

Standard of Care	Surveyor Notes	MET	NOT MET	NA
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Agency/Region: [ ]  
 Surveyor: [ ] Date/Time: [ ]  
 Administrative Personnel Interviewed and Title: [ ]

- Services** (Circle those that the Agency provides):
- **2021 Living Care Arrangement:** Supported Living – Family Living - Intensive Medical Living Supports - Customized In-Home Supports
  - **2021 Community Inclusion:** Customized Community Supports – Community Integrated Employment Services

**Surveyor Instruction:** This tool is used to determine the Agency’s compliance with Agency requirements not related to Individual specific services. If needed the surveyor may need to interview the administrator to get clarification or seek verification. If area is NOT MET, surveyor must meet with the Administrator to ask for evidence and implementation, prior to citing, as evidence may change finding to met.

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**General**

<p><b>Does the Agency have an RN with current licensure on staff or contract?</b></p> <p><b>Surveyor Instruction:</b> A Registered Nurse (RN) licensed by the State of New Mexico must be an employee or a sub-contractor of Provider Agencies of Living Supports. Individuals who have health related support needs that require nursing services during the provision of CCS, have access to nursing supports in various ways. Nursing supports at various levels are bundled into the CCS Group services and are available for other CCS models of service (CCS-I, CCS-Small Group, Community Inclusion Aide) through coordination with the person’s Living Supports provider and/or Adult Nursing Services (ANS) provider. An LPN may not provide service without an RN supervisor. All DD Waiver Nursing services must be provided by a Registered Nurse (RN) or licensed practical nurse (LPN) with a current license in good standing in New Mexico or under the Nurse Licensure Compact (NLC). The Nurse Licensure Compact is an agreement between New Mexico and other states that allows reciprocity for licensed nurses. You will also need to verify the nurse license either by reviewing a copy of the license or looking it up at <a href="http://nmbon.sks.com/verification.aspx">http://nmbon.sks.com/verification.aspx</a>. For this to be met the agency must have an RN who is employed / sub-contracted and have a valid license to practice in New Mexico issued by the NM Board of Nursing or Interstate nursing compact agreement.</p>	<p>[Tag #1A15 (CoP)</p>	<p>[</p>	<p>[</p>	<p>[</p>
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<p><b>Is the Agency following and implementing the use of General Events Reporting (GER) as required by standards?</b></p> <p><b>Surveyor Instruction:</b> The purpose of General Events Reporting (GER) is to report, track and analyze events, which pose a risk to adults in the DD Waiver program, but do not meet criteria for ANE or other reportable incidents as defined by the IMB. Analysis of GER is intended to identify emerging patterns so that preventative action can be taken at the individual, Provider Agency, regional and statewide level. If no one in your sample has a GER within the last 12-months, you must verify the Agency is using GER in Therap. <b>Request evidence from agency that they are using Therap.</b> This is met if the agency is using GER.</p>	<p>[ Tag #1A43</p>	<p>[</p>	<p>[</p>	<p>[</p>
<p><b>Do all LCA homes have internet access? If no, does the Agency have a DDS exception on file?</b></p> <p><b>Surveyor Instructions:</b> Provider Agencies must assure that each residence is clean, safe, and comfortable, and each residence accommodates individual daily living, social and leisure activities. In addition, the Provider Agency must ensure the residence has internet access. Ask the Agency to provide a listing of all homes and ask for verification that each has internet access. For those that do not have access the agency must have a DDS exception on file. This cannot be met if all homes do not have internet access or if there is no exception from DDS for those that do not.</p>	<p>Tag #1A05 (CoP) [ ]</p>	<p>[</p>	<p>[</p>	<p>[</p>
<p><b>Client Rights</b></p>				
<p><b>Does the Agency have a Human Rights Committee consisting of all required members?</b></p> <p><b>Surveyor Instructions:</b> HRCs are required for all Living Supports (Supported Living, Family Living, Intensive Medical Living Services), Customized Community Supports (CCS) and Community Integrated Employment (CIE) Provider Agencies.</p> <p>1. HRC membership must include:</p> <ul style="list-style-type: none"> <li>a. at least one member with a diagnosis of I/DD;</li> <li>b. a parent or guardian of a person with I/DD;</li> <li>c. a health care services professional (e.g., a physician or nurse); and</li> <li>d. a member from the community at large that is not associated (past or present) with DD Waiver services.</li> </ul>	<p>Tag #1A31.2</p> <p>List Required Committee Members:</p> <p>Individual w/ I/DD: _____</p> <p>Parent/Guardian of Individual w/ I/DD: _____</p> <p>Health care services professional (e.g., a physician or nurse) : _____</p> <p>Member from the Community: _____</p>			

