

# LIGAS COMPLIANCE MEASURES

## FOR CLASS MEMBERS LIVING IN COMMUNITY INTEGRATED LIVING ARRANGEMENTS (CILA)

Focus Person:	
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Reviewer(s) Name(s):	
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Date(s) on-site:	
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It is important that everyone takes abuse/neglect/exploitation/mistreatment of people with disabilities seriously, that everyone is able to recognize it when it occurs, and that everyone knows what to do next.

Suspected abuse/neglect/exploitation/mistreatment should be reported to the OIG Hotline: **1-800-368-1463**

<http://www.dhs.state.il.us/page.aspx?item=29428>

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## Demographics

FOCUS PERSON			
NAME:		ID#:	
DATE OF BIRTH:	AGE:	GENDER: M: <input type="checkbox"/> F: <input type="checkbox"/>	Comment:
MARITAL STATUS:			

RESIDENCE	
ADDRESS:	
TELEPHONE (Focus Person):	TELEPHONE (Home/Facility of Person):
DATE OF MOVE TO THIS ADDRESS:	
PREVIOUS ADDRESS(ES):	
DATES:	
WAS MOVE RELATED TO CRISIS: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	

PRIMARY RESPONDENT AT RESIDENCE	
NAME:	AGENCY:
TITLE/RELATIONSHIP:	TELEPHONE/EMAIL:

INDEPENDENT SUPPORT COORDINATOR	RESIDENTIAL PROVIDER
NAME:	RESIDENTIAL PROVIDER CONTACT #1:
AGENCY/COUNTY:	RESIDENTIAL PROVIDER CONTACT #2:
ADDRESS:	AGENCY/ENTITY:
TELEPHONE/EMAIL:	ADDRESS:
	TELEPHONE/EMAIL:

VOCATIONAL/DAY/EMPLOYMENT	OTHER PROVIDER CONTACT #1
NAME:	NAME:
AGENCY/COUNTY:	AGENCY/ENTITY:
ADDRESS:	ADDRESS:
TELEPHONE/EMAIL:	TELEPHONE/EMAIL:

PARENT 1	PARENT 2
NAME:	NAME:
ADDRESS:	ADDRESS:
TELEPHONE/EMAIL:	TELEPHONE/EMAIL:

LEGAL STATUS		
<input type="checkbox"/> No guardian or conservator	<input type="checkbox"/> Guardian	<input type="checkbox"/> Don't Know
Type of Guardianship (based on review of Guardian Order):		
█		
GUARDIAN	OTHER	
NAME:	NAME:	
RELATIONSHIP:	RELATIONSHIP:	
ADDRESS:	ADDRESS:	
TELEPHONE/EMAIL:	TELEPHONE/EMAIL:	

LIVING ARRANGEMENT (Indicate Waiver Program)		HOME IS:	
<input type="checkbox"/>	24 hour CILA (licensed by BALC)	<input type="checkbox"/>	Apartment
<input type="checkbox"/>	Intermittent CILA (licensed by BALC)	<input type="checkbox"/>	House
<input type="checkbox"/>	Host Family CILA (licensed by BALC)	<input type="checkbox"/>	Owned by Provider
		<input type="checkbox"/>	Rented by Provider
		<input type="checkbox"/>	Owned by Individual
		<input type="checkbox"/>	Rented by Individual
		If home/apartment is leased, is the individual named in the lease? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:			

NUMBER OF PEOPLE IN THE HOME	
Did the individual choose his/her housemates? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	
BEDROOM IS SHARED WITH	
<input type="checkbox"/> No other person	<input type="checkbox"/> # of other persons
If the bedroom is shared, does the individual want to share a bedroom? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, did the individual choose his/her roommate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	
STAFFING IN THE HOME ( <i>Compare to master schedule and rate sheet</i> )	
<input type="checkbox"/> # of Full-time (all shifts)	<input type="checkbox"/> # of Part-time (all shifts)
Staff titles and numbers of each on all shifts (e.g., DSP, CNA, LPN, RN, etc.):	
Comments:	





**Compliance Categories**

# LIGAS COMPLIANCE MEASURES

<b>1. Person-Centered Planning/Measuring Outcomes</b>		
<b>1a.</b>	<b>The individual's personal outcomes and preferences are fully captured within the most recent Discovery Tool document.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>The Discovery Tool documents the individual's priorities and desired outcomes, even if those preferences differ from those of the guardian.</i>  <i>The Discovery Tool has been updated if the individual's priorities, preferences, desires, abilities, or supports have changed since the initial assessment.</i>  <i>The Discovery Tool serves as the basis for annual development of the Personal Plan.</i>  <i>When evaluating presence of this compliance measure, determine whether or not the individual expresses outcomes or preferences that are not documented within the Discovery Tool. If not documented, determine if others were aware of the new preferences/outcomes. If so, was the ISC notified? If so, did the ISC update the discovery tool?</i></p>		
<b>Justification and Findings (Please indicate + or – with regard to each finding):</b>		
<b>1b.</b>	<b>The ISC has documented identified risks in the Discovery Tool and developed a plan to mitigate those risks.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Possible risks of safety including abuse, neglect, exploitation, and mistreatment should be identified and documented in the individual's Discovery</i></p>		
<b>Justification and Findings (Please indicate + or – with regard to each finding):</b>		
<b>1c.</b>	<b>Risks to the individual and the strategies, supports, and safeguards to minimize risk are identified in the Personal Plan.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>The Personal Plan clearly documents the risk factors and necessary safeguards and risk factors necessary for the person to achieve their desired outcomes. These identified risk factors are specific, justifiable, and contain sufficient detail.</i>  <i>Documented risk factors and safeguards flow from the person's preferences and desired outcomes that were identified through the person-centered planning process.</i>  <i>The Personal Plan, as developed by all involved in the planning process, identifies potential risks and vulnerabilities including behavioral and health considerations. Appropriate safeguards are developed which address the risks/vulnerabilities without resulting in overprotection and supports the individual in living a life he/she considers to be meaningful and productive.</i></p>		
<b>Justification and Findings (Please indicate + or – with regard to each finding):</b>		

<b>1d.</b>	<b>The individual's strengths and preferences are documented in the Personal Plan.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>The plan identifies and encourages the person's overall independence by focusing on the person's strengths in a positive way and demonstrates the basis for decisions made in services and supports focusing on the person's capabilities (and not just clinical or functional needs).</i>  <i>The plan identifies and encourages the person's overall independence by focusing on the person's strengths in a positive way and demonstrates the basis for decisions made in services and supports.</i>  <i>The plan has documented the person's strengths and preferences in an individualized, positive and thoughtful way, and encourages the overall independence of the person by focusing on the person's capabilities (and not just clinical or functional needs).</i>  <i>When evaluating presence of this compliance measure, determine whether or not the individual expresses outcomes or preferences that are not documented within the Discovery Tool. If not documented, determine if others were aware of the new preferences/outcomes. If so, was the ISC notified? If so, did the ISC update the personal plan?</i>  <i>From the individual interview, include findings as to whether the person reports that they are satisfied with how the written plan reflects his/her personal preferences and strengths.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>1e.</b>	<b>The individual's desired outcomes are documented in the Personal Plan.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>The person's outcomes and services that are part of the plan must consider the quality of life concepts most important to the person.</i>  <i>When all preferences and desired outcomes cannot be accommodated, the person is actively involved in determining which of those preferences and desired outcomes will be considered "high priority."</i>  <i>All identified outcomes are addressed within the personal plan or have been assessed as "low priority" for the person. When all preferences and desired outcomes cannot be accommodated, the person is actively involved in establishing priorities.</i>  <i>From the individual interview, include findings as to whether the person reports that they are satisfied with how the written plan reflects his/her personal preferences and strengths.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>1f.</b>	<b>Each specific service and support addresses the persons needs in order to achieve desired outcomes identified in the Personal Plan.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>The Personal Plan reflects the supports and services determined necessary to be provided based on individual's unique circumstances.</i>  <i>Supports and services for the person are based on the person's preferences and outcomes in areas such as recreation, transportation, friendships, therapies, home, employment, family relationships, consistent with the person's needs and desires.</i>  <i>There should be an evident connection of the services/supports to the person's outcomes, preferences, risks, needs, etc. It should be clear how the person's prioritized preferences and needs are being supported.</i>  <i>Information gathered from interview with the individual or someone who knows the person well matches the services and supports identified in the person's plan with the preferences and needs of the person.</i></p>		

<p><i>When supports are not documented, determine if the outcome has been deemed as a "low priority" for the person or if a provider is not readily available within the preferred geographic area. When no provider is present, confirm that efforts are in place to notify the Division of the need for capacity development.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>1g.</b>	<b>The individual's preferences for leisure and recreational activities are identified in the Personal Plan.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Evidence would include an inventory which elicits a person's interests with respect to activities, milieu, frequency, and duration.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>1h.</b>	<b>The individual's valued social roles are identified in the Personal Plan.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>The Personal Plan identifies the individual's valued roles and how he/she contributes to community life (e.g., volunteer, coffee club, neighborhood watch, family, etc.).  The Personal Plan also identifies how the person's valued roles contribute to enhancement of his/her identity.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>1i.</b>	<b>The extent to which the person is capable of and willing to participate in decisions regarding his/her personal funds management as well as the extent to which the agency is entrusted with assisting in the management of personal funds are identified in the Personal Plan.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>The plan addresses all limitation on access to personal funds and specifies how supports will be provided to assist the person to purchase items he/she needs/desires. Information should be included regarding banking preferences and assistance required to access those funds.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>1j.</b>	<b>The individual's preferences for transportation are identified in the Personal Plan.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>The plan identifies the individual's strengths, interests, preferences and all support needs with regards to transportation.  Conditions for success to use transportation (for those wishing to use transportation) are described in the plan.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		

<b>1k.</b>	<b>Assessments needed by the individual or required by program regulation were completed in a timely manner to inform the individual's Personal Plan development.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Any assessments needed to identify the individual's needs for functional, clinical/medical support are completed to assist in service and support planning and decisions (e.g., annual physical, ICAP, SAMA, SLOF for dually diagnosed individuals).  Recommendations from assessments are incorporated into the Personal Plan (ex. Physician recommendations, dietary, etc.).  Assessments that are needed, but not yet completed, have been identified and scheduled timely after identification of need.  The ISC, team, and individual have sufficient information to identify and justify the person's service/support needs.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>1l.</b>	<b>The individual's identified needs for clinical and/or functional support are documented in the Personal Plan.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>The plan identifies the amount and type of professional/non-professional assistance or support a person needs because of limitations in performing daily activities and to assist the person to achieve the best possible health, restore lost capacity or minimize further loss of functioning and independence.  In addition to the need for direct intervention it may include identifying the person's needs for education, information and support for the person to make their own best possible choices about their clinical and healthcare needs.  The Personal Plan accurately and comprehensively documents the person's need for clinical supports and healthcare supports.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>1m.</b>	<b>The individual's priorities/interests regarding meaningful community-based activities, including the desired frequency and the supports needed are identified in the Personal Plan.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>The Personal Plan specifies the varied community-based activities for which the person has expressed or demonstrated interest. This may include community activities intended to assist the person with functional skills, but also identification and planning for community integration based on individualized interests and priorities in leisure, recreation, associational memberships, and cultural interests. (e.g., church membership, social activities and social groups, clubs of shared interests, shopping and purchasing desired or needed items, etc.).  The Personal Plan addresses barriers to the person being able to access his/her community interests with more independence.  The Personal Plan identifies the person exploring new experiences when it is unclear what the person prefers, or it is acknowledged by the individual or the individual's guardian that the person has had limited opportunity and may benefit from exploration.  Community preferences and activities are identified, in place, and meaningful to the person.  The Plan describes supports necessary for successful integration into the community, including conditions for job success (for those wishing to work).</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		

<b>1n.</b>	<b>The individual's desired outcomes, priorities, and interests regarding meaningful work, volunteer and recreational activities are identified in the Personal Plan.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>The person's preferences/priorities for employment or non-employment activities are documented in the Personal Plan as expressed or assessed. Determine if the individual has a job, is volunteering and/or participating in other meaningful activities, and if these activities align with his/her interests and desired life outcomes as indicated in the plan.</i>  <i>If employment is not desired by the person, or he/she is not able to work, other meaningful day activities are developed and offered per their assessed or known interests. This includes interests in paid and unpaid volunteerism, education, skill enhancement, and hobby/recreation/leisure pursuits that contribute to the person's quality of life, purpose, and fulfillment.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>1o.</b>	<b>The individual's desired outcomes and priorities regarding meaningful relationships are identified in the Personal Plan.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>The person's desire for relationships is elicited/assessed in the planning process, ensuring responsiveness in determining how to facilitate vs. focusing on barriers to supporting.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>1p.</b>	<b>The individual's desired outcomes and priorities related to health concerns and medical needs are identified in the Personal Plan.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Significant health care issues/concerns are identified in the plan as they impact the person's quality of life. This may be related to specific diagnoses or to specific activities that impact the person's health.</i>  <i>Discussion and identification of health issues and supports also includes the routine health care activities that require support and monitoring; e.g. taking medication, diabetes care, needed equipment.</i>  <i>Priorities related to health may also focus on maintaining health through a healthy lifestyle (e.g. dietary moderation, exercise, meditation, sleep habits) and related supports/education.</i>  <i>If the individual is a competent adult who will be independently ensuring that his/her health/medical needs are met, this is documented in the plan.</i>  <i>If the individual has been determined incapable of making informed decisions, the guardian may make an informed decision not to address or receive support to address a medical condition. This must still be identified in the plan, as well as efforts taken to inform/educate the individual, and circumstances regarding the informed decision.</i>  <i>An individual may make an informed decision not to address or receive support to address a medical condition. This must still be identified in the plan, as well as efforts taken to inform/educate the individual, and circumstances regarding the informed decision.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		

