ACCREDITATION, LICENSURE & CERTIFICATION

NON-DEEMED STATUS

DEVELOPMENTAL TRAINING COMPLIANCE CHECKLIST

Agency_____ **Date(s) of Survey**_____

Individual Clinical Records Reviewed (Initials & Last 4 Social Security #s) **1)**_____ **2)**_____ **3)**_____

4)_____ **5)**_____ **6)**_____

Surveyor(s) _____ _____ _____

LEGEND

F = Full Compliance (For policy, is there = 1 point; For records, all reviewed complied)	1 point, 3 points or 9 points where applicable
S = Substantial Compliance (75% - 99% of records reviewed complied)	2 points or 4 points where 9 total is possible
M = Minimal Compliance (50% - 74%)	1 point
U = Unacceptable (Less than 50%)	0 points
N = Non-Applicable (Standard or issue is not applicable)	
Pts = Points awarded for level of compliance	
Tot = Total points possible for full compliance	
* = Compliance with standard determined by content of records	
** = When as a result of the review, an agency would normally be given 1 or 2 points, but the citation to be made is a repeat violation, the agency should be given 1 or 0 points instead.	
** = When an agency would normally be given 4 points, a repeat violation will result in 1 point.	

(Note the initials of the record of non-compliant records alongside standard)

Standard	Guideline	F	S	M	U	N	Pts	Tot
Section 119.200 General Requirements								
a) Programs shall be located to promote integration of individuals into their communities. In addition to the requirements in subsection (e) and (f) of this Section, examples of integration include locations near public transportation, shopping, restaurants, and recreation.	Observe if locations are near community services. Is public transportation available? Shopping areas? Recreational areas such as parks? (Use site compliance criteria for awarding points)							**3**
b) Programs shall provide a minimum of five hours of programming per day, excluding transportation time to and from the program, excluding mealtime unless training during meals is a documented part of the plan. Individuals may attend less than 5 hours if required and documented by a physician or the interdisciplinary team.	Does the agency provide a minimum of 5 hours of programming per day? 5 hours of programming may include morning and afternoon breaks. Review program schedule. If meal time included, ensure individual records include the necessity of training during meal time as part of the ISP.							**1**
	While individuals are allowed to attend less than 5 hours per day, if individuals attend less than 5 hours per day, ensure record of individual include documentation from a physician or the team the reasons why this is so.							**3**
c) No individual shall be transported in a one-way trip that exceeds one hour, excluding field trips.	Policy & practice. Ask to see policy regarding transportation. Ask if any individuals are on a bus more than one hour one-way.							**1**
d) Transportation required for individuals shall be the responsibility of the provider.	Review transportation policy. Note this does not require direct transportation, only that the provider be active in assuring transportation for the individual.							**1**
e) Programs shall not be located in buildings where individuals reside.								**1**
f) Programs attended by individuals residing in licensed long-term care facilities (LLTCF) shall promote the principles of program independence and community integration by meeting two of the following three criteria: **1)** No more than 25 % of the direct-care staff hours allocated to the program shall be provided by personnel also employed by a LLTCF in a residential capacity; **2)** At least 30 % of the individuals in the program shall not reside in the same LLTCF; or **3)** The location of the program shall not be within or adjacent to the boundaries of any LLTCF having individuals in the program.	Note the program needs compliance with only 2 of the 3 statements. If compliant with 2 of the 3, no waiver of this standard is required. Ask the program if they have their own dedicated DT staff or do they also use staff from the facility. If from the facility, make sure that no more than 25% of their hours are spent performing residential functions. This standard ALLOWS 70% of the individuals in the program to be from the same residence.							**1**
*** g)** The Department shall grant a waiver of the requirements in subsections (f)(1) and (f)(2) above for individuals of LLTCFs whose physicians have determined that participation in a program away from the residence will present a risk to the individual's health. Physicians shall document and annually update this medical determination in the individuals' records.	For a program that is in or adjacent to licensed long-term care facility, verify that each individual's record that is a part of the survey sample contains an annual physician's statement regarding the necessity for programming to occur on-site.							**3**
Section 119.205 Criteria for Participation of Individuals								
a) A minimum level of skill development shall not be required for entry into a program.	Review agency's written entry criteria for developmental training.							**1**
		Pts. =				**Pts. N =**		

Standard	Guideline	F	S	M	U	N	Pts	Tot
Section 119.205 Criteria for Participation of Individuals								
b) The criteria for exit from the program shall be as follows: **1)** The individual shall perform four or more skills described in subsections (e)(1) through (7) of this Section ; and **2)** The individual shall not engage in maladaptive behavior more than 5 percent of the developmental training day. Maladaptive behavior shall require staff intervention and shall be documented in the plan.								
*** c)** Individuals who meet or exceed the exit criteria shall not enter or remain in the program unless the program can document that alternative resources in the individual's community do not exist to meet the service needs. Examples of documentation include denials of admission to other programs because of lack of capacity or the information that no other program exists in the individual's community. **d)** The team shall evaluate individuals who have attained the exit criteria to determine whether they should continue in the program, or if they should enter a program more integrated into the community such as supported employment. The team shall document reasons for its decision.	If **individual meets or exceeds exit criteria**, is there documentation that no alternative resources exist?							3
*** e)** The team shall assess individuals on the following skills: **1)** Motor development - The individual exhibits fine or gross motor skills independently or with minimal assistance. This is considered met if the individual meets the criteria for dressing, grooming, toilet or eating; **2)** Dressing - The individual dresses self with verbal cues only; **3)** Grooming - The individual grooms self with verbal cues only; **4)** Toileting - The individual toilets with verbal cues only; **5)** Eating - The individual eats a meal without verbal cues from staff; **6)** Language - The individual understands basic requests and expresses self verbally or with an alternative communication system such as signing, communication board, computer or writing; and **7)** Productive capacity - The individual consistently maintains a productive level of 25 percent of the industrial norm.	This section is a listing of the areas in which assessment must be done. Points are awarded in (f) below if all areas have been addressed.							
*** f)** At least annually, the team shall assess the individual's skills and review the current placement to determine if it is meeting the individual's needs.	Review individual records for evidence that at least annually the team reassesses the individual's skill level and appropriateness of current placement. (14 day grace period)							3
		Pts. =				**Pts. N =**		

