



2016 COMMUNITY PRACTICE REVIEW

PROTOCOL #4: RESIDENTIAL SERVICE PROVIDER INTERVIEW
Jackson v. Ft. Stanton

Date:
Name of Person(s) Interviewed:
Type of Service:
Why are they sitting in?

Reviewer:
Title:
Phone number of anyone assisting:

INTERVIEW QUESTIONS

MEDICATION TABLE

RESIDENTIAL OBSERVATION

RESIDENTIAL SCORES

SCORES FOR ROLL-UP QUESTIONS:

QUESTION #54:

SCORE FOR #48 IS **Choose**

QUESTION #81

SCORE FOR #46 IS **Choose**

QUESTION #82

SCORE FOR #49 IS **Choose**

QUESTION #85

SCORE FOR #52 IS **Choose**

QUESTION # 93

SCORE FOR #51 IS **Choose**

Residential Interviews

For purpose of this Review, only interview a person providing residential direct service support to the Participant. If the direct support staff has been on the job for 30 days or less, his/her supervisor may also provide information AFTER the direct support staff has answered.

YOU MUST RECORD THE DIRECT SUPPORT STAFF PERSON'S RESPONSES SEPARATE FROM THE SUPERVISORS.

If the person's direct support staff is not available/allowed to participate in this interview find out why and note the reason and who is giving you this information in the record. Notify the agency that you will record the answers provided but they may not be counted and the entire interview may be scored a "0".

Consult with your Case Judge and Community Monitor prior to completing your protocol book.

The purpose of the interview is to gain insight into the perspective, knowledge, opinions, preferences, and circumstances of the person interviewed. The interview may present the Reviewer with the opportunity to observe first hand someone's communication skills, appearance, manner and working style. The questions presented in interview protocols are intended to elicit certain information. Each Reviewer is expected to phrase or rephrase the question(s) as necessary enable the staff to better understand the intent of the questions. However, **you MAY NOT lead the person to an answer.**

The Reviewer should make every effort to record the interviewee's responses verbatim. Try not to paraphrase. The Reviewer should make any needed notes at a level of detail that enables the reviewer to use the information to support the Reviewer's judgments and conclusions. The Reviewer should not use acronyms when asking questions.

If you have not met the person to be interviewed before, begin by introducing yourself. You may want to ask the person what information he/she has already received about the review and the Reviewer's role. If necessary, describe your role as a Reviewer and the overall aim of the review as well as the purpose of the interview in the information gathering process. During the interview, whenever the protocol uses the term "person" or "Participant" the Reviewer should use the person's name when speaking, for example, "Ms. Smith," or "Mr. Jones."

Even if asked directly, **do not** tell the person interviewed that anything is or is not "all right," "okay with me," does or does not "comply" with any regulation, law or requirement, or any other indication of approval or disapproval.

Even if asked directly, **do not** provide technical assistance or "recommendations" to resolve or improve issues.

When interviewing the direct service provider, most Reviewers have found it useful to begin with a general "tell me about" the person to allow the individual being interviewed to express his/her initial and/or primary concerns. If subsequent items in the interview address issues already present in response to the initial "Tell me..." question, the Reviewer should simply state, "I believe you have already told me about this...", reiterating the information. Allow the person interviewed to correct, clarify or expand the information as necessary.

Remember that the staff person may have to respond to an emergency or crisis situation during the interview. If this happens, the Reviewer should terminate the interview immediately and establish a time to reschedule or resume the interview later in the same day. Do not continue to engage the person in conversation.

Thank the person for his/her time and cooperation.

Based on your review of the records, what should be present in this environment? (e.g., adaptive equipment/assistive technology equipment, specific responses to behavior, specific supports during eating, etc.) List here/on the back of this page. If the information you require is found to your satisfaction, check the box to the left of the item you've listed. If not, leave it blank, highlight it and use it as a reference when scoring and/or writing up your summary. Use this space to identify missing information, use it to verify that recommendations have been followed, use it to ask about or observe needed equipment/devices, etc.