<b>1q.</b>	<b>Provider agencies that agree to support service(s) or outcomes listed in the Personal Plan will document the service(s) and outcomes on the Provider Signature Page.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>The Summary of Services &amp; Supports page of the Personal Plan is to be completed by the ISC agency. The ISC must document all services, as applicable to each individual, on this page Plan under the column titled Service/Support. ISC agencies must ensure that all Medicaid Waiver services to be provided to an individual (including the services' scope, amount, frequency and duration) must be listed in the individual's Personal Plan. This should include Individual Service &amp; Support Advocacy.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>1r.</b>	<b>The Personal Plan is completed in a timely manner.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>The current Plan must be completed within 365 days of the previous Plan.                  The Personal Plan is considered complete when the individual and guardian approve the services, identified outcomes and supporting information in the Plan. The individual, guardian (if applicable) and ISC must sign the Personal Plan. The last signature date of these three parties becomes the annual renewal date for the Personal Plan.  <a href="https://www.dhs.state.il.us/page.aspx?item=100040">https://www.dhs.state.il.us/page.aspx?item=100040</a></i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>1s.</b>	<b>Implementation Strategies are received and approved from all involved provider agencies within 20 days of signing the Personal Plan.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Provider Agencies have 20 calendar days to develop their Implementation Strategy. The 20 calendar days begins with the provider's signature date on the Provider Signature Page of the Personal Plan. Implementation Strategies are in the person's record and dated.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>1t.</b>	<b>The Implementation Strategies address all identified risks in the areas for which the provider is responsible.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>The priorities, strengths, support needs and risk factors identified in the Personal Plan must be addressed and accounted for in the Implementation Strategy for those areas in which the organization is being paid to provide services (e.g. if a person is only receiving employment support, the Implementation Strategy is not required to address issues related to the home). The more comprehensive the nature of paid services being provided (e.g. 24-hour CILA vs. employment services), the more detailed and accountable the Implementation Strategy will be.</i></p>		

<p><i>The implementation strategy must Identify risks included in the Personal Plan and any others subsequently identified; strategies that will be used to mitigate risk and who is responsible for implementing these strategies.</i></p> <p><i>Compare the Implementation Strategies with the Personal Plan. Does it address all identified risks for which the provider is responsible? (Note: Depending on the services they have selected, a person receiving home-based supports may not have an implementation strategy.)</i></p> <p><i>Providers developing Implementation Strategies should address all risks which may reasonably be expected to present in the settings encountered by the individual during the time periods when and locations where the provider is responsible for supports.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>1u.</b>	<b>The Implementation Strategies address desired outcomes for which are identified in the Personal Plan and for which the provider is responsible.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u></p> <p><i>The implementation strategy must reflect the outcomes identified in the Personal Plan.</i></p> <p><i>Include functional training areas and methods to measure progress.</i></p> <p><i>Approval through consent of the person and/or guardian is obtained.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>1v.</b>	<b>The Implementation Strategies give direction to provider staff how to support the individual and ensure consistent implementation of his/her desired outcomes.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u></p> <p><i>Contains sufficient detail to ensure consistency among various provider staff.</i></p> <p><i>Includes information regarding personal preferences and priorities of the person with sufficient detail to ensure that staff are aware and supportive of such preferences/priorities.</i></p> <p><i>Includes on-going support needs not related to personal outcomes.</i></p> <p><i>Strategies should provide clear direction to direct service staff, including type of supports, frequency of supports, responsible parties, manner support should be given. If specific conditions or methods should be avoided, those should be clearly stated. The “test” of sufficient clarity of implementation strategies should be “would a new staff person with no prior knowledge of the individual have clear instructions on what is important to the person and how to support him/her to achieve it?”</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>1w.</b>	<b>Implementation Strategies include justification for all restrictions and setting modifications that impact the person receiving services.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u></p> <p><i>All rights restrictions in place at the provider agency are addressed within the Implementation Strategies.</i></p>		

<p><i>Implementation Strategies must Include justification for any restriction(s) or modifications that limit the person's choice, access or otherwise conflict with HCBS standards</i>  <i>Reason for restriction is documented.</i>  <i>Restrictions in place only with notice to and informed consent of the individual, guardian, and HRC.</i>  <i>Implementation Strategies include plan to reduce the dependence on restrictive measures.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>1x.</b>	<b>Implementation Strategies include criteria by which the team can determine when the outcome has been achieved.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Outcomes must be written in such a way that there is no question about when the outcome is determined. Statements with multiple interpretations should be avoided. Outcomes should be expressed so that the individual's preferences are clearly stated.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>1y.</b>	<b>Measurable data is kept which verifies the consistent implementation of each of the strategies so a determination regarding progress/lack of progress can be made.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Although there is no mandated frequency of data collection, data should be gathered from all staff responsible for providing supports. Frequency of data collection and the type of data required should be clearly specified so that all responsible staff complete the required documentation.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>1z.</b>	<b>Strategies are implemented at a frequency that enables the individual to learn new skills.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Consideration should be given to the frequency that the person has for using the desired skills. Strategies should then be implemented consistently to avoid confusion and to provide clear models for the person. Strategies are not limited to use during "formal" training times but should make use of the natural opportunities to use/practice the skill.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>1aa.</b>	<b>Monthly/Quarterly reviews track progress toward achievement of Personal Plan outcomes.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>The periodic monitoring should identify whether the person still desires the stated outcomes as well as the progress towards attaining them. Once attained, direction should be provided if supports are needed to assist the person to sustain the outcome. Information is shared with the case manager when outcomes are attained.</i></p>		

<b>Justification and Findings (Please indicate + or – with regard to each finding):</b>		
<b>1bb.</b>	<b>The person has made measurable progress toward achieving outcomes in the past year.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Consider if the amount of progress is satisfactory to the individual. Does the individual agree that progress is being made? Documentation should reflect review of the person’s status and progress with regard to valued outcomes. Be alert as to whether an unmet need for service is preventing the individual from progressing toward attainment of valued outcomes.</i></p>		
<b>Justification and Findings (Please indicate + or – with regard to each finding):</b>		
<b>1cc.</b>	<b>The person’s service(s) in total, contribute to advancing toward or achieving his/her desired outcomes.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Is there a noticeable absence of services or supports that would assist the person to achieve his/her desired outcomes? Is the person required to receive services that are not needed based on his/her desired outcomes?</i></p>		
<b>Justification and Findings (Please indicate + or – with regard to each finding):</b>		
<b>1dd.</b>	<b>If the person is not successful in achieving outcomes, the team has determined why and what changes are needed.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Look for documentation of discussions with relevant staff when adjustments are needed to the strategies and supports. Input from the direct support providers, individual, case manager, and guardian should be considered.</i></p>		
<b>Justification and Findings (Please indicate + or – with regard to each finding):</b>		
<b>1ee.</b>	<b>The provider and ISC recognize when the individual is not making progress toward outcomes and take appropriate actions to address the problem(s) in a timely manner.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Needed supports are periodically reviewed and assessed to ensure they continue to address barriers to the person attaining his/her desired outcomes. A process is in place and utilized by the person who receives services, the guardian, and provider personnel to alert the ISC to the need to update the Personal Plan. Providers notify the ISC/case manager when problems are identified that interfere with progress towards desired outcomes. Additional or alternative supports are initiated when there is a lack of progress. Further assessment may be required to fully identify the reason supports have not resulted in success. Outcomes are discontinued only when they no longer reflect the desires of the person receiving services.</i></p>		

Justification and Findings (Please indicate + or – with regard to each finding):		
<b>2. Independent Support Coordination</b>		
<b>2a.</b>	<b>There is evidence the individual/guardian was provided a choice of Independent Support Coordinator.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Note the name and agency of the ISC in findings.                  Was ISC representative assigned or chosen?                  Does individual and/or guardian have any complaints with the ISC representative? Have the complaints been resolved? See individual and guardian/family interviews for findings.</i></p>		
Justification and Findings (Please indicate + or – with regard to each finding):		
<b>2b.</b>	<b>Pre-Admission Screening is completed in a timely manner, if applicable.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>DDPAS-10, OBRA or Conversion completed and signed by a QIDP within time frames set by waiver requirement.</i></p>		
Justification and Findings (Please indicate + or – with regard to each finding):		
<b>2c.</b>	<b>There is evidence the ISC has demonstrated competency in assisting the individual in development of a Personal Plan that describes the services and supports necessary to implement the individual’s desired outcomes.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Plan is present and up to date. Plan has been revised if it no longer reflects the person’s desires. Are all services and supports received by the person included in the plan? Has individual requested services and supports which are not included?</i></p>		
Justification and Findings (Please indicate + or – with regard to each finding):		
<b>2d.</b>	<b>CRISIS TRANSITION PLAN and FUNDING REQUEST document (IL462-0140) is completed in a timely manner.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>All necessary documents and signatures required completed according to the time frames (72 hours) set forth in the LIGAS consent decree.</i></p>		
Justification and Findings (Please indicate + or – with regard to each finding):		

2e.	<b>In person visits with individual served completed at least 2x/year and at least every 6 months, unless greater frequency is requested by the individual and/or guardian.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Review Individual Service Coordination (ISC) Visiting Notes</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
2f.	<b>Personal Plan is updated when significant changes occur.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>View updated Personal Plan.                  A process is in place and utilized by the person who receives services, the guardian, and provider personnel to alert the ISC to the need to update the Personal Plan.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
2g.	<b>The ISC monitors that the individual is linked to and receiving the services he/she wants and that the services are helping the individual to attain his/her valued outcomes as well as to observe for evidence that the person is safe and well.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Has ISC completed at least one monitoring visit in addition to the planning contact? Does the ISC have methods other than face-to-face visits to gather monitoring information? Does the individual and provider staff know how to contact the ISC if changes to services or outcomes are desired? Are changes made when requested or is person required to wait until next scheduled annual plan revision? Review ISC monitoring visit reports in order to determine whether health/safety issues have been identified and have received appropriate and timely follow-up.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
2h.	<b>There is evidence the ISC reviewed data during their contacts with the individual to determine progress and identify the need for changes in supports.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>The ISC is responsible for reviewing data during their contacts with the individual to determine progress and identify the need for changes in supports.                  Note any discrepancies in the data and ISC notes.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		

2i.	<b>The ISC notes reflect monitoring and tracking of the delivery of services as outlined in the Personal Plan.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Notes should summarize progress to date and identify needed follow up to address concerns.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
2j.	<b>The ISC has contact with the individual’s guardian, family, advocate, and/or other significant people to assess satisfaction and improve coordination of services.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Look for a variety of contacts rather than use of those who are most available. Ask individual if there is anyone that they wish to have input but has been missed.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
2k.	<b>The ISC provides case management services at the level needed by this individual, including any necessary follow-up to CIRAS reports or OIG investigations.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Consider the degree (timeliness and effectiveness) to which recommendations have been followed up, services have been provided in line with the person’s needs, and barriers have been identified, addressed, and eliminated, CIRAS notes, OIG investigations, etc. Look at critical incidents and abuse/neglect/exploitation/mistreatment allegations. What follow up has occurred? Has follow-up sought to reduce the likelihood of repeat occurrences? Are patterns of reportable events examined?</i>  <a href="http://www.dhs.state.il.us/page.aspx?item=97101">http://www.dhs.state.il.us/page.aspx?item=97101</a></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
2l.	<b>The ISC has assisted the individual and/or guardian in understanding his/her right to appeal adverse actions and facilitated the appeal process upon request.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Has notice of rights been provided within the past year (both in writing and verbally)? Have any services been involuntarily terminated in the past year? Were appeal rights explained at that time. (See 1201 form).</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		

3. Safety (including risk mitigation, environmental maintenance)		
3a.	Home is adequate to meet the needs of the individual (e.g., doorways widened, appropriate ramps, stairs inside and out have appropriate railings, bathroom grab rails, walk-in/roll-in showers, etc.), reflects the individual’s preferences/culture, is safe, and well maintained.	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>                      Consider findings/justifications from Environmental Observation Table.                      Consideration should be given to both the interior and exterior of the home.</p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
3b.	Individualized adaptations specified in the individual's Personal Plan are present and in working order.	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>                      Consider findings/justifications from Environmental Observation Table.</p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
3c.	Regular drills for fire and weather emergencies (e.g., tornado, earthquake) are conducted and documented as required.	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>                      For CILAs, a minimum of one evacuation drill for each shift is required annually. In general, practice and drills should be done at a frequency needed to accommodate the individual’s needs.                      Findings related to fire and emergency drills should be specifically denoted as to residential or day program.</p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
3d.	Fire and EMS Personnel have been notified of any significant medical or evacuation issues with individuals in the home.	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>                      There are no specific rules/expectations to provide advance notice of such needs to emergency personnel. It would be the expectation that the staff on duty in the CILA would be aware of such needs and would advise emergency personnel upon arrival. There should be evidence that the agency has contacted EMS to explain that individuals with disabilities live in the home and/or developed a relationship with EMS to provide an awareness of the individuals who reside in the home.</p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		

3e.	<b>The house and vehicles do not stand out apart from other homes in the neighborhood except for accommodations required to meet the needs and preferences of the individuals residing in the home.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>In general, we would expect that the home matches others in the neighborhood with regards to exterior appearance (maintenance, landscaping, etc). There should be no signage on the outside of the home that identifies it as a CILA.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
3f.	<b>If the individual, family, and/or guardian reported any concerns about the person’s health, safety, or environment, appropriate action has been taken to address.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Such issues should be identified in the Discovery Tool, Personal Plan, and/or documented in ISC visiting notes, CIRAS, or OIG reports. Action taken to address concerns should be evident in observations of the home environment and staff knowledge of the individual's unique needs.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
3g.	<b>Based on review of ISC monitoring reports for the past year, any problems or concerns noted about person’s health, safety or environment were promptly and appropriately addressed.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Similar to 5g but specific to the ISC's own observations rather than reports from others.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
3h.	<b>Based on record review, observations, and interviews does the reviewer note any concerns about the person’s health, safety, or environment?</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Obvious unaddressed needs that have not been considered or addressed by the plan or strategies. In some cases, the direct care staff on duty in the home may not be aware of issues discussed but determined not to be a priority. It may be necessary to speak with the ISC or provider QIDP to ensure that issues were discussed and the identified response is consistent with the person's and guardian's preferences.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		

