Georgia Department of Behavioral Health and Developmental Disabilities
Division of Strategy, Technology, and Performance
Office of Incident Management and Compliance
Intellectual and Developmental Disability (I/DD) Services Review Tool

This tool outlines criteria evaluated during compliance reviews conducted by the Department of Behavioral Health and Developmental Disabilities Office of Incident Management and Compliance for I/DD services as outlined in the DBHDD policy, Accreditation and Compliance Review Requirements for Providers of Developmental Disability Services, 02-703

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AREAS REVIEWED
Administration • Quality Improvement • Personnel Files • Employee Training • Service Specific Requirements
Healthcare • Healthcare Management • Medication Management
Individual Care and Treatment • Individual Documentation • Funds Management
Service Specific • Environment of Care • Emergency Preparedness

COMMUNITY ACCESS SERVICES (CAS)

ADMINISTRATION

There are written policies and procedures put into practice that include a well-defined plan to assess and improve organizational quality. Practices ensure a safe and humane environment for individuals that is free of abuse, neglect, and exploitation. Personnel files are complete and accurate. Employees are up to date on required training.

References:
DBHDD Provider Manual for Community Developmental Disabilities Providers, 02-1201,
Reporting Deaths and Other Incidents in Community Services, 04-106

1.01 Quality Improvement

1.01	1	Areas of risk to persons served and to the organization are identified and monitored based on services, supports, treatment or care offered including: (a) incidents and accidents; (b) health and safety; (c) complaints and grievances; (d) individual rights violations; (e) practices that limit freedom of choice or movement; (f) medication management; (g) infection control; (h) Positive Behavior Support Plan tracking and monitoring to include restrictive interventions and efficacy of plan and needed adjustments, recommendations and modifications; (i) breaches of confidentiality; (j) protections of Health and Human Rights of persons with developmental disabilities; (k) implementation of ISPs; and (l) community integration.
1.01	2	The quality improvement plan includes processes for how issues are identified.
1.01	3	The quality improvement plan addresses what solutions are implemented.
1.01	4	Any new or additional issues are identified and managed on an ongoing basis.
1.01	5	The organization is able to demonstrate that indicators of performance are in place for each issue, to include: (1) method of routine data collecting and reporting; (2) method of routine measurement; (3) method of routine evaluation; and (4) targets goals/expectations for each indicator.

1.01	6	The organization is able to demonstrate that outcome measurements are determined and reviewed for each indicator on a quarterly basis.
1.01	9	At least four individual records or the records of five percent (5%) of the total number of individuals served (whichever number is greater) are reviewed each quarter and the reviews are kept for a period of at least two years. Records of individuals who are "at risk" are included.
1.01	10	[Individual Record] Reviews include these determinations: (a) That the record is organized; complete, accurate and timely; (b) Whether services are based on assessment and need; (c) That individuals have choices; (d) Documentation of service delivery including individuals' responses to services and progress toward ISP goal(s); (e) Documentation of health service delivery; (f) Medication management and delivery, including the use of PRN and over the counter PRN medications; and their effectiveness; (g) That approaches implemented for individuals with challenging behaviors are addressed as specified in the Guidelines for Supporting Adults with Challenging Behaviors in Community Settings.
1.01	18	There is evidence that internal incidents not reportable to DBHDD are recorded and monitored.
1.01	100	The provider submits the IR electronically via Image on the same day as the incident, or the discovery of the incident, or on the next business day if the incident occurred after business hours or on a weekend or holiday.
1.01	101	DBHDD requires that providers implement the Image Safety Plan.

5.01 Personnel Files

5.01	2A	The organization must have procedures and practices for verifying licenses, credentials, experience and competence of staff: (1) There is documentation of implementation of these procedures for all staff attached to the organization; and (2) Licenses and credentials are current as required by the field. It is the responsibility of the employer to verify licensure and/ or certification status.
5.01	4	Direct care staff have evidence of: (1) being 18 years or older; (2) a high school diploma/equivalent (GED or have a minimum score of 75 on the Short Test of Functional Health Literacy for Adults (STOFHLA) or Test of Functional Health Literacy for Adults (TOFHLA); (3) if transporting individuals, a legal license in the State of Georgia with the class of license appropriate to the vehicle operated, no more than two chargeable accidents, moving violations or any DUIs in a three year period within the last five years of the seven year Motor Vehicle Record. (The MVR is obtained before hire and then annually); and (4) driver training.
5.01	5C	An eligibility letter must be obtained before an applicant who will provide direct care services can start working for a DBHDD network provider.
5.01	6B	The DDP staff file must include the following documents: (a) A signed DDP job functions that meet the DDP requirements for oversight and professional consultation; (b) A specified schedule for each site and sufficient contract hours (not a PRN staff) to meet the individual's needs of the assigned caseload must be maintained on site; (c) There is documentation of attestation by the DDP that the scheduled or contracted hours do not conflict with his/her work with another provider agency; and, (d) A copy of diploma, license or certification to verify qualifications for performing DDP job functions is maintained; (e) Annual evaluation of adequacy of the DDP deliverable relative to the agency functions and needs as part of QI activities.
5.01	11	Providers must complete the family hire request form and provide documentation of extenuating circumstances. The provider must have evidence of submission to the designated DBHDD Field Office Intake and Evaluation Manager.

5.02 Staff Training

5.02	1	During the first year of employment, the DDP receives the following training: (1) Individual Service Planning (Person-Centered); (2) Health Risk Screening Tool online training overview; (3) Eight (8) hours of DBHDD sponsored or other training in the area of developmental disabilities on an annual basis.
5.02	2C	Orientation requirements are specified for all staff and are provided prior to direct contact with individuals and are as follows: (1) The purpose, scope of services, supports, care and treatment offered including related policies and procedures; (2) HIPAA and Confidentiality of individual information, both written and spoken; (3) Rights and Responsibilities of individuals; and, (4) Requirements for recognizing and mandatory reporting suspected abuse, neglect or exploitation of any individual; and, (5) Home and Community Based Settings Rule.

5.02	3C	Within the first sixty (60) days from date of hire, all non-designated staff having direct contact with individuals shall receive training in the following: (1) Person centered values, principles and approaches; (2) A holistic approach for providing care, supports and services for the individual; (3) Medical, physical, behavioral and social needs and characteristics of the individuals served; (4) Human Rights and Responsibilities; (5) Promoting positive, appropriate and responsive relationships with persons served, their families and stakeholders; (6) The utilization of: Communication Skills; Nationally benchmarked Behavioral Support and Crisis Intervention techniques for safe utilization of emergency interventions of last resort, with the exception of the use of prone manual or mechanical restraints; and the Georgia Crisis Response System (GCRS) to access crisis services; (7) Cultural Competency Policies; (8) Fire safety; (9) Emergency and disaster plans and procedures; (10) Techniques of Standard Precautions to include: Preventative measures to minimize risk of infectious disease transmission; Use of Personal Protection Equipment (PPE); Sharps Safety (with sharp containers disposed of according to state and local regulated medical waste rules); Environmental Controls for cleaning and disinfecting work surfaces; Skills Guides for handwashing, cleaning up spills, gloves use, and what to do with contaminated supplies; Respiratory Hygiene/Cough Etiquettes for cough, congestion, runny nose or increase production of respiratory secretions; and, Approaches to individual education to include incident reporting and follow-up; (11) First aid and safety; (12) BCLS including both written and hands on competency training; (13) Specific individual medications and side effects; (14) Suicide Prevention Skills Training (such as AIM, QPRP); (15) Ethics and Corporate Compliance training is evident; (16) Training to work with individuals who are dually diagnosed, as appropriate; and, (17) Training provided on proper body mechanics for lifting/transferring/positioning as a basic requirement to assist in performing activities of daily living safely.
5.02	4	A minimum of 16 hours of training is completed annually from date of hire that includes but is not limited to the following: (1) human rights and responsibilities; (2) communication skills; (3) nationally benchmarked Behavioral Support and Crisis Intervention techniques for safe utilization of emergency interventions of last resort, with the exception of the use of prone manual or mechanical restraints; (4) fire safety; (5) emergency and disaster plans and procedures; (6) specific individual medications and side effects; and, (7) proper body mechanics for lifting/transferring/positioning as a basic requirement to assist in performing activities of daily living safely
5.02	5A	Staff are trained on individualized specific condition as written in each individual's care plan protocol. Training on risk mitigation plans include, at a minimum, the date, purpose, staff attendees, staff who provided training and content of the training.
5.02	6B	A suggested minimum of two agency representatives are designated to take these three (3) trainings in RELIAS within 45 days after assuming responsibility: (1) Emergency Preparedness for DBHDD Providers; (2) Essentials of Disaster Preparedness Self-Paced; and, (3) Emergency Preparedness Regulations.
5.02	8	The agency has adequate direct care staff with First Aid and CPR certifications to ensure they have at least one staff person with these certifications on duty during the provision of services.
5.02	9	All RNs and LPNs are required to complete curriculums in IDD Healthcare at a minimum of six (6) hours of CEUs as orientation training.
5.02	10	At the time of each license or certification renewal, at least 25% of the CEUs (since the prior license or certification renewal) for each licensed or certified staff must be for training in intellectual/developmental disabilities or behavioral supports.

HEALTHCARE

The organization provides comprehensive oversight of the healthcare and medication needs of the individual.

References:
DBHDD Provider Manual for Community Developmental Disabilities Providers, 02-1201;
Health Risk Screening Tool (HRST), 02-803;
Risk Mitigation of Health Conditions or Vulnerabilities in Intellectual and/or Developmental Disability (I/DD) Services, 02-807;
DCH Rules and Regulations for Proxy Caregivers used in Licensed Healthcare Facilities;
NOW and COMP Waiver Manuals

2.01 Healthcare Management

2.01	4	Episodic updates are conducted for individuals experiencing medical or behavioral changes or incidents throughout the year that affect one or more of the 22 rating items and/or the Diagnosis and/or Medication section(s) of the HRST. The HRST must be completed or updated by the designated service provider 90-120 days prior to the ISP expiration date.
2.01	6A	The individual's information shall include the name of the individual, precautions, allergies (or no known allergies – KNA) and volume #x of #y on the front of the record.

2.01	7A	The written informed consent must contain the following information: (a) a definition of health maintenance activities as set forth in the law; (b) the actual health maintenance activities to be performed; (c) an explanation that such health maintenance activities are to be provided pursuant to the written orders of an attending physician, advance practice registered nurse or physician's assistant working under protocol or job description as further detailed in the written plan of care; (d) the name(s) of the proxy caregiver(s) who are being authorized to provide health maintenance activities; (e) a disclosure that Georgia law now allows licensed healthcare professionals to train unlicensed proxy caregivers to provide the specific health maintenance activities listed on the written plan of care; (f) an acknowledgement that proxy caregivers are not licensed healthcare professionals and do not have the same education and training as licensed healthcare professionals. Therefore, there may be additional health risks associated with receiving this care from proxy caregivers who may not recognize an important change in the individual's medical condition requiring assessment and/or treatment; (g) an acknowledgment that the individual with a disability, or the legally authorized representative consents and is willing to take such risks; (h) that the informed consent is conditioned upon the proxy caregiver(s) being determined by an appropriately qualified licensed healthcare professional to have the knowledge and skills necessary to perform safely the specific health maintenance activities listed on the consent; (i) a statement that the informed consent for any proxy caregiver designated to deliver health maintenance activities may be withdrawn orally or in writing by the individual with a disability or the legally authorized representative by informing the proxy caregiver and any licensed facility through which the proxy caregiver may be operating; and, (j) an authorization for such health maintenance activities to be provided which is signed and dated by the individual with a disability or the legally authorized representative.
2.01	8A	Where the licensed facility employs, contracts or refers proxy caregivers to deliver health maintenance activities to individuals with disabilities receiving services through the licensed facility, the licensed facility must maintain written evidence of satisfactory performances on initial and annual skills competency determinations utilizing skills competency checklists which have either been made available by the department or developed and completed by appropriately licensed healthcare professionals. The competency-based skills checklists must reflect a testing of the knowledge and observation of the skills associated with the completion of all of the discrete tasks necessary to do the specific health maintenance activity in accordance with accepted standards of care.
2.01	9A	Where the licensed facility employs, contracts or refers proxy caregivers to deliver health maintenance activities to individuals with disabilities receiving services through the licensed facility, the licensed facility must ensure that a written plan of care is developed for the individual with a disability by a licensed healthcare professional in accordance with the written orders of an attending physician, an advanced practice registered nurse or physician's assistant working under a nurse protocol agreement or job description respectively, and that such plan of care specifies the frequency of training and evaluation requirements for the proxy caregiver and when additional training will be required for new duties added to the written plan of care for which the proxy caregiver has not been previously trained. The Written Plan of Care must be updated annually.
2.01	10	The use of adaptive supportive devices or medical protective devices (devices which restrain movement but are applied for the protection of accidental injury, required for medical treatment or for corrective/supportive needs. The adaptive equipment must have a physician’s order (order not to exceed twelve (12) calendar months) and include rationale and instructions for the use of the device.
2.01	17	The organization follows the protocols, risk mitigation and healthcare plans in place for each individual.
2.01	18	Organizations not required to contract with licensed skilled nurses, have a responsibility to mitigate risk and implement safeguards to promote the health and safety of individuals receiving services. A risk mitigation document must be developed by the provider to include: (1) Date of creation; (2) Date of any applicable updates to the document; (3) Individual demographic information; (4) Allergies or No Known Allergies (NKA); (5) Statement and description of known condition, risks and diagnoses; (6) Any applicable individualized action steps to be taken when needed; (7) Communication plan (e.g., who to contact when there is an identified risk or change in condition); and (8) Contact details for primary caregiver(s) and responsible parties.
2.01	19	The risk mitigation document must be reviewed and updated at least annually or when there is change in intervention needed to mitigate risk.
2.01	23	Where a new medication is ordered, a licensed healthcare professional must be contacted to ensure that no additional training is required prior to the caregiver providing assistance with the new medication. The date, time and the outcome of the contact with the licensed healthcare professional must be documented in the individual's record. Where additional training is required prior to the caregiver providing assistance, such training will be provided and documented by a licensed healthcare professional.
2.01	24	For medication administration, the current Medication Administration Record (MAR) at the time the Plan of Care is written and signed is attached.

2.01	25	Where the licensed facility employs, contracts or refers proxy caregivers to deliver health maintenance activities to individuals with disabilities receiving services through the licensed facility, the licensed facility must ensure the scope of the health maintenance activities that proxy caregivers are permitted to perform. Health maintenance activities are those activities that do not include complex care such as administration or intravenous medications, central line maintenance, and complex wound care; do not require complex observations or critical decisions; can be safely performed and have reasonable precise, unchanging directions; and, have outcomes or results that are reasonably predictable.

2.02 Medication Management

2.02	1	The organization must procure initial prescription medication and over-the-counter medications within twenty-four hours of prescription receipt, and refills before twenty-four hours of the exhaustion of current medication supply.
2.02	2	All PRN or "as needed" medications will be accessible for each individual on site as per his/her prescriber(s) order(s) and as defined in the individual's ISP.
2.02	4	The organization defines requirements for timely notification to the prescribing professional regarding: (i) Medication errors; (ii) Medication problems; (iii) Medication reactions; (iv) Refusal of medication by the individual; and, (v) Failure to administer/supervise on time medications.
2.02	5	A current 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: (a) Regular, on-going medications; (b) Controlled substances; (c) PRN (as needed) Over-the-counter (OTC) medications; (d) PRN medications (does not include standing orders for psychotropic medications for symptom management of behavior); or, (e) Discontinuance order.
2.02	6	The "Eight Rights" for each medication administration are implemented to verify the: (1) Right person: check the name on the order and the individual and include the use of at least two identifiers; (2) Right medication: check the medication label against the order; (3) Right time: check the frequency and time to be given of the ordered medication and double check that the ordered dose is given at the correct time. Confirm when last dose was given; (4) Right dose: includes verification of the physician's medication order of dosage amount of the medication; with the label on the prescription medication container and the Medication Administration Record (MAR) document to ensure all are the same; (5) Right route: check the order and appropriateness of route ordered and confirm that the individual can take or receive the medication by the ordered route; (6) Right position: the correct anatomical position for the medication method or route to ensure its proper effect, instillation and retention. If needed, individual should be assisted to assume the correct position; (7) Right documentation: document the administration/supervision after the ordered medication is given on the MAR; and (8) Right to Refuse Medication: includes staff responsibilities to encourage compliance, document the refusal, and report the refusal to the administration, nurse administrator, and physician.
2.02	7	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: a) Name of the medication; b) Dose as ordered; c) Route as ordered; d) Time of day as ordered; and, e) Special instructions accompanying the order, if any.
2.02	8A	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 MAR and include but may not be limited to: (i). Documentation by calendar month that is sequential according to the days of the month; (ii). 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: (a) Name of medication; (b) Dose as ordered; (c) Route as ordered; (d) Purpose of the medication; and (e) Frequency that the medication may be taken. (iii). The date and time the medication is taken or received is documented for each use. (iv). 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 is documented.
2.02	9	MAR Recording: 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 medications, refused and missing doses, making corrections, and a legend for recording. The legend includes initials, signature and title of staff member and clarifies medications not given or otherwise not received by the individual.
2.02	10A	There is documented accountability of controlled substances at all stages of possession.
2.02	12	Supervision of individual self-administration: 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, each time, and supervision of individual self-administration occurs. 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. Where medications are self-administered, protocols are defined for training to support individual self-administration of medication.
2.02	13A	The organization must maintain safe storage of medications as required by law including single and double locks.

2.02	14A	The organization maintains safe storage of refrigerated medications with refrigeration between 36 and 41 degrees Fahrenheit and daily temperature logs.
2.02	15	All controlled substances are double locked.
2.02	16	Medications are kept in original containers with original labels intake or in labeled bubble packs from a pharmacy.
2.02	17	The individual's name, allergies and precautions must be flagged on the medication administration record.

INDIVIDUAL CARE AND TREATMENT

There are written policies and procedures put into practice that safeguard the rights and responsibilities of individuals served. Accurate records of services provided are kept. Behavioral challenges are managed on an on-going basis.

References:

DBHDD Provider Manual for Community Developmental Disabilities Providers, 02-1201

3.01 Individual Care and Treatment

3.01	1	There is documentation of individualized preferences, person-centered integration, informed choice, autonomy and inclusion in the community.
3.01	2A	There is evidence of the individual or legal guardian's signature on notification that all individuals are informed about their rights and responsibilities: (a) At the onset of services, supports, care and treatment; (b) At least annually during care; (c) Through written information that is well prepared in a language/format understandable by the individual; and, (d) How confidentiality will be addressed including but not limited to who they wish to be informed about their services, supports, care and treatment.
3.01	3A	DDP documentation must include necessary face-to-face participant visits, other contact or communication with or on behalf of the participants in the participant's record; the purpose of the visit or contact, assessment or evaluation, training, plan for intervention, and any changes in service delivery such as a change in staff recommendations; and meet documentation requirements of date, location of service delivery, signature (title), beginning, and ending time when the service was provided.
301	4	The individual record is a legal document, information in the record should be dated, timed, and authenticated with the authors identified by name, credential and by title. Notes entered retroactively into the record after an event or a shift must be identified as a "late entry."
3.01	7	The record includes emergency contact information and legal documentation regarding guardianship.
3.01	8	Documentation is completed each shift or service contact by staff providing the service.
3.01	9	The organization implements the applicable goals at the frequency identified by the ISP.
3.01	10A	Individual's information shall include progress notes describing progress toward goal(s), including: (i) implementation of interventions specified in the plan; (ii) the individual's response to the intervention or activity based on data; and (iii) date, location, and the beginning and ending time when the service was provided. For continuity of care, at a minimum, the current ISP review span progress notes must be maintained on site. Event notes must document: (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 findings of follow-up and strategies to avoid future missed appointments; (v) records or reports from previous or other current providers; and (vi) correspondence.
3.01	11	Documentation tells an accurate story of services, supports, care and treatment rendered and the individual's response.
3.01	12	There is evidence that the person's data from documentation has been reviewed, analyzed for trends, and summarized to determine the progress toward goal(s) at least quarterly.
3.01	13	If permitted, Manual/Personal Restraint (ten seconds or more), shall not exceed fifteen (15) minutes beyond which time the person is no longer a danger to self or to others, and use of personal restraint is documented. The length of time permitted to use manual/personal restraints for any one episode shall not exceed one (1) hour. Consecutive periods of manual restraints, which have the effect of restraining the resident in excess of one hour are prohibited.
3.01	14	A copy of the individual's PBSP must be available at all service sites for implementation.
3.01	15F	Providers must meet the following requirements for staff-to-individual ratios: The direct care staff to individual ratio for facility-based services cannot exceed one (1) to ten (10). The direct care staff to individual ratio for community-based services cannot exceed one (1) to five (5). 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 individuals. Individual Community Access Services requires a one-to-one staff-to-individual ratios as required.
3.01	16A	All organizations must have the capacity to address individual's behavioral needs. If the cause of the challenging behavior(s) cannot be determined or satisfactorily addressed by the provider, there should be evidence of DBHDD Clinical Assessment of Behavior Support Needs (CABS) and consultation with an outside professional who is licensed or qualified through education, supervised training and experience to address the behavior(s) needs of the individual.
3.01	17	Behavioral support plans are implemented to reduce inappropriate behavior and to acquire alternative skills and behaviors.

SERVICE SPECIFIC - CAS

There are written policies and procedures put into practice that ensure a clean, safe, and emergency prepared environment for the individuals served.

References:
DBHDD Provider Manual for Community Developmental Disabilities Providers, 02-1201;
Disaster Preparedness, Response, and Disaster Recovery Requirements for Community Providers, 04-102

4.01 Emergency Preparedness

4.01	1	[Emergency Preparedness] Plans include detailed information regarding evacuating, transporting and relocating individuals that coordinate with the local Emergency Management Agency and at a minimum address: (i) Medical emergencies; (ii) Missing persons (Georgia's Mattie's Call Act provides for an alert system when an individual with I/DD, dementia, or other cognitive impairment is missing. Law requires residences to notify law enforcement within thirty (30) minutes of discovering a missing individual); (iii) Natural and man-made disasters; (iv) Power failures; (v) Continuity of medical care as required; and, (vi) Notifications to families or designees. Emergency preparedness notice and plans are reviewed annually.
4.01	2F	The emergency preparedness plans are tested at least quarterly for emergencies that occur locally on a less frequent basis such as, but not limited to flood, tornado or hurricane. Plans are drilled more frequently if there is a greater potential for the emergency.
4.01	3C	Fire drills are conducted for individuals and staff: (i) Once a month at alternative times; including (ii) Twice a year during sleeping hours if residential services; and, (iii) All fire drills shall be documented with staffing involved.
4.01	4	Supplies needed for emergency evacuation are accessible and include individual(s) information, family contact information and current copies of physician's orders for all individuals' medications.
4.01	5A	There are 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 that includes: Safe use of lift, seat belts, tie downs and any other safety equipment if applicable; Availability of first aid kits and seat belt cutter; and, Fire suppression equipment.
4.01	6	The organization has documentation of an attendance log for transporting individuals that includes documentation of boarding and exit time of individuals and the beginning location and destination.

4.02 and 4.08 Environment of Care

4.02	1D	The environment is clean and in good repair, including being free of litter, extraneous materials, unsightly or injurious accumulation of items and free of pests and rodents.
4.08	1A	Services are provided in facility-based and/or community-based settings outside the individual's own or family home or any other residential setting and include opportunities for individuals to interact with people who do not have a disability.
4.08	2	There is a drinking fountain(s) approved by the Georgia DBHDD, Division of Public Health or provide access to single disposable cups to individuals, with individuals disposing of the used cups immediately after use.
4.08	3	If the facility stores, prepares, or distributes food: meals and snacks are prepared either on site or under subcontract with an outside vendor who agrees to comply with the food and nutritional requirements. The facility posts its current Food Service Permit and inspection report or the subcontracted vendor's current Food Service Permit and inspection report.
4.08	4	If the facility stores, prepares, or distributes food: the facility has a designated kitchen area for receiving food, facilities for warming or preparing cold food, and clean–up facilities including hot and cold running water. The facility provides palatable, nutritious and attractive meals and snacks that meet the nutritional requirements of each member.
4.08	5	There are at least two handicap-accessible toilets and lavatories available for the use of individuals, including installed grab bars.
4.08	6	There is one or more clean, orderly, and appropriately furnished rooms of an adequate size designated for individual activities and, if applicable, dining. If the facility has a single room for individual activities and dining, the room provides sufficient space to accommodate both activities without interfering with each other.
4.08	7	There is adequate lighting for individuals' activities and safety.
4.08	8	The facility is adequately ventilated at all times by either mechanical or natural means to provide fresh air and the control of unpleasant odors.
4.08	9	There is sufficient furniture for use by individuals, which provides comfort and safety; is appropriate for the population served, including any individuals with physical, visual, and mobility limitations; and provides adequate seating and table space for individual activities in the facility, including dining if applicable; Is accessible to and usable by individuals and meets Americans with Disabilities Act (ADA) accessibility requirements for facilities.
4.08	10	The facility has adequate floor space to safely and comfortably accommodate the number of individuals for all activities and services provided in that space
4.08	12	There is an adequate heating and cooling system that keeps temperature ranges that are consistent with the individuals' health needs and comfort.
4.08	13	All mechanical, electrical, and support equipment is in safe operating condition.