X	<i>Item to Verify or Request (add lines as necessary)</i>

- A. Tell me about (Participant):
Note: The interviewee may ask, well what do you want to know? The reviewer can respond by saying: "I've never met the person or don't know him/her well —so please tell me about her/him".

CJ Remarks

- B. From your work with this person, what are the person's strengths?

CJ Remarks

- C. How long have you worked with this person? (Try to get year and day the person started)

CJ Remarks

- D. Please describe a typical day in the person's home, including the approximate times of day the person does given activities and the length of time in each activity.
Note: If the interviewee states them, record the time the person wakes up, what he/she does next and for approximately how long, then what the person does next and for how long, etc. Note the total number of hours per day the person is engaged in meaningful activities that relate to his/her ISP

Weekdays:

Weekends:

CJ Remarks

- E. Are you a member of this person's IDT [Team]? Yes No

CJ Remarks

F. Did you participate in the development of the person's ISP [Plan]? Yes No How did you participate? What did you do?

If the answer is “**NO**”, the reviewer should ask: “Did information about the person get from you to the Team and information from the meeting get back to you?” If so, how?

CJ Remarks

G. Have you received training on implementing the person's:
a. ISP? Yes No If **YES**, what did you learn?

b. Behavior Plan? Yes No NA If **YES**, what did you learn you are to do?
Note: If the individual does not have a Behavior Support Plan mark this as N/A.

CJ Remarks

H. Is the ISP useful in helping you to understand and-work with this person? Yes No How, or in what way?

CJ Remarks

I. Does the IDT meet when major events occur in this person's life? Yes No

If **YES**, what happened and when did this occur?

CJ Remarks

J. How would you initiate an IDT meeting if you thought one was needed?

CJ Remarks

K. How does the team integrate this Participant's culture, values and natural support systems into the ISP and the person's everyday life?

NOTE: List specific measurable indicators, then look for verification in the notes and program records or other interviews. This question usually needs to be repeated, and needs to be taken slowly, with spacing between the words: culture—values—and natural support systems. You can explain that when thinking about culture we mean things like ethnic and or life style preferences; with values we mean beliefs (e.g., religious or family) with natural supports we mean people, groups of people, organizations or environmental.

CJ Remarks

L. What are this person's current ISP Outcomes?

L.a. Please describe your responsibilities in implementing this person's outcomes .

CJ Remarks

M. Do you think the other members of the Team carry out their responsibilities as they are stated in the person's ISP? Yes No
Examples:

CJ Remarks

N. Have there been any conflicts among team members about the person's service and support needs? Yes No
If **YES**, how was the conflict resolved?

CJ Remarks

O. Describe how team members communicate with each other in between scheduled team meetings about the person's ISP progress and needs.

CJ Remarks

P. Who is the person's independent case manager?

a. How helpful is this person [the case manager]?

b. What do you see as her/his role or job?

CJ Remarks

Q. To what extent (how often) is the guardian involved in this person's life? Is this level of involvement enough? Why/Why not? What does the guardian do?

CJ Remarks

R. Has the person or guardian ever objected to or requested services other than what you provide? Yes No Don't Know
If **YES**, When? What was objected to or requested? What happened?

CJ Remarks

S. Does your agency have a formal complaint or grievance process for the person and her/his guardian? Yes No
Note: Often the interviewee will ask for clarification, 'what do you mean?', and the reviewer can clarify by stating: 'If the Individual or Guardian did not like the way something is being done or not done, how would they go about getting it taken care of?' 'Who would they contact?'

If **YES**, please describe. (Note: Reviewer should ask to see it.)

CJ Remarks

- T. Have you received any training specific to reporting abuse, neglect, and exploitation? Yes No
If **YES**, to what agencies do you report suspected abuse, neglect, exploitation? Note: you **MUST** also ask the second part of this question.

