

FY 2013 COMMUNITY SERVICE STANDARDS QUALITY REVIEW TOOL

COMMUNITY SERVICE STANDARDS for all DD PROVIDERS

*Including DMA References

STANDARD CITATION FY '13		INITIAL FINDINGS	DID NOT MEET	FOLLOW-UP REVIEW
Critical ORGANIZATIONAL PRACTICES: A. The Organization Clearly Describes Available Services, Supports, Care and Treatment				
1.	The organization has a description of its services, supports, care and treatment that includes a description of: <ul style="list-style-type: none"> a. The population served; b. How the organization plans to strategically address the needs of those served; and c. Services available to potential and current individuals. 			
2.	The organization details the desired expectation of the services, supports, care and treatment offered and the outcomes for each of these services.			
3.	The level and intensity of services, supports, care and treatment offered is: <ul style="list-style-type: none"> a. Within the scope of the organization; b. According to benchmarked practices; and c. Timely as required by individual need. 			
4.	The program description identifies staff to individual served ratios for each service offered. <ul style="list-style-type: none"> a. Ratios reflect the needs of individuals served, implementation of behavioral procedures, best practice guidelines and safety considerations. b. Ratios reflect considerations such as licensure waivers, special (exceptional) rates reflecting unique individual care needs, etc. 			
5.	Children eighteen and younger may not be served with adults unless the children are residing with their parents or legal guardians in residential programs such as the Ready for Work program. <ul style="list-style-type: none"> a. Situations representing exceptions to this standard must have written documentation from the DBHDD Regional office. <ul style="list-style-type: none"> i. Exceptions must demonstrate that it would be disruptive to the living configuration and relationships to disturb the 'family' make-up of those living together. 			
DMA 1102.M.8. COMP & NOW				
Critical/ORGANIZATIONAL PRACTICES: Q. The Organization that Contracts with Other Organizations Ensures the Affiliate's Compliance and Capacity to Provide Care				
1.	The organization remains responsible for the affiliate's compliance with: <ul style="list-style-type: none"> a. Contract /agreement requirements; b. Standards of practice and specified requirements in the Provider Manual for the Department of BHDD, including Standards for All Providers; c. Licensure requirements; d. Accreditation or standard compliance requirements; and e. Quality improvement and risk reduction activities. 			
DMA 1102.M.6 COMP & NOW				
2.	The affiliate's capacity to provide quality care is monitored, including: <ul style="list-style-type: none"> a. Financial oversight and management of individual funds; b. Staff competency and training; c. Mechanisms that assure care is provided according to the plan of care for each individual served; and d. The requirement for a Host Home Study when contracting with a Host Home provider. 			
DMA 1102.M.7. COMP & NOW				

3. There is evidence of active oversight of the affiliate's capacity and compliance. DMA 1102.M.8. COMP & NOW			
4. A report shall be made quarterly to the agency's Board of Directors regarding: a. Services provided by affiliate; b. Quality of performance of the affiliate. DMA 1102.M.9. COMP & NOW			
5. A report shall be made to the DBHDD Regional office prior to the end of the first quarter and third quarter of the fiscal year that includes: a. Name of the affiliate or contractor; b. Contact name for affiliate or contractor; c. Contact information for affiliate or contractor; d. Disability group(s) served; e. Specific service(s) provided; f. Number of persons in service; and g. Annualized amount paid to affiliate. DMA 1102.M.10. COMP & NOW			
ORGANIZATIONAL PRACTICES: B. Strong Operational Procedures Support the Organization, its Staff and Individuals Served			
1. Applicable statutory requirements, rules, regulations, licensing, accreditation and contractual / agreement requirements are evident in organizational policies, procedures and practices. All DD Providers must have current Commercial General Liability Insurance in the amount of \$1 million per occurrence and \$3 million aggregate. No client may be referred or placed in a home that does not have a license. DMA 604.2.4. NOW & COMP: DMA 603.2E COMP & NOW: Licensure and other permits, when applicable, must be available at the agency or by the individual provider and open to view by the public. DMA 604D COMP & NOW: The Department requires proof of licensure or permit for the following services: Adult OT, Adult PT, Adult Speech Language Therapy, Community Living Support, Respite provided in the participant's home, Respite provided in a PCH. DHR Rules 290-9-37-.03 Community Living Arrangements These rules apply to all Community Living Arrangements that serve exclusively two or more adult persons who are receiving services authorized or financed, in whole or in part, by the DMHDDAD. Residences regulated under these rules provide services specified by the individual service plan of each resident, including daily personal services. DHR Rules 290-5-35 Personal Care Homes which serve two or more adults must have a Personal Care Home Permit .			
2. The organization has internal structures that support good business practices: a. There are clearly stated current policies and procedures for all aspects of the operation of the organization; b. Policies and corresponding procedures direct the practice of the organization; and c. Staff is trained in organization policies and procedures.			
3. The organization has administrative and clinical structures that are clear and that support individual care: a. Administrative and clinical structures promote unambiguous relationships and responsibilities.			
4. Organizations that provide developmental disabilities services must participate in the Georgia Developmental Disabilities Provider Information websites. The address is www.georgiadproviders.org .			
5. There is a written budget which includes expenses and revenue that serves as a plan for managing resources. a. Utilization of fiscal resources is assessed in Quality Improvement Processes and/or by the Board of Directors.			

6. The organization must state explicitly in writing whether research is conducted or not on individuals served by the organization. Refer to Community Service Standards for Division of DD Policy and Procedures on research.			
DMA COMP & NOW Appendix O DMA 2002.7 A participant must not be relocated without prior approval from the DHR, MHHDDAD regional office. DMA 606 COMP & 605 NOW A provider must ensure that the Department of Human Resources (DHR) and the DMA are provided updated, accurate information, which includes but is not limited to the following: (1) Correct address of the agency/business location (2) Correct street address of the service location, if different from above (3) Current phone number(s) (4) Name of contact person(s) Comprehensive Supports Waiver Program VI-19 (5) Data on subcontractors providing direct member care Enrolled providers are required to furnish written notice to the Department of Human Resources, the Division of Medical Assistance, the Office of Regulatory Services (if applicable), the Support Coordination agency, and the NOW participants, at least 30 calendar days prior to any change in provider data. Changes requiring written notice include, but are not limited to the following: • Address of the provider agency administrative/business office • Address of the service location • Telephone numbers • Subcontractor data changes • Change in permit/license issued by the Office of Regulatory Services • If the contact person for the administrative or service location changes, the provider must notify the DHR, Division of MHHDDAD applicable region within 30 calendar days of the change. DMA 607.3 COMP & NOW 1. The provider must maintain on file a copy of all approved waiver requests and have such waiver(s) available for review by the State. 2. The provider must notify the Regional Coordinator or designee when there is any change to services for which the waiver was requested. 3. For waivers of standards for services that are audited/monitored by a Division of MHHDDAD copy of the waiver letter at the time of the audit in order for the External Review Organization or other contracted entity to appropriately incorporate the approved waiver into the audit/monitoring activity. All approved waivers expire at the end of one year following their approval. Host Homes (HH)/Life-Sharing Policy- (Policy 02-704): 1. A HH shall be occupied by the owner or lessee, who is not an employee of the same community provider, which provides the host home/life sharing services by contract with the Division of Developmental Disabilities. 2. HH providers cannot be the owner of a Personal Care Home (PCH) or Community Living Arrangement (CLA). 3. Licensed PCH or CLA providers must relinquish their license prior to making application to become a HH 4. Each HH/Life Sharing must have site specific Medicaid Provider (CRA) number before placement of any person into that particular home 5. Supporting documents for the HH/Life Sharing study include the following: a) Documentation of home ownership (e.g. current mortgage statement) or renter's lease. Documents must be in the name of the potential HH/Life Sharing provider. b) Proof of homeowner's renters insurance or personal property insurance c) Evidence of screening for tuberculosis and communicable disease for each member living in the HH/Life Sharing. d) A general health examination of each member living in the potential HH/Life Sharing site. e) A minimum of three character references f) Criminal records check/clearance. g) Statement as to whether or not there are firearms in the home. h) The home study is completed, signed and dated by a designated employee of the agency or			

<p>professional under contract with the agency and reviewed, signed and dated by the Agency Director or DDP</p> <p>i) Signed statement from potential HH/Life Sharing provider indicating the receipt and review of the operational standards for HH/Life Sharing policy (Policy: 02-704).</p> <p>6. DBHDD provider agency conducts home visits at least monthly, in order to verify that the Host Home/Life-Sharing site is delivering care, room and watchful oversight in a safe and healthy environment. The DBHDD provider agency should evaluate and document the following during each visit:</p> <ul style="list-style-type: none"> • Available services, supports, care and treatment. This includes, but is not limited to the service needs addressed in the ISP. • Human and Civil Rights are maintained. • Oversight of Self-Administering of Medication Administration (if applicable) or that the administering of medication follows federal and state laws, rules and regulations. • Person Centered Focus is Evident in Documentation. • Information and documentation management is protected, secure, organized and confidential. • The host home/life-sharing environment demonstrates respect for the individual(s) served and is appropriate to the supports provided. This includes, but is not limited to, the physical environment, review of disaster and fire safety plan, required training, community inclusion, personal funds, and vehicle transportation requirement. <p>A copy of each monthly visit and written summary of correction made is kept in the Host Home/Life-Sharing site.</p>		
ORGANIZATIONAL PRACTICES: H. Quality Improvement Processes and Management of Risk to Individuals, Staff and Others is a Priority		
<p>1. There is a well-defined quality improvement plan for assessing and improving organizational quality. The organization is able to demonstrate how:</p> <ol style="list-style-type: none"> Issues are identified; Solutions are implemented; and New or additional issues are identified and managed on an ongoing basis. Internal structures minimize risks for individuals and staff; and Processes used for assessing and improving organizational quality are identified. Effective July 1, 2012, the quality improvement plan is reviewed and updated at a minimum annually and this review is documented. 		
<p>2. Areas of risk to persons served and to the organization are identified based on services, supports, treatment or care offered including, but not limited to:</p> <ol style="list-style-type: none"> Incidents: <ol style="list-style-type: none"> There is evidence that incidents are reported to the DBHDD Office of Incident Management and Investigation as required by DBHDD Policy, <i>Reporting and Investigating Deaths and Critical Incidents in Community Services</i>; Accidents; Complaints; Grievances Individual Rights Violations; <ol style="list-style-type: none"> There is documented evidence that any restrictive interventions utilized must be reviewed by the organization's Rights Committee; Practices that limit freedom of choice; or movement; and Medication management; Infection Control; Behavior Support Plan tracking and monitoring; Breaches of Confidentiality; and Health and Human Rights of persons with Developmental Disabilities. 		

<p>3. Indicators of performance are in place for assessing and improving organizational quality. The organization is able to demonstrate:</p> <ol style="list-style-type: none"> The indicators of performance established for each issue: <ol style="list-style-type: none"> The method of routine data collection; The method of routine measurement; The method of routine evaluation; Target goals/expectations for each indicator; Outcome Measurements determined and reviewed for each indicator on a quarterly basis; Distribution of Quality Improvement findings on a quarterly basis to: <ol style="list-style-type: none"> Individuals served or their representatives as indicated; Organizational staff; The governing body; and Other stakeholders, as determined by the governance authority. 		
<p>4. The organization's practice of cultural diversity competency is evident by:</p> <ol style="list-style-type: none"> Staff articulating an understanding of the social, cultural, religious and other needs and differences unique to the individual. Staff honoring these differences and preferences (such as worship or dietary preferences) in the daily care of the individual; and The inclusion of cultural competency in Quality Improvement processes. 		
<p>5. At least five per cent (5%) of records of persons served are reviewed each quarter. Records of individuals who are "at risk" are included. Reviews include these determinations:</p> <ol style="list-style-type: none"> That the record is: <ol style="list-style-type: none"> Organized; Complete; Accurate; and Up to date Whether services are based on assessment and need; That individuals have choices; Documentation of service delivery including individual's responses to services and progress toward ISP goals; Documentation of health service delivery; Medication management and delivery, including the use of PRN/OTC medications; and their effectiveness; That approaches implemented for persons with challenging behaviors are addressed as specified in the <i>Guidelines for Supporting Adults with Challenging Behaviors in Community Settings</i>. When a behavioral support plan is necessary, providers of developmental disabilities services develop these plans in accordance with the <i>Best Practice Standards for Behavioral Support Services</i> (www.dhhd.georgia.gov). 		
<p>6. Record reviews should be kept for a period of at least two years.</p> <p>7. Appropriate utilization of human resources is assessed, including but not limited to:</p> <ol style="list-style-type: none"> Competency; Qualifications; Numbers and type of staff, for example, a behavior specialist, required based on the service, supports, treatment and care needs of persons served; and Staff to individual ratios. 		