<b>ENVIRONMENTAL OBSERVATIONS TABLE</b>			
<i>Note: You are a guest in the person's home. Please introduce yourself to everyone and DO NOT go into the individual's bedroom without first seeking and receiving permission. DO NOT go into other individual's bedrooms unless you are invited by the person whose bedroom you are entering. Be respectful and courteous to everyone in the home. Take time to observe the home during the visit. <b>Observations will be considered in determining the ratings for measures in section 3 above.</b></i>			
	<b>Compliance Measure</b>	<b>Justification and Findings (Please indicate + or – with regard to findings)</b>	<b>Rating</b>
3aa	The home is clean, odor free, and well maintained (floors, carpets, walls, furniture, kitchens, baths, etc.).		<b>Choose</b>
3bb	Kitchen and laundry appliances are in working order.		<b>Choose</b>
3cc	Home furnishings reflect the desires of the individuals residing in the home.		<b>Choose</b>
3dd	The individual has personal possessions and decorations of his/her choice, not just in bedrooms, but the home reflects the individuals who live there. Are there photos/ mementos of friends and family observable? The home should reflect the preferences, age, culture of the individuals, in both the individual bedrooms and throughout the home. In shared spaces, compromise should be reached among the varied preferences of all living in the home.		<b>Choose</b>
3ee	The individual can move freely throughout the home (with the exception of housemates' personal rooms). There are no designated staff areas (except in the case of live-in staff or agency leased office area, if applicable) where individuals are not allowed. Any "off limit" areas should be specific to the needed supports of an individual and not "blanket restriction" of all persons in the home.		<b>Choose</b>
3ff	The individual has basic necessities such as food, shelter, clothing, utilities, furnishings, grooming supplies.		<b>Choose</b>
3gg	The home has an adequate supply of food, including basic commodities (e.g., sugar, flour, condiments). Food is appropriately stored. There is an adequate supply of enteral nutrition formula if the individual receives food enterally. Enteral nutrition formula is not expired.		<b>Choose</b>
3hh	The home has an adequate supply of dishes, utensils, pots, pans, bakeware, etc.		<b>Choose</b>
3ii	No safety hazards (e.g., dangling wires, broken/exposed electrical outlets, broken windows) are noted in the home.		<b>Choose</b>
3jj	A fire extinguisher is located in the kitchen. A functional smoke detector is located outside bedrooms (or rooms used for sleeping)		<b>Choose</b>

	and on each level of the home. Carbon monoxide detectors are installed in homes with gas furnaces and appliances.		
3kk	Supplies and information are in place to allow the individual and staff to identify and respond to emergency situations in a quick and efficient manner. Emergency contact phone numbers are readily available in easily accessible locations, including the OIG Hotline number. Contact names and numbers for investigators are posted or available to individuals, families, and staff. Basic first aid supplies are available in the home and in all vehicles.		Choose
3ll	Outside areas of the home, and the yard, is safe and accessible to the individual from the home.		Choose
3mm	Garbage is disposed of properly and is contained.		Choose

**4. Staff Presence, Conduct, Competence  
(including sufficient numbers, staff training, staff knowledge)**

<b>4a.</b>	<b>The staff meet the qualifications and have completed the Direct Support Professional training curriculum to be a DSP.</b>	<b>Choose</b>
<u>Guidance/Compliance Criteria:</u> <i>Review staff training documents.</i>		
Justification and Findings (Please indicate + or – with regard to each finding):		
<b>4b.</b>	<b>The staff is qualified and trained to administer medications.</b>	<b>Choose</b>
<u>Guidance/Compliance Criteria:</u> <i>Review staff training documents and validate during on-site visit.</i>		
Justification and Findings (Please indicate + or – with regard to each finding):		
<b>4c.</b>	<b>The staff have completed Rule 50 OIG training.</b>	<b>Choose</b>
<u>Guidance/Compliance Criteria:</u> <i>Review staff training documents and validate during on-site visit.</i>		
Justification and Findings (Please indicate + or – with regard to each finding):		

4d.	<b>Adequate staff are present during the week and on weekends to provide the services and supports in the individual's Personal Plan.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Please note observations. Compare to rate sheet and master schedule.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
4e.	<b>Staffing is adequate to facilitate the individual's desired community life outcomes.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>There is no evidence the individual has missed opportunities to participate in community life due to insufficient staff. Review records and ask the individual as well staff. Compare to rate sheet and master schedule.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
4f.	<b>If the individual has been approved for 1:1 support, he/she is receiving that support.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>See documentation on rate sheet.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
4g.	<b>Review of documentation and direct observation reflects staff are providing services (type, frequency and duration) as documented in the Personal Plan/Implementation Strategies designed to achieve the individual's desired outcomes.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Documentation should reflect actions taken by staff, the individual's response, progress or lack thereof, and issues/concerns (if any). Compare with Implementation Strategies/Personal Plan.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
4h.	<b>The individual's services are delivered by competent staff/supports that understand their role and the person's needs, preferences, and desired outcomes related to his/her Personal Plan.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Consider findings/justifications from the Staffing Observation table.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		

**STAFFING OBSERVATIONS TABLE**

*Note: Take time to observe staff interactions during the visit. Observations will be considered in determining the ratings for measures in section 4 above. Complete table for day and residential staff and denote findings to reflect each.*

	<b>Compliance Measure</b>	<b>Justification and Findings (Please indicate + or – with regard to findings)</b>	<b>Rating</b>
4aa	Staff treat the individual, co-workers, visitors, persons calling on the telephone, etc. with dignity and respect.		<b>Choose</b>
4bb	Staff serve as positive role models related to appearance, interactions, and demeanor.		<b>Choose</b>
4cc	Staff do not engage in personal business while working with the individual. Staff do not air complaints and grievances with others while in the presence of persons receiving services.		<b>Choose</b>
4dd	Staff demonstrate competency in person-specific training needed to support the individual (e.g., sign language, behavior management, dining support, etc.) Staff demonstrate competency in communicating in the individual's preferred language (including alternative communication systems such as sign language). The staff person's ability to understand as well as "speak" the language used by the person receiving services should be considered as well as the ability to read reference documents.		<b>Choose</b>
4ee	Individuals are noted to be neat, clean, dressed for the weather/conditions while reviewers are in the home. When needs arise, they are addressed promptly in a private and respectful manner that avoids calling undue attention to the individual.		<b>Choose</b>
4ff	Staff interactions foster the individual's ability to make personal choices		<b>Choose</b>
4gg	Staff interactions promote learning of functional skills and overall independence such as personal care, dressing, eating, household chores, cooking, etc.		<b>Choose</b>
4hh	Staff encourage individual participation in daily activities rather than performing tasks for the person.		<b>Choose</b>
4ii	Staff conduct promotes the premise that the home is the individual's home and not an institution, a business, or an office.		<b>Choose</b>

Guidance: Indicate if any area of the home is treated as a separate office or there is designation of a "staff only" bathroom.

### 5. Employment/Day Activities, Community Integration

<b>5a.</b>	<b>The individual has been offered opportunities to participate in work or job exploration including volunteer work and or trial work options.</b>	<b>Choose</b>
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Guidance/Compliance Criteria:  
*The individual has been provided a recent opportunity to explore work or volunteer options. If yes, these new experiences are clearly documented in the Personal Plan. If no, the individual is discovering experiences in the community to determine interests, abilities, skills to the extent desired by the individual. (NOTE: n/a is a scoring option only available if the individual considers him/herself retired.) Determine if the individual has a job, is volunteering and/or participating in other meaningful activities, and if these activities align with his/her interests and desired life outcomes as indicated in the plan, are age appropriate. If employment is not desired by the person or is he/she is not able to work, other meaningful day activities are developed and offered per their assessed or known interests. This includes interests in paid volunteerism, education, skill enhancement, and hobby/recreation/leisure pursuits that contribute to the person's quality of life, purpose, and fulfillment. Attendance at a day services facility is not mandatory.*

**Justification and Findings (Please indicate + or – with regard to each finding):**

<b>5b.</b>	<b>If there are barriers to employment, the team has assessed the need for clinical (behavioral, health), assistive technology, and therapy supports as necessary for the person to become successful in employment if desired by the person.</b>	<b>Choose</b>
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Guidance/Compliance Criteria:  
*The personal Plan identifies the barriers and supports/services necessary for the person to participate in employment tasks if desired by the person.*

**Justification and Findings (Please indicate + or – with regard to each finding):**

<b>5c.</b>	<b>If necessary, the individual is provided with ongoing support as needed through a job coach or more informal supports.</b>	<b>Choose</b>
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Guidance/Compliance Criteria:  
*Ongoing job support is reflected in the individual's Personal Plan.*

**Justification and Findings (Please indicate + or – with regard to each finding):**

<b>5d.</b>	<b>The individual is engaged in supported or competitive employment as desired.</b>	<b>Choose</b>
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Guidance/Compliance Criteria:

<p>The individual is:</p> <ul style="list-style-type: none"> <li>• working his/her preferred number of hours per week</li> <li>• earning a legally permitted wage</li> <li>• working in an integrated environment</li> <li>• receiving ongoing support as needed</li> <li>• receiving reasonable accommodations as needed</li> </ul> <p>Document in findings who or what agency is providing necessary ongoing job supports.</p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>5e.</b>	<b>For an individual who receives day services in the community, activities offered that are meaningful to the person.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Ask how the program was selected and how the activities are planned to accommodate the interests of the individual. During observation, does the person seem interested and engage in the activity, with assistance if needed. How frequently does the activity occur? Is there sufficient variety of activities to provide stimulation and meet the person's preferences?</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>5f.</b>	<b>For an individual who receives day services in the community, regular opportunities are provided for community inclusion.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Ask about frequency of community inclusion events. Is there documentation of past events? Is the frequency and type of community inclusion consistent with the individual's desires? Is the person required to participate in activities when there is no interest?</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>5g.</b>	<b>For an individual who attends a facility-based day habilitation program or workshop, there is justification in his/her Personal Plan and activities offered are meaningful to the person.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Ask how the program/workshop was selected and how the activities are planned to accommodate the interests of the individual. During observation, does the person seem interested and engage in the activity, with assistance if needed. How frequently does the activity occur? Is there sufficient variety of activities to provide stimulation and meet the person's preferences?</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		

5h.	<b>For an individual who attends a facility-based day habilitation program or workshop, regular opportunities are also provided for community inclusion.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Ask about frequency of community inclusion events. Is there documentation of past events? Is the frequency and type of community inclusion consistent with the individual's desires? Is the person required to participate in activities when there is no interest?</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
5i.	<b>If the individual is retired, he/she has opportunities to engage in activities of interest during the day.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>The activities provided are age-appropriate, based on the individual's preferences and interests, and promote community inclusion.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
5j.	<b>The individual has adequate access to and use of generic services and natural supports as desired.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Natural supports are people (family, friends, co-workers, neighbors) or supports (environmental, equipment, technology) used to enable individuals to do what they want to do.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
5k.	<b>The individual is encouraged and supported to have access to the community based on his/her interests/preferences/priorities for meaningful activities.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Evidence of integration includes:</i></p> <ul style="list-style-type: none"> <li>• <i>the person has friends who are not paid to be in his/her life and who are not all disabled</i></li> <li>• <i>the person regularly participates in activities and engages with people not paid to be in his/her life</i></li> <li>• <i>the person is recognized by members of his/her community</i></li> </ul> <p><i>The person works, volunteers, contributes to his/her community to the extent desired.</i>  <i>The person is seen as a regular, known by name, etc.</i>  <i>Provider/staff promote, facilitate, and support access to the community to the extent desired by the person.</i>  <i>Transporting all individuals in the home to an activity via the agency bus/van regardless of the individual's preference for activities is not acceptable. However, in some instances, groups do enjoy engaging in the same activities. Such group activities can occur if: (a) it can be documented that group community activities were chosen individually by the person among options and (b) once individuals arrived they were encouraged and supported to interact with others who do not have disabilities rather than stay as an entire group that is insulated from the public at large.</i></p>		

<b>Justification and Findings (Please indicate + or – with regard to each finding):</b>		
<b>5l.</b>	<b>If there are barriers to the individual having access and inclusion in the community, the team has assessed the need for clinical supports (behavioral, health), assistive technology, and therapy services as necessary.</b>	<b>Choose</b>
<i>Guidance/Compliance Criteria: The Personal Plan identifies the barriers and supports/services necessary for the person to participate to the degree desired.</i>		
<b>Justification and Findings (Please indicate + or – with regard to each finding):</b>		
<b>5m.</b>	<b>The individual has been offered opportunities for considering adult education programs if so desired.</b>	<b>Choose</b>
<i>Guidance/Compliance Criteria: Adult education programs are integrated in the community and inclusive of those without disabilities.</i>		
<b>Justification and Findings (Please indicate + or – with regard to each finding):</b>		
<b>5n.</b>	<b>The individual has been offered opportunities for choosing and attending community-based senior citizen programs if so desired.</b>	<b>Choose</b>
<i>Guidance/Compliance Criteria: Senior citizen programs are integrated in the community and offer activities that are meaningful to the individual and promote development of relationships, social skills, hobbies/leisure interests, etc.</i>		
<b>Justification and Findings (Please indicate + or – with regard to each finding):</b>		
<b>6. Leisure, Recreation, Social Relationships (including connection to family and friends)</b>		
<b>6a.</b>	<b>The individual’s desired outcomes and priorities regarding meaningful relationships and personal connections are implemented and respected.</b>	<b>Choose</b>
<i>Guidance/Compliance Criteria: Supporting relationship outcomes includes access to transportation, phones, cell phones, video chat capability, email, AAC, etc.</i>		

<p><i>Supporting relationship outcomes may also include assisting the individual to develop social, communication and other skills as well as providing education on healthy relationships, consensual sex, birth control, etc.</i></p> <p><i>Supporting relationship outcomes includes access to transportation, phones, cell phones, video chat capability, email, etc. Supporting relationship outcomes may also include assisting the individual to develop social, communication and other skills. The agency should be cognizant of specific individuals who are significant to the individual in a social respect and provide needed supports to allow the person receiving services may to remain in contact and develop reciprocal relationships.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>6b.</b>	<b>The individual is encouraged and supported to foster and/or maintain relationships that are important and meaningful to him/her.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>The person should have the opportunity to develop close, private and personal relationships without unnecessary barriers or imposed obstacles. Look for evidence that agency staff actively support the ability of the person to maintain meaningful relationships. The person should be aware that they may visit with others in the community. Even if the person expresses little to no interest in having visitors, the person should understand that it is his/her right.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>6c.</b>	<b>People of significance with respect to social relationships to the individual are identified.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>The agency should be cognizant of specific individuals who are significant to the individual in a social respect.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>6d.</b>	<b>The person is maintaining his/her desired role in the community.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Determine whether the person has, or appears to have, a sense of belonging in the community per their interest.</i>  <i>Consider whether the individuals' preferences and interests are matched with available and desired events and activities in the neighborhood and community.</i>  <i>Being active in their community (to the extent desired by the individual) may include but is not limited to:</i></p> <ul style="list-style-type: none"> <li>• <i>Participation in community events</i></li> <li>• <i>Participation in community organizations and memberships</i></li> <li>• <i>Use of community vendors, businesses and services</i></li> <li>• <i>Social and recreational activities in the community</i></li> <li>• <i>Being recognized and known as a member of the community, being known by name and appreciated by others in the community.</i></li> </ul> <p><i>Desired role considerations include frequency and degree of community membership. Some individuals may appreciate a high frequency, high visibility role in the community; others a low profile, low frequency and others any variation in between.</i></p>		