Have you ever reported? Yes No
What happened after you reported?

CJ Remarks

- U. Have you received training on the ISP process? Yes No
If **YES**, when?
If **YES**, please describe this training.

CJ Remarks

- V. What other types of training would be beneficial to you or do you think you would like to have?

CJ Remarks

- W. What barriers [obstacles] do you encounter in working with or planning for this person?
Note: Often the interviewee will ask for clarification. The reviewer can respond with: 'Has the person wanted to do something but others said **NO** or it got put off for whatever reason?'
If the person you are interviewing gives an example, ask if the issue got resolved.

CJ Remarks

- X. What, if any, change in behavior has occurred during the past year?
Note: If there has been a change, find out what the change is and when and why (if they know) it occurred.

CJ Remarks

- Y. What, if any, change in sleeping patterns has occurred during the past year?
Note: If there has been a change, find out what the change is and when and why (if they know) it occurred.

CJ Remarks

- Z. What, if any, change in overall activity levels has occurred during the past year? [Is the person more/less active than usual or more/less independent than usual? Note: If there has been a change, find out what the change is and when or why (if they know) it occurred.

CJ Remarks

- AA. If any change is reported in behavior, sleeping patterns, or activity levels, was the person evaluated to assess for underlying reasons (health, environmental, relationships, etc.) for the change(s)? If **YES**, [What type of specialist was this person? What was the outcome?

CJ Remarks

- BB. Please describe any health-related needs or issues this person may have.

CJ Remarks

- CC. Has the IDT discussed the person's health-related issues? What did they do and how did they resolve these health issues?
Note: They may have discussed health issues at the last Annual ISP meeting. If so, the ISP and/or meeting minutes need to reflect such, ask the case manager about any

discrepancies.

CJ Remarks

- DD. Has the person been in the hospital or emergency room since you have been working with the person? Yes No
If **YES**, please describe your involvement in the treatment and discharge planning.

CJ Remarks

- EE. a. Does this person's ISP have an adequate behavioral crisis intervention plan as warranted by his/her behavioral history?
 Yes No If No— What's missing or needs to be in it?

a.1. Have you had to implement the behavior crisis intervention plan? Yes No
If yes, please describe.

- b. Does this person's ISP have an adequate medical emergency response plan as warranted by his/her chronic medical condition?
 Yes No If No— What's missing or needs to be in it?

b.1. Have you had to implement the medical emergency response plan? Yes No
If yes, please describe.

CJ Remarks

- FF. (For persons in wheelchairs or with limitations to movement and mobility) Verify with the interviewee that the person has mobility issues. If so, ask the staff person:

Describe what procedures you use for specific care related to mobility.

Note: Questions a.-d. may get answered as the interviewee answers this first question and continues talking.

a. Did you receive training specific on how to best help this person with his/her specific mobility issues? If **YES**, Tell me what you do.

b. What equipment does the person need?

c. Is this equipment available and used here? Yes No If **YES**, ask to see it and be sure it's working. If **NO**, list what is not, and ask: Why isn't it here? Why isn't it used here?

d. Have you been trained in and do you know how to use this equipment? Please describe what you do. Who trained you (title/name)

CJ Remarks

GG. (For persons who have seizure disorders) Verify with the interviewee that the person has a seizure diagnosis or a history of seizures. If so, ask the staff person: Describe what procedures you use for specific care related to seizure management.

a. Did you receive training on what to do if the person has a seizure? If **YES**, tell me what you do.

Note: This May be answered within the question immediately above.

CJ Remarks

HH. (For persons who have difficulty swallowing) Verify with the interviewee that the person has difficulty swallowing food and/or meds. If so, ask the staff person: Describe what procedures you use for specific care related to eating and medication delivery.

