

INSTRUCTIONS FOR QUALITY IMPROVEMENT SPECIALISTS

The Developmental Disabilities Program Annual Quality Assurance Review for adult and Children's Group Home Services incorporates the performance measures required by CMS in the following data sheets. This format is to be used by all Quality Improvement Specialists in the annual review process.

There is no attached narrative, so in the comments sections it is imperative that bulleted information be included. On each particular data worksheet, be sure to include narrative/bullets which explain deficiencies or commendations.

Use appropriate scoring key listed at the top of each page ~ be consistent with the CODE you use.
for example - if using "+" for yes, use "+" on all sheets -or- if using "X" for yes, use "X" on all sheets...

WORKSHEETS & PAGE NUMBERS

Please indicate in COLUMN M if there is a corresponding QAOS for narrative information included in each section.

Refer to Appendix G in the Quality Assurance Process for more specifics on what to include.

Agency Overview pg 1

Level of Care Pg 2

Administrative Oversight pg 3

Qualified Provider pg 4&5

Add extra sheets as necessary, review the PSP, Actions, Protocols, Staff support provided, etc.

Plan of Care pg 6 & 7

Health & Safety pg 8-11

Fiscal Accountability pg 11& 12

Consumer Surveys pg 13 & 14

Refer to Appendix I in the Quality Assurance Process for specific questionnaire

Consumer Survey pg 11
THIS SURVEY IS FOR CONSUMERS

USE this survey for consumers who can answer for themselves

Refer to Appendix J in the Quality Assurance Process for specific questionnaire

Consumer Caregiver Survey pg 12
THIS SURVEY IS FOR CAREGIVERS

USE this survey to talk with caregivers when the consumer cannot answer for him/herself

Refer to Appendix J in the Quality Assurance Process for specific questionnaire

Developmental Disabilities Adult Service and Children's Group Home
Annual Quality Assurance Review

Agency Name: ZEDA
Evaluator(s): Sheri Pullium
Dates Covered by Review: May '09 -Oct.'09

Agency Overview

DESK REVIEW

insert *
QAOS #

Brief Agency Description:

This agency is run by the individual's parents. This agency only serves their son

Significant Events from the Agency:

ZEDA has successfully made the transition to Therap. A lot of hard work has gone into their programming, administration, and training.

Agency Internal Communications Systems:

ZEDA has stayed in frequent contact with QIS and CM. As they move forward, Therap will be an effective tool as well, in keeping us all connected and in communication.

Policies and Administrative (DDP) Directives

ZEDA has been very responsive to suggestions in running their programs to stay in compliance with policies.

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Assurance 1 - Level of Care

DESK REVIEW

insert
QAOS #

Level of Care documentation is available and specify where located							
Individual has a Developmental Disability documented on the Waiver 3 Form							
Individual has need for specialized services monthly	N						
Individual has need for regular monthly monitoring	Y						
Level of Care Summary Sheet is completed	Y						
Waiver 1 Medical Needs Summary Form is completed	Y						

Comments
 This is found in CM's file and in QIS file

Performance Measures:

Developmental Disabilities Program Adult Service and Children's Group Home Annual Quality Assurance Review

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Assurance 6 Administrative Oversight

DESK REVIEW

insert
QAOS #

Agency has a signed contract with the Department	Y							
Agency is in compliance with terms of contract	Y							
Agency has annual review on file with central office	Y							
Agency participates in plan of care meetings	Y							
Agency has a regular Incident Management Meeting	Y							
Case Managers & QIS attend IM meetings	Y							
Agency enters data regularly in Therap	Y							
Agency meets regularly with Case Managers & QIS	Y							

Comments

Performance Measures

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KEY (mark "+" or "X" if present, "-" or "no" if not)

Assurance 3 Qualified Provider

Staff Related:

insert
QAOS #

Evidence Found of Orientation Training a minimum of 5 staff

staff initials	SB									
+ or X / - or no	+									

Note where evidence found:
provider files

Evidence of CDS Training

staff initials	SB									
consumer initials										
+ or X / - or no	+									

Note where evidence found:
CDS

Evidence of Criminal Background Checks: pg

staff initials	SB									
yes/no	+									

Note where evidence found:
personnel files, staff training records, agency employment application

Evidence of Staff Survey: Interview a minimum of 5 staff

staff initials	SB									
+ or X / - or no	+									

Note where evidence found:
in QIS files

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KEY (mark "+" or "X" if present, "-" or "no" if not)

