

Core Assurances

Developmental Services Core Assurances Monitoring Protocol

Cite		Probes
	<p>The Core Assurances represent specific administrative and programmatic requirements that are applicable to all Medicaid waiver service providers.</p> <p>To determine compliance with each Standard from the Core Assurances, elements of performance have been developed to assist the reviewer in determining whether standards have been met. The elements of performance allow the reviewer to tailor the determination of compliance to the unique service under review.</p>	<p>Minimum Standards: Minimum standards delineate basic requirements that a provider must meet. An overall standard is presented, with supporting elements of performance.</p> <p>Expanded Practice: Expanded practices represent conditions that exceed minimum expectations. All minimum standards and elements of performance within a section must be met before a provider is eligible for expanded practice scoring in that section.</p> <p>DR: Code to indicate an element of performance that is subject to Desk Review. Those agency providers who have been identified to undergo a desk review will be requested to supply evidence that demonstrates their compliance with these elements of performance.</p>
	<p>Alert: Denotes a critical standard or cite relating to health, safety and rights. A deficiency requires a more intense corrective action and follow-up cycle.</p>	
“W”	<p>Weighted Element: A “W” followed by 2.0 or 4.0 in the Cite column denotes elements that have a greater impact on the monitoring score.</p>	
“R”	<p>Recoupment: An “R” in the Cite column denotes an element that is subject to recoupment of funds by the State if the element is “Not Met.”</p>	
<p>Standard:</p> <p> Rights and privileges of individuals are upheld.</p>		
1 DR	<p>The provider has a written policy that identifies the rights and responsibilities of individuals receiving services.</p>	<ul style="list-style-type: none"> Review interactively with the provider their written policy on rights and responsibilities of individuals.
2 W2.0	<p>There is evidence that the policy identifying individual rights and responsibilities is implemented.</p>	<ul style="list-style-type: none"> Ask the provider how they inform individuals and their families or guardians of their rights and responsibilities and how frequently. Ask individuals if they are aware of the providers policy; do they feel that their rights are upheld? Look for evidence in records that individuals receive something in writing annually from the provider and that the individual, family or guardian have acknowledged receipt. Analyze the results and recommendations from Person-Centered Reviews applicable to the provider to determine if there are any rights related concerns. Ask the provider and the provider’s staff for examples of how they observe the rights and responsibilities of individuals. Ask the provider with multiple employees how they inform and monitor employee observance of individuals’ rights and responsibilities. Ask the provider and the provider’s staff for examples of instances where an individual or their family felt that their rights were not being observed. What was the provider’s

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		<p>response to these concerns?</p> <ul style="list-style-type: none"> • If not evident in the policy, ask the provider what other sources of information that they access to identify that their policy is being implemented as designed and that it is effective. • Tour and observe the physical plant and environment. • Observe staff activity and interaction with individuals during facility tour and other onsite activities.
<p>3 W2.0</p>	<p>Individual rights are not restricted in any way. If there is evidence that rights are restricted, the restrictions are made in accordance with state statute and regulation.</p>	<ul style="list-style-type: none"> • Observe provider/staff interaction with individuals. If there is evidence of rights being restricted, ask the provider or staff to explain why. • Observe the environment for any rights restrictions on individuals. • Observe individuals for problems with behavior. • Ask the provider to give examples of instances where an individual's rights had to be restricted, and what procedures were followed (e.g. court orders). Ask specifically about individuals who may have problems with behavior and how these are addressed. • Inquire about the use of medications, restrictions, and other therapies and treatments to address problems with behavior. • Interactively, with the provider review a sample of records for individuals that had or currently have a restriction on their rights, look for explanation of this restriction in documentation. • Ask individuals if they feel that their rights are restricted by the provider/staff. Talk with individuals about their experiences with the provider. Ask individuals about provider rules or restrictions. • Look for evidence that restrictive (behavioral) programs have been reviewed and approved by the LRC, and that programs are being implemented as written. • Look for evidence that restrictive (behavioral) programs are being monitored and updated and that changes are being reviewed and approved by the LRC. • Determine from provider/staff/individuals whether there are house/facility rules with which individuals must comply, or other routine practices used to manage or alter problem behaviors. (Rules/practices may be written or just understood.) Do these rules/practices pose undue restrictions? • Analyze results and recommendations of Person-Centered Reviews applicable to the provider to determine any related restrictions; whether individuals are provided information on any restrictions.
<p>4 W4.0</p>	<p> The individual(s) is treated with dignity and respect.</p>	<ul style="list-style-type: none"> • Observe providers interacting with individuals in the service setting. Look for evidence that the provider (or their staff) is sensitive to the rights outlined in cites 4-9.

