

Basic Assurances[®] Self-Assessment

CQL's Basic Assurances[®]

Basic Assurances[®] details the essential, fundamental and non-negotiable requirements for all service and support providers. Demonstrations of assurances of health, safety and human security are prerequisites for providing responsive services and enhancing the quality of life for all people. Assurances are not statements of intent or promises; they are demonstrations of successful operations in the areas of health, safety and human security.

CQL's Basic Assurances[®] are more than compliance with licensing and certification standards. Basic Assurances[®] looks at the provision of safeguards from the person's perspective. While the Basic Assurances[®] contain requirements for certain systems and policies and procedures, the effectiveness of the system or the policy is determined in practice, person by person.

The Basic Assurances[®] contains ten (10) Factors and 46 Indicators.

Factor One: Rights Protection and Promotion

Factor Two: Dignity and Respect

Factor Three: Natural Support Networks

Factor Four: Protection from Abuse, Neglect, Mistreatment and Exploitation

Factor Five: Best Possible Health

Factor Six: Safe Environments

Factor Seven: Staff Resources and Supports

Factor Eight: Positive Services and Supports

Factor Nine: Continuity and Personal Security

Factor Ten: Basic Assurances[®] System

Organizations must meet CQL criteria for Basic Assurances[®] to ensure accountabilities for health, safety and human security are in place in both systems and practices.

Basic Assurances[®] Self-Assessment

How Is It Used in CQL Accreditation?

- * Organization completes Self-Assessment on 46 Basic Assurances[®] Indicators – submitted in advance of the onsite visit
- * CQL validates Basic Assurances[®] Indicators – while onsite
- * Organization implements and reports on its ongoing Basic Assurances[®] System (Factor Ten) – at scheduled intervals after the onsite visit

Self-Assessment Tool for Basic Assurances[®]

Each organization is encouraged to use the Basic Assurances[®] Self-Assessment as a method of evaluating its operations in the areas of health, safety and human security.

This Self-Assessment tool is divided into the ten Basic Assurances[®] factors.

The organization focuses on measuring the presence of each indicator by first determining if the system is present and then identifying examples of practice that demonstrate the system's effectiveness.

Look at each indicator and, using the following criteria, determine if it is present or not present:

1. Is the system present? If no, the indicator is not present. If yes, continue.
2. Is organizational practice consistent with the system? If yes, the indicator is present.

Basic Assurances[®] Self-Assessment

"Systems" are those organizational supports that provide the structure for organizational practice. These can be policies and procedures, staff training, or other types of systems. The organizational "practice" is what is observed in daily operations. This demonstrates how an organization's supports are put into action. For example, the organization may train staff in how to treat people with dignity and respect – that is an example of a system. How people are actually treated by staff is the organization's practice.

For each Indicator, check the System and/or the Practice box if either or both are present.

The organization is also asked to identify supporting information that answers the question "What is the basis for your conclusion?" For example, for "People have privacy," the question to answer would be "How do you know this?" The supporting information could reference direct observations across all environments or other means of validating the response.

At the end of each section, the organization has space to develop an action plan to address any concerns with the indicators. Each organization is encouraged to develop such a plan to ensure that necessary Basic Assurances[®] are present.

	Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
FACTOR 1 Rights Protection and Promotion		
1a	THE ORGANIZATION IMPLEMENTS POLICIES AND PROCEDURES THAT PROMOTE PEOPLE'S RIGHTS.	
1a1	Does the policy define the organization's commitment to protect and promote people's rights?	
1a2	Does the policy contain a listing of rights afforded all citizens as indicated by the United Nation's Declaration of Human Rights and by the constitution and laws of the country in which people reside?	
1a3	Does the policy describe the organization's due process procedures?	
1a4	Does the policy describe the organization's procedures for individual rights reviews and documentation?	
1a5	Does the policy describe procedures for restricting a person's rights?	
1a6	Does the policy prohibit use of a restrictive or intrusive medical or behavioral intervention without prior informed consent?	
1a7	Does the policy prohibit standing policies and practices that restrict people's rights?	
1a	THE ORGANIZATION IMPLEMENTS POLICIES AND PROCEDURES THAT PROMOTE PEOPLE'S RIGHTS.	System is Present
		Practice is Present

		Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
FACTOR 1 Rights Protection and Promotion			
1b	THE ORGANIZATION SUPPORTS PEOPLE TO EXERCISE THEIR RIGHTS AND RESPONSIBILITIES.		
1b1	Are people provided needed supports to exercise the rights that are important to them?		
1b2	Are people provided supports only to the extent needed?		
1b3	Are people supported to advocate for themselves?		
1b4	Does the organization assess people's abilities to exercise their rights, especially those rights that are most important to them?		
1b5	Does the assessment address people's civil and legal rights and personal freedoms? Examples include, but are not limited to the ability to do the following:		
1b5a	move freely		
1b5b	manage money		
1b5c	send and receive mail		
1b5d	make and receive telephone calls and use other means of communication		
1b5e	visit and be visited by whomever they choose		
1b5f	access personal possessions		
1b5g	vote		
1b6	Does the person-centered plan document assessment results, including supports needed to protect and promote the person's rights?		
1b17	Are the assessments of people's rights ongoing and reviewed at least annually?		
1b8	Does the organization share information about people only with their written, informed consent or that of their legally authorized representatives?		
1b	THE ORGANIZATION SUPPORTS PEOPLE TO EXERCISE THEIR RIGHTS AND RESPONSIBILITIES.		System is Present
			Practice is Present

		Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
FACTOR 1 Rights Protection and Promotion			
1c	STAFF RECOGNIZE AND HONOR PEOPLE'S RIGHTS.		
1c1	Are staff trained to recognize and respect people's rights?		
1c2	Are staff trained to recognize and honor preferences in regard to how people choose to exercise their rights?		
1c3	Are staff who complete assessments trained to honor people's goals and to support attainment of those goals in the best way possible?		
1c4	Are staff trained in due process procedures?		
1c5	Are staff trained in procedures for placing a limitation or restriction on a person's rights?		
1c6	Do staff demonstrate respect for and honor people's rights?		
1c	STAFF RECOGNIZE AND HONOR PEOPLE'S RIGHTS.		System is Present
			Practice is Present

	Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
FACTOR 1 Rights Protection and Promotion		
1d THE ORGANIZATION UPHOLDS DUE PROCESS REQUIREMENTS.		
1d1	Does the organization have, or have access to, a working and effective Rights Committee (such as Human Rights, Consumer Rights and Consumer Advisory Committee)?	
1d2	Do the policies and procedures define Rights Committee membership, training, roles, responsibilities and procedures?	
1d3	Does the Rights Committee oversee the use of restrictive or intrusive interventions that are part of a plan of behavioral or medical supports?	
1d4	When restrictive or intrusive interventions are reviewed, is at least one-third of the Rights Committee membership present not affiliated with the organization?	
1d5	Does the Rights Committee review policies, procedures and practices that have the potential for rights restrictions without an individualized assessment (such as blanket restrictions that affect more than one person)?	
1d6	Does the Rights Committee review all individual rights restrictions?	
1d7	Does the Rights Committee review the frequencies and reasons surrounding the use of restraint for behavioral or medical purposes? Does the Rights Committee review reports of substantiated allegations of abuse, neglect, mistreatment, exploitation and other data that reveal the organization's practices with respect to human, civil and legal rights? Does it make recommendations to the organization for promoting people's rights?	
1d8	Does the Rights Committee proactively promote and protect people's rights, such as direct interactions with people served to discuss issues surrounding rights and basic protections?	
1d9	Does the Rights Committee maintain a record of its activities and document issues reviewed, actions taken and requested follow-up?	
1d10	Are people supported to attend Rights Committee meetings and provide input?	

		Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
1d11	Does the Rights Committee review behavior support plans that include restrictive/intrusive procedures?		
1d	THE ORGANIZATION UPHOLDS DUE PROCESS REQUIREMENTS.		System is Present
			Practice is Present

	Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
FACTOR 1 Rights Protection and Promotion		
1e	DECISION-MAKING SUPPORTS ARE PROVIDED TO PEOPLE AS NEEDED.	
1e1	Do people receive only the level of support needed to make their own decisions?	
1e2	Does the organization assess the need for advocacy, guardianship, representative payee, and alternatives to guardianship and/ or representative payee?	
1e3	Does the organization determine the scope of advocacy, guardianship, representative payee, and alternatives to guardianship and/or representative payee needed for each person?	
1e4	Does the person-centered plan document the need for and scope of advocacy, guardianship, representative payee, and alternatives to guardianship and/or representative payee? Is the plan then reviewed annually?	
1e5	Is there a written plan to obtain advocacy, guardianship, representative payee, and alternatives to guardianship and/or representative payee if those supports are needed?	
1e	DECISION-MAKING SUPPORTS ARE PROVIDED TO PEOPLE AS NEEDED.	
		System is Present
		Practice is Present

	Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
Action Plan for FACTOR 1: Rights Protection and Promotion		

		Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
FACTOR 2 Dignity and Respect			
2a	PEOPLE ARE TREATED AS PEOPLE FIRST.		
2a1	Are people called by their preferred names?		
2a2	Do staff refrain from referring to people by their disability, diagnosis or condition?		
2a3	Are people extended the same common courtesies anyone would expect?		
2a4	Do the organization's name, letterhead and internal and public communications promote a positive image of people, services and supports?		
2a5	Are support staff trained to promote dignity and respect and to recognize each person as an individual?		
2a	PEOPLE ARE TREATED AS PEOPLE FIRST.		System is Present
			Practice is Present

		Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
FACTOR 2 Dignity and Respect			
2b	THE ORGANIZATION RESPECTS PEOPLE'S CONCERNS AND RESPONDS ACCORDINGLY.		
2b1	Do people receive needed supports to report complaints, problems or concerns?		
2b2	Are families and legally authorized representatives informed about, and do they understand, the organization's complaint process?		
2b3	Do people receive a timely response to their complaints that is relevant and understandable?		
2b4	Does the organization review and analyze complaint information at least annually?		
2b5	Does the organization implement a system to determine people's satisfaction with their services and supports?		
2b6	Does the organization use information about satisfaction to improve services and supports?		
2b7	Does the organization routinely use a personal preference assessment to learn about people's opinions, preferences, likes, dislikes, wants and personal needs? Does it respond to what it learns about the person, adjusting its supports as necessary?		
2b	THE ORGANIZATION RESPECTS PEOPLE'S CONCERNS AND RESPONDS ACCORDINGLY.		System is Present
			Practice is Present

		Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
FACTOR 2 Dignity and Respect			
2c PEOPLE HAVE PRIVACY.			
2c1	Is personal information shared only with people's permission or that of their legally authorized representatives?		
2c2	Do people have the space and opportunity to speak on the telephone, open and read mail, and visit with others, privately?		
2c3	Do people have a place and the opportunity to be by themselves during the day?		
2c4	Do support staff demonstrate respect for people's privacy when providing needed supports for dressing and personal hygiene and when entering people's rooms?		
2c5	Do visitors respect people's privacy?		
2c PEOPLE HAVE PRIVACY.			System is Present
			Practice is Present

		Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
FACTOR 2 Dignity and Respect			
2d	SUPPORTS AND SERVICES ENHANCE DIGNITY AND RESPECT.		
2d1	Do people receive needed supports to ensure their personal cleanliness?		
2d2	Do people wear clothing they prefer that is clean and fashionable and that fits properly?		
2d3	Are people supported to choose their hairstyles, cosmetics, grooming and personal hygiene products?		
2d4	Are supports provided only to the extent needed by the person?		
2d5	Are people supported to decorate their homes as they choose and to maintain homes that are safe and sanitary?		
2d6	Are transportation and other supports provided so people can access community services similar to those used by the community at large?		
2d	SUPPORTS AND SERVICES ENHANCE DIGNITY AND RESPECT.		System is Present
			Practice is Present

		Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
FACTOR 2 Dignity and Respect			
2e	PEOPLE HAVE MEANINGFUL WORK AND ACTIVITY CHOICES.		
2e1	Do personal preference assessments identify the kinds of work and recreational activities people want?		
2e2	Do people receive the support needed to make choices about the kinds of work and activities they prefer?		
2e3	Are services and supports focused on assisting people to achieve their goals and desires?		
2e4	Are the activity and work options available to people age appropriate and culturally normative? Do these options promote a positive self-image?		
2e5	Are people paid fairly for work they perform?		
2e6	Are people supported to generate income to be used for needs and wants not covered by public assistance?		
2e	PEOPLE HAVE MEANINGFUL WORK AND ACTIVITY CHOICES.		System is Present
			Practice is Present

	Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
Action Plan for FACTOR 2: Dignity and Respect		

		Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
FACTOR 3 Natural Support Networks			
3a	POLICIES AND PRACTICES FACILITATE CONTINUITY OF NATURAL SUPPORT SYSTEMS.		
3a1	Does the organization acknowledge the value of natural supports in people’s lives in promoting identity, personal security and continuity?		
3a2	Do the organization’s policies and practices promote frequent and informal visits to families’ and friends’ homes?		
3a3	Do the organization’s policies and practices promote frequent and informal visits at people’s homes?		
3a4	Do the organization’s policies describe the procedures for providing the supports needed to ensure people’s health, safety and well-being during visits with family and friends?		
3a5	Do policies describe, and practices reflect, how the organization promotes natural support networks to facilitate continuity in existing relationships and build new relationships?		
3a6	Do policies describe, and practices reflect, how the organization assists people who may have lost contact with their support network?		
3a7	Do policies describe, and practices reflect, how the organization assists people to access their natural supports?		
3a8	Do staff receive training to support people’s families and friends to communicate with them or otherwise keep in contact and maintain relationships?		
3a	POLICIES AND PRACTICES FACILITATE CONTINUITY OF NATURAL SUPPORT SYSTEMS.		System is Present
			Practice is Present

		Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
FACTOR 3 Natural Support Networks			
3b	THE ORGANIZATION RECOGNIZES EMERGING SUPPORT NETWORKS.		
3b1	Are existing and potential natural supports identified for each person?		
3b2	Are people assisted to overcome barriers that prevent them from remaining connected to their natural supports?		
3b3	Does the organization build the capacity for natural supports based on people's choices and preferences?		
3b4	Does the organization use volunteers to build capacity for potential natural supports?		
3b5	Does the organization use community resources, including local organizations, clubs, places of worship and schools, to build capacity for potential natural supports?		
3b6	Does the organization support the inclusion of family members or close personal friends for people who need assistance with decision making?		
3b	THE ORGANIZATION RECOGNIZES EMERGING SUPPORT NETWORKS.		System is Present
			Practice is Present

		Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
FACTOR 3 Natural Support Networks			
3c	COMMUNICATION OCCURS AMONG PEOPLE, THEIR SUPPORT STAFF AND THEIR FAMILIES.		
3c1	Do people choose the extent and frequency of contact with their natural support networks?		
3c2	Does the organization maintain names, addresses and phone numbers of family and friends who are important to people?		
3c3	Are people provided the supports they need to remain connected to those important to them? Are they supported to make phone calls, write letters, remember special days, or maintain photo albums and pictures?		
3c4	Are legally authorized representatives, and others identified by people to receive such information, notified promptly and compassionately of incidents involving the person?		
3c5	Are inquiries from those in people's natural support networks responded to in a positive and timely manner?		
3c	COMMUNICATION OCCURS AMONG PEOPLE, THEIR SUPPORT STAFF AND THEIR FAMILIES.		System is Present
			Practice is Present

		Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
FACTOR 3 Natural Support Networks			
3d	THE ORGANIZATION FACILITATES EACH PERSON'S DESIRE FOR NATURAL SUPPORTS.		
3d1	Are people satisfied with the extent and frequency of contact with their support networks?		
3d2	Are families and significant others actively involved in the planning process in accordance with people's desires?		
3d3	Does the organization have a system for documenting people's involvement and contact with their support networks?		
3d4	Can families and friends visit people at reasonable times without prior notice, unless the person expressly requests they not do so?		
3d5	Do people have private space to visit with family and friends?		
3d6	Does the organization involve families and others important to people when it develops and evaluates its policies, programs, services and supports?		
3d	THE ORGANIZATION FACILITATES EACH PERSON'S DESIRE FOR NATURAL SUPPORTS.		System is Present
			Practice is Present

	Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
Action Plan for FACTOR 3: Natural Support Networks		

		Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
FACTOR 4 Protection from Abuse, Neglect, Mistreatment and Exploitation			
4a	THE ORGANIZATION IMPLEMENTS POLICIES AND PROCEDURES THAT DEFINE, PROHIBIT AND PREVENT ABUSE, NEGLECT, MISTREATMENT AND EXPLOITATION.		
4a1	Are definitions of abuse, neglect, mistreatment and exploitation comprehensive and specific? Do they comply with applicable requirements?		
4a2	Does the policy expressly prohibit abuse, neglect, mistreatment and exploitation of people?		
4a3	Do policies and procedures include screenings to prevent hiring people with a previous history of substantiated abuse or neglect?		
4a4	Do policies and procedures include prevention strategies, identification strategies and staff training requirements?		
4a5	Are responsibilities and procedures for reporting allegations of abuse and neglect defined?		
4a6	Are procedures for protecting people from potential further abuse, neglect, mistreatment or exploitation defined?		
4a7	Does the organization define procedures for investigating possible abuse and neglect? Does it also define how it will respond to the results of the inquiry?		
4a	THE ORGANIZATION IMPLEMENTS POLICIES AND PROCEDURES THAT DEFINE, PROHIBIT AND PREVENT ABUSE, NEGLECT, MISTREATMENT AND EXPLOITATION.		System is Present
			Practice is Present

		Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
FACTOR 4 Protection from Abuse, Neglect, Mistreatment and Exploitation			
4b PEOPLE ARE FREE FROM ABUSE, NEGLECT, MISTREATMENT AND EXPLOITATION.			
4b1	Are people provided understandable information about their rights to be free from abuse, neglect, mistreatment and exploitation?		
4b2	Are people supported to report allegations of abuse, neglect, mistreatment and exploitation?		
4b3	Is there a complaint process that is understandable and easy to use?		
4b4	Are the same reporting and investigating procedures used for allegations made by employees or others, followed for allegations reported by people supported by the organization?		
4b5	Do people who cause injury or harm to themselves or others receive supports to replace those behaviors?		
4b6	When people have been subjected to abuse, neglect, mistreatment or exploitation, are they afforded supports to address the effects of the abuse even if the abuse occurred before they entered into the organization’s system of services?		
4b7	When people have been subjected to abuse, neglect, mistreatment or exploitation, are they afforded supports to address the effects of the abuse even if the perpetrator is another person who receives supports from the organization, regardless of the legal definition of abuse?		
4b8	Do people who have been subjected to abuse, neglect, mistreatment or exploitation receive full supports to mitigate the effects?		
4b PEOPLE ARE FREE FROM ABUSE, NEGLECT, MISTREATMENT AND EXPLOITATION.			System is Present
			Practice is Present

	Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
FACTOR 4 Protection from Abuse, Neglect, Mistreatment and Exploitation		
4c	THE ORGANIZATION IMPLEMENTS SYSTEMS FOR REVIEWING AND ANALYZING TRENDS, POTENTIAL RISKS AND SENTINEL EVENTS INCLUDING ALLEGATIONS OF ABUSE, NEGLECT, MISTREATMENT AND EXPLOITATION, AND INJURIES OF UNKNOWN ORIGIN AND DEATHS.	
4c1	Are there policies and procedures that define the Incident Management system used to protect people from abuse, neglect, mistreatment and exploitation?	
4c2	Is the Incident Management system used to identify patterns or isolated incidents that may be indicative of abuse, neglect, mistreatment or exploitation? Identify situations that may precipitate abuse or neglect? Determine what corrective actions or other interventions are needed?	
4c3	Is there an Incident Management system for maintaining data on reports of allegations of abuse, neglect, mistreatment or exploitation that enables evaluation of both individual and organizational outcomes?	
4c4	Is there an Incident Management system for maintaining data on injuries, of known and unknown origin, that enables evaluation of both individual and organizational outcomes?	
4c5	Is there an Incident Management system for morbidity and mortality review that enables evaluation of both individual and organizational outcomes?	
4c6	Is there an Incident Management system for review of intrusive and restrictive interventions that enables evaluation of both individual and organizational outcomes?	
4c	THE ORGANIZATION IMPLEMENTS SYSTEMS FOR REVIEWING AND ANALYZING TRENDS, POTENTIAL RISKS AND SENTINEL EVENTS INCLUDING ALLEGATIONS OF ABUSE, NEGLECT, MISTREATMENT AND EXPLOITATION, AND INJURIES OF UNKNOWN ORIGIN AND DEATHS.	System is Present
		Practice is Present

	Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
FACTOR 4 Protection from Abuse, Neglect, Mistreatment and Exploitation		
4d	SUPPORT STAFF KNOW HOW TO PREVENT, DETECT AND REPORT ALLEGATIONS OF ABUSE, NEGLECT, MISTREATMENT AND EXPLOITATION.	
4d1	Do staff receive orientation on what constitutes abuse, neglect, mistreatment and exploitation? On prevention, detection and reporting requirements?	
4d2	Before providing supports to people, do staff demonstrate competency in defining abuse, neglect, mistreatment and exploitation, and on reporting procedures?	
4d3	Does ongoing training in prevention, detection and reporting occur frequently enough to support both personal and organizational outcomes?	
4d4	Does training on specific supports, services, policies, procedures and/or person-centered plans occur when support staff competency is identified as a (potential) causal factor?	
4d5	Does the organization evaluate potential underreporting and screening of allegations of abuse, neglect, mistreatment and exploitation, and provide additional competency-based training as needed?	
4d	SUPPORT STAFF KNOW HOW TO PREVENT, DETECT AND REPORT ALLEGATIONS OF ABUSE, NEGLECT, MISTREATMENT AND EXPLOITATION.	System is Present
		Practice is Present

	Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
FACTOR 4 Protection from Abuse, Neglect, Mistreatment and Exploitation		
4e	THE ORGANIZATION ENSURES OBJECTIVE, PROMPT AND THOROUGH INVESTIGATIONS OF EACH ALLEGATION OF ABUSE, NEGLECT, MISTREATMENT AND EXPLOITATION, AND OF EACH INJURY, PARTICULARLY INJURIES OF UNKNOWN ORIGIN.	
4e1	Is there an effective process for determining who will investigate an allegation or an injury?	
4e2	Is there a procedure that details the conduct of the investigation of allegations and injuries?	
4e3	Do people who are identified as responsible for investigations receive competency-based initial and refresher training on how to conduct investigations?	
4e4	Are investigations completed within five working days? If not, is a status report filed as to why not?	
4e5	Are people immediately protected from further potential abuse, neglect, mistreatment or exploitation during the course of the investigation?	
4e	THE ORGANIZATION ENSURES OBJECTIVE, PROMPT AND THOROUGH INVESTIGATIONS OF EACH ALLEGATION OF ABUSE, NEGLECT, MISTREATMENT AND EXPLOITATION, AND OF EACH INJURY, PARTICULARLY INJURIES OF UNKNOWN ORIGIN.	System is Present
		Practice is Present

	Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
FACTOR 4 Protection from Abuse, Neglect, Mistreatment and Exploitation		
4f THE ORGANIZATION ENSURES THOROUGH, APPROPRIATE AND PROMPT RESPONSES TO SUBSTANTIATED CASES OF ABUSE, NEGLECT, MISTREATMENT AND EXPLOITATION, AND TO OTHER ASSOCIATED ISSUES IDENTIFIED IN THE INVESTIGATION.		
4f1	Does the procedure for responding to substantiated allegations include a time frame that does not exceed ten working days?	
4f2	Does the procedure require that the scope, severity and circumstances surrounding a substantiated case be thoroughly considered as the response is developed?	
4f3	Do the actions taken in response to a substantiated case or for other relevant observations (possibly termination of employment) reduce the likelihood of reoccurrence of a similar incident?	
4f4	Are responses documented, and data available to validate, that planned actions have been implemented?	
4f5	Does the organization share the results of investigations and its responses with the people entitled to receive that information?22	
4f THE ORGANIZATION ENSURES THOROUGH, APPROPRIATE AND PROMPT RESPONSES TO SUBSTANTIATED CASES OF ABUSE, NEGLECT, MISTREATMENT AND EXPLOITATION, AND TO OTHER ASSOCIATED ISSUES IDENTIFIED IN THE INVESTIGATION.		System is Present
		Practice is Present

	Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
Action Plan for FACTOR 4: Protection from Abuse, Neglect, Mistreatment and Exploitation		

		Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
FACTOR 5 Best Possible Health			
5a	PEOPLE HAVE SUPPORTS TO MANAGE THEIR OWN HEALTH CARE.		
5a1	Do people choose their own health care providers?		
5a2	Do people make and keep their own health care appointments and records?		
5a3	Are people provided understandable information about their health, their medications and their treatments, including the purpose, intended outcomes, side effects or other risks and alternatives? Are they then supported in making choices regarding their medical care? Are people provided understandable information about advanced directives, including Psychiatric Advanced Directive (PAD) and supported to develop one if desired?		
5a4	Do people understand their medical and medication histories?		
5a5	Are the person's preferences and ability to self-administer medications and treatments assessed at least annually?		
5a6	Are people provided the level of support necessary to ensure that they take medications and complete treatments according to prescribed orders?		
5a7	Do people self-administer medications, with support as necessary?		
5a8	Do people know how to access medical emergency services?		
5a9	Do people have therapeutic and adaptive equipment, as needed, that fits them and is in good repair?		
5a	PEOPLE HAVE SUPPORTS TO MANAGE THEIR OWN HEALTH CARE.		System is Present
			Practice is Present

		Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
FACTOR 5 Best Possible Health			
5b PEOPLE ACCESS QUALITY HEALTH CARE.			
5b1	Are the frequency and type of health care evaluations and screenings defined in policy? Do they meet applicable requirements? Are they consistent with the standard of care for prevention, early detection and treatment?		
5b2	Are there standardized protocols for regularly required evaluations and screenings?		
5b3	Do people receive medical evaluations according to a protocol consistent with accepted medical practice?		
5b4	Do people have current and relevant specialized health care assessments for seizure disorders; orthopedic or neuromuscular disorders; eating disorders, including dysphasia, gastroenterological disorders, and other nutrition concerns; psychiatric disorders; or any other health condition that typically requires evaluation by a licensed health care provider?		
5b5	Do people routinely receive comprehensive physical examinations?		
5b PEOPLE ACCESS QUALITY HEALTH CARE.			System is Present
			Practice is Present

	Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
FACTOR 5 Best Possible Health		
5c	DATA AND DOCUMENTATION SUPPORT EVALUATION OF HEALTH CARE OBJECTIVES AND PROMOTE CONTINUITY OF SERVICES AND SUPPORTS.	
5c1	Are current and relevant health care evaluations and screenings documented in people's records?	
5c2	Do people's person-centered plans document the results of health care evaluations and screenings, including recommendations?	
5c3	Do people's person-centered plans include a description of health care support needed?	
5c4	Do people's person-centered plans describe how health care services are reduced in intensity or discontinued as the person's needs change? Do plans indicate how both physical and behavioral health is monitored on an ongoing basis?	
5c5	Does documentation show that needed health care supports are consistently provided?	
5c6	Does documentation show that health care supports are reviewed routinely by a person qualified to do so and at least annually by the team?	
5c7	Is there evidence to support that data are used to assess effectiveness and progress towards achieving health care goals?	
5c	DATA AND DOCUMENTATION SUPPORT EVALUATION OF HEALTH CARE OBJECTIVES AND PROMOTE CONTINUITY OF SERVICES AND SUPPORTS.	System is Present
		Practice is Present

		Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
FACTOR 5 Best Possible Health			
5d	ACUTE HEALTH NEEDS ARE ADDRESSED IN A TIMELY MANNER.		
5d1	Do support staff recognize and promptly report physical or behavioral changes, complaints of illness, accidents and injuries, and other signs and symptoms of illness?		
5d2	Does the organization have a process for ensuring acute health changes are assessed by a qualified health care practitioner in a timely manner?		
5d3	Are supportive diagnostic studies, when indicated, obtained and acted upon in a timely manner?		
5d4	Are standing orders used only after a full nursing assessment that includes clear parameters for when to contact people’s primary physicians?		
5d5	Do people’s health care support staff recognize the need for timely transfer to a higher level of care?		
5d6	Does the system for ongoing communication between people’s health care support staff, and outside health care staff, promote continuity of care?		
5d7	Do people’s records document hospital summaries that include the discharge diagnosis, current health status, necessary follow-up instructions, and any restrictions or limitations?		
5d8	Do records document acute health changes to provide a clear picture of the course of the illness or injury, the treatment provided, and the person’s current status from the time of identification through resolution?		
5d9	Are people’s person-centered plans, including health care supports, modified in a timely manner based upon acute health changes?		
5d	ACUTE HEALTH NEEDS ARE ADDRESSED IN A TIMELY MANNER.		System is Present
			Practice is Present

		Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
FACTOR 5 Best Possible Health			
5e	PEOPLE RECEIVE MEDICATIONS AND TREATMENTS SAFELY AND EFFECTIVELY.		
5e1	Are medications and treatments prescribed in accordance with applicable laws and regulations and related directly to outcomes identified in people's person-centered plans and preferences outlined in people's Psychiatric Advanced Directive?		
5e2	Are people and direct support staff informed and educated about anticipated outcomes and potential side effects of medications and treatments?		
5e3	Are medications and treatments reviewed at specified intervals and renewed based on an evaluation of people's responses and stated outcomes?		
5e4	Are medications and treatments administered in accordance with all applicable law and recorded at the time of administration only by persons authorized to do so?		
5e5	Unless otherwise included in people's self-administration procedures, are medications, including non-prescription drugs, stored securely and in any other way required by law?		
5e6	Are medication errors, adverse reactions and drug side effects promptly reported and responded to in accordance with the organization's policy and procedures? Is this information documented in people's records?		
5e	PEOPLE RECEIVE MEDICATIONS AND TREATMENTS SAFELY AND EFFECTIVELY.		System is Present
			Practice is Present

		Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
FACTOR 5 Best Possible Health			
5f STAFF IMMEDIATELY RECOGNIZE AND RESPOND TO MEDICAL EMERGENCIES.			
5f1	Does the organization implement policies and procedures that ensure a rapid and effective response to people experiencing medical emergencies?		
5f2	Do direct support staff receive competency-based training to recognize and respond to people experiencing medical emergencies?		
5f3	Is emergency medical equipment needed to respond to a potential emergency available, well maintained, clean and functional?		
5f4	Is emergency medication required by people available in the appropriate dose, quantity and form?		
5f5	Are medical emergency responses implemented effectively and decisively? Do they consistently follow established policies and procedures? 26		
5f6	Do all staff in direct contact with people receiving support have a minimum of First Aid, CPR and general medication training, including how to recognize harmful side effects?		
5f STAFF IMMEDIATELY RECOGNIZE AND RESPOND TO MEDICAL EMERGENCIES.			System is Present
			Practice is Present

	Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
Action Plan for FACTOR 5: Best Possible Health		

		Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
FACTOR 6 Safe Environments			
6a	THE ORGANIZATION PROVIDES INDIVIDUALIZED SAFETY SUPPORTS.		
6a1	Are people's abilities to be safe in their environments assessed?		
6a2	Does the assessment include, but not limit itself to, safety in the kitchen? The ability to adjust hot water, evacuate in the event of fire or severe weather, call for help and use cleaning supplies? Other safety concerns specific to the person or the particular living environment?		
6a3	Are people provided needed safety supports?		
6a4	Are people provided supports only to the extent needed?		
6a5	Are assessment results, including supports needed to be safe at home and at work, documented in people's plans?		
6a6	Are individualized safety assessments completed on an ongoing basis and reviewed at least annually?		
6a	THE ORGANIZATION PROVIDES INDIVIDUALIZED SAFETY SUPPORTS.		System is Present
			Practice is Present

		Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
FACTOR 6 Safe Environments			
6b	THE PHYSICAL ENVIRONMENT PROMOTES PEOPLE'S HEALTH, SAFETY AND INDEPENDENCE.		
6b1	Do all buildings comply with applicable fire and safety codes?		
6b2	Do physical spaces and places where people live and work comply with applicable environmental codes (for example, are they free of lead paint, radon, mercury and asbestos)?		
6b3	Are sanitary practices implemented to avoid sources and transmission of infections?		
6b4	Have design modifications been made to facilitate accessibility and safety based on people's needs?		
6b5	Do environments have proper ventilation so that the air quality is safe?		
6b6	Do heating and cooling systems maintain temperature and humidity in a comfortable range?		
6b7	Do supports provided to maintain the appearance of the home, inside and out, keep its appearance consistent with that of other homes in the neighborhood?		
6b	THE PHYSICAL ENVIRONMENT PROMOTES PEOPLE'S HEALTH, SAFETY AND INDEPENDENCE.		System is Present
			Practice is Present

		Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
FACTOR 6 Safe Environments			
6c	THE ORGANIZATION HAS INDIVIDUALIZED EMERGENCY PLANS.		
6c1	Do emergency plans address missing persons, fire and severe weather?		
6c2	Are alarms and visual signals, and other modifications as needed, used for people who require those supports?		
6c3	Are people who receive support and staff trained in emergency plans? Are safety drills conducted based on an assessment of type, frequency and level of support needed in order to ensure staff competency and to evaluate the need for plan modifications (recommended at least quarterly and to include “deep sleep” drills)?		
6c4	Are data from safety drills reviewed and plans for follow-up implemented?		
6c5	Are emergency numbers readily available?		
6c	THE ORGANIZATION HAS INDIVIDUALIZED EMERGENCY PLANS.		System is Present
			Practice is Present

		Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
FACTOR 6 Safe Environments			
6d ROUTINE INSPECTIONS ENSURE THAT ENVIRONMENTS ARE SANITARY AND HAZARD FREE.			
6d1	Does the organization maintain records and reports of corrective actions taken? Of fire, safety, sanitation and environmental inspections required by all applicable laws and regulations?		
6d2	Does the organization conduct its own inspections?		
6d3	Is there a system for reporting and responding to environmental hazards?		
6d4	Are sanitation problems and safety concerns corrected in a timely and appropriate manner?		
6d5	Are people’s living and work environments sanitary and free of safety hazards?		
6d ROUTINE INSPECTIONS ENSURE THAT ENVIRONMENTS ARE SANITARY AND HAZARD FREE.			System is Present
			Practice is Present

	Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
Action Plan for FACTOR 6: Safe Environments		

		Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
FACTOR 7 Staff Resources and Supports			
7a	THE ORGANIZATION IMPLEMENTS A SYSTEM FOR STAFF RECRUITMENT AND RETENTION.		
7a1	Does the organization recruit and hire staff in accordance with all applicable laws and organizational requirements?		
7a2	Does the organization use employment screening procedures to minimize unnecessary or unreasonable risk?		
7a3	Are annual hiring plans developed and implemented based on an analysis of turnover, availability of qualified candidates, supports needed by people and other relevant data, such as the length of time it takes to hire staff (hiring lag)?		
7a4	Does the organization work with schools and job placement services to ensure the availability of an adequate present and future supply of qualified candidates?		
7a5	Does the organization have a system for conducting employee satisfaction surveys?		
7a6	Does the organization analyze satisfaction survey results and reasons for separation as part of its staff retention system?		
7a7	Do people supported by the organization participate in the organization's staff recruitment and retention programs?		
7a	THE ORGANIZATION IMPLEMENTS A SYSTEM FOR STAFF RECRUITMENT AND RETENTION.		System is Present
			Practice is Present

	Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
FACTOR 7 Staff Resources and Supports		
7b THE ORGANIZATION IMPLEMENTS AN ONGOING STAFF DEVELOPMENT PROGRAM.		
7b1	Does the organization orient new employees to its philosophy, vision, mission, beliefs, goals, organization, programs and practices?	
7b2	Does the initial orientation and future training for employment advancement ensure effective, efficient and competent job performance?	
7b3	Are opportunities available for continuing education in best practices within and outside of the organization?	
7b4	Does the organization implement an ongoing in-service training program to maintain, update and improve staff competency?	
7b5	Is the staff training program developed based on input from support staff, input from people supported, and the results of internal and external findings?	
7b6	Is training based on adult learning theory? Does it include mentoring, on the job support and personal development planning?	
7b THE ORGANIZATION IMPLEMENTS AN ONGOING STAFF DEVELOPMENT PROGRAM.		System is Present
		Practice is Present

		Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
FACTOR 7 Staff Resources and Supports			
7c	THE SUPPORT NEEDS OF INDIVIDUALS SHAPE THE HIRING, TRAINING AND ASSIGNMENT OF ALL STAFF.		
7c1	Is a single team identified by each person that includes the person and others critical to assessing and providing needed supports?		
7c2	Do people coordinate the teams and their plans, with supports as necessary from within the organization?		
7c3	Do people have sufficient professional and direct support staff to provide needed services and supports in accordance with their plans?		
7c	THE SUPPORT NEEDS OF INDIVIDUALS SHAPE THE HIRING, TRAINING AND ASSIGNMENT OF ALL STAFF.		System is Present
			Practice is Present

		Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
FACTOR 7 Staff Resources and Supports			
7d	THE ORGANIZATION IMPLEMENTS SYSTEMS THAT PROMOTE CONTINUITY AND CONSISTENCY OF DIRECT SUPPORT PROFESSIONALS.		
7d1	Has the organization developed a sufficient staffing plan that includes all funded staff positions?		
7d2	Does the organization implement an on-duty work schedule for supervisory, professional and direct support staff that is sufficient to provide services and supports people need?		
7d3	Does the organization have a system that addresses people’s preferences and choices when identifying regularly assigned staff for them?		
7d4	Are there systems for managing staff assignments so that people will have continuity and consistency of needed services and supports when their regularly assigned staff are absent?		
7d5	Is there a system to collect and use data regarding absenteeism (including the reason and length of the absence) and overtime to improve continuity and consistency of staff assignments?		
7d6	Does the organization have an emergency staffing plan that at a minimum provides the supports needed to keep people safe?		
7d	THE ORGANIZATION IMPLEMENTS SYSTEMS THAT PROMOTE CONTINUITY AND CONSISTENCY OF DIRECT SUPPORT PROFESSIONALS.		System is Present
			Practice is Present

	Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
FACTOR 7 Staff Resources and Supports		
7e	THE ORGANIZATION TREATS ITS EMPLOYEES WITH DIGNITY, RESPECT AND FAIRNESS.	
7e1	Does the organization provide staff with personnel policies and procedures or a handbook that informs them of its personnel practices, benefits, pay plan, due process procedures and opportunities for continuing education?	
7e2	Do the organization's personnel policies, procedures and practices meet all state and federal fair labor laws?	
7e3	Does the organization provide staff a job description that describes the position's duties and responsibilities?	
7e4	Is staff performance with respect to the job description evaluated during a probationary period and annually thereafter? Do performance evaluations include staff's objectives for professional and personal growth?	
7e5	Does the organization have an employee incentive program that includes tangible and intangible rewards important to support staff?	
7e	THE ORGANIZATION TREATS ITS EMPLOYEES WITH DIGNITY, RESPECT AND FAIRNESS.	
		System is Present
		Practice is Present

	Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
Action Plan for FACTOR 7: Staff Resources and Supports		

	Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
FACTOR 8 Positive Services and Supports		
8a	PEOPLE'S INDIVIDUAL PLANS LEAD TO PERSON-CENTERED AND PERSON-DIRECTED SERVICES AND SUPPORTS.	
8a1	Do people realize personal goals?	
8a2	Do people have person-centered plans that they develop with individual support teams?	
8a3	Do people direct the development of the plans, or are they supported to do so?	
8a4	Do person-centered plans incorporate the results of assessments, evaluations and screenings required by the organization and by the person based on individual strengths and needs?	
8a5	Do assessments, evaluations and screenings focus on the skills and supports present, those preferred and desired by the person, and those needed to realize personal goals?	
8a6	Do person-centered plans include goals, action steps designed to achieve those goals, and methods to achieve the objectives?	
8a7	Do people choose their goals and services, including where they work and where and with whom they live?	
8a8	Are person-centered plans reviewed at least monthly by the individual plan coordinator and at least annually by the team?	
8a9	Are person-centered plans modified by people with their individual support teams as goals and objectives are or are not realized?	
8a	PEOPLE'S INDIVIDUAL PLANS LEAD TO PERSON-CENTERED AND PERSON-DIRECTED SERVICES AND SUPPORTS.	System is Present
		Practice is Present

	Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
FACTOR 8 Positive Services and Supports		
8b THE ORGANIZATION PROVIDES CONTINUOUS AND CONSISTENT SERVICES AND SUPPORTS FOR EACH PERSON.		
8b1	Do staff receive training in skills and abilities needed to implement people's plans?	
8b2	Do staff document that they have provided services and supports in accordance with the person-centered plan and the organization's policies and procedures?	
8b3	Are people's preferences reflected in daily routines?	
8b4	Do daily routines include when, where and how needed services and supports are provided?	
8b5	Does the organization have a system to respond to changes in daily routines, whether the changes occur due to people's requests or to other reasons?	
8b6	Does the organization have a system for ensuring important events that impact people are effectively communicated between assigned staff, among team members, across different environments and to others important to the person?	
8b7	Does the organization have a system to monitor implementation of person-centered plans? Does it include direct observation of services and supports as well as assessment of the reliability of data used to evaluate people's progress?	
8b8	Do person-centered plans and services incorporate supports needed for people to successfully fulfill legal requirements set forth by outside parties, such as probation, parole, and/or family, drug, mental health or other courts?	
8b THE ORGANIZATION PROVIDES CONTINUOUS AND CONSISTENT SERVICES AND SUPPORTS FOR EACH PERSON.		System is Present
		Practice is Present

		Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
FACTOR 8 Positive Services and Supports			
8c	THE ORGANIZATION PROVIDES POSITIVE BEHAVIORAL SUPPORTS TO PEOPLE.		
8c1	Do the policies and procedures reflect the organization’s commitment to positive behavioral approaches? Does the document outline the specific behavioral supports that may and may not be used?		
8c2	Are behavior supports developed by a qualified professional and/or someone who knows the person well? Are they based on an assessment of the function of the behavior, including, but not limited to, the communicative intent of behavior?		
8c3	Are formal behavior support plans implemented only after the team has ruled out physical and environmental issues contributing to a person’s behavior?		
8c4	Do behavior support plans include teaching alternative communication strategies?		
8c5	Do only support staff with prior training and demonstrated competency provide the behavioral supports people need?		
8c6	Does the organization implement policies and procedures that ensure a rapid, effective and appropriate response to behavioral emergencies?		
8c	THE ORGANIZATION PROVIDES POSITIVE BEHAVIORAL SUPPORTS TO PEOPLE.		System is Present
			Practice is Present

	Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
FACTOR 8 Positive Services and Supports		
8d	THE ORGANIZATION TREATS PEOPLE WITH PSYCHOACTIVE MEDICATIONS FOR MENTAL HEALTH NEEDS CONSISTENT WITH NATIONAL STANDARDS OF CARE.	
8d1	Is the use of psychoactive/psychotropic medication based on specific psychiatric diagnoses?	
8d2	Does a psychiatric diagnosis result from a thorough psychiatric evaluation by a qualified professional that includes the person’s symptoms and their relationship to the diagnosis, and through the use of standardized psychopathology screening tools?	
8d3	Does the medication prescribed correspond to known standards for effectiveness related to the specific diagnosis, symptom or behavior?	
8d4	Are people monitored for drug side effects on a regular, systematic basis using a standardized tool or other accepted standard of care?	
8d5	Do people receive the fewest psychotropic medications possible, at the lowest effective dosage possible?	
8d6	Does the organization have a system to ensure regular review of the effectiveness of psychotropic medications by a licensed health care provider at intervals that meet all applicable laws and regulations and that is consistent with the national standard of care?	
8d	THE ORGANIZATION TREATS PEOPLE WITH PSYCHOACTIVE MEDICATIONS FOR MENTAL HEALTH NEEDS CONSISTENT WITH NATIONAL STANDARDS OF CARE.	System is Present
		Practice is Present

	Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
FACTOR 8 Positive Services and Supports		
8e PEOPLE ARE FREE FROM UNNECESSARY, INTRUSIVE INTERVENTIONS.		
8e1	Do people receive only the amount of behavioral and medical support necessary to prevent harm to themselves or others?	
8e2	Is there clear evidence that less restrictive/intrusive procedures have been tried and not been effective? Is it also clear that the severity of the behavior justifies incorporating highly restrictive/intrusive procedures into the behavior support or treatment plan – procedures including, but not limited to, involuntary commitment, physical restraint, psychotropic medication and/ or time out rooms?	
8e3	Does the organization have an effective procedure for reviewing technical aspects of intrusive or restrictive procedures, including involuntary commitment, prior to implementation?	
8e4	Does the organization’s Rights Committee review and approve any highly restrictive/intrusive procedures incorporated into a behavior support plan before implementation?	
8e5	Are behavior intervention plans that include highly intrusive procedures or other restrictive techniques implemented only with the prior written, informed consent of the person or the person’s legally authorized representative?	
8e6	Are emergency or unplanned behavior interventions that are highly intrusive not used more than three times in a six-month period without a team meeting to determine needed changes in the person’s plan?	
8e7	Are restraint devices and other restraint procedures applied only by staff with demonstrated competency for the device or procedure used?	
8e8	Do the organization’s restraint policies and procedures detail how people are safeguarded? Do they prohibit prone restraint and standing orders for restraint?	
8e9	Do the organization’s restraint policies and procedures comply with all applicable laws, rules and regulations?	

		Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
8e10	Is the use of psychotropic medications for behavior support recognized as a chemical restraint and considered highly intrusive/restrictive?		
8e11	Do behavioral-psychopharmacologic hypotheses result from a functional analysis of behaviors, including a thorough investigation of the communicative intent of the behavior? Are these hypotheses developed by the team?		
8e12	Do behavior support plans integrate psychopharmacologic and behavioral supports? Do the plans include defined behaviors and symptoms and identify the data to be collected pertaining to them?		
8e13	Does the organization regularly and systematically monitor people for adverse effects of all intrusive/restrictive procedures, including drug side effects, using a standardized tool or other accepted standard of care?		
8e14	Does the organization ensure that people are not subjected to highly intrusive behavior interventions or punishment for the convenience of staff, or in lieu of a behavior support plan?		
8e15	Does the organization prohibit the use of corporal punishment, seclusion, noxious or aversive stimuli, forced exercise, as needed orders for psychotropic medications, and denial of food or liquids that are part of a person's nutritionally adequate diet?36		
8e	PEOPLE ARE FREE FROM UNNECESSARY, INTRUSIVE INTERVENTIONS.		System is Present
			Practice is Present

	Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
Action Plan for FACTOR 8: Positive Services and Supports		

	Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
FACTOR 9 Continuity and Personal Security		
9a	THE ORGANIZATION'S MISSION, VISION AND VALUES PROMOTE ATTAINMENT OF PERSONAL OUTCOMES.	
9a1	Does the organization have a vision, mission and belief statement that promotes attainment of personal outcomes?	
9a2	Do the organization's policies and procedures promote attainment of personal outcomes?	
9a3	Does the daily operation of the organization promote attainment of personal outcomes?	
9a4	Does service and support coordination within the organization, and between the organization and other service entities and the community, promote attainment of personal outcomes?	
9a5	Do people supported by the organization participate in the development of the organization's philosophy, vision, mission, beliefs, policies and procedures, and daily routines?	
9a	THE ORGANIZATION'S MISSION, VISION AND VALUES PROMOTE ATTAINMENT OF PERSONAL OUTCOMES.	System is Present
		Practice is Present

		Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
FACTOR 9 Continuity and Personal Security			
9b	THE ORGANIZATION IMPLEMENTS SOUND FISCAL PRACTICES.		
9b1	Does the organization have a budgeting and accounting system to determine costs associated with providing needed services and supports?		
9b1	Does the organization use financial reports for planning and implementing strategies that promote personal outcomes?		
9b3	Does the organization undergo an annual financial audit by an independent certified accounting firm?		
9b4	Does the organization correct material findings identified as the result of the annual financial audit?		
9b5	Does the organization have clear, understandable policies and procedures to assist people with managing their money?		
9b	THE ORGANIZATION IMPLEMENTS SOUND FISCAL PRACTICES.		System is Present
			Practice is Present

		Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
FACTOR 9 Continuity and Personal Security			
9c	BUSINESS, ADMINISTRATIVE AND SUPPORT FUNCTIONS PROMOTE PERSONAL OUTCOMES.		
9c1	Are supplies needed for daily living activities, and materials needed to implement people's person-centered plans, available?		
9c2	Is food available that is nutritious and meets each person's dietary needs and preferences?		
9c3	Is furniture and other equipment available to provide needed services and supports?		
9c4	Are specialized supports, including adaptive, therapeutic, corrective, prosthetic, orthotic and mobility devices, available to provide needed services and supports?		
9c5	Is there an effective system for researching and implementing augmentative communication options?		
9c6	Is there an effective and timely system for repairing, maintaining, and replacing furnishings and equipment and for maintaining the physical environment?		
9c7	Does the table of organization clearly identify its operational elements and programs and the administrative personnel in charge of each?		
9c8	Is the organization licensed, certified or approved as required by law or other regulations?		
9c9	Does the organization have an effective system for contacting administrative staff after hours, on weekends, on holidays and during the absence of regularly assigned supervisory staff?		
9c10	Does the organization have a supervisory structure that promotes continuity and consistency of needed services and supports?		
9c11	Does the organization implement communication strategies that promote continuity and consistency of services and supports, including communication between support staff and with people?		
9c	BUSINESS, ADMINISTRATIVE AND SUPPORT FUNCTIONS PROMOTE PERSONAL OUTCOMES.		System is Present
			Practice is Present

	Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
FACTOR 9 Continuity and Personal Security		
9d THE CUMULATIVE RECORD OF PERSONAL INFORMATION PROMOTES CONTINUITY OF SERVICES.		
9d1	Is personal information written so as to promote continuity and consistency of services and supports?	
9d2	Does the organization maintain a cumulative record of information and documentation of services and supports needed by and provided to people? Does this record include people's responses to those services and supports?	
9d3	Does the organization work with people to ensure that records are arranged so access to current and historical personal information is easier?	
9d4	Does the organization have a system to ensure personal information contained in the record is complete, accurate, clear and legible?	
9d5	Do people and/or their legally authorized representative(s) have access to, use and contribute to the information that is in their records, if they choose to do so?	
9d6	Do people decide when to share personal information?	
9d THE CUMULATIVE RECORD OF PERSONAL INFORMATION PROMOTES CONTINUITY OF SERVICES.		System is Present
		Practice is Present

	Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
Action Plan for FACTOR 9: Continuity and Personal Security		

	Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
FACTOR 10 Basic Assurances® System		
10a	THE ORGANIZATION MONITORS BASIC ASSURANCES®.	
10a1	Does the organization have policies and procedures that describe its plan for monitoring the presence of Basic Assurances®?	
10a2	Does the policy identify leaders responsible for overseeing the design of the plan and assigning priorities for monitoring the presence of Basic Assurances®?	
10a3	Does the policy establish the responsibilities of leaders and the structure for leaders to oversee implementation of the plan?	
10a4	Does the policy describe the organization's commitment to attain and maintain the presence of Basic Assurances® outcomes over time?	
10a5	Does the policy emphasize personal and organizational outcomes rather than individual staff performance?	
10a6	Does the policy emphasize a continuous improvement and learning process rather than a system that responds only to identified problems?	
10a7	Does the process include methods to inform and educate people, their families and support staff about Basic Assurances® and to solicit their involvement in the evaluation process?	
10a8	Do people, families and support staff actively participate in collecting and analyzing data used to evaluate Basic Assurances®?	
10a9	Does the organization have a process for sharing the results of the plan with people, families, staff and others external to the organization?	
10a10	Is the plan modified with the input of people, families and support staff?	
10a11	Are Basic Assurances® evaluated at least annually for each person?	
10a12	Are aggregate data on the presence of Basic Assurances® evaluated at least annually?	
10a13	Does the analysis of Basic Assurances® show substantive improvement that is maintained over time?	
10a14	Are the data collected to evaluate the presence of Basic Assurances® reliable?	

		Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
10a15	Are Basic Assurances® present during all external audits, reviews, monitoring and/or surveys?		
10a	THE ORGANIZATION MONITORS BASIC ASSURANCES®.		System is Present
			Practice is Present

		Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
FACTOR 10 Basic Assurances® System			
10b	A COMPREHENSIVE PLAN DESCRIBES THE METHODS AND PROCEDURES FOR MONITORING BASIC ASSURANCES®.		
10b1	Are the key functions and activities of the organization that relate to Basic Assurances® identified?		
10b