Staff Related:										insert QAOS #
Evidence Found of Staff Training:										
staff initials		SB								
1st aid/CPR		+								
Abuse Prevention		+								
Client Rights		+								
Incident Reporting		+								
Confidentiality		+								
PSP training		+								
911 Training		+								
Medication Cert		+								
Note where evidence found: in provider files										
Waiver Requirements met				+						
Licensure Requirements met				+						
Note where evidence found:										
Performance Measures										

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KEY (mark "+" or "X" if present, "-" or "no" if not)

Assurance 2 Plan of Care		Note Site Reviewed:	Add sites as needed:							insert QAOS #
Consumer Initials		SL								
O n s i t e	Consumer/Family Survey	+								
	PSP checklist	+								
	PSP Actions implemented	+								
	PSP addresses need and vision	+								
	Data Internally Monitored	+								
	Waiver 5 choice document	+								
	Consumer informed of grievance procedure	+								
	SL consumer choice of SL staff	+								
	Rights Restrictions	+								
**	PSP checklist	+								
M I N I S T R I B U T I O N	PSP completed Annually?	+								
	Individual Needs Addressed?	+								
	Assessment Based?	+								
	Quarterly Reports?	+								
	Incident Reports Addressed?	+								
	Behavioral Supports Addressed?	+								
	Functional Analysis Needed?	na								
	Free from Aversive Procedures?	+								
Comments: (regarding service planning and delivery)		Everything in this area in compliance								
**= Case Manager										
Performance Measures										

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KEY (mark "+" or "X" if present, "-" or "no" if not)

Make note of site reviewed

Assurance 4 Health & Safety								insert QAOS #
	Site Name	SL						
H e a l t h S a f e t y	Bathing procedures posted	+						
	Clean/Sanitary Environment	+						
	Egress	+						
	Hot Water Temps	+						
	Emergency Assistance	+						
	Fire Extinguishers/smoke Detectors	+						
	1st Aid/CPR Supplies Accessible/Available	+						
	PRN Medications	+						
	Medication Procedures	+						
	Medication Locked Storage	+						
	Medication Administration Records	+						
	Staff Ratios or ICP staffing	+						
	Awake Overnight Staff	na						
	Adequate Supplies	+						
Storage of Supplies	+							
Free from aversive procedures?	+							
D a i l y	Weekly integrated activities	+						
	House or Site Rules	+						
	Opportunities for choice, self determination	+						
	Meal Prep, Mealtime	+						
	Engagement in Daily Life	+						
	Participation in Daily Living Skills	+						
	Daily Leisure Opportunities	+						
	Staff Trained in Individual Specifics	+						
Performance Measures								
Everything in this area in compliance and thoroughly documented								

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Agency:
 Evaluator(s):
 Dates Covered by Review:

KEY (mark "+" or "X" if present, "-" or "no" if not)

Assurance 4 Health & Safety										insert QAOS #
	Site Name	SL								
T r a n s p o r t a t i o n	Driver Orientation Program	+								
	Wheelchair tie downs	na								
	Wheelchair Lift	na								
	Driver's Licenses	+								
	Emergency Supplies	+								
	Fire Extinguisher	+								
	Transportation Log	+								
	Scheduled Maintenance Program	+								
	Training--Staff Doing Maintenance Checks	+								
	Procedures for Timely Repairs	+								
	MDT* inspection on file (MDT vehicles only)	na								
Comments:										
* MDT = Montana Department of Transportation										
Comments:										

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Ask all the questions for each staff surveyed.

Assurance 4 Health & Safety		KEY	(mark "+" or "X" if correct, "-" or "no" if not)						insert QAOS #
Staff Survey:		Staff Initials	SB						
A b u s e	Allegations are reported to? (APS)	+							
	Do you notify Supervisor first? (NO)	+							
	Steps to take if abuse is discovered?	+							
	Comments:								
R i g h t s	Suspect theft of gloves, steps to take?	+							
	IP/PSP requests Doctors appt	+							
	No jacket, -25 consumer wants to leave	+							
	Review Right's Restriction	+							
Comments:									
** b m p **	describe consumer behaviors	+							
	staff response to behaviors by plan	+							
	list proactive or environmental strategies	+							
	Comments:								
H e a l t h a n d S a f e t y	former employee wants info	+							
	what is consumer information?	+							
	training to meet health and safety needs?	+							
	emergency evacuation procedures?	+							
Comments: Staff extremely knowledgable in these areas									
Comments:									