Note: Questions a.-d. may get answered as the interviewee answers this first question and continues talking.

a. Did you receive training specific to the individual regarding how to assist the person with eating and medication delivery? If **YES**, Tell me what you do.

b. What equipment does the person need?

c. Is this equipment available and used here? Yes No If **YES**, ask to see it, be sure it's working. If **NO**, list what is not, and ask: Why isn't it here? Why isn't it used here?

d. Have you been trained in and do you know how to use this equipment? Please describe what you do. Who trained you (title/name)

CJ Remarks

II. (For persons who cannot obtain liquids without assistance) Verify with the interviewee that the person needs assistance with hydration/obtaining liquids. If so, ask the staff person: Describe what procedures you use for hydrating the person.

Note: Questions a.-d. may get answered as the interviewee answers this first question and continues talking.

a. Did you receive training specific to the individual regarding how to assist the person with obtaining liquids? If **YES**, Tell me what you do.

b. What equipment is needed to assist this person?

c. Is this equipment available and used here? Yes No If **YES**, ask to see it, be sure it's working. If **NO**, list what is not, and ask: Why isn't it here? Why isn't it used here?

d. Have you been trained and do you know how to best monitor and reduce this person's dehydration risk? Please describe/show me what you do.

CJ Remarks

JJ.

Please describe skin care needs specific to this person.

Note: Questions a.-d. may get answered as the interviewee answers this first question and continues talking.

a. Did you receive training specific to the individual regarding how to assist the person with these needs? If **YES**, Tell me what you do.

b. What products are needed to assist this person?

c. Are these products available and used here? Yes No If **YES**, ask to see them. If **NO**, list what is not, and ask: Why isn't it here? Why isn't it used here?

d. Have you been trained in and do you know how to use these products? Tell me what you do. Who trained you (title/name)?

CJ Remarks

KK. Does this person require any adaptive equipment or assistive technology? Yes No
Note: If the interviewee has already listed some equipment/devices, reviewer can reiterate by saying: You said the person uses _____, is there any other equipment or devices the person uses or needs?

If **YES**, Tell me what they need: (Note: List everything the Direct Support Staff identifies)

Is all the needed equipment available and used? Yes No If **NO**, list what is not used and ask: Why isn't it here? Why isn't it used here?

Have you been trained to use this equipment? Yes No If **NO**, list what the staff has not been trained on and ask: Why haven't you been trained?

CJ Remarks

LL. During the past 6 months [since you have been working with the person if the interviewee has been with the person less than 6 months] were there other services that the person needed but did not receive? Yes No
If **YES**, What are they?

CJ Remarks

MM. Do you know why the service(s) was not received by the person? Yes No
If **YES**, explain.

CJ Remarks

NN. Are there other services needed by the person now or will there be over the next 6 months? Yes No

If **YES**, list services.

CJ Remarks

OO. Do you know what actions, if any, are being taken and by whom to secure the needed services? Yes No
If **YES**, explain.

CJ Remarks

PP. Are resources (i.e., medical, personal money, transportation) adequate to meet this person's needs? Yes No
If **NO**, what is not adequate and what is being done to secure the needed services, if you know.

CJ Remarks

QQ. In your opinion, what are the most important issues/needs to be addressed with this person?

CJ Remarks

RR. From your knowledge of the person, what are the person's preferences in each life area:
a) Live?
b) Social/Leisure?

CJ Remarks

SS. Does your agency have any policies that might restrict this person's ability to pursue adult relationships? Yes No
If **YES**, what do they say?

CJ Remarks

TT. What natural supports does the person have and what generic services does the person use?

Note: Look for verification in the record and in other interviews of these activities.

- What memberships does this person have in the community? List what groups or organizations the person belongs to and how frequently he/she participates in them.

- List Names of friends this person has who are not paid to be in this person's life:

- List valued roles the person plays in the community and how often the person experiences them.

- List generic services the person uses and how often:
 Note: Generic services are those any one of us might use, such as stores, medical facilities, library, community recreation center

CJ Remarks

UU. Has the person made progress in the following areas in the past year? Explain each response.