4.08	14	ALL locks used on any exterior door must be capable of being unlocked from the inside by the individuals receiving services in that setting, without the need for obtaining assistance from provider staff or any other person. Neither the lock nor any mechanism or control for operating the lock may be placed in a location that is inaccessible to or concealed from any individual receiving services in the setting. No exterior door may be fitted with any lock that requires a key, key card, badge, combination, or passcode to unlock it from the inside.

COMMUNITY LIVING ARRANGEMENT (CLA)

ADMINISTRATION

There are written policies and procedures put into practice that include a well-defined plan to assess and improve organizational quality. Practices ensure a safe and humane environment for individuals that is free of abuse, neglect, and exploitation. Personnel files are complete and accurate. Employees are up to date on required training.

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1.01 Quality Improvement

1.01	1	Areas of risk to persons served and to the organization are identified and monitored based on services, supports, treatment or care offered including: (a) incidents and accidents; (b) health and safety; (c) complaints and grievances; (d) individual rights violations; (e) practices that limit freedom of choice or movement; (f) medication management; (g) infection control; (h) Positive Behavior Support Plan tracking and monitoring to include restrictive interventions and efficacy of plan and needed adjustments, recommendations and modifications; (i) breaches of confidentiality; (j) protections of Health and Human Rights of persons with developmental disabilities; (k) implementation of ISPs; and (l) community integration.
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1.01	6	The organization is able to demonstrate that outcome measurements are determined and reviewed for each indicator on a quarterly basis.
1.01	9	At least four individual records or the records of five percent (5%) of the total number of individuals served (whichever number is greater) are reviewed each quarter and the reviews are kept for a period of at least two years. Records of individuals who are "at risk" are included.
1.01	10	[Individual Record] Reviews include these determinations: (a) That the record is organized; complete, accurate and timely; (b) Whether services are based on assessment and need; (c) That individuals have choices; (d) Documentation of service delivery including individuals' responses to services and progress toward ISP goal(s); (e) Documentation of health service delivery; (f) Medication management and delivery, including the use of PRN and over the counter PRN medications; and their effectiveness; (g) That approaches implemented for individuals with challenging behaviors are addressed as specified in the Guidelines for Supporting Adults with Challenging Behaviors in Community Settings.
1.01	18	There is evidence that internal incidents not reportable to DBHDD are recorded and monitored.
1.01	100	The provider submits the IR electronically via Image on the same day as the incident, or the discovery of the incident, or on the next business day if the incident occurred after business hours or on a weekend or holiday.
1.01	101	DBHDD requires that providers implement the Image Safety Plan.

5.01 Personnel Files

5.01	2A	The organization must have procedures and practices for verifying licenses, credentials, experience and competence of staff: (1) There is documentation of implementation of these procedures for all staff attached to the organization; and (2) Licenses and credentials are current as required by the field. It is the responsibility of the employer to verify licensure and/ or certification status.
5.01	3	The personnel record includes documentation of verification of employment history for the five most recent years, including previous places of work, contact names, and contact telephone numbers.
5.01	4	Direct care staff have evidence of: (1) being 18 years or older; (2) a high school diploma/equivalent (GED or have a minimum score of 75 on the Short Test of Functional Health Literacy for Adults (STOFHLA) or Test of Functional Health Literacy for Adults (TOFHLA); (3) if transporting individuals, a legal license in the State of Georgia with the class of license appropriate to the vehicle operated, no more than two chargeable accidents, moving violations or any DUIs in a three year period within the last five years of the seven year Motor Vehicle Record. (The MVR is obtained before hire and then annually); and (4) driver training.
5.01	5C	An eligibility letter must be obtained before an applicant who will provide direct care services can start working for a DBHDD network provider.
5.01	6B	The DDP staff file must include the following documents: (a) A signed DDP job functions that meet the DDP requirements for oversight and professional consultation; (b) A specified schedule for each site and sufficient contract hours (not a PRN staff) to meet the individual's needs of the assigned caseload must be maintained on site; (c) There is documentation of attestation by the DDP that the scheduled or contracted hours do not conflict with his/her work with another provider agency; and, (d) A copy of diploma, license or certification to verify qualifications for performing DDP job functions is maintained; (e) Annual evaluation of adequacy of the DDP deliverable relative to the agency functions and needs as part of QI activities.

5.02 Staff Training

5.02	1	During the first year of employment, the DDP receives the following training: (1) Individual Service Planning (Person-Centered); (2) Health Risk Screening Tool online training overview; (3) Eight (8) hours of DBHDD sponsored or other training in the area of developmental disabilities on an annual basis.

5.02	2C	Orientation requirements are specified for all staff and are provided prior to direct contact with individuals and are as follows: (1) The purpose, scope of services, supports, care and treatment offered including related policies and procedures; (2) HIPAA and Confidentiality of individual information, both written and spoken; (3) Rights and Responsibilities of individuals; and, (4) Requirements for recognizing and mandatory reporting suspected abuse, neglect or exploitation of any individual; and, (5) Home and Community Based Settings Rule.
5.02	3C	Within the first sixty (60) days from date of hire, all non-designated staff having direct contact with individuals shall receive training in the following: (1) Person centered values, principles and approaches; (2) A holistic approach for providing care, supports and services for the individual; (3) Medical, physical, behavioral and social needs and characteristics of the individuals served; (4) Human Rights and Responsibilities; (5) Promoting positive, appropriate and responsive relationships with persons served, their families and stakeholders; (6) The utilization of: Communication Skills; Nationally benchmarked Behavioral Support and Crisis Intervention techniques for safe utilization of emergency interventions of last resort, with the exception of the use of prone manual or mechanical restraints; and the Georgia Crisis Response System (GCRS) to access crisis services; (7) Cultural Competency Policies; (8) Fire safety; (9) Emergency and disaster plans and procedures; (10) Techniques of Standard Precautions to include: Preventative measures to minimize risk of infectious disease transmission; Use of Personal Protection Equipment (PPE); Sharps Safety (with sharp containers disposed of according to state and local regulated medical waste rules); Environmental Controls for cleaning and disinfecting work surfaces; Skills Guides for handwashing, cleaning up spills, gloves use, and what to do with contaminated supplies; Respiratory Hygiene/Cough Etiquettes for cough, congestion, runny nose or increase production of respiratory secretions; and, Approaches to individual education to include incident reporting and follow-up; (11) First aid and safety; (12) BCLS including both written and hands on competency training; (13) Specific individual medications and side effects; (14) Suicide Prevention Skills Training (such as AIM, QPRP); (15) Ethics and Corporate Compliance training is evident; (16) Training to work with individuals who are dually diagnosed, as appropriate; and, (17) Training provided on proper body mechanics for lifting/transferring/positioning as a basic requirement to assist in performing activities of daily living safely.
5.02	4	A minimum of 16 hours of training is completed annually from date of hire that includes but is not limited to the following: (1) human rights and responsibilities; (2) communication skills; (3) nationally benchmarked Behavioral Support and Crisis Intervention techniques for safe utilization of emergency interventions of last resort, with the exception of the use of prone manual or mechanical restraints; (4) fire safety; (5) emergency and disaster plans and procedures; (6) specific individual medications and side effects; and, (7) proper body mechanics for lifting/transferring/positioning as a basic requirement to assist in performing activities of daily living safely
5.02	5A	Staff are trained on individualized specific condition as written in each individual's care plan protocol. Training on risk mitigation plans include, at a minimum, the date, purpose, staff attendees, staff who provided training and content of the training.
5.02	6B	A suggested minimum of two agency representatives are designated to take these three (3) trainings in RELIAS within 45 days after assuming responsibility: (1) Emergency Preparedness for DBHDD Providers; (2) Essentials of Disaster Preparedness Self-Paced; and, (3) Emergency Preparedness Regulations.
5.02	9	All RNs and LPNs are required to complete curriculums in IDD Healthcare at a minimum of six (6) hours of CEUs as orientation training.
5.02	10	At the time of each license or certification renewal, at least 25% of the CEUs (since the prior license or certification renewal) for each licensed or certified staff must be for training in intellectual/developmental disabilities or behavioral supports.

HEALTHCARE

The organization provides comprehensive oversight of the healthcare and medication needs of the individual.

References:

DBHDD Provider Manual for Community Developmental Disabilities Providers, 02-1201;
Health Risk Screening Tool (HRST), 02-803;
Healthcare Plans for Individuals with Intellectual/Developmental Disabilities (I/DD) in Community Residential Alternative, and Community Living Support Services with Skilled Nursing Services, 02-266;
Bowel Management for Individuals with Intellectual and Developmental Disabilities, Living in Community Residential Alternative Settings, 02-802;
Risk Mitigation of Health Conditions or Vulnerabilities in Intellectual and/or Developmental Disability (I/DD) Services, 02-807;
Prevention of Choking and Aspiration for Individuals with Intellectual/Developmental Disabilities Living in the Community, 02-801;
DCH Rules and Regulations for Proxy Caregivers used in Licensed Healthcare Facilities;
NOW and COMP Waiver Manuals

2.01 Healthcare Management

2.01	1	The provider documents processes or referrals of the individual based on ongoing assessments of individual needs which include: (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 health care for: (a) Routine assessment such as annual physical examinations; (b) Chronic medical issues; (c) Ongoing psychiatric issues; (d) Acute and emergent needs, as well as diagnostic testing such as psychological testing or labs and dental services.
2.01	2	There is documentation in the individual's record of all medical care received, including office visits, procedures, laboratory testing, etc.
2.01	4	Episodic updates are conducted for individuals experiencing medical or behavioral changes or incidents throughout the year that affect one or more of the 22 rating items and/or the Diagnosis and/or Medication section(s) of the HRST. The HRST must be completed or updated by the designated service provider 90-120 days prior to the ISP expiration date.
2.01	5	There are safeguards utilized for medications known to have substantial risk or undesirable effects, to include 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 physician for any further actions needed.
2.01	6A	The individual's information shall include the name of the individual, precautions, allergies (or no known allergies – NKA) and "volume #x of #y" on the front of the record.
2.01	7A	The written informed consent must contain the following information: (a) a definition of health maintenance activities as set forth in the law; (b) the actual health maintenance activities to be performed; (c) an explanation that such health maintenance activities are to be provided pursuant to the written orders of an attending physician, advance practice registered nurse or physician's assistant working under protocol or job description as further detailed in the written plan of care; (d) the name(s) of the proxy caregiver(s) who are being authorized to provide health maintenance activities; (e) a disclosure that Georgia law now allows licensed healthcare professionals to train unlicensed proxy caregivers to provide the specific health maintenance activities listed on the written plan of care; (f) an acknowledgement that proxy caregivers are not licensed healthcare professionals and do not have the same education and training as licensed healthcare professionals. Therefore, there may be additional health risks associated with receiving this care from proxy caregivers who may not recognize an important change in the individual's medical condition requiring assessment and/or treatment; (g) an acknowledgment that the individual with a disability, or the legally authorized representative consents and is willing to take such risks; (h) that the informed consent is conditioned upon the proxy caregiver(s) being determined by an appropriately qualified licensed healthcare professional to have the knowledge and skills necessary to perform safely the specific health maintenance activities listed on the consent; (i) a statement that the informed consent for any proxy caregiver designated to deliver health maintenance activities may be withdrawn orally or in writing by the individual with a disability or the legally authorized representative by informing the proxy caregiver and any licensed facility through which the proxy caregiver may be operating; and, (j) an authorization for such health maintenance activities to be provided which is signed and dated by the individual with a disability or the legally authorized representative.
2.01	8A	Where the licensed facility employs, contracts or refers proxy caregivers to deliver health maintenance activities to individuals with disabilities receiving services through the licensed facility, the licensed facility must maintain written evidence of satisfactory performances on initial and annual skills competency determinations utilizing skills competency checklists which have either been made available by the department or developed and completed by appropriately licensed healthcare professionals. The competency-based skills checklists must reflect a testing of the knowledge and observation of the skills associated with the completion of all of the discrete tasks necessary to do the specific health maintenance activity in accordance with accepted standards of care.
2.01	9A	Where the licensed facility employs, contracts or refers proxy caregivers to deliver health maintenance activities to individuals with disabilities receiving services through the licensed facility, the licensed facility must ensure that a written plan of care is developed for the individual with a disability by a licensed healthcare professional in accordance with the written orders of an attending physician, an advanced practice registered nurse or physician's assistant working under a nurse protocol agreement or job description respectively, and that such plan of care specifies the frequency of training and evaluation requirements for the proxy caregiver and when additional training will be required for new duties added to the written plan of care for which the proxy caregiver has not been previously trained. The Written Plan of Care must be updated annually.
2.01	10	The use of adaptive supportive devices or medical protective devices (devices which restrain movement but are applied for the protection of accidental injury, required for medical treatment or for corrective/supportive needs) is defined by a physician's order (order not to exceed twelve (12) calendar months) and the written order includes the rationale and instructions for the use of the device.
2.01	15	The agency's Developmental Disability Professional (DDP), trained in assessing the effectiveness of interventions required to prevent constipation or impaction, or a licensed healthcare professional check the bowel tracking record, at a minimum, as determined by the individual's clinical need, to assess the effectiveness of the intervention and health status of the individual.

2.01	16	Each individual has a bowel tracking record that includes, at a minimum: (1) number of bowel movements per day; (2) list of the individual's medications that increase the risk of constipation, impaction, and/or bowel obstruction; (3) abdominal pain reported by the individual; (4) consistency of bowel movement; (5) treatment intervention(s) if needed; and (6) Elements of the Bristol Stool Form Scale. An accurate recording of each individual's bowel status is maintained each shift.
2.01	17	The organization follows the protocols, risk mitigation and healthcare plans in place for each individual.
2.01	18	Organizations not required to contract with licensed skilled nurses, have a responsibility to mitigate risk and implement safeguards to promote the health and safety of individuals receiving services. A risk mitigation document must be developed by the provider to include: (1) Date of creation; (2) Date of any applicable updates to the document; (3) Individual demographic information; (4) Allergies or No Known Allergies (NKA); (5) Statement and description of known condition, risks and diagnoses; (6) Any applicable individualized action steps to be taken when needed; (7) Communication plan (e.g., who to contact when there is an identified risk or change in condition); and (8) Contact details for primary caregiver(s) and responsible parties.
2.01	19	The risk mitigation document must be reviewed and updated at least annually or when there is change in intervention needed to mitigate risk.
2.01	23	Where a new medication is ordered, a licensed healthcare professional must be contacted to ensure that no additional training is required prior to the caregiver providing assistance with the new medication. The date, time and the outcome of the contact with the licensed healthcare professional must be documented in the individual's record. Where additional training is required prior to the caregiver providing assistance, such training will be provided and documented by a licensed healthcare professional.
2.01	24	For medication administration, the current Medication Administration Record (MAR) at the time the Plan of Care is written and signed is attached.
2.01	25	Where the licensed facility employs, contracts or refers proxy caregivers to deliver health maintenance activities to individuals with disabilities receiving services through the licensed facility, the licensed facility must ensure the scope of the health maintenance activities that proxy caregivers are permitted to perform. Health maintenance activities are those activities that do not include complex care such as administration or intravenous medications, central line maintenance, and complex wound care; do not require complex observations or critical decisions; can be safely performed and have reasonable precise, unchanging directions;and, have outcomes or results that are reasonably predictable.

2.02 Medication Management

2.02	1	The organization must procure initial prescription medication and over-the-counter medications within twenty-four hours of prescription receipt, and refills before twenty-four hours of the exhaustion of current medication supply.
2.02	2	All PRN or “as needed” medications will be accessible for each individual on site as per his/her prescriber(s) order(s) and as defined in the individual’s ISP.
2.02	4	A current 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: (a) Regular, on-going medications; (b) Controlled substances; (c) PRN (as needed) Over-the-counter (OTC) medications; (d) PRN medications (does not include standing orders for psychotropic medications for symptom management of behavior); or, (e) Discontinuance order.
2.02	5	The organization must procure initial prescription medication and over-the-counter medications within twenty-four hours of prescription receipt, and refills before twenty-four hours of the exhaustion of current medication supply.
2.02	6	The “Eight Rights” for each medication administration are implemented to verify the: (1) Right person: check the name on the order and the individual and include the use of at least two identifiers; (2) Right medication: check the medication label against the order; (3) Right time: check the frequency and time to be given of the ordered medication and double check that the ordered dose is given at the correct time. Confirm when last dose was given; (4) Right dose: includes verification of the physician’s medication order of dosage amount of the medication; with the label on the prescription medication container and the Medication Administration Record (MAR) document to ensure all are the same; (5) Right route: check the order and appropriateness of route ordered and confirm that the individual can take or receive the medication by the ordered route; (6) Right position: the correct anatomical position for the medication method or route to ensure its proper effect, instillation and retention. If needed, individual should be assisted to assume the correct position; (7) Right documentation: document the administration/supervision after the ordered medication is given on the MAR; and (8) Right to Refuse Medication: includes staff responsibilities to encourage compliance, document the refusal, and report the refusal to the administration, nurse administrator, and physician.
2.02	7	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: a) Name of the medication; b) Dose as ordered; c) Route as ordered; d) Time of day as ordered; and, e) Special instructions accompanying the order, if any.

2.02	8A	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 MAR and include but may not be limited to: (i). Documentation by calendar month that is sequential according to the days of the month; (ii). 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: (a) Name of medication; (b) Dose as ordered; (c) Route as ordered; (d) Purpose of the medication; and (e) Frequency that the medication may be taken. (iii). The date and time the medication is taken or received is documented for each use. (iv). 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 is documented.
2.02	9	MAR Recording: 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 medications, refused and missing doses, making corrections, and a legend for recording. The legend includes initials, signature and title of staff member.
2.02	17	The individual's name, allergies and precautions must be flagged on the medication administration record.

INDIVIDUAL CARE AND TREATMENT

There are written policies and procedures put into practice that safeguard the rights and responsibilities of individuals served. Accurate records of services provided are kept. Behavioral challenges are managed on an on-going basis. Individual's funds are managed appropriately and accurately.

References:
DBHDD Provider Manual for Community Developmental Disabilities Providers, 02-1201;
Supervision and Protection of Personal Funds and Belongings in Intellectual and Developmental Disability Community Residential Alternative Services, 02-702;
NOW and COMP Waiver Manuals

3.01 Individual Care and Treatment

3.01	1	There is documentation of individualized preferences, person-centered integration, informed choice, autonomy and inclusion in the community.
3.01	2A	There is evidence of the individual or legal guardian's signature on notification that all individuals are informed about their rights and responsibilities: (a) At the onset of services, supports, care and treatment; (b) At least annually during care; (c) Through written information that is well prepared in a language/format understandable by the individual; and, (d) How confidentiality will be addressed including but not limited to who they wish to be informed about their services, supports, care and treatment.
3.01	3A	DDP documentation must include necessary face-to-face participant visits, other contact or communication with or on behalf of the participants in the participant's record; the purpose of the visit or contact, assessment or evaluation, training, plan for intervention, and any changes in service delivery such as a change in staff recommendations; and meet documentation requirements of date, location of service delivery, signature (title), beginning, and ending time when the service was provided.
3.01	4	The individual record is a legal document, information in the record should be dated, timed, and authenticated with the authors identified by name, credential and by title. Notes entered retroactively into the record after an event or a shift must be identified as a "late entry."
3.01	7	The record includes emergency contact information and legal documentation regarding guardianship.
3.01	8	Documentation is completed each shift or service contact by staff providing the service.
3.01	9	The organization implements the applicable goals at the frequency identified by the ISP.
3.01	10A	Individual's information shall include progress notes describing progress toward goal(s), including: (i) implementation of interventions specified in the plan; (ii) the individual's response to the intervention or activity based on data; and (iii) date, location, and the beginning and ending time when the service was provided. For continuity of care, at a minimum, the current ISP review span progress notes must be maintained on site. Event notes must document: (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 findings of follow-up and strategies to avoid future missed appointments; (v) records or reports from previous or other current providers; and (vi) correspondence.
3.01	11	Documentation tells an accurate story of services, supports, care and treatment rendered and the individual's response.
3.01	12	There is evidence that the person's data from documentation has been reviewed, analyzed for trends, and summarized to determine the progress toward goal(s) at least quarterly.

3.01	13	If permitted, Manual/Personal Restraint (ten seconds or more), shall not exceed fifteen (15) minutes beyond which time the person is no longer a danger to self or to others, and use of personal restraint is documented. The length of time permitted to use manual/personal restraints for any one episode shall not exceed one (1) hour. Consecutive periods of manual restraints, which have the effect of restraining the resident in excess of one hour are prohibited.
3.01	14	A copy of the individual's PBSP is available at the provider's service sites where services to the individual are delivered.
3.01	15A	The type and number of professional staff and all other staff attached to the organization are present in numbers to provide services, supports, care and treatment to individuals as required.
3.01	16A	All organizations must have the capacity to address individual's behavioral needs. If the cause of the challenging behavior(s) cannot be determined or satisfactorily addressed by the provider, there should be evidence of DBHDD Clinical Assessment of Behavior Support Needs (CABS) and consultation with an outside professional who is licensed or qualified through education, supervised training and experience to address the behavior(s) needs of the individual.
3.01	17	Behavioral support plans are implemented to reduce inappropriate behavior and to acquire alternative skills and behaviors.
3.01	23	The CLA maintains a monthly plan for specific staff coverage in advance of the month, a record of actual staff coverage, and a plan for provision of all required services.
3.01	24	Personal hygiene assistance is given to those individuals who are unable to keep themselves neat and clean.
3.01	25A	A written admission agreement is entered into between the governing body and the individual. The agreement is signed by a representative of the CLA, the individual, and the individual's legally authorized representative or legal guardian, if any, and contains the following: (1) a statement of all services to be delivered, all associated fees or charges and how fees or charges are assessed; (2) a statement that the individual and his/her representative or legal guardian, if any, are informed, in writing, at least 60 days prior to changes in charges or services; (3) a statement of the CLA's refund policy when an individual is transferred, is discharged, or dies; (4) a statement about the responsibility assumed, if any, by the CLA for the individual's valuables and other personal belongings; and, (5) a copy of expectations regarding cooperative living, which include, but not be limited to, a statement about sharing of common space and other resources, expectations regarding the use of tobacco and alcohol, and explanation regarding items, if any, prohibited by the CLA.

3.02 Funds Management

3.02	1	Each individual has the right to use, keep, and control his/her own personal property and possessions in the immediate living quarters, except to the extent as use of his/her property would interfere with the safety or health of other individuals. Each individual has the right to reasonable safeguards for the protection and security of his/her personal property and possessions brought into the CLA.
3.02	2	Inventory shall be conducted at the commencement of services, within 3 calendar days prior to all scheduled moves, and at a minimum annually. Inventory should also be updated whenever there is a purchase of an item valued at $50 or more.
3.02	3	Providers who are the Representative Payee must keep written records of all payments from SSA, bank statements and canceled checks, receipts or canceled checks for rent, utilities, and major purchases.
3.02	4	The Provider Agency Representative Payee ensures at minimum (regardless of day-to-day living expenses) each individual in I/DD residential services is to receive a minimum of $65.00 monthly for personal needs and spending.
3.02	5	The CRA provider provides individuals with a Day-to-Day Living Expenses Agreement upon admission, annually, or revised as needed. The day-to-day living expenses agreement is reviewed at the annual ISP. The Day-to-day Living Expenses Budget Agreement must be signed by the individual, Representative Payee (as applicable), the provider agency, and any CLA, PCH, and Host Home provider serving the individual. The signed copy is maintained in the individual's record.
3.02	6	The individual has the right to manage his/her own funds. Personal funds are readily accessible for use by the individual. At least on a quarterly basis, the individual and/or representative is made aware of monies that are in his/her personal account. A statement of funds received and spent is provided to the individual and/or representative when requested.
3.02	7	The provider demonstrates assurance that the funds of individuals served by the provider are not mismanaged or exploited.
3.02	8A	The monies of individuals served by the provider agency are not comingled into a collective account without permission from SSA or comingled in any account belonging solely to the provider agency or any staff or principals of the provider agency. Collective accounts must show that the individual(s) own the account; the account is separate from the provider agency's operating account; and any interest earned is credited to each individual. When establishing a bank account, the Representative Payee listed on the account must be the provider agency and not the personal name of any staff member, owner, or principal of the provider agency.