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5  W4.0	The individual's personal privacy is observed.	<ul style="list-style-type: none"> • Observe and interview consumers about the subjects covered in cites 4-9. • Ask individuals/staff/provider how individuals are disciplined or how a problem with behavior is managed. • Review a sample of records to determine that: <ul style="list-style-type: none"> ➤ If there are any restrictions on any individual's rights, documentation contains explanation for these restrictions. ➤ If there is a restriction on access to possessions, money, food or freedom of movement, that takes the form of house/facility rules or routine practices, determine if individuals are aware of the rules and if they have agreed to be bound by them. (House Rules are usually written, available to individual/family/staff and may be signed by the individual.) Do the house/facility rules or routine practices unduly restrict rights? ➤ Language used in documentation is respectful. • Review results and recommendations from Person-Centered Reviews applicable to the provider for any rights related information. • Look for evidence in provider complaint and satisfaction data to determine if any of these rights have been violated and what steps the provider took to resolve the complaint.
6	The provider and staff talk to and about the person in a respectful manner.	
7	The individual is included in decisions concerning his or her life.	
8 W2.0	The individual(s) has access to personal possessions, his or her money, food, and freedom of movement.	
9	The provider and staff appear to listen to the person when he/she is speaking.	
10	There is evidence that the provider assists the individual to fully exercise rights and to make informed choices.	<ul style="list-style-type: none"> • Ask the provider for examples of how they have assisted individuals to fully exercise their rights and make informed choices. • Interactively, with the provider, review a record of an individual that the provider has assisted for documentation of this assistance. • Interactively, with the provider, review a case study or other documentation that would demonstrate this assistance. • Review results and recommendation from Person-Centered Reviews applicable to the provider for any rights and choice related information. • Talk with individuals to determine that information on rights and choice is made available to them. Determine if they are satisfied with their choice options and their ability to exercise rights.
<p>Note: The following Expanded Practice will be evaluated only when all preceding, required elements of performance for the standard have been met.</p>		
11 Expanded Practice	The provider and staff have knowledge of due process	<ul style="list-style-type: none"> • Ask the provider and staff if they know about internal and external complaint and grievance procedures • Ask the provider if they have knowledge of due process

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	procedures and this information is made available to individuals/families/guardians and provider staff.	<p>options/procedures.</p> <ul style="list-style-type: none"> • Ask the provider to describe how staff is informed about due process. • Ask the provider and staff to describe how information on due process is made available to individuals and/or their families or guardians. • Determine from individuals whether they have been made aware of these options. Are they assisted to take advantage of these options? • Review Person Centered Review results and recommendations applicable to the provider.
Standard: Individuals have access to environments, including community settings, where services and supports are provided.		
12	Individuals are not denied access to parts of the building or areas where services are delivered due to disability, including administrative offices.	<ul style="list-style-type: none"> • Review Person Centered Review results and recommendations applicable to the provider for cites 12-14. • Talk with individuals to determine any access issues or concerns. • If applicable, review provider policies and procedures that would include references to issues covered by the ADA, if applicable. • Tour and observe the physical plant for any environmental barriers at sites where services and supports are provided to individuals. • Determine if the provider has a waiver from the Health Department or licensing agency on file for noted environmental barriers.
13	Community involvement is not limited due to an organization's transportation or other barriers.	<ul style="list-style-type: none"> • Talk with individuals to determine any access issues or concerns. Are they satisfied with the level of community involvement? • Ask the provider about proximity of their location to community centers of activity. • Ask the provider how individuals access (get to) community centers, and community-based activities. • Check complaint and satisfaction data to determine that this is not a problem area for the provider.
14 W2.0	Individuals are provided with opportunities to receive services in the most integrated settings appropriate to their needs	<ul style="list-style-type: none"> • Talk with individuals to determine if they are satisfied with how and where services are provided. Are they included in decisions for service delivery locations and settings? Do settings appear appropriate to meet individual needs? • Ask the provider about the types of service settings that are offered to individuals for receiving supports and services.

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	and according to their choice.	<ul style="list-style-type: none"> • Interactively, with the provider, review records of individuals for examples of the types of service settings that are being offered. • Review complaint and satisfaction data for evidence that provider might be limiting individuals' choices in terms of service settings.
Standard: Individuals are afforded choice of services and supports.		
15 DR	There are written policies and procedures in place to address choice for individuals, including those with a guardian, or for those who have been adjudicated incompetent.	Ask the provider to supply copies of written policies and procedures regarding choices of supports and services being made available to individuals.
16 W2.0	There is evidence that the provider's policies addressing individuals' choice for supports and services are implemented.	<ul style="list-style-type: none"> • Ask the provider for examples of how they offer choice of supports and services to individuals'. • Ask the provider with staff how they inform and monitor employee observance of individual's rights to choice. • Interactively, with the provider, review a sample of records that demonstrate implementation of the policy and procedures. • If the individual's choices cannot be readily determined, ask the provider how the individual's right to choose is safeguarded. • Talk with individuals about whether choices are offered in supports and services. Were the choices implemented? • Observe provider and consumer interaction if possible. • Analyze the results of Person-Centered Reviews for the provider to determine that they are affording individuals choices for supports and services.
Standard: Individual personal information is kept confidential.		
17 W2.0	Information about the individual is secured and not publicly displayed, except at the choice of the individual.	<ul style="list-style-type: none"> • Ask the provider about how they maintain the confidentiality of and secure information about individuals they provide with service and supports. • Ask to see provider policies and procedures, if applicable. • For agency providers, ask how staff is informed of policies

