

Passing % (Scores falling below this percentage will be subject to a Provider Response/Corrective Action)

95

General Documentation

1. There is a current guardianship paperwork present in the case record.	Not Met/Met N/A
2. There is a current, signed and dated copy of the current Consent to Treatment present in the case record.	Not Met/Met N/A
3. There is a current, signed and dated copy of the Statement of Notification present in the member's case record.	Not Met/Met N/A
4. There is a current, signed and dated Medication Consent (including a description of the prescribed medication) present.	Not Met/Met N/A
5. There is evidence of a signed and dated Assessment Plan by the Home (before or on admission date and annually).	Not Met/Met N/A
6. There is a copy of current, signed and dated Individual Plan of Service (IPOS) present in the case record.	Not Met/Met N/A
7. There is evidence of the staff having been trained on the IPOS.	Not Met/Met N/A
8. If there is a Behavior Treatment Plan in the member's case record, there is evidence of staff training on the Behavior Treatment Plan.	Not Met/Met N/A
9. If there is a Behavior Treatment Plan in the member's case record, there is evidence of staff charting specific behaviors as indicated in the Behavior Treatment Plan.	Not Met/Met N/A
10. If consumer has a Crisis Plan, the Crisis Plan is present in member's record and there is evidence that staff has been trained on the Crisis Plan.	Not Met/Met N/A
11. Does the member have any incident reports within the last 6 months? If so, was action to prevent re-occurrence documented?	Not Met/Met N/A
12. There is evidence that Case Management/Supports Coordination services are provided as prescribed in the IPOS? (Progress Notes)	Yes/No no points given N/A
13. There is evidence of a Health Care Appraisal completed within the 90-day period before the resident's admission to the home, or within 30 days of an emergency admission, and completed annually there after?	Not Met/Met N/A
14. There is evidence of a Release of Information form completed and signed by member and/or guardian?	Not Met/Met N/A
15. There is evidence of monthly weight checks and if applicable, coordination of care for dramatic weight changes?	Not Met/Partial/Met N/A
16. There is evidence of a Resident Care or Lease Agreement signed annually?	Not Met/Met N/A
17. There is evidence of monthly accounting of resident's funds dispersed.	Not Met/Met N/A

Home Community Base Services

1. The individual plan of service includes documentation that the setting in which the individual resides was chosen by the individual?	Not Met/Met N/A
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2. For members residing in residential settings with modifications to freedoms, the record includes evidence of informed consent for the modification and documented in the IPOS?

Not Met/Met N/A

3. Were options discussed with the member on choice in residential settings and the member's satisfaction with the current placement ?

Not Met/Met N/A

4. Can individuals close and lock their bedroom door?

Not Met/Met N/A

5. Can individuals close and lock their bathroom door?

Not Met/Met N/A

6. If the individual lives with other people, did the individual pick their roommate(s)?

Not Met/Met N/A

7. Have individuals been provided with information on how to request a new non- residential setting?

Not Met/Met N/A

8. Do individuals have control over their personal funds?

Not Met/Met N/A

9. Is accessible transportation available for individuals to make trips to the community?

Not Met/Met N/A

10. Can individuals choose what they eat?

Not Met/Met N/A

03/11/2022