3.02	9	When the organization is the representative payee, at least two people, other than those having authorization to receive and disburse funds on behalf of any individual, independently reconcile the bank and/or account records on a monthly basis.
3.02	10	When a provider agency is selected to be the Representative Payee, documentation of personal spending is accounted for using the Personal Spending Account Record (Attachment B), or a payee created document that contains all the same elements as the Personal Spending Account Record (Attachment B). The current and previous calendar month's Personal Spending Account Record must be kept at the individual's place of residence for immediate inspection. All previous month's Personal Spending Account Records are kept off site at the provider agency business office, but is to be available to the individual served, any family members authorized by the individual, the Support Coordinators, the Regional Field Office, and any other authorized representative for inspection and copying upon request, or within two (2) business days of request.
3.02	11	When a provider agency is selected to be the Representative Payee, the Personal Spending Account Record (Attachment B), or a payee created document, must: (a) contain a staff signature for every transaction; (b) be reconciled and signed by a provider staff at minimum one time monthly; and (c) be audited and signed by a provider manager at minimum one time monthly.
3.02	12	The CRA provider provides a day-to-day living expenses budget agreement that includes a statement of all associated housing and food costs (per the definition in Section B of DBHDD policy 02-702); and any estimated medical, dental, and clothing fees or charges assessed to the individual, to the extent that those funds are available.
3.02	13	The individual's capacity for money management is assessed and documented on the Money Management Assessment Tool (Attachment A) or a payee created document that contains all the same elements as the Money Management Assessment Tool.

SERVICE SPECIFIC - CLA

There are written policies and procedures put into practice that ensure a clean, safe, and emergency prepared environment for the individuals served.

References:
DBHDD Provider Manual for Community Developmental Disabilities Providers, 02-1201;
Disaster Preparedness, Response, and Disaster Recovery Requirements for Community Providers, 04-102;
DCH Rules and Regulations for Community Living Arrangements, 290-9-37

4.01 Emergency Preparedness

4.01	1	The organization has an Emergency Response Plan coordinated with the local Emergency Management Agency that includes detailed information regarding evacuating, transporting and relocating individuals that addresses: (1) medical emergencies; (2) missing persons that references Georgia's Mattie's Call Act (notification of law enforcement within 30 minutes of discovering a missing individual); (3) natural and man-made disasters; (4) power failures; (5) continuity of medical care as required; and (6) notifications to families or designee. The Emergency Response Plan is reviewed annually.
4.01	2F	The emergency preparedness plans are tested at least quarterly for emergencies that occur locally on a less frequent basis such as, but not limited to flood, tornado or hurricane. Plans are drilled more frequently if there is a greater potential for the emergency.
4.01	3C	Fire drills are conducted for individuals and staff: (i) Once a month at alternative times; including; (ii) Twice a year during sleeping hours if residential services; and, (iii) All fire drills shall be documented with staffing involved.
4.01	4	Supplies needed for emergency evacuation are accessible and include individual (s) information, family contact information and current copies of physician's orders for all individuals' medications.
4.01	5A	There are 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 that includes: Safe use of lift, seat belts, tie downs and any other safety equipment if applicable; Availability of first aid kits and seat belt cutter; and, Fire suppression equipment.
4.01	6	The organization has documentation of an attendance log for transporting individuals that includes documentation of boarding and exit time of individuals and the beginning location and destination.
4.01	7A	A three-day supply of non-perishable emergency food and water is available for all individuals supported in residences. A residence shall provide at least one gallon of water per person a day. A residence shall arrange for and serve special diets as prescribed.
4.01	8A	Each home must have at least one charged 5 lb. multipurpose ABC fire extinguisher on each occupied floor and in the basement. These extinguishers must be checked annually to assure they remain in operable condition.

4.01	9A	Entrances and exits, sidewalks, and escape routes are maintained free of any obstructions that would impede leaving the residence quickly in the case of fire or other emergency. All such entrances and exits, sidewalks, and escape routes are kept free of any hazards such as ice, snow, or debris.
4.01	10 A	The residence has a supply of first-aid materials available for use that includes, at a minimum: band aids, antiseptic, gauze, tape, and a thermometer.
4.01	11 A	Sufficient AC powered smoke detectors, with battery backup, are in place and, when activated, initiate an alarm that is audible in the sleeping rooms. Strobe alarms are used when required by the needs of the individual, e.g., for hearing impaired persons.
4.01	12	If natural gas or heating oil is used to heat the residence, or if a wood-burning fireplace is in the residence, the residence is protected with carbon monoxide detectors.
4.01	13	The residence has its house number displayed so as to be easily visible from the street.
4.01	14	Individuals dependent upon a wheelchair or other mechanical device for mobility have at least 2 exits from the home, remote from each other, and accessible to the individuals.
4.01	15A	Individuals who need assistance with ambulation are provided bedrooms that have access to a ground-level exit to the outside or provided bedrooms above ground level that have access to exits with easily negotiable ramps or easily accessible lifts.
4.01	16	The organization has a Continuity of Operation Planning (COOP) to identify locations and provide a signed agreement where individuals will be relocated temporarily in case of damage to the site where services are provided. COOP must also include plans for sheltering in place. The agreement is reviewed annually, to include a signed and dated document of the renewal.

4.02 and 4.05 Environment of Care

4.02	1A	The environment is clean and safe.
4.02	2	Floors, walls, and ceilings are kept clean and in good repair.
4.02	3A	Floor coverings are intact, safely secured, and free of any hazard that may cause tripping.
4.02	4A	All stairways and ramps have sturdy handrails, securely fastened not less than 30 inches nor more than 34 inches above the center of the tread. Exterior stairways, decks, and porches have handrails on the open sides unless the surface of the deck or porch is so close to ground level that it does not pose a significant risk of injury to the individual to fall from the deck or porch.
4.02	5A	The storage and disposal of garbage, trash, and waste are accomplished in a manner that will not permit the transmission of disease, create a nuisance, or provide a breeding place for insects or rodents. Waste is removed from the kitchen as necessary and from the premises at least weekly.
4.05	6A	Poisonous materials are locked or inaccessible to individuals if all individuals living in the home are unable to safely use or avoid poisonous materials. Poisonous materials will be stored in their original, labeled containers in an area away from medication storage areas and from food preparation.
4.02	7A	The home is equipped and maintained so as to provide a sufficient amount of hot water for the use of individuals. Heated water provided for use of individuals does not exceed 120 degrees Fahrenheit at the hot water fixture,unless a cooler temperature is required by the needs of the individual.
4.02	8A	Bathrooms and toilet facilities have a window that can be opened or have forced ventilation.
4.02	9	All plumbing and bathroom fixtures are maintained in good working order at all times and present a clean and sanitary appearance.
4.02	10A	All areas including hallways and stairs are lighted sufficiently.
4.02	11A	Windows used for ventilation to the outside and exterior doors used for ventilation are screened and in good repair.
4.02	12A	Wall-mounted electric outlets and lamps or light fixtures are maintained in a safe and operational condition. The home provides functioning light bulbs for light fixtures.
4.02	13	The provider will maintain policies, procedures, and practices for controlling and preventing infections in the service setting, as required by the Community Service Standards, through evidence of: (d) guidelines for laundry that include the collection, sorting, transporting, washing, and storage in a manner that prevents the spread of infection and contamination of the environment.
4.05	14A	The residence has a properly equipped and clean kitchen that is maintained to ensure cleanliness and sanitation.
4.02	15A	The yard area, if applicable, is kept free of all hazards, nuisances, refuse, and litter.
4.02	16A	A minimum of three regularly scheduled, well-balanced meals are available seven days a week. Meals meet the general requirements for nutrition and are of sufficient and proper quantity, form, consistency and temperature. Food for at least one nutritious snack is available and offered mid-afternoon and evening.
4.02	17 A	Food guidelines are in place and are being implemented for safe food consumption and storage of food in refrigerator, freezer and cupboards to maintain temperature between 36 and 41 degrees Fahrenheit,

		expiration dates on food items to include open items and the prevention of foodborne illnesses.
4.02	18	At least one fully handicap accessible bathroom is available if any individual requires handicap access.
4.02	19	Toilet tissue is available for use at each commode.
4.02	20 A	All locks used on any exterior door must be capable of being unlocked from the inside by the individuals receiving services in that setting, without the need for obtaining assistance from provider staff or any other person.
4.02	21	Each bedroom has at least one window.
4.02	22 A	Bedrooms occupied by individuals have doors that can be closed. For bedrooms that have locks on doors, both the occupant and staff are provided with keys to ensure easy entry. Double-cylinder locks (locks requiring a key on both sides) are not to be used on the bedroom of an individual.
4.02	23 A	Bedrooms include the following: closet/wardrobe, lighting fixtures sufficient for reading and other activities, dresser/bureau or equivalent, and mirror appropriate for grooming. Furnishings, including those provided by the individual, are maintained in good condition, intact, and functional.
4.02	24	Provision are made for assisting an individual to personalize the bedroom by allowing the use of his or her own furniture if so desired and by mounting or hanging pictures on bedroom walls.
4.02	25 A	Bedding is available for each individual, including two sheets, a pillow, a pillowcase, a minimum of one blanket and bedspread. The home maintains a linen supply for not less than twice the bed capacity. The home provides sufficient bed linen so that all beds may be changed at least weekly and more often if soiled.
4.05	1A	At least one functional toilet, lavatory, and bathing or showering facility is provided for each four individuals. Toilets, bathtubs, and showers provide for individual privacy. Each individual is afforded privacy and freedom for the use of the bathroom at all hours.
4.05	2	The CLA provides for common living space areas that have clean, safe furniture in good repair, with enough seating for the individuals and guests. Furnishings, including those provided by the individual, are maintained in good condition, intact, and functional.
4.05	3A	No individual is in any area of the CLA that falls below 65 degrees Fahrenheit or that exceeds 85 degrees Fahrenheit. Mechanical cooling devices are made available for use in those areas of the building used by individuals when inside temperatures exceed 80 degrees Fahrenheit.
4.05	4A	Bedrooms have sufficient space to accommodate, without crowding, the individual, the individual's belongings, and the minimum furniture of a bed, dresser, and closet. When there is more than one individual per bedroom, bedroom space is available to accommodate two individuals without crowding the individuals, their belongings, and their beds, dressers, and closets.

COMMUNITY LIVING SUPPORTS (CLS)

ADMINISTRATION

There are written policies and procedures put into practice that include a well-defined plan to assess and improve organizational quality. Practices ensure a safe and humane environment for individuals that is free of abuse, neglect, and exploitation. Personnel files are complete and accurate. Employees are up to date on required training.

References:
DBHDD Provider Manual for Community Developmental Disabilities Providers, 02-1201,
Reporting Deaths and Other Incidents in Community Services, 04-106,
NOW and COMP Waiver Manuals

1.01 Quality Improvement

1.01	1	Areas of risk to persons served and to the organization are identified and monitored based on services, supports, treatment or care offered including: (a) incidents and accidents; (b) health and safety; (c) complaints and grievances; (d) individual rights violations; (e) practices that limit freedom of choice or movement; (f) medication management; (g) infection control; (h) Positive Behavior Support Plan tracking and monitoring to include restrictive interventions and efficacy of plan and needed adjustments, recommendations and modifications; (i) breaches of confidentiality; (j) protections of Health and Human Rights of persons with developmental disabilities; (k) implementation of ISPs; and (l) community integration.
1.01	2	The quality improvement plan includes processes for how issues are identified.
1.01	3	The quality improvement plan addresses what solutions are implemented.
1.01	4	Any new or additional issues are identified and managed on an ongoing basis.

1.01	5	The organization is able to demonstrate that indicators of performance are in place for each issue, to include: (1) method of routine data collecting and reporting; (2) method of routine measurement; (3) method of routine evaluation; and (4) targets goals/expectations for each indicator.
1.01	6	The organization is able to demonstrate that outcome measurements are determined and reviewed for each indicator on a quarterly basis.
1.01	9	At least four individual records or the records of five percent (5%) of the total number of individuals served (whichever number is greater) are reviewed each quarter and the reviews are kept for a period of at least two years. Records of individuals who are "at risk" are included.
1.01	10	[Individual Record] Reviews include these determinations: (a) That the record is organized; complete, accurate and timely; (b) Whether services are based on assessment and need; (c) That individuals have choices; (d) Documentation of service delivery including individuals' responses to services and progress toward ISP goal(s); (e) Documentation of health service delivery; (f) Medication management and delivery, including the use of PRN and over the counter PRN medications; and their effectiveness; (g) That approaches implemented for individuals with challenging behaviors are addressed as specified in the Guidelines for Supporting Adults with Challenging Behaviors in Community Settings.
1.01	11	CLS are not delivered in foster homes, host homes, personal care homes, community living arrangements or any other home/residence other than the individual's own or family home. The CLS home is not leased or owned by the service delivery agency.
1.01	12	The organization has a current Private Home Care Provider license in the type of services provided (companion/sitter, personal care and/or nursing) from the Department of Community Health, Healthcare Facility Regulation.
1.01	18	There is evidence that internal incidents not reportable to DBHDD are recorded and monitored.
1.01	100	The provider submits the IR electronically via Image on the same day as the incident, or the discovery of the incident, or on the next business day if the incident occurred after business hours or on a weekend or holiday.
1.01	101	DBHDD requires that providers implement the Image Safety Plan.

5.01 Personnel Files

5.01	2A	The organization must have procedures and practices for verifying licenses, credentials, experience and competence of staff: (1) There is documentation of implementation of these procedures for all staff attached to the organization; and (2) Licenses and credentials are current as required by the field. It is the responsibility of the employer to verify licensure and/ or certification status.
5.01	3A	A provider shall maintain separate written records for each employee and the records shall include a five year employment history or a complete employment history if the person has not been employed five years.
5.01	4	Direct care staff have evidence of: (1) being 18 years or older; (2) a high school diploma/equivalent (GED or have a minimum score of 75 on the Short Test of Functional Health Literacy for Adults (STOFHLA) or Test of Functional Health Literacy for Adults (TOFHLA); (3) if transporting individuals, a legal license in the State of Georgia with the class of license appropriate to the vehicle operated, no more than two chargeable accidents, moving violations or any DUIs in a three year period within the last five years of the seven year Motor Vehicle Record. (The MVR is obtained before hire and then annually); and (4) driver training.
5.01	5C	An eligibility letter must be obtained before an applicant who will provide direct care services can start working for a DBHDD network provider.
5.01	6B	The DDP staff file must include the following documents: (a) A signed DDP job functions that meet the DDP requirements for oversight and professional consultation; (b) A specified schedule for each site and sufficient contract hours (not a PRN staff) to meet the individual's needs of the assigned caseload must be maintained on site; (c) There is documentation of attestation by the DDP that the scheduled or contracted hours do not conflict with his/her work with another provider agency; and, (d) A copy of diploma, license or certification to verify qualifications for performing DDP job functions is maintained; (e) Annual evaluation of adequacy of the DDP deliverable relative to the agency functions and needs as part of QI activities.
5.01	7	The provider maintains documentation of bonding of each employee who performs home management services which permit unlimited access to the individual's personal funds. If bonding is provided through a universal coverage bond, evidence of bonding need not be maintained separately in each personnel record.
5.01	11	Providers must complete the family hire request form and provide documentation of extenuating circumstances. The provider must have evidence of submission to the designated DBHDD Field Office Intake and Evaluation Manager.

5.02 Staff Training

5.02	1	During the first year of employment, the DDP receives the following training: (1) Individual Service Planning (Person-Centered); (2) Health Risk Screening Tool online training overview; (3) Eight (8) hours of DBHDD sponsored or other training in the area of developmental disabilities on an annual basis.
5.02	2C	Orientation requirements are specified for all staff and are provided prior to direct contact with individuals and are as follows: (1) The purpose, scope of services, supports, care and treatment offered including related policies and procedures; (2) HIPAA and Confidentiality of individual information, both written and spoken; (3) Rights and Responsibilities of individuals; and, (4) Requirements for recognizing and mandatory reporting suspected abuse, neglect or exploitation of any individual; and, (5) Home and Community Based Settings Rule.
5.02	3C	Within the first sixty (60) days from date of hire, all non-designated staff having direct contact with individuals shall receive training in the following: (1) Person centered values, principles and approaches; (2) A holistic approach for providing care, supports and services for the individual; (3) Medical, physical, behavioral and social needs and characteristics of the individuals served; (4) Human Rights and Responsibilities; (5) Promoting positive, appropriate and responsive relationships with persons served, their families and stakeholders; (6) The utilization of: Communication Skills; Nationally benchmarked Behavioral Support and Crisis Intervention techniques for safe utilization of emergency interventions of last resort, with the exception of the use of prone manual or mechanical restraints; and the Georgia Crisis Response System (GCRS) to access crisis services; (7) Cultural Competency Policies; (8) Fire safety; (9) Emergency and disaster plans and procedures; (10) Techniques of Standard Precautions to include: Preventative measures to minimize risk of infectious disease transmission; Use of Personal Protection Equipment (PPE); Sharps Safety (with sharp containers disposed of according to state and local regulated medical waste rules); Environmental Controls for cleaning and disinfecting work surfaces; Skills Guides for handwashing, cleaning up spills, gloves use, and what to do with contaminated supplies; Respiratory Hygiene/Cough Etiquettes for cough, congestion, runny nose or increase production of respiratory secretions; and, Approaches to individual education to include incident reporting and follow-up; (11) First aid and safety; (12) BCLS including both written and hands on competency training; (13) Specific individual medications and side effects; (14) Suicide Prevention Skills Training (such as AIM, QPRP); (15) Ethics and Corporate Compliance training is evident; (16) Training to work with individuals who are dually diagnosed, as appropriate; and, (17) Training provided on proper body mechanics for lifting/transferring/positioning as a basic requirement to assist in performing activities of daily living safely.
5.02	4	A minimum of 16 hours of training is completed annually from date of hire that includes but is not limited to the following: (1) human rights and responsibilities; (2) communication skills; (3) nationally benchmarked Behavioral Support and Crisis Intervention techniques for safe utilization of emergency interventions of last resort, with the exception of the use of prone manual or mechanical restraints; (4) fire safety; (5) emergency and disaster plans and procedures; (6) specific individual medications and side effects; and, (7) proper body mechanics for lifting/transferring/positioning as a basic requirement to assist in performing activities of daily living safely.
5.02	5A	Staff are trained on individualized specific condition as written in each individual's care plan protocol. Training on risk mitigation plans include, at a minimum, the date, purpose, staff attendees, staff who provided training and content of the training.
5.02	6B	A suggested minimum of two agency representatives are designated to take these three (3) trainings in RELIAS within 45 days after assuming responsibility: (1) Emergency Preparedness for DBHDD Providers; (2) Essentials of Disaster Preparedness Self-Paced; and, (3) Emergency Preparedness Regulations.
5.02	8	The agency has adequate direct care staff with First Aid and CPR certifications to assure having at least one staff person with these certifications on duty during the provision of services.
5.02	9	All RNs and LPNs are required to complete curriculums in IDD Healthcare at a minimum of six (6) hours of CEUs as orientation training.
5.02	10	At the time of each license or certification renewal, at least 25% of the CEUs (since the prior license or certification renewal) for each licensed or certified staff must be for training in intellectual/developmental disabilities or behavioral supports.

HEALTHCARE

The organization provides comprehensive oversight of the healthcare and medication needs of the individual.

References:

DBHDD Provider Manual for Community Developmental Disabilities Providers, 02-1201;
Health Risk Screening Tool (HRST), 02-803;
Risk Mitigation of Health Conditions or Vulnerabilities in Intellectual and/or Developmental Disability (I/DD) Services, 02-807;
Healthcare Plans for Individuals with Intellectual/Developmental Disabilities (I/DD) in Community Residential Alternative, and Community Living Support Services with Skilled Nursing Services, 02-266;
DCH Rules and Regulations for Proxy Caregivers used in Licensed Healthcare Facilities;
NOW and COMP Waiver Manuals

2.01 Healthcare Management

2.01	1	The provider documents processes or referrals of the individual based on ongoing assessments of individual needs which include: (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 health care for: (a) Routine assessment such as annual physical examinations; (b) Chronic medical issues; (c) Ongoing psychiatric issues; (d) Acute and emergent needs, as well as diagnostic testing such as psychological testing or labs and dental services.
2.01	2	There is documentation in the individual's record of all medical care received, including office visits, procedures, laboratory testing, etc.
2.01	4	Episodic updates are conducted for individuals experiencing medical or behavioral changes or incidents throughout the year that affect one or more of the 22 rating items and/or the Diagnosis and/or Medication section(s) of the HRST. The HRST must be completed or updated by the designated service provider 90-120 days prior to the ISP expiration date.
2.01	5	There are safeguards utilized for medications known to have substantial risk or undesirable effects, to include 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 physician for any further actions needed.
2.01	6A	The individual's information shall include the name of the individual, precautions, allergies (or no known allergies – NKA) and "volume #x of #y" on the front of the record.
2.01	7A	The written informed consent must contain the following information: (a) a definition of health maintenance activities as set forth in the law; (b) the actual health maintenance activities to be performed; (c) an explanation that such health maintenance activities are to be provided pursuant to the written orders of an attending physician, advance practice registered nurse or physician's assistant working under protocol or job description as further detailed in the written plan of care; (d) the name(s) of the proxy caregiver(s) who are being authorized to provide health maintenance activities; (e) a disclosure that Georgia law now allows licensed healthcare professionals to train unlicensed proxy caregivers to provide the specific health maintenance activities listed on the written plan of care; (f) an acknowledgement that proxy caregivers are not licensed healthcare professionals and do not have the same education and training as licensed healthcare professionals. Therefore, there may be additional health risks associated with receiving this care from proxy caregivers who may not recognize an important change in the individual's medical condition requiring assessment and/or treatment; (g) an acknowledgment that the individual with a disability, or the legally authorized representative consents and is willing to take such risks; (h) that the informed consent is conditioned upon the proxy caregiver(s) being determined by an appropriately qualified licensed healthcare professional to have the knowledge and skills necessary to perform safely the specific health maintenance activities listed on the consent; (i) a statement that the informed consent for any proxy caregiver designated to deliver health maintenance activities may be withdrawn orally or in writing by the individual with a disability or the legally authorized representative by informing the proxy caregiver and any licensed facility through which the proxy caregiver may be operating; and, (j) an authorization for such health maintenance activities to be provided which is signed and dated by the individual with a disability or the legally authorized representative.
2.01	8A	Where the licensed facility employs, contracts or refers proxy caregivers to deliver health maintenance activities to individuals with disabilities receiving services through the licensed facility, the licensed facility must maintain written evidence of satisfactory performances on initial and annual skills competency determinations utilizing skills competency checklists which have either been made available by the department or developed and completed by appropriately licensed healthcare professionals. The competency-based skills checklists must reflect a testing of the knowledge and observation of the skills associated with the completion of all of the discrete tasks necessary to do the specific health maintenance activity in accordance with accepted standards of care.
2.01	9A	Where the licensed facility employs, contracts or refers proxy caregivers to deliver health maintenance activities to individuals with disabilities receiving services through the licensed facility, the licensed facility must ensure that a written plan of care is developed for the individual with a disability by a licensed healthcare professional in accordance with the written orders of an attending physician, an advanced practice registered nurse or physician's assistant working under a nurse protocol agreement or job description respectively, and that such plan of care specifies the frequency of training and evaluation requirements for the proxy caregiver and when additional training will be required for new duties added to the written plan of care for which the proxy caregiver has not been previously trained. The Written Plan of Care must be updated annually.
2.01	10	The use of adaptive supportive devices or medical protective devices (**devices which restrain movement** but are applied for the protection of accidental injury, required for medical treatment or for corrective/supportive needs) is defined by a physician's order (order not to exceed twelve (12) calendar months) and the written order includes the rationale and instructions for the use of the device.
2.01	17	The organization follows the protocols, risk mitigation and healthcare plans in place for each individual.