** = Behavior Management Plans

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Ask all the questions in the sections below

Assurance 4 Health & Safety		KEY	(mark "+" or "X" if correct, "-" or "no" if not)						insert QAOS #
Staff Survey:		Staff Initials	SB						
m e d i c a t i o n s	describe procedure to assist with meds	+							
	if med is unavailable?	+							
	if gave wrong med?	+							
	if moving to a new place or gets new med?	+							
	requirement to assist with meds?	+							
	describe PRN or OTC* is to be given	+							
	what constitutes a med error?								
Comments:									
* OTC = over-the-counter									
E R C	steps to avoid power struggles	+							
	how to respond to someone who is upset	+							
	what if you start to lose control?								
Comments:									
** = Emotionally Responsible Caregiving									
I M C M E E T I N G	when do you fill out an incident report?	+							
	notifications for Emergency Room visit?	+							
	consumer to consumer incidents	+							
	who writes the Incident Report?	+							
Comments:									
Staff knowledgeable in these areas. Relationship building continues to assure mutual trust in reporting incidents. When there are no incidents, ZEDA will document on Therap weekly that no IMC meeting needed as there are no incidents. When there is an incident, Zeda will call the QIS and CM and it will be discussed if we will meet in									
* = Incident Reporting and Management									

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Assurance 5 Fiscal Accountability		KEY (mark "+" or "X" if correct answer, "-" or "no" if not)							insert QAOS #
FISCAL	Sampled invoices match service records	+							
	Client accounts set up according to policy								
	Individual cost plans within MONA limits								
Comments:									
Audit Summary & Findings									
All invoices in compliance									
Performance Measures									

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KEY (mark "+" or "X" if positive/correct, "-" or "no" if not
 "-" or "no" indicates need for follow up
 and comments in lilac area below

Consumer Questionnaire by QIS.		ALL questions are MANDATORY						insert QAOS #
USE WITH INDIVIDUALS WHO CAN RESPOND		Consumer initials						
Consumer has/shows ID card? (if PSP documents this is not applicable, mark NA)		Y						
c o n s u m e r	Do you have nice staff at home/work?	Y						
	Is anyone mean to you at home/work?	N						
	Do you like where you live/work?	Y						
	Are you ever afraid of anyone?	N						
	Someone hits/hurts you, who can you tell?	N						
	Does anyone talk to you about this?	Y						
	Can you get help when you need it?	Y						
	from staff?	Y						
	from Case Manager?	Y						
	Can you get your own food/drink?	Y						
	Do people come into your house/room without knocking or getting permission?	N						
	Do staff ever take things from you?	N						
	Can you get rides to places you need to go?	Y						
	Rides to the places you want to go?	Y						
Who is your Case Manager?	JAN							
Does s/he talk to you about waiver services?	Y							
Does s/he help you get what you need?	Y							
Comments: The CM for has an extensive relationship with and his family/provider is very satisfied with his services								

Developmental Disabilities Program Adult Service and Children's Group Home Annual Quality Assurance Review

Agency:
 Evaluator(s):
 Dates Covered by Review:
 Assurance 4 Health & Safety

KEY (mark "+" or "X" if positive or correct, "-" or "no" if not)
 "-" or "no" indicates need for follow up
 and comments in the lilac area below

Consumer Questionnaire (used by QIS).		ALL questions are MANDATORY						
ASK CAREGIVERS IF INDIVIDUALS ARE NOT ABLE TO ANSWER QUESTIONS								
TO ANSWER QUESTIONS	Consumer initials							
S u p p o r t	Who helps this person and how?							
	Are there some staff/peers they like better?							
	Staff/peers they don't like? Why?							
	Current needs not being met?							
	Health and Safety related?							
	Who do you talk to about these concerns?							
	Does the person have input to his/her life?							
	If you have concerns, who do you talk to?							
	are they resolved?							
	What are this persons wishes/dreams?							
	is the plan moving that direction?							
	what would make things better?							
	does this person ever seem afraid?							
	are you afraid for them?							
	Does this person know how or where to report abuse?							
	who provided that training?							
	Who will the individual call or report to?							
	who provided that info?							
	Does the person have transportation to all services and places s/he would like to go?							
	who is the person's case manager?							
Does CM help the person access services?								
Does the CM explain waiver services?								
Does the person understand this info?								

insert
QAOS #

Comments:
 N/A