<p>8. The organization has an advisory board made up of citizens, local business providers, individuals and family members. The Board:</p> <ul style="list-style-type: none"> a. Meets at least semi-annually b. Reviews items such as but not limited to: <ul style="list-style-type: none"> i. Policies ii. Risk management reports; and iii. Budgetary issues c. Provides objective guidance to the organization 		
Critical/OUTCOMES FOR PERSONS SERVED: D. Respect for the Dignity of the Individual is demonstrated		
<p>1. Access to appropriate services, supports, care and treatment is available regardless of:</p> <ul style="list-style-type: none"> a. Age; b. Race, National Origin, Ethnicity; c. Gender; d. Religion; e. Social status; f. Physical disability; g. Mental disability; or h. Gender identity; i. Sexual orientation 		
<p>2. There are no barriers in accessing the services, supports, care and treatment offered by the organization, including but not limited to:</p> <ul style="list-style-type: none"> a. Geographic; b. Architectural; c. Communication; <ul style="list-style-type: none"> i. Language access is provided to individuals with limited English proficiency or who are sensory impaired; ii. All applicable DBHDD policies regarding Limited English Proficiency And Sensory Impairment are followed d. Attitudinal; e. Procedural; and f. Organizational scheduling or availability. 		
<p>3. There is evidence of organizational person-centered planning and service delivery.</p>		
<p>4. Sensitivity to individual differences and preferences is evident.</p>		
<p>5. Practices and activities that reduce stigma are implemented.</p>		
<p>6. Interactions with individuals demonstrate:</p> <ul style="list-style-type: none"> a. Respect; b. Careful listening; and c. Are positive and supportive. 		
DMA 711.1.5 COMP & NOW		
Critical/OUTCOMES FOR PERSONS SERVED: E. Human and Civil Rights are maintained		
<p>1. The organization has policies and promotes practices that:</p> <ul style="list-style-type: none"> a. Do not discriminate; b. Promote receiving equitable supports from the organization; c. Provide services, supports, care and treatment in the least restrictive environment; d. Emphasize the use of teaching functional communication and using least restrictive interventions; and e. Incorporate Clients Rights or Patient Rights Rules and the Human Rights Council policy found at www.dbhdd.ga.gov, as applicable to the organization; and 		

<p>f. Delineates the rights and responsibilities of persons served.</p> <p>DMA 710.2 COMP & NOW</p> <p>2. In policy and practice, the organization makes it clear that under no circumstances will the following occur:</p> <ul style="list-style-type: none"> a. Threats (overt or implied); b. Corporal punishment; c. Fear-eliciting procedures; d. Abuse or neglect of any kind; e. Withholding nutrition or nutritional care; or f. Withholding of any basic necessity such as clothing, shelter, rest or sleep. <p>DMA 710.2 COMP & NOW</p> <p>3. Grievance, complaint and appeals of internal and external policies and processes are clearly written in language accessible to individuals served and are promulgated and consistent with all applicable DBHDD policies regarding Complaints and Grievances regarding community Services. Notice of procedures is provided to individuals, staff and other interested parties and providers maintain records of all complaints and grievances and the resolutions of same.</p> <p>DMA 710.2 COMP & NOW</p> <p>4. Federal and state laws and rules are evident in policy and practice including, but not limited to:</p> <ul style="list-style-type: none"> a. For all community based programs, practices promulgated by DBHDD or the Rules and Regulations for Clients Rights, Chapter 290-4-9 are incorporated into the care of individuals served. Issues addressed include but are not limited to the right to: <ul style="list-style-type: none"> i. Care in the least restrictive environment; ii. Humane treatment or habilitation that affords protection from harm, exploitation or coercion. iii. Unless adjudicated incompetent by a court of law, be considered legally competent for any purpose without due process of law, including to maintain <ul style="list-style-type: none"> 1. Civil; 2. Political 3. Personal; and 4. Property rights. b. For all programs serving individuals with substance use and abuse issues, in addition to practices promulgated by DBHDD Rules and Regulations for Clients Rights, Chapter 290-4-9, confidentiality procedures for substance abuse individual records comply with 42 CFR, Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records, Final Rule (June 9, 1987), or subsequent revisions thereof: <ul style="list-style-type: none"> i. All substance abuse individuals are provided written notice about the confidentiality of substance abuse records at the time of admission or soon thereafter when the individual is capable of rational communication; ii. This notification is documented in the individual's record; and iii. The individual's signature on the notification form serves as documentation of notification. <p>DMA 711.2. COMP & NOW</p> <p>5. All individuals are informed about their rights and responsibilities:</p> <ul style="list-style-type: none"> a. At the onset of services, supports, care and treatment; b. At least annually during care; c. Through information that is readily available, well prepared and written using language accessible and understandable to the individual; and d. Evidenced by the individual's or legal guardian signature on notification. <p>DMA 710.2. COMP & NOW</p> <p>6. All individuals determine how their right to confidentiality will be addressed, including but not limited to who they wish to be informed about their services, supports, care and treatment.</p> <p>DMA 710.2. COMP & NOW</p>					

7. Effective July 1, 2012, the organization must have written policies and procedures regarding the visitation rights of individuals, including a requirement that any reasonable restrictions must be based on the seriousness of the individual's mental or physical condition as ordered in writing by the attending physician. Such orders shall state the type and extent of the restriction and shall expire in 24 hours after written, unless terminated sooner. Additional orders shall follow the same procedure. The organization must meet the following requirements:

- i. Inform each individual (or guardian, or parent or custodian of a minor, as applicable) of his or her visitation rights, including any clinical restriction of such rights, when he or she is informed of his or her other rights under their section:
- ii. Inform each individual (or guardian, or parent or custodian of a minor, as applicable) of the right, subject to his or her consent, to receive the visitors whom he or she designates, including, but not limited to, a spouse, a domestic partner (including a same sex domestic partner), another family member, or a friend, and his or her right to withdraw or deny such consent at any time. Provided, however, that the parent, guardian or custodian of a minor may restrict his or her visitation rights;
- iii. Not restrict, limit or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability;
- iv. Ensure that all visitors enjoy full and equal visitation privileges consistent with the preferences of the individual;
- v. Not restrict visitation by an individual's attorney or personal physician on the basis of the individual's physical or mental condition.

Critical OUTCOME OF SERVICES: F. BEHAVIORAL SUPPORT SERVICES ARE ADDRESSED

1. In policy, procedures and practice, the organization makes it clear whether and under what circumstances the following restrictive interventions can be implemented based on the service (s) provided by the organization and licensure requirements. In all cases, federal and state laws and rules are followed and include but are not limited to the following:

- a. Use of adaptive supportive devices or medical protective devices:
 - i. May be used in any service, support, care and treatment environment; and
 - ii. Use is defined by a physician's order (order not to exceed six calendar months);
 - iii. Written order to include rationale and instructions for the use of the device;
 - iv. Authorized in the individual service plan (ISP)
 - v. Are used for medical and/or protective reason(s) and not for behavior control.
- b. Time out (used only in DD or C&A services):
 - i. Under no circumstance is egress restricted;
 - ii. Time out periods must be brief, not to exceed 15 minutes
 - iii. Procedure for time-out utilization is incorporated in the behavior plan
 - vi. The reason, justification and implementation for time out utilization documented.
- c. Personal restraint (also known as manual hold or manual restraint) : The application of physical force, without the use of any device, for the purpose of restricting the free movement of a person's body.
 - i. May be used in all community settings except residential settings licensed as Personal Care Homes;
 - ii. Circumstances of use must represent an emergency safety intervention of last resort affecting the safety of the individual or of others.

<p>iii. Brief handholding (less than 10 seconds) support for the purpose of providing safe crossing, safety or stabilization does not constitute a personal hold;</p> <p>iv. If permitted, Personal Restraint (10 seconds or more), shall not exceed five (5) minutes and this intervention is documented.</p> <p>d. Physical restraint (also known as mechanical restraint): A device attached or adjacent to the individual's body that one cannot easily remove and that restricts freedom of movement or normal access to one's body or body parts.</p> <p>1. Prohibited in community settings;</p> <p>e. Seclusion: The involuntary confinement of an individual alone in a room or in any area of a room where the individual is prevented from leaving, regardless of the purpose of the confinement. The practice of "restrictive time-out" (RTO) is seclusion and may not be utilized except in compliance with the requirements related to seclusion. The phrase "prevented from leaving" includes not only the use of a locked door, but also the use of physical or verbal control to prevent the individual from leaving.</p> <p>1. is not permitted in developmental disabilities services.</p> <p>f. Chemical restraint may never be used under any circumstance. Chemical restraint is defined as a medication or drug that is:</p> <p>i. Not a standard treatment for the individual's medical or psychiatric condition.</p> <p>ii. Used to control behavior;</p> <p>iii. Used to restrict the individual's freedom of movement;</p> <p>g. Examples of chemical restraint are the following:</p> <p>i. The use of over the counter medications such as Benadryl for the purpose of decreasing an individual's activity level during regular waking hours;</p> <p>ii. The use of an antipsychotic medication for a person who is not psychotic but simply 'pacing' or mildly agitated</p> <p>h. PRN antipsychotic and mood stabilizer medications for behavior control are not permitted. See Part II, Section 1, Appendix 1 for list of medications.</p>		
<p>2. When individuals demonstrate challenging behaviors the approach to developing a behavior support plan and treatment should be consistent with the <i>Guidelines for Supporting Adults with Challenging Behaviors in Community Settings and/or Best Practice Standards for Behavioral Support Services</i> (www.dhbd.ga.gov). Care is taken to determine what the function of each challenging behavior serves for that individual in his/her environment while also considering:</p> <p>a. Physiological issues such as possible medical and psychiatric issues; including physical disabilities such as difficulty seeing, hearing, or ambulating;</p> <p>b. Social issues such as lack of available, inclusive social networks;</p> <p>c. Psychological issues; or</p> <p>d. Environmental issues such as staffing concerns;</p> <p>e. The need for an individualized crisis/safety Plan</p> <p>DMA 706.3.H, COMP & NOW</p> <p>DMA 1602.5 COMP & NOW Providers, except for providers of participant-directed services, must document the following in the record of each participant receiving Behavioral Support Consultation Services:</p> <p>a. Specific activity, training, or assistance provided;</p> <p>b. Date and the beginning and ending time when the service was provided;</p> <p>c. Location where the service was delivered;</p> <p>d. Verification of service delivery, including first and last name and title (if applicable) of the person</p>		