2.01	18	Organizations not required to contract with licensed skilled nurses, have a responsibility to mitigate risk and implement safeguards to promote the health and safety of individuals receiving services. A risk mitigation document must be developed by the provider to include: (1) Date of creation; (2) Date of any applicable updates to the document; (3) Individual demographic information; (4) Allergies or No Known Allergies (NKA); (5) Statement and description of known condition, risks and diagnoses; (6) Any applicable individualized action steps to be taken when needed; (7) Communication plan (e.g., who to contact when there is an identified risk or change in condition); and (8) Contact details for primary caregiver(s) and responsible parties.
2.01	19	The risk mitigation document must be reviewed and updated at least annually or when there is change in intervention needed to mitigate risk.
2.01	23	Where a new medication is ordered, a licensed healthcare professional must be contacted to ensure that no additional training is required prior to the caregiver providing assistance with the new medication. The date, time and the outcome of the contact with the licensed healthcare professional must be documented in the individual's record. Where additional training is required prior to the caregiver providing assistance, such training will be provided and documented by a licensed healthcare professional.
2.01	24	For medication administration, the current Medication Administration Record (MAR) at the time the Plan of Care is written and signed is attached.
2.01	25	Where the licensed facility employs, contracts or refers proxy caregivers to deliver health maintenance activities to individuals with disabilities receiving services through the licensed facility, the licensed facility must ensure the scope of the health maintenance activities that proxy caregivers are permitted to perform. Health maintenance activities are those activities that do not include complex care such as administration or intravenous medications, central line maintenance, and complex wound care; do not require complex observations or critical decisions; can be safely performed and have reasonable precise, unchanging directions; and, have outcomes or results that are reasonably predictable.

2.02 Medication Management

2.02	1	The organization must procure initial prescription medication and over-the-counter medications within twenty-four hours of prescription receipt, and refills before twenty-four hours of the exhaustion of current medication supply.
2.02	2	All PRN or "as needed" medications will be accessible for each individual on site as per his/her prescriber(s) order(s) and as defined in the individual's ISP.
2.02	4	The organization defines requirements for timely notification to the prescribing professional regarding: (i) Medication errors; (ii) Medication problems; (iii) Medication reactions; (iv) Refusal of medication by the individual; and, (v) Failure to administer/supervise on time medications.
2.02	5	A current 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: (a) Regular, on-going medications; (b) Controlled substances; (c) PRN (as needed) Over-the-counter (OTC) medications; (d) PRN medications (does not include standing orders for psychotropic medications for symptom management of behavior); or, (e) Discontinuance order.
2.02	6	The "Eight Rights" for each medication administration are implemented to verify the: (1) Right person: check the name on the order and the individual and include the use of at least two identifiers; (2) Right medication: check the medication label against the order; (3) Right time: check the frequency and time to be given of the ordered medication and double check that the ordered dose is given at the correct time. Confirm when last dose was given; (4) Right dose: includes verification of the physician's medication order of dosage amount of the medication; with the label on the prescription medication container and the Medication Administration Record (MAR) document to ensure all are the same; (5) Right route: check the order and appropriateness of route ordered and confirm that the individual can take or receive the medication by the ordered route; (6) Right position: the correct anatomical position for the medication method or route to ensure its proper effect, instillation and retention. If needed, individual should be assisted to assume the correct position; (7) Right documentation: document the administration/supervision after the ordered medication is given on the MAR; and (8) Right to Refuse Medication: includes staff responsibilities to encourage compliance, document the refusal, and report the refusal to the administration, nurse administrator, and physician.
2.02	7	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: a) Name of the medication; b) Dose as ordered; c) Route as ordered; d) Time of day as ordered; and, e) Special instructions accompanying the order, if any.
2.02	8A	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 MAR and include but may not be limited to: (i). Documentation by calendar month that is sequential according to the days of the month; (ii). 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: (a) Name of medication; (b) Dose as ordered; (c) Route as ordered; (d) Purpose of the medication; and (e) Frequency that the medication may be taken. (iii). The date and time the medication is taken or received is documented for each use. (iv). 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 is documented.

2.02	9	MAR Recording: 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 medications, refused and missing doses, making corrections, and a legend for recording. The legend includes initials, signature and title of staff member.
2.02	17	The individual's name, allergies and precautions must be flagged on the medication administration record.

INDIVIDUAL CARE AND TREATMENT

There are written policies and procedures put into practice that safeguard the rights and responsibilities of individuals served. Accurate records of services provided are kept. Behavioral challenges are managed on an on-going basis.

References:
DBHDD Provider Manual for Community Developmental Disabilities Providers, 02-1201;
NOW and COMP Waiver Manuals

3.01 Individual Care and Treatment

3.01	1	There is documentation of individualized preferences, person-centered integration, informed choice, autonomy and inclusion in the community.
3.01	2A	There is evidence of the individual or legal guardian's signature on notification that all individuals are informed about their rights and responsibilities: (a) At the onset of services, supports, care and treatment; (b) At least annually during care; (c) Through written information that is well prepared in a language/format understandable by the individual; and, (d) How confidentiality will be addressed including but not limited to who they wish to be informed about their services, supports, care and treatment.
3.01	3A	DDP documentation must include necessary face-to-face participant visits, other contact or communication with or on behalf of the participants in the participant's record; the purpose of the visit or contact, assessment or evaluation, training, plan for intervention, and any changes in service delivery such as a change in staff recommendations; and meet documentation requirements of date, location of service delivery, signature (title), beginning, and ending time when the service was provided.
3.01	4	The individual record is a legal document, information in the record should be dated, timed, and authenticated with the authors identified by name, credential and by title. Notes entered retroactively into the record after an event or a shift must be identified as a "late entry."
3.01	7	The record includes emergency contact information and legal documentation regarding guardianship.
3.01	8	Documentation is completed each shift or service contact by staff providing the service.
3.01	9	The organization implements the applicable goals at the frequency identified by the ISP.
3.01	10A	Individual's information shall include progress notes describing progress toward goal(s), including: (i) implementation of interventions specified in the plan; (ii) the individual's response to the intervention or activity based on data; and (iii) date, location, and the beginning and ending time when the service was provided. For continuity of care, at a minimum, the current ISP review span progress notes must be maintained on site. Event notes must document: (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 findings of follow-up and strategies to avoid future missed appointments; (v) records or reports from previous or other current providers; and (vi) correspondence.
3.01	11	Documentation tells an accurate story of services, supports, care and treatment rendered and the individual's response.
3.01	12	There is evidence that the person's data from documentation has been reviewed, analyzed for trends, and summarized to determine the progress toward goal(s) at least quarterly.
3.01	13	If permitted, Manual/Personal Restraint (ten seconds or more), shall not exceed fifteen (15) minutes beyond which time the person is no longer a danger to self or to others, and use of personal restraint is documented. The length of time permitted to use manual/personal restraints for any one episode shall not exceed one (1) hour. Consecutive periods of manual restraints, which have the effect of restraining the resident in excess of one hour are prohibited.
3.01	14	A copy of the individual's PBSP is available at the provider's service sites where services to the individual are delivered.
3.01	15A	The type and number of professional staff and all other staff attached to the organization are present in numbers to provide services, supports, care and treatment to individuals as required.

3.01	16A	All organizations must have the capacity to address individual's behavioral needs. If the cause of the challenging behavior(s) cannot be determined or satisfactorily addressed by the provider, there should be evidence of DBHDD Clinical Assessment of Behavior Support Needs (CABS) and consultation with an outside professional who is licensed or qualified through education, supervised training and experience to address the behavior(s) needs of the individual.
3.01	17	Behavioral support plans are implemented to reduce inappropriate behavior and to acquire alternative skills and behaviors.
3.01	18	Supervisory home visit are made to each client's residence at least every 92 days (for personal care services), or 122 days (for companion or sitter services), starting from date of initial service in a residence or as the level of care requires to ensure that the client's needs are met.
3.01	19	Service plans for nursing services shall be reviewed and updated at least every sixty-two days.
3.01	20	Supervisory visits for personal care, companion, or sitter tasks include an assessment of the client's general condition, vital signs, a review of the progress being made, the problems encountered by the client, the client's satisfaction with the services being delivered by the provider's staff, and observations about the appropriateness of the level of services being offered. Routine quarterly supervisory visits are made in the individual's residence and documented in the individual's record or service plan.
3.01	21	Service plans are completed by the service supervisor within 7 working days after services are initially provided in the residence. Service plans are reviewed and updated at the time of each supervisory visit. Parts of the plans must be revised whenever there are changes, as applicable.
3.01	22	Documentation of CLS services must include the following elements in the record of each individual: a. Specific activity, training, or assistance provided; b. Date and the beginning and ending time of day when the service was delivered; c. Location where the service was delivered; 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. Supervisory note documenting licensure-level required supervision of the direct support personnel; f. Progress towards the individual's independence as documented in the individual's ISP.

SERVICE SPECIFIC - CLS

There are written policies and procedures put into practice that ensure a clean, safe, and emergency prepared environment for the individuals served.

References:
DBHDD Provider Manual for Community Developmental Disabilities Providers, 02-1201;
Disaster Preparedness, Response, and Disaster Recovery Requirements for Community Providers, 04-102;
NOW and COMP Waiver Manuals

4.01 and 4.02 Environment of Care

4.01	1	[Emergency Preparedness] Plans include detailed information regarding evacuating, transporting and relocating individuals that coordinate with the local Emergency Management Agency and at a minimum address: (i) Medical emergencies; (ii) Missing persons (Georgia's Mattie's Call Act provides for an alert system when an individual with I/DD, dementia, or other cognitive impairment is missing. Law requires residences to notify law enforcement within thirty (30) minutes of discovering a missing individual); (iii) Natural and man-made disasters; (iv) Power failures; (v) Continuity of medical care as required; and, (vi) Notifications to families or designees. Emergency preparedness notice and plans are reviewed annually.
4.01	2F	The emergency preparedness plans are tested at least quarterly for emergencies that occur locally on a less frequent basis such as, but not limited to flood, tornado or hurricane. Plans are drilled more frequently if there is a greater potential for the emergency.
4.01	3C	Fire drills are conducted for individuals and staff: (i) Once a month at alternative times; including; (ii) Twice a year during sleeping hours if residential services; and, (iii) All fire drills shall be documented with staffing involved.
4.01	4	Supplies needed for emergency evacuation are accessible and include individual (s) information, family contact information and current copies of physician's orders for all individuals' medications.
4.01	5A	There are 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 that includes: Safe use of lift, seat belts, tie downs and any other safety equipment if applicable; Availability of first aid kits and seat belt cutter; and, Fire suppression equipment.
4.01	6	The organization has documentation of an attendance log for transporting individuals that includes documentation of boarding and exit time of individuals and the beginning location and destination.
4.01	7A	A three-day supply of non-perishable emergency food and water is available for all individuals supported in residences. A residence shall provide for at least one gallon of water per person a day. A residence shall arrange for and serve special diets as prescribed.
4.02	1A	The environment is clean and safe.

HOST HOME SERVICES (HH)

ADMINISTRATION

There are written policies and procedures put into practice that include a well-defined plan to assess and improve organizational quality. Practices ensure a safe and humane environment for individuals that is free of abuse, neglect, and exploitation. Personnel files are complete and accurate. Employees are up to date on required training.

References:
DBHDD Provider Manual for Community Developmental Disabilities Providers, 02-1201,
Reporting Deaths and Other Incidents in Community Services, 04-106;
Process for Enrolling, Matching, and Monitoring Host Home/Life-Sharing Sites for DBHDD Developmental Disability Community Service Providers, 02-704;
NOW and COMP Waiver Manuals

1.01 and 6.01 Quality Improvement

1.01	1	Areas of risk to persons served and to the organization are identified and monitored based on services, supports, treatment or care offered including, but not limited to: (a) incidents and accidents; (b) health and safety; (c) complaints and grievances; (d) individual rights violations; (e) practices that limit freedom of choice or movement; (f) medication management; (g) infection control; (h) Positive Behavior Support Plan tracking and monitoring to include restrictive interventions and efficacy of plan and needed adjustments, recommendations and modifications are made in a timely manner; (i) breaches of confidentiality; (j) protection of Health and Human Rights of persons with developmental disabilities; (k) implementation of ISPs; and (l) community integration.
1.01	2	The quality improvement plan includes processes for how issues are identified.
1.01	3	The quality improvement plan addresses what solutions are implemented.
1.01	4	Any new or additional issues are identified and managed on an ongoing basis.
1.01	5	The organization is able to demonstrate that indicators of performance are in place for each issue, to include: (1) method of routine data collecting and reporting; (2) method of routine measurement; (3) method of routine evaluation; and (4) targets goals/expectations for each indicator.
1.01	6	The organization is able to demonstrate that outcome measurements are determined and reviewed for each indicator on a quarterly basis.
1.01	9	At least four individual records or the records of five percent (5%) of the total number of individuals served (whichever number is greater) are reviewed each quarter and the reviews are kept for a period of at least two years. Records of individuals who are “at risk” are included.
1.01	10	[Individual Record] Reviews include these determinations: (a) That the record is organized; complete, accurate and timely; (b) Whether services are based on assessment and need; (c) That individuals have choices; (d) Documentation of service delivery including individuals’ responses to services and progress toward ISP goal(s); (e) Documentation of health service delivery; (f) Medication management and delivery, including the use of PRN and over the counter PRN medications; and their effectiveness; (g) That approaches implemented for individuals with challenging behaviors are addressed as specified in the Guidelines for Supporting Adults with Challenging Behaviors in Community Settings.
1.01	13	The provider agency conducts Host Home site visits at least monthly to verify that the Host Home site is delivering care, room and watchful oversight in a safe and healthy environment. The site visits include oversight of the following, at a minimum: (1) availability of services, supports, care and treatment, including the service needs addressed in the ISP; (2) protection of human and civil rights; (3) medication storage and administration practices; (4) documentation to ensure that it is person-focused; (5) information and documentation management to ensure it is protected, secure, organized and confidential; (6) a review of the environment to ensure that it demonstrates respect for the individual(s) served and is appropriate to the supports provided, including, at minimum, the physical environment, review of disaster and fire safety plan, required training, community inclusion, personal funds, and vehicle transportation requirements.
1.01	14	A copy of each monthly visit conducted by the provider agency and written summary of corrections made is maintained in the Host Home site.
1.01	15	The provider agency will complete an annual summary of each monthly home visit. The summary is to include, but is not limited to: 1. available services, supports, care and treatment. This includes but is not limited to the service needs addressed in the ISP. 2. Human and Civil Rights are maintained. 3. Oversight of Self-Administering of Medication Administration (if applicable) or that the administering of medication follows federal and state laws, rules, and regulations. 4. Person-Centered Focus is Evident in Documentation. 5. Information and documentation management is protected, secure, organized, and confidential. 6. The host home 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. A copy of the annual summary and a written summary of corrections are to be kept in the home for each fiscal year (FY).
1.01	18	There is evidence that internal incidents not required to be reported to DBHDD are recorded and monitored.
1.01	100	The provider submits the IR electronically via Image on the same day as the incident, or the discovery of the incident, or on the next business day if the incident occurred after business hours or on a weekend or holiday.
1.01	101	DBHDD requires that providers implement the Image Safety Plan.
6.01	1	The provider agency is also the provider of other CRA services (the owner of a licensed Personal Care Home (PCH) or Community Living Arrangement (CLA)).
6.01	2	The Host Home site is occupied by the owner or lessee, who is not an employee of the same community provider that provides host home/life sharing services by contract with the Division of Developmental Disabilities.
6.01	3	There is documentation of home ownership (ex. current mortgage statement) or renter's lease in the name of the Host Home provider.
6.01	4	The provider has proof of homeowner/renter insurance or personal property insurance.
6.01	5	The provider has a statement as to whether or not there are firearms in the home.
6.01	6	The provider has a signed statement from the Host Home provider indicating the receipt and review of the Operational Standards for Host Home/Life-Sharing and the Policy for Enrolling, Matching and Monitoring Host Home/Life-Sharing sites for DBHDD Developmental Disabilities Community Providers
6.01	7	Host home individual/family does not manage the day to day operations of another residential location.

5.01 Personnel Files

5.01	2A	The organization must have procedures and practices for verifying licenses, credentials, experience and competence of staff: (1) There is documentation of implementation of these procedures for all staff attached to the organization; and (2) Licenses and credentials are current as required by the field. It is the responsibility of the employer to verify licensure and/ or certification status.
5.01	4	Direct care staff have evidence of: (1) being 18 years or older; (2) a high school diploma/equivalent (GED or have a minimum score of 75 on the Short Test of Functional Health Literacy for Adults (STOFHLA) or Test of Functional Health Literacy for Adults (TOFHLA); (3) if transporting individuals, a legal license in the State of Georgia with the class of license appropriate to the vehicle operated, no more than two chargeable accidents, moving violations or any DUIs in a three year period within the last five years of the seven year Motor Vehicle Record. (The MVR is obtained before hire and then annually); and (4) driver training.
5.01	5C	An eligibility letter must be obtained before an applicant who will provide direct care services can start working for a DBHDD network provider.
5.01	6B	The DDP staff file must include the following documents: (a) A signed DDP job functions that meet the DDP requirements for oversight and professional consultation; (b) A specified schedule for each site and sufficient contract hours (not a PRN staff) to meet the individual's needs of the assigned caseload must be maintained on site; (c) There is documentation of attestation by the DDP that the scheduled or contracted hours do not conflict with his/her work with another provider agency; and, (d) A copy of diploma, license or certification to verify qualifications for performing DDP job functions is maintained; (e) Annual evaluation of adequacy of the DDP deliverable relative to the agency functions and needs as part of QI activities.

5.02 Staff Training

5.02	1	During the first year of employment, the DDP receives the following training: (1) Individual Service Planning (Person-Centered); (2) Health Risk Screening Tool online training overview; (3) Eight (8) hours of DBHDD sponsored or other training in the area of developmental disabilities on an annual basis.
5.02	2B	The adult family member(s) who has primary responsibility for the individual and for providing services to the individual has at least the following training prior to providing services: (1) person centered values, principles and approaches; (2) human rights and responsibilities; (3) recognizing and reporting critical incident; (4) Individual Service Plan; (5) confidentiality of individual information, both written and spoken; (6) fire safety; (7) emergency and disaster plans and procedures; (8) techniques of standard precautions; (9) basic cardiac life support (BCLS); (10) first aid and safety; and, (11) medication administration and management/supervision of self-medication.

5.02	3C	Within the first sixty (60) days from date of hire, all non-designated staff having direct contact with individuals shall receive training in the following: (1) Person centered values, principles and approaches; (2) A holistic approach for providing care, supports and services for the individual; (3) Medical, physical, behavioral and social needs and characteristics of the individuals served; (4) Human Rights and Responsibilities; (5) Promoting positive, appropriate and responsive relationships with persons served, their families and stakeholders; (6) The utilization of: Communication Skills; Nationally benchmarked Behavioral Support and Crisis Intervention techniques for safe utilization of emergency interventions of last resort, with the exception of the use of prone manual or mechanical restraints; and the Georgia Crisis Response System (GCRS) to access crisis services; (7) Cultural Competency Policies; (8) Fire safety; (9) Emergency and disaster plans and procedures; (10) Techniques of Standard Precautions to include: Preventative measures to minimize risk of infectious disease transmission; Use of Personal Protection Equipment (PPE); Sharps Safety (with sharp containers disposed of according to state and local regulated medical waste rules); Environmental Controls for cleaning and disinfecting work surfaces; Skills Guides for handwashing, cleaning up spills, gloves use, and what to do with contaminated supplies; Respiratory Hygiene/Cough Etiquettes for cough, congestion, runny nose or increase production of respiratory secretions; and, Approaches to individual education to include incident reporting and follow-up; (11) First aid and safety; (12) BCLS including both written and hands on competency training; (13) Specific individual medications and side effects; (14) Suicide Prevention Skills Training (such as AIM, QPRP); (15) Ethics and Corporate Compliance training is evident; (16) Training to work with individuals who are dually diagnosed, as appropriate; and, (17) Training provided on proper body mechanics for lifting/transferring/positioning as a basic requirement to assist in performing activities of daily living safely.
5.02	4	A minimum of 16 hours of training is completed annually from date of hire that includes but is not limited to the following: (1) human rights and responsibilities; (2) communication skills; (3) nationally benchmarked Behavioral Support and Crisis Intervention techniques for safe utilization of emergency interventions of last resort, with the exception of the use of prone manual or mechanical restraints; (4) fire safety; (5) emergency and disaster plans and procedures; (6) specific individual medications and side effects; and, (7) proper body mechanics for lifting/transferring/positioning as a basic requirement to assist in performing activities of daily living safely
5.02	5A	Staff are trained on individualized specific condition as written in each individual's care plan protocol. Training on risk mitigation plans include, at a minimum, the date, purpose, staff attendees, staff who provided training and content of the training.
5.02	6B	A suggested minimum of two agency representatives are designated to take these three (3) trainings in RELIAS within 45 days after assuming responsibility: (1) Emergency Preparedness for DBHDD Providers; (2) Essentials of Disaster Preparedness Self-Paced; and, (3) Emergency Preparedness Regulations.
5.02	9	All RNs and LPNs are required to complete curriculums in IDD Healthcare at a minimum of six (6) hours of CEUs as orientation training.
5.02	10	At the time of each license or certification renewal, at least 25% of the CEUs (since the prior license or certification renewal) for each licensed or certified staff must be for training in intellectual/developmental disabilities or behavioral supports.

HEALTHCARE

The organization provides comprehensive oversight of the healthcare and medication needs of the individual.