Standard	Guideline	F	S	M	U	N	Pts	Tot
Section 119.205 Criteria for Participation of Individuals								
g) The provider shall identify to the Department, with a release of information in keeping with the Act, the names of all individuals whom the team has determined should exit the program. The Department shall assist the provider in identifying alternative services. An individual shall continue in the program until an alternative day program that meets his or her needs is provided.	Ask if there are individuals that the team has determined should exit the program. Look for evidence that the names of these individuals have been forwarded to the Department - DHS Division of DD.							**1**
Section 119.210 Exclusion, Suspension, or Discharge of an Individual								
a) Exclusion, suspension or discharge may occur due to: **1)** The individual's desire to stop participation; **2)** The individual's attainment of the exit criteria; **3)** The individual's physical disability or medical condition which places the individual in danger; or **4)** Maladaptive behavior that places the individual or others in serious danger.	Does the written exit criteria policy correspond with this standard?							**1**
b) Lack of space in a program shall not be used to suspend or discharge individuals and shall be used only to deny admission to a program that is presently filled.								
*** c)** The provider shall refer all proposals excluding, suspending or discharging an individual to the team which shall determine whether the criteria in subsection (a) of this Section have been met, recommend alternative services and determine the criteria under which the individual may enter or re-enter the program.	Ask if anyone has been excluded, suspended or discharged in the past 12 months. Review those records to assure that the issue was referred to the team and that the team has identified that the person met the criteria in (a) and recommend alternative services and determine the criteria under which the individual may enter or re-enter the program.							**3**
*** d)** Before exclusion, suspension or discharge, the team shall discuss, summarize and place in the individual's record the date and reason for this action.	Is there evidence that the team met and documented its reason(s) for the action?							**3**
*** e)** A provider shall not suspend or discharge an individual from a program without at least a 10-day written notice to the individual or guardian except when it is documented that the individual is dangerous to himself or herself or others and the behavior cannot be corrected through special training procedures.	Do the records of suspended or discharged individuals have evidence of the 10 calendar-day notice before the suspension or termination or documentation that the individual was a danger to himself or others?							**3**
f) An individual shall have the opportunity to appeal to the agency representative the provider's decision to exclude, suspend or discharge him or her in accordance with the procedures required in Section 119.235 (e).	Is there evidence that each individual excluded, discharged or suspended has been given the opportunity to appeal to the DHS Division of Developmental Disabilities.							**3**
		Pts. =				**Pts. N =**		

Standard	Guideline	F	S	M	U	N	Pts	Tot
Section 119.215 Program staff								
a) The provider shall designate a program administrator whose level of education and experience shall include an undergraduate degree in education, special education, psychology, rehabilitation counseling or social work, with two or more years experience working with individuals who are developmentally disabled, or an equivalent combination of education and experience.	Ask the program who is their program administrator. Check for appropriate degree and experience. Undergraduate degree with 2 years of experience working with individuals with developmental disabilities, 6 or more years of experience working with individuals with developmental disabilities, or a combination of education and training totaling 6 years.							**1**
b) The provider shall designate at least one developmental instructor whose minimum level of education and experience includes an undergraduate degree in special education or a related human service field specified as in the definition of qualified mental retardation professional, plus one or more years experience working with individuals who are developmentally disabled, or an equivalent combination of education and experience.	Ask the program who are their developmental instructors. Check for appropriate degree and experience for each one. Each year of education = each year of experience. The total education and experience must total 5. Review and list all instructors. *Note: Base requirement is GED or high school diploma plus 5 years experience.							**3**
c) The provider shall designate developmental trainers whose minimum level of education includes a high school diploma or a general equivalency diploma (G.E.D.).	Do all developmental trainers have a high school diploma or GED? (Use staff training criteria to award points.)							**3**
A developmental trainer shall address the individual's needs as identified in the plan under the professional oversight of the developmental instructor. **1)** The program administrator may function as the developmental instructor. **2)** The program shall employ developmental instructors on an overall ratio of one developmental instructor to three developmental trainers. **3)** The developmental instructor shall perform instructional duties as well as provide professional oversight of developmental trainers. Professional oversight includes answering questions about the implementation of the individual's plan and providing feedback to the developmental trainer and his or her supervisor on the developmental trainer's activities.	The only time the program administrator may be counted as an instructor is when there is evidence of the program administrator functioning as an instructor. Review list of all employees: Program Administrator; Developmental Instructor and Developmental Trainers. To determine the required number of instructors divide the total number of trainers and instructors required per 119.215(d) by four. Always round up for any fraction required to next highest whole number of staff. Remember that the administrator and Qs may be counted in the total if they function as instructors. There must be evidence in the file that they function in that capacity.							**1**
		Pts. =				**Pts. N =**		

Standard	Guideline	F	S	M	U	N	Pts	Tot
Section 119.215 Program staff								
d) Staff ratios **1)** The provider shall maintain staff ratios that will meet the individual's program needs. The Department's calculation of provider cost is based on the following ratios, but the provider will be given flexibility in grouping individuals to meet the individual's needs. **A)** For individuals who have mild deficits in adaptive behavior as defined in Classification in Mental Retardation and who have physical disabilities, mental disabilities or behavior disorders, the provider shall maintain on-duty trainers and instructors at a ratio of 1:10; **B)** For individuals who have moderate deficits in adaptive behavior as defined in Classification in Mental Retardation and who have physical disabilities, mental disabilities or behavior disorders, the provider shall maintain on-duty trainers and instructors at a ratio of 1:8; **C)** For individuals who have severe or profound deficits in adaptive behavior as defined in Classification in Mental Retardation and who have physical disabilities, mental disabilities or behavior disorders, the provider shall maintain on-duty trainers and instructors at a ratio of 1:5.	Observe during the program day. Ask to see the list of staff on duty and determine how many staff are providing direct service during this survey day. Request the total number of individuals in each diagnostic category that are in attendance. Determine whether the number of available staff that day meet the minimum number of staff required per the staffing ratios. In the event that the final calculation results in a fraction, surveyors should round up to the next whole number For example, agency has: mild = 45 individuals; moderate = 45 individuals; and severe/profound = 23. The calculation is: For mild 45/10 = 4.5 staff For moderate 45/8 = 5.6 staff For severe/profound 23/5 = 4.6 staff 4.5 + 5.6 + 4.6 = 14.7 staff. Agency requires 15 instructors and trainers.							**1**
2) During breaks and non-training lunch periods, supervision shall be provided to maintain the safety of the individual.	Is staff physically present in lunch &/or break rooms when occupied by individuals. Direct observation during lunch and breaks. Morning break, lunch break, afternoon break to be documented on site review. Review agency break schedule.							**1**
3) There shall be at least one QMRP for every 30 individuals. (QMRP may function as an instructor or trainer)	Determine how many designated QMRPs are employed by the agency. Assure that there is at least one QMRP for 30 individuals. Remember - Qs may function as instructors.							**1**
		Pts. =				**Pts. N =**		