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18	Individual records are secured.	<p>and procedures for maintaining the confidentiality of and securing individuals' information.</p> <ul style="list-style-type: none"> • Ask the agency provider how they monitor staff compliance with the policy and procedure. • Observe the service setting to determine that policy and procedure are followed relative to maintaining confidentiality and security of information about individuals. Determine whether information about the individual is publicly displayed.
19	Consents for release of information are specific; time limited, signed and dated by the person or authorized representative.	<ul style="list-style-type: none"> • Ask the provider to supply an example of a consent. If they have versions to cover more than one circumstance, ask to see examples of all. • Interactively, with the provider, review a sample of records that contain release of information consents. <ul style="list-style-type: none"> ➤ Look for specificity in the release, time limitations, and for signatures and dates. <p><i>Note: Providers need not have a signed consent in every consumer file. Consent is only required when information about the consumer is being released. Providers do not need a consent for release of information to send required documentation to the individual's support coordinator.</i></p>
<p>Standard:  Suspected abuse, neglect or exploitation is immediately reported in accordance with state law.</p>		
20 DR	The provider has a written policy to address the immediate reporting of any suspected incidents of abuse or neglect.	<ul style="list-style-type: none"> • Ask to see the provider's policy on reporting suspected abuse and neglect. • Look for evidence that the policy is reflective of state reporting laws. • Look for evidence that the policy identifies additional contacts that should be made in instances of suspected abuse and neglect

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21  W4.0	The provider immediately reports any suspected abuse, neglect or exploitation of an individual.	<ul style="list-style-type: none"> • Ask the agency provider for evidence that staff have been informed of the reporting policy and procedures. • If this is an agency provider, interview staff to determine that they are aware of the provider’s policy and procedure, and know whom to call. • Ask the provider to give examples of instances when their reporting policies have had to be put into practice. • Ask the agency staff if they know what to do when they suspect an individual is being abused, neglected or exploited. • Review incident/accident reports for the last six months to determine if patterns exist. • Look for evidence that the provider is reporting suspicion of abuse, neglect or exploitation in consumer records, a log, or in other documentation. • During documentation review, look for any instances where the provider may have had suspicions, but did not or hesitated to make a report. • Is there evidence the provider investigates complaints/accidents/incidents to determine cause and any suspected abuse/neglect? Takes appropriate corrective action per investigation findings? <p><i>Note: If Cite 21 is met, and there is evidence that staff is trained in reporting procedures, as applicable, score Cite 21 as MET if there have been no suspected incidents to report.</i></p>
22 DR	The provider has a written policy to inform the individual and/or family/guardian about how to report suspected abuse, neglect or exploitation.	<ul style="list-style-type: none"> • Ask to see the provider’s policy on informing individuals, families or guardians about how to report suspected abuse, neglect or exploitation. • Look for evidence that the policy defines when individuals, families or guardians are to be initially informed and re-informed. • Look for evidence that the policy includes a description of how individuals, families or guardians are to be informed. <p><i>Note: It is acceptable if this is a part of the reporting policy.</i></p>
23	The provider informs individuals, family and guardians about how to report suspected abuse, neglect or exploitation.	<ul style="list-style-type: none"> • Ask to see any written information or documentation of training that is given to consumers about reporting abuse, neglect or exploitation. <ul style="list-style-type: none"> ➢ Recognizing abuse and neglect, and ➢ Preventing abuse, neglect or exploitation. • Ask provider and agency staff how individuals, families, and guardians are informed about reporting suspected abuse, neglect or exploitation. • Ask consumers, families or guardians if the provider informed them of the phone number to call or any other abuse/neglect reporting procedures. • If the provider’s policy states that the information is presented in writing and receipt is acknowledged by signature, look for evidence that the provider maintains a copy of this acknowledgement on file. • Review results and recommendations from Person-Centered Reviews for the provider.

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24 W2.0	The registry number is posted and accessible to staff and consumers.	<ul style="list-style-type: none"> • Ask providers where the phone number for reporting abuse, neglect and exploitation is located for staff and consumer use. • During provider location visits, look for evidence of postings. If not posted, ask provider to show you where it is located, and in the case of agency providers, ask staff to show you the location. • Talk with individuals to determine if they are aware of where the number is posted.
Standard: Individuals are assisted in achieving personal goals and desired outcomes.		
25	The provider is aware of, and has taken responsibility for, coordinating services needed to meet personal goals and needs identified by the individual within the scope of the service.	<p><i>NOTE: The support coordinator is not the only provider that is responsible for coordinating services. Every provider performs, or should be performing some level of service coordination even if it is just within the scope of their service.</i></p> <ul style="list-style-type: none"> • Ask the provider and the provider’s staff about their approach to working with individuals. • Ask the provider and the provider’s staff some general questions about the individuals included in their caseload or enrolled in their service. • Observe if the provider and the provider’s staff can supply information from memory about the individuals with whom they work. • Ask the provider and the provider’s staff how they develop services and supports for each individual to ensure they directly relate to personal outcomes/goals desired.
26 W2.0	Supports provided are directly related to the individual’s desired goals and needs.	<p>Based on the type and scope of the service offered:</p> <ul style="list-style-type: none"> • Interactively, with the provider, review a sample of records of individuals for evidence of services and supports being offered. Compare consumer goals and outcomes as defined or described in implementation plans, service authorizations, notes from meetings or interactions with individuals, and support coordinators to service logs, goal and outcome tracking forms, progress notes, etc.
27	Supports appear adequate in intensity and frequency to support desired outcomes for the individual.	<ul style="list-style-type: none"> • Determine if the provider has a process for evaluating the adequacy and frequency of services and supports rendered to individuals.
28	The provider is performing timely investigations and attempting resolution for any complaints, or inadequate supports for the person, if goals are not being achieved or appropriately supported.	<ul style="list-style-type: none"> • Interactively, with the provider, look for evidence of timely investigations and attempts to resolve individuals’ complaints. • Talk with individuals to determine if they are satisfied with the level of services being offered. Determine if the person is “working on” something that they want to achieve. • Do individuals feel that if they want to change the service in some way that the provider listens to them and works with them to accomplish the change? • Analyze the results of person-centered reviews for the provider to determine that they are assisting individual in achieving personal outcomes in all the areas noted.

