

Quality Assurance Monitoring and Provider Supports

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DBHDD EXPECTATION

*Each individual that you
support receives QUALITY
services necessary
to have a meaningful life
in a safe environment.*

WHO?



**Any individual who has
transitioned from a State
hospital since
July 1, 2010**

WHAT?

Do You Know???

- What is **IMPORTANT FOR** each individual you support?
- What is **IMPORTANT TO** each individual you support?

Environment

- Is the individual's environment clean?
- Are food and/or supplies adequate?
- Does the individual appear well kempt?
- Is the environment free of any safety issues?
- Does the environment meet the individual's needs?



Health and Safety

- Emergency room visit
- Unexpected medical hospitalization
- Critical incident
- Activation of Georgia Crisis Response System
- Police Involvement
- Use of Restraints
- Rights Restriction

Documentation

- Medication Administration Record (MAR)
- Individual Support Plan (ISP)
- Supporting Documentation for ISP
- Informed Consent (psychotropic medication)
- Behavior Support Plan BSP
- Supporting Documentation for BSP



Critical Healthcare

- Fluid intake
- Food Intake
- Seizures
- Weight fluctuations
- Positioning
(per protocol/documentated clinical need)
- Bowel movements
(per protocol/documentated clinical need)

Staff General Knowledge

- How does the individual communicate their wants, needs, choices, pain, distress, hunger, etc?
- What does the individual do during the day?
- What does the individual WANT to do on any given day (dreams, hopes)?
- What does the individual do with their time?
- Do staff know what to do when the individual has a significant medical concern?

Staff Knowledge of the Behavior Support Plan

- Do staff know the ABCs of behavior?
 - A**ntecedents to behaviors
 - B**ehaviors to increase/decrease
 - C**onsequences for behaviors
- Do staff know how to record behavioral data?
- Do staff know how to manage a significant behavioral crisis?

Individual's Satisfaction

- Do you like where you live? Have you met your neighbors?
- Do you like the people that support you (the way they speak to you, help you, etc?)
- Do you participate/attend any clubs, groups, organizations, Church activities or events in your neighborhood or community?
- Do you have transportation to get to where you want to go?
- Do you get to choose what you do during the day? On weekends?
- What do you do for fun/entertainment?
- What makes you happy? Sad?

WHEELER?

Transition Monitoring

will occur in any and all
environments in which the
individual is supported.

WHEN?

**Transition Monitoring may
occur at any time...**

**Announced
OR
Unannounced**



HOW?

Transition Monitoring is Conducted By:

- Regional Staff
- Support Coordination Staff
- Central Office Staff



Identified areas of concern
are followed up by regional
staff...