Standard	Guideline	F	S	M	U	N	Pts	Tot
Section 119.215 Program staff								
*e) Each individual shall have a designated QMRP who shall: 1) Convene the team as required by Section 119.220 to develop or revise the plan; 2) Assure that the services specified in the plan are being provided; 3) Assure the participation of team members; 4) Identify and address gaps in the provision of service; 5) Monitor the individual's status in relation to the plan; 6) Advocate for the individual's rights and services; 7) Provides for a written record of team meetings; and 8) Initiate and coordinate a meeting of the team as often as the plan specifies or when required by problems or changes.	Determine with individual record review. 4. If no data on DT services for 5 consecutive days, look for explanation. Also, if a need is identified in the record and services/supports are not obtained as recommended within 5 calendar days, look for explanation. 5. Means that objectives have been reviewed in relation to being achieved or not. 6. If services/supports/objectives not provided per 4 or 5 above, there should be evidence that the Q has taken some action. 8. If anything of substance is noted in monthly Q notes, there should be evidence that the team has met and discussed. Meeting may be by conference call.							3
*f) If the interdisciplinary team determines that services required to meet the individual's needs are not available in the developmental training program, the QMRP shall be responsible for linking the individual with the level of service that meets his or her needs.	Determine with individual record review.							3
Section 119.220 Interdisciplinary team								
*a) The provider shall assure that each individual has a single interdisciplinary team which shall be responsible for preparing, revising, documenting and implementing the plan in accordance with Section 119.230.	Review individual record for documentation of interdisciplinary team members.							3
* b) The team shall provide for and invite the active participation of: 1) The individual and his or her guardian or both;	Is there evidence that the individual &/or guardian were invited to participate in the service planning process? If they did not participate, was invitation offered at least two weeks prior to the service planning meeting? Is there evidence of a good faith effort to include individual and/or guardian to participate in service planning process?							3
2) The persons who work most directly with the individual both at the program and individual's residence; and	Is there evidence that the staff of the program and the residence were invited to participate in the service planning process? If they did not participate, was invitation offered at least two weeks prior to the service planning meeting and was good faith effort made to include them?							3
		Pts. =				Pts. N =		

Standard	Guideline	F	S	M	U	N	Pts	Tot
Section 119.220 Interdisciplinary team								
3) The professionals who assess the individual's strengths and needs (in accordance with Section 119.225), and design and evaluate the individual's program.	Documentation of invitations to participate in the service planning process and reports which are reviewed in the event the professionals are not able to participate and was there good faith effort to include them?							3
* c) At least one member of the team shall be a QMRP who shall provide services as specified in Section 119.215 and shall be responsible for convening the team.	Evaluated in 119.215 e & f - no point value							
Section 119.225 Assessment of individuals								
The provider shall assure that, at least annually, each individual receives assessments identified in Sections 119.205 (e) and (f) that shall be documented in the individual's record and the results explained to the individual or guardian. a) The assessment shall determine the individual's strengths and needs, level of adaptive and intellectual functioning, the presenting problem(s) and disability(s), diagnosis and the services required to meet the individual's needs.	The ICAP or SIB must be done annually and equates to an assessment of adaptive and intellectual functioning.							3
b) The assessment shall be performed by staff trained in methods of assessment such as physical, psychological, and functional.	There must be evidence that staff doing assessments have been trained or educated to do so. Example includes MD for physical assessment, Ph.D. psychologist for psychological.							3
c) Through the method of assessment and the interpretation of results, the assessment shall be sensitive to the individual's: 1) Racial, ethnic and cultural background; 2) Chronological age and developmental age; 3) Visual and auditory impairments; 4) Language preferences; and 5) Degree of disability.	This will be determined through evidence in individuals records that assessments have been modified for individuals with visual or hearing impairment, or for those who speak a different language or use a different method for communication, etc. There must be evidence that the assessments used are appropriate for the individual.							3
* d) Annual assessments for individuals shall include the ICAP or the Scales of Independent Behavior (SIB).	This is evaluated as part of 119.255a)							
		Pts. =				**Pts. N =**		

Standard	Guideline	F	S	M	U	N	Pts	Tot
Section 119.230 Individual Service Plan								
* **a)** When the individual enters a program, staff shall: **1)** Document in the record those services being provided to the individual until a plan is developed; and	Look for written evidence in the files of individuals of services being provided prior to the development of the services plan.							**3**
2) Explain to the individual all rights stated in Section 119.235, and provide the individual with a copy of those rights. This shall be documented in the individual's record.	Is there evidence that the individual has been apprized of all of his/her rights per 119.235 and a copy has been provided to individual and/or guardian?							**3**
* **b)** Within 30 days after an individual's entry into the program, a plan shall be developed by the team that states goals and objectives for developmental training that:	Are plans developed within 30 days of entry into the program?							**3**
* **1)** Is based on assessment results;	Do assessment recommendations correspond to ISP goals and objectives? Was there an assessment completed before the ISP? If no then not in compliance here.							**3**
* **2)** Reflect the individual's or guardian's preferences for goals, objectives and services;	Is there any evidence that individuals/guardians preferences were elicited and incorporated in the ISP?							**3**
* **3)** Identifies services and supports to be provided and by whom; and	Does the ISP identify what services & supports will address the needs and who is responsible for ensuring provision? Services/supports are more than just objectives. For example, if someone needs a helmet, have they gotten one, if someone needs a physical therapy assessment, have they gotten it?							**3**
4) Has objectives that: * **A)** Are measurable;	Can you tell when the desired outcome has been achieved?							**3**
* **B)** Have time frames for completion; and	Is there an estimated date for achievement of the objective?							**3**
* **C)** Have a person assigned responsibility.	For each objective is there a specific person or specific identifiable title that is responsible for ensuring the objective is being implemented properly.							**3**
* **c)** The plan shall include the names and titles of all staff and other persons contributing to the plan.	Look for a listing of names and positions (including consultants, if applicable) of all participants. Note their signatures are not required.							**3**
* **d)** The plan shall be signed by the QMRP and the individual or guardian.	Look for signature of current designated QMRP and the individual or guardian, if applicable.							**3**
* **e)** The individual or guardian shall be offered a copy of the plan.	There must be evidence that a copy has been offered to the individual/guardian. Individual must not be required to request a copy.							**3**
* **f)** The plan shall become part of the individual's record.	Is there a services plan in the record							**3**
* **g)** At least monthly, the QMRP shall review the plan and document in the record that:	Is there evidence of a monthly review by the QMRP?							**3**
		Pts. =				**Pts. N =**		