<p>e. Progress towards meeting the service and his or her signature;</p> <p>3. All organizations must have the capacity to address individuals' behavioral needs. If the cause of the challenging behavior cannot be determined or satisfactorily addressed by the provider, there should be evidence of consultation with an outside professional who is licensed or qualified through education, supervised training and experience to address the behavior needs of the individual.</p> <p>DMA 706.3.H COMP & NOW</p> <p>DMA 1601 COMP & NOW Behavioral Supports Consultation services are provided by appropriately qualified individuals with expertise in behavioral supports evaluation and services for individuals with developmental disabilities. (See COMP & NOW manual for qualifications 1602).</p> <p>4. A behavior support plan must be developed for individuals with developmental disabilities who receive psychotropic medications for symptoms other than a mental illness or epilepsy and is intended to reduce the need for those medications over time.</p> <p>DMA 706.3.H COMP & NOW</p> <p>5. The provider insures authors of BSP are properly qualified to develop interventions. Those authoring such plans should minimally meet DDP and/or professional criteria as a Psychologist, Behavior Specialist or a Board Certified Behavior Analyst.</p>				
<p>OUTCOMES FOR PERSONS SERVED: G. Integration into the Larger Natural Community is Evident</p> <p>1. Inclusion and community integration is supported and evident.</p> <p>DMA 710.3. COMP & NOW</p>				
<p>OUTCOMES FOR PERSONS SERVED: C. Individuals receive Services, Supports, Care or Treatment that result in a Satisfying Independent Life with Dignity and Respect</p> <p>1. Services, supports, care or treatment approaches support the individual in:</p> <ol style="list-style-type: none"> Living in the most integrated community setting appropriate to the individual's requirements, preferences and level of independence; Exercising meaningful choices about living environments, providers of services received, the types of supports, and the manner by which services are provided; Obtaining quality services in a manner as consistent as possible with community living preferences and priorities; and Inclusion and community integration is supported and evident in documentation. <p>DMA 601.1 COMP & NOW</p> <p>Community Integration for Individuals with DD (Policy 02-601):</p> <ol style="list-style-type: none"> Campus type setting that cluster group or host homes in the same community are strictly prohibited (e.g. establishing a Community Access Facility on a residential site (property)). Scattered apartment arrangements throughout the community supervised by one agency can be individuals with disabilities upto 49% of all individuals residing in apartments located in one building Cluster apartments arrangement supervised by one agency in apartments located in one building can be individuals with disabilities upto 49% of all individuals residing in apartments. 				
<p>Critical OUTCOME OF SERVICES: J. INFECTION CONTROL PRACTICES ARE EVIDENT IN SERVICE SETTINGS</p> <p>1. The organization, at a minimum, has a basic Infection Control Plan that includes the following:</p> <ol style="list-style-type: none"> Standard Precautions; Hand washing protocols; Proper disposal of biohazards, such as needles, lancets, scissors, tweezers, and other sharp instruments; and Management of common illness likely to be emergent in the particular service setting <p>2. The organization has effective cleaning and maintenance procedures sufficient to maintain a sanitary and comfortable environment that prevents the development and transmission of infection.</p>				

3. The organization adheres to policies and procedures for controlling and preventing infections in the service setting. Staff is trained and monitored to ensure infection control policies and procedures are followed.			
4. All staff adheres to Standard Precautions and follows the organization's written policies and procedures in infection control techniques.			
5. The organization's infection control plan is reviewed bi-annually for effectiveness and revision, if necessary.			
6. The organization has available the quantity of bed linens and towels, etc., essential for the proper care of individuals at all times. These items are washed, stored, and transported in a manner that prevents the spread of infection.			
7. Routine laundering of an individual's clothing and personal items is done separately from the belongings of other individuals			
8. Procedures for the prevention of infestation by insects, rodents or pests shall be maintained and conducted continually to protect the health of individuals served.			
9. The organization ensures that an individual's personal hygiene items, such as toothbrushes, hairbrushes, razors, nail clippers, etc., are maintained separately and in a sanitary condition			
10. Any pets living in the service setting must meet the following requirements: <ul style="list-style-type: none"> a. No vicious animals shall be kept; b. All animals must be inoculated for rabies annually; c. Exotic animals must be obtained from federally approved sources; and d. Parrots and Psittacine family birds must be USDA inspected and banded. 			

Critical ORGANIZATIONAL PRACTICES: K. Organizations having Oversight for Medication or that Administer Medication Follow Federal and State Laws, Rules, Regulations and Best Practice Guidelines

1. A copy of the physician (s) order or current prescription dated and signed within the past year is placed in the individual's record for every medication administered or self-administered with supervision. These include: <ul style="list-style-type: none"> a. Regular, on-going medications; b. Controlled substances; c. Over-the-counter medications; d. PRN (when needed) medications; or e. Discontinuation order. 			
2. A valid physician's order must contain: <ul style="list-style-type: none"> a. The individual's name; b. The name of the medication; c. The dose; d. The route; e. The frequency; f. Special instructions, if needed; and g. The physician's signature. <p>A copy of the Medical Office Visit Record with the highlighted physician's medication order may also be kept as documentation.</p>			
3. Anti-psychotic medications must be prescribed by a Psychiatrist or Psychiatric Nurse Practitioner.			
DMA 1102.L.2. COMP & NOW			
4. The organization has written policies, procedures, and practices for all aspects of medication management including, but not limited to: <ul style="list-style-type: none"> a. Prescribing: Requires the comparison of the physician's medication prescription to the label on the prescription label on the prescription drug container and to the Medication Administration Record (MAR) to ensure they are all the same before each medication is administered 			

<p>or self-administration supervision is done.</p> <p>b. <u>Ordering</u>: Describes the process by which medication orders are filled by a pharmacy.</p> <p>c. <u>Authenticating orders</u>: Describes the required time frame for actual or faxed physician's signature on telephone or verbal orders accepted by a licensed nurse.</p> <p>d. <u>Procuring medications and refills</u>: Procuring initial prescription medication and over-the-counter drugs within twenty-four hours of prescription receipt, and refills before twenty-four hours of the exhaustion of current drug supply.</p> <p>e. <u>Labeling</u>: Includes the Rights of Medication Administration.</p> <p>f. <u>Storing</u>: Includes prescribed medications, floor stock drugs, refrigerated drugs, and controlled substances</p> <p>g. <u>Security</u>: Signing out a dose for an individual, and at a minimum, a daily inventory for controlled medications and floor stock medications; and daily temperature logs for locked, refrigerated medications are required</p> <p>h. <u>Storage, inventory, dispensing and labeling of sample medications</u>: Requires documented accountability of these substances at all stages of possession.</p> <p>i. <u>Dispensing</u>: Describes the process allowed for pharmacists and/or physicians only. Includes the verification of the individual's medications from other agencies and provides a documentation log with the pharmacists or physician's signature and date when the drug was verified.</p> <p>j. <u>Supervision of individual self-administration</u>: Includes all steps in the process from verifying the physician's medication order to documentation and observation of the individual for the medication's effects. Makes clear that staff members may not administer medications unless licensed to do so, and the methods staff members may use to supervise or assist, such as via hand-over-hand technique, when an individual self-administers his/her medications.</p> <p>k. <u>Administration of medications</u>: Includes all aspects of the process to be done from verifying the physician's medication order, to who can administer the medications, to documentation and observation of the individual for the medication's effects. Administration of medications may be done only by those who are licensed in this state to do so.</p> <p>l. <u>Recording</u>: Includes the guidelines for documentation of all aspects of medication management. This includes adding and discontinuing medication, charting scheduled and as needed medications, observations regarding the effects of drugs, refused and missing doses, making corrections, and a legend for recording. The legend includes initials, signature and title of staff member.</p> <p>m. <u>Disposal of discontinued or out-of-date medication</u>: Includes Via an environmentally friendly method or disposal by pharmacy ;</p> <p>n. <u>Education</u> to the individual and family (as desired by the individual) regarding all medications prescribed and documentation of the education provided in the clinical</p>		
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record; and

o. All PRN or "as needed" medications will be accessible for each individual as per his/her prescriber(s) order(s) and as defined in the individual's ISP. Additionally, the organization must have written protocols and documented practice that ensures safe and timely accessibility that includes, at a minimum, how medication will be stored, secured or need refrigeration when transported to different programs and home visits.

DMA 1102.L.2.A.COMP & NOW

4. Organizational policy, procedures and documented practices stipulates that :

a. Only licensed medical personnel can directly administer medication;

i. In homes licensed as Community Living Arrangements (CLAY Personal Care Homes (PCH), staff may directly administer Medications in accordance with CLA Rules 290-9-37.01 through .25 and PCH Rules 111-8-62.01 through .25.

ii. Licensed DD provider agencies, including co-employer agencies utilizing proxy caregivers to provide Health Maintenance activities, must meet the Rules and Regulations for Proxy Caregivers in Licensed Healthcare facilities to include but not limited to:

- a. Have a written informed consent in the individual's record that designate the selected proxy care giver to receive training to provide the health care activities outlined in the physician's written order working under a nurse protocol agreement or job description;
- b. Demonstrate knowledge and skills to perform the health maintenance activities in the written plan;
- c. Health maintenance activities to be implemented by the proxy caregiver are clearly defined in the written care plan and a copy provided for the proxy care giver;
- d. The organization's policy, procedures, and documented practices clearly defines what health maintenance activities can or cannot be provided and that deliveries of such activities are specified for each individual.

b. Only physicians or pharmacists may re-package or dispense medications;

i. This includes the re-packaging of medications into containers such as "day minders" and medications that are sent with the individual when the individual is away from his residence;

ii. Note that an individual capable of independent self-administration of medication may be coached in setting up their personal "day minder".

c. There are safeguards utilized for medications known to have substantial risk or undesirable effects, including but not limited to:

- i. Storage;
 - ii. Handling;
 - iii. Insuring appropriate lab testing or assessment tools accompany the use of the medication.
 - iv. Obtaining and maintaining copies of appropriate lab testing and assessment tools that accompany the use of the medications prescribed from the individual's physician for the individual's clinical record, or at a minimum, documenting in the clinical record the requests for the copies of these tests and assessments and follow-up appointments with the individual's physicians for any further actions needed.
- d. Education regarding the risks and benefits of the medication is documented

<p>and explained in language the individual can understand. Medication education provided by the organization's staff should be documented in the clinical record. Informed consent for the medication is the responsibility of the physician; however, the organization obtains and maintains copies of these, or at a minimum, document its request for copies of these in the clinical record.</p> <p>e. Where medications are self-administered, protocols are defined for training to support individual self-administration of medication.</p> <p>f. Staff is educated regarding:</p> <ol style="list-style-type: none"> Medications taken by individuals, including the benefits and risks; Monitoring and supervision of individual self-administration of medications; The individual's right to refuse medication; Documentation of medication requirements. <p>g. There are protocols for handling of licit and illicit drugs brought into the service setting. This includes confiscating, reporting, documenting, educating, and appropriate discarding of the substances.</p> <p>g. Requirements for safe storage of medication are as required by law include single and double locks, shift counting of the medications, individual dose sign-out recording, documented planned destruction, and refrigeration and daily temperature logs.</p> <p>i. The organization defines requirements for timely notification of the prescribing professional regarding:</p> <ol style="list-style-type: none"> Drug reactions; Medication problems; Medication errors; and Refusal of medication by the individual. <p>j. When the organization allows verbal orders from physicians, those orders will be authenticated:</p> <ol style="list-style-type: none"> Within 72 hours by fax with the physician signature on the page (including electronic signature); The fax must be maintained in the individual's record; <p>k. There are practices for regular and ongoing physician review of prescribed medications including, but not limited to:</p> <ol style="list-style-type: none"> Appropriateness of the medication; Documented need for continued use of the medication; Monitoring of the presence of side effects. (Individuals on medications likely to cause tardive dyskinesia are monitored at prescribed intervals using an Abnormal Involuntary Movement Scale (AIMS) testing; Monitoring of therapeutic blood levels if required by the medication such as Blood Glucose testing, Dilantin blood levels and Depakote blood levels; or such as kidney or liver function tests; Ordering specific monitoring and treatment protocols for Diabetic, hypertensive, seizure disorder, and cardiac individuals, especially related to medications prescribed and required vital sign parameters for administration; Writing medication protocols for specific individuals in: <ul style="list-style-type: none"> Homes licensed as Community Living Arrangements or Personal Care Homes for identified staff members to administer: <ol style="list-style-type: none"> epinephrine for anaphylactic reaction; insulin required for diabetes; suppositories for ameliorating serious seizure activity; and medications through a nebulizer under conditions described in the Community Living Arrangement Rule 		
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vii. Monitoring of other associated laboratory studies.

- i. For organizations that secure their medications from a retail pharmacy, there is a biennial assessment of agency practice of management of medications at all sites housing medications. An independent licensed pharmacist or licensed registered nurse conducts the assessment. The report shall include, but may not be limited to:

- i. A written report of findings, including corrections required;
- ii. A photocopy of the pharmacist license or a photocopy of the license of the Registered Nurse;
- iii. A statement of attestation from the independent licensed pharmacist or licensed Registered Nurse that all issues have been corrected.

- m. For organizations that employ a licensed pharmacist, there is a biennial assessment of agency practice of management of medications at all sites housing medications. A licensed pharmacist or licensed registered nurse conducts the assessment. The report shall include, but may not be limited to:

- i. A written report of findings, including corrections required;
- ii. A photocopy of the pharmacist license or a photocopy of the license of the Registered Nurse;
- iii. A statement of attestation from the independent licensed pharmacist or licensed Registered Nurse that all issues have been corrected.