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29 W2.0	The provider uses a personal outcome approach to design person-centered supports and services, and to enhance service delivery in order to assist individuals in achieving personal outcomes.	<p>Support Coordinators:</p> <ul style="list-style-type: none"> • Determine through interview and interactive record review with the provider that supports and services that are needed to achieve personal goals and to assure health and safety are aggressively explored and secured by the provider. • Review information submitted from other providers (e.g. Implementation Plans) to determine if services are appropriate to support plan goals, information collected from Personal Outcome Measures interviews and results and recommendations from applicable Person-Centered Reviews. • Talk with individuals to determine if they have input into the service planning and supports offered. Do they feel that the support coordinator responds to their suggestions and concerns? • Review applicable Person Centered Review results and recommendations. <p>Other Providers:</p> <ul style="list-style-type: none"> • Through interview and interactive record review, determine that provider services and supports relate directly and positively to the goals the individual wishes to achieve and to the individual’s identified needs. • Through interview, determine that staff at all levels know the individual’s personal goals and identified needs. • Through interview and interactive record review, determine that there is evidence of the provider cooperating in the personal outcome assessment process. • Is there evidence that the individual is included in decisions relating to services and supports? That the provider/staff are responsive to individual input and information. • Are supports individualized or “one size fits all”? • Talk with individuals to determine if they have input into the service delivery system and supports offered. Do they feel that the provider/staff respond to their suggestions and concerns? • Review applicable Person Centered Review results and recommendations.
30	The provider has considered a range of different and individualized methods and techniques to be used to achieve the individual’s personal goals.	As appropriate to service type, gather data through <ul style="list-style-type: none"> ➤ Review of provider’s self-assessment, ➤ Review of satisfaction survey results, ➤ Review of provider’s quality improvement plan, ➤ Review of provider’s implementation plans, ➤ Observation of provider operations

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31	The provider has identified and organized employee work tasks to facilitate the achievement of the individual's personal goals.	<ul style="list-style-type: none"> • Do services appear to be tailored to individual capabilities and needs? • Look/listen for evidence that staff time and effort is organized—staffing schedules, job descriptions, and organization plans can be sources of evidence • Interview the provider, provider's staff and individuals. <p>For Support Coordinators: Look for documentation that a range of service options were discussed with the individual to enhance choice of service delivery to meet desired goals.</p>
32	The Provider participates in discussions related to the individual's record, progress, need for modification to the support or implementation plans, and whether the individuals' needs are being met.	<p>Review results and recommendations from Person-Centered Reviews to determine satisfaction with communication level and responsiveness to need/outcome changes.</p> <p>For Support Coordinators:</p> <ul style="list-style-type: none"> • Ask the support coordinator whether meetings are scheduled to maximize attendance by those invited. • Interactively review a sample of records to determine when these meetings occur and who attends. • Ask the support coordinator how they actively encourage individuals to identify others they wish to invite to support plan meetings.
33	The provider works with the consumer/family/guardian when changes in program direction and/or the implementation plan are requested.	<ul style="list-style-type: none"> • Through record review of the sample determine if there is a pattern of support plan meetings including only the support coordinator/individual. Is there documentation to support this as a reasonable practice? • Ask the support coordinator how they obtain information on what services are planned for an individual and whether they are successful. <p>For Other Providers:</p> <ul style="list-style-type: none"> • Determine the extent of communication between the provider, individual, family/guardian and other members of the "support planning team," through review of: <ul style="list-style-type: none"> ➤ Progress notes ➤ Telephone logs ➤ Support plan meeting attendance records • Interview the provider/provider's staff to determine that communication is taking place, through a variety of methods, both within the organization and with outside resources. • Interactively, with the provider, review a sample of records and other documentation to determine whether the provider, if invited, attends support plan and other meetings to discuss the individual's progress and needs. Is there documentation to support this practice? • Determine if and how the provider submits pertinent information, implementation plans, and annual summaries/reports, as appropriate, to the support coordinator. • Talk with individuals to see if they are satisfied with participation of their providers at support planning meetings, and with communication about their supports and services. Are requested changes in services acted upon?

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34 W2.0	The provider is supporting the individual to expand life experiences through being part of the community and to achieve personal goals by offering opportunities, experiences and relevant training for the individual.	<ul style="list-style-type: none"> • Analyze Person Centered Review results and recommendations. • Talk with individuals to determine satisfaction with the experiences being provided. • Through interview and document review, determine if the provider advocates for experiences that are meaningful for the individual. Determine if the individual has: <ul style="list-style-type: none"> ➢ Attempts and successes with developing contacts in the community that are of interest to the person other than paid supports; ➢ Frequent and on-going opportunities to pursue and achieve connections to natural supports, or other generic community supports of interest to the person. • Look/listen for evidence that the provider knows the individual's preferences for community activities. • If the individual has identified increased community participation and integration as a desired outcome, determine if the provider has developed successful strategies to provide this support. • Determine if the provider assists the individual in experiencing various community activities. • Review the schedule for community activities, if available. Determine if activities offered are of interest to the individual and that the schedule provides a variety of community activities. • Determine if community activities are occurring in integrated settings to the maximum extent possible and are desired by the individual. • Determine if there are opportunities for the individual to attend community activities alone rather than only in large groups.
35 W2.0	The provider takes responsibility for addressing individual outcome areas beyond their mission and scope through referral, advocacy or consultation.	<ul style="list-style-type: none"> • Ask the provider what process they follow when an individual approaches them about an outcome that is beyond their scope of service. • If this is an agency provider, ask for examples of how employees are instructed and guided to handle situations of individual's requesting assistance with outcomes that are not within the scope of supports and services they have been assigned to provide. • Ask to see examples of any written policies, procedures or instructions that the provider has available regarding these types of situations. • Ask the provider to present some examples of implementation of their process, such as records of individuals where this situation has occurred. • For agency/group providers, interview employees to determine their awareness of the steps to take when these situations present. • Analyze the results of Person-Centered Reviews to identify if there is evidence of consistent provider performance in these situations.
36	The provider actively coordinates the dissemination of information to the individual/family/guardian and other providers in order to promote a cohesive planning and support process.	
<p>Note: The following Expanded Practices will be evaluated only when all preceding required elements of performance for the standard have been met.</p>		