Standard	Guideline	F	S	M	U	N	Pts	Tot
Section 119.230 Individual Service Plan								
* 1) Services are being implemented; and	Is each objective addressed? Have identified services/supports (119.230b)3)) also been addressed?							9
* 2) Services identified in the plan continue to meet the individual's needs or require modification or change to better meet the needs.	If an objective has been achieved as written, does the QMRP recommend changes? If no progress or if evidence of regression over 3 consecutive months or individual refuses to participate, does QMRP address? Have identified services/supports been addressed?							9
* **h)** The team shall review the plan, at least annually,	Is there an annual review? To be current must be within 365 and 14 days.							3
and shall note the status of the individual including any progress or regression which might require modification or change to the plan.	Is there a review of the previous plan's objectives in terms of progress or regression? And, services/supports?							3
Section 119.232 Work activities								
When an individual participates in work activities, the individual services plan must contain assessments or documentation that:	All criteria below must be met for each individual engaged in work activities.							3
a) The work activities are necessary to achieve the individual's goals and objectives;	Review the ISP to ensure work activities are identified within the plan. Are the work activities supportive of the objective(s) in the plan identified to teach skills?							
b) The work activities are part of an organized training program to teach the individual new skills;								
c) The individual is not able to work at a competitive wage level.	Identify documentation that individual cannot work at this level.							
d) The individual's other goals, objectives and needs are being addressed, whether in the developmental training program, in the residential program, or in the home; and	Is it clear that individual assessed needs and preferences other than work activities are also being addressed by DT?							
e) The work activities are not directly related to the preparation of the individual for a specific paid or unpaid job.	Ensure individual is not in a work-training program for a specific job.							
Section 119.235 Individual Rights and Confidentiality								
To ensure that the individual's rights are protected and that all services provided to the individual comply with the laws cited in subsections (a) and (b) below, providers assure that: **a)** The individual's rights are protected in accordance with the Code, except that the use of seclusion shall not be permitted.	The rights statement should expressly prohibit seclusion. It should reference Chapter 2 of the Code or incorporate all rights identified in Chapter 2.							1
b) The individual's right to confidentiality is in accordance with the Act.	The rights statement should reference the Confidentiality Act.							1
		Pts. =				**Pts. N =**		

Standard	Guideline	F	S	M	U	N	Pts	Tot
Section 119.235 Individual Rights and Confidentiality								
c) Staff shall inform individual's entering a program of their rights in accordance with subsections (a) and (b) above and of their right to contact the Guardianship and Advocacy Commission, Equip for Equality, Inc., and the provider's human rights committee. Staff shall offer assistance to individual's in contacting these groups, giving each individual the address and telephone number of the Guardianship and Advocacy Commission and Equip for Equality, Inc.. This information shall be given to the individual and his or her guardian in writing. If the individual is unable to read, the information shall be read and explained to him or her in a language he or she understands. Staff shall, upon request, offer assistance to individual's in contacting the Commission and Equip for Equality, Inc..	Does the rights document list the Guardianship and Advocacy Commission's and Equip for Equality's address and phone number. Is there advisement of their right to contact G&A, E for E, and the agency's human rights committee? Are individuals/guardians informed that staff will assist them in contacting these bodies if they say they need help?							**1**
*** d)** There is documentation in the record that staff have advised the individual of his or her rights, provided justification for any restriction of the individual's rights in accordance with Chapter 2 of the Code or assisted in contacting the Guardianship and Advocacy Commission.	Do the individuals' records contain a signatory document of advisement of their rights or other evidence that they were advised of their rights?							**3**
e) Providers have procedures that permit the individual or guardian to present grievances and to appeal decisions to deny, modify, reduce or terminate services up to and including the authorized agency representative. The procedures shall require, at a minimum; **1)** Notification of a right to appeal actions to deny, modify, reduce or terminate services be given to the individual or guardian upon entry into the program; **2)** Written notice shall be given, 10 days in advance, of actions to deny, modify, reduce or terminate services; **3)** That no provider action shall be implemented pending a final administrative decision; **4)** Time frames for notice of intent to appeal and the rendering of a final administrative decision; and **5)** That no one directly involved in the action or decision being grieved or appealed shall be a part of the review of that action or decision.	Does the grievance procedure have provisions for steps 1-5? Does the grievance procedure allow for grievance all the way up to the authorized agency representative.							**1**
f) The authorized agency representative's decision on the grievance shall constitute a final administrative decision and shall be subject to review in accordance with the Adm. Rev. Law .	Does the grievance procedure identify the authority for the final administrative decision?							**1**
g) The individual is not excluded, suspended or discharged from services and services are not reduced for exercising any of his or her rights.	This should be a specific statement in the rights statement.							**1**
		Pts. =				**Pts. N =**		

Standard	Guideline	F	S	M	U	N	Pts	Tot
Section 119.240 Special Training Procedures								
a) The provider shall develop policies and procedures and shall govern the use of all special procedures used to modify behaviors that the team determines to be a problem or maladaptive.	Look for procedures as well as policies that govern the use of time-out rooms, restraints, aversive procedures, medications to manage behaviors, and other procedures of a similarly restrictive nature							1
b) The program shall prohibit corporal punishment, seclusion, abuse, neglect and exploitation of individuals.	This prohibition should be found in both policy and the rights statement.							1
*** c)** To maximize the individual's growth, development and independence, the program shall use positive reinforcement in keeping with the individual's developmental level and learning, emotional, and environmental needs. *** d)** The plan of an individual who exhibits maladaptive behavior shall include provisions to train the individual in the circumstances, if any, under which the behavior can be exhibited adaptively, or how to channel the behavior into similar but adaptive expressions, or how to replace the maladaptive behavior with adaptive behavior.	Request a list of individuals with training objectives related to maladaptive behavior. Maladaptive behavior is defined as: "Actions by the individual that interrupt services, require a specific program addressing the behavior developed by the interdisciplinary team and exclude instances requiring only a verbal prompt such as, please sit down." Select 2 individuals from the list for record reviews pertaining to the section. Behavior program includes training of specific behaviors to replace the maladaptive behaviors.							3
*** e)** Procedures used to prevent individuals from harming themselves or others that are not part of the plan shall not be repeated more than three times within a six-month period without being incorporated into the plan.	Review records and incident reports for the previous six months. Are behavioral interventions which are used to prevent harm to self or others more than three times in six months incorporated into the behavior program and reflected in service plan.							3
*** f)** Aversive procedures and time-out shall be used only as part of the plan.	If used, ensure the behavior program is part of the plan							3
*** g)** Whenever physical restraint, medications to manage behavior, time-out rooms, aversive conditioning or other procedures with similar degrees of restriction or intrusion are used to manage maladaptive behavior: **1)** The team shall determine and document in the record that the harmful effects of the behavior clearly outweigh all of the potentially harmful effects of the procedure.	Is there evidence, the team has evaluated and determined behavior outweighs harm of procedure to this effect in the individual's record?							3
2) The procedure shall be an integral part of the plan which will lead to a less restrictive way to manage, and ultimately eliminate the behavior.	Check goals and objectives in the plan. Are they consistent with ultimately eliminating the behavior? Are identified replacement behaviors successful at reducing targeted maladaptive behaviors?							3
3) The record shall document that informed consent was obtained;	Is there evidence that the individual or guardian understands behavior intervention plan and all restrictions and processes for eliminating those restrictions. Look for evidence that individual/guardian participated when the team developed plan and that their input was solicited, their questions were answered and the final plan was explained. Signature(s) alone is not sufficient.							3
4) The program's behavior management committee and human rights committee shall review and approve the procedure in accordance with Section 119.245.	Review behavior management & human rights committees notes or minutes for evidence of discussion of the individual's special training procedure.							3
		Pts. =				**Pts. N =**		