Living Yes No

If there has been progress , identify it	If there has been NO progress , explain why not.	If there has been regression , describe what actions have been taken by the IDT to address the regression.

Social/Leisure Yes No

If there has been progress , identify it	If there has been NO progress , explain why not.	If there has been regression , describe what actions have been taken by the IDT to address the regression.

VV. Over the next year, what would you like to see this person doing?

CJ Remarks

WW. What is your long-term vision for the person? [What would you like to see for this person/ see this person doing in the next few years?]
 Note: if you receive a very general response, ask if there is anything more specific they would like to see the person do/achieve.

CJ Remarks

XX. Describe the extent of the person's participation in the community?
 Note: This is a slightly different question from TT. We want to know the nature of the persons participation in the community and how often. These activities may or may not be with others who have disabilities.

CJ Remarks

YY. How frequently does the person participate in community events?

CJ Remarks

ZZ. Is there anything else you would like to tell me about this person?

CJ Remarks

REVIEWER: PLEASE CHECK MEDICATIONS IN THE PERSON'S HOME AND COMPLETE THE FOLLOWING CHART. Medication information is to come directly off the container label when possible, and be compared to Medication Administration Record (MAR) to be sure they match. Also check the medication administration record to be sure medications have been given as instructed.

Medication Review

Name of Medication	Dosage	Target Symptom/Behavior

Environmental Observations

NOTE: You are a guest in this person's home. Please introduce yourself to everyone and DO NOT go into the class member'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 this home. Everyone's privacy should be respected. Behave as you would wish a stranger to behave in your home.

If you rate "NO" be specific about your observations!

Observations of Person's Residence

Check here if residence not observed

- | | | |
|----|--|--------|
| a. | Are medications appropriately secured in the home? Note if they are locked or stored so others in the home do not have easy access to them. NOTES: | Choose |
| b. | Are records of medication use maintained? NOTES: | Choose |
| c. | Is the residence clean? NOTES: | Choose |
| d. | Is the residence in a state of good repair? If NO , list what is not. NOTES: | Choose |
| e. | Is the residence safe for individuals (void of hazards)? If NO , list what is not. NOTES: | Choose |
| f. | Does the person have enough clothes to wear? If NO , list what you observe. NOTES: | Choose |
| | a) Is it seasonal? NOTES: | Choose |
| | b) Is it age appropriate? NOTES:
Note: You can answer this question based on your observations of what the person is wearing. You do not and should not go through the person's clothes closet and drawers. If you have reason to believe that this is an issue, report it based on your source of evidence (e.g., interviews, observations of what the person is wearing). | Choose |

- g. Is there adequate and appropriate food and drink available based on the person's needs? **Choose**
Note: You can answer this question based on your observations of what the person is eating or preparing to eat when you are in the home. If you have reason to believe that this is an issue or you need to verify items needed for a special diet, you can look in the refrigerator/cabinets IF you ask permission and are granted permission by the individual, housemates and/or staff present. NOTES:
- h. Is the residence integrated into an appropriate area in the community? NOTES: **Choose**
- i. Does the location allow for socially integrative activities? NOTES: **Choose**
- j. Is there any indication of the individual's participation in the selection of decorations? NOTES: **Choose**
- k. Is there adequate room for small groups and individual activities? NOTES: **Choose**
- l. Is there privacy for the person? NOTES: **Choose**
- m. Is there access to a phone? NOTES: **Choose**
- n. Does the person require an adaptive environment? **Choose**
a) If **YES**, were adaptations made? NOTES: **Choose**
- o. Is there evidence that this person needs assistive technology and/or adaptive equipment? **Choose**
a) If **YES**, what type? NOTES:
b) If **YES**, has the equipment/support been obtained? NOTES: **Choose**
c) If obtained, is the equipment being used? NOTES: **Choose**
d) Have staff been trained on the use of this equipment? NOTES: **Choose**

Residential Services: Summary

Ratings Guide

- 0 - Information not present or not adequate (non-compliance)
- 1 - Information is not completed or partially adequate (partial compliance)
- 2 - Information present and found to be adequate (full compliance)
- NA - Item not applicable to this person
- CND - Cannot determine answer based on information available

For each question your possible responses are limited to the optional responses listed. For instance, if a question does not list NA as a possible response, you may not use it. *In your notes YOU MUST use a (+) to indicate examples of compliance; Use a (-) to indicate examples of non compliance.*

YOU MUST PROVIDE AN ANSWER TO EVERY QUESTION.