References:
DBHDD Provider Manual for Community Developmental Disabilities Providers, 02-1201;
Health Risk Screening Tool (HRST), 02-803;
Healthcare Plans for Individuals with Intellectual/Developmental Disabilities (I/DD) in Community Residential Alternative, and Community Living Support Services with Skilled Nursing Services, 02-266;
Bowel Management for Individuals with Intellectual and Developmental Disabilities, Living in Community Residential Alternative Settings, 02-802;
Risk Mitigation of Health Conditions or Vulnerabilities in Intellectual and/or Developmental Disability (I/DD) Services, 02-807;
Prevention of Choking and Aspiration for Individuals with Intellectual/Developmental Disabilities Living in the Community, 02-801;
DCH Rules and Regulations for Proxy Caregivers used in Licensed Healthcare Facilities;
NOW and COMP Waiver Manuals

2.01 Healthcare Management

2.01	1	The provider documents processes or referrals of the individual based on ongoing assessments of individual needs which include: (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 health care for: (a) Routine assessment such as annual physical examinations; (b) Chronic medical issues; (c) Ongoing psychiatric issues; (d) Acute and emergent needs, as well as diagnostic testing such as psychological testing or labs and dental services.
2.01	2	There is documentation in the individual's record of all medical care received, including office visits, procedures, laboratory testing, etc.
2.01	4	Episodic updates are conducted for individuals experiencing medical or behavioral changes or incidents throughout the year that affect one or more of the 22 rating items and/or the Diagnosis and/or Medication section(s) of the HRST. The HRST must be completed or updated by the designated service provider 90-120 days prior to the ISP expiration date.
2.01	5	There are safeguards utilized for medications known to have substantial risk or undesirable effects, to include 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 physician for any further actions needed.
2.01	6A	The individual's information shall include the name of the individual, precautions, allergies (or no known allergies – NKA) and "volume #x of #y" on the front of the record.
2.01	7A	The written informed consent must contain the following information: (a) a definition of health maintenance activities as set forth in the law; (b) the actual health maintenance activities to be performed; (c) an explanation that such health maintenance activities are to be provided pursuant to the written orders of an attending physician, advance practice registered nurse or physician's assistant working under protocol or job description as further detailed in the written plan of care; (d) the name(s) of the proxy caregiver(s) who are being authorized to provide health maintenance activities; (e) a disclosure that Georgia law now allows licensed healthcare professionals to train unlicensed proxy caregivers to provide the specific health maintenance activities listed on the written plan of care; (f) an acknowledgement that proxy caregivers are not licensed healthcare professionals and do not have the same education and training as licensed healthcare professionals. Therefore, there may be additional health risks associated with receiving this care from proxy caregivers who may not recognize an important change in the individual's medical condition requiring assessment and/or treatment; (g) an acknowledgment that the individual with a disability, or the legally authorized representative consents and is willing to take such risks; (h) that the informed consent is conditioned upon the proxy caregiver(s) being determined by an appropriately qualified licensed healthcare professional to have the knowledge and skills necessary to perform safely the specific health maintenance activities listed on the consent; (i) a statement that the informed consent for any proxy caregiver designated to deliver health maintenance activities may be withdrawn orally or in writing by the individual with a disability or the legally authorized representative by informing the proxy caregiver and any licensed facility through which the proxy caregiver may be operating; and, (j) an authorization for such health maintenance activities to be provided which is signed and dated by the individual with a disability or the legally authorized representative.
2.01	8A	Where the licensed facility employs, contracts or refers proxy caregivers to deliver health maintenance activities to individuals with disabilities receiving services through the licensed facility, the licensed facility must maintain written evidence of satisfactory performances on initial and annual skills competency determinations utilizing skills competency checklists which have either been made available by the department or developed and completed by appropriately licensed healthcare professionals. The competency-based skills checklists must

		reflect a testing of the knowledge and observation of the skills associated with the completion of all of the discrete tasks necessary to do the specific health maintenance activity in accordance with accepted standards of care.
2.01	9A	Where the licensed facility employs, contracts or refers proxy caregivers to deliver health maintenance activities to individuals with disabilities receiving services through the licensed facility, the licensed facility must ensure that a written plan of care is developed for the individual with a disability by a licensed healthcare professional in accordance with the written orders of an attending physician, an advanced practice registered nurse or physician's assistant working under a nurse protocol agreement or job description respectively, and that such plan of care specifies the frequency of training and evaluation requirements for the proxy caregiver and when additional training will be required for new duties added to the written plan of care for which the proxy caregiver has not been previously trained. The Written Plan of Care must be updated annually.
2.01	10	The use of adaptive supportive devices or medical protective devices (devices which restrain movement but are applied for the protection of accidental injury, required for medical treatment or for corrective/supportive needs) is defined by a physician's order (order not to exceed twelve (12) calendar months) and the written order includes the rationale and instructions for the use of the device.
2.01	15	The agency's Developmental Disability Professional (DDP), trained in assessing the effectiveness of interventions required to prevent constipation or impaction, or a licensed healthcare professional check the bowel tracking record, at a minimum, as determined by the individual's clinical need, to assess the effectiveness of the intervention and health status of the individual.
2.01	16	Each individual has a bowel tracking record that includes, at a minimum: (1) number of bowel movements per day; (2) list of the individual's medications that increase the risk of constipation, impaction, and/or bowel obstruction; (3) abdominal pain reported by the individual; (4) consistency of bowel movement; (5) treatment intervention(s) if needed; and (6) Elements of the Bristol Stool Form Scale. An accurate recording of each individual's bowel status is maintained each shift.
2.01	17	The organization follows the protocols, risk mitigation and healthcare plans in place for each individual.
2.01	18	Organizations not required to contract with licensed skilled nurses, have a responsibility to mitigate risk and implement safeguards to promote the health and safety of individuals receiving services. A risk mitigation document must be developed by the provider to include: (1) Date of creation; (2) Date of any applicable updates to the document; (3) Individual demographic information; (4) Allergies or No Known Allergies (NKA); (5) Statement and description of known condition, risks and diagnoses; (6) Any applicable individualized action steps to be taken when needed; (7) Communication plan (e.g., who to contact when there is an identified risk or change in condition); and (8) Contact details for primary caregiver(s) and responsible parties.
2.01	19	The risk mitigation document must be reviewed and updated at least annually or when there is change in intervention needed to mitigate risk.
2.01	23	Where a new medication is ordered, a licensed healthcare professional must be contacted to ensure that no additional training is required prior to the caregiver providing assistance with the new medication. The date, time and the outcome of the contact with the licensed healthcare professional must be documented in the individual's record. Where additional training is required prior to the caregiver providing assistance, such training will be provided and documented by a licensed healthcare professional.
2.01	24	For medication administration, the current Medication Administration Record (MAR) at the time the Plan of Care is written and signed is attached.
2.01	25	Where the licensed facility employs, contracts or refers proxy caregivers to deliver health maintenance activities to individuals with disabilities receiving services through the licensed facility, the licensed facility must ensure the scope of the health maintenance activities that proxy caregivers are permitted to perform. Health maintenance activities are those activities that do not include complex care such as administration or intravenous medications, central line maintenance, and complex wound care; do not require complex observations or critical decisions; can be safely performed and have reasonable precise, unchanging directions; and, have outcomes or results that are reasonably predictable.

2.02 Medication Management

2.02	1	The organization must procure initial prescription medication and over-the-counter medications within twenty-four hours of prescription receipt, and refills before twenty-four hours of the exhaustion of current medication supply.
2.02	2	All PRN or "as needed" medications will be accessible for each individual on site as per his/her prescriber(s) order(s) and as defined in the individual's ISP.
2.02	4	The organization defines requirements for timely notification to the prescribing professional regarding: (i) Medication errors; (ii) Medication problems; (iii) Medication reactions; (iv) Refusal of medication by the individual; and, (v) Failure to administer/supervise on time medications.
2.02	5	A current 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: (a) Regular, on-going medications; (b) Controlled substances; (c) PRN (as needed) Over-the-counter (OTC) medications; (d) PRN medications (does not include standing orders for psychotropic medications for symptom management of behavior); or, (e) Discontinuance order.
2.02	6	The "Eight Rights" for each medication administration are implemented to verify the: (1) Right person: check the name on the order and the individual and include the use of at least two identifiers; (2) Right medication: check the medication label against the order; (3) Right time: check the frequency and time to be given of the ordered medication and double check that the ordered dose is given at the correct time. Confirm when last dose was given; (4) Right dose: includes verification of the physician's medication order of dosage amount of the medication; with the label on the prescription medication container and the Medication Administration Record (MAR) document to ensure all are the same; (5) Right route: check the order and appropriateness of route ordered and confirm that the individual can take or receive the medication by the ordered route; (6) Right position: the correct anatomical position for the medication method or route to ensure its proper effect, instillation and retention. If needed, individual should be assisted to assume the correct position; (7) Right documentation: document the administration/supervision after the ordered medication is given on the MAR; and (8) Right to Refuse Medication: includes staff responsibilities to encourage compliance, document the refusal, and report the refusal to the administration, nurse administrator, and physician.
2.02	7	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: a) Name of the medication; b) Dose as ordered; c) Route as ordered; d) Time of day as ordered; and, e) Special instructions accompanying the order, if any.
2.02	8A	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 MAR and include but may not be limited to: (i). Documentation by calendar month that is sequential according to the days of the month; (ii). 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: (a) Name of medication; (b) Dose as ordered; (c) Route as ordered; (d) Purpose of the medication; and (e) Frequency that the medication may be taken. (iii). The date and time the medication is taken or received is documented for each use. (iv). 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 is documented.
2.02	9	MAR Recording: 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 medications, refused and missing doses, making corrections, and a legend for recording. The legend includes initials, signature and title of staff member and clarifies medications not given or otherwise not received by the individual.
2.02	10A	There is documented accountability of controlled substances at all stages of possession.
2.02	12	Supervision of individual self-administration: 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, each time, and supervision of individual self-administration occurs. 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. Where medications are self-administered, protocols are defined for training to support individual self-administration of medication.
2.02	13A	The organization must maintain safe storage of medications as required by law including single and double locks.
2.02	14A	The organization maintains safe storage of refrigerated medications with refrigeration between 36 and 41 degrees Fahrenheit and daily temperature logs.
2.02	15	All controlled substances are double locked.
2.02	17	The individual's name, allergies and precautions must be flagged on the medication administration record.

INDIVIDUAL CARE AND TREATMENT

There are written policies and procedures put into practice that safeguard the rights and responsibilities of individuals served. Accurate records of services provided are kept. Behavioral challenges are managed on an on-going basis. Individual's funds are managed appropriately and accurately.

References:
DBHDD Provider Manual for Community Developmental Disabilities Providers, 02-1201;

Supervision and Protection of Personal Funds and Belongings in Intellectual and Developmental Disability Community Residential Alternative Services, 02-702;
NOW and COMP Waiver Manuals

3.01 Individual Care and Treatment

3.01	1	There is documentation of individualized preferences, person-centered integration, informed choice, autonomy and inclusion in the community.
3.01	2A	There is evidence of the individual or legal guardian's signature on notification that all individuals are informed about their rights and responsibilities: (a) At the onset of services, supports, care and treatment; (b) At least annually during care; (c) Through written information that is well prepared in a language/format understandable by the individual; and, (d) How confidentiality will be addressed including but not limited to who they wish to be informed about their services, supports, care and treatment.
3.01	3A	DDP documentation must include necessary face-to-face participant visits, other contact or communication with or on behalf of the participants in the participant's record; the purpose of the visit or contact, assessment or evaluation, training, plan for intervention, and any changes in service delivery such as a change in staff recommendations; and meet documentation requirements of date, location of service delivery, signature (title), beginning, and ending time when the service was provided.
3.01	4	The individual record is a legal document, information in the record should be dated, timed, and authenticated with the authors identified by name, credential and by title. Notes entered retroactively into the record after an event or a shift must be identified as a "late entry."
3.01	7	The record includes emergency contact information and legal documentation regarding guardianship.
3.01	8	Documentation is completed each shift or service contact by staff providing the service.
3.01	9	The organization implements the applicable goals at the frequency identified by the ISP.
3.01	10A	Individual's information shall include progress notes describing progress toward goal(s), including: (i) implementation of interventions specified in the plan; (ii) the individual's response to the intervention or activity based on data; and (iii) date, location, and the beginning and ending time when the service was provided. For continuity of care, at a minimum, the current ISP review span progress notes must be maintained on site. Event notes must document: (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 findings of follow-up and strategies to avoid future missed appointments; (v) records or reports from previous or other current providers; and (vi) correspondence.
3.01	11	Documentation tells an accurate story of services, supports, care and treatment rendered and the individual's response.
3.01	12	There is evidence that the person's data from documentation has been reviewed, analyzed for trends, and summarized to determine the progress toward goal(s) at least quarterly.
3.01	13	If permitted, Manual/Personal Restraint (ten seconds or more), shall not exceed fifteen (15) minutes beyond which time the person is no longer a danger to self or to others, and use of personal restraint is documented. The length of time permitted to use manual/personal restraints for any one episode shall not exceed one (1) hour. Consecutive periods of manual restraints, which have the effect of restraining the resident in excess of one hour are prohibited.
3.01	14	A copy of the individual's PBSP is available at the provider's service sites where services to the individual are delivered.
3.01	15A	The type and number of professional staff and all other staff attached to the organization are present in numbers to provide services, supports, care and treatment to individuals as required.
3.01	16A	All organizations must have the capacity to address individual's behavioral needs. If the cause of the challenging behavior(s) cannot be determined or satisfactorily addressed by the provider, there should be evidence of DBHDD Clinical Assessment of Behavior Support Needs (CABS) and consultation with an outside professional who is licensed or qualified through education, supervised training and experience to address the behavior(s) needs of the individual.
3.01	17	Behavioral support plans are implemented to reduce inappropriate behavior and to acquire alternative skills and behaviors.

3.02 Funds Management

3.02	2	Inventory shall be conducted at the commencement of services, within 3 calendar days prior to all scheduled moves, and at a minimum annually. Inventory should also be updated whenever there is a purchase of an item valued at $50 or more.
3.02	3	Providers who are the Representative Payee must keep written records of all payments from SSA, bank statements and canceled checks, receipts or canceled checks for rent, utilities, and major purchases.

3.02	4	The Provider Agency Representative Payee ensures at minimum (regardless of day-to-day living expenses) each individual in I/DD residential services is to receive a minimum of $65.00 monthly for personal needs and spending.
3.02	5	The CRA provider provides individuals with a Day-to-Day Living Expenses Agreement upon admission, annually, or revised as needed. The day-to-day living expenses agreement is reviewed at the annual ISP. The Day-to-day Living Expenses Budget Agreement must be signed by the individual, Representative Payee (as applicable), the provider agency, and any CLA, PCH, and Host Home provider serving the individual. The signed copy is maintained in the individual's record.
3.02	6	The individual has the right to manage his/her own funds. Personal funds are readily accessible for use by the individual. At least on a quarterly basis, the individual and/or representative is made aware of monies that are in his/her personal account. A statement of funds received and spent is provided to the individual and/or representative when requested.
3.02	7	The provider demonstrates assurance that the funds of individuals served by the provider are not mismanaged or exploited.
3.02	8A	The monies of individuals served by the provider agency are not comingled into a collective account without permission from SSA or comingled in any account belonging solely to the provider agency or any staff or principals of the provider agency. Collective accounts must show that the individual(s) own the account; the account is separate from the provider agency's operating account; and any interest earned is credited to each individual. When establishing a bank account, the Representative Payee listed on the account must be the provider agency and not the personal name of any staff member, owner, or principal of the provider agency.
3.02	9	Providers must have procedures to assure that at least two (2) people (other than those having authorization to receive and disburse funds on behalf of any individual) independently reconcile the bank or account records of any individual served by the organization on a monthly basis.
3.02	10	When a provider agency is selected to be the Representative Payee, documentation of personal spending is accounted for using the Personal Spending Account Record (Attachment B), or a payee created document that contains all the same elements as the Personal Spending Account Record (Attachment B). The current and previous calendar month's Personal Spending Account Record must be kept at the individual's place of residence for immediate inspection. All previous month's Personal Spending Account Records are kept off site at the provider agency business office, but is to be available to the individual served, any family members authorized by the individual, the Support Coordinators, the Regional Field Office, and any other authorized representative for inspection and copying upon request, or within two (2) business days of request.
3.02	11	When a provider agency is selected to be the Representative Payee, the Personal Spending Account Record (Attachment B), or a payee created document, must: (a) contain a staff signature for every transaction; (b) be reconciled and signed by a provider staff at minimum one time monthly; and (c) be audited and signed by a provider manager at minimum one time monthly.
3.02	12	The CRA provider provides a day-to-day living expenses budget agreement that includes a statement of all associated housing and food costs (per the definition in Section B of DBHDD policy 02-702); and any estimated medical, dental, and clothing fees or charges assessed to the individual, to the extent that those funds are available.
3.02	13	The individual's capacity for money management is assessed and documented on the Money Management Assessment Tool (Attachment A) or a payee created document that contains all the same elements as the Money Management Assessment Tool.

SERVICE SPECIFIC - HH

There are written policies and procedures put into practice that ensure a clean, safe, and emergency prepared environment for the individuals served.

References:
DBHDD Provider Manual for Community Developmental Disabilities Providers, 02-1201;
Disaster Preparedness, Response, and Disaster Recovery Requirements for Community Providers, 04-102;
NOW and COMP Waiver Manuals

4.01 Emergency Preparedness

4.01	1	[Emergency Preparedness] Plans include detailed information regarding evacuating, transporting and relocating individuals that coordinate with the local Emergency Management Agency and at a minimum address: (i) Medical emergencies; (ii) Missing persons (Georgia's Mattie's Call Act provides for an alert system when an individual with I/DD, dementia, or other cognitive impairment is missing. Law requires residences to notify law enforcement within thirty (30) minutes of discovering a missing individual); (iii) Natural and man-made disasters; (iv) Power failures; (v) Continuity of medical care as required; and, (vi) Notifications to families or designees. Emergency preparedness notice and plans are reviewed annually.

4.01	2F	The emergency preparedness plans are tested at least quarterly for emergencies that occur locally on a less frequent basis such as, but not limited to flood, tornado or hurricane. Plans are drilled more frequently if there is a greater potential for the emergency.
4.01	3C	Fire drills are conducted for individuals and staff: (i) Once a month at alternative times; including; (ii) Twice a year during sleeping hours if residential services; and, (iii) All fire drills shall be documented with staffing involved.
4.01	4	Supplies needed for emergency evacuation are accessible and include individual (s) information, family contact information and current copies of physician's orders for all individuals' medications.
4.01	5A	There are 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 that includes: Safe use of lift, seat belts, tie downs and any other safety equipment if applicable; Availability of first aid kits and seat belt cutter; and, Fire suppression equipment.
4.01	7A	A three-day supply of non-perishable emergency food and water is available for all individuals supported in residences. A residence shall provide for at least one gallon of water per person a day. A residence shall arrange for and serve special diets as prescribed.
4.01	8B	There is at least one operable 5 pound multipurpose ABC fire extinguisher on each floor, including basements. The fire extinguisher(s) are in accessible locations. The fire extinguishers are examined monthly to determine that: (1) fire extinguishers are accessible and in a designated location; (2) seals or tamper indicator are not broken; (3) the extinguishers have not been physically damaged; and, (4) the extinguishers do not have any obvious defects.
4.01	9B	Stairways, halls, doorways and exits from rooms and from the home are not unobstructed. No interior locks, keyed locks or dead bolts in the host home/life-sharing residence prohibit free access to exit from the home.
4.01	10B	The Host Home site has a first aid kit that includes antiseptic, an assortment of adhesive bandages, sterile gauze pads, tweezers, tape, and scissors.
4.01	11B	The Host Home site is protected with smoke detectors (including in the attic) that are audible in sleeping rooms. Each smoke detector is tested each month to determine if the detector is operable.
4.01	12	If natural gas or heating oil is used to heat the residence, or if a wood-burning fireplace is in the residence, the residence is protected with carbon monoxide detectors.
4.01	16	The organization has a Continuity of Operation Planning (COOP) to identify locations and provide a signed agreement where individuals will be relocated temporarily in case of damage to the site where services are provided. COOP must also include plans for sheltering in place. The agreement is reviewed annually, to include a signed and dated document of the renewal.

4.02 and 4.07 Environment of Care

4.02	1B	Clean conditions are maintained in all areas of the home. There is no evidence of infestation of insects or rodents in the home.
4.02	3B	Floors, walls, ceilings and other surfaces are free of hazards, as determined by the needs of the individual resident.
4.02	4B	Interior stairways exceeding two steps are accessible to individuals. Exterior stairways exceeding two steps and ramps have a well-secured handrail.
4.02	5B	Trash is removed from the premises on a routine basis.
4.02	6A	Poisonous materials are locked or inaccessible to individuals if all individuals living in the home are unable to safely use or avoid poisonous materials. Poisonous materials will be stored in their original, labeled containers in an area away from medication storage areas and from food preparation.
4.02	7B	The Host Home site has hot and cold running water under pressure. Hot water temperatures in bathtubs and showers that are accessible to individuals are within 110 to 120 degree Fahrenheit.
4.02	8B	Living areas, dining areas, individual bedrooms, kitchens and bathrooms are ventilated by at least one operable window or by mechanical ventilation. Exceptions are homes with theater rooms.
4.02	11B	Windows, including windows in doors, are securely screened. Screens, windows and doors are in good repair.
4.02	14B	The home has a kitchen area with a clean and operable refrigerator, sink, cooking equipment and cabinets for storage.
4.02	15D	The yard and outside of the home will be well maintained and free from unsafe conditions.
4.02	17A	Food guidelines are in place and are being implemented for safe food consumption and storage of food in refrigerator, freezer and cupboards to maintain temperature between 36 and 41 degrees Fahrenheit, expiration dates on food items to include open items and the prevention of foodborne illnesses.
4.07	1	All firearms in the home are unloaded, secured and locked in a cabinet with ammunition stored in a separate locked cabinet. If firearms are stored in an official gun cabinet, ammunition may also be stored in the same official gun cabinet. However, the ammunition must be kept in a locked container or locked in a separate compartment of the gun cabinet.
4.07	2	Flammable and combustible supplies and equipment are utilized safely and stored away from heat sources.

4.07	3	Furnaces and filters are cleaned and replaced at least annually. Written documentation of the cleaning or changing of filters will be maintained.
4.07	4A	Portable space heaters that are not permanently mounted or installed are not present.
4.07	5	The use of wood and coal burning stoves is permitted only if the stove is inspected and approved for safe installation by a licensed and/or bonded contractor specialized in this area. Written documentation of the inspection and approval is maintained. Wood and coal burning stoves, including chimneys and flues, are cleaned at least every year. Written documentation of the cleaning is maintained.
4.07	6A	The fireplace is securely screened and/or equipped with protective guards while in use.
4.07	7	For Host Homes that allow smoking, smoking is prohibited in any area where flammable liquid, gases or oxidizers are in use or stored; smoking is prohibited in bed; and, smoking is supervised unless unsupervised smoking is documented in the ISP.
4.07	8	The individuals' bedrooms are not located in basements, attics, stairway, halls or any room commonly used for other than bedroom purposes. The bedroom has at least one exterior window that permits a view of the outside.
4.07	9	Bedroom windows have clean and/or operable drapes, curtains, shades, blinds or shutters.
4.07	10	Bedroom(s) have doors at all entrances for privacy.
4.07	11	Each individual has the following in their bedroom: (1) a permanent bed (not cot or portable) of size appropriate to the needs of the individual; (2) clean, comfortable mattress and solid foundation; (3) clean bedding; including a pillow, linens and blankets appropriate for the season; (4) a chest of drawers; (5) a closet or wardrobe space with clothing racks and shelves accessible. An individual may not share a bedroom with anyone of an opposite sex in the home.
4.07	12	There is at least one toilet and one bathtub or shower in the home. Privacy is provided for toilets, showers and bathtubs by partitions or doors. At least one bathroom area has a sink, wall mirror, soap, toilet paper, individual clean paper or cloth towels and a trash receptacle.
4.07	13	A clean washcloth, bath towel and operable toothbrush is provided for each individual.
4.07	14	Individual bed linens, towels, washcloths and clothing are kept clean.
4.07	15	Swimming pools are inaccessible to individuals when the pool is not in use.
4.07	16	Heating and air conditioning systems are operational and maintained to provide adequate heat and air conditioning throughout the home.
4.07	17	The Host Home site has an operable telephone that is easily accessible. The individual has adequate privacy while using the telephone. The telephone is immediately available in case of emergency. Telephone numbers of the nearest hospital, police department, fire department, ambulance and poison control center are readily accessible in the home.
4.07	18	A home serving an individual with a physical disability, blindness, a visual impairment, deafness or a hearing impairment will have accommodations to ensure the safety and reasonable accessibility for entrance to, movement within and exit from the home based upon each individual's needs. Adaptive equipment will be provided if needed for the individual to move about and function in the home (i.e., wheelchairs, walkers, low shelves, cabinets, countertops, special doorbells and telephone devices for individuals who have a hearing impairment, and tactile guides for individuals who have visual impairment).

PERSONAL CARE HOME SERVICES (PCH)

ADMINISTRATION

There are written policies and procedures put into practice that include a well-defined plan to assess and improve organizational quality. Practices ensure a safe and humane environment for individuals that is free of abuse, neglect, and exploitation. Personnel files are complete and accurate. Employees are up to date on required training.

References:
DBHDD Provider Manual for Community Developmental Disabilities Providers, 02-1201,
Reporting Deaths and Other Incidents in Community Services, 04-106

1.01 Quality Improvement

1.01	1	Areas of risk to persons served and to the organization are identified and monitored based on services, supports, treatment or care offered including, but not limited to: (a) incidents and accidents; (b) health and safety; (c) complaints and grievances; (d) individual rights violations; (e) practices that limit freedom of choice or movement; (f) medication management; (g) infection control; (h) Positive Behavior Support Plan tracking and monitoring to include restrictive interventions and efficacy of plan and needed adjustments, recommendations and modifications are made in a timely manner; (i) breaches of confidentiality; (j) protection of Health and Human Rights of persons with developmental disabilities; (k) implementation of ISPs; and (l) community integration.