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37 Expanded Practice	The provider has a tracking system in place to assure that all individuals are making progress and that effective and timely interventions occur when progress is not made. (Was CA 38)	<ul style="list-style-type: none"> • Ask the provider to describe how they monitor the progress of the individuals that they serve. • Ask the provider to show you examples of any procedures, forms or reports they use to monitor progress of individuals <p>Look for other evidence that the provider is actively monitoring the progress of individuals</p>
38 Expanded Practice	The provider has identified individual and aggregate outcome data for recipients of their service(s) to facilitate the evaluation of supports and services. (Was CA 39)	<p>As appropriate to service type, gather data through</p> <ul style="list-style-type: none"> ➤ Review of provider’s self-assessment, ➤ Review of satisfaction survey results, ➤ Review of provider’s quality improvement plan, ➤ Review of provider’s implementation plans, ➤ Review any logs or reports that the provider uses to track an individual’s progress over time ➤ Observation of provider operations and ➤ Interview of individuals and employees.
39 Expanded Practice	The provider uses outcome data to implement a more person-centered service delivery system. (Was CA 40)	
40 Expanded Practice	The provider assists the individual with opportunities to meet people who share common interest. (Was CA 41)	<ul style="list-style-type: none"> • Ask the provider to give examples of individuals they have assisted in the manner described in the standards. • Interactively, with the provider, review a record for at least one of the individuals to determine that the provider is documenting the provision of this type of support and assistance. • Analyze the results of Person-Centered Reviews to identify if there is evidence that the provider consistently assists individuals as described in the standards and takes actions to address applicable recommendations.
41 Expanded Practice	The provider assists the individual with opportunities to become involved in activities that can help develop friends and relationships. (Was CA 42)	
42 Expanded Practice	The provider assists the individual in developing desired social roles that are of value to the individual. (Was CA 43)	

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43 Expanded Practice	The provider supports the individual to achieve goals that the individual is personally responsible for exploring and developing, e.g. volunteer opportunities, club memberships. (Was CA 44)	
Standard: The provider markets and renders services in a professional and ethical manner.		
44	The provider has a written policy that prohibits solicitation of individuals through the use of fraud, intimidation, undue influence, including offering discounts or special offers that include prizes, free services or other incentives. (Was CA 45)	<p>Interactively, with the provider, review the written policy to determine that it addresses the issues noted in the cites.</p> <p>If the provider does not engage in any marketing activity, the policy should state this and should indicate how this is communicated to and enforced with employees in agency situations.</p> <p><i>Note: There are no regulations that prohibit marketing by any type of provider; therefore, all providers must have a policy, even if it simply states that they do not market their services.</i></p>
45	The provider has a written policy that prohibits solicitation of an individual currently receiving services from another vendor for the purpose of inducing the individual to switch vendors through the use of fraud, intimidation, or exertion of undue influence on an individual. (Was CA 46)	
46	The provider implements its marketing policy. (Was CA 47)	<ul style="list-style-type: none"> • Ask the provider if staff receive training on the marketing policy, and how frequently this training occurs and how often it is reinforced. • Talk with individuals receiving the service to determine how provider was selected. • Follow up with questions to the staff to determine their awareness of the provider's marketing policy.
47	There is no indication of non-compliance with acceptable marketing practices. (Was CA 48)	<ul style="list-style-type: none"> • Determine if any complaints or grievances have been filed against the provider related to marketing issues. • Obtain information from the district, individuals receiving the service and discussions with provider/staff. <p>Continued on next page</p>