- n. For organizations that conduct any of the appropriate laboratory tests on-site, documented evidence is provided that the organization's Clinical Laboratory Improvement Amendment (CLIA) Waiver is current. Refer to the list of waived tests updated January 15, 2010 on the Centers for Medicaid and Medicare Services website.

DMA 1102.L.2. COMP & NOW

6. The "Eight Rights" for medication administration are defined with detailed guidelines for staff to implement within the organization to verify that right :

- a. Right Person: Includes the use of at least two identifiers and verification of the physician's medication order with the label on the prescription drug container and the MAR entry to ensure that all are the same every time before a medication is taken via self-administration or administered by a licensed staff member. The amount of the medication should make sense as to the volume of liquid or number of tablets to be taken.
- b. Right medication: Includes verification of the medication order with the label on the prescription drug container and the Medication Administration Record (MAR) entry to verify that all are the same every time before a medication is taken via self-administration or administered by a licensed staff member. The medication is inspected for expiration date. Insulin should be verified with another person prior to administering.
- c. Right time: Includes the times the agency schedules medications, or the specific physician's instructions related to the drug.
- d. Right dose: Includes verification of the physician's medication order with the label on the prescription drug container and the Medication Administration Record entry to ensure that all are the same every time before a medication is taken via self-administration or administered by a licensed staff member. The amount of the medication should make sense as to the volume of liquid or number of tablets to be taken.
- e. Right route: Includes the method of administration.
- f. Right position: Individual should be assisted to assume the correct position for the medication method or route to ensure its proper effect, instillation and retention.

<p>g. <u>Right documentation</u>: includes proper methods of the recording on the MAR;</p> <p>h. <u>Right to refuse medication</u>: Includes staff responsibilities to encourage compliance, document the refusal, and report the refusal to the administration, nurse administrator, and physician.</p>		
<p>DMA 1102.L.2.U. COMP & NOW</p> <p>7. A Medication Administration Record (MAR) is in place for each calendar month that an individual takes or receives medication.</p> <p>a. Documentation of routine, ongoing medications occur in one discreet portion of the Medication Administration Record (MAR) and include but may not be limited to:</p> <ol style="list-style-type: none"> Documentation by calendar month that is sequential according to the days of the month; A listing of all medications taken or administered during that month including a full replication of information in the physician's order for each medication: <ol style="list-style-type: none"> Name of the medication; Dose as ordered; Route as ordered; Time of day as ordered; and Special instruction accompanying the order, if any, such as but not limited to: <ol style="list-style-type: none"> Must be taken with meals; Must be taken with fruit juice; May not be taken with milk or milk products. If the individual is to take or receive the medication more than one time during one calendar day: <ol style="list-style-type: none"> Each time of day must have a corresponding line that permits as many entries as there are days in the month; All lines representing days and times preceding the beginning or ending of an order for medications shall be marked through with a single line; When a physician discontinues (D/C) a medication order, that discontinuation is reflected by the entry of "D/C" at the date and time representing the discontinuation, followed by a mark through of all lines representing days and times that were discontinued. <p>b. Documentation of medications that are taken or received on a periodic basis, including over the counter medications, occur in a separate discreet portion of the Medication Administration Record (MAR) and include but may not be limited to:</p> <ol style="list-style-type: none"> A listing of each medication taken or received on a periodic basis during that month including a full replication of information in the physician's order for each medication: <ol style="list-style-type: none"> Name of the medication; Dose as ordered; Route as ordered; Purpose of the medication; and Frequency that the medication may be taken. The date and time the medication is taken or received is documented for each use; When 'prn' or 'as needed' medication is used, the PRN medications shall be documented on the same MAR after the routine medications and clearly marked as "PRN" and the effectiveness are documented. <p>c. Each Medication Administration Record (MAR) shall include a legend that clarifies:</p> <ol style="list-style-type: none"> Identity of authorized staff initials using full signature and title; Reasons that a medication may be not given, is held or otherwise not received by the individual, such as but not limited to: <ol style="list-style-type: none"> "H"= Hospital 		

2. "R" = Refused
3. "NPO" = Nothing by mouth
4. "HM" = Home Visit
5. "DS" = Day Service

DMA 1102.L.2. Q-T COMP & NOW
DMA1102.L.2.V. COMP & NOW

Critical/ OUTCOMES FOR PERSONS SERVED: 1. A Holistic Approach to Services, Supports, Care and Treatment that Enhances the Individual's Capacity to Lead a Satisfying, Independent Life.

1. Individualized services, supports, care and treatment determinations are made on the basis of an assessment of needs with the individual. The purpose of the assessment is to determine the individual's hopes, dreams or vision for their life and to determine how best to assist the individual in reaching those hopes, dreams or vision including determining appropriate staff to deliver these services.

DMA 601.1 COMP & NOW

2. Assessments should include but are not limited to the following:
 - a. The individual's:
 - i. Hopes and dreams, or personal life goals;
 - ii. Perception of the issue(s) of concern;
 - iii. Strengths;
 - iv. Needs;
 - v. Abilities; and
 - vi. Preferences.
 - b. Medical history;
 - c. A current health history status report or examination in cases where:
 - i. Medications or other ongoing health interventions are required;
 - ii. Chronic or confounding health factors are present;
 - iii. Medication prescribed as a part of DBHDD services has research indicating necessary surveillance of the emergence of diabetes, hypertension, and/or cardiovascular disease;
 - iv. Allergies or adverse reactions to medications have occurred; or
 - v. Withdrawal from a substance is an issue.
 - d. Appropriate diagnostic tools such as impairment indices, psychological testing or laboratory tests;
 - e. Social history;
 - f. Family history;
 - g. School records (for school age individuals);
 - h. Collateral history from family or persons significant to the individual if available.
 - i. NOTE that when collateral history is taken, information about the individual **may not be shared** with the person giving the collateral history unless the individual has given specific written consent; and
 - i. Review of legal concerns including:
 - i. Advance directives;
 - ii. Legal competence;
 - iii. Legal involvement of the courts;
 - iv. Legal status as it relates to Title 37; and
 - v. Legal status as adjudicated by a court.

DMA 601.1. COMP & NOW

3. Additional assessments should be performed or obtained by the provider if required to fully inform the services, supports, care and treatment provided. These may include but are not limited to:
 - a. Assessment of trauma or abuse;
 - b. Suicide risk assessment;
 - c. Functional assessment;
 - d. Cognitive assessment;
 - e. Spiritual assessment;

<p>f. Behavioral assessments;</p> <p>g. Assessment of independent living skills;</p> <p>h. Cultural assessment;</p> <p>i. Recreational assessment;</p> <p>j. Educational assessment;</p> <p>k. Vocational assessment;</p> <p>l. Nutritional assessment;</p>			
<p>DMA 708. & 706.3G COMP & NOW</p> <p>DMA 708.3.G. COMP & NOW Each enrolled provider service type must maintain a copy of the current and approved DMA-6/DMA-6A forms covering all periods of services rendered, to the participant's record. Noncompliance to this program requirement will result in a request for refund from the Department.</p>			
<p>4. Each individualized plan should be:</p> <p>a. Driven by the individual;</p> <p>b. Focused on outcomes the individual wishes to achieve;</p> <p>c. Fully explained to the individual using language he or she can understand and and</p> <p>d. Agreed to by the individual.</p> <p>DMA 706.3E. COMP & NOW</p> <p>DMA 1102.2 COMP & NOW The participant's involvement and acceptance, if applicable, in developing the ISP must be documented.</p> <p>1. The participant's signature on the ISP signifies this acceptance.</p> <p>2. If the participant declines or is unable to sign the ISP, it is documented in the participant's record.</p>			
<p>6. Components of the plan are:</p> <p>e. Statement(s) of goals or desired outcomes;</p> <p>f. Documented objectives that are:</p> <p>i. Specific</p> <p>ii. Measurable</p> <p>iii. Achievable</p> <p>iv. Relevant</p> <p>v. Realistic</p> <p>vi. Time-limited with specified target dates</p> <p>g. Specific services, supports, care and treatment to be provided related to each goal or outcome:</p> <p>h. The frequency or intensity that the specific service, support, care and treatment will be given or provided;</p> <p>i. Identification of staff responsible to deliver or provide the specific service, support, care and treatment;</p> <p>j. A page for signature, title and date by participants (including the individual) that is attached to the plan, indicating participant presence.</p> <p>1. There is evidence of involvement in the plan of all professionals providing services, supports, care and treatment to the individual;</p> <p>g. Clear authorization of the plan:</p> <p>i. Refer to definitions of service included in this Provider Manual to determine who must authorize the plan,</p> <p>a. Part 1, Section II: DD Consumer Eligibility, Access and Planning</p> <p>ii. A physician must authorize the plan when it includes medical care and treatment or as required by Georgia Department of Community Health Division of Medical Assistance, Part II Policies and Procedures for Comprehensive Support Waiver Program (COMP) and New Option Waiver Program (NOW): <u>Protocol for Physician Signature is in waiver manual</u>;</p> <p>iii. When more than one physician is involved in individual care, there is</p>			

<p>evidence that an RN or MD has reviewed all in-field information to assure there are no contradictions or inadvertent contraindications within the care and treatment orders or plan.</p> <p>iv. When a positive behavior support plan is used to reduce challenging behaviors there must be evidence that the following issues have been addressed. The plan is:</p> <ol style="list-style-type: none"> 1. Individualized; 2. Based on a functional assessment; 3. One that has ruled out of medical causes; 4. Developed and overseen by a qualified professional (Refer to the <i>Standards for All Providers</i> for definitions related to in-field professionals); 5. Inclusive of rationale for the following: <ol style="list-style-type: none"> a. Use of identified approaches; b. The timing of their use; c. An assessment of the impact on personal choice of the individual; d. The targeted behavior; and e. How the targeted behavior will be recognized for success 6. Implemented by trained and competent staff. 7. Has monitoring plans and termination criteria; 8. Consent provided by the individual and /or his or her legal guardian; 9. Discussed with the individual and family/natural supports (as permitted by the individual); 10. Developed in accordance with <i>Best Practice Standards for Behavioral Support Services for providers of developmental disabilities services</i> (www.dbhdd.ga.gov). v. Intrusive or restrictive procedures must be clearly justified through documentation of less restrictive procedures ineffectiveness and /or the need for more intrusive procedures due to the safety or health risks presented by the targeted behaviors. These procedures are authorized, incorporated into the safety BSP, approved by ISP interdisciplinary team, reviewed by organization's Rights Committee and supervised by qualified professional(s) and may not be in conflict with Federal or State Laws, Rules and Regulations or Standards; Refer and adhere to all federal and state laws and rules, department standards to include but not limited to the document <i>Guidelines for Supporting Adults with Challenging Behaviors in Community Settings and the Best Practice Standards for Behavioral Support</i> when developing a behavior support plan. vi. <p>DMA 706.3F-H. COMP & NOW</p> <p>Note: Protocol for Physician's signature: A physician's signature is required on the ISP if : The completed HRST indicates a level 3 and /or the CMC screening tool indicates a level 2, then the nurse will use their judgment to determine the need for physician's review of the ISP.</p> <p>7. Documents to be incorporated by reference into an individualized plan include but are not limited to:</p> <ol style="list-style-type: none"> a. Medical updates as indicated by physician orders or notes; b. Addenda as required when a portion of the plan requires reassessment; c. A personal crisis plan which directs in advance the individual's desires/wishes/plans/objectives in the event of a crisis; d. A behavior support plan for individuals demonstrating: <ol style="list-style-type: none"> i. challenging behaviors and/or ii. with a Developmental Disability who receive psychotropic 		