<b>Justification and Findings (Please indicate + or – with regard to each finding):</b>		
<b>6e.</b>	<b>The individual has leisure activities (e.g., magazines, hobby materials, videos, etc.) available in the home aside from television, consistent with his/her preferences and interests. If the person has not identified specific interests, does he/she have needed supports to explore possible options?</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Please note observations. If there are restrictions of access to such items as magazines, catalogs, television programs, computers for safety/risk reasons, please explain and cross reference with identified risks in the Personal Plan and Human Rights Committee minutes.</i></p>		
<b>Justification and Findings (Please indicate + or – with regard to each finding):</b>		
<b>6f.</b>	<b>The individual participates in a variety of desired experiences and in preferred activities during evenings and weekends.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Review documentation for community activities.</i></p>		
<b>Justification and Findings (Please indicate + or – with regard to each finding):</b>		
<b>6g.</b>	<b>The individual has opportunities to attend religious services as often as desired and at the house of worship of his/her choosing (and not of staff or housemates' preference).</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Review documentation for community activities.</i></p>		
<b>Justification and Findings (Please indicate + or – with regard to each finding):</b>		
<b>6h.</b>	<b>The individual has information about membership to self-advocacy or other community organizations and is supported to become a member and attend if so desired.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Review documentation for community activities.</i></p>		
<b>Justification and Findings (Please indicate + or – with regard to each finding):</b>		

7. Personal Funds Management		
<b>7a.</b>	<b>If the person so desires, training has been designed and implemented to support the individual in gaining necessary skills for more independent management of his/her personal funds.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>For individuals deemed to need help managing money, a representative payee will likely be in place. Examine whether the agency has made efforts to explain to people how their bills are being paid.</i>  <i>Supports should be in place to encourage individuals of all skill levels to utilize and further develop their autonomy in financial affairs.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>7b.</b>	<b>The individual has access to his/her personal spending money as indicated.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Look to see whether individuals carry a wallet/purse/pocketbook. Do they have a debit card, currency, transit pass, credit card, etc.?                      Who chooses what a person can use their funds for? Do they have to ask somebody before purchasing something?</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>7c.</b>	<b>The agency does not restrict the individual’s access to or choice in spending his/her personal money without required approval of a Human Rights Committee.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Talk with individual and staff about method to access personal funds. Ask individual about his/her last purchase. If there are any limitations to access or purchasing, look for documentation in the plan and approval of the HRC at least annually. All restrictions should include a plan to teach skills necessary to reduce/eliminate the restriction.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>7d.</b>	<b>When assistance is needed, personal funds are securely stored and each person’s funds are separately stored and accurately accounted. Individuals who are able to independently access funds are not prevented from doing so based on agency policy and/or practice.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>How does the agency maintain funds? Are periodic statements of expenditures provided to the individual and guardian? Is the individual satisfied with how funds are handled? Have there been any thefts or loss of funds?</i></p>		

<p><i>From the individual and family/guardian interviews, include findings as to whether the person/guardian reports satisfaction with personal funds, loss/theft of personal funds, and whether statements of expenditures are provided.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>7e.</b>	<b>The individual’s personal needs allowance is rightfully distributed each month and records are maintained regarding utilization of these funds.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>An assessment of the individual’s capabilities regarding finances, formal or informal, should be present and accurate.                  For individuals who need help managing money, a representative payee will likely be in place. Examine whether the agency has made efforts to explain to people how their bills are being paid.                  Supports should be in place to encourage individuals of all skill levels to utilize and further develop their autonomy in financial affairs.                  Look to see whether individuals carry a wallet/purse/pocketbook. Do they have a debit card, currency, transit pass, credit card, etc.?                  Who chooses what a person can use their funds for? Do they have to ask somebody before purchasing something?</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>7f.</b>	<b>For individuals earning money through employment, he/she determines how this income is used.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Does a portion of the individual’s earned income go towards cost of care as required by policy? Earned Income "are those monies received by persons living in CILA homes from employment or Day Program activities. When persons living in CILA homes earn income, a portion is applied to their Third Party Payment. The Model "disregards," or ignores, the first \$55 of an individual’s monthly earned income. For every dollar thereafter, \$0.50 is applied toward their Third Party Payment. An example would be a person earned \$167 for a month (AFTER TAXES) minus \$55 equals \$112 divided by 0.50 equals \$56 for the month for actual income to count towards third party expense.                   Have efforts been made to teach the person how a portion of his income goes towards room and board? Is individual required to spend personal funds on items not of his/her choosing?                  Look at paystubs for the entire month.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>7g.</b>	<b>The cost of household supplies, groceries, utilities, furnishings, rent, etc. which are not funded by the provider are fairly shared with housemates, etc.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Review personal funds and bank statements. Individuals should not be paying for services they do not use such as internet service. Review the individual’s budget in the home.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		

<b>7h.</b>	<b>The individual is able to participate in preferred activities with respect to financial feasibility.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Smaller expenditures such as snacks, tickets to shows or events, money for low cost activities (such as bowling and movies) should be allotted for and accessible to the individual. For long-term ambitions requiring larger financial outlay, agencies should help support the individual in developing a realistic strategy for saving or obtaining funds to accomplish these ambitions.</i>  <i>In many cases, a person receiving services may need support and information to "live within his/her means." Staff should be aware of interests and preferences and help alert the person to low-cost options that are consistent with their interests. People should not be mandated to spend their funds (without the person's agreement) non-preferred activities simply to accomodate others.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>7i.</b>	<b>The individual's personal funds are not loaned to other individuals, staff, etc.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Review personal funds and bank statements.</i>  <i>May also depend on interviews with the person. The choice to loan funds to friends and famiy should be a personal one. However, agency should intervene if needed to prevent the person from being victimized. Loaning money to staff should never be acceptable. Ask if the person has been the victm of any financial exploitation investigations by OIG. If so, was restitution made to the victm (by the agency if not by abuser)?</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>7j.</b>	<b>The person has the resources to obtain possessions and supplies necessary for comfortable daily living.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Sufficient resources includes: money from entitlements and other resources (e.g. support to use food bank) for food, shelter, and daily living.</i>  <i>This may include items such as basic utilities (electricity, heat); adequate food supply; supplies to maintain personal cleanliness and dental hygiene; supplies or resources to keep their living environment clean (cleaning products, broom, laundry supplies, etc.); clothing sufficient to allow changes for cleanliness and protect from the elements (e.g. shoes in adequate condition, boots, warm coat, gloves in winter, etc.).</i>  <i>The person may be provided the supplies through their own fiscal resources, agency provided resources, family and natural supports, and/or community resources (e.g. food banks, special programs /donations).</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<p><b>8. Transportation</b></p>		

8a.	<b>The individual is supported to have access to the community with the freedom to come and go as desired using varying modes of transportation as people without disabilities.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Transportation provides a vital lifeline for the individual to access employment, education, healthcare, and community life. Transportation services allow him/her to live independently within their communities.</i>  <i>The person should have access to transportation with as much independence as possible as determined by the Personal Plan, including the person's skills, individualized needs, and any necessary adaptations.</i>  <i>Environmental modifications, the use of technology and personal assistance from staff are ways that a person can have greater control over and more independent access to transportation.</i>  <i>Some individuals and their staff may need specialized training and encouragement to feel comfortable utilizing local transportation or other means to independently navigate in the community. The agency is responsible to provide this support consistent with the individual's Personal Plan and Implementation Strategy.</i>  <i>The individual has a phone or other ways to communicate with people so he/she can obtain transportation to come and go whenever he/she chooses consistent with the individual's Personal Plan and Implementation Strategies.</i>  <i>The person has been fully informed of his/her right to receive transportation to access employment, education, healthcare and community life and that they can come and go whenever he/she chooses.</i>  <i>There is an appropriate rights modification in place that includes all required elements regarding the person receiving transportation and the right to come and go freely.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
8b.	<b>If there are barriers to the individual having his/her preferred access and inclusion with regards to transportation, the team has assessed the need for adaptation, orientation, assistive technology, or other necessary supports.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>The Personal Plan identifies the barriers and supports/services to allow the person to live independently within his/her community.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
8c.	<b>The individual is encouraged and supported to have access to community life using varying modes of transportation, to the same degree as others in the community, and has adequate money to do so.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>The individual is using transportation in accordance with:</i> <ul style="list-style-type: none"> <li>• <i>preferred number community experiences per week</i></li> <li>• <i>transportation to access employment, education, healthcare and community life</i></li> <li>• <i>to come and go whenever he/she chooses consistent with the individual's Personal Plan.</i></li> </ul> <i>Provider/staff promote, facilitate, and support access to transportation for the person consistent with the individual's Personal Plan and Implementation Strategies.</i>  <i>The individual has been provided a recent opportunity to explore transportation options.</i>  <i>If yes, the individual's preferences and these new experiences are clearly documented in the Personal Plan.</i></p>		

<i>If no, the individual is discovering experiences in the community using varying transportation sources based upon the individual's preferences.</i>		
<b>Justification and Findings (Please indicate + or – with regard to each finding):</b>		
<b>8d.</b>	<b>The individual regularly participates in unscheduled and scheduled events using varying transportation modes.</b>	<b>Choose</b>
<u>Guidance/Compliance Criteria:</u> <i>The individual regularly uses transportation to access the community to the degree he/she prefers.</i>		
<b>Justification and Findings (Please indicate + or – with regard to each finding):</b>		
<b>9. Health Care Supports and Services</b>		
<a href="#">Diagnoses Table</a>		
<a href="#">Medication Table</a>		
<b>9a.</b>	<b>A health assessment, which identifies the individual's health care needs, has been completed with sufficient substantive commentary.</b>	<b>Choose</b>
<u>Guidance/Compliance Criteria:</u> <i>The assessment may be completed through a routine medical appointment such as a physical exam. It is a comprehensive physical examination of all body systems as a review of general health status.</i>		
<b>Justification and Findings (Please indicate + or – with regard to each finding):</b>		
<b>9b.</b>	<b>The individual receives all medical and nursing/health care services and supports per his/her health care professional's recommendations.</b>	<b>Choose</b>
<u>Guidance/Compliance Criteria:</u> <i>This standard is to focus on verification that the individual has medical appointments with a physician, physician's assistant, or nurse practitioner associated with a medical practice or clinic, that is not only emergency situations, and per their individualized needs.</i> <i>Chronic Care: Care for the health conditions that are persistent or long lasting. Examples of Chronic health conditions may be diabetes, seizure disorders, diabetes, COPD, asthma, arthritis, heart disease, cancer. Chronic care includes care for diseases that require recurrent care and monitoring. Assess that there is a means for the person to be seen by their physician with the frequency requested by the physician, for their conditions. Consider also whether the individual and/or his/her staff understand their health status, diagnoses, and needs for professional medical monitoring.</i> <i>Routine Care: Preventive health care is care/assessment for generally healthy individuals through regular physical exams aimed to ensure health has maintained/prevent illness rather than to monitor a known condition. This may include screening for medical problems as recommended and updating immunizations.</i>		

<b>Justification and Findings (Please indicate + or – with regard to each finding):</b>		
<b>9c.</b>	<b>The individual receives preventative testing and/or care based on recommended professional guidelines for medical conditions, gender, and age (e.g., GYN exams, pap smears, mammograms, prostate exams) consistent with physician’s recommendations.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>This standard is to verify that the individual is able to access diagnostic medical tests and evaluation per recommended professional/ federal health care guidelines of good practice related to gender, age, ethnic background, etc. as would occur for the general public. If the individual cannot tolerate such personal examinations, alternatives have been identified for equivalent screening (e.g., breast ultrasound, pelvic ultrasound, PSA).</i>  <i>The focus of this review is evaluation of the person’s health evaluation per normative standards and receipt of supports and advocacy to obtain such supports when it is important to ensuring a comprehensive picture of the individual’s status. The intent is not necessarily to mandate that this testing is complete. For example, a met/not met should not be determined only on the presence or absence of test or procedure. However, there should be evidence of advocacy and/or discussion with appropriate parties regarding whether it should occur.</i></p>		
<b>Justification and Findings (Please indicate + or – with regard to each finding):</b>		
<b>9d.</b>	<b>The individual has at least annual dental exams. These are more frequent if recommended by dentist.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Dental care is ensured based on recommendation of the dentist.</i>  <i>Pre-medication or physical/mechanical restraints for medical/dental procedures should be treated as a rights restriction and viewed as a temporary measure.</i></p>		
<b>Justification and Findings (Please indicate + or – with regard to each finding):</b>		
<b>9e.</b>	<b>If the individual has a seizure disorder that is unstable or not well-controlled, he or she has been evaluated by a neurologist and the primary care physician has considered and implemented recommendations for treatment.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Review the most recent neurological evaluation and recommendations.</i>  <i>Describe the individual’s seizure disorder with frequency of seizures.</i>  <i>N/A if seizure disorder is stable.</i></p>		
<b>Justification and Findings (Please indicate + or – with regard to each finding):</b>		

9f.	<b>Recommendations for health care services and supports are completed in a timely manner and there is no pattern of missed or frequently rescheduled appointments.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Review assessments and recommendations.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
9g.	<b>All medical and healthcare supports and services are properly documented by the service provider at the time of service provision in the individual’s record.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Review assessments/evaluations and recommendations.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
9h.	<b>There is a written plan/instruction to address routine care/monitoring to be provided related to the individual's specific medical condition(s).</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Care plans related to health issues may be for long term/permanent conditions or short-term health concerns.            Care plans should include interventions consistent with physician’s recommendations.            The plan related to health care (e.g. nursing care plan) should include at a minimum:</i></p> <ul style="list-style-type: none"> <li>• <i>Brief description of problem/contributing factors</i></li> <li>• <i>Preventative measures to be provided to the individual relative to the health issue (or monitoring of individual's independent role in prevention); this may include dietary interventions, ADA diet for diabetes, high fiber interventions and bowel tracking and interventions for constipation, fluid requirements for multiple conditions)</i></li> <li>• <i>Direct interventions or routine care related to the health issue (or monitoring of the individual's independent role in prevention), e.g. prescribed medications to be administered, wound care, repositioning, etc.)</i></li> <li>• <i>Signs and symptoms to look for and monitor, including skin condition, appetite, high/low parameters of vital measures taken if any are required, and how to identify pain/discomfort especially for individuals may not or cannot clearly communicate concerns to people that support them</i></li> <li>• <i>When to contact the RN and/or physician</i></li> <li>• <i>When to call 911</i></li> </ul>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
9i.	<b>Medications are securely stored in a locked location (double-locked for controlled substances).</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u></p>		