1.01	2	The quality improvement plan includes processes for how issues are identified.
1.01	3	The quality improvement plan addresses what solutions are implemented.
1.01	4	Any new or additional issues are identified and managed on an ongoing basis.
1.01	5	The organization is able to demonstrate that indicators of performance are in place for each issue, to include: (1) method of routine data collecting and reporting; (2) method of routine measurement; (3) method of routine evaluation; and (4) targets goals/expectations for each indicator.
1.01	6	The organization is able to demonstrate that outcome measurements are determined and reviewed for each indicator on a quarterly basis.
1.01	9	At least four individual records or the records of five percent (5%) of the total number of individuals served (whichever number is greater) are reviewed each quarter and the reviews are kept for a period of at least two years. Records of individuals who are "at risk" are included.
1.01	10	[Individual Record] Reviews include these determinations: (a) That the record is organized; complete, accurate and timely; (b) Whether services are based on assessment and need; (c) That individuals have choices; (d) Documentation of service delivery including individuals' responses to services and progress toward ISP goal(s); (e) Documentation of health service delivery; (f) Medication management and delivery, including the use of PRN and over the counter PRN medications; and their effectiveness; (g) That approaches implemented for individuals with challenging behaviors are addressed as specified in the Guidelines for Supporting Adults with Challenging Behaviors in Community Settings.
1.01	18	There is evidence that internal incidents not required to be reported to DBHDD are recorded and monitored.
1.01	100	The provider submits the IR electronically via Image on the same day as the incident, or the discovery of the incident, or on the next business day if the incident occurred after business hours or on a weekend or holiday.
1.01	101	DBHDD requires that providers implement the Image Safety Plan.

5.01 Personnel Files

5.01	2A	The organization must have procedures and practices for verifying licenses, credentials, experience and competence of staff: (1) There is documentation of implementation of these procedures for all staff attached to the organization; and (2) Licenses and credentials are current as required by the field. It is the responsibility of the employer to verify licensure and/ or certification status.
5.01	3	The personnel record includes documentation of verification of employment history for the five most recent years, including previous places of work, contact names, and contact telephone numbers.
5.01	4	Direct care staff have evidence of: (1) being 18 years or older; (2) a high school diploma/equivalent (GED or have a minimum score of 75 on the Short Test of Functional Health Literacy for Adults (STOFHLA) or Test of Functional Health Literacy for Adults (TOFHLA); (3) if transporting individuals, a legal license in the State of Georgia with the class of license appropriate to the vehicle operated, no more than two chargeable accidents, moving violations or any DUIs in a three year period within the last five years of the seven year Motor Vehicle Record. (The MVR is obtained before hire and then annually); and (4) driver training.
5.01	5A	An eligibility letter must be obtained before an applicant who will provide direct care services can start working for a DBHDD network provider.
5.01	6B	The DDP staff file must include the following documents: (a) A signed DDP job functions that meet the DDP requirements for oversight and professional consultation; (b) A specified schedule for each site and sufficient contract hours (not a PRN staff) to meet the individual's needs of the assigned caseload must be maintained on site; (c) There is documentation of attestation by the DDP that the scheduled or contracted hours do not conflict with his/her work with another provider agency; and, (d) A copy of diploma, license or certification to verify qualifications for performing DDP job functions is maintained; (e) Annual evaluation of adequacy of the DDP deliverable relative to the agency functions and needs as part of QI activities.

5.02 Staff Training

5.02	1	During the first year of employment, the DDP receives the following training: (1) Individual Service Planning (Person-Centered); (2) Health Risk Screening Tool online training overview; (3) Eight (8) hours of DBHDD sponsored or other training in the area of developmental disabilities on an annual basis.
5.02	2C	Orientation requirements are specified for all staff and are provided prior to direct contact with individuals and are as follows: (1) The purpose, scope of services, supports, care and treatment offered including related policies and procedures; (2) HIPAA and Confidentiality of individual information, both written and spoken; (3) Rights and Responsibilities of individuals; and, (4) Requirements for recognizing and mandatory reporting suspected abuse, neglect or exploitation of any individual; and, (5) Home and Community Based Settings Rule.

5.02	3C	Within the first sixty (60) days from date of hire, all non-designated staff having direct contact with individuals shall receive training in the following: (1) Person centered values, principles and approaches; (2) A holistic approach for providing care, supports and services for the individual; (3) Medical, physical, behavioral and social needs and characteristics of the individuals served; (4) Human Rights and Responsibilities; (5) Promoting positive, appropriate and responsive relationships with persons served, their families and stakeholders; (6) The utilization of: Communication Skills; Nationally benchmarked Behavioral Support and Crisis Intervention techniques for safe utilization of emergency interventions of last resort, with the exception of the use of prone manual or mechanical restraints; and the Georgia Crisis Response System (GCRS) to access crisis services; (7) Cultural Competency Policies; (8) Fire safety; (9) Emergency and disaster plans and procedures; (10) Techniques of Standard Precautions to include: Preventative measures to minimize risk of infectious disease transmission; Use of Personal Protection Equipment (PPE); Sharps Safety (with sharp containers disposed of according to state and local regulated medical waste rules); Environmental Controls for cleaning and disinfecting work surfaces; Skills Guides for handwashing, cleaning up spills, gloves use, and what to do with contaminated supplies; Respiratory Hygiene/Cough Etiquettes for cough, congestion, runny nose or increase production of respiratory secretions; and, Approaches to individual education to include incident reporting and follow-up; (11) First aid and safety; (12) BCLS including both written and hands on competency training; (13) Specific individual medications and side effects; (14) Suicide Prevention Skills Training (such as AIM, QPRP); (15) Ethics and Corporate Compliance training is evident; (16) Training to work with individuals who are dually diagnosed, as appropriate; and, (17) Training provided on proper body mechanics for lifting/transferring/positioning as a basic requirement to assist in performing activities of daily living safely.
5.02	4	A minimum of 16 hours of training is completed annually from date of hire that includes but is not limited to the following: (1) human rights and responsibilities; (2) communication skills; (3) nationally benchmarked Behavioral Support and Crisis Intervention techniques for safe utilization of emergency interventions of last resort, with the exception of the use of prone manual or mechanical restraints; (4) fire safety; (5) emergency and disaster plans and procedures; (6) specific individual medications and side effects; and, (7) proper body mechanics for lifting/transferring/positioning as a basic requirement to assist in performing activities of daily living safely
5.02	5A	Staff are trained on individualized specific condition as written in each individual's care plan protocol. Training on risk mitigation plans include, at a minimum, the date, purpose, staff attendees, staff who provided training and content of the training.
5.02	6	A suggested minimum of two agency representatives are designated to take these three (3) trainings in RELIAS within 45 days after assuming responsibility: (1) Emergency Preparedness for DBHDD Providers; (2) Essentials of Disaster Preparedness Self-Paced; and, (3) Emergency Preparedness Regulations.
5.02	9	All RNs and LPNs are required to complete curriculums in IDD Healthcare at a minimum of six (6) hours of CEUs as orientation training.
5.02	10	At the time of each license or certification renewal, at least 25% of the CEUs (since the prior license or certification renewal) for each licensed or certified staff must be for training in intellectual/developmental disabilities or behavioral supports.

HEALTHCARE

The organization provides comprehensive oversight of the healthcare and medication needs of the individual.

References:

DBHDD Provider Manual for Community Developmental Disabilities Providers, 02-1201;
Health Risk Screening Tool (HRST), 02-803;
Healthcare Plans for Individuals with Intellectual/Developmental Disabilities (I/DD) in Community Residential Alternative, and Community Living Support Services with Skilled Nursing Services, 02-266;
Bowel Management for Individuals with Intellectual and Developmental Disabilities, Living in Community Residential Alternative Settings, 02-802;
Risk Mitigation of Health Conditions or Vulnerabilities in Intellectual and/or Developmental Disability (I/DD) Services, 02-807;
Prevention of Choking and Aspiration for Individuals with Intellectual/Developmental Disabilities Living in the Community, 02-801;
DCH Rules and Regulations for Proxy Caregivers used in Licensed Healthcare Facilities;
NOW and COMP Waiver Manuals

2.01 Healthcare Management

2.01	1	The provider documents processes or referrals of the individual based on ongoing assessments of individual needs which include: (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 health care for: (a) Routine assessment such as annual physical examinations; (b) Chronic medical issues; (c) Ongoing psychiatric issues; (d) Acute and emergent needs, as well as diagnostic testing such as psychological testing or labs and dental services.
2.01	2	The individual's information shall include all medical care received, including hospitalizations, ER visits, procedures, lab reports, office visits, etc.
2.01	4	Episodic updates are conducted for individuals experiencing medical or behavioral changes or incidents throughout the year that affect one or more of the 22 rating items and/or the Diagnosis and/or Medication section(s) of the HRST. The HRST must be completed or updated by the designated service provider 90-120 days prior to the ISP expiration date.
2.01	5	There are safeguards utilized for medications known to have substantial risk or undesirable effects, to include 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 physician for any further actions needed.
2.01	6A	The individual's information shall include the name of the individual, precautions, allergies (or no known allergies – NKA) and "volume #x of #y" on the front of the record.
2.01	7A	The written informed consent must contain the following information: (a) a definition of health maintenance activities as set forth in the law; (b) the actual health maintenance activities to be performed; (c) an explanation that such health maintenance activities are to be provided pursuant to the written orders of an attending physician, advance practice registered nurse or physician's assistant working under protocol or job description as further detailed in the written plan of care; (d) the name(s) of the proxy caregiver(s) who are being authorized to provide health maintenance activities; (e) a disclosure that Georgia law now allows licensed healthcare professionals to train unlicensed proxy caregivers to provide the specific health maintenance activities listed on the written plan of care; (f) an acknowledgement that proxy caregivers are not licensed healthcare professionals and do not have the same education and training as licensed healthcare professionals. Therefore, there may be additional health risks associated with receiving this care from proxy caregivers who may not recognize an important change in the individual's medical condition requiring assessment and/or treatment; (g) an acknowledgment that the individual with a disability, or the legally authorized representative consents and is willing to take such risks; (h) that the informed consent is conditioned upon the proxy caregiver(s) being determined by an appropriately qualified licensed healthcare professional to have the knowledge and skills necessary to perform safely the specific health maintenance activities listed on the consent; (i) a statement that the informed consent for any proxy caregiver designated to deliver health maintenance activities may be withdrawn orally or in writing by the individual with a disability or the legally authorized representative by informing the proxy caregiver and any licensed facility through which the proxy caregiver may be operating; and, (j) an authorization for such health maintenance activities to be provided which is signed and dated by the individual with a disability or the legally authorized representative.
2.01	8A	Where the licensed facility employs, contracts or refers proxy caregivers to deliver health maintenance activities to individuals with disabilities receiving services through the licensed facility, the licensed facility must maintain written evidence of satisfactory performances on initial and annual skills competency determinations utilizing skills competency checklists which have either been made available by the department or developed and completed by appropriately licensed healthcare professionals. The competency-based skills checklists must reflect a testing of the knowledge and observation of the skills associated with the completion of all of the discrete tasks necessary to do the specific health maintenance activity in accordance with accepted standards of care.
2.01	9A	Where the licensed facility employs, contracts or refers proxy caregivers to deliver health maintenance activities to individuals with disabilities receiving services through the licensed facility, the licensed facility must ensure that a written plan of care is developed for the individual with a disability by a licensed healthcare professional in accordance with the written orders of an attending physician, an advanced practice registered nurse or physician's assistant working under a nurse protocol agreement or job description respectively, and that such plan of care specifies the frequency of training and evaluation requirements for the proxy caregiver and when additional training will be required for new duties added to the written plan of care for which the proxy caregiver has not been previously trained. The Written Plan of Care must be updated annually.
2.01	10	The use of adaptive supportive devices or medical protective devices (devices which restrain movement but are applied for the protection of accidental injury, required for medical treatment or for corrective/supportive needs) is defined by a physician's order (order not to exceed twelve (12) calendar months) and the written order includes the rationale and instructions for the use of the device.

2.01	15	The agency's Developmental Disability Professional (DDP), trained in assessing the effectiveness of interventions required to prevent constipation or impaction, or a licensed healthcare professional check the bowel tracking record, at a minimum, as determined by the individual's clinical need, to assess the effectiveness of the intervention and health status of the individual.
2.01	16	Each individual has a bowel tracking record that includes, at a minimum: (1) number of bowel movements per day; (2) list of the individual's medications that increase the risk of constipation, impaction, and/or bowel obstruction; (3) abdominal pain reported by the individual; (4) consistency of bowel movement; (5) treatment intervention(s) if needed; and (6) Elements of the Bristol Stool Form Scale. An accurate recording of each individual's bowel status is maintained each shift.
2.01	17	The organization follows the protocols, risk mitigation and healthcare plans in place for each individual.
2.01	18	Organizations not required to contract with licensed skilled nurses, have a responsibility to mitigate risk and implement safeguards to promote the health and safety of individuals receiving services. A risk mitigation document must be developed by the provider to include: (1) Date of creation; (2) Date of any applicable updates to the document; (3) Individual demographic information; (4) Allergies or No Known Allergies (NKA); (5) Statement and description of known condition, risks and diagnoses; (6) Any applicable individualized action steps to be taken when needed; (7) Communication plan (e.g., who to contact when there is an identified risk or change in condition); and (8) Contact details for primary caregiver(s) and responsible parties.
2.01	19	The risk mitigation document must be reviewed and updated at least annually or when there is change in intervention needed to mitigate risk.
2.01	23	Where a new medication is ordered, a licensed healthcare professional must be contacted to ensure that no additional training is required prior to the caregiver providing assistance with the new medication. The date, time and the outcome of the contact with the licensed healthcare professional must be documented in the individual's record. Where additional training is required prior to the caregiver providing assistance, such training will be provided and documented by a licensed healthcare professional.
2.01	24	For medication administration, the current Medication Administration Record (MAR) at the time the Plan of Care is written and signed is attached.
2.01	25	Where the licensed facility employs, contracts or refers proxy caregivers to deliver health maintenance activities to individuals with disabilities receiving services through the licensed facility, the licensed facility must ensure the scope of the health maintenance activities that proxy caregivers are permitted to perform. Health maintenance activities are those activities that do not include complex care such as administration or intravenous medications, central line maintenance, and complex wound care; do not require complex observations or critical decisions; can be safely performed and have reasonable precise, unchanging directions; and, have outcomes or results that are reasonably predictable.

2.02 Medication Management

2.02	1	The organization must procure initial prescription medication and over-the-counter medications within twenty-four hours of prescription receipt, and refills before twenty-four hours of the exhaustion of current medication supply.
2.02	2	All PRN or “as needed” medications will be accessible for each individual on site as per his/her prescriber(s) order(s) and as defined in the individual’s ISP.
2.02	4	The organization defines requirements for timely notification to the prescribing professional regarding: (i) Medication errors; (ii) Medication problems; (iii) Medication reactions; (iv) Refusal of medication by the individual; and, (v) Failure to administer/supervise on time medications.
2.02	5	A current 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: (a) Regular, on-going medications; (b) Controlled substances; (c) PRN (as needed) Over-the-counter (OTC) medications; (d) PRN medications (does not include standing orders for psychotropic medications for symptom management of behavior); or, (e) Discontinuance order.

2.02	6	The "Eight Rights" for each medication administration are implemented to verify the: (1) Right person: check the name on the order and the individual and include the use of at least two identifiers; (2) Right medication: check the medication label against the order; (3) Right time: check the frequency and time to be given of the ordered medication and double check that the ordered dose is given at the correct time. Confirm when last dose was given; (4) Right dose: includes verification of the physician's medication order of dosage amount of the medication; with the label on the prescription medication container and the Medication Administration Record (MAR) document to ensure all are the same; (5) Right route: check the order and appropriateness of route ordered and confirm that the individual can take or receive the medication by the ordered route; (6) Right position: the correct anatomical position for the medication method or route to ensure its proper effect, instillation and retention. If needed, individual should be assisted to assume the correct position; (7) Right documentation: document the administration/supervision after the ordered medication is given on the MAR; and (8) Right to Refuse Medication: includes staff responsibilities to encourage compliance, document the refusal, and report the refusal to the administration, nurse administrator, and physician.
2.02	7	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: a) Name of the medication; b) Dose as ordered; c) Route as ordered; d) Time of day as ordered; and, e) Special instructions accompanying the order, if any.
2.02	8A	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 MAR and include but may not be limited to: (i). Documentation by calendar month that is sequential according to the days of the month; (ii). 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: (a) Name of medication; (b) Dose as ordered; (c) Route as ordered; (d) Purpose of the medication; and (e) Frequency that the medication may be taken. (iii). The date and time the medication is taken or received is documented for each use. (iv). 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 is documented.
2.02	9	MAR Recording: 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 medications, refused and missing doses, making corrections, and a legend for recording. The legend includes initials, signature and title of staff member and clarifies medications not given or otherwise not received by the individual.
2.02	10A	There is documented accountability of controlled substances at all stages of possession.
2.02	12	Supervision of individual self-administration: 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, each time, and supervision of individual self-administration occurs. 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. Where medications are self-administered, protocols are defined for training to support individual self-administration of medication.
2.02	13A	The organization must maintain safe storage of medications as required by law including single and double locks.
2.02	14A	The organization maintains safe storage of refrigerated medications with refrigeration between 36 and 41 degrees Fahrenheit and daily temperature logs.
2.02	15	All controlled substances are double locked.
2.02	17	The individual's name, allergies and precautions must be flagged on the medication administration record.

INDIVIDUAL CARE AND TREATMENT

There are written policies and procedures put into practice that safeguard the rights and responsibilities of individuals served. Accurate records of services provided are kept. Behavioral challenges are managed on an on-going basis. Individual's funds are managed appropriately and accurately.

References:
DBHDD Provider Manual for Community Developmental Disabilities Providers, 02-1201;
Supervision and Protection of Personal Funds and Belongings in Intellectual and Developmental Disability Community Residential Alternative Services, 02-702

3.01 Individual Care and Treatment

3.01	1	There is documentation of individualized preferences, person-centered integration, informed choice, autonomy and inclusion in the community.
3.01	2A	There is evidence of the individual or legal guardian's signature on notification that all individuals are informed about their rights and responsibilities: (a) At the onset of services, supports, care and treatment; (b) At least annually during care; (c) Through written information that is well prepared in a language/format understandable by the individual; and, (d) How confidentiality will be addressed including but not limited to who they wish to be informed about their services, supports, care and treatment.
3.01	3A	DDP documentation must include necessary face-to-face participant visits, other contact or communication with or on behalf of the participants in the participant's record; the purpose of the visit or contact, assessment or evaluation, training, plan for intervention, and any changes in service delivery such as a change in staff recommendations; and meet documentation requirements of date, location of service delivery, signature (title), beginning, and ending time when the service was provided.
3.01	4	The individual record is a legal document, information in the record should be dated, timed, and authenticated with the authors identified by name, credential and by title. Notes entered retroactively into the record after an event or a shift must be identified as a "late entry."
3.01	7	The record includes emergency contact information and legal documentation regarding guardianship.
3.01	8	Documentation is completed each shift or service contact by staff providing the service.
3.01	9	The organization implements the applicable goals at the frequency identified by the ISP.
3.01	10A	Individual's information shall include progress notes describing progress toward goal(s), including: (i) implementation of interventions specified in the plan; (ii) the individual's response to the intervention or activity based on data; and (iii) date, location, and the beginning and ending time when the service was provided. For continuity of care, at a minimum, the current ISP review span progress notes must be maintained on site. Event notes must document: (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 findings of follow-up and strategies to avoid future missed appointments; (v) records or reports from previous or other current providers; and (vi) correspondence.
3.01	11	Documentation tells an accurate story of services, supports, care and treatment rendered and the individual's response.
3.01	12	There is evidence that the person's data from documentation has been reviewed, analyzed for trends, and summarized to determine the progress toward goal(s) at least quarterly.
3.01	13B	If permitted, Manual/Personal Restraint (ten seconds or more), shall not exceed fifteen (15) minutes beyond which time the person is no longer a danger to self or to others, and use of personal restraint is documented. The length of time permitted to use manual/personal restraints for any one episode shall not exceed one (1) hour. Consecutive periods of manual restraints, which have the effect of restraining the resident in excess of one hour are prohibited.
3.01	14	A copy of the individual's PBSP is available at the provider's service sites where services to the individual are delivered.
3.01	15A	The type and number of professional staff and all other staff attached to the organization are present in numbers to provide services, supports, care and treatment to individuals as required.
3.01	16A	All organizations must have the capacity to address individual's behavioral needs. If the cause of the challenging behavior(s) cannot be determined or satisfactorily addressed by the provider, there should be evidence of DBHDD Clinical Assessment of Behavior Support Needs (CABS) and consultation with an outside professional who is licensed or qualified through education, supervised training and experience to address the behavior(s) needs of the individual.
3.01	17	Behavioral support plans are implemented to reduce inappropriate behavior and to acquire alternative skills and behaviors.
3.01	25B	A written admission agreement is entered into between the governing body and the individual and contains the following: (1) a statement of all fees and daily, weekly or monthly charges; any other services that are

		available on an additional fee basis for which the individual must sign a request acknowledging the additional cost; and the services provided in the home for that charge; (2) a statement that individuals and their representatives or legal surrogates are informed, in writing at least 60 days prior to changes in charges or services; (3) a statement of the home's refund policy including but not limited to when a resident decides not to move into the home dies is transferred or discharged; (4) provision for transportation of individuals for shopping, recreation, rehabilitation and medical services, which must be available either as a basic service or on a reimbursement basis. Provision is also made for access to emergency transportation at all times; (5) a statement that individuals may not perform services for the home; (6) a copy of the house rules, consistent with the individuals' rights, in writing and also posted in the home to include policies regarding the use of tobacco and alcohol, the times and frequency of use of the telephone, visitors, hours and volume for viewing the listening to TV, radio and other audiovisual equipment, whether individuals' personal pets or household pets are permitted, and the use of personal property; and,(7) an explanation of how social media, photos of individuals and other media involving individuals are handled.

3.02 Funds Management

3.02	2	Inventory shall be conducted at the commencement of services, within 3 calendar days prior to all scheduled moves, and at a minimum annually. Inventory should also be updated whenever there is a purchase of an item valued at $50 or more.
3.02	3	Providers who are the Representative Payee must keep written records of all payments from SSA, bank statements and canceled checks, receipts or canceled checks for rent, utilities, and major purchases.
3.02	4	The Provider Agency Representative Payee ensures at minimum (regardless of day-to-day living expenses) each individual in I/DD residential services is to receive a minimum of $65.00 monthly for personal needs and spending.
3.02	5	The CRA provider provides individuals with a Day-to-Day Living Expenses Agreement upon admission, annually, or revised as needed. The day-to-day living expenses agreement is reviewed at the annual ISP. The Day-to-day Living Expenses Budget Agreement must be signed by the individual, Representative Payee (as applicable), the provider agency, and any CLA, PCH, and Host Home provider serving the individual. The signed copy is maintained in the individual's record.
3.02	6	The individual has the right to manage his/her own funds. Personal funds are readily accessible for use by the individual. At least on a quarterly basis, the individual and/or representative is made aware of monies that are in his/her personal account. A statement of funds received and spent is provided to the individual and/or representative when requested.
3.02	7	The provider demonstrates assurance that the funds of individuals served by the provider are not mismanaged or exploited.
3.02	8A	The monies of individuals served by the provider agency are not comingled into a collective account without permission from SSA or comingled in any account belonging solely to the provider agency or any staff or principals of the provider agency. Collective accounts must show that the individual(s) own the account; the account is separate from the provider agency's operating account; and any interest earned is credited to each individual. When establishing a bank account, the Representative Payee listed on the account must be the provider agency and not the personal name of any staff member, owner, or principal of the provider agency.
3.02	9	Providers must have procedures to assure that at least two (2) people (other than those having authorization to receive and disburse funds on behalf of any individual) independently reconcile the bank or account records of any individual served by the organization on a monthly basis.
3.02	10	When a provider agency is selected to be the Representative Payee, documentation of personal spending is accounted for using the Personal Spending Account Record (Attachment B), or a payee created document that contains all the same elements as the Personal Spending Account Record (Attachment B). The current and previous calendar month's Personal Spending Account Record must be kept at the individual's place of residence for immediate inspection. All previous month's Personal Spending Account Records are kept off site at the provider agency business office, but is to be available to the individual served, any family members authorized by the individual, the Support Coordinators, the Regional Field Office, and any other authorized representative for inspection and copying upon request, or within two (2) business days of request.
3.02	11	When a provider agency is selected to be the Representative Payee, the Personal Spending Account Record (Attachment B), or a payee created document, must: (a) contain a staff signature for every transaction; (b) be reconciled and signed by a provider staff at minimum one time monthly; and (c) be audited and signed by a provider manager at minimum one time monthly.