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<p><b>Does Human Rights Committee meet quarterly as required?</b></p> <p><b>Surveyor Instructions:</b> HRCs are required for all Living Supports (Supported Living, Family Living, Intensive Medical Living Services), Customized Community Supports (CCS) and Community Integrated Employment (CIE) Provider Agencies. The HRC with primary responsibility for implementation of the rights restriction will record all meeting minutes on an individual basis, i.e., each meeting discussion for an individual will be recorded separately, and minutes of all meetings will be retained at the agency. This will be met if there is evidence of four (4) quarterly meetings.</p>	<p>Tag #1A31.2 (CoP)</p> <p>List Meeting Dates:</p>			
<b>Quality Assurance / Quality Improvement</b>				
<p><b>Does the Agency have a Quality Improvement Plan, which includes the Key Performance Indicators outlined by DDSQI?</b></p> <p><b>Surveyor Instructions:</b> Findings from a discovery process should result in a QI plan. The QI plan is used by an agency to continually determine whether the agency is performing within program requirements, achieving goals, and identifying opportunities for improvement. The QI plan describes the processes that the Provider Agency uses in each phase of the QIS: discovery, remediation, and sustained improvement. It describes the frequency of data collection, the source and types of data gathered, as well as the methods used to analyze data and measure performance. The QI plan must describe how the data collected will be used to improve the delivery of services and must describe the methods used to evaluate whether implementation of improvements is working. The QI plan shall address, at minimum, three key performance indicators (KPI). The KPI are determined by DOH-DDSQI on an annual basis or as determined necessary. The plan must cover these areas to be met, including the following KPIs:</p> <p>KPI applies to the following provider types: <b>Living Supports service providers (SL, FL and IMLS), CIHS and Case Management</b></p> <ol style="list-style-type: none"> <li>1. % of Individuals whose Individual Support Plans (ISP) are implemented as written.</li> <li>2. % of appointments attended as recommended by medical professionals (physician, nurse practitioner or specialist).</li> </ol> <p><b>CCS and Case Management agencies:</b> % of people accessing Customized Community Supports in a non-disability specific setting.</p>	<p>Tag #1A03</p>	[	[	[

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<p><b>Does the Agency have a Quality Improvement Committee, which meets quarterly?</b></p> <p><b>Surveyor Instructions:</b> (Review 4 Quarters) A QI committee must convene on at least a quarterly basis and more frequently if needed. The QI Committee convenes to review data; to identify any deficiencies, trends, patterns, or concerns; to remedy deficiencies; and to identify opportunities for QI. QI Committee meetings must be documented and include a review of at least the following:</p> <ol style="list-style-type: none"> <li>1. Activities or processes related to discovery, i.e., monitoring and recording the findings;</li> <li>2. The entities or individuals responsible for conducting the discovery/monitoring process;</li> <li>3. The types of information used to measure performance;</li> <li>4. The frequency with which performance is measured; and</li> <li>5. The activities implemented to improve performance.</li> </ol> <p>This will be met if there is evidence of four (4) quarterly meetings and there is evidence of review of data and remediation.</p>	<p>Tag #1A03</p> <p>List Meeting Dates:</p>			
<b>Agency Policy and Procedures</b>				
<p><b>(Only applicable to Individuals who receive Rep Payee services from the Agency)</b></p> <p><b>For Individuals receiving Rep Payee, does the Agency maintain accounting of personal funds?</b></p> <p><b>Surveyor Instruction:</b> The Living Supports Provider Agency must produce a monthly accounting of all personal funds managed or used by the agency. A copy of documentation must be provided to the person and or his or her guardian and the DOH upon request. This is met, if Individuals on the sample who have rep payee have an accounting of funds.</p>	<p>Tag #1A07 (CoP)</p>			