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48	There is no indication that the provider or any employee of a provider is named beneficiary on a Life Insurance Policy for an individual. (NEW 2003)	<ul style="list-style-type: none"> • Ask the provider about their policies on ethical issues related to financial affairs or arrangements with individuals. • If the provider has this policy in writing, review the policy. • If the provider is an agency, ask the provider how they ensure that employees are informed of the policy and how they are monitored for compliance. • Talk with individuals receiving the service.
49 W2.0	There is no indication that the provider or employees of a provider borrow or use money from an individual or their personal funds. (NEW 2003)	
Standard: Provider procedures facilitate the resolution of grievances.		
50 DR	The Provider has written grievance procedures containing all the required and relevant information that are used to resolve conflicts that may arise between the individual, family, and/or guardian and the provider. (Was CA 49)	<ul style="list-style-type: none"> • Interactively, with the provider, review procedures for recording, tracking and resolving grievances. The procedures should contain reference to at least the following: <ul style="list-style-type: none"> ➤ Procedures will be reviewed and signed by individual, family or guardian within 30 days of beginning services and annually thereafter. ➤ Procedures will be communicated in clear, understandable language to the individual, their family or guardian. ➤ Responses to grievances will be provided verbally and in writing at the individual's level of comprehension and in the language understood by the individual. ➤ Procedures include the establishment and maintenance of a log for grievances filed by individuals, families or guardians. ➤ Procedures should specify time frames for responses and grievance resolution. ➤ Procedures should provide for prompt resolution of any conflict.
51	Grievance procedures are annually reviewed and signed by the individual, family and/or guardian, and the provider keeps a copy on file. (Was CA 50)	<ul style="list-style-type: none"> • Interactively, with the provider, review a sample of individuals' records to determine that a copy of the signed grievance procedure is available. • Ask the provider and staff how they communicate the grievance procedure to individuals, their families or guardians. • Ask if the procedure is available and can be communicated in other languages. • Interview consumers to determine if they know how to make a complaint or file a grievance. Ask whether they have ever presented a grievance to the provider for resolution. • Review any Person Centered Review results or recommendations for information relating to grievances. • Grievance procedures for a new participant to the program are reviewed and signed within 30 days of admission.

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52	There is evidence that the consumer(s) is satisfied with the grievance resolution. (NEW 2003)	<ul style="list-style-type: none"> • Explore and investigate one or two resolutions proposed and implemented by the provider. • Interview a sample of consumers, family or guardians registering grievances. • Ask the provider and staff how they communicate response to grievances to individuals, their families or guardians. • Ask if grievance responses can be communicated in other languages. • Ask the provider for an example of a written response to a registered grievance. • If any grievances have been filed, determine that the provider has resolved them within the time frames outlined in the written procedures. • Review any Person Centered Review results or recommendations for information relating to grievances. <p><i>Note: If the provider has had no grievances filed, score this element 'Not Applicable.'</i></p>
53	The provider maintains a log of grievances filed by individuals, families or guardians. (Was CA 55)	<ul style="list-style-type: none"> • Review the provider's grievance log and procedures for handling grievances. • Determine if the grievance log contains all of the following elements. If all elements are not included in the log, score this element 'Not Met.' <ul style="list-style-type: none"> a. The names of the person making the complaint and their relationship to the individual receiving services; b. The date the complaint is received; c. A clear description of the complaint. (Oral complaints will be documented in writing.) d. The date of and the final disposition of each logged complaint. • Randomly select several log entries, if they exist, and ask the provider to pull the individuals' records or grievance file. Review the record for evidence that a copy of the grievance is present or a note is present in the record that a grievance was registered. • Review any Person Centered Review results or recommendations for information relating to grievances. <p><i>Note: The provider should have a log established, even if no grievances have been registered, in order to receive a score of 'Met.'</i></p>

Standard: The provider has written policies on required topics, and practices appear consistent with the policy.

The elements under this standard are ONLY applicable to group or agency providers, and solo practitioners of Adult Day Training, Non-Residential Support Services, Residential Habilitation, Support Coordination, Supported Employment, and Supported Living Coaching. Score 'Not Applicable' for all other service providers.

Cite		Probes
54	The provider has written policies on the personal outcome process and the use of outcome information for service delivery planning. (Was CA 62)	<p><i>Note: Policies referred to under this element may be combined into a single document. Separate documents for each policy topic are not required.</i></p> <p>Review the provider's written policies.</p> <p>Policies can state that the provider uses Support Plan goals and individual goals and desired outcomes from Implementation Plans.</p> <p><i>Note: Compliance with this element does not require that the provider has received the Personal Outcome Measures training.</i></p>
55	The provider implements and follows their policies on the personal outcome process and the use of outcome information in service delivery planning. (New 2003)	<ul style="list-style-type: none"> • Interview the provider and staff, to determine: <ul style="list-style-type: none"> ➤ Their awareness of the policy and the purpose ➤ If staff have been instructed on how the policy impacts their work with the consumer ➤ Staffs' responsibility for implementing the policy ➤ How the provider and staff implement the policy through descriptions and specific examples of performance. ➤ If the provider monitors how closely the policy is being followed. • Review results and recommendations from the Person-Centered Reviews applicable to the provider to assist in determining compliance with policy implementation. • Review records, implementation plans, and other documentation to determine if there is evidence to indicate that the provider considers the consumer's desired outcomes and choices in services and support planning. • Interview consumers, family or guardians to determine if they perceive that services and supports are designed to address and achieve desired goals and outcomes.