3.02	12	The CRA provider provides a day-to-day living expenses budget agreement that includes a statement of all associated housing and food costs (per the definition in Section B of DBHDD policy 02-702); and any estimated medical, dental, and clothing fees or charges assessed to the individual, to the extent that those funds are available.
3.02	13	The individual's capacity for money management is assessed and documented on the Money Management Assessment Tool (Attachment A) or a payee created document that contains all the same elements as the Money Management Assessment Tool.

SERVICE SPECIFIC - PCH

There are written policies and procedures put into practice that ensure a clean, safe, and emergency prepared environment for the individuals served.

References:
DBHDD Provider Manual for Community Developmental Disabilities Providers, 02-1201;
Disaster Preparedness, Response, and Disaster Recovery Requirements for Community Providers, 04-102;
NOW and COMP Waiver Manuals

4.01 Emergency Preparedness

4.01	1	[Emergency Preparedness] Plans include detailed information regarding evacuating, transporting and relocating individuals that coordinate with the local Emergency Management Agency and at a minimum address: (i) Medical emergencies; (ii) Missing persons (Georgia's Mattie's Call Act provides for an alert system when an individual with I/DD, dementia, or other cognitive impairment is missing. Law requires residences to notify law enforcement within thirty (30) minutes of discovering a missing individual); (iii) Natural and man-made disasters; (iv) Power failures; (v) Continuity of medical care as required; and, (vi) Notifications to families or designees. Emergency preparedness notice and plans are reviewed annually.
4.01	2F	The emergency preparedness plans are tested at least quarterly for emergencies that occur locally on a less frequent basis such as, but not limited to flood, tornado or hurricane. Plans are drilled more frequently if there is a greater potential for the emergency.
4.01	3C	Fire drills are conducted for individuals and staff: (i) Once a month at alternative times; including; (ii) Twice a year during sleeping hours if residential services; and, (iii) All fire drills shall be documented with staffing involved.
4.01	4	Supplies needed for emergency evacuation are accessible and include individual (s) information, family contact information and current copies of physician's orders for all individuals' medications.
4.01	5A	There are 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 that includes: Safe use of lift, seat belts, tie downs and any other safety equipment if applicable; Availability of first aid kits and seat belt cutter; and, Fire suppression equipment.
4.01	6	The organization has documentation of an attendance log for transporting individuals that includes documentation of boarding and exit time of individuals and the beginning location and destination.
4.01	7A	A three-day supply of non-perishable emergency food and water is available for all individuals supported in residences. A residence shall provide for at least one gallon of water per person a day. A residence shall arrange for and serve special diets as prescribed.
4.01	8A	Each home must have at least one charged 5 lb. multipurpose ABC fire extinguisher on each occupied floor and in the basement. These extinguishers must be checked annually to assure they remain in operable condition.
4.01	9A	Entrances and exits, sidewalks, and escape routes are maintained free of any obstructions that would impede leaving the residence quickly in the case of fire or other emergency. All such entrances and exits, sidewalks, and escape routes are kept free of any hazards such as ice, snow, or debris.
4.01	10C	The home must have a supply of first-aid materials available for use. This supply must include, at a minimum: gloves, band aids, thermometer, tape, gauze, and an antiseptic.
4.01	11C	Each home must be protected with sufficient smoke detectors, powered by house electrical service with battery back-up which, when activated, must initiate an alarm which is audible in the sleeping rooms.
4.01	13	The residence has its house number displayed so as to be easily visible from the street.
4.01	14	Individuals dependent upon a wheelchair or other mechanical device for mobility have at least 2 exits from the home, remote from each other, and accessible to the individuals.
4.01	15A	Individuals who need assistance with ambulation are provided bedrooms that have access to a ground-level exit to the outside or provided bedrooms above ground level that have access to exits with easily negotiable ramps or easily accessible lifts.
4.01	16	The organization has a Continuity of Operation Planning (COOP) to identify locations and provide a signed agreement where individuals will be relocated temporarily in case of damage to the site where services are provided. COOP must also include plans for sheltering in place. The agreement is reviewed

		annually, to include a signed and dated document of the renewal.

4.02 and 4.06 Environment of Care

4.02	1A	The environment is clean and safe.
4.02	2	Floors, walls, and ceilings are kept clean and in good repair.
4.02	3A	Floor coverings are intact, safely secured, and free of any hazard that may cause tripping.
4.02	5C	Solid waste that is not disposed of by mechanical means is stored in vermin-proof, leak-proof, nonabsorbent containers with closefitting lids until removed. Waste is removed from the kitchen as necessary and from the premises at least weekly.
4.02	6B	Poisons, caustics and other dangerous materials are stored and safeguarded in areas away from individuals, food preparation and food storage areas, and medication storage areas.
4.02	7A	The home is equipped and maintained so as to provide a sufficient amount of hot water for the use of individuals. Heated water provided for use of individuals does not exceed 120 degrees Fahrenheit at the hot water fixture, unless a cooler temperature is required by the needs of the individual.
4.02	8A	Bathrooms and toilet facilities have a window that can be opened or have forced ventilation.
4.02	9	All plumbing and bathroom fixtures are maintained in good working order at all times and present a clean and sanitary appearance.
4.02	10C	All areas of the home, including hallways and stairs must provide sufficient ambient lighting such that the residents may move about safely and objects may be easily observed by the residents. In addition, appropriate task lighting necessary for more visually demanding activities such as reading, knitting or preparing food must also be provided for resident use.
4.02	12A	Wall-mounted electric outlets and lamps or light fixtures are maintained in a safe and operational condition. The home provides functioning light bulbs for light fixtures.
4.02	13	The provider will maintain policies, procedures, and practices for controlling and preventing infections in the service setting, as required by the Community Service Standards, through evidence of: (d) guidelines for laundry that include the collection, sorting, transporting, washing, and storage in a manner that prevents the spread of infection and contamination of the environment.
4.02	14A	The residence has a properly equipped and clean kitchen that is maintained to ensure cleanliness and sanitation.
4.02	15C	The exterior of the PCH is properly maintained to remain safe and in good repair.
4.02	16A	A minimum of three regularly scheduled, well-balanced meals are available seven days a week. Meals meet the general requirements for nutrition and are of sufficient and proper quantity, form, consistency and temperature. Food for at least one nutritious snack is available and offered mid-afternoon and evening.
4.02	17A	Food guidelines are in place and are being implemented for safe food consumption and storage of food in refrigerator, freezer and cupboards to maintain temperature between 36 and 41 degrees Fahrenheit, expiration dates on food items to include open items and the prevention of foodborne illnesses.
4.02	18B	A home serving a person dependent upon a wheelchair or scooter for mobility must have at least one bathroom that permits the resident to use all bathroom fixtures easily and independently where able.
4.02	19B	A home must provide hand-sanitizing agents or soap and water at the sinks, clean towels and toilet tissue at each commode.
4.02	20A	All locks used on any exterior door must be capable of being unlocked from the inside by the individuals receiving services in that setting, without the need for obtaining assistance from provider staff or any other person.
4.02	21	Each bedroom has at least one window.
4.02	22C	For bedrooms or private living spaces which have locks on doors, both the occupant and administrator or on-site manager must be provided with keys to assure easy entry and exit.
4.02	23A	Bedrooms include the following: closet/wardrobe, lighting fixtures sufficient for reading and other activities, dresser/bureau or equivalent, and mirror appropriate for grooming. Furnishings, including those provided by the individual, are maintained in good condition, intact, and functional.
4.02	24	Provision are made for assisting an individual to personalize the bedroom by allowing the use of his or her own furniture if so desired and by mounting or hanging pictures on bedroom walls.
4.02	25A	Bedding is available for each individual, including two sheets, a pillow, a pillowcase, a minimum of one blanket and bedspread. The home maintains a linen supply for not less than twice the bed capacity. The home provides sufficient bed linen so that all beds may be changed at least weekly and more often if soiled.
4.06	1	Grab bars and non-skid surfacing or strips are installed in all showers and bath areas.
4.06	2	Bathrooms are kept clean and sanitized at least once daily with disinfectants and more often as needed to ensure cleanliness and sanitation.

4.06	3	Separate and distinct sleeping and living areas are provided that allow for necessary supervision and assistance by staff and are conveniently located within easy walking distance of each individual's private living space (room),available for the individuals' informal use at any time and do not require any individual to leave the building to use.
4.06	4	Bedrooms or private living spaces are well ventilated and maintained at a comfortable temperature.
4.06	5	Individuals who choose, in writing, to share a bedroom with another individual in the home are allowed to do so, subject to the usable square feet requirement and the limitation that no more than 4 individuals may share a bedroom.
4.06	6	The PCH provides for safe access of all individuals with varying degrees of functional impairments to living, dining and activity areas within the home. The home has handrails, grab bars, doorways and corridors that accommodate mobility devices (e.g., walkers, motorized scooters, wheelchairs, etc.) and are in good working order.
4.06	7	At least one administrator, on-site manager, or a responsible staff person is on the premises 24 hours per day and available to respond to individuals' needs.
4.06	8	The administrator has designated qualified staff as responsible to act on his/her behalf and to carry out his/her duties in the administrator or on-site manager's absence. No individual is designated as staff.

SUPPORTED EMPLOYMENT SERVICES (SES)

ADMINISTRATION

There are written policies and procedures put into practice that include a well-defined plan to assess and improve organizational quality. Practices ensure a safe and humane environment for individuals that is free of abuse, neglect, and exploitation. Personnel files are complete and accurate. Employees are up to date on required training.

References:
DBHDD Provider Manual for Community Developmental Disabilities Providers, 02-1201,
Reporting Deaths and Other Incidents in Community Services, 04-106

1.01 Quality Improvement

1.01	1	Areas of risk to persons served and to the organization are identified and monitored based on services, supports, treatment or care offered including, but not limited to: (a) incidents and accidents; (b) health and safety; (c) complaints and grievances; (d) individual rights violations; (e) practices that limit freedom of choice or movement; (f) medication management; (g) infection control; (h) Positive Behavior Support Plan tracking and monitoring to include restrictive interventions and efficacy of plan and needed adjustments, recommendations and modifications are made in a timely manner; (i) breaches of confidentiality; (j) protection of Health and Human Rights of persons with developmental disabilities; (k) implementation of ISPs; and (l) community integration.
1.01	2	The quality improvement plan includes processes for how issues are identified.
1.01	3	The quality improvement plan addresses what solutions are implemented.
1.01	4	Any new or additional issues are identified and managed on an ongoing basis.
1.01	5	The organization is able to demonstrate that indicators of performance are in place for each issue, to include: (1) method of routine data collecting and reporting; (2) method of routine measurement; (3) method of routine evaluation; and (4) targets goals/expectations for each indicator.
1.01	6	The organization is able to demonstrate that outcome measurements are determined and reviewed for each indicator on a quarterly basis.
1.01	9	At least four individual records or the records of five percent (5%) of the total number of individuals served (whichever number is greater) are reviewed each quarter and the reviews are kept for a period of at least two years. Records of individuals who are “at risk” are included.
1.01	10	[Individual Record] Reviews include these determinations: (a) That the record is organized; complete, accurate and timely; (b) Whether services are based on assessment and need; (c) That individuals have choices; (d) Documentation of service delivery including individuals’ responses to services and progress toward ISP goal(s); (e) Documentation of health service delivery; (f) Medication management and delivery, including the use of PRN and over the counter PRN medications; and their effectiveness; (g) That approaches implemented for individuals with challenging behaviors are addressed as specified in the Guidelines for Supporting Adults with Challenging Behaviors in Community Settings.
1.01	16	There is a minimum of one (1) direct care staff member or Supported Employment Specialist for every ten (10) individuals served in Group Supported Employment Services and minimum of one (1) direct care staff member or Supported Employment Specialist for every one (1) individual served in Individual Supported Employment

		Services.
1.01	18	There is evidence that internal incidents not required to be reported to DBHDD are recorded and monitored.
1.01	100	The provider submits the IR electronically via Image on the same day as the incident, or the discovery of the incident, or on the next business day if the incident occurred after business hours or on a weekend or holiday.
1.01	101	DBHDD requires that providers implement the Image Safety Plan.

5.01 Personnel Files

5.01	2A	The organization must have procedures and practices for verifying licenses, credentials, experience and competence of staff: (1) There is documentation of implementation of these procedures for all staff attached to the organization; and (2) Licenses and credentials are current as required by the field. It is the responsibility of the employer to verify licensure and/ or certification status.
5.01	4	Direct care staff have evidence of: (1) being 18 years or older; (2) a high school diploma/equivalent (GED or have a minimum score of 75 on the Short Test of Functional Health Literacy for Adults (STOFHLA) or Test of Functional Health Literacy for Adults (TOFHLA); (3) if transporting individuals, a legal license in the State of Georgia with the class of license appropriate to the vehicle operated, no more than two chargeable accidents, moving violations or any DUIs in a three year period within the last five years of the seven year Motor Vehicle Record. (The MVR is obtained before hire and then annually); and (4) driver training.
5.01	5C	An eligibility letter must be obtained before an applicant who will provide direct care services can start working for a DBHDD network provider.
5.01	6B	The DDP staff file must include the following documents: (a) A signed DDP job functions that meet the DDP requirements for oversight and professional consultation; (b) A specified schedule for each site and sufficient contract hours (not a PRN staff) to meet the individual's needs of the assigned caseload must be maintained on site; (c) There is documentation of attestation by the DDP that the scheduled or contracted hours do not conflict with his/her work with another provider agency; and, (d) A copy of diploma, license or certification to verify qualifications for performing DDP job functions is maintained; (e) Annual evaluation of adequacy of the DDP deliverable relative to the agency functions and needs as part of QI activities.
5.01	10	If Supportive Employment Specialist: Have the experience, training, education or skills necessary to meet the individual's needs for Supported Employment services as demonstrated by: (1) Copy of high school diploma/transcript or General Education Development (GED) diploma and at least six (6) months of experience in supported employment of individuals with disabilities and fifteen (15) hours of training in providing supported employment of individuals with disabilities; or high school diploma or GED and one (2) year experience in providing supported employment to individuals with disabilities.

5.02 Staff Training

5.02	1	During the first year of employment, the DDP receives the following training: (1) Individual Service Planning (Person-Centered); (2) Health Risk Screening Tool online training overview; (3) Eight (8) hours of DBHDD sponsored or other training in the area of developmental disabilities on an annual basis.
5.02	2C	Orientation requirements are specified for all staff and are provided prior to direct contact with individuals and are as follows: (1) The purpose, scope of services, supports, care and treatment offered including related policies and procedures; (2) HIPAA and Confidentiality of individual information, both written and spoken; (3) Rights and Responsibilities of individuals; and, (4) Requirements for recognizing and mandatory reporting suspected abuse, neglect or exploitation of any individual; and, (5) Home and Community Based Settings Rule.
5.02	3C	Within the first sixty (60) days from date of hire, all non-designated staff having direct contact with individuals shall receive training in the following: (1) Person centered values, principles and approaches; (2) A holistic approach for providing care, supports and services for the individual; (3) Medical, physical, behavioral and social needs and characteristics of the individuals served; (4) Human Rights and Responsibilities; (5) Promoting positive, appropriate and responsive relationships with persons served, their families and stakeholders; (6) The utilization of: Communication Skills; Nationally benchmarked Behavioral Support and Crisis Intervention techniques for safe utilization of emergency interventions of last resort, with the exception of the use of prone manual or mechanical restraints; and the Georgia Crisis Response System (GCRS) to access crisis services; (7) Cultural Competency Policies; (8) Fire safety; (9) Emergency and disaster plans and procedures; (10) Techniques of Standard Precautions to include: Preventative measures to minimize risk of infectious disease transmission; Use of Personal Protection Equipment (PPE); Sharps Safety (with sharp containers disposed of according to state and local regulated medical waste rules); Environmental Controls for cleaning and disinfecting work surfaces; Skills Guides for handwashing, cleaning up spills, gloves use, and what to do with contaminated supplies; Respiratory Hygiene/Cough Etiquettes for cough, congestion, runny nose or increase production of respiratory secretions; and, Approaches to individual education to include incident reporting and follow-up; (11) First aid and safety; (12) BCLS including both written and hands on competency training; (13) Specific individual

		medications and side effects; (14) Suicide Prevention Skills Training (such as AIM, QPRP); (15) Ethics and Corporate Compliance training is evident; (16) Training to work with individuals who are dually diagnosed, as appropriate; and, (17) Training provided on proper body mechanics for lifting/transferring/positioning as a basic requirement to assist in performing activities of daily living safely.
5.02	4	A minimum of 16 hours of training is completed annually from date of hire that includes but is not limited to the following: (1) human rights and responsibilities; (2) communication skills; (3) nationally benchmarked Behavioral Support and Crisis Intervention techniques for safe utilization of emergency interventions of last resort, with the exception of the use of prone manual or mechanical restraints; (4) fire safety; (5) emergency and disaster plans and procedures; (6) specific individual medications and side effects; and, (7) proper body mechanics for lifting/transferring/positioning as a basic requirement to assist in performing activities of daily living safely
5.02	5A	Staff are trained on individualized specific condition as written in each individual's care plan protocol. Training on risk mitigation plans include, at a minimum, the date, purpose, staff attendees, staff who provided training and content of the training.
5.02	6B	A suggested minimum of two agency representatives are designated to take these three (3) trainings in RELIAS within 45 days after assuming responsibility: (1) Emergency Preparedness for DBHDD Providers; (2) Essentials of Disaster Preparedness Self-Paced; and, (3) Emergency Preparedness Regulations.
5.02	8	The agency has adequate direct care staff with First Aid and CPR certifications to ensure having at least one staff person with these certifications on duty during the provision of services.
5.02	9	All RNs and LPNs are required to complete curriculums in IDD Healthcare at a minimum of six (6) hours of CEUs as orientation training.
5.02	10	At the time of each license or certification renewal, at least 25% of the CEUs (since the prior license or certification renewal) for each licensed or certified staff must be for training in intellectual/developmental disabilities or behavioral supports.

HEALTHCARE

The organization provides comprehensive oversight of the healthcare and medication needs of the individual.

References:
DBHDD Provider Manual for Community Developmental Disabilities Providers, 02-1201;
Risk Mitigation of Health Conditions or Vulnerabilities in Intellectual and/or Developmental Disability (I/DD) Services, 02-807;
NOW and COMP Waiver Manuals

2.01 Healthcare Management		
2.01	6A	The individual's information shall include the name of the individual, precautions, allergies (or no known allergies – NKA) and "volume #x of #y" on the front of the record.
2.01	17	The organization follows the protocols, risk mitigation and healthcare plans in place for each individual.
2.01	18	Organizations not required to contract with licensed skilled nurses, have a responsibility to mitigate risk and implement safeguards to promote the health and safety of individuals receiving services. A risk mitigation document must be developed by the provider to include: (1) Date of creation; (2) Date of any applicable updates to the document; (3) Individual demographic information; (4) Allergies or No Known Allergies (NKA); (5) Statement and description of known condition, risks and diagnoses; (6) Any applicable individualized action steps to be taken when needed; (7) Communication plan (e.g., who to contact when there is an identified risk or change in condition); and (8) Contact details for primary caregiver(s) and responsible parties.
2.01	19	The risk mitigation document must be reviewed and updated at least annually or when there is change in intervention needed to mitigate risk.

2.02 Medication Management		
2.02	6	The "Eight Rights" for each medication administration are implemented to verify the: (1) Right person: check the name on the order and the individual and include the use of at least two identifiers; (2) Right medication: check the medication label against the order; (3) Right time: check the frequency and time to be given of the ordered medication and double check that the ordered dose is given at the correct time. Confirm when last dose was given; (4) Right dose: includes verification of the physician's medication order of dosage amount of the medication; with the label on the prescription medication container and the Medication Administration Record (MAR) document to ensure all are the same; (5) Right route: check the order and appropriateness of route ordered and confirm that the individual can take or receive the medication by the ordered route; (6) Right position: the correct anatomical position for the medication method or route to ensure its proper effect, instillation and retention. If needed, individual should be assisted to assume the correct position; (7) Right documentation: document the administration/supervision after the ordered medication is given on the MAR; and (8) Right to Refuse Medication: includes staff responsibilities to encourage compliance, document the refusal, and report the refusal to the administration, nurse administrator, and physician.
2.02	7	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: a) Name of the medication; b) Dose as ordered; c) Route as ordered; d) Time of day as ordered; and, e) Special instructions accompanying the order, if any.
2.02	8A	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 MAR and include but may not be limited to: (i). Documentation by calendar month that is sequential according to the days of the month; (ii). 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: (a) Name of medication; (b) Dose as ordered; (c) Route as ordered; (d) Purpose of the medication; and (e) Frequency that the medication may be taken. (iii). The date and time the medication is taken or received is documented for each use. (iv). 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 is documented.
2.02	9	MAR Recording: 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 medications, refused and missing doses, making corrections, and a legend for recording. The legend includes initials, signature and title of staff member.
2.02	12	Supervision of individual self-administration: 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, each time, and supervision of individual self-administration occurs. 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. Where medications are self-administered, protocols are defined for training to support individual self-administration of medication.
2.02	13A	The organization must maintain safe storage of medications as required by law including single and double locks.
2.02	14A	The organization maintains safe storage of refrigerated medications with refrigeration between 36 and 41 degrees Fahrenheit and daily temperature logs.
2.02	15	All controlled substances are double locked.
2.02	17	The individual's name, allergies and precautions must be flagged on the medication administration record.

INDIVIDUAL CARE AND TREATMENT

There are written policies and procedures put into practice that safeguard the rights and responsibilities of individuals served. Accurate records of services provided are kept. Behavioral challenges are managed on an on-going basis.

References:
DBHDD Provider Manual for Community Developmental Disabilities Providers, 02-1201

3.01 Individual Care and Treatment

3.01	1	There is documentation of individualized preferences, person-centered integration, informed choice, autonomy and inclusion in the community.
3.01	2A	There is evidence of the individual or legal guardian's signature on notification that all individuals are informed about their rights and responsibilities: (a) At the onset of services, supports, care and treatment; (b) At least annually during care; (c) Through written information that is well prepared in a language/format understandable by the individual; and, (d) How confidentiality will be addressed including but not limited to who they wish to be informed about their services, supports, care and treatment.
3.01	3A	DDP documentation must include necessary face-to-face participant visits, other contact or communication with or on behalf of the participants in the participant's record; the purpose of the visit or contact, assessment or evaluation, training, plan for intervention, and any changes in service delivery such as a change in staff recommendations; and meet documentation requirements of date, location of service delivery, signature (title), beginning, and ending time when the service was provided.
3.01	4	The individual record is a legal document, information in the record should be dated, timed, and authenticated with the authors identified by name, credential and by title. Notes entered retroactively into the record after an event or a shift must be identified as a "late entry."
3.01	7	The record includes emergency contact information and legal documentation regarding guardianship.
3.01	8	Documentation is completed each shift or service contact by staff providing the service.
3.01	9	The organization implements the applicable goals at the frequency identified by the ISP.
3.01	10A	Individual's information shall include progress notes describing progress toward goal(s), including: (i) implementation of interventions specified in the plan; (ii) the individual's response to the intervention or activity based on data; and (iii) date, location, and the beginning and ending time when the service was provided. For continuity of care, at a minimum, the current ISP review span progress notes must be maintained on site. Event notes must document: (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 findings of follow-up and strategies to avoid future missed appointments; (v) records or reports from previous or other current providers; and (vi) correspondence.
3.01	11	Documentation tells an accurate story of services, supports, care and treatment rendered and the individual's response.
3.01	12	The individual's data from progress notes or tracking sheets and learning logs have been reviewed, analyzed and summarized to determine progress at least quarterly.
3.01	13	If permitted, Manual/Personal Restraint (ten seconds or more), shall not exceed fifteen (15) minutes beyond which time the person is no longer a danger to self or to others, and use of personal restraint is documented. The length of time permitted to use manual/personal restraints for any one episode shall not exceed one (1) hour. Consecutive periods of manual restraints, which have the effect of restraining the resident in excess of one hour are prohibited.
3.01	14	A copy of the individual's PBSP is available at the provider's service sites where services to the individual are delivered.
3.01	15E	A minimum of one (1) direct care staff member or Supported Employment Specialist for every ten (10) individuals served in Group Supported Employment Services and minimum of one (1) direct care staff member or Supported Employment Specialist for every one (1) individual served in Individual Supported Employment Services.
3.01	16A	All organizations must have the capacity to address individual's behavioral needs. If the cause of the challenging behavior(s) cannot be determined or satisfactorily addressed by the provider, there should be evidence of DBHDD Clinical Assessment of Behavior Support Needs (CABS) and consultation with an outside professional who is licensed or qualified through education, supervised training and experience to address the behavior(s) needs of the individual.
3.01	17	Behavioral support plans are implemented to reduce inappropriate behavior and to acquire alternative skills and behaviors.
3.01	28	Documentation of Supported Employment services must include the following elements in the record of each individual: a. Specific activity, training, or assistance provided; b. Date and the beginning and ending time of day when the service was delivered; c. Location where the service was delivered; 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. Supervisory note documenting licensure-level required supervision of the direct support personnel; f. Progress towards the individual's independence as documented in the individual's ISP.

