

Individual Quality Outcome Measures Review: User's Guide

Directions: For each focus area item, follow the steps below.

Be mindful that this review is a snapshot of what has occurred with the waiver participant from the time of the previous review until the time of this review (ex. within the past month, within the past quarter).

GATHER INFORMATION

- ✓ Observe and interact with the individual as it relates to the focus area item reviewed
- ✓ Observe the environment for evidence pertaining to the item reviewed
- ✓ Review any pertinent documentation relating to the item reviewed
- ✓ Engage in discussion with staff members or natural supports who may have information on the item reviewed. Observe staff/natural supports' interaction with the individual as it relates to the item reviewed.

OUTCOME EVALUATION: RECOGNIZE, REFER and ACT

- ✓ If all *essential elements* of the item have been met without concern and services/supports are being provided in an adequate manner, select **Acceptable**. Describe in the **Comments** section how your review led you to assess the item as **Acceptable**.
- ✓ If there are Successes or Positive Outcomes identified in any area of the review, enter details within the **Comments** box.
- ✓ If a concern/issue/deficit presents and it appears that the same finding can be captured in multiple items, capture the information in the item where it is most evident. Do not open **Coaching/Referrals** for multiple items for the same finding. In the **Comments** for the additional item(s), indicate "See coaching/referral for #__.
- ✓ For every concern/issue/deficit identified on any item, ask the provider/natural support if there is a plan in place to correct the issue identified (either at the time of the visit or after the visit, as a follow-up call to the appropriate party). If there is a plan in place to correct the identified issue and the plan includes a reasonable time frame (based on the SC's judgment), the SC should work together with the provider/natural support to decide on a target closure date. The time frame must align with the severity of the issue identified.
- ✓ If there are concerns/issues/deficits relating to the item reviewed, describe them in detail in the **Comments** box. Additionally, describe any steps being taken by the provider or natural support to address any concerns/issues/deficits observed and any barriers they have encountered in resolving the issue.
- ✓ Suggestions for **Coaching/Referrals** and **Target Closure Dates** are suggestions only. Please use your professional judgment to determine if the risk associated with the concern/issue/deficit warrants an earlier closure date or a more immediate action needed. Consult with your SC Supervisor, if there are **ANY** questions relating to risk tolerance.
- ✓ It is implicit in the **Recognize, Refer and Act** process that all SC's will provide **Coaching** in conjunction with any **Referral** opened. SC's should discuss with a provider why a referral is being made and coach them on developing a plan to resolve the issue.
- ✓ For every open **Coaching** or **Referral**, the SC is responsible for adding a note in CIS about the progress toward resolving the concern/issue/deficit at a minimum of **every month** until it is closed.
- ✓ If a reportable critical incident is identified, the SC is required to follow the steps outlined in **DBHDD Policy 04-106 - Reporting and Investigating Deaths and Critical Incidents in Community Services** (<https://gadbdd.policystat.com>)

Environment		Concerns Identified (Essential Elements)	Coaching/Referral Suggestions	Suggested Target Date for Closure
1	Is the home/site accessible to the individual?	Barriers preventing safe exit from the home (fire hazard)	Non-Clinical Referral- Unacceptable with critical deficiencies	Refer to FO 60 days
		Isolation as the result of internal barriers	Non-Clinical Referral- Unacceptable with critical deficiencies	Refer to FO 60 days
		Internal barriers that present safety hazards (ex. 2 nd floor bedroom)	Coaching-Acceptable with non-critical deficiencies	90 days (Then Non-Clinical Referral)
		Barriers to internal access limiting independence and full use of the residence/site	Coaching-Acceptable with non-critical deficiencies	90 days (Then Non-Clinical Referral)
		Restrictions limiting free access to parts of the home (locks, signs or staff limiting presence in certain areas)	Non-Clinical Referral- Unacceptable with critical deficiencies	30 days (Then Refer to FO)
		Bathroom modifications needed for safety	Coaching-Acceptable with non-critical deficiencies	90 days (Then Non-Clinical Referral)
		Smaller modifications needed for safety and independence (grab bars, non-slip mats)	Coaching-Acceptable with non-critical deficiencies	30 days (Then Non-Clinical Referral)
		Modifications needed relating to hearing/visual impairments.	Non-Clinical Referral- Unacceptable with critical deficiencies	Refer to FO 30 days
2	Does the individual have access to privacy; including, but not limited to, personal care, visitors, discussions, mail, and/or other communications?	Another resident is consistently intruding on the individual's private bedroom without permission (Is staff redirecting the other resident to prevent their access?)	Coaching-Acceptable with non-critical deficiencies	30 days (Then Non-Clinical Referral)
		Individual indicates that staff person is consistently entering their bedroom without receiving permission	Coaching-Acceptable with non-critical deficiencies	30 days (Then Non-Clinical Referral)
		Individual is prevented from having private conversations without eavesdropping	Coaching-Acceptable with non-critical deficiencies	30 days (Then Non-Clinical Referral)
		Individual is provided personal care supports in a manner that does not allow for dignity and privacy	Coaching-Acceptable with non-critical deficiencies	30 days (Then Non-Clinical Referral)
		Individual is not allowed privacy to meet with visitors	Coaching-Acceptable with non-critical deficiencies	30 days (Then Non-Clinical Referral)