<p><i>Typically, in group living situations, medications are locked (doubled lock for controlled substances). When the individual is independent in medication administration, security considerations are made to allow the individual access to his/her medications while preventing non-authorized access by others.</i></p> <p><i>Medications on hand in the home match those listed in the medication orders.</i></p> <p><i>Discontinued or expired medications are not present.</i></p> <p><i>Only authorized staff should have access to the medications. Individuals who are able to self-medicate may keep their own medications but precautions are required to prevent access by unauthorized persons (including unauthorized staff and othe persons living in the home).</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>9j.</b>	<b>Medication administration record (MAR) accurately lists all administered physician-prescribed medications, dosages, time(s) of administration, route of administration, etc.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u></p> <p><i>Medication Administration Record (MAR) and the medical chart as needed, verify the following:</i></p> <ul style="list-style-type: none"> <li>• <i>All medications are prescribed by a physician, nurse practitioner, or physician’s assistant.</i></li> <li>• <i>The medication prescription/order is current.</i></li> <li>• <i>The medication order is accurately transcribed on the individual’s Medication Administration Record regarding medication name, dosage, time of administration, and route of administration.</i></li> <li>• <i>If medication orders change, the MAR must accurately and clearly document the prescribed medication addition, discontinuation, or change.</i></li> <li>• <i>If inaccuracies are identified on the MAR, verify that the RN is completing review of the MAR for accuracy and completeness.</i></li> </ul>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>9k.</b>	<b>Medication errors occur infrequently, and when they do occur, are properly documented, reported, reviewed, and addressed.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u></p> <p><i>Problems and errors in administration of the individual’s prescribed medications were appropriately reported and documented.</i></p> <p><i>Errors in administration of the individual’s medication are competently reviewed and remediated.</i></p> <p><i>Determine if review of reported medication errors indicated patterns (e.g., times of day, staff, pharmacy issues, etc.).</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>9l.</b>	<b>The individual has all necessary medical services and supports in place that allow him/her to live as independently as possible in the least restrictive setting.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u></p>		

<i>The individual, for the most part is healthy and/or benefitting from competent supports to access health care and ensure adequate health care at home.</i>		
<b>Justification and Findings (Please indicate + or – with regard to each finding):</b>		
<b>10. Vision, Hearing, Sensory Supports and Services</b>		
<b>10a.</b>	<b>An individual who has a visual impairment has been evaluated for current needs and recommendations from evaluations have been addressed in a timely manner.</b>	<b>Choose</b>
<i>Guidance/Compliance Criteria: Review assessments and recommendations.</i>		
<b>Justification and Findings (Please indicate + or – with regard to each finding):</b>		
<b>10b.</b>	<b>An individual who has prescribed eyeglasses is supported in use and care.</b>	<b>Choose</b>
<i>Guidance/Compliance Criteria: If eyeglasses have been prescribed, is the individual wearing? Has training been implemented to support the person with wearing his/her eyeglasses?</i>		
<b>Justification and Findings (Please indicate + or – with regard to each finding):</b>		
<b>10c.</b>	<b>Surgical or other interventions have been explored for the individual noted to have cataracts or other treatable disease(s) of the eye, as recommended by an ophthalmologist.</b>	<b>Choose</b>
<i>Guidance/Compliance Criteria: Review assessments and recommendations. When conditions are treatable, all treatment options are considered, without regarding to the person's cognitive limitations.</i>		
<b>Justification and Findings (Please indicate + or – with regard to each finding):</b>		
<b>10d.</b>	<b>An individual whose visual impairment interferes with his/her orientation or mobility has been evaluated by a qualified specialist for training in orientation or mobility techniques or other training needed to support independent function (e.g., self-feed techniques, dressing, kitchen safety).</b>	<b>Choose</b>
<i>Guidance/Compliance Criteria: Review assessments and recommendations.</i>		
<b>Justification and Findings (Please indicate + or – with regard to each finding):</b>		

10e.	<b>If adaptive devices (e.g., cane for mobility, tactile cues on clothing) have been recommended, they are used consistently across all life environments, and staff demonstrate competency in proper use and techniques employed.</b>	<b>Choose</b>
<i>Guidance/Compliance Criteria: Please note observations. Review assessments and recommendations. Note any safety concerns.</i>		
<b>Justification and Findings (Please indicate + or – with regard to each finding):</b>		
10f.	<b>Consideration has been given to obtaining specialized services that aid in increasing the individual’s ability to access his/her environment more independently (e.g., service animals, services for the blind, street crossing safety training).</b>	<b>Choose</b>
<i>Guidance/Compliance Criteria: Please note observations. Review assessments and recommendations. Note any safety concerns.</i>		
<b>Justification and Findings (Please indicate + or – with regard to each finding):</b>		
10g.	<b>An individual who has hearing loss has been evaluated for current needs and recommendations from evaluations have been addressed in a timely manner.</b>	<b>Choose</b>
<i>Guidance/Compliance Criteria: Review current evaluation and recommendations. When conditions are treatable, all treatment options are considered, without regarding to the person’s cognitive limitations.</i>		
<b>Justification and Findings (Please indicate + or – with regard to each finding):</b>		
10h.	<b>An individual who has been prescribed hearing aids is supported in their use and care.</b>	<b>Choose</b>
<i>Guidance/Compliance Criteria: If hearing aids have been prescribed, is the individual wearing? Has training been implemented to support the person in wearing hearing aids?</i>		
<b>Justification and Findings (Please indicate + or – with regard to each finding):</b>		
10i.	<b>An individual with hearing loss has adaptive devices to support independent function (e.g., visual alerts, bed-shaker for fire alert), and staff demonstrate competency in proper use and techniques employed.</b>	<b>Choose</b>

<p><u>Guidance/Compliance Criteria:</u>  <i>Please note observations. Review assessments and recommendations. Note any safety concerns.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>10j.</b>	<b>Recommended specialized services that aid in increasing the individual’s ability to access his/her environment more independently (e.g., sign language, services for the deaf) are being provided.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Please note observations. Review assessments and recommendations. Note any safety concerns.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>10k.</b>	<b>For an individual who is deaf and uses sign language, he/she has staff who have been trained and can communicate with him/her.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Sign language can include ASL (American Sign Language) or the individual’s unique sign language. Staff demonstrate competency in communicating in the individual’s preferred language (including alternative communication systems such as sign language). The staff person’s ability to understand as well as “speak” the language used by the person receiving services should be considered as well as the ability to read reference documents.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>10l.</b>	<b>Environmental modifications (e.g., bed shaker or strobe alarm for fire alert) have been made as needed and/or recommended.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Please note observations. Review assessments and recommendations. Note any safety concerns.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>10m.</b>	<b>An individual who demonstrates stereotypic or self-stimulatory behavior (e.g., rocking, hand-waving, hand-mouthing, etc.) has been evaluated regarding sensory deficits, and therapeutic plans or programs regarding his/her sensory deficits are implemented consistently and across all life areas.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u></p>		

<i>If an individual has sensory deficits or stereotypic behavior, has an evaluation been pursued?</i>		
<b>Justification and Findings (Please indicate + or – with regard to each finding):</b>		
<b>10n.</b>	<b>The individual is provided with intervention(s) designed to provide alternative means of sensory stimulation and reduce the stereotypic self-stimulatory behavior; staff demonstrate competency in implementing the intervention(s).</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Please note observations. Review assessments and recommendations. Note any safety concerns.                  Home environment provides for consistent exposure and easy access to appropriate means for stimulation and activity.</i></p>		
<b>Justification and Findings (Please indicate + or – with regard to each finding):</b>		
<b>11. PT/OT/SLP/Other Communication Supports and Services</b>		
<b>11a.</b>	<b>An individual who receives, or has identifiable needs for, speech, occupational, or physical therapy services, has current evaluations in his/her record for the therapy services.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Assessments should identify:</i></p> <ul style="list-style-type: none"> <li>• <i>The person’s current developmental strengths, preferences, skills, abilities</i></li> <li>• <i>The person’s learning style and support needs in order for the person to be successful</i></li> <li>• <i>The person’s presenting problems, challenges, disabilities</i></li> <li>• <i>Projected outcomes and goals in priority order</i></li> <li>• <i>If not an initial assessment, progress from baseline or one point in time to another should be noted</i></li> <li>• <i>Recommendations for remediation of identified challenges</i></li> <li>• <i>Recommendations for skill development and/or maintenance of abilities to prevent decline</i></li> </ul>		
<b>11b.</b>	<b>Evaluations and plans of care include appropriate and measurable therapy goals.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Goals should be measurable and reflect anticipated progress.</i></p>		
<b>Justification and Findings (Please indicate + or – with regard to each finding):</b>		
<b>11c.</b>	<b>Written instructions have been developed to provide clear steps and direction to direct support staff for implementing therapy related activities (e.g., range of motion, stretching, bathing, ambulation, use of equipment and devices) including the frequency and setting in which therapy related activities are to be conducted.</b>	<b>Choose</b>

<p><b>Guidance/Compliance Criteria:</b>  <i>Review that instructions clearly provide direction to staff.</i></p>	
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>	
<b>11d.</b>	<b>Therapy services plans of care are implemented consistently as recommended.</b>
<p><b>Choose</b></p>	
<p><b>Guidance/Compliance Criteria:</b>  <i>Compare progress report to data collection. Determine if progress report and data collection provide a consistent picture of the person’s status. Note any discrepancies. As new staff are hired to work with the individual, there is evidence of training by the therapist. If review of implementation of therapy plans and written staff instructions indicate inconsistency, re-training and modification has been completed as necessary.</i></p>	
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>	
<b>11e.</b>	<b>Documentation of services reflects measurable progress toward established therapy goals, outcomes, and/or therapy objectives. If the therapy objective is to prevent further decline, measurable information is provided to document that functional status has been maintained.</b>
<p><b>Choose</b></p>	
<p><b>Guidance/Compliance Criteria:</b>  <i>Specific timeframes for when Therapy plans and staff instructions must be implemented (e.g., by Personal Plan implementation date)? If so should probably add question regarding timeliness of implementation. Problems with receipt of clinical therapies are addressed promptly with the management of the agency providing the services and/or with the assistance of the ISC. Therapy services are not discontinued or reduced abruptly without an appropriate documented rationale. If regression is noted, indicate whether modifications have been made.</i></p>	
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>	
<p><b>12. Adaptive Equipment and Assistive Technology</b></p>	
<b>12a.</b>	<b>The person’s need for adaptive equipment and assistive technology has been assessed.</b>
<p><b>Choose</b></p>	
<p><b>Guidance/Compliance Criteria:</b>  <i>Current assessments from PT, OT, SLP (as needed) are present and address the person’s need for adaptive equipment and/or assistive technology.</i></p>	
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>	

<b>12b.</b>	<b>The person has received all recommended adaptive equipment and assistive technology.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Individual has all recommended equipment and technology and it was provided in a timely manner.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>12c.</b>	<b>The person uses adaptive equipment and assistive technology for positioning, ambulation, and/or communication to increase his or her safety, independent participation in daily activities, community participation.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Equipment identified as being needed for the person is expected to be available and used by the person in all relevant environments; it works as intended and continues to be appropriate to the person. Equipment designed specifically for use to support work tasks only, need not be used at home and vice versa. Environmental modification issues should also be referenced.</i>  <i>Examples of adaptive equipment and assistive technology include: durable medical equipment such as wheelchairs of any type, walkers, shower chairs, shower trolleys, hospital beds, eating and drinking equipment, hearing aides, glasses, switches, electronic devices (anything with on/off switch), communication boards and devices, non-electric items (picture boards/cards), dining equipment, barrier-free lifts, transportation needs, etc.</i>  <i>Observe if support persons ensure that identified equipment, technology is used. Observations should be consistent with appropriate and safe use of adaptive equipment as identified.</i>  <i>Observe during times that the person would typically use the adaptive equipment.</i>  <i>If the person refuses to use the technologies and equipment prescribed, there is evidence the appropriate specialist has been consulted and alternative devices/interventions have been assessed/sought/tried.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>12d.</b>	<b>All prescribed adaptive equipment and assistive technology is available, clean, in good repair (including having charged batteries), and available to the person at all appropriate times and during community activities.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Please note observations</i>  <i>There is evidence that if repairs or modification to equipment is needed, action has been taken to obtain prompt and timely repair.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>12e.</b>	<b>Staff demonstrate competency in proper use and techniques of all prescribed equipment and devices.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Ask staff to demonstrate use of equipment and devices and describe purpose/benefit to the individual.</i>  <i>Please note observations</i></p>		

**Justification and Findings (Please indicate + or – with regard to each finding):**

**Adaptive Equipment and Assistive Technology Table**

*Guidance: Note all equipment (including dining equipment) the person needs/has/uses at home and at work/day services, including community activities. Low-tech equipment/supports should also be listed (e.g., picture cues). Findings with regard to this table will be considered in determining the ratings for measures in section 12 above.*

Equipment	Residential/Community			Day/Community			Noted in Personal Plan
	Needs	Has	Uses	Needs	Has	Uses	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					

<input type="checkbox"/> Yes <input type="checkbox"/> No							
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### 13. Dining/Dietary Supports and Services

<b>13a.</b>	<b>The individual has been assessed for safe dining practices including food texture, and liquids consistency and a corresponding plan/strategy has been developed.</b>	<b>Choose</b>
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Guidance/Compliance Criteria:  
*If the individual has been determined to have difficulty swallowing, an appropriate assessment (e.g., swallowing study) should be completed by a qualified clinician. The assessment should result in a plan that identifies the food texture, liquid consistency, and specific instructions for supporting the person with safe eating practices.*

**Justification and Findings (Please indicate + or – with regard to each finding):**

<b>13b.</b>	<b>The individual receives consistent support and assistance with regard to safe practices for increased independence in dining.</b>	<b>Choose</b>
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Guidance/Compliance Criteria:  
*Dining supports include, but are not limited to:*

