staff/natural supports make efforts to engage the individual in preferred activities in the home? Do staff/natural supports make efforts to coordinate opportunities for the individual to participate in activities he/she enjoys in the community? Is the frequency of opportunities satisfactory for the individual?	The individual is not being offered opportunities to participate in activities he/she enjoys in the home and/or community. The individual is regularly offered opportunities to participate in activities/outings that he/she does not enjoy or did not choose, but is not regularly offered opportunities to participate in preferred activities/outings. The individual has the opportunity to participate in activities he/she enjoys on an infrequent basis and desires to participate in activities/outings more frequently.	
49	Is the individual actively supported to seek and/or maintain employment in competitive and integrated settings and/or offered customized opportunities, if desired? Is yes, note how he/she is supported to do so. If no, how is the issue being addressed?	If the individual desires community employment, is he/she assisted with connection to supports through Georgia Vocational Rehabilitation Agency, Prevocational Services, or Supported Employment Services? Is he/she being assisted with identifying potential jobs in competitive/integrated settings? Is the individual supported with applying for jobs, following up and identifying supports that would need to be in place to maximize opportunity for success? If the individual is employed, what supports are in place to help the individual maintain their employment or develop their work skills? (Include where the individual is currently employed and typical number of hours worked per week.)	The individual desires employment and is not being actively assisted in seeking prevocational, supported employment or competitive employment opportunities. The individual is working and could benefit from support to maintain their employment, but is not receiving the needed support.	
50	Does the individual have the necessary access to transportation for employment and community activities of his/her choice?	Does the individual have access to needed transportation to meet their needs and allow for active community engagement? If any vehicle adaptations are needed for access and safe transportation (i.e. lifts, wheelchair accessible, etc.), are those in place and in good working order?	The individual does not have access to needed transportation. Individual uses a wheelchair for mobility and does not have a vehicle that allows for safe/accessible transportation. The individual only has access to transportation to meet needs, but not to allow for participation in desired community activities.	Coaching: Inquire about provider/family's plans to resolve the barriers and provide any ideas.

FOCUS AREA: FINANCIAL

51	Are there barriers in place that limit the individual's access to spend his/her money, as desired?	Who is responsible for managing the individual's finances? Ask the individual if he/she has access to their personal spending money and if he/she is able to choose how to spend his/her money. Are there any barriers that prevent the individual from spending their personal spending money as they desire?	There is evidence of financial exploitation or intentional theft of monies in the individual's name. Individual is being charged room and board expenses that are higher than what is appropriate for the setting or personal funds for multiple residents are being co-mingled (See Policy 02-702). Individual is being limited from spending their personal funds as he/she chooses.	Reminder: If any financial exploitation or theft has occurred and it has not already been reported as a Critical Incident, SC is responsible for doing so (See DBHDD Policy 04-106).
		If in a CRA, review the room and board expenses charged to the person to determine if the rate is consistent across residents and if it is appropriate for the setting.	Any one resident should not contribute more to room and board than any other resident purely because he/she receives more income.	

If a CRA provider is responsible for the person's finances, review documentation relating to management of funds and determine if a minimum personal spending allowance of \$65.00 has been given to the individual every month. Review the expenditure log and bank statement (for those whose money is kept in a bank account) to make sure that personal spending money was utilized for purchases that were of the person's choosing or otherwise related to what is important to the person.

Personal spending money cannot be utilized for healthcare visit co-pays, dental expenses, medication co-pays, healthcare visit parking or any other healthcare-related expenses. Personal spending money cannot be utilized for common household items (purchase or repair of appliances used in common areas, cleaning supplies, paper towels, toilet tissue, soap, laundry detergent, etc.).

Reminder: *Waiver Supplemental Services* (state funds) can be requested to cover approved healthcare related expenses not covered by Medicaid (including dental expenses, co-pays, etc.)

FOCUS AREA: SATISFACTION For all Satisfaction Questions (52-55): Do not simply state the individual is satisfied. Indicate how you came to the conclusion that he/she is satisfied. Was it based on observation of the individual? Did the individual state that he/she was satisfied? Did staff, family or other supporters state that he/she was satisfied? Explore with the individual what they like and dislike as it relates to each question and what, if anything, he/she would like to see change/improve. If the individual does not communicate in a manner that the reviewer can understand, make efforts to inquire about satisfaction with those closest to the individual and indicate any observations that assisted with determining satisfaction/dissatisfaction.

52	What is the individual's overall satisfaction with their life activities since the last review?	General speaking, is the individual satisfied with his/her day-to-day life (home life, community life, personal life, etc.)? Based on the level of dissatisfaction, how urgent is change needed for the individual?	Individual expresses dissatisfaction with some area of life activities and nothing is being done to support the individual with achieving greater satisfaction.	Coaching could include assisting the provider/family/individual in making a plan to improve satisfaction with day-to-day life. Identify in Comments if anything has already been attempted to resolve the dissatisfaction.
53	What is the individual's overall satisfaction with their service providers since the last review?	Is the individual satisfied with the providers or his/her services? Is the individual satisfied with the relationships that he/she has developed with the staff that provide his/her services? What would the individual like to see change to improve satisfaction with his/her service providers/staff? Based on the level of dissatisfaction, how urgent is change needed for the individual? Can something be done to resolve the dissatisfaction or is a change in staff or provider needed?	Individual expresses dissatisfaction with any of his/her service providers or staff that work for a service provider and his/her dissatisfaction is not being addressed.	Coaching could include assisting the provider/family/individual in making a plan to adjust the manner in which services/supports are delivered or who is delivering the service/support. Identify in Comments if anything has already been attempted to resolve the dissatisfaction.
54	What is the individual's overall satisfaction with their type of services received since the last review?	Does the individual still enjoy having the type services he/she currently has? What would the individual like to see change to improve satisfaction with the type of service(s) he/she receives? Based on the level of dissatisfaction, how urgent is change needed for the individual? Can something be done to resolve the dissatisfaction or is a change in services needed?	Individual expresses dissatisfaction with the type of services received and his/her dissatisfaction is not being addressed.	Coaching could include assisting the individual/family with exploring what is working and not working about the service type and review whether a different outcome would be possible by connecting the person with a different service. Identify in Comments if anything has already been attempted to resolve the dissatisfaction.
55	What is the individual's overall satisfaction with their family relationships/natural supports since the last review?	Does the individual express satisfaction with their family relationships, relationships with other natural supports, romantic relationships, friendships? Can anything be done to improve the quality of these relationships?	Individual expresses that he/she no longer gets along with his/her parent/sibling and wants to explore options for other living arrangements. Individual expresses that he/she wishes to have more friends and is not being supported to make more friends. Individual desires to have a romantic relationship and does not have the support of staff/family to develop a relationship with a person of interest.	Coaching could include assisting the individual with identifying the source of the dissatisfaction/challenges and determining what might be done to improve relationships or change circumstances. Evaluate if there is any need for an I&E Social Worker assessment and recommendations.