3.01	29	Plan of Service outcome goals include: i. Increases in hours worked by each individual toward the goal of 40 hours per week; ii. Frequent opportunities for each individual to interact with non-disabled peers during the normal performance of the job and/or during breaks, lunch periods, or travel to and from work; and iii. Increases in wages of each individual toward the goal of increased financial independence.
3.01	30	There is a plan of service and support to include: a. Based on the individual's needs, preferences, and informed choice; b. To allow for flexibility in the amount of support a individual receives over time and as needed in various work sites; c. With attention to the health and safety of the individual; and, d. In accordance with the Fair Labor Standards Act, if applicable, to include documentation of sub-minimum wage.

PREVOCATIONAL SERVICES (PREVOC)

ADMINISTRATION

There are written policies and procedures put into practice that include a well-defined plan to assess and improve organizational quality. Practices ensure a safe and humane environment for individuals that is free of abuse, neglect, and exploitation. Personnel files are complete and accurate. Employees are up to date on required training.

References:
DBHDD Provider Manual for Community Developmental Disabilities Providers, 02-1201,
Reporting Deaths and Other Incidents in Community Services, 04-106

1.01 Quality Improvement

1.01	1	Areas of risk to persons served and to the organization are identified and monitored based on services, supports, treatment or care offered including, but not limited to: (a) incidents and accidents; (b) health and safety; (c) complaints and grievances; (d) individual rights violations; (e) practices that limit freedom of choice or movement; (f) medication management; (g) infection control; (h) Positive Behavior Support Plan tracking and monitoring to include restrictive interventions and efficacy of plan and needed adjustments, recommendations and modifications are made in a timely manner; (i) breaches of confidentiality; (j) protection of Health and Human Rights of persons with developmental disabilities; (k) implementation of ISPs; and (l) community integration.
1.01	2	The quality improvement plan includes processes for how issues are identified.
1.01	3	The quality improvement plan addresses what solutions are implemented.
1.01	4	Any new or additional issues are identified and managed on an ongoing basis.
1.01	5	The organization is able to demonstrate that indicators of performance are in place for each issue, to include: (1) method of routine data collecting and reporting; (2) method of routine measurement; (3) method of routine evaluation; and (4) targets goals/expectations for each indicator.
1.01	6	The organization is able to demonstrate that outcome measurements are determined and reviewed for each indicator on a quarterly basis.
1.01	9	At least four individual records or the records of five percent (5%) of the total number of individuals served (whichever number is greater) are reviewed each quarter and the reviews are kept for a period of at least two years. Records of individuals who are "at risk" are included.
1.01	10	[Individual Record] Reviews include these determinations: (a) That the record is organized; complete, accurate and timely; (b) Whether services are based on assessment and need; (c) That individuals have choices; (d) Documentation of service delivery including individuals' responses to services and progress toward ISP goal(s); (e) Documentation of health service delivery; (f) Medication management and delivery, including the use of PRN and over the counter PRN medications; and their effectiveness; (g) That approaches implemented for individuals with challenging behaviors are addressed as specified in the Guidelines for Supporting Adults with Challenging Behaviors in Community Settings.
1.01	18	There is evidence that internal incidents not required to be reported to DBHDD are recorded and monitored.
1.01	100	The provider submits the IR electronically via Image on the same day as the incident, or the discovery of the incident, or on the next business day if the incident occurred after business hours or on a weekend or holiday.
1.01	101	DBHDD requires that providers implement the Image Safety Plan.

5.01 Personnel Files

5.01	2A	The organization must have procedures and practices for verifying licenses, credentials, experience and competence of staff: (1) There is documentation of implementation of these procedures for all staff attached to the organization; and (2) Licenses and credentials are current as required by the field. It is the responsibility of the employer to verify licensure and/ or certification status.

5.01	4	Direct care staff have evidence of: (1) being 18 years or older; (2) a high school diploma/equivalent (GED or have a minimum score of 75 on the Short Test of Functional Health Literacy for Adults (STOFHLA) or Test of Functional Health Literacy for Adults (TOFHLA); (3) if transporting individuals, a legal license in the State of Georgia with the class of license appropriate to the vehicle operated, no more than two chargeable accidents, moving violations or any DUIs in a three year period within the last five years of the seven year Motor Vehicle Record. (The MVR is obtained before hire and then annually); and (4) driver training.
5.01	5C	An eligibility letter must be obtained before an applicant who will provide direct care services can start working for a DBHDD network provider.
5.01	6B	The DDP staff file must include the following documents: (a) A signed DDP job functions that meet the DDP requirements for oversight and professional consultation; (b) A specified schedule for each site and sufficient contract hours (not a PRN staff) to meet the individual's needs of the assigned caseload must be maintained on site; (c) There is documentation of attestation by the DDP that the scheduled or contracted hours do not conflict with his/her work with another provider agency; and, (d) A copy of diploma, license or certification to verify qualifications for performing DDP job functions is maintained; (e) Annual evaluation of adequacy of the DDP deliverable relative to the agency functions and needs as part of QI activities.

5.02 Staff Training

5.02	1	During the first year of employment, the DDP receives the following training: (1) Individual Service Planning (Person-Centered); (2) Health Risk Screening Tool online training overview; (3) Eight (8) hours of DBHDD sponsored or other training in the area of developmental disabilities on an annual basis.
5.02	2C	Orientation requirements are specified for all staff and are provided prior to direct contact with individuals and are as follows: (1) The purpose, scope of services, supports, care and treatment offered including related policies and procedures; (2) HIPAA and Confidentiality of individual information, both written and spoken; (3) Rights and Responsibilities of individuals; and, (4) Requirements for recognizing and mandatory reporting suspected abuse, neglect or exploitation of any individual; and, (5) Home and Community Based Settings Rule.
5.02	3C	Within the first sixty (60) days from date of hire, all non-designated staff having direct contact with individuals shall receive training in the following: (1) Person centered values, principles and approaches; (2) A holistic approach for providing care, supports and services for the individual; (3) Medical, physical, behavioral and social needs and characteristics of the individuals served; (4) Human Rights and Responsibilities; (5) Promoting positive, appropriate and responsive relationships with persons served, their families and stakeholders; (6) The utilization of: Communication Skills; Nationally benchmarked Behavioral Support and Crisis Intervention techniques for safe utilization of emergency interventions of last resort, with the exception of the use of prone manual or mechanical restraints; and the Georgia Crisis Response System (GCRS) to access crisis services; (7) Cultural Competency Policies; (8) Fire safety; (9) Emergency and disaster plans and procedures; (10) Techniques of Standard Precautions to include: Preventative measures to minimize risk of infectious disease transmission; Use of Personal Protection Equipment (PPE); Sharps Safety (with sharp containers disposed of according to state and local regulated medical waste rules); Environmental Controls for cleaning and disinfecting work surfaces; Skills Guides for handwashing, cleaning up spills, gloves use, and what to do with contaminated supplies; Respiratory Hygiene/Cough Etiquettes for cough, congestion, runny nose or increase production of respiratory secretions; and, Approaches to individual education to include incident reporting and follow-up; (11) First aid and safety; (12) BCLS including both written and hands on competency training; (13) Specific individual medications and side effects; (14) Suicide Prevention Skills Training (such as AIM, QPRP); (15) Ethics and Corporate Compliance training is evident; (16) Training to work with individuals who are dually diagnosed, as appropriate; and, (17) Training provided on proper body mechanics for lifting/transferring/positioning as a basic requirement to assist in performing activities of daily living safely.
5.02	4	A minimum of 16 hours of training is completed annually from date of hire that includes but is not limited to the following: (1) human rights and responsibilities; (2) communication skills; (3) nationally benchmarked Behavioral Support and Crisis Intervention techniques for safe utilization of emergency interventions of last resort, with the exception of the use of prone manual or mechanical restraints; (4) fire safety; (5) emergency and disaster plans and procedures; (6) specific individual medications and side effects; and, (7) proper body mechanics for lifting/transferring/positioning as a basic requirement to assist in performing activities of daily living safely
5.02	5A	Staff are trained on individualized specific condition as written in each individual's care plan protocol. Training on risk mitigation plans include, at a minimum, the date, purpose, staff attendees, staff who provided training and content of the training.
5.02	6B	A suggested minimum of two agency representatives are designated to take these three (3) trainings in RELIAS within 45 days after assuming responsibility: (1) Emergency Preparedness for DBHDD Providers; (2) Essentials of Disaster Preparedness Self-Paced; and, (3) Emergency Preparedness Regulations.
5.02	8	The agency has adequate direct care staff with First Aid and CPR certifications to assure having at least one staff person with these certifications on duty during the provision of services.

5.02	9	All RNs and LPNs are required to complete curriculums in IDD Healthcare at a minimum of six (6) hours of CEUs as orientation training.
5.02	10	At the time of each license or certification renewal, at least 25% of the CEUs (since the prior license or certification renewal) for each licensed or certified staff must be for training in intellectual/developmental disabilities or behavioral supports.

HEALTHCARE

The organization provides comprehensive oversight of the healthcare and medication needs of the individual.

References:
DBHDD Provider Manual for Community Developmental Disabilities Providers, 02-1201;
Health Risk Screening Tool (HRST), 02-803;
Risk Mitigation of Health Conditions or Vulnerabilities in Intellectual and/or Developmental Disability (I/DD) Services, 02-807;
DCH Rules and Regulations for Proxy Caregivers used in Licensed Healthcare Facilities;
NOW and COMP Waiver Manuals

2.01 Healthcare Management

2.01	4	Episodic updates are conducted for individuals experiencing medical or behavioral changes or incidents throughout the year that affect one or more of the 22 rating items and/or the Diagnosis and/or Medication section(s) of the HRST. The HRST must be completed or updated by the designated service provider 90-120 days prior to the ISP expiration date.
2.01	6A	The individual's information shall include the name of the individual, precautions, allergies (or no known allergies – NKA) and "volume #x of #y" on the front of the record.
2.01	7A	The written informed consent must contain the following information: (a) a definition of health maintenance activities as set forth in the law; (b) the actual health maintenance activities to be performed; (c) an explanation that such health maintenance activities are to be provided pursuant to the written orders of an attending physician, advance practice registered nurse or physician's assistant working under protocol or job description as further detailed in the written plan of care; (d) the name(s) of the proxy caregiver(s) who are being authorized to provide health maintenance activities; (e) a disclosure that Georgia law now allows licensed healthcare professionals to train unlicensed proxy caregivers to provide the specific health maintenance activities listed on the written plan of care; (f) an acknowledgement that proxy caregivers are not licensed healthcare professionals and do not have the same education and training as licensed healthcare professionals. Therefore, there may be additional health risks associated with receiving this care from proxy caregivers who may not recognize an important change in the individual's medical condition requiring assessment and/or treatment; (g) an acknowledgment that the individual with a disability, or the legally authorized representative consents and is willing to take such risks; (h) that the informed consent is conditioned upon the proxy caregiver(s) being determined by an appropriately qualified licensed healthcare professional to have the knowledge and skills necessary to perform safely the specific health maintenance activities listed on the consent; (i) a statement that the informed consent for any proxy caregiver designated to deliver health maintenance activities may be withdrawn orally or in writing by the individual with a disability or the legally authorized representative by informing the proxy caregiver and any licensed facility through which the proxy caregiver may be operating; and, (j) an authorization for such health maintenance activities to be provided which is signed and dated by the individual with a disability or the legally authorized representative.
2.01	8A	Where the licensed facility employs, contracts or refers proxy caregivers to deliver health maintenance activities to individuals with disabilities receiving services through the licensed facility, the licensed facility must maintain written evidence of satisfactory performances on initial and annual skills competency determinations utilizing skills competency checklists which have either been made available by the department or developed and completed by appropriately licensed healthcare professionals. The competency-based skills checklists must reflect a testing of the knowledge and observation of the skills associated with the completion of all of the discrete tasks necessary to do the specific health maintenance activity in accordance with accepted standards of care.
2.01	9A	Where the licensed facility employs, contracts or refers proxy caregivers to deliver health maintenance activities to individuals with disabilities receiving services through the licensed facility, the licensed facility must ensure that a written plan of care is developed for the individual with a disability by a licensed healthcare professional in accordance with the written orders of an attending physician, an advanced practice registered nurse or physician's assistant working under a nurse protocol agreement or job description respectively, and that such plan of care specifies the frequency of training and evaluation requirements for the proxy caregiver and when additional training will be required for new duties added to the written plan of care for which the proxy caregiver has not been previously trained. The Written Plan of Care must be updated annually.

2.01	10	The use of adaptive supportive devices or medical protective devices (devices which restrain movement but are applied for the protection of accidental injury, required for medical treatment or for corrective/supportive needs. The adaptive equipment must have a physician's order (order not to exceed twelve (12) calendar months) and include rationale and instructions for the use of the device.
2.01	17	The organization follows the protocols, risk mitigation and healthcare plans in place for each individual.
2.01	18	Organizations not required to contract with licensed skilled nurses, have a responsibility to mitigate risk and implement safeguards to promote the health and safety of individuals receiving services. A risk mitigation document must be developed by the provider to include: (1) Date of creation; (2) Date of any applicable updates to the document; (3) Individual demographic information; (4) Allergies or No Known Allergies (NKA); (5) Statement and description of known condition, risks and diagnoses; (6) Any applicable individualized action steps to be taken when needed; (7) Communication plan (e.g., who to contact when there is an identified risk or change in condition); and (8) Contact details for primary caregiver(s) and responsible parties.
2.01	19	The risk mitigation document must be reviewed and updated at least annually or when there is change in intervention needed to mitigate risk.
2.01	23	Where a new medication is ordered, a licensed healthcare professional must be contacted to ensure that no additional training is required prior to the caregiver providing assistance with the new medication. The date, time and the outcome of the contact with the licensed healthcare professional must be documented in the individual's record. Where additional training is required prior to the caregiver providing assistance, such training will be provided and documented by a licensed healthcare professional.
2.01	24	For medication administration, the current Medication Administration Record (MAR) at the time the Plan of Care is written and signed is attached.
2.01	25	Where the licensed facility employs, contracts or refers proxy caregivers to deliver health maintenance activities to individuals with disabilities receiving services through the licensed facility, the licensed facility must ensure the scope of the health maintenance activities that proxy caregivers are permitted to perform. Health maintenance activities are those activities that do not include complex care such as administration or intravenous medications, central line maintenance, and complex wound care; do not require complex observations or critical decisions; can be safely performed and have reasonable precise, unchanging directions; and, have outcomes or results that are reasonably predictable.

2.02 Medication Management

2.02	2	All PRN or "as needed" medications will be accessible for each individual on site as per his/her prescriber(s) order(s) and as defined in the individual's ISP.
2.02	5	A current 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: (a) Regular, on-going medications; (b) Controlled substances; (c) PRN (as needed) Over-the-counter (OTC) medications; (d) PRN medications (does not include standing orders for psychotropic medications for symptom management of behavior); or, (e) Discontinuance order.
2.02	6	The "Eight Rights" for each medication administration are implemented to verify the: (1) Right person: check the name on the order and the individual and include the use of at least two identifiers; (2) Right medication: check the medication label against the order; (3) Right time: check the frequency and time to be given of the ordered medication and double check that the ordered dose is given at the correct time. Confirm when last dose was given; (4) Right dose: includes verification of the physician's medication order of dosage amount of the medication; with the label on the prescription medication container and the Medication Administration Record (MAR) document to ensure all are the same; (5) Right route: check the order and appropriateness of route ordered and confirm that the individual can take or receive the medication by the ordered route; (6) Right position: the correct anatomical position for the medication method or route to ensure its proper effect, instillation and retention. If needed, individual should be assisted to assume the correct position; (7) Right documentation: document the administration/supervision after the ordered medication is given on the MAR; and (8) Right to Refuse Medication: includes staff responsibilities to encourage compliance, document the refusal, and report the refusal to the administration, nurse administrator, and physician.
2.02	7	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: a) Name of the medication; b) Dose as ordered; c) Route as ordered; d) Time of day as ordered; and, e) Special instructions accompanying the order, if any.
2.02	8A	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 MAR and include but may not be limited to: (i). Documentation by calendar month that is sequential according to the days of the month; (ii). 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: (a) Name of medication; (b) Dose as ordered; (c) Route as ordered; (d) Purpose of the medication; and (e) Frequency that the medication may be taken. (iii). The date and time the medication is taken or received is documented for each use. (iv). 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 is documented.
2.02	9	MAR Recording: 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 medications, refused and missing doses, making corrections, and a legend for recording. The legend includes initials, signature and title of staff member.
2.02	10A	There is documented accountability of controlled substances at all stages of possession.
2.02	11	Administration of medications may be done only by those who are licensed in this state [Georgia] to do so.
2.02	12	Supervision of individual self-administration: 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, each time, and supervision of individual self-administration occurs. 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. Where medications are self-administered, protocols are defined for training to support individual self-administration of medication.
2.02	13A	The organization must maintain safe storage of medications as required by law including single and double locks.
2.02	14A	The organization maintains safe storage of refrigerated medications with refrigeration between 36 and 41 degrees Fahrenheit and daily temperature logs.
2.02	15	All controlled substances are double locked.
2.02	16	Medications are kept in original containers with original labels intake or in labeled bubble packs from a pharmacy.
2.02	17	The individual's name, allergies and precautions must be flagged on the medication administration record.

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There are written policies and procedures put into practice that safeguard the rights and responsibilities of individuals served. Accurate records of services provided are kept. Behavioral challenges are managed on an on-going basis.

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3.01	1	There is documentation of individualized preferences, person-centered integration, informed choice, autonomy and inclusion in the community.
3.01	2A	There is evidence of the individual or legal guardian's signature on notification that all individuals are informed about their rights and responsibilities: (a) At the onset of services, supports, care and treatment; (b) At least annually during care; (c) Through written information that is well prepared in a language/format understandable by the individual; and, (d) How confidentiality will be addressed including but not limited to who they wish to be informed about their services, supports, care and treatment.
3.01	3A	DDP documentation must include necessary face-to-face participant visits, other contact or communication with or on behalf of the participants in the participant's record; the purpose of the visit or contact, assessment or evaluation, training, plan for intervention, and any changes in service delivery such as a change in staff recommendations; and meet documentation requirements of date, location of service delivery, signature (title), beginning, and ending time when the service was provided.
301	4	The individual record is a legal document, information in the record should be dated, timed, and authenticated with the authors identified by name, credential and by title. Notes entered retroactively into the record after an event or a shift must be identified as a "late entry."
3.01	7	The record includes emergency contact information and legal documentation regarding guardianship.
3.01	8	Documentation is completed each shift or service contact by staff providing the service.
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3.01	11	Documentation tells an accurate story of services, supports, care and treatment rendered and the individual's response.
3.01	12	There is evidence that the person's data from documentation has been reviewed, analyzed for trends, and summarized to determine the progress toward goal(s) at least quarterly.

3.01	13	If permitted, Manual/Personal Restraint (ten seconds or more), shall not exceed fifteen (15) minutes beyond which time the person is no longer a danger to self or to others, and use of personal restraint is documented. The length of time permitted to use manual/personal restraints for any one episode shall not exceed one (1) hour. Consecutive periods of manual restraints, which have the effect of restraining the resident in excess of one hour are prohibited.
3.01	14	A copy of the individual's PBSP must be available at all service sites for implementation.
3.01	15D	The staff to individual ratio for facility-based Prevocational Services cannot exceed one (1) to ten (10). The staff to individual ratio for Mobile Crew Prevocational Services cannot exceed one (1) to six (6).
3.01	16A	All organizations must have the capacity to address individual's behavioral needs. If the cause of the challenging behavior(s) cannot be determined or satisfactorily addressed by the provider, there should be evidence of DBHDD Clinical Assessment of Behavior Support Needs (CABS) and consultation with an outside professional who is licensed or qualified through education, supervised training and experience to address the behavior(s) needs of the individual.
3.01	17	Behavioral support plans are implemented to reduce inappropriate behavior and to acquire alternative skills and behaviors.
3.01	27	Documentation of Prevocational services must include the following elements in the record of each individual: a. Specific activity, training, or assistance provided; b. Date and the beginning and ending time of day when the service was delivered; c. Location where the service was delivered; 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 moving the individual towards independence by meeting the individual ISP.

SERVICE SPECIFIC - Prevoc

There are written policies and procedures put into practice that ensure a clean, safe, and emergency prepared environment for the individuals served.

References:
DBHDD Provider Manual for Community Developmental Disabilities Providers, 02-1201;
Disaster Preparedness, Response, and Disaster Recovery Requirements for Community Providers, 04-102

4.01 Emergency Preparedness

4.01	1	[Emergency Preparedness] Plans include detailed information regarding evacuating, transporting and relocating individuals that coordinate with the local Emergency Management Agency and at a minimum address: (i) Medical emergencies; (ii) Missing persons (Georgia's Mattie's Call Act provides for an alert system when an individual with I/DD, dementia, or other cognitive impairment is missing. Law requires residences to notify law enforcement within thirty (30) minutes of discovering a missing individual); (iii) Natural and man-made disasters; (iv) Power failures; (v) Continuity of medical care as required; and, (vi) Notifications to families or designees. Emergency preparedness notice and plans are reviewed annually.
4.01	2F	The emergency preparedness plans are tested at least quarterly for emergencies that occur locally on a less frequent basis such as, but not limited to flood, tornado or hurricane. Plans are drilled more frequently if there is a greater potential for the emergency.
4.01	3C	Fire drills are conducted for individuals and staff: (i) Once a month at alternative times; including; (ii) Twice a year during sleeping hours if residential services; and, (iii) All fire drills shall be documented with staffing involved.
4.01	4	Supplies needed for emergency evacuation are accessible and include individual (s) information, family contact information and current copies of physician's orders for all individuals' medications.
4.01	5A	There are 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 that includes: Safe use of lift, seat belts, tie downs and any other safety equipment if applicable; Availability of first aid kits and seat belt cutter; and, Fire suppression equipment.
4.01	6	The organization has documentation of an attendance log for transporting individuals that includes documentation of boarding and exit time of individuals and the beginning location and destination.

4.02, 4.0, 4.09 Environment of Care

4.02	1C	The building is in good repair and clean inside and outside of the facility, including being free from liter, extraneous materials, unsightly or injurious accumulations of items and free from pest and rodents.
4.02	10B	There is adequate lighting for individuals' activities and safety.
4.08	5	There are at least two handicap-accessible toilets and lavatories available for the use of individuals, including installed grab bars.
4.08	8	The facility is adequately ventilated at all times by either mechanical or natural means to provide fresh air and the control of unpleasant odors.

4.08	9	There is sufficient furniture for use by individuals, which provides comfort and safety; is appropriate for the population served, including any individuals with physical, visual, and mobility limitations; and provides adequate seating and table space for individual activities in the facility, including dining if applicable; Is accessible to and usable by individuals and meets Americans with Disabilities Act (ADA) accessibility requirements for facilities.
4.09	1	There is adequate floor space to safely and comfortably accommodate the number of individuals for all activities and services provided in that space.
4.09	3	There is an adequate central heating and cooling system or its equivalent at temperature ranges that are consistent with the individual health needs and comfort of individuals.
4.09	5	Meals and snacks are prepared either on site or under subcontract with an outside vendor who agrees to comply with the food and nutritional requirements. The facility posts its current Food Service Permit and inspection report or the subcontracted vendor's current Food Service Permit and inspection report. Note. The Department will allow the facility to be exempted from the Food Service Permit requirement if all the facility does is use a microwave to heat up food participants bring to the facility. This exception is allowed only if: (1) The microwave oven is clean, in good repair, and free of unsanitary conditions, (2) The microwave oven is allowed for warming of permitted foods and beverages based on the provider's internal policies and procedures, and (3) All food and utensils are handled in a sanitary manner.