Standard	Guideline	F	S	M	U	N	Pts	Tot
Section 119.240 Special Training Procedures								
* **h)** The behavior management committee and human rights committee shall review and approve proposed special training procedures that call for concurrent administration of more than one medication to manage an individual's behavior while attending the program. Medications so ordered shall be accompanied by a physician's progress note substantiating that use of the medication is justified, is within therapeutic dosage range, and will not adversely affect the therapeutic benefits of other medications. The medically supervised special training procedure shall assure that: **1)** The medications are not administered in doses that will interfere with the individual's daily living activities; **2)** The medications are monitored for desired responses and adverse consequences; and **3)** The medications are gradually withdrawn at least annually unless clinically contraindicated.	Is there evidence that, if more than one medication is being used to manage behavior, that the behavior management & human rights committees have approved prior to implementation? Is there a specific statement from the prescribing physician that encompasses the required elements noted? Review physician notes for compliance with all three elements or the agency's request for the physician, not employed or contracted by the agency, to assure 1) - 3).							**3**
i) Programs using restraints in any special training procedure shall comply with Section 2-108 of the Code.	Surveyors need to carry a copy of Section 2-108 of the Code. Evidence of compliance must be included in individuals record.							**3**
j) The use of time-out rooms shall be in accordance with 42 CFR 483 (1996) (Conditions of Participation for Long Term Care Facilities)	Policy and procedure. 42 CFR 483 reads as follows: (c) Standard Time-out rooms. (1) A individual may be placed in a room from which egress is prevented only if the following conditions are met: i) The placement is a part of an approved systematic time-out program as required by paragraph (b) of this section (Thus emergency placement of a individual into a time-out room is not allowed); ii) The individual is under the direct constant visual supervision of designated staff; iii) The door to the room is held shut by staff or by a mechanism requiring constant physical pressure from a staff member to keep the mechanism engaged; (2) Placement of a individual in a time-out room must not exceed one-half hour; (3) Individuals placed in time-out rooms must be protected from hazardous conditions including, but not limited to presence of sharp corners and objects, uncovered electrical outlets; (4) A record of time-out activities must be kept.							**1**
k) The team shall implement time-out procedures, medications for behavior management and aversive procedures programs only when: * **1)** The individual's behavior is likely to cause physical or psychological harm to the individual or others;	Compliance is determined through examination of records of those whose programs include time-out, aversive procedures or medications to manage. Is there documentation of danger to self or others?							**3**
		Pts. =				**Pts. N =**		

Standard	Guideline	F	S	M	U	N	Pts	Tot
Section 119.240 Special Training Procedures								
* 2) Positive procedures used within the past six months have been documented to be ineffective in reducing or eliminating this particular behavior;	Look for evidence of positive interventions and documentation of lack of effectiveness							3
* 3) Both the human rights committee and the behavior management committee have approved the program prior to implementation.	There must be evidence of both committees approval of the behavior program.							3
* 4) The authorized agency representative has given written approval.	Look for the written approval of the person noted on the application as authorized agency representative or designee authorized in writing.							3
* l) Any approval by the program's human rights and behavior management committees and authorized agency representative of an individual's written aversive procedures program shall expire in 30 days. The program shall not continue beyond that time unless it is reviewed and approved by both committees and the authorized agency representative.	Look to see if a program including aversive procedures has been reviewed and approved by both committees and the authorized agency representative every 30 days. If not, look to see that the aversive procedure was not utilized beyond the 30 day approval.							3
Section 119.245 Committees								
a) A program shall have a human rights committee. 1) Not more than half of the members shall be program employees. 2) The committee shall review program policies, procedures and practices which restrict an individual's rights. 3) The program shall inform the committee of any complaints involving individuals' rights, violations and any corrective actions. 4) At least one committee member shall be an individual or his or her representative.	Review the composition of the committee to ensure compliance Review the authority and description of the charge to the committee The Human Rights Committee is separate from the Behavioral Management Committee							1
b) A program which uses special training procedures as specified in Section 119.240 for managing maladaptive behavior shall establish a behavior management committee. 1) Members shall include persons qualified to evaluate published behavior management studies and the technical adequacy of proposed behavior management interventions. Persons are qualified by training and experience such as a clinical psychologist to review oversight procedures. 2) When drugs to manage behavior are used, a professional qualified to evaluate their use, such as a physician or pharmacist, shall be a member of the committee.	The Behavior Management Committee is separate from the Human Rights Committee Review the composition of the behavior management committee for compliance. May be (N) if no behavior programs.							1
		Pts. =				**Pts. N =**		

Standard	Guideline	F	S	M	U	N	Pts	Tot
Section 119.245 Committees								
c) The human rights committee and behavior management shall: 1) Approve special training procedures prior to their implementation and review those procedures at least every three months, except aversive conditioning procedures which shall be reviewed and approved at least every 30 days. 2) Maintain minutes, including attendance and decisions made; and 3) Have at least five members.	Review minutes to ensure meetings of each committee occur at least every 90 days or every 30 days if adversive procedures used. Evidence of a BMC and HRC approval must be provided. This may be approval by the residential BMC and HRC contained in the individual's DT record. Ensure each committee has at least five members.							1
Section 119.250 Medications and Medical Care								
* a) All medications shall be specifically prescribed for the individual by a physician or a dentist with the intent of the physician or dentist that it be taken by the individual under program oversight of the provider staff.	If the individual is taking medication at the program, ensure the clinical record contains a copy of the physician's order.							3
*b) The provider as it exercises program oversight may, as needed, guide the individual in self-administration of medications as part of the training program for independent living if the individual is not capable of self-administration.	In records reviewed if individual self administers own medications is there evidence that self administration assessment (SAMA) was reviewed and signed by at least an RN. The assessment may be done by an LPN under the supervision of an RN if the RN reviews the work and signs the document. If the individual is not fully independent, meds must be administered by an LPN under the supervision of an RN or by an RN or MD.							3
c) At each site medications shall be secured from unauthorized access and only a physician, pharmacist, registered or licensed practical nurse or program personnel authorized to provide program oversight of the self-administration of medications shall have access to medications.	If medications are stored at the facility, are they under lock and key? Individuals who are fully independent must have independent access to their medications.							3
d) At each site programs shall provide an area for care of individuals who become ill.	There should be an area/room separated from program activity that allows for privacy if the individual becomes ill.							3
e) At each site programs shall have available the American Red Cross First Aid Kit or the equivalent contents.	A first aid kit needs to contain sterile pads, roller bandage, roll of tape, cleaning wipes, dry swabs, scissors, adhesive pads, a triangle bandage (sling).							3
		Pts. =				**Pts. N =**		