		Individual has cognitive capacity to receive/review their own mail, but staff are not allowing access	Coaching-Acceptable with non-critical deficiencies	30 days (Then Non-Clinical Referral)
3	The home setting allows the individual the option to have a private bedroom.	Individual wants to have a private bedroom and does not have a private bedroom	Coaching-Acceptable with non-critical deficiencies	90 days (then Non-Clinical Referral)
		<i>*If it is the individual's choice to share a bedroom with someone (free of coercion), no action is needed.</i>		
4	Are all assistive technologies being utilized as planned and in good working order?	Individual has assistive technology, but they are not being supported to use it as indicated	Coaching-Acceptable with non-critical deficiencies	60 days (then Clinical Referral)
		Individual has assistive technology, but it is broken or not in good working order	Coaching-Acceptable with non-critical deficiencies	60 days (then Clinical Referral)
		Individual does not have needed assistive technology or the AT they have is not appropriate for their needs	Clinical Referral-Unacceptable with critical deficiencies	60 days (Assessment Needed)
5	Does the individual have adequate clothing, food, and supplies available to accommodate the individual's needs and/or preferences/choices?	Food is not in adequate supply	Coaching-Acceptable with non-critical deficiencies	24 hours (then Non-Clinical Referral)
		Individual's access to food is restricted without a doctor's order related to diet or indication in ISP	Coaching-Acceptable with non-critical deficiencies	Resolution needed in 24 hours. If doctor order or ISP addendum needed, need plan to correct within 72 hours
		Individual is unsatisfied with availability of food options/choice	Coaching-Acceptable with non-critical deficiencies	30 days (Coach provider to increase reasonable choice. If ongoing, Nonclinical referral after 30 days)
		Limited access to clothing or limited supply of options of needed clothing	Coaching-Acceptable with non-critical deficiencies	7 days (If not resolved, Non-clinical referral)
		Household toiletry items, clean linens or other supplies not available, as needed	Coaching-Acceptable with non-critical deficiencies	7 days (If not resolved, Non-clinical referral)
6	Is the Residential/Day setting clean, safe and appropriate for the individual's needs and preferences?	Cleanliness concerns observed	Coaching-Acceptable with non-critical deficiencies	72 hours to resolve or develop plan to correct (Non-Clinical referral if not resolved)

6	Is the Residential/Day setting clean, safe and appropriate for the individual's needs and preferences?	Safety concerns observed	Non-Clinical Referral - Unacceptable with critical deficiencies	72 hours to resolve or develop plan to correct (Referral sent to FO, if not resolved)
		Furnace is not working and the temperature consistently falls below 65 F or the air conditioner is not working and the temperature consistently rises above 85 F (or if it does not meet the individual health needs of the residents)	Non-Clinical Referral - Unacceptable with immediate interventions	Provider must have a plan to resolve immediately or it must be referred to FO for an alternate placement to be identified
		The residence does not have working plumbing or electricity	Non-Clinical Referral - Unacceptable with immediate interventions	Provider must have a plan to resolve immediately or it must be referred to FO for an alternate placement to be identified.
		A fire, flood or natural disaster has occurred, making the home uninhabitable, and there is no immediate plan for temporary or permanent relocation	Non-Clinical Referral - Unacceptable with immediate interventions	Refer to FO for an alternate placement to be identified.
		Setting is not appropriate for the individual – opportunities offered are no consistent with their interests and/or level of cognitive/intellectual functioning	Non-Clinical Referral - Unacceptable with critical deficiencies	Referral to SC (“not associated with any provider”) to seek additional providers or other services that are more appropriate. Enter note on progress every 30 days at minimum.
Appearance/Health		Concerns Identified (Essential Elements)	Coaching/Referral Suggestions	Suggested Target Date for Closure
7	Does the individual appear healthy and safe? Describe appearance and any changes since the last visit.	It is evident during observation that the participant has visible signs of emerging medical needs or vocally complains of a health issue, pain, etc. Provider must immediately attend to the participant's health needs.	Clinical Referral-Unacceptable with critical deficiencies	SC must use clinical judgment – If this was your child/family member, what would be the time frame with which response is needed?
		It is evident during observation that the participant is unsafe or vocally complains of feeling unsafe. Provider must immediately attend to the participant's safety needs.	Clinical Referral-Unacceptable with critical deficiencies	SC must use clinical judgment – If this was your child/family member, what would be the time frame with which response is needed?
		*If provider is already taking reasonable steps to intervene – Coaching is appropriate. If not, Clinical Referral is appropriate.		