<p>medications for symptom management other than that of a mental illness or epilepsy.</p> <p>e. Safety Plan</p> <p>DMA 706.3.1. COMP & NOW</p> <p>8. The intent of the development of the ISP is a process that focuses on the individual's hopes, dreams and vision of a "life well-lived". Information included within this individualized plan should be presented as a single plan describing the individual's service/support needs within a daily life versus a daily service. Support networks should work closely together to identify issues of risk and needed supports to address those risks while never losing sight that the individual is at the center of the planning process and included in all discussions.</p>				
<p>9. Individualized plans or portions of the plan are reassessed as indicated by the following:</p> <p>a. Changing needs, circumstances and responses of the individual, including but not limited to:</p> <ol style="list-style-type: none"> Any life change; Change in provider; Change of address; Change in frequency of service; and Change in medical, behavioral, cognitive or physical status; <p>b. As requested by the individual;</p> <p>c. As required for re-authorization;</p> <p>d. At least annually;</p> <p>e. When goals are not being met.</p> <p>DMA 1102.4. COMP & NOW Each ISP must be reviewed and modified annually, or more often as needed to reflect all life changes progress or lack of progress, to identify changes in outcome, review changes in medical, psychological or social services, and to identify new problems or goals. Circumstances warranting more frequent reviews would include, but are not limited to, significant changes in participant functioning, increases or decreases in services, change of provider(s), changes in medical, social or behavioral statuses, family crisis, and reduction in funding.</p> <p>DMA 710 Re-evaluation of participants. The participant, his or her support network, and support coordinator as often as necessary, but no less frequently than annually will review each participant's ISP. ISP reviews will also occur anytime there is a major life change for the individual. These reviews will explain in detail the reason for failure to achieve any anticipated outcomes. The ISP will be revised as needed to assure appropriate provision of services to each participant. All team participants in attendance will sign the new ISP or addendum. I & E Team participants' signatures, for those not in attendance but who contributed to this annual ISP, can be found on the annual assessments or reviews included with the ISP. The revised start date listed on the ISP addendum is the approval date for any ISP addendum, but in no instance can the revised start date be prior to the date of the ISP addendum meeting.</p> <p>10. There is evidence that the person's data from tracking sheets and learning logs have been reviewed, analyzed for trends, and summarized to determine progress toward goals at least quarterly.</p> <p>11. Wellness of individuals is facilitated through:</p> <ol style="list-style-type: none"> Advocacy; Individual care practices; Education; Sensitivity to issues affecting wellness including but not limited to: <ol style="list-style-type: none"> Gender; Culture; and Age. Incorporation of wellness goals within the individual plan. <p>13. Policies, procedures and practice describe processes for referral of the individual based on</p> <p>QUALITY/SPECIAL QUALITY REVIEW+ DMA TOOL</p> <p>FY'13 Standards July 4, 2012</p>				

<p>ongoing assessment of individual need:</p> <ul style="list-style-type: none"> a. Internally to different programs or staff; or b. Externally to services, supports, care and treatment not available within the organization including, but not limited to: <ul style="list-style-type: none"> i. Health care for <ul style="list-style-type: none"> 1. Routine assessment such as annual physical examinations; 2. Chronic medical issues; 3. Ongoing psychiatric issues; 4. Acute and emergent needs; <ul style="list-style-type: none"> a. Medical b. Psychiatric ii. Diagnostic testing such as psychological testing or labs; and iii. Dental services. 		
<p>DMA 7063.1 COMP & NOW</p> <p>14. Specific to Developmental Disabilities services, providers must have processes in place to implement crisis intervention as needed. The staff must be trained to respond to a crisis situation that occurs at the service site and, have a crisis plan, that at a minimum addresses:</p> <ul style="list-style-type: none"> a. Approved interventions to be utilized by staff; b. Availability of additional resources to assist in diffusing the crisis; c. If the acute crisis presents a substantial risk of imminent harm to self and others, include community based crisis services as an alternative to emergency room care, institutional placement, and/or law enforcement involvement (including incarceration); and d. Protocols to access community-based crisis services to include the Georgia Crisis Response Systems. 		
<p>Critical OUTCOMES FOR PERSONS SERVED: L. Person Centered Focus is Evident in Documentation</p> <p>1. The individual's record is a legal document that is current, comprehensive and includes those persons who are:</p> <ul style="list-style-type: none"> a. Assessed; b. Served; c. Supported; d. Cared for; or e. Treated. 		
<p>DMA 1105.1.12. COMP & NOW</p> <p>2. Information in the record is:</p> <ul style="list-style-type: none"> a. Organized; b. Complete; c. Current; d. Meaningful; e. Succinct; and f. Essential to: <ul style="list-style-type: none"> i. Provide adequate and accurate services, supports, care and treatment; ii. Tell an accurate story of services, supports, care and treatment rendered and the individual's response; iii. Protect the individual; their rights; and iv. Comply with legal regulation; g. Dated, timed and authenticated with the authors identified by name, credential and by title; <ul style="list-style-type: none"> i. Notes entered retroactively into the record after an event or a shift must be identified as a "late entry"; ii. Documentation is to be done each shift or service contact by staff providing the service; iii. If notes are voice recorded and typed or a computer is used to write notes that are printed, each entry must be dated and the physical 		

<p>documentation must be signed and dated by the staff writing the note. Notes should then be placed in the individual's record:</p> <ul style="list-style-type: none"> iv. If handwritten notes are transcribed electronically at a later date, the former should be kept to demonstrate that documentation occurred on the day billed. h. Written in black or blue ink; i. Red ink may be used to denote allergies or special precautions; j. Corrected as legally prescribed by: <ul style="list-style-type: none"> i. Drawing a single line through the error; ii. Labeling the change with the word "error"; iii. Inserting the corrected information; and iv. Initialing and dating the correction. <p>DMA 1105.1.13. COMP & NOW</p>		
<p>3. At a minimum, the individual information shall include:</p> <ul style="list-style-type: none"> a. The name of the individual, precautions, allergies (or no known allergies - NKA) and "volume #x of #y" on the front of the record; <ul style="list-style-type: none"> i. Note that the individual name, allergies and precautions must also be flagged on the medication administration record; b. Individual identification and emergency contact information; c. Financial information; d. Rights, consent and legal information including but not limited to: <ul style="list-style-type: none"> i. Consent for service; ii. Release of information documentation; iii. Any psychiatric or other advanced directive; iv. Legal documentation establishing guardianship; v. Evidence that individual rights are reviewed at least one time a year; vi. Evidence that individual responsibilities are reviewed at least one time a year; and vii. Legal status as it relates to Title 37. e. Pertinent medical information; f. Screening information and assessments, including but not limited to: <ul style="list-style-type: none"> i. Functional, psychosocial and diagnostic assessments; g. Individual service plan or individual recovery plan, including: <ul style="list-style-type: none"> i. Identified outcomes or goals (in measurable terms); ii. Interventions or activities occurring to achieve the goals; iii. The individual's response to the interventions or activities (progress notes, tracking sheets, learning logs or data); iv. A projected plan to modify or decrease the intensity of services, supports, care and treatment as goals are achieved; and v. Discharge planning is begun at the time of admission that includes specific objectives to be met prior to decreasing the intensity of service or discharge h. Discharge summary information provided to the individual at the time of discharge that includes: <ul style="list-style-type: none"> i. Strengths, needs, preferences and abilities of the individual; ii. Services, supports, care and treatment provided; iii. Achievements; iv. Necessary plans for referral; and v. Service or organization to which the individual was discharged, if applicable. <ul style="list-style-type: none"> i. A dictated or hand-written summary of the course of services, supports, treatment or care incorporating the discharge summary information must be placed in the record within 30 days of discharge. i. Progress notes or Learning Logs (for DD individuals) describing progress toward goals, including: <ul style="list-style-type: none"> i. Implementation of interventions specified in the plan; 		

<ul style="list-style-type: none"> ii. The individual's response to the intervention or activity based on data. j. Event notes documenting: <ul style="list-style-type: none"> i. Issues, situations or events occurring in the life of the individual; ii. The individual's response to the issues, situations or events; iii. Relationships and interactions with family and friends, if applicable; iv. Missed appointments including <ul style="list-style-type: none"> 1. Findings of follow-up; and 2. Strategies to avoid future missed appointments. k. Records or reports from previous or other current providers; l. Correspondence. 			
<p>DMA 1105.1.14. COMP & NOW</p> <p>4. Documentation in the record reflects intensity of the services, supports, care and treatment.</p> <ul style="list-style-type: none"> a. Frequency and style of documentation are appropriate to the frequency and intensity of services, supports, care and treatment; b. Documentation includes record of contacts with persons involved in other aspects of the individual's care, including but not limited to internal or external referrals; 			
<p>DMA 1105.1.15. COMP & NOW</p> <p>5. The individual's response to the services, supports, care and treatment is a consistent theme in documentation.</p>			
<p>DMA 1105.1.16. COMP & NOW</p> <p>6. There is a process for ongoing communication between staff members working with the same individuals in different programs, activities, schedules or shifts.</p>			
<p>DMA 1105.1.17. COMP & NOW</p> <p>7. Assessments, ISPs, and documentation required by Medicaid are to be retained in the individuals' records for three years.</p>			
<p>DMA 1105.1.19 COMP&NOW</p> <p>Critical ORGANIZATIONAL PRACTICES: M. The Organization Maintains a System of Information Management that Protects Individual Information and that is Secure, Organized and Confidential</p>			
<p>1. The organization has clear policies, procedures, and practices that support secure, organized and confidential management of information, to include electronic consumer records if applicable.</p>			
<p>DMA 1102.1.1. COMP & NOW</p> <p>2. Maintenance and transfer of both written and spoken information is addressed:</p> <ul style="list-style-type: none"> a. Personal individual information; b. Billing information; and c. All service related information. 			
<p>DMA 1102.1.2. COMP & NOW</p> <p>3. The organization has a Confidentiality and HIPAA Privacy Policy that clearly addresses state and federal confidentiality laws and regulations. The organization has a Notice of Privacy Practices that gives the individual a right to adequate notice of the use and disclosure of their Protected Health Information. The notice should contain mandatory elements required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II). In addition, the organization should address:</p> <ul style="list-style-type: none"> a. HIPAA Privacy Rules, as outlined at 45 CFR Parts 160 and 164 are specifically reviewed with staff and individuals; b. Appointment of the Privacy Officer; c. Training to be provided to all staff; d. Posting of the Notice of Privacy Practices in a prominent place; e. Maintenance of the individual's signed acknowledgement of receipt of Privacy Notice in their record. 			
<p>DMA 1102.LF.COMP & NOW</p> <p>4. A record of all disclosures of Personal Health Information (PHI) should be kept in the medical record so that the organization can provide an accounting of disclosures to the individual for 6 years from the current date. The record must include:</p> <ul style="list-style-type: none"> a. Date of disclosure b. Name of entity or person who received the Personal Health Information; 			

<p>c. A brief description of the Personal Health Information disclosed</p> <p>d. A copy of written request disclosure</p> <p>e. Written authorization from the individual or legal guardian to disclose PHI.</p>		
<p>5. Confidentiality policies, if applicable, include procedures for substance abuse individual records comply with 42 CFR Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records, Final Rule (June 9, 1987).</p>		
<p>6. Authorization for release of information is obtained when Protected Health Information of individual information is to be released or shared between organizations or with others outside the organization. All applicable DBHDD policies and procedures and HIPAA Privacy Rules (45 CFR parts 160 and 164) related to disclosure and authorization of protected health information are followed. Information contained in each release of information must include:</p> <ul style="list-style-type: none"> a. Specific information to be released or obtained; b. The purpose for the authorization for release of information; c. To whom the information may be released or given; d. The time period that the release authorization remains in effect (reasonable based on the topic of information, generally not to exceed a year); and e. A statement that authorization may be revoked at any time by the individual in advance of the exchange of information; <p>DMA 1102.1.3. COMP & NOW</p>		
<p>7. Exceptions to use of a release of information are clear in policy:</p> <ul style="list-style-type: none"> a. disclosure may be made if required or permitted by law; b. disclosure is authorized as a valid exception to the law; c. A valid court order or subpoena are required for mental health or developmental disabilities records; d. A valid court order and subpoena are required for alcohol or drug abuse records; e. When required to share individual information with the DBHDD or any provider under contract or LOA with the DBHDD for the purpose of meeting your own obligations to the department. f. In the case of an emergency treatment situation as determined by the individual's physician, the chief clinical officer can release Protected Health Information to the treating physician or psychologist. <p>DMA 1102.1.3. COMP & NOW</p>		
<p>8. The organization has written operational procedures, consistent with legal requirements governing the retention, maintenance and purging of records.</p> <ul style="list-style-type: none"> a. Records are safely secured, maintained, and retained for a minimum of six (6) years from the date of its creation or the date when last in effect (whichever is later); (as stated in Policy 23-103) b. Protocols for all records to be returned to the contracting regions after specified retention period or termination of contract /letter of agreement. <p>DMA 1102.1.3. COMP & NOW Providers, with the exception of providers of participant-directed services, must maintain written documentation of all level of care evaluations and reevaluations in the individual's care record for a period of five years.</p>		
<p>OUTCOMES FOR PERSONS SERVED: N. The Personal Funds of an Individual are managed by the Individual and are protected</p> <p>1. The organization must have written and implemented policies and procedures for management/supervision and safeguarding the funds, possessions, and valuables, of individuals served by the organization. All policies and procedures must be in compliance with this policy, provider specific internal policies, guidelines of the Social Security Administration associated with the management and protection of the funds of individuals served, and any other laws or regulations of the federal and state.</p> <p>The policies must provide for the following:</p> <ul style="list-style-type: none"> a. A procedure to inventory an individual's possessions and valuations. Possessions include: <ul style="list-style-type: none"> • Insurance and other benefits policies (exclusive of funds of the individual served) 		