- *levels of supervision and/or assistance an individual needs during meals;*
- *encouragement for greater independence during meals;*
- *food and/or fluid consistency modifications;*
- *food or beverage presentation modifications or positioning needs;*
- *equipment needs (scoop dish, modified utensils);*
- *nutritional modifications (calories, fat/sodium/cholesterol content);*
- *allergy/food sensitivity precautions; cultural (kosher/halal) or other (vegetarian/vegan, likes/dislikes) diet modifications; or limitations on access to food and/or beverages.*

**Justification and Findings (Please indicate + or – with regard to each finding):**

<b>13c.</b>	<b>All special dining equipment (e.g., non-slip mats, special utensils, cups) listed in his/her dining plan/strategy is present.</b>	<b>Choose</b>
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Guidance/Compliance Criteria:  
*Compare with the dining plan and observe in the home. Ideally there should be multiples of each. Ensure the equipment is available for use across all environments (e.g., day program, work, school, community outings).*

**Justification and Findings (Please indicate + or – with regard to each finding):**

<b>13d.</b>	<b>When an individual has a specific, prescribed diet, he/she is achieving or maintaining goals of the diet.</b>	<b>Choose</b>
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<p><u>Guidance/Compliance Criteria:</u>  <i>Observations of food in home, interviews with the individual and staff, and review of weight charts reflect he/she is achieving goals of prescribed diet. Any significant weight changes have been appropriately addressed.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>13e.</b>	<b>Special dining plans for the individual are carried out and designed so as to be used in restaurants and other community locations.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Review dining plan to ensure it can be used in community; interview staff and describe how dining plan is used in community (e.g., blender for chopping)</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>13f.</b>	<b>Meals served are per the individual’s preferences and dietary needs.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Observation of a meal is essential during this review process.  Home staff makes mealtime a pleasant experience for the individual.  Check that food consistency is person-specific and not restrictive for those who don’t need modification.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>13g.</b>	<b>Home staff involve the individual in meal planning to ensure that personal preferences for meals are accommodated. To the extent desired by the person, he/she is involved in food shopping and meal preparation.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Please note observations</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>13h.</b>	<b>If the individual is noted to have unexplained weight loss/gain, GERD, diabetes, or swallowing issues, he/she is promptly taken to an appropriate practitioner for evaluation.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>If the individual is noted to have <b>unexplained</b> weight loss/gain, GERD, diabetes, or swallowing issues, he/she is promptly taken to an appropriate practitioner for evaluation.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		

14. Behavior Supports and Services		
<b>14a.</b>	<b>A comprehensive Functional Behavioral Assessment has been completed.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>The Functional Behavioral Assessment includes an analysis of the establishing operations/setting events (i.e., events or internal states which increase the likelihood of a target behavior occurring), antecedents (i.e., what happens or what/who is present right before the target behavior occurs), maintaining consequences, and functions that are relevant to the operationally defined target behaviors. The assessment may be included in the BSP or be a separate document.</i>  <i>The assessment makes reference to the presence or absence of the contributing effects of medical/health issues on target behaviors.</i>  <i>If the person is diagnosed with a mental health disorder, the assessment makes reference to the presence or absence of the contributing effects of the disorder on target behaviors.</i>  <i>Target behaviors are defined in a clear and measurable manner.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>14b.</b>	<b>The Behavior Support Plan (BSP) was developed from the Functional Behavioral Assessment.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>The strategies, both positive and reactive identified in the Behavior Support Plan, are based on all factors identified in the Functional Behavioral Assessment as having influence on the occurrence of target behaviors.</i>  <i>If factors identified in the Functional Behavioral Assessment that contribute to the occurrence of target behaviors are not addressed in the Behavior Support Plan, the reason for such (e.g., referral to specialist, etc.) should be noted in the plan.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>14c.</b>	<b>The Behavior Support Plan, or plan summary, is written in plain easily understandable language and describes how to implement the strategies include in the Behavior Support Plan.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>A copy of the plan or summary should be available to staff in a readily accessible place/format.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>14d.</b>	<b>The Behavior Support Plan includes a personalized plan for teaching and reinforcing alternate behaviors.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u></p>		

<p><i>The Behavior Support Plan must identify strategies and activities designed to increase and facilitate skills that will result in a decrease in the occurrence of target behaviors (e.g., self-coping skills, functionally equivalent replacement behaviors, conflict resolution skills, etc.).</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>14e.</b>	<b>The Behavior Support Plan includes the least restrictive or least intrusive methods possible in the behavioral approaches, strategies and supports designed to address the challenging behavior.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>The Behavior Support Plan should include robust preventative supports strategies.                  The Behavior Support Plan should include interventions to be implemented upon the occurrence of the earliest known behaviors/signs that reliably precede the onset of target behaviors (i.e., precursor behaviors).                  The plan should make it clear that the less restrictive interventions should be routinely implemented prior to more restrictive interventions (with exceptions for urgent conditions described in the plan).</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>14f.</b>	<b>Staff responsible for the support and supervision of the individual who has a behavior support plan know how to implement the person's plan and the specific interventions included.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Competency based training must be provided to a staff member when it is expected that they implement strategies in the plan either alone or in support of other staff members. This training should be provided prior to working alone with the person and whenever a plan is revised.                  Documentation of competency-based training of staff should be available in personnel records and/or referenced in clinician records/notes.                  There should be evidence of ongoing oversight by the responsible clinician to ensure staff are competent to implement the BSP correctly (e.g., interviews of staff working with the individual, observation, and/or review of documentation).                  Assessment of staff competency in the implementation of the BSP should be referenced in the clinician's notes, staff reliability rating forms, etc.                  Review of training records may be necessary to follow-up on concerns or questions following interview and observation (when required).</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>14g.</b>	<b>The Individual's Behavior Support Plan provides a method for collection of behavioral data to evaluate treatment progress.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Behavioral Data is collected as per the methodology in the BSP.                  Clinical services monthly reviews include a review/assessment of progress, clinical interpretation relative to the contributors for progress or lack of progress, and related recommendations. A graph of target behaviors in the absence of documented clinical interpretation is not adequate.</i></p>		

<p><i>If data show no progress, the Behavior Support Plan is modified. If there is no progress, and the Behavior Support Plan has not been modified, a rationale for the lack of modification is noted in the clinician's review.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>14h.</b>	<p><b>All behavior supports and services are properly documented at the time of service provision in the agency's record for the individual.</b></p>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Behavioral Data is collected as per the methodology in the BSP. Data available at the time of review was current.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>14i.</b>	<p><b>The Behavior Support Plan includes a schedule to review the effectiveness of the interventions included in the behavior support plan.</b></p>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>The BSP must identify the frequency/periods of review of BSP effectiveness. The BSP is updated at least annually.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>14j.</b>	<p><b>The Individual's Behavior Support Plan includes a description of the person's behavior that justifies the inclusion of the restrictive/intrusive intervention(s) and/or limitation on rights.</b></p>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>The description should adequately demonstrate that the use of the restriction/intrusion/limitation is integral to the protection or maintenance of the well-being of the person or others, and/or the cessation or prevention of the behavior with the potential for serious consequences.                      The BSP documents the established lack of efficacy of less restrictive measures.                      There is documentation that an individual who may require restraint procedures has been evaluated by a physician to determine the procedures do not pose a threat to the person's health and safety.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>14k.</b>	<p><b>The Behavior Support Plan includes a specific plan to minimize, fade, eliminate or transition restrictions and limitations to more positive interventions.</b></p>	<b>Choose</b>

<p><u>Guidance/Compliance Criteria:</u>  <i>The BSP should identify reasonable and achievable criteria for initiating the reduction and/or elimination of each restriction and/or limitation.  Fading plans should include prudent monitoring and safeguarding procedures while interventions are transitioned.  This applies to those interventions that are restrictive/intrusive because they may present a risk to a person's protection or encroach unduly on a person's normal activities.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>14l.</b>	<b>The Individual's Behavior Support Plan describes how the use of each intervention or limitation is to be documented.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>The BSP includes clear criteria for the initiation and discontinuation of the restriction/limitation.  The BSP should clearly describe what needs to be documented for each restrictive intervention and/or use of limitation implemented, the format for this documentation and the frequency of the documentation.  The BSP should include, as appropriate, notification protocols for when restrictive interventions/limitations are implemented.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>14m.</b>	<b>If behavior support plan includes rights restrictions or restrictive interventions, BSP has been reviewed by a human rights committee (HRC) prior to implementation and at least annually thereafter.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>There is documentation that evidences (HRC) committee approval of the BSP with restrictions/intrusions prior to its initial implementation (if new plan).  There is current documentation that evidences (HRC) committee approval of the BSP in the past year.  BSP was implemented only after the HRC approval was obtained.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>14n.</b>	<b>Clinical justification for use of restrictive interventions or rights limitations in an emergency is documented in the individual's record.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>If an emergency situation required the temporary limitation of a person's rights, a clinical justification, an anticipated duration of the limit or criteria for removal of the limitation is documented.  There is documentation that an individual who may require restraint procedures has been evaluated by a physician to determine the procedures do not pose a threat to the person's health and safety.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		

14o.	<b>If the individual needed crisis respite services during the past 12 months, these services were provided in his/her home whenever possible. If the individual needed out-of-home crisis respite services during the past 12 months, these services were available in an appropriate crisis respite home/facility.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>If the individual has experienced a crisis, describe what happened (if multiple examples, describe each).                  Describe availability of respite options if any.                  Describe where the individual received services.                  Describe how the crisis was addressed and whether a plan was developed to address and/or prevent future crises.                  If services were needed but not accessed, describe barriers that prevented access.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<p><b>15. Mental Health Supports and Services</b></p> <p><a href="#">Diagnoses Table</a></p> <p><a href="#">Medication Table</a></p>		
15a.	<b>Individuals receiving psychotropic medications have a current comprehensive psychiatric evaluation that documents the operating diagnosis or condition for which medication is prescribed, includes rationales for any prescribed psychotropic medication, and includes an analysis of the risks and benefits of recommended treatment.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Review file for a psychiatric (or equivalent) evaluation that describes the benefits of medication regimens and rationales for medications prescribed, symptoms being treated, and what the physician hopes to achieve with the regimen or treatment plan. A psychiatric note that includes components of a comprehensive psychiatric evaluation is acceptable.                  If notes are generic and merely recommend “return in 3 months” this is not adequate.                  An individual who sees a psychiatrist regularly, (i.e., quarterly, monthly, etc.) may have medication/therapy evaluations during those visits.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
15b.	<b>Medication to address factors contributing to an individual’s challenging behavior or symptom of a diagnosed co-occurring psychiatric disorder is administered only as part of a Behavior Support Plan, Treatment Plan, or Medication Monitoring Plan which includes other supporting interventions.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u></p>		

<p><i>If medication is prescribed to address symptoms associated with a diagnosed co-occurring psychiatric disorder but, no other challenging behavior, and no restrictive interventions or rights limitations are necessary, a Treatment Plan or Medication Monitoring Plan may be developed to address expectations for review and monitoring as indicated in the measures below.</i></p> <p><i>Target symptoms/index behaviors must be clearly identified so that reliable data can be collected to assess the effectiveness of the medications.</i></p> <p><i>A Medication Monitoring Plan cannot be used for medication prescribed to address factors contributing to challenging behavior in the absence of a diagnosed, qualifying, co-occurring psychiatric diagnosis, except in response to a documented connection between the cause of unwanted behavior and the medications known propensity to act on that cause.</i></p> <p><i>In the absence of a diagnosed, qualifying, co-occurring psychiatric disorder a BSP, together with its Functional Behavioral Assessment, must be used.</i></p> <p><i>Medication can only be one part of the BSP or Monitoring Plan. The Plans must also include other supportive, re-directive, and alternate interventions intended to reduce/eliminate the challenging behaviors or target symptoms.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>15c.</b>	<b>Documentation of informed consent for all psychotropic medications is present in the individual's records.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u></p> <p><i>Documentation of informed consent should include the following or document that such was presented: specific information regarding the purpose and dosage ranges of the proposed medication, rationale for use, expected outcomes/benefits, alternative treatment options, possible consequences for not consenting to the proposed medication, and a review of potential side effects.</i></p> <p><i>The consent should be current (within the year) and describe a range of dosage and if it is a new consent, when medications have changed or dosage exceeds range.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>15d.</b>	<b>The individual's psychotropic medication regimen has been reviewed at least annually by a Human Rights Committee.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u></p> <p><i>Note: If the medication is incorporated into a BSP, the HRC review of the plan meets this criteria. Review HRC minutes.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>15e.</b>	<b>Staff are able to locate information to explain the reason why the individual is taking a psychotropic medication and to explain the potential side effects.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u></p> <p><i>Obtain through interview with staff.</i></p> <p><i>Staff should be able to locate the medication fact sheet for each medication and articulate a basic description of the reason the medication is prescribed.</i></p> <p><i>Staff should be able to explain side-effects in everyday language and/or be able demonstrate an understanding of side-effects listed on MARs, pharmacy sheets, etc.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		

15f.	<b>Agency has a documentation system in place for tracking targeted symptoms/index behaviors and providing this information to the individual’s prescribing practitioner in order to evaluate the benefits/risks of continuation.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>In order to justify the ongoing use of medication(s) to control the contributors to challenging behavior or address psychiatric symptoms, target symptoms/index behaviors must be clearly identified so that reliable data can be collected to assess the effectiveness of the medications.</i>  <i>There is evidence that a summary of the targeted index behaviors/symptoms is provided to the treating physician and that such information was considered in the decision to continue or modify medication regimens.</i>  <i>Ambiguous or overly general assessments of medication efficacy by the prescribing physician (e.g., “person doing better”, etc.) are inadequate to validate medication effectiveness.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
15g.	<b>Documentation indicates the prescribing physician has re-evaluated the effectiveness of the individual’s psychotropic medication regimen.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>The medication regimen review shall include, at a minimum:</i></p> <ul style="list-style-type: none"> <li>• <i>A review for potential adverse reactions, allergies, interactions, contraindications, or irregularities, related laboratory work, etc.</i></li> <li>• <i>An assessment of the person’s response to medication therapy to determine if the medication is achieving the stated objectives established by the prescribing practitioner.</i></li> </ul>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
15h.	<b>As PRN psychotropic medications are not permitted in Illinois, the individual has no prescription for and is not receiving such PRN medication.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>If the individual is receiving PRN psychotropic medication, describe the physician order and circumstances for which the medication is administered.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
15i.	<b>Agency ensures that tardive dyskinesia screenings (e.g., AIMS, DISCUS, MOSES, MEDS), are completed (as appropriate) at least every six months, and that documented comprehensive informant completed side effect screens are completed, minimally, on those individuals who are unable to verbally report medication side effects.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u></p>		