ENVIRONMENTAL MANAGEMENT AND ADMINISTRATIVE REQUIREMENTS

Individual Sites Reviewed: 1)_____ 2)_____ 3)_____

4)_____ 5)_____ 6)_____

Surveyor(s) Who Inspected Sites: _____ _____ _____

LEGEND

F = Full Compliance (all sites reviewed compliant)	1 point, 3 points or 9 points where applicable
S = Substantial Compliance (75%-99% of sites reviewed compliant)	2 points (Note ID of non-compliant site alongside standard)**
M = Minimal Compliance (50% to 74%of sites reviewed compliant)	1 point (Note ID of non-compliant site alongside standard)**
U = Unacceptable (Less than 50% of sites reviewed compliant)	0 points (Note ID of non-compliant site alongside standard)
N = Non-Applicable (Standard or issue is not applicable)	
Pts = Points awarded for level of compliance	
Tot = Total points possible for full compliance	
** = When as a result of the review, an agency would normally be given 1 or 2 points, but the citation to be made is a repeat violation, the agency should be given 1 or 0 points instead.	
** = When as a result of the review, an agency would normally be given 1 or 2 points, but the citation to be made is a repeat violation, the agency should be given 1 or 0 points instead.	
** = When an agency would normally be given 4 points, a repeat violation will result in 1 point.	

Note: Alongside any standard found not in full compliance, note the number of the site address which is non-compliant.

For Unusual Incidents:

F = Full Compliance (Is there)	1 point
U = Unacceptable (Is not there)	0 points
Pts = Points awarded for level of compliance	
Tot = Total points possible for full compliance	

Standard	Guideline	F	S	M	U	N	Pts	Tot
Section 119.255 Environmental management								
a) Buildings used by the provider for the program shall: **1)** Be safe and clean	Any citations regarding the cleanliness, upkeep or safety of the site can be cited under this section, however, citation must be specific to problem noted. This is where water below 100 F or exceeding 110 F should be cited. Let hot water run for at least 2 minutes before measuring temp from the spigot.							**9**
2) Conform with Chapters 28, 29 and 31 (specifically 31-1.1 through 31-1.6 of Chapter 31) of the NFPA 101, Life Safety Code (National Fire Protection Association, 1988)(Storage buildings of less than 200 square feet of floor area are exempt from compliance with Chapter 29);	Is there a fire clearance letter from the Office of the State Fire Marshal less than 12 months old.							
3) Conform with the Environmental Barriers Act, [410 ILCS 25] and 71 Ill. Adm. Code 400 (Illinois Accessibility Code);	Is the building accessible? (Entrance, bathroom, training rooms, etc.)							**3**
4) Have a normal temperature and humidity comfort range in accordance with the American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE); Handbook of Fundamentals (National Association of American society of Heating Refrigerating, and Air Conditioning, United Engineering Center, 345 East 47th Street, New York, New York 10017, 1977)	Does the building maintain a comfortable temperature?							**3**
5) Have a written preventive maintenance program which includes a schedule of inspection and service of equipment and physical plant.	Is there a written maintenance program with these components							**3**
b) Toilets and bathrooms shall provide privacy and be located and equipped to facilitate accessibility and independence. When needed by the individuals, special assistance or devices shall be provided.	Do toilet stalls have doors or curtains? Is toilet paper readily available in the stalls? Are soap and towels (or other drying mechanism) available in the toilet area?							**3**
c) The provider shall maintain copies of inspections performed by local and state inspectors in regard to health, sanitation and environment.	Ask if any inspections have been performed. Review documentation.							**3**
d) The provider shall develop, implement and maintain a disaster preparedness plan which shall be reviewed annually, revised as necessary, and ensure that:	Is there evidence of annual review of the disaster plan?							**3**
1) Records and reports of fire and disaster training are maintained ;	Is there evidence of fire & other disaster (at a minimum tornado) drills occurring since the last survey?							**3**
2) Records of actions taken to correct noted deficiencies in disaster drills or inspections are maintained;	If deficiencies have been noted, is there evidence of actions taken to correct noted deficiencies?							**3**
3) Staff know how to react to fire, severe weather, missing persons, medical emergencies, poison control and deaths;	Interview 3 staff regarding knowledge of these issues. All 3 staff knowledgeable = 3 pts, 2 staff = 2 pts, 1 staff = 1 pt and 0 staff = 0 pts.							**3**
		Pts. =				**Pts. N =**		

Standard	Guideline	F	S	M	U	N	Pts	Tot
Section 119.255 Environmental management								
4) Individuals can react to fire and severe weather emergencies or they are receiving training;	Talk with 3 individuals while doing physical plant tour for knowledge of issues. If any do not have knowledge, ask for evidence of training of the particular individual(s). If 3 individuals knowledgeable = 3 pts, 2 = 2pts, 1 = 1pt, 0 = 0pts. If there is evidence of training and practice involving the individuals, grant 3 pts.							**3**
5) Staff and individuals can locate fire-fighting equipment, first aid kits, evacuation routes and procedures; and	Interview 3 staff for knowledge of where first aid kit is located and where is the fire extinguisher closest to where they regularly work. All 3 staff knowledgeable = 3 pts, 2 staff = 2 pts, 1 staff = 1 pt and 0 staff = 0 pts.							**3**
6) A telephone is available with a list of the telephone numbers of the nearest poison control center, the police, the fire department and emergency medical personnel.	There must be at least one working land line telephone at each site. Must be able to dial 911 from all phones. Each site must have a list of the numbers noted readily available.							**3**
e) The provider shall have procedures for evacuation which ensure that: **1)** Evacuation drills are conducted at a frequency determined by the provider based on the needs and abilities of the individuals served.	Surveyor observation or review of drills may confirm need for greater frequency. If so, have they been conducted at a greater frequency? For example, surveyors may note that the evacuation times exceed four minutes, in which case more frequent drills need to occur.							**3**
2) Evacuation drills occur at least annually.	Drills should occur at least once annually.							**3**
3) Special provisions are made for those individuals who cannot evacuate the building without assistance, including those with physical disabilities and individuals who are deaf and/or blind.	Ask if there is anyone at the site who is mobility impaired or has a <u>significant</u> hearing and/or vision problem. If yes, the evacuation plan must specify what will be done to assist those individuals to evacuate the building.							**3**
4) All personnel are trained to carry out their assigned tasks;	Is there evidence that the employees are participating in the evacuation drills?							**3**
5) Corrective action is taken when inefficiency or problems are identified during an evacuation drill; and	If the drill notes deficiencies, is there evidence of attempts to correct the problem? Any evacuation drill that exceeds 4 minutes should be noted as problematic.							**3**
6) Drills include actual evacuation of individuals to a safe area.	Drill documentation must include that evacuation included evacuation to designated safe area.							**3**
		Pts. =				**Pts. N =**		