8	Have there been any changes observed or reported in health since the last visit? If yes, describe the change(s) and indicate if the HRST is aligned with the current health and safety needs of the individual.	There have been changes in health, but records (including HRST) are not reflecting those changes.	Coaching-Acceptable with non-critical deficiencies	Allow 14 days to update all records to meet standard. After, make Clinical Referral – No Action Necessary
		Individual is not receiving timely, appropriate care in response to changes in health and there is only minor health risk (ex. hygiene impact on health)	Coaching-Acceptable with non-critical deficiencies	30 days
		Individual is not receiving timely, appropriate care in response to changes in health and there is major health risk	Clinical Referral-Unacceptable with immediate interventions	48 hours
9	Are the ISP, healthcare plans, nursing plans, medical crisis plans current and available to staff? Are they being implemented? Are nursing hours being provided as indicated on the ISP?	Nursing hours are not being delivered as ordered in ISP	Clinical Referral-Unacceptable with immediate interventions	Report to FO
		Needed plans are expired	Clinical Referral-Unacceptable with critical deficiencies	48 hours (Report to FO after 72 hours)
		Needed plans are not available for review by staff in the home	Coaching-Acceptable with non-critical deficiencies	48 hours (Referral after 72 hours)
		Plans are available, but not implemented	Coaching-Acceptable with non-critical deficiencies	48 hours (Referral after 72 hours)
10	Are all medical/therapeutic appointments and follow-up appointments, recommendations/ orders and required assessments/ evaluations, being attended, followed, and/or completed, as ordered?	An appt is needed or was previously recommended and the provider failed to make the appointment	Coaching-Acceptable with non-critical deficiencies	48 hours (Referral after 72 hours) <i>*Option to extend Coaching if provider is making progress toward arranging the appt.)</i>
		Medical appt is an immediate need and provider is non-responsive	Clinical Referral-Unacceptable with immediate interventions	Report to FO
		Recommendations were made as the result of a medical appt and the provider is non-responsive in following through with needed actions	Clinical Referral-Unacceptable with immediate interventions	Report to FO

11	Has the individual had any hospital admissions and/or emergency room visits since the last visit? If so, have discharge plan instructions been followed?	Provider has not followed discharge instructions and have no explanation as to why they did not abide.	Clinical Referral-Unacceptable with critical deficiencies	7 days
		Discharge instructions were not followed due to provider's lack of understanding of their responsibilities in the instructions. (If SC is unable to assist through Coaching, then Clinical Referral needed)	Coaching-Acceptable with non-critical deficiencies	48 hours (Referral after 72 hours) <i>*Must show progress for extension of coaching</i>
Supports and Services		Concerns Identified (Essential Elements)	Coaching/Referral Suggestions	Suggested Target Date for Closure
12	Do the individual's paid staff and/or natural supports treat them with respect and dignity? <i>*Purely observation</i>	Staff/Family are observed to be communicating with the individual in a manner that is demeaning, intimidating or unreasonably harsh.	Coaching-Acceptable with non-critical deficiencies	30 days <i>If ongoing, may be a reportable incident due to verbal/emotional abuse. Policy 04-106.</i> Non-Clinical Referral to FO for disposition
13	Are supports and services being delivered to the individual, as identified in the current ISP? Are staff ratios in place, as indicated in the ISP?	Per ISP, individual is supposed to have enhanced staffing or 1:1 staffing due to exceptional medical or behavioral support needs and the observed staff ratio is deficient.	Clinical Referral-Unacceptable with immediate interventions	Refer to FO
		Services ordered in the ISP are not being delivered (ex. Van at CAG is broken, so they have not been attending; lapse in staff for CAI or CLS)	Non-Clinical Referral-Unacceptable with critical deficiencies	60 days <i>*Inquire about the plan to re-initiate service delivery. If plan includes shorter timeframe, adjust.</i>
		Per CAG policy, individuals are being supported in excess of the approved ratio	Non-Clinical Referral-Unacceptable with critical deficiencies	60 days
		Staff are not providing supports as identified in the ISP; Staff are performing duties not intended for the service	Coaching-Acceptable with non-critical deficiencies	30 days (If not resolved, Non-Clinical Referral)
		Deficits in staff performance of necessary duties relating to the needed supports/services; Inadequate staff training on individual's support needs.	Coaching-Acceptable with non-critical deficiencies	30 days (If not resolved, Non-Clinical Referral)
		<p>*Coaching is on a continuum of steps*</p> <p>1) Are staff knowledgeable about the individual's ISP?</p> <p>2) Is there clarity on staff responsibilities? (If not, staff's manager to provide direction)</p> <p>3) Are there training needs to support those responsibilities?</p>		