<p><i>NOTE: TD screenings for Reglan also required</i>  <i>Copies of side effect screens are included in the record, as appropriate.</i>  <i>There is evidence side-effect screens have been provided to the treating physician, or are completed during physician visits.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>15j.</b>	<b>The individual is offered counseling services if needed and agency ensures these services are being provided as recommended.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Note: Sex Offender Treatment is to be rated in this question</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>15k.</b>	<b>If the individual has a history of admissions to psychiatric facilities, agency has developed a plan or strategy to aid in preventing future psychiatric admissions.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Provide specific information related to psychiatric admissions and reasons for admissions.</i>  <i>Is a crisis prevention/response plan (may be included as a component of the BSP) in place that describes steps to be taken to aid in preventing future admissions, as well as steps to be taken by staff and the providing agency during a crisis? If so, describe in detail.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>15l.</b>	<b>If the individual needed crisis respite services during the past 12 months, these services were provided in his/her home whenever possible. If the individual needed out-of-home crisis respite services during the past 12 months, these services were available in an appropriate crisis respite home/facility.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>If the individual has experienced a crisis, describe what happened (if multiple examples, describe each).</i>  <i>Describe availability of respite options if any.</i>  <i>Describe where the individual received services.</i>  <i>If services were needed but not accessed, describe barriers that prevented access.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		

16. Protection from Harm		
<b>16a.</b>	<b>The individual has received training/education and information on what is abuse, neglect, exploitation and mistreatment.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>There is evidence in the record that the individual and/or guardian have received information on what is abuse, neglect, exploitation, and mistreatment and how to report.</i>  <i>There is evidence in the record that the ISC has provided information at least annually to the individual and/or guardian about protections that are in place and how to report concerns.</i>  <i>This is documented on the annual review of rights statement. (Refer to guardian interview and 1201 form)</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>16b.</b>	<b>The individual and/or guardian knows who to contact to report abuse, neglect, exploitation, or mistreatment.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Individual and/or guardian should be educated on how to report instances of abuse, neglect, exploitation, and mistreatment.</i>  <i>There is evidence the individual or guardian has access to a telephone and access to the number to call to make a report and the OIG number visibly posted in the home</i>  <i>Ensure the individual has a “safe” person, someone they trust and can go to if they feel threatened or have been abused, neglected, exploited, or mistreated.</i>  <i>If someone were to yell, curse, hit, threaten, or harm the individual in any way, there is evidence there is someone can trust to tell?</i>  <i>Refer to individual and guardian interviews.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>16c.</b>	<b>The individual’s home and community staff have been trained on how to report abuse, neglect, exploitation, or mistreatment.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>There is evidence that the support staff have been trained on what is abuse, neglect, exploitation, and mistreatment as well as how to report.</i>  <i>This may be validated through on-site interview as to whether staff can articulate the process for reporting and to what entity to report.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>16d.</b>	<b>If the individual was a victim of abuse, neglect, exploitation, or mistreatment, actions were taken to address the person’s and/or guardian’s complaints, concerns, harm.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Review all allegations of abuse, neglect, exploitation, and mistreatment and ensure that the appropriate measures were taken and recommendations were followed.</i>  <i>Reviewers are mandated reporters of observing such an incident or an unacceptable finding. <a href="http://www.dhs.state.il.us/page.aspx?item=29428">http://www.dhs.state.il.us/page.aspx?item=29428</a></i>  <i>Abuse/neglect/exploitation/mistreatment should be reported to the OIG Hotline: 1-800-368-1463</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		

16e.	<b>If there is (or was) an investigation, the individual has received appropriate protection while the case is (or was) under review.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>For all investigations there is evidence that the individual was not at risk from further harm by an alleged perpetrator.  The reviewer will need to determine if the individual remained at risk after an incident was reported, and what actions were taken to reduce/remove the risk.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
16f.	<p><b>There is evidence that:</b></p> <ul style="list-style-type: none"> <li>• <b>Appropriate follow-up on investigations of abuse/neglect/exploitation/mistreatment involving the individual has occurred.</b></li> <li>• <b>Measures/actions were identified, planned, and implemented to prevent future/similar events involving the individual.</b></li> <li>• <b>Actions were taken to implement and/or address recommendations resulting from the investigative findings.</b></li> </ul>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>The ISC has reviewed each critical incident reported by the CILA provider agency and ensured appropriate follow-up.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<p><b>17. Rights and Autonomy</b></p>		
17a.	<b>The individual is provided with information about his/her rights in appropriate language and in a way that is accessible to him/her.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Written Information provided to individuals regarding any/all of their rights must be conveyed in appropriate language and in a manner that is accessible to and understood by the person to facilitate comprehension (e.g., interpreted into a language other than English, low literacy versions, avoiding complicated language, technical terms, acronyms, etc.)  Pictures may be helpful with individuals without reading skills.  Verbal communication with individuals should also be provided using plain/simple language with attention to the needs of the person and ensuring their understanding. Other communication methods necessary should be employed including sign language, braille, use of interpreters, etc.  There is documentation to support the person has received education about his/her right to vote and, if interested, has been supported in doing so.  NOTE: Rights are inclusive of civil as well as service rights.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		

<b>17b.</b>	<b>The individual is informed of his/her right to object to services/supports and the process to do so.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>There is evidence that the individual and his/her guardian/family/advocate have been advised/notified of his/her right to object to services, object to changes in services, and the procedures for making the objections.</i>  <i>There is evidence in the individual's record that the agency and/or ISC informed the individual and his/her guardian of his/her right-to- object to services.</i>  <i>Individual and/or family/guardian/advocate affirm that they have received information about the right-to-object to services provided to the individual and changes in services, what this means, and the process to do so. (See 1201 form).</i>  <i>From the individual and family/guardian interviews, include findings as to whether the person/guardian reports awareness of the right to object to services and the process to do so.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>17c.</b>	<b>The individual knows whom to contact/how to make a complaint, including anonymous complaints if desired.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Discussion is the primary means of verifying if a person knows how to make a complaint (anonymous or not). If the person cannot say how they would lodge a concern without having to be identified, then the process may not exist for them in a practical way.</i>  <i>If the person has difficulty understanding what is meant by anonymous and they can describe how they have in the past, or would in the future, effectively voice a complaint without having to identify themselves, then this standard may still be met.</i>  <i>The reviewer may have to ask probing, open-ended questions to verify the ability a person has to effectively complain without being identified and without fear of retribution for making the complaint.</i>  <i>From the individual and family/guardian interviews, include findings as to whether the person/guardian reports understanding of how to make a complaint, including anonymous complaints.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>17d.</b>	<b>In any situation where a complaint has been made, the issue(s) has been resolved in a satisfactory and timely manner.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Discussion with the individual, and if necessary, his/her guardian/family/advocate as appropriate, is the primary means of verifying whether a complaint has been resolved in both a satisfactory and timely manner.</i>  <i>From the individual and family/guardian interviews, include findings as to whether the complaint was resolved in a satisfactory and timely manner.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
<b>17e.</b>	<b>The individual is encouraged and supported to advocate for him/herself and to increase self-advocacy skills.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Discussion with the person and/or his/her guardian/family/advocate as appropriate, is the primary means of verifying if a person has been supported by provider staff to advocate for</i></p>		

*themselves and/or to increase their advocacy skills. If a person relies on an advocate or family member to report his/her point of view to the reviewer, in regard to staff empowering individuals to self-advocate, the reviewer may have to ask probing, open-ended questions to verify that the family/advocate can give examples of staff actions to support him/her to advocate for their rights.*  
*If the person or family/advocate has difficulty understanding what is meant by advocacy or rights but they can describe how, in the past, staff have supported them to advocate for their rights, then this standard may still be met.*  
*Refer to individual and guardian interviews.*

**Justification and Findings (Please indicate + or – with regard to each finding):**

<b>17f.</b>	<b>The individual is not subjected to coercion (including subtle coercion).</b>	<b>Choose</b>
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Guidance/Compliance Criteria:  
*Discussion with the person and/or his/her guardian/family/advocate as appropriate, is the primary means of verifying if service providers treat them respectfully without the use of coercive means when making a choice.*  
*Examples of coercion:*

- a person is told that they need to eat dinner with and where his house-mates are, or the only option he'll have otherwise is a cold sandwich when they get time to make it
- a person is told he needs to do a group activity today or if not, he will not be transported to his favorite store to shop tomorrow
- a person is told that the staff will call his parent if he doesn't do what the staff is asking
- a person is told that he is hurting the feelings of the staff member by not wanting to do what the staff wants him to do.

*Refer to individual and guardian interviews.*

**Justification and Findings (Please indicate + or – with regard to each finding):**

<b>17g.</b>	<b>The individual is supported to express him/herself through personal choices/decisions on style of dress and grooming preferences.</b>	<b>Choose</b>
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Guidance/Compliance Criteria:  
*The purpose of this standard is to ensure that persons have the right to self-expression of personal style via clothing choices (color, maker, style, etc.), hair style (length, color, facial hair, etc.), and grooming (timing of bathing, grooming products, etc.). Staff are responsible to support the person to make their own decisions regarding personal style and not impose their own style values on the person supported.*

**Justification and Findings (Please indicate + or – with regard to each finding):**

<b>17h.</b>	<b>The individual is supported to participate in cultural/religious/associational practices, education, celebrations and experiences per his/her preferences and interests.</b>	<b>Choose</b>
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Guidance/Compliance Criteria:

*Discussion with the person supported (or guardian, family, advocate, if person unable) is mandatory to validate this standard which identifies the degree to which support staff foster the person to participate in communities of their choice. These communities are those which the person identifies with and feels included in (faith based, ethnic, gender identity, educational, civic, and vocational are some examples).*

*It is the role and expectation of staff to assist the person to become aware of these community groups, discover their interest or not, and support inclusion in them if desired. Staff are required to leave aside any personal bias about these groups the person identifies with when supporting the person.*

*Discussion must include what staff are doing to assist the person to learn about the existence of the diverse community groups with which he/she may identify. It is inadequate to accept that the person is not interested in community inclusion in any type of group if there is no evidence that the person is supported to discover or explore such options (e.g., an exploratory step is taken when a woman is supported to visit ethnic grocery stores which sell products from her country of origin and in which the sales staff speak her native language).*

**Justification and Findings (Please indicate + or – with regard to each finding):**

<b>17i.</b>	<b>The individual is supported to have visitors of his/her choosing according to stated/identified preferences.</b>	<b>Choose</b>
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Guidance/Compliance Criteria:

*The person should have the opportunity to develop close, private, and personal relationships without unnecessary barriers or obstacles. The person should be aware that they may invite people of their choosing to visit them and be assisted to do so. The person should also be aware that they may visit with others in the community. Even if the person expresses little to no interest in having visitors, the person should understand that it is his/her right.*

*Anyone who does not reside in the home should knock or ring the bell before entering.*

*The facility may require visitors to sign in and/or notify the facility administrator that they are at the site (only if is required for all visitors in a building), or complete other procedures to ensure the safety and welfare of residents and staff. However, procedures should not unnecessarily restrict visitors for the convenience of staff and/or to restrict the person from freedom of association with those they choose.*

*Some individuals may not express or may not be capable of expressing interest in visitation by family, friends, workmates, and others. However, residential staff is expected to support all individuals to maintain and/or develop social relationships to the degree desired by the person. This obligation is continuous and should not be stopped based on an individual's past responses. Staff can remind individuals that they may invite people to the support setting and that they will assist them in any way possible. They may also use certain events as an opportunity to suggest to the person how to engage a friend in the event (e.g., Saturday is your birthday and you said you wanted a BBQ. What do you think about inviting Sally to join the party?)*

*For individuals who cannot or will not express their desire or interest, staff should be observant of their reaction to family members and other people. If they and others on their team agree that the person may benefit from visits with people the individual seems to enjoy, they should provide the supports to facilitate such, including visits in the residence.*

*It is understood that in a shared living and day activity site situation, the needs of other residents or participants must also be respected. However, there should be an effort to communicate and coordinate between the affected parties, rather than having blanket house, or program, rules restricting when and how a person can receive visitors.*

**Justification and Findings (Please indicate + or – with regard to each finding):**

<b>17j.</b>	<b>The individual has privacy in his/her home, bedroom, or other environment(s) per identified or stated needs/preferences.</b>	<b>Choose</b>
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Guidance/Compliance Criteria:

*Staff knock and wait for and receive permission to enter their bedroom or bathroom while the Individual is in one of these rooms.*

*Individuals can lock their bedroom and bathroom door consistent with his/her Personal Plan. Assistance is provided in private when needed by the person.*

*The person has access to a telephone and is supported to make private phone calls and/or send private e-mails/text messages when it is convenient to him/her.*

<p><i>Staff refrain from discussing personal issues and/or personal information about the person with, or in front of, others who have no need and/or right to know it. The person has the opportunity to take medications and receive treatments privately. Individuals report that staff support them to communicate, in private, in the manner noted above. Staff support, assist, and remind the person to facilitate their privacy.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
17k.	<b>The individual is aware that he/she is not required to follow a particular schedule for waking up, going to bed, eating, leisure activities, etc.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>A person’s awareness about their right to follow their own schedule may depend on how much they know about their rights to independently choose, and be supported to implement, their preferred choice of activities and times. It is the agency’s responsibility to inform the person of and to exercise these rights.                  When interviewing a family member/advocate, remember to encourage them to answer from the person’s point of view. To go beyond a ‘yes/no’ response which may, or may not, be based on an informed choice, consider the following probes to verify this standard:</i></p> <ul style="list-style-type: none"> <li>• <i>Is the person aware that they don’t have to follow a structured and regimented house schedule (such as, wake up at 5am, eat at 6pm, shower at 7pm, bed by 9pm, etc.)? If a person prefers to follow a routine, as long as it is his or her informed choice and not coerced, it is acceptable.</i></li> <li>• <i>Does the house have a shower schedule, a dining schedule, a laundry schedule that the person is told they must follow and does the person know that he has the right to create and follow his own schedule for these activities?</i></li> <li>• <i>Is the person’s routine individualized and different from others in the setting or does everyone follow the same schedule for all activities?</i></li> <li>• <i>Does the person have access to in-house activities such as watching TV, radio, and other leisure activities that interest him/her? Is he/she able to access those activities when he/she chooses? (Or does everyone have to go to bed by 10pm, or watch the same TV shows as his/her housemates, regardless of choice, for example?)</i></li> <li>• <i>Is the person encouraged, taught, and provided the opportunity to plan his/her own daily activities, including mealtimes, community events, and other activities on a regular basis? This may also apply to weekly and monthly routines.</i></li> </ul>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
17l.	<b>The individual is encouraged and supported to make his/her own scheduling choices and changes according to preferences and needs.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>The individual is encouraged and supported to make his/her own scheduling choices and changes according to preferences and needs.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		