<p>• Clothing,</p> <p>• Furnishings,</p> <p>• Electronics,</p> <p>• Personal effects,</p> <p>• Memorabilia,</p> <p>and any other items individually valued at \$20.00 (twenty dollars) or more. Inventory of an individual's possessions and valuables is done at admission and updated as needed (items added or deleted) or on a semi-annual basis, at a minimum, to assure that inventory items are protected and, as appropriate, remain in the individual's possession during the course of his/her time receiving care from the organization.</p> <p>b. Individual's have the right to manage their own funds. However, the residential provider organization is responsible for the management/supervision of any individual valuables or funds regardless of the payee status of the provider unless the representative is family, guardian, friend or anyone not involved in direct provision of service.</p> <p>c. The individual's ability to manage their funds is document in their Individual Service Plan. Upon admission, each individual's capacity for money management is assessed and documented in Attachment A – Money Management Tool.</p> <p>d. When an individual is unable to manage funds, and have no other person in their life to assist, there must be documented effort to secure an independent party to manage those valuables and/or funds. The effort to secure an independent party will be documented in the ISP annually.</p> <p>e. Procedures to define the checks and balances to ensure agency accountability and the ability to demonstrate evidence of working towards the goal of participative management of the funds of the individuals served. Checks and balances to be included in the Policy and Procedures:</p> <p>i. Monies of individuals served are <u>not co-mingled</u> into a collective account without permission from the Social Security Administration. The collective account must show that the funds belong to the beneficiaries and not the payee. Social Security Administration requires clear and current records showing the amount of each beneficiary's share and proper procedures must be followed for documenting credits, debits, and allocation of interest.</p> <p>ii. A procedure or set of procedures to assure that at least two people, other than those having authorization to <u>receive and disburse</u> funds on behalf of any individual, independently <u>reconcile the bank and/or</u> account records of any individual served by the organization on a monthly basis.</p> <p>iii. When providers are selected and become the payee of individuals' checks, they must maintain records of each individual's personal funds and all other records pertaining to personal needs accounts (including bank statements and bank books). Documentation of personal spending is accounted for on the Division of DD approved Personal Spending Account Record (Attachment B), or a payee created document that contains all of the same elements as Attachment B. Only the current month's Personal Spending Account Record must be kept at the individual's place of residence, for immediate inspection, as applicable. All previous month's Personal Spending Account Records may be kept off site at the agency business office, but is to be available to the person served, his or her family, the Support Coordinators, the Regional Office, and any other legally authorized representative for inspection and copying upon request, or within one to two business days of request.</p> <p>iv. Providers who are the representative payee for individuals with developmental disabilities are monitored for compliance by SSA and must adhere to Social Security Guidelines for Organizational</p>		
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Representative Payees, which includes, but is not limited to, the following:

- Determining the individual's current needs for day-to-day living (e.g., food, clothing, housing, medical and dental expenses and personal items) and using his or her payments to meet those needs;
- Keeping written records of at least two years of all payments from the Social Security Administration (SSA), bank statements, and cancelled checks, receipts or cancelled checks for rent, utilities, and major purchases;
- Reporting to SSA changes in the individual's entitlement or in circumstances impacting performance as a payee;
- Completing all required annual and any other periodic reporting.

DMA 1106 COMP & NOW B. The written and implemented policies must provide for the following:

1. A strict prohibition, punishable by termination, for any employee, agency, or representative of the organization to be listed or designated, either directly or indirectly, as a beneficiary, payee or other member of any funds of the participant, including but not limited to, any insurance, burial or trust benefits;
2. A procedure in accordance with the guidelines listed below to ensure the timely deposit and accounting of all participant funds (e.g., trusts, work-related income, Social Security, disability benefits, gifts, etc.) in an account in the individual name of each participant receiving any such funds:
 - a. Funds may not be pooled or commingled in any organizational account or other combined accounts, or with other individuals' funds.
 - b. Funds not needed for ordinary use by the participant on a daily basis shall be deposited in an account insured by agencies of or corporations chartered by the state or federal government. The account will be in a form, which clearly indicates that the organization has only a fiduciary interest in the funds.
 - c. Funds received from a participant or on his/her behalf may be deposited in an interest bearing account; provided, however, that any interest earned on such account shall accrue to the participant.
 - d. To the extent that certain funds are properly due to the organization for services, goods, or donations, said funds must first be deposited to the individual participant's account and then subsequently disbursed in accordance with these requirements and the written policies of the organization.
3. A requirement that participant funds may only be disbursed upon request or authorization of the participant and/or his/her family, if appropriate, and in the case where the organization serves as the designee to receive and disburse funds on behalf of the participant, members or organizational representatives is needed.
4. A procedure for establishing and maintaining a written record of all financial arrangements and transactions involving the participant's funds. Such record must be made available to the participant, his/her family or guardian, the Regional Office, and any other legally authorized representative for inspection or copying upon request.
5. A method to provide each participant at least quarterly, a written statement showing the current balance of any account(s) and an itemized listing of all transactions occurring during that quarter; and
2. Providers are encouraged to utilize persons outside the organization to serve as "representative payee" such as, but not limited to:
 - a. Family
 - b. Other person of significance to the individual
 - c. Other persons in the community not associated with the agency

Specific to Developmental Disabilities Services, if individual's funds are not personally managed by the individual, a mechanism is in place for the review of funds by the individual or

<p>his or her representative:</p> <ol style="list-style-type: none"> At least once a quarter. To include a review of the bank statement of funds received (including date of deposit, fund source), funds spent (date and source with receipt) and balance of funds available. Documentation of individual review shall be maintained. Review and update of other financial assets such as annuity accounts, personal belongings and burial funds 		
<p>Management/Supervision/Safety (Policy 02-702):</p> <ol style="list-style-type: none"> Monitoring and reporting on the use of personal funds are incorporated into the organization's CI program. Individual financial records are subject to audits by the Social Security Office and by DBHDD. <ol style="list-style-type: none"> When providers become the payee of individual checks, they must maintain records of each individual's personal funds and other records pertaining to personal accounts (including bank statements and bank books) and at least one set of such records must be maintained at the individual's place of residence. Written records kept for at least <u>two</u> years of all payments from the Social Security Administration, bank statements and cancelled checks, receipt or cancelled checks for rent, utilities and major purchases. Day to Day Living Expenses: <ol style="list-style-type: none"> Procedure and documentation by representative payee of individuals served of determining the current needs for day to day living and use his/her payments to meet those needs. (e.g. Day to day living expenses including housing that is equitably distributed among all individuals supported in the home; food where preferences and dietary needs are addressed; medical/dental if not covered by Medicare, Medicaid and/or private insurance to the extent that SSI benefits and Social Security are available. Each individual in DD residential services is to receive \$65.00 monthly for personal needs and spending. All remaining unearned or earned income greater than the determined day-to-day living expenses will be available as personal needs funds. These funds may be saved by the payee in a checking or saving account (preferably interest bearing), U.S. saving bonds or other appropriate investments. Copies of each day-to-day living expense agreement (Attachment C) are maintained in the individual's record. Day to day living expenses agreement must be signed by the CRA provider agency (and Host Provider or sub-contracted provider if applicable) at admission and thereafter annually and submitted to the Division of DD or when there is a change of provider and/or Host provider serving the individual. 		
<p>Critical ORGANIZATIONAL PRACTICES: O. Individuals are provided Services, Supports, Care and Treatment by Staff who are properly Licensed, Credentialed, Trained, and who are Competent</p> <ol style="list-style-type: none"> Unless otherwise specified by DBHDD Policy or within the contract/agreement with the Department, one or more professionals in the field are attached to the organization as employees of the organization or as consultants on contract. <ol style="list-style-type: none"> The professional(s) attached to the organization have experience in the field of expertise best suited to address the needs of the individual(s) served <ol style="list-style-type: none"> Refer to Section II of the <i>Standards for All Providers</i> for discussion of qualified professionals. Information regarding the professional(s) that must be attached to specific services may also be found at: <ol style="list-style-type: none"> Part I, Section I: <i>MH and AD Consumer Eligibility, Service Definitions and Service Guidelines</i>; Part I, Section II: <i>DD Consumer Eligibility, Access and Planning List, Service Definitions and Service Guidelines</i>. When medical, psychiatric services involving medication or detoxification services are provided, the organization receives direction from a professional with experience in the field, such as medical director, physician 		

consultant, psychiatrist or addictionologist.

<p>2. Organizational policy and practice demonstrates that appropriate professional staff conduct the following services, supports, care and treatment, including but not limited to:</p> <ul style="list-style-type: none"> a. Overseeing the services, supports, care and treatment provided to individuals; b. Supervising the formulation of the individual service plan or individual recovery plan; c. Conducting diagnostic, behavioral, functional and educational assessments; d. Designing and writing behavior support plans; e. Implementing assessment, care and treatment activities as defined in professional practice acts; and f. Supervising high intensity services such as screening or evaluation, assessment, partial hospitalization, and ambulatory or residential crisis services. <p>DMA 606.1.A. COMP & NOW</p>		
<p>3. a. Specific to Developmental Disabilities Services, providers must ensure an adequate staffing pattern to provide access to services in accordance with service guidelines and professional designations. Refer to Service Guidelines in the Provider Manual for specific staffing requirements.</p>		
<p>4. The type and number of professionals staff attached to the organization are:</p> <ul style="list-style-type: none"> a. Properly licensed or credentialed in the professional field as required; b. Present in numbers to provide adequate supervision to staff; c. Present in numbers to provide services, supports, care and treatment to individuals as required; d. Experienced and competent in the profession they represent; and e. In 24 hour or residential care settings, at least one staff trained in BCLS and first aid is scheduled at all times on each shift. <p>DMA 606.1.B. COMP & NOW</p>		
<p>5. The type and number of all other staff attached to the organization are:</p> <ul style="list-style-type: none"> a. Properly trained or credentialed in the professional field as required; b. DD providers using Proxy Caregivers must receive training that includes knowledge and skills to perform any identified specialized health maintenance activity; Additional information regarding Proxy Caregivers can be found in Section V of this document; c. Present in numbers to provide services, supports, care and treatment to individuals as required; and d. Experienced and competent in the services, supports, care and treatment the provide. <p>DMA 606.1.C. COMP & NOW</p>		
<p>6. The organization has procedures and practices for verifying licenses, credentials, experience and competence of staff.</p> <ul style="list-style-type: none"> a. There is documentation of implementation of these procedures for all staff attached to the organization; and b. Licenses and credentials are current as required by the field. <p>DMA 606.1.D. COMP & NOW</p>		
<p>7. Federal law, state law, professional practice acts and in-field certification requirements are followed regarding:</p> <ul style="list-style-type: none"> a. Professional or non-professional qualifications required to provide the services offered; If it is determined that a service requiring licensure or certification by State Law is being provided by an unlicensed staff, it is the responsibility of the organization to comply with DBHDD policy regarding licensing and Certification Requirements and the Reporting of Practice Act Violations. b. Laws governing hours of work such as but not limited to the Fair Labor Standards Act <p>DMA 606.1.E. COMP & NOW</p>		
<p>8. Job descriptions are in place for all personnel that include:</p> <ul style="list-style-type: none"> a. Qualifications for the job; b. Duties and responsibilities; 		