Cite		Probes
56	The provider has written policies on a person-centered approach to service delivery. (Was CA 63)	<p>Review the provider's written policies.</p> <p>Examples of <u>possible</u> content could include references to:</p> <ul style="list-style-type: none"> ▪ The provider's philosophy or approach to providing services and supports in a person-centered manner; ▪ A description of how the provider will render person-centered services and supports; ▪ Consumer rights, such as choice, and input on decisions about services, supports and goals ▪ A statement about how staff will be instructed and monitored on rendering person-centered services and supports. ▪ How the provider determines individual's desired goals/outcomes appropriate to service delivery.
57	The provider implements and follows their policies for using a person-centered approach to service delivery. (NEW 2003)	<ul style="list-style-type: none"> • Interview the provider and staff, to determine: <ul style="list-style-type: none"> ➤ Their awareness of the policy and the purpose. ➤ If staff has been instructed on how the policy impacts their work with the consumer. ➤ Staffs' responsibility for implementing the policy. ➤ How the provider and staff implement the policy through descriptions and specific examples of performance. ➤ If the provider monitors how closely the policy is being followed. • Interview provider and staff about the approaches they use to render services and supports to individuals. Determine if the provider and staff consider each individual's needs and goals when delivering services and supports and whether services are individualized. • Interview consumers, family or guardians to determine if they perceive that services and supports are designed to address and achieve desired goals and outcomes. • Review results and recommendations from the Person-Centered Reviews applicable to the provider to assist in determining compliance with policy implementation. • When possible, observe the provider's interaction with consumers.

Cite		Probes
58 DR	The provider has written policies on promoting health, safety and well-being of individuals. (Was CA 64)	<p>Review the provider's written policies.</p> <p>Examples of <u>possible</u> content could include references to:</p> <ul style="list-style-type: none"> ▪ Training staff on identifying and reporting incidents, ▪ Maintaining an incident log, ▪ Reporting incidents or unusual occurrences to the District, ▪ Monitoring incidents to identify if improvements are needed, ▪ Environmental and personal safety related issues ▪ Healthy-living related issues, ▪ How emergencies such as fire or disasters would be handled, and ▪ How illnesses or injuries will be handled.
59	The provider implements and follows their policies on promoting health, safety and well-being of individuals. (NEW 2003)	<ul style="list-style-type: none"> • Interview the provider and staff, to determine: <ul style="list-style-type: none"> ➤ Their awareness of the policy and the purpose ➤ If staff have been instructed on how the policy impacts their work with the consumer ➤ Staffs' responsibility for implementing the policy ➤ How the provider and staff implement the policy through descriptions and specific examples of performance. ➤ If the provider monitors how closely the policy is being followed. • Review the provider's records of incidents. • Review incident information supplied by the Districts • Talk with individuals to determine if they are aware of policies, e.g. what to do in case of fire, illness, injury. • Review results and recommendations from the Person-Centered Reviews applicable to the provider to assist in determining compliance with policy implementation.

Cite		Probes
60	The provider has written policies on the safe administration and handling of medication, that includes staff training.	<p>Review the provider's written policies.</p> <p>Examples of <u>possible</u> content could include references to:</p> <ul style="list-style-type: none"> ▪ Provider and staff do not administer or handle consumer medications. ▪ Identified staff is only allowed to administer or handle medications. ▪ Description of provider and staff training curriculum and the time frames when training takes place and who conducts the training for the agency. ▪ Description of how medications will be handled and stored. ▪ Description of how medication administration will be documented. ▪ How consumers are informed about the provider's position on, or responsibilities related to administering and handling medications.
61	The provider implements and follows their policies on the safe administration and handling of medication, including those related to staff training. (NEW 2003)	<ul style="list-style-type: none"> • Interview the provider and staff, to determine: <ul style="list-style-type: none"> ➤ Their awareness of the policy and the purpose. ➤ If staff has been instructed on how the policy impacts their work with the consumer. ➤ Staffs' responsibility for implementing the policy. ➤ How the provider and staff implement the policy through descriptions and specific examples of performance. ➤ If the provider monitors how closely the policy is being followed. ➤ Provider/staff are trained to administer medication, as applicable. ➤ Provider/staff administer medication per requirements in policy/procedures. • Review results and recommendations from the Person-Centered Reviews applicable to the provider to assist in determining compliance with policy implementation.

Cite		Probes
62	The provider has written policies on transitioning of individuals. (Was CA 66)	<p>Review the provider's written policies.</p> <p>Content should at a minimum include references to:</p> <ul style="list-style-type: none"> • Planning activities that will occur to promote a smooth transition to and from the setting or service. • Expected communication before and after the transition. • How records and other information will be shared and transferred.
63	The provider implements and follows their policies on transitioning of individuals. (NEW 2003)	<ul style="list-style-type: none"> • Interview the provider and staff, to determine: <ul style="list-style-type: none"> ➤ Their awareness of the policy and the purpose. ➤ If staff have been instructed on how the policy impacts their work with the consumer. ➤ Staffs' responsibility for implementing the policy. ➤ How the provider and staff implement the policy through descriptions and specific examples of performance. ➤ If the provider monitors how closely the policy is being followed. • Review records and talk with individuals who have recently transitioned into the program to determine if policy was implemented. Could transition have been improved? • Review results and recommendations from the Person-Centered Reviews applicable to the provider to assist in determining compliance with policy implementation.
64	The provider has written policies on staff training, orientation, and in-service. (Was CA 67)	<p>Review the provider's written policies.</p> <p>Examples of <u>possible</u> content could include:</p> <ul style="list-style-type: none"> ▪ Solo provider will attend all required orientation and training as required by the District for enrollment. ▪ Solo provider will request and maintain a record of attendance and course content for all training programs attended. ▪ Solo provider will describe how they intend to enhance or maintain their skills in rendering services and supports ▪ Agency providers describe the orientation for new employees. ▪ Agency providers describe initial and in-service training for staff and when this training takes place. ▪ How training will be documented and filed. ▪ Solo/Agency providers will address how on-going training will be obtained. <p><i>Note: This element applies to solo as well as agency providers.</i></p>