Standard	Guideline	F	S	M	U	N	Pts	Tot
Section 119.260 Administrative requirements								
a) Governing body **1)** Each program which is owned or operated by any corporation, association, or unity of local government shall have a governing body in which is vested authority and responsibility for the organization, management, control and operation of the program in compliance with the General Not For Profit Corporation Act of 1986 [805 ILCS/105, and with the Department's rules at 59 Ill. Adm. Code 103 (Grants)	Look for bylaws, articles of incorporation, constitution, etc. , which states the authority of the board. The reference to 103 should now be its successor rule, 509							**1**
2) The names and addresses of all owners or controlling parties (whether they are a sole proprietorship, association, partnership, corporation, or subdivisions of other bodies, such as public agencies or religious, fraternal or other charitable organizations) shall be fully disclosed and provided to the Department annually. For corporations, the names and addresses of all officers, directors, and principal stockholders, either beneficial or of record, shall be disclosed.	Review a current list of board members, owners or stockholders.							**1**
3) The governing body shall include persons who have no direct or indirect financial interest in the program and who reside in the geographic area served by the program and include persons with developmental disabilities and consumer representatives.	The persons with a developmental disability does not have to be receiving services from the agency.							**1**
4) The provider shall notify the governing body of the Department's annual survey and other State and local inspections which indicate the outcome and disposition of any findings resulting from the survey.	**Not for Profit Agencies** Review board minutes to ascertain if they have been notified of the Department's survey and the results. There must be evidence that at some members of the board do not have any direct or indirect financial interest in the agency.							**1**
b) Advisory board **1)** A program which is owned or operated by a sole proprietor or partnership shall appoint and maintain an advisory board whose members shall be persons who have no direct or indirect financial interest in the program, and who reside in the geographic area served by the program, and who include persons with developmental disabilities and consumer representatives.	**For Profit Agencies** There must be evidence that members of the advisory board do not have any direct or indirect financial interest in the agency. The persons with a developmental disability does not have to be receiving services from the agency.							**1**
2) The advisory board shall ensure that each program owned or operated by a sole proprietor or partnership shall have a charter, mission statement, goals and objectives.	Review the charter, mission statement, goals and objectives.							**1**
c) Authorized agency representative The provider shall appoint an authorized agency representative whose qualifications and duties are defined in writing and include authority for program administration and management. His or her performance shall be reviewed and documented annually by the governing body.	Has the agency appointed an authorized agency representative? Are his/her duties in writing? Does it include authority for program administration & management? Is there evidence the board reviews the performance annually? Ex: Described in Board Minutes or Executive Board Minutes							**1**
		Pts. =				**Pts. N =**		

Standard	Guideline	F	S	M	U	N	Pts	Tot
Section 119.260 Administrative requirements								
d) Provider policy requirements **1)** The program shall have written policies which shall be reviewed annually, revised as necessary and approved by the governing body or advisory board and shall describe:	Is there evidence of annual review by the governing body or advisory board of written policies?							**1**
A) Goals and objectives reflecting annual and long-range plans; **B)** The population served, including age groups, disabilities and geographic service area; **C)** The services provided in response to individual and community needs including: **i)** The hours and days of operation; **ii)** The methods used to perform initial screening and assessment of individuals; **iii)** A description of processes used for development of the services plan; **iv)** The use and approval of special training procedures such as time-out, restraint and aversive techniques; **v)** Handling emergencies and disasters; and **vi)** Maintenance of buildings, vehicles and equipment.	There must be written policies and procedures with governing body or advisory board approval of policies.							**1**
2) Program policy shall ensure the availability of professional, administrative and support staff to assess and address the needs of individuals. This includes personnel and consultants who can communicate, either verbally or non-verbally, with individuals.	There must be a policy and procedure regarding communicating with non-English speaking individuals, individuals who require sign language to communicate, and with individuals who are non-verbal.							**1**
3) Program policy shall ensure that Department-authorized consumer-interest groups shall be permitted, with the consent of individuals, to visit a program.	Specific policy statement							**1**
e) Personnel requirements **1)** Programs shall not discriminate in the hiring or employment of staff on the basis of race, color, age, national origin, sex, religion, or handicap.	Specific policy statement							**1**
2) Personnel policies and procedures shall be in writing and available for review.	Are there written personnel policies and procedures?							**1**
		Pts. =				**Pts. N =**		

Standard	Guideline	F	S	M	U	N	Pts	Tot
Section 119.260 Administrative requirements								
3) The program shall have written job descriptions or contractual agreements for every position, including consultant and direct-service volunteer positions, which list the job title, duties and responsibilities, minimum experience and educational requirements, immediate supervisor and subordinates.	Are there job descriptions for all titles which address all requirements of this standard?							1
4) Staff shall be licensed, registered or certified by the State, if required.	Example: RN License							3
5) When paraprofessional or untrained staff are used in direct services, they shall be supervised by professional staff.	Ask if volunteers or para professionals are used in direct-care. If so, determine who supervises their direct-care activity. Policy for supervision of pre-trained DSP's.							3
6) A pay plan for all position titles in use shall be available for review by the Department.	Ask to see the pay plan. Note presence of all titles.							1
7) An agency shall not employ any person in any capacity unless the agency has inquired of the Department of Public Health as to information in the Nurse Aide Registry concerning the person. If the Registry has information substantiating a finding of abuse or neglect against the person, the agency shall not employ him or her in any capacity.	Nurse Aide Registry is now the Healthcare Worker Registry This applies to all employees.							3
f) Staff and volunteer training 1) Training in principles and practices in the following areas shall be provided to direct service and professional staff: A) Cardiopulmonary resuscitation (CPR), Heimlich maneuver and first aid;	Review all direct service and professional staff training records up to a total of 10. If more than 10 staff, identify 10 staff at random from the agency roster. Each staff must have evidence of current certification in CPR.							3
B) Behavior management; C) Normalization; D) Age and cultural appropriateness; E) Safety, fire, and disaster procedures including: i) Use of fire-fighting equipment; and ii) Familiarity with the disaster preparedness plan; F) Prevention, handling and reporting of abuse, neglect, exploitation, unusual incidents; G) Individual rights in accordance with Chapter 2 of the Code and maintaining confidentiality in accordance with the Act. H) Team planning; I) Infection control and sanitation; and J) Food preparation and handling for staff who prepare and serve food to individuals.	Professional staff with a college degree in a human service field will be presumed compliant for B & C. Look for evidence of training on OIG Rule 50. If there is evidence of DSP training being completed, then BALC can assume that B) - I) are compliant. If the agency prepares lunches or gives food to the individuals in the program, staff who do this must have this training.							3
		Pts. =				**Pts. N =**		

Standard	Guideline	F	S	M	U	N	Pts	Tot
Section 119.260 Administrative requirements								
2) Training for volunteers working directly with individuals shall be provided in the areas discussed in subsections (f)(1)(A),(E), (F) and (G) of this Section. The agency shall provide a training program for other volunteers.	Ask the agency if they use volunteers in any direct service capacity or if there is ever a time when a volunteer is left alone with responsibility for an individual(s). If so , review training records of all up to 3 for requisite training							**3**
g) Quality assurance **1)** There shall be a written quality assurance plan and ongoing activities designed to review and evaluate services to individuals, operation of programs and to resolve identified problems.	Is there a written plan? Evidence of ongoing quality assurance activities may include reports to governing body, minutes of quality assurance committee meetings, etc.							**1**
2) The scope of quality assurance shall include reviewing semi-annually, or more frequently if problems are identified, at least the following: **A)** Service planning; **B)** The use of special procedures including behavior management procedures; **C)** Unusual incidents relative to services to individuals; **D)** Service utilization; **E)** Individual's records ensuring that they meet the requirements of this Part; **F)** Subcontracted services to ensure that the needs of individuals are being met; and **G)** The status of individuals receiving service.	All noted aspects must be addressed, at least semi-annually through documented reviews of selected individual records. Each record reviewed must be reviewed by staff not responsible for delivery of services to that individual.							**3**
3) Records of quality assurance reviews and activities shall be filed separately from the records of individuals.	No quality assurance findings should be present in a clinical record.							**1**
h) Unusual incidents **1)** The provider shall have written policies and procedures for handling, investigating, reporting, tracking and analyzing unusual incidents through the provider's management structure, up to and including the authorized agency representative. The provider shall ensure that staff demonstrate their knowledge of, and follow such policies and procedures that shall include but are not limited to:	Each item below must be specifically identified with a concomitant procedure for staff to follow in dealing with the individual(s) involved, and how to report the incident to the supervisory chain.							**1**
A) Sexual assault; **B)** Abuse or neglect; **C)** Death; **D)** Physical injury; **E)** Assault; **F)** Missing persons; **G)** Theft; and **H)** Criminal conduct.	For 3 of the 10 staff training records examined, verify through interviews with those staff that these competencies exist in compliance with agency policies.							**3**
		Pts. =				**Pts. N =**		

Standard	Guideline	F	S	M	U	N	Pts	Tot
Section 119.260 Administrative requirements								
2) Within 24 hours after becoming aware of an incident, the provider shall report to the appropriate law enforcement agencies any incident which is subject to the Criminal Code of 1961 [720 ILCS 5].								1
3) The provider shall ensure that instances of abuse or neglect against individuals in programs that are certified by the Department are reported to the Office of the Inspector General (Section 6.2 of the Abused and Neglected Long Term Care Facility Residents Reporting Act [210 ILCS 30/6.2].	Providers must report abuse or neglect to OIG within 4 hours of discovery.							1
i) Individual's record **1)** The program shall ensure the confidentiality of an individual's record in accordance with the Act. Individuals or their guardian shall have access to the individual's record upon request	Is the full name of another individual receiving service identified in an individual's record? If records are seen left unattended in common area or unlocked office, this would be non-compliant based on the number of records left exposed.							3
Ensure safekeeping of all records against loss or destruction.								1
2) The program shall maintain a chronological record for each individual. Records shall be located at a site, designated by the program, that is accessible and convenient to staff contributing to the plan. **A)** Each entry shall be legible, dated and authenticated by the signature and title of the person making the entry.	At least a "working file" that include the DT plan including any behavioral plan and emergence information must be kept at the individual's DT site. Is each entry legible, dated & signed, including the title of the author?							3
B) Corrections shall be initialed and made in such a way as to leave the original incorrect entry legible.	No type correction product may be used. The correct procedure is to draw a single line through the incorrect entry and initial and date it before making the correct entry. If a signature and date was originally required, the corrected entry must also be signed and dated. If the wrong individual's name is entered, the name must be fully concealed when corrected.							3
C) When symbols or abbreviations are used, the program shall provide a legend, standardized throughout the program, to explain them.	If any abbreviations are noted, ask the agency for an approved list of abbreviations							1
		Pts. =				**Pts. N =**		

Standard	Guideline	F	S	M	U	N	Pts	Tot
Section 119.260 Administrative requirements								
3) The following information shall be obtained and recorded when an individual enters a program, and shall be updated as necessary: **A)** Identifying information including name, DOB, sex, race, SS# and legal status. **B)** The name, address and telephone number of the guardian or the person to be notified in case of emergency. **C)** The language spoken or understood by the individual including, in the case of a hearing impaired or non-verbal individual, the individual's preferred mode of communication. **D)** Psychological assessments and recommendations. **E)** Prescribed medications, allergies to foods, other medications and substances. **F)** Physical and dental examinations and medical history. **G)** Consent to receive emergency medical services; and **H)** Copies of the authorization for release of information.	All elements must be present to get credit for the record. Is this information in the record? Ensure the telephone number is available for each individual. Is the preferred language and/or method of communication noted? The psychological assessment need only be updated as the agency determines necessary. Does the record note medications & allergies? Is there a physical & dental present? Is consent form present & signed by the appropriate person? Are release of information forms present & signed by the appropriate person?							3
4) The following shall be entered in the individual's record during the period of service: **A)** Prior service history; **B)** Initial assessments and plan and the most recent assessments and plan. **C)** Documentation of approval and their results when special training procedures are used such as time-out, restraint and aversive procedures; and **D)** Chronological progress notes, at least monthly, documenting the individual's involvement in and response to the plan.	All elements must be present to get credit for the record Is there a prior service history? If special training procedures are used, is the approval by the HRC and the BMC in the record with the signature of the authorized agency representative or designee? Monthly progress notes which correspond to the services plan.							3
Section 119.261 Application for waiver of the prohibition against employment								
a) The agency shall not knowingly hire or retain any person after January 1, 1998 in a full-time, part-time or contractual direct care position if that person has been convicted of committing or attempting to commit one or more of the following offenses unless the applicant or employee obtains a waiver.....	Do all employees (up to the 10 checked for staff training) with a criminal background have a waiver? If any employee records which should have a waiver do not, 0 points will be awarded for this section.							3
f) The provider shall request the UCIA criminal history record check in accordance with the requirements of the Department of State Police.	Do all employees (up to the 10 checked for staff training) have evidence of a criminal background check? All records must be compliant to receive 3 pts.							3
		Pts. =				**Pts. N =**		

Level 1 = 100%
Level 2 = 93-99%
Level 3 = 80-92%
Level 4 = 70-79%
Level 5 = 0-69%

Total Points Awarded/Total Points Available x 100 = Percentage Compliance

Total Points Possible 344

Total Points "N" _____

Total Points Available _____

Total Points Awarded _____

Level Award _____