<p>c. Competencies required;</p> <p>d. Expectations regarding quality and quantity of work; and</p> <p>e. Documentation that the individual staff has reviewed, understands and is working under a job description specific to the work performed within the organization.</p> <p>DMA 606.1.F COMP & NOW</p>		
<p>9. There is evidence that a national criminal records check (NCIC) is completed for all employees who provide services, supports, care and treatment to persons served within the organization. The applicant should submit fingerprints prior to employment or if circumstances justify delay, within 10 business days of the employee's start date. DBHDD Policy, <i>Criminal History Records Checks for Contractors</i> is followed and fingerprints are obtained by electronic fingerprint submission through Cogent Systems. See www.ga.cogentid.com:</p> <p>a. There is mandatory disqualification from providing services for DBHDD for a minimum of five (5) years from the date of conviction, a plea of no to contendere, or release from incarceration or probation, whichever is later. Refer to DBHDD Policy, <i>Criminal History Records Checks for Contractors</i> for list of crimes that restricts employment as a contractor or contractor employee.</p> <p>b. DBHDD contractors or their employees are permanently ineligible to provide services for DBHDD if they have ever been convicted of abuse, neglect or maltreatment of a child, an individual receiving services, or a patient.</p> <p>c. Contractors or their employees may be ineligible to provide services for DBHDD, if the criminal history record indicates any of the following that have direct relevancy to the responsibilities or duties of the position (Policy 04-104):</p> <ol style="list-style-type: none"> 1. Any other conviction or pattern of convictions 2. A pattern of recent arrests 3. A significant recent arrest (disqualification until charge is resolved). <p>d. Contractors or their employees that have been convicted of a criminal drug offense will be ineligible to provide services for DBHDD as follows</p> <ol style="list-style-type: none"> 1. Disqualification to provide services in any position for a period of two (2) years from the date of conviction for the first offense ; 2. Disqualification to provide services in any position for a period of five (5) years from the most recent conviction for the second or subsequent offense. (Note: For purposes of this disqualification, "conviction" does not include treatment under Georgia First Offender Act or a plea of Nolo Contendere). <p>DMA 606.1.G. COMP & NOW</p>		
<p>10. The organization has policies and procedures and documented practices detailing all human resources practices, including but not limited to:</p> <p>a. Processes for determining staff qualifications including:</p> <ol style="list-style-type: none"> i. License or certification status; ii. Training; iii. Experience; and iv. Competence <p>b. Processes for managing personnel information and records including but not limited to:</p> <ol style="list-style-type: none"> i. Criminal records checks; (including process for reporting CRC status change); ii. Driver license checks; and iii. Annual TB testing (for all staff providing direct support). <p>c. Provisions for and documentation of:</p> <ol style="list-style-type: none"> i. Timely orientation of personnel and development ii. Periodic assessment and development of training needs; 1. Development of activities responding to those needs; and iii. Annual work performance evaluations. <p>d. Provisions for sanctioning and removal of staff when:</p>		

- i. Staff are determined to have deficits in required competencies;
- ii. Staff is accused of abuse, neglect or exploitation.

DMA 606.1.G.3. COMP & NOW
DMA 606.1.H. COMP & NOW

11. All staff , direct support volunteers and direct support consultants shall be trained and show evidence of competence in the following:

- a. Orientation requirements are specified for all staff and are provided prior to direct contact with individuals and are as follows:
 - i. The purpose, scope of services, supports, care and treatment offered including related policies and procedures;
 - ii. HIPAA and Confidentiality of individual information, both written and spoken;
 - iii. Rights and responsibilities of individuals;
 - iv. Requirements for recognizing and reporting suspected abuse, neglect or exploitation of any individual:
 - 1. To the DBHDD;
 - 2. Within the organization;
 - 3. To appropriate regulatory or licensing agencies; and
 - 4. To law enforcement agencies.

b. Within the first sixty (60) days from the date of hire, all staff having direct contact with individuals shall receive the following training including, but not limited to::

- i. Person centered values, principles and approaches;
- ii. A Holistic approach to care of the individual;
- iii. Medical, physical, behavioral and social needs and characteristics of the persons served;
- iv. Human Rights and Responsibilities (*);
- v. Promoting positive, appropriate and responsive relationships with persons served , their families and stakeholders;
- vi. The utilization of:
 - 1. Communication skills (*);
 - 2. Applied Behavior Analysis (*); and
 - 3. Crisis intervention techniques to de-escalate challenging and unsafe behaviors. (*);
- 1. Nationally benchmarked techniques for safe utilization of emergency interventions of last resort (if such techniques are permitted in the purview of the organization) (*);
- vii. Ethics, cultural preferences and awareness;
- viii. Fire safety (*);
- ix. Emergency and disaster plans and procedures (*);
- x. Techniques of standard precautions, including:
 - 1. Preventative measures to minimize risk of HIV;
 - 2. Current information as published by the Centers for Disease Control (CDC); and
 - 3. Approaches to individual education.
- xi. Basic cardiac life support (BCLS) includes both written and hands on competency training required;
- xii. First aid and safety.
- xiii. Specific individual medications and their side effects (*);
- c. A minimum of 16 hours of training must be completed annually to include the training noted by an astensik (*) in 11.b. IV, VI, VII, IX and XIII above.

DMA 606.1.I & J. COMP & NOW

12. The organization details in policy by job classification:

- a. Training that must be refreshed annually;
- b. Additional training required for professional level staff.

c. Additional training /recertification (if applicable) required for all other staff.			
13. Regular review and evaluation of the performance of all staff is evident at least annually. <ul style="list-style-type: none"> a. The evaluation should occur annually; b. Managers who are clinically, administratively and experientially qualified conduct evaluations. 			
14. It is evident that the organization demonstrates administration of personnel policies without discrimination.			
Individual providers of <u>Community Access Services</u> must: <ul style="list-style-type: none"> a. Must be 18 years or older b. Have the experience, training, education or skills necessary to meet the participant's needs (Direct Support Professional certification or copy of high school diploma or General Education Development (GED) and six months of experience providing behavioral health services to DD individuals c. Have evidence of an annual health examination with signed statement from a physician, nurse practitioner, or physician assistant that the person is free of communicable diseases d. Agree to or provide required documentation of a criminal records check, prior to providing Community Access services e. Meet transportation requirements in COMP PART 11 Chapter 900, Section 905 if transporting participants. DMA 1702.1 COMP&NOW			
Providers rendering <u>Community Access Services</u> must have staff that meets the following requirements: <ul style="list-style-type: none"> a. A designated agency director or Developmental Disability Professional (refer to standards for qualification for both positions) b. Be provided with orientation training prior to direct contact with individuals and show competence in: a) the purpose and scope of Community Access Services including related policies and procedures; b) Rights; c) Confidentiality; d) Requirements for recognizing and reporting suspected abuse, neglect, or exploitation of any individual to DBHDD, within the organization, appropriate regulatory or licensing agencies and law enforcement agencies. c. National NCIC documentation for all employees and any volunteers who have direct care, treatment or custodial responsibilities for participants served by the agency. DMA 1702.2 COMP&NOW			
Providers rendering <u>Prevocational Services</u> must have staff that meets the following requirements: <ul style="list-style-type: none"> a. A designated agency director or Developmental Disability Professional (refer to standards for qualification for both positions) b. Must meet transportation requirements in COMP Part 11 Chapter 900, section 905 if transporting individuals c. Be provided with orientation training prior to direct contact with individuals and show competence in: a) the purpose and scope of Community Access Services including related policies and procedures; b) Rights; c) Confidentiality; d) Requirements for recognizing and reporting suspected abuse, neglect, or exploitation of any individual to DBHDD, within the organization, appropriate regulatory or licensing agencies and law enforcement agencies. d. National NCIC documentation for all employees and any volunteers who have direct care, treatment or custodial responsibilities for participants served by the agency. e. The agency has adequate direct care staff with First Aid and CPR certifications to assure having at least one staff person with these certificates on duty during the provision of facility-based or mobile crew Prevocational services. f. Duties of the direct care staff include direct assistance in teaching prevocational skills, social skills training, implementing behavior support plans to reduce inappropriate behaviors and assistance with personal care and self administration of medications. DMA 2302 COMP & NOW			

<p>Providers rendering Supportive Employment Services must have staff that meets the following requirements:</p> <ul style="list-style-type: none"> a. A designated agency director or Developmental Disability Professional (refer to standards for qualification for both positions) b. Must have a minimum of one (1) employee that meets the Supportive Employment Specialist experience, training, education or skills experience for every five (5) direct care staff members. The duties of the supportive employment specialist provides direct supervision of direct care staff, develops, acquires and maintain job opportunities for participants, conducts necessary additional assessments at the work site, monitors wages, hours and productivity of participants on an on going basis. c. Be provided with orientation training prior to direct contact with individuals and show competence in: a) the purpose and scope of Community Access Services including related policies and procedures; b) Rights; c) Confidentiality; d) Requirements for recognizing and reporting suspected abuse, neglect, or exploitation of any individual to DBHDD, within the organization, appropriate regulatory or licensing agencies and law enforcement agencies. National NCIC documentation for all employees and any volunteers who have direct care, treatment or custodial responsibilities for participants served by the agency. e. Direct Care staff must be 18 years or older; duties include provide direct assistance in activities needed for the individual participant or a group of participants to sustain work including job coaching, supervision and training ;implements the behavior support plans; facilitating natural supports at the work site; and provide other supports such as transportation and personal assistance services. <p>DMA 2702 COMP & NOW</p>		
<p>Critical OUTCOMES FOR PERSONS SERVED: P. The Service Environment Demonstrates Respect for the Persons Served and is Appropriate to the Services Provided</p> <p>1. Services are provided in an appropriate environment that is respectful of persons supported or served. The environment is</p> <ul style="list-style-type: none"> a. Clean; b. Age appropriate; c. Accessible; (individuals who need assistance with ambulation shall be provided bedrooms that have access to a ground level exit to the outside or have access to exits with easily negotiable ramps or accessible lifts. The home shall provide at least two (2) exits, remote from each other that are accessible to the individuals served) ; d. Individual's room's are personalized; e. Adequately lighted, ventilated, and temperature controlled. <p>DMA 1102.M.2. COMP & NOW</p> <p>2. There is sufficient space, equipment and privacy to accommodate:</p> <ul style="list-style-type: none"> a. Accessibility; b. Safety of persons served and their families or others; c. Waiting; d. Telephone use for incoming and outgoing calls that is accessible and maintained in working order for persons served or supported; and e. To provide identified services and supports. <p>DMA 1102.M.3. COMP & NOW</p>		
<p>3. The environment is safe:</p> <ul style="list-style-type: none"> a. All local and state ordinances are addressed; i. Copies of inspection reports are available; ii. Licenses or certificates are current and available as required by the site or the service. b. There is evidence of compliance with fire safety codes, including but not limited to: <ul style="list-style-type: none"> i. Inspection of equipment; ii. Fire drills are conducted for individuals and staff; <ul style="list-style-type: none"> 1. Once a month at alternative times; including 2. Twice a year during sleeping hours if residential services. 3. All fire drills shall be documented with staffing involved 4. DBHDD maintains the right to require an immediate demonstration of a fire drill during any on-site visit. 		