Cite		Probes
65	The provider implements and follows their policies on staff training, orientation and in-service. (NEW 2003)	Interview the provider and staff, to determine: <ul style="list-style-type: none"> • Their awareness of the policy and the purpose. • If staff has been instructed on how the policy impacts their work with the consumer. • Staffs' responsibility for implementing the policy. • How the provider and staff implement the policy through descriptions and specific examples of performance. • If the provider monitors how closely the policy is being followed. • There is evidence in training records that the policy is implemented.
66	The provider has written policies on self-assessment. (Was CA 68)	Review the provider's written policies. Examples of <u>possible</u> content could include references to: <ul style="list-style-type: none"> ▪ What the provider will focus on in the self-assessment (refer to elements under Standard 3.1). ▪ The materials or resources that will be used in the process. ▪ When the provider will conduct the self-assessment ▪ What the provider will do with self-assessment results ▪ The involvement of individuals and families in the self- assessment process.
67	The provider implements and follows their policies on self-assessment. (NEW 2003)	Interview the provider and staff, to determine: <ul style="list-style-type: none"> • Their awareness of the policy and the purpose. • If staff has been instructed on how the policy impacts their work with the consumer. • Staffs' responsibility for implementing the policy. • How the provider and staff implement the policy through descriptions and specific examples of performance. • If the provider monitors how closely the policy is being followed.
68	If the provider is an agency or group provider, there is an available table of organization, including board of directors (when applicable), directors, supervisors, support staff and all other employees. (Was CA 69)	<ul style="list-style-type: none"> • Ask the provider for the table of organization. <ul style="list-style-type: none"> ➤ Determine that the Table of Organization is current. ➤ Determine if the Table of Organization appears adequate to support individuals' achievement of personal goals and needs. <p><i>Note: Score this element as 'Not Applicable' for solo providers.</i></p>

Standard: The provider completes a self-assessment to determine the effectiveness of services being offered and compliance with established requirements

The elements under this standard are ONLY applicable to group or agency providers, and solo practitioners of Adult Day Training, Non-Residential Support Services, Residential Habilitation, Support Coordination, Supported Employment, and Supported Living Coaching. Score 'Not Applicable' for all other service providers.

Cite		Probes
69 DR	The provider conducts a self-assessment at least annually. (Was CA 71)	<ul style="list-style-type: none"> • Ask the provider to describe how they conduct their self-assessment (e.g., tools used, criteria they apply, what point in the year) • Examine the provider's self-assessment procedures, tools and results • At a minimum, the provider's self-assessment will include a combination of: <ul style="list-style-type: none"> ➤ Record review ➤ Interviews to determine the extent to which provider actions support the achievement of personal goals identified by individuals receiving services; and ➤ Annual individual satisfaction surveys.
70	The assessment examines the provider's compliance with requirements found in the Medicaid Waiver Agreement and Assurances, and applicable rules and regulations. (Was CA 72)	<p>Examine the provider's self-assessment procedures, tools and results to determine if all of the following are addressed:</p> <ul style="list-style-type: none"> • The self-assessment includes a determination of the extent to which the provider is developing and maintaining person-centered processes that assist individuals to achieve personal outcomes particularly in the areas of personal goals, choice, social inclusion, relationships, rights, dignity and respect, health, environment, security and satisfaction. • The self-assessment examines how well the provider knows and supports outcomes desired by individuals. • The self-assessment process solicits input and involvement from individuals receiving the services, their parents or guardians, and volunteers. • The self-assessment process determines at what level the provider: <ul style="list-style-type: none"> ➤ Promotes personal dignity and respect; ➤ Allows for celebration of successes; ➤ Uses positive approaches in all service and support activities. ➤ Promotes continuity and security for each individual. <p>The self-assessment examines whether Core Assurance and Service-specific requirements found in the Medicaid Waiver Agreement, DS Waiver Services Florida Medicaid Coverage and Limitations handbook are being met.</p>
71 W2.0	The provider's self-assessment is effective in determining the need for improvement. (NEW 2003)	<ul style="list-style-type: none"> • Ask the provider if they have learned anything from conducting a self-assessment, and what they have done with that knowledge (e.g., formulated QIP, addressed staffing issues). • Are areas requiring improvement identified?
72 W2.0 DR	A Quality Improvement Plan (QIP) is developed and implemented to address areas needing improvement. (Was CA 73)	<p>Review the QIP to determine</p> <ul style="list-style-type: none"> • Whether assignments, responsibilities, and time frames for correction have been identified. • There is evidence that the QIP is reviewed periodically (e.g., quarterly) to determine if assignments and timeframes have been met. • The QIP is updated to reflect changes needed to keep the plan current. • Strategies in the plan are modified if they are not working. • Progress that has been made.
73	Satisfaction survey results	<ul style="list-style-type: none"> • Ask the provider to discuss their satisfaction survey results

Cite		Probes
W2.0 DR	“needing improvement” are incorporated into the provider Quality Improvement Plan.	<p>and what has been done with these results.</p> <ul style="list-style-type: none"> • Ask the provider to give examples of quality improvement plans or efforts that were established or implemented relating to the satisfaction survey results. • Talk with individuals to determine if the provider has satisfactorily addressed comments related to service improvement.

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 10.04.01; rev. 10.25.01; rev. 10.26.01; rev. 10.31.01; rev 11.01.01; rev 11-13-01; rev.09.05.02; rev.01.03.03;rev.02.03.03; 02.04.03; 02.25.03