*44. Does the residential direct services staff “know” the person?

Choose

Note: We expect the staff to thoroughly describe this person’s preferences, needs and circumstances, including information describing the individual’s method/style of communication; personality, likes, dislikes; the individual’s general routine; important people, activities, things in the individual’s life; significant events that occurred or are occurring which have an impact on the individual and what s/he is doing or plans to do. Also look for description of strengths, positive attributes, things to build on, such as: communication method; work ethic; skills s/he possess; willingness to try things; willingness to participate in activities; etc. Cannot be a “2” if the staff gives only a clinical diagnosis and **NO** personal information or visa versa.

Justification:

Case Judge remarks:

*45. Does the direct service staff have adequate input into the person’s ISP?

Choose

Note: We will look to see if the direct service staff have had input at the ISP, or if it is documented that they provided input directly to the CM in advance of the ISP Meeting. Is there evidence that they provide input through their Supervisor/Coordinator/Manager/Lead and is there proof that this information is shared at the meeting. Verify staff attendance with the signature page of the ISP. Cannot be a 2 if there is **NO** method, either documented or described verbally, for Residential Direct Support Staff to provide input to the ISP.

Justification:

Case Judge remarks:

*46. Did the direct service staff receive training on implementing this person's ISP? **Choose**

Note: We look to see if the direct service staff are implementing this person's ISP in line with expectations as outlined in the ISP and/or other directions (e.g., from therapists or other specialists.) Cannot be a 2 if the Direct Support Staff stated they received training, but observation and verbal description evidenced they did not know the person's ISP, BSP, Mealtime Plan, outcomes/ action plans, or other plans that are to be implemented.

Justification:
Case Judge remarks:

*47. Is the residence safe for individuals (void of hazards)? **Choose**

Note: The home must be accessible to the individual, needed modifications must be in place, the individual must be safe and free from danger. Accessible means physically able and "permitted" to use all the general areas.

Justification:
Case Judge remarks:

*48. Was the residential direct service staff able to describe this Participant's health-related needs? **Choose**

Note: The direct service staff identifies the important health related needs, needs that if not known and addressed can present a risk to the health and stability of the individual. Are looking for clinical diagnoses, such as seizure disorder, high blood pressure, diabetes; symptoms the person has recently displayed and what is being done to address them, such as - recently has been having trouble standing up from sitting in a chair, has an appointment with PCP, will go to the doctor next week. Also note past illnesses that may affect the person now; such as was hospitalized for pneumonia last winter so extra precautions are taken during the winter such as not going out when it is really cold, and if s/he gets a cough s/he goes to the doctor right away. Cannot be a 2 if the Direct Support Staff did not note: risk of aspiration and Comprehensive Aspiration Risk Management Plan or CARMP; the person has seizures and documentation evidenced the person has an active seizure disorder with a seizure plan and a seizure crisis plan; the person has diabetes and documentation evidenced s/he is to have regular blood glucose monitoring and/or a special diet; or other conditions that the person receives medication for, is to be on a special diet because of, has a medical crisis plan for, or documentation indicated the condition affects the person's daily life on regular basis.

Justification:
Case Judge remarks:

*49. Was the residential direct service staff able to describe his/her responsibilities in providing daily care/supports to the Participant? **Choose**

Note: Cannot be a 2 if the Direct Support staff could not describe the assistance they provide the person with ADLs and personal care, could not describe what outcomes/action plans s/he is responsible for or give some indication s/he knows them and implements them, such as how often the action plan is done and when and how data is collected.