14	Is the individual being supported to make progress in achieving their goals (both ISP goals and informally expressed goals)? Indicate the status of the individual's progress toward achieving established goals.	Staff do not know what the individuals goals are or they do not understand the intent of the goal(s)	Coaching-Acceptable with non-critical deficiencies	30 days (Non-Clinical Referral after 60 days)
		Staff do not know how to implement supports to assist the individual in achieving the goal(s)	Coaching-Acceptable with non-critical deficiencies	30 days (Non-Clinical Referral after 60 days)
		Staff do not understand the individual's preferences, hopes and dreams.	Coaching-Acceptable with non-critical deficiencies	30 days (Non-Clinical Referral after 60 days)
		Staff are observed to be uninterested in assisting the individual in goal achievement.	Coaching-Acceptable with non-critical deficiencies	30 days (Non-Clinical Referral after 60 days)
15	Are there any additional service/support needs not being met at this time? Describe.	A change in service is needed (CAG to PV/SE, CAG to CAI, CLS to CAG, etc)	Non-Clinical Referral-Unacceptable with critical deficiencies	Referral to SC to addend ISP
		There are unmet needs and non-clinical services need to be added	Non-Clinical Referral-Unacceptable with critical deficiencies	Referral to FO for Assessment Update
		There are unmet needs and clinical services need to be added	Clinical Referral-Unacceptable with critical deficiencies	Referral to FO for Assessment Update
Behavioral and Emotional		Concerns Identified (Essential Elements)	Coaching/Referral Suggestions	Suggested Target Date for Closure
16	Since the last visit, are there any emerging or continuing behavioral/ emotional responses for the individual? If yes, are current supports adequate to prevent engaging external interventions? <i>*Inquire about any significant life changes that may have led to these responses</i>	If yes, and supports are not adequate, AND the individual is currently in jail or a hospital	Clinical Referral-Unacceptable with immediate interventions	Refer to FO
		If yes, and supports are not adequate, AND individual is currently at home, make a referral and then coach on use of GA Crisis Response System	Clinical Referral-Unacceptable with critical deficiencies	30 days (Contact weekly)
		<i>*Target closure date is flexible – based on capacity to find BSC to develop a BSP</i>		
17	Does the individual currently have an implemented Behavioral Support Plan, Crisis Plan, and/or Safety Plan? Is/Are the plan(s) available on site for staff review? (Evidence of implementation includes	The individual has a plan, but the plan is not on site or available for review by SC/staff.	Coaching-Acceptable with non-critical deficiencies	30 days (Non-Clinical Referral after 60 days)
		Staff are not knowledgeable about the plan(s) and it is evident that more training is needed.	Coaching-Acceptable with non-critical deficiencies	30 days (After 60 days, Clinical Referral to FO to work with provider on responding to training needs)

	staff being knowledgeable about plan and ability to describe how they are implementing the plan.)	Staff are knowledgeable about the plans and are attempting to implement interventions, but the interventions are not effective.	Coaching-Acceptable with non-critical deficiencies	30 days (Coaching to provider BSC to do a plan review to determine more appropriate interventions. Clinical Referral to FO if provider BSC is not responsive within 30 days)
18	Since the last visit, has the individual accessed the DD crisis system, psychiatric hospital, crisis stabilization unit, ER, or had contact with law enforcement for behavioral issues? If yes, describe reason, frequency, duration of any admissions, and if discharge recommendations have been followed. As a result, has the BSP/Safety Plan/Crisis Plan been adapted to reflect any new recommendations or interventions needed?	Discharge recommendations have not been followed.	Coaching-Acceptable with non-critical deficiencies	7 days *Determine if training is needed. If yes, Clinical Referral.
		BSP/Safety Plan/Crisis Plan needs to be adapted based on recent incident(s), but it has not been updated.	Coaching-Acceptable with non-critical deficiencies	14 days (If not resolved, Clinical Referral)
Home/Community Opportunities		Concerns Identified (Essential Elements)	Coaching/Referral Suggestions	Suggested Target Date for Closure
19	Does the individual have people in his/her life other than paid staff and do they have community connections? Describe current natural supports and how/where the individual is connected to that person or group. Describe steps being taken to further develop natural supports.	The individual has no/few natural supports or community connections and there are no steps being taken to assist them with developing these connections.	Coaching-Acceptable with non-critical deficiencies	30 days (After 60 days, Non-Clinical Referral)
		The individual has natural supports or community connections, but the provider is not supporting the individual to maintain them (or actively preventing them from maintaining them).	Coaching-Acceptable with non-critical deficiencies	30 days (After 60 days, Non-Clinical Referral)