<p>c. When food service is available, required certifications related to health, safety and sanitation are available.</p> <p>d. A three day supply of non-perishable emergency food and water is available for all individuals supported in residences.</p> <p>e. A residence shall arrange for and serve special diets as prescribed.</p> <p>DMA 1102.M.4. COMP & NOW</p> <p>DMA 1102.M.4 C-E COMP & NOW</p>		
<p>4. There is evidence of compliance with state and county of residence fire and life safety codes for the following:</p> <ol style="list-style-type: none"> i. Installation of Fire alarm system meets safety code; ii. Fire drills are conducted for individuals and staff: <ol style="list-style-type: none"> 1. Once a month at alternating times; including 2. Twice a year during sleeping hours if residential services. 3. All fire drills shall be documented with staffing involved 4. DBHDD maintains the right to require an immediate demonstration of a fire drill during any on-site visit. 5. An automatic extinguishing system (sprinkler) shall be installed per city/county requirements for residential settings excluding host homes not governed by other federal, state and county rules and regulations, if applicable; and 6. Approved smoke alarm shall be installed in all sleeping rooms, hallways and in all normally occupied areas on all levels of the residences per safety code. Smoke alarms especially in the bedrooms shall be tested monthly and practice documented. The facility shall be inspected annually to meet fire safety code and copies of inspection maintained. <p>DMA1102.4.B. COMP & NOW</p>		
<p>5. Policies, plans and procedures are in place that addresses emergency evacuation, relocation preparedness and Disaster response. Supplies needed for emergency evacuation are maintained in a readily accessible manner, including individual(s) information, family contact information and current copies of physician's orders for all individuals' medications.</p> <p>a. Plans include detailed information regarding evacuating, transporting, and relocating individuals that coordinates with the local Emergency Management Agency and at a minimum address:</p> <ol style="list-style-type: none"> i. Medical emergencies; ii. Missing persons: <ol style="list-style-type: none"> 1. Georgia's Mattie's Call Act provides for an alert system when an individual with developmental disabilities, dementia or other cognitive impairment is missing. Law requires residences licensed as Personal Care Homes to notify law enforcement within 30 minutes of discovering a missing individual. iii. Natural disasters known to occur, such as tornadoes, snow storms or floods; iv. Power failures; v. Continuity of medical care as required; and vi. Notifications to families or designees. vii. Effective 7/12/2012, Continuity of Operation Planning to include identifying locations and providing a signed agreement where individuals will be relocated temporarily in case of damage to the site where services are provided (for more information : www.georgiadisaster.info, http://www.fema.gov/about/org/ncp/coop/templates.shtm) <p>b. Emergency preparedness notice and plans are:</p> <ol style="list-style-type: none"> i. Reviewed annually; ii. Tested at least quarterly for emergencies that occur locally on a less 		

	<p>iii. Drilled with more frequency if there is a greater potential for the emergency</p>			
DMA 1102.M.5. COMP & NOW	<p>6. Residential living support service options:</p> <ol style="list-style-type: none"> Are integrated and established within residential neighborhoods; Are single family units; Have space for informal gatherings; Have personal space and privacy for persons supported; and Are understood to be the "home" of the person supported or served. 			
DMA 1102.M.6. COMP & NOW	<p>7. Video cameras may be used in common areas of programs that are not personal residences such as Crisis Stabilization Units where visualization of blind areas is necessary for an individual's safety. Cameras <u>may not be used</u> in the following instances:</p> <ol style="list-style-type: none"> In an individual's personal residence; In lieu of staff presence; or In the bedrooms of individuals' as it is an invasion of privacy and is strictly prohibited. 			
DMA 1102.M.7. COMP & NOW	<p>8. There are policies, procedures, and practices for transportation of persons supported or served in residential services and in programs that require movement of persons served from place to place.</p> <ol style="list-style-type: none"> Policies and procedures apply to all vehicles used, including: <ol style="list-style-type: none"> Those owned or leased by the organization; Those owned or leased by subcontractors; and Use of personal vehicles of staff. Policies and procedures include, but are not limited to: <ol style="list-style-type: none"> Authenticating licenses of drivers; Proof of insurance; Routine maintenance; Requirements for evidence of driver training; Safe transports for persons served; Requirements for maintaining attendance of person served while in vehicles; Safe use of lift; Availability of first aid kits; Fire suppression equipment; and Emergency preparedness. 			
DMA 1102.M.9. COMP & NOW				
DMA 905 COMP & NOW	<p>Individual and agency providers that provide transportation as a part of a waiver service specified in the COMP & NOW Part III manual must meet the following requirements:</p> <ol style="list-style-type: none"> Be legally licensed in the State of Georgia with the class of license appropriate to the vehicle operated if transporting participants as follows: <ol style="list-style-type: none"> Have a valid, Class C license as defined by the Georgia Department of Driver Services (GDDS) for any single vehicle with a gross vehicle weight rating not in excess of 26,000 pounds. Have valid, Commercial Driver's License (CDL) as defined by the GDDS if the vehicle operated falls into one of the following three classes: <ol style="list-style-type: none"> If the vehicle has a gross vehicle weight rating of 26,001 or more pounds or such lesser rating as determined by federal regulation; or If the vehicle is designated to transport 16 or more passengers, including the driver. Have no more than two chargeable accidents, moving violations, or any DULs in a three year period within the last five years of the sever year MVR period if transporting participants. <p>Note: The Department will allow an exception to Out-of-State DL's and MVP record (see COMP & NOW manuals for details)</p>			
COMMUNITY ACCESS SERVICES REQUIREMENTS.				
Each provider agency must develop written Policies and Procedures to govern the operations of				

<p>Community Access services.</p> <p>DMA1702.2 COMP & NOW</p> <p>Providers must document the following in the record of each individual receiving Community Access Services:</p> <ul style="list-style-type: none"> a Specific activity, training or assistance provided b Date and the beginning and ending time when the service was provided c Location where the service was provided d Verification of service delivery, including first and last name and title (if applicable) of the person providing the service and his or her signature e Progress towards meeting the participant's ISP goal <p>DMA 1703. COMP&NOW</p> <p>Providers must utilize methods, material, and settings that meet the following:</p> <ul style="list-style-type: none"> a Set positive expectations for life experiences of people with disabilities, which result in, enhance personal independence and productivity, greater active community participation, and/or increased community integration b Facilitate the provision of participant-specific supports through a supports network c Are appropriate to the chronological age of participants d Are culturally normative as specified in each participant's ISP <p>DMA 1707. COMP&NOW</p> <p>Providers must meet the following requirements for staff-to participants ratios:</p> <ul style="list-style-type: none"> a. Group Community Access: a staff to individuals ratio of one to two or more, not to exceed one (1) to ten (10). The staff to individual ratio may be more intense than the upper limit allowed; the actual ratio must be as indicated by the individualized needs of the participants b. Individual Community Access Services: a one- to- one staff to participant ratio. <p>DMA 1708 COMP&NOW</p> <p>Community Access Services are individually planned to meet the participant's needs and preferences for active community participation. Services are provided in either community –based or facility-based settings but not in the participant's home or family home or any other residential settings</p> <p>DMA 1701 COMP&NOW</p>		
<p>Providers rendering Community Access Services must have staff that meets the following requirements:</p> <ul style="list-style-type: none"> • A designated agency director or Developmental Disability Professional (refer to standards for qualification for both positions) • Must meet transportation requirements in COMP Part 11 Chapter 900, section 905 if transporting individuals • Be provided with orientation training prior to direct contact with individuals and show competence in: a) the purpose and scope of Community Access Services including related policies and procedures; b) Rights; c) Confidentiality; d) Requirements for recognizing and reporting suspected abuse, neglect, or exploitation of any individual to DBHDD, within the organization, appropriate regulatory or licensing agencies and law enforcement agencies. • National NCIC documentation for all employees and any volunteers who have direct care, treatment or custodial responsibilities for participants served by the agency. <p>DMA 1702.2 COMP&NOW</p>		
<p>Providers rendering Community Access Services and other services (e.g., Prevocational Services and adult therapy) can provide these services in the same facility, however, the services must be documented and billed separately and any waiver participants receiving multiple services may not receive these services at the same time of the same day.</p> <p>DMA 1702.6 COMP&NOW</p> <p>Providers who render facility –based Community Access services must provide these services in a facility that meets the following requirements: accessibility, building construction and maintenance, building codes, lighting, ventilation, floor space, furnishings, environmental/sanitation, temperature conditions, equipment maintenance, drinking fountain, restrooms, participant activities and dining space, medication storage, documentation of self administration of medications supervised by facility</p>		

staff, evacuation plan and food services (if applicable) DMA 1702.10 COMP&NOW			
Prevocational Services Requirements:			
Prevocational Services are individually planned to meet the participant's needs for preparation for paid or unpaid employment through increased skills. Services are provided in either facility-based or at community sites but not in the participant's home or family home or any other residential settings DMA 2301 COMP & NOW			
Prevocational services are provided to groups of participant at a facility or to small groups of participants who travel to sites outside the facility, referred to as mobile crews. The staff for facility based cannot exceed one (1) to ten (10) and the staff to participant ratio for mobile crew cannot exceed one (1) to six (6). The staff to participant ratio may be more intense as indicated; the actual ratio must be as indicated by the individualized needs of the participant as indicated on the ISP. DMA 2301 COMP & NOW			
Providers must document the following in the record of each individual receiving Prevocational Services: a. Specific activity, training or assistance provided b. Date and the beginning and ending time when the service was provided c. Location where the service was provided d. Verification of service delivery, including first and last name and title (if applicable) of the person person providing the service and his or her signature e. Progress towards meeting the participant's ISP goal DMA 2302 COMP & NOW			
Participants who has received at least a year (12 months) of Prevocational services, effective July 1, 2009, must document the following assessment of necessity and adequacy of the continuance of prevocational services for the participant: a) Consideration of the following by the SC and interdisciplinary team developing the ISP to include the amount of time receiving the Prevocational Services; progress made on any or all goals in prior ISP; interest of participant in working; and any prior receipt of supportive employment services; b) Determination by the SC and team of continuance and discontinuance services for the participant based on the above assessment, and c) The provider of Prevocational services for any participant for whom this section is applicable must maintain a copy of the required documentation in the participant's record. DMA 2302.8 COMP & NOW			
Prevocational services include services directed at teaching concepts such as rule compliance, attendance, task completion, problem solving, endurance, work speed, work accuracy, increased attention span, motor skills, safety and appropriate social skills. Mobile crews receive Prevocational services by performing tasks, such as cleaning or landscaping, at community sites other than participant's home or family home or any residential setting. DMA 2301 COMP & NOW			
Providers must adhere to the requirements of the Fair Labor Standards Act as follows : Meet all requirements for time rates, piece rates, commensurate wages and fair business practices; maintain Department of Labor certificate if sub-minimum wage employment is provided; and determine special minimum wage as specified in the fair labor standards act. DMA 2402.7 COMP&NOW			
SUPPORTIVE EMPLOYMENT:			
Each provider agency must develop written Policies and Procedures to govern the operations of Supportive Employment Services. DMA 2702.2 COMP & NOW			
Participants who receive Supportive Employment services must require long-term, direct or indirect job related support in job supervision, adapting equipment, adapting behaviors, transportation assistance, peer support, and/or personal care assistance during the work day. Services consist of activities needed to obtain and sustain paid work including job development, supervision, training and services and supports that assist participants in achieving self-employment through the operation of a business. The planned outcomes of these services are to increase the hours worked by each participant towards the goal of forty hours per week and to increase the wages of each participant towards the goal of financial assistance. DMA 2701 COMP& NOW			

<p>The staff to participant ratio for supportive employment group cannot exceed one (1) to ten (10) for group and supportive employment individual is one-to-one staff.</p> <p>DMA 2701 COMP & NOW</p>		
<p>Providers must document the following in the record of each participant receiving Supportive Employment Services:</p> <ul style="list-style-type: none"> a. Specific activity, training or assistance provided b. Date and the beginning and ending time when the service was provided c. Location where the service was provided d. Verification of service delivery, including first and last name and title (if applicable) of the person person providing the service and his or her signature e. Progress towards meeting the participant's ISP goal <p>DMA 2702.1 COMP & NOW</p>		
<p>Supportive Employment Services must be related to the individual disability and tied to a specific goal in the Intake and Evaluation Team approved ISP.</p> <p>DMA 2703 COMP & NOW</p>		
<p>SUSPENSION:</p> <p>DMA 603.1 COMP & NOW: Providers serving NOW/COMP Programs participants must be in compliance with Core Requirements for All Providers and all other applicable DBHDD Standards.</p>		
<p>When Program Integrity or other focused audits are conducted by the Department of Community Health, the Department of Behavioral Health and Developmental Disabilities, and/or other regulatory agencies, and it is determined that there are unmet standards under ANY of those "critical function" areas, the Department of Community Health authorizes the Department of Behavioral Health and Developmental Disabilities (DBHDD) to recommend adverse action that requires enrolled providers to correct deficiencies. DBHDD may recommend a suspension on new admissions, a suspension or termination of the provider. Additionally, noncompliance determinations in critical function areas may be implemented, including suspension, recoupment of paid claims, and/or termination from the program.</p> <p>Critical function areas include: Participants Rights, Responsibilities and Protections; Non-Discrimination; Behavior Management; Management of Participants Records; Participant Records Documentation; Assessment; Individual Service Planning and Reviews; Staff to Participants Ratios; Orientation, Training, and Evaluation of Staff Competencies; Routine Healthcare; Medications and Medication Administration; Environmental Health and Safety; Current Level of Care (LOC) Determination; Current Individual Service Plans (ISPs) based on Assessment Needs and Oversight of Services Rendered.</p>		