Both 49.a. and 49.b. must be a 2 for this to be a 2.

Justification:
Case Judge remarks:

49a. Was the direct service staff able to provide specific information regarding the person’s daily activities, including the approximate times of day the person is doing what?

Choose

Justification:
Case Judge remarks:

49b. Can the direct service staff describe his/her responsibilities in implementing this person's ISP outcomes and action plans?
 Note: Please refer to answer provided in question “L” of the interview, and relate that answer to the actual outcomes and action plans in the ISP.

Choose

Justification:
Case Judge remarks:

*50. Did the residential direct service staff have training in the ISP process?
 Note: We will consider what the direct service staff tell us and what we observe. Reviewers are looking for: knowledge of person-centered planning; expressed knowledge of the purpose of vision statements, outcomes, and action plans, indication that the interviewee knows what the ISP process is about. Cannot be a 2 if the Direct Support Staff could not describe basics regarding the ISP.

Choose

Justification:
Case Judge remarks:

*51. Did the residential direct service staff have training on the provider's complaint process and on abuse, neglect and exploitation?
 Note: Both 51.a. and 51.b. must be a 2 for this to be a 2.

Choose

Did the direct service staff:
 51.a. have training on the provider’s complaint process?

Choose

Note: Did the staff indicate the reporting chain of command, e.g., go through my Supervisor; contact the Program Manager or Director; something to indicate there is someone within the agency a person can contact with a complaint/grievance. The direct service staff could also show the reviewer the agencies procedure that is in the person’s book or the staff book, or that is located somewhere in the program area. Cannot be a 2 if the Direct Support Staff indicated they did not know if their

agency had a complaint process or that they knew nothing about their agency's complaint process.

Justification:
Case Judge remarks:

51.b. have training on how and to whom to report abuse, neglect and exploitation?

Note: The interview must reflect the answers DOH or DHI. Human Services is NOT acceptable. Direct service staff could also show a card with the number, the poster, or another format with the number on it, and they indicate that is the number to call. Cannot be a 2 if the Direct Support Staff did not indicate reports are made to DOH/DHI.

Choose

Justification:
Case Judge remarks:

*52. Does the residential direct service staff have an appropriate expectation of growth for this Participant?

Note: The direct support staff should articulate this person's abilities, potential and natural next steps. There should be an expectation of growth and the team should be acting on that expectation. End of life plans may also be a factor. Are looking for things such as the person working at a community integrated job, living in a more independent setting, taking a trip, going for further formal education, learning a particular new skill or activity. Cannot be a 2 if the Direct Support Staff stated that they would like the person to be healthy, happy, and/or safe; or to just keep coming to the day program, with **NO** specific indication of why and what the person would do there.

Choose

Justification:
Case Judge remarks:

*53. Does the person's residential environment offer a minimal level of quality of life? (i.e., clean, furniture in good repair, safe home and neighborhood, person is allowed to make daily choices, privacy respected, reasonable rules/structure)

Choose

Justification:
Case Judge remarks:

QUESTIONS

#	Question	Score
44.	Does the residential direct services staff “know” the person?	Choose
45.	Does the direct service staff have adequate input into the person’s ISP?	Choose
46.	Did the direct service staff receive training on implementing this person’s ISP?	Choose
47.	Is the residence safe for individuals (void of hazards)?	Choose
48.	Was the residential direct service staff able to describe this Participant’s health-related needs?	Choose
49.	Was the residential direct service staff able to describe his/her responsibilities in providing daily care/supports to the Participant?	Choose
50.	Did the residential direct service staff have training in the ISP process?	Choose
51.	Did the residential direct service staff have training on the provider’s complaint process and on abuse, neglect and exploitation?	Choose
52.	Does the residential direct service staff have an appropriate expectation of growth for this Participant?	Choose
53.	Does the person’s residential environment offer a minimal level of quality of life?	Choose