20	Is the individual receiving services in a setting where he/she has the opportunity to interact with people who do not have disabilities (other than paid staff)? Is the individual being offered/provided documented opportunities to participate in activities of choice with non-paid community members?	The service setting does not allow the individual to interact with people who do not have disabilities (other than paid staff)	Coaching-Acceptable with non-critical deficiencies	30 days (After 60 days, Non-Clinical Referral)
		The individual is not being offered opportunities to participate in activities of choice with non-paid community members.	Coaching-Acceptable with non-critical deficiencies	30 days (After 60 days, Non-Clinical Referral)
		<i>*Inquire what the provider is doing to address the concern and identify next steps.</i>		
21	Does the individual have the opportunity to participate in activities he/she enjoys in their home and community? Describe steps being taken to increase opportunities to meet this objective and allow choices to be offered while in services.	The individual is not being offered opportunities to participate in activities he/she enjoys in the home and/or community.	Coaching-Acceptable with non-critical deficiencies	30 days (After 60 days, Non-Clinical Referral)
22	Is the individual actively supported to seek and/or maintain employment in competitive and integrated settings and/or offered customized opportunities, if desired? Is yes, note how he/she is supported to do so. If no, how is the issue being addressed?	The individual desires employment and is not being actively assisted in seeking prevocational, supported employment or competitive employment opportunities.	Coaching-Acceptable with non-critical deficiencies	30 days (After 60 days, Non-Clinical Referral)
23	Does the individual have the necessary access to transportation for employment and community activities of his/her choice?	The individual does not have access to needed transportation. <i>*Inquire about providers plans to resolve the barrier.</i>	Coaching-Acceptable with non-critical deficiencies	14 days (Review natural supports for transportation options in interim)
		<i>*Work with the provider in the short-term to problem-solve and assist with researching options. If there is no reasonable plan in place to resolve, Non-Clinical Referral to FO for I&E SW Assessment update.</i>		

Financial		Concerns Identified (Essential Elements)	Coaching/Referral Suggestions	Suggested Target Date for Closure
24	Are there barriers in place that limit the individual's access to spend his/her money, as desired?	There is evidence of financial exploitation or intentional theft of monies in the individual's name.	Non-Clinical Referral- Unacceptable with critical deficiencies	Refer to FO
		Individual is being charged room and board expenses that are higher than what is appropriate for the setting. Or personal funds for multiple residents are being co-mingled. *See Policy 02-702	Coaching-Acceptable with non-critical deficiencies	Allow 30 days for provider to comply and return funds to their proper place. If not, Non-Clinical Referral directly to DBHDD DAC
		Individual is being limited from spending their personal funds as they desire.	Coaching-Acceptable with non-critical deficiencies	30 days
Satisfaction		Concerns Identified (Essential Elements)	Coaching/Referral Suggestions	Suggested Target Date for Closure
25	How did the individual communicate their overall satisfaction with their life activities during the visit (include providers, services, family, etc.)? Does the individual express/indicate satisfaction with current supports and services? Describe any dissatisfaction with current supports and services.	Individual expresses dissatisfaction.	Coaching-Acceptable with non-critical deficiencies	A plan to resolve dissatisfaction must be in place within 30 days <i>*Closure date will vary based on many factors</i>
		ACTIONS: <ol style="list-style-type: none"> 1) Identify the component with which the individual is dissatisfied. 2) Identify the level of dissatisfaction to determine urgency of the request for change. 3) Identify is the provider is actively engaged in improving the individual's satisfaction 4) Identify is something can be done to resolve the dissatisfaction or if a change in services or provider is needed. 5) SC to assist the provider in making a plan to change the manner in which services/supports are delivered or who is delivering the service/support. 		