17m.	<b>The individual is supported to have access to food at any time, consistent with risk factors identified in the Discovery Tool and Personal Plan.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>The person has access to food 24-7, from the refrigerator, pantry, and/or asking for food, consistent with his/her Personal Plan unless there is an appropriate rights modification in place through the person-centered planning process that includes all the required elements.</i>  <i>The provider staff supports the person to budget and purchase food, consistent with the person's desires unless there is an approved rights modification.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
17n.	<b>The individual is supported to have independent access to his/her home.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>In the residential setting, the person should have access to their home with as much independence as possible as determined by the Personal Plan and reflecting the person's skills, and individualized needs for environmental, adaptive, and human supports. Environmental modifications, the use of technology, and personal assistance of staff are all ways that a person can have greater control over and more independent access of their home. Some people may need specialized training and encouragement to feel comfortable fully accessing and utilizing their key or other means to enter their home and to use their right to come and go as they desire.</i>  <i>The person has been fully informed of his/her right to have a key or other independent means to unlock the door of his/her home and is allowed to come and go whenever he/she chooses, consistent with the Personal Plan.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
17o.	<b>The individual has access to typical spaces in his/her day setting and is supported to use them.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>The person reports that he/she has access to the day setting and can access common areas when he/she so chooses. If there are barriers due to a rights modification in place for someone else, the person's right to access is accommodated.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
17p.	<b>The individual's rights are respected and staff support and advocate for the individual's rights.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>Discussion with the person or his/her family/advocate if needed, confirms that staff/provider supports and advocates for his/her rights.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		

17q.	<b>When interventions that restrict or modify the individual’s rights are used (not part of a behavior support plan), the individual’s Personal Plan includes a description of the need/behavior, and positive and less intrusive approaches that have been tried but have not been successful.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>In the event that any of the person's rights are limited or modified for a person because of health or safety concerns (such as using a bed rail because of a seizure disorder), it may not be necessary or appropriate to develop a behavior support plan.</i>  <i>When there is an appropriate, documented rights modification that restricts a person’s access to their rights, compliance with the following criteria satisfies the standard as being ‘Met.’</i>  <i>The rights modification must have been considered as part of the Personal Plan development.</i>  <i>If there is a modification for any reason, it must:</i></p> <ul style="list-style-type: none"> <li>• <i>Identify the specific individualized assessed need;</i></li> <li>• <i>Document the positive interventions and supports used prior to the modification;</i></li> <li>• <i>Document the less intrusive methods of meeting the need that had been tried but did not work;</i></li> <li>• <i>Include a clear description of the condition that is directly proportional to the assessed need;</i></li> <li>• <i>Include regular collection and review of data to measure the ongoing effectiveness of the modification;</i></li> <li>• <i>Include established time limits for periodic review to determine if the modification is still necessary or can be terminated;</i></li> <li>• <i>Includes the informed consent of the Individual if applicable;</i></li> <li>• <i>Includes an assurance that interventions and supports will cause no harm to the Individual.</i></li> </ul>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		
17r.	<b>The individual, or the individual’s guardian (if the individual is unable to make this decision), has given informed consent to the rights limitations/restrictions in place.</b>	<b>Choose</b>
<p><u>Guidance/Compliance Criteria:</u>  <i>There is documentation of the informed consent of the person, or his/her guardian (if needed) to modify access to rights.</i></p>		
<p><b>Justification and Findings (Please indicate + or – with regard to each finding):</b></p>		

**ADDITIONAL COMMENTS/FINDINGS/RECOMMENDATIONS**

<b>IMMEDIATE CONCERN(S)</b>

<b>INDIVIDUAL INTERVIEW</b>			
<b>Focus Person</b>	<b>Individual Interview Date/Time</b>	<b>Reviewer</b>	<b>Others Present</b>

<p>Did the person consent to be interviewed? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Person Unable to Respond <input type="checkbox"/> Reviewer Unable to Comprehend Response</p>			
<p><u>Guidance:</u>  <i>Arrangements are to have been made prior to the interview for any necessary interpreters, or <u>necessary</u> support staff who knows the person best.</i></p> <p><i>If the person chooses not to participate in the interview, please document the reason(s) and do not complete the interview questions. If the person being interviewed wishes to have someone with him/her during the interview, the reviewer should respect the person's wishes. However, the purpose of this interview is to gather information from the person. The reviewer must determine and address the degree to which someone assists the person to express his/her responses or responds FOR the person.</i></p> <p><i>Ask the questions to the best of your ability. You may reword any question BUT do not lead the person to an answer. Please try to have enough of an exchange (including all possible verbal and non-verbal elements) with the individual to determine issues of choice, satisfaction with his/her daily life, participation in service planning, awareness of guardian, case manager, other staff and friends.</i></p> <p><b>Be sure to roll information from this interview into appropriate/related sections of the Ligas Compliance Measures Tool to be considered when determining whether a measure has been met.</b></p>			
<p>Describe your interactions or attempts at interactions with the person.</p>			
<p>Observe any adaptive equipment and/or assistive technology that is available and being used. Ask the person about the equipment. If they have help using it, who helps them, etc. List what you observe/learn. If the person is unable to respond in a way that you understand, ask staff and ask them to demonstrate use of the equipment/devices.</p>			
1.	Hi. My name is _____. Are you (name)? Is it OK if we talk for a few minutes?		
2.	What did you do today?		
3.	What do you like most about how you spend your days?		
4.	What do you like least about how you spend your days?		
5.	What do you do in the evenings/at night?		
6.	Are there other things you'd like to do too?		

7.	What do you like to do when you are not at home?
8.	<p>Do you have a job? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes:</p> <ul style="list-style-type: none"> <li>• What are you doing?</li> <li>• Do you like it?</li> <li>• Anything you would like to change?</li> </ul> <p>If no:</p> <ul style="list-style-type: none"> <li>• If you were working, what kind of job would you like to have?</li> </ul>
9.	<p>Has anyone talked to you about the different kinds of jobs you might like to do? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes:</p> <ul style="list-style-type: none"> <li>• What types of things did they tell you?</li> </ul> <p>If no:</p> <ul style="list-style-type: none"> <li>• Would you like to have someone tell you about different things you might like to do for work?</li> </ul>
10.	<p>Are you currently volunteering? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• What do you do?</li> <li>• Do you like it?</li> </ul> <p>Have you ever volunteered? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes:</p> <ul style="list-style-type: none"> <li>• What did you do?</li> <li>• Did you like it?</li> </ul>
11.	<p>Have you thought about retiring?</p> <p>Have you been planning for retirement?</p> <p>What are you interested in doing in your retired life?</p>
12.	<p>Has anyone talked to you about taking continuing education classes? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comments:</p>
13.	Are there things you'd like to do that you don't do now?
14.	What do you do on the weekends?
15.	Anything you'd like to change about your weekends?
16.	How often do you go out into the community?

17.	Would you like to go more?
18.	Can you have friends over when you want?
19.	Are you satisfied with how your personal funds are managed? Do you receive statements about how your money is being spent toward paying your bills? Have you experienced any theft or loss of your personal money?
20.	Do you like the food here? If not, why?
21.	Who chooses what you eat?
22.	Do you go grocery shopping?
23.	Do you get to go to bed and get up when you want?
24.	Does anyone come into your bedroom who you don't want to come in?
25.	Is there anything you would change about your home?
26.	Are you satisfied with how your Personal Plan reflects your preferences and strengths?
27.	Do you feel like your desired outcomes are correctly expressed in your Personal Plan?
28.	Is there anything you would change about your Personal Plan? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes:
29.	Is there anything you would like to learn to do?
30.	Do people listen to you?
31.	Do they help you get what you want?
32.	Do you feel safe? If not, why?

33.	If someone were to yell, curse, hit, or threaten you, or harm you in any way, who would you tell?
34.	Have you ever made a complaint before and if so, was it resolved in a timely manner?
35.	Do you know how to make an anonymous complaint?
36.	Do you know that you have a right to object to services/supports? Do you know how to voice an objection?
37.	Are you involved in self-advocacy organizations? If not, would you like to join one?
38.	Does anyone make you do things you do not want to do?
39.	Do you know who your ISC is?
40.	Do you find your ISC helpful?
41.	How often does your ISC visit you?
42.	Do you know how to contact your ISC?

FAMILY/GUARDIAN INTERVIEW			
Focus Person	Guardian Name	Guardian Interview	Reviewer

		Date & Time	
<p><u>Guidance:</u>  <i>This interview is meant for <u>all</u> guardians, including Office of State Guardian (OSG).</i></p> <p><i>Arrangements are to have been made prior to the interview for any necessary interpreters, or <u>necessary</u> support staff who knows the person best.</i></p> <p><i>Ask the questions to the best of your ability. You may reword any question BUT do not lead the person to an answer. Please try to have enough of an exchange to determine the guardian's participation in service planning, awareness and involvement of case manager, overall satisfaction with services and supports, and responsive of team to concerns.</i></p> <p><b><i>Be sure to roll information from this interview into appropriate/related sections of the Ligas Compliance Measures Tool to be considered when determining whether a measure has been met.</i></b></p>			
1.	For OSG only: How long have you worked with (Name)?		
2.	Please tell me about (Name). What is his/her personality like? What kinds of things does he/she like? Dislike?		
3.	How often are you able to visit with (Name)?		
4.	What are the biggest medical issues that he/she has?		
5.	What choices does (Name) make on his/her own?		
6.	What choices do you make for (Name)? How do you determine how he/she feels about these decisions?		
7.	Do you attend the Personal Plan meetings and team meetings?		
8.	What are (Name's) desired outcomes?		
9.	What new skills did (Name) master last year?		
10.	What do you personally see (Name) accomplishing in the next few years?		
11.	What, if any, behavioral issues is (Name) faced with? How are these addressed?		
12.	Are there any services that (Name) needs that are not in place right now?		

	If yes, has anything been done to ensure that his/her needs are met in this area?
13.	Tell me how you communicate with team members between meetings:
14.	Have you ever questioned or had concerns about (Name's) services and supports?  What happened?
15.	Has there been any situation where your opinion has been different from that of the person represented?  What happened?
16.	Have there been situations in which the team failed to reach a consensus on the person's service and support needs?  If yes, what was the disagreement(s) and how were they resolved?
17.	Does anyone make (Name) do things he/she doesn't want to do (coercion or subtle coercion)?
18.	Tell me about any special equipment (Name) uses (e.g., glasses, hearing aids, wheelchair, walker, shower chair, etc.):
19.	Are there any issues which adversely impact on (Name's) health, such as refusal of medical treatment, refusal to wear glasses, dentures, hearing aids?  If so, how is the team addressing?
20.	Are any chemical restraints (i.e., pre-sedation medication) or mechanical restraints utilized for medical or dental appointments?  If so, did the team discuss a plan to reduce reliance on such restraints?
21.	Does (Name's) personal plan identify his/her vocational interests, abilities, and needs?
22.	Has (Name) been offered the opportunity to participate in work or job exploration activities including volunteer work and/or trial work opportunities? Yes <input type="checkbox"/> No <input type="checkbox"/>  If yes: <ul style="list-style-type: none"> <li>• When were these opportunities offered?</li> <li>• Are these experiences clearly documented in the personal plan?</li> </ul>

	<p>If no:</p> <ul style="list-style-type: none"> <li>Is (Name) trying new experiences in the community to determine interests, abilities, skills, and needs? Yes <input type="checkbox"/> No <input type="checkbox"/></li> </ul> <p>If no, why not?</p>
23.	Do you support (Name) working or trying to find something that he/she would like to do?
24.	If there are things that concern you about employment or that you see as barriers to employment, has the team addressed how to overcome those barriers so that (Name) likes what he/she does and is successful?
25.	<p>Are you satisfied with how (Name's) personal funds are managed?</p> <p>Do you receive statements about how (Name's) money is being spent toward paying his/her bills?</p> <p>Has (Name) ever experienced any theft or loss of his/her personal money?</p>
26.	<p>What are (Name's) personal and cultural preferences?</p> <p>How are these accommodated?</p>
27.	Is (Name) being supported to develop and maintain relationships beyond family and paid staff?
28.	What information and guidance has been provided to you and (Name) about healthcare decision-making and end-of-life directives?
29.	<p>During the past year, have there been any complaints, allegations of abuse, neglect, exploitation, or mistreatment related to (Name)?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, what happened?</p>
30.	If you were to suspect abuse, neglect, exploitation, mistreatment or suspicious injury or environmental hazards, how would you report it?
31.	<p>How would you make a complaint about services if you had one?</p> <p>Do you know how to make an anonymous complaint?</p>
32.	Who is (Name's) case manager (ISC)?
33.	Do you find the case manager (ISC) helpful?

34.	How often are you in contact with the case manager (ISC)?
35.	Have you been informed, and are you satisfied with the information you have received thus far, related to the upcoming (July 1, 2019) restructuring of the case management (ISC) systems?
36.	Overall, how do you feel about the services and supports (Name) receives?
37.	Overall, how do you think (Name) feels about the services and supports he/she receives?

### Overall Scoring

COMPLIANCE MEASURE	SCORE	RATING
Person-Centered Planning/Measuring Outcomes		
Independent Support Coordination		
Safety (including risk mitigation, environmental maintenance)		
Staff Presence, Conduct, Competence (including sufficient numbers, staff training, staff knowledge of plan/preferences, provision of services as documented in plan)		
Employment/Day Activities, Community Integration		
Leisure, Recreation, Social Relationships (including connection to family and friends)		
Personal Funds Management		
Transportation		
Health Care		
Vision, Hearing, Sensory Supports and Services		
PT/OT/SLP/Other Communication Supports and Services		
Adaptive Equipment and Assistive Technology		
Dining/Dietary Supports and Services		
Behavioral Supports and Services		
Mental Health Supports and Services		
Protection from Harm		
Rights and Autonomy		
<b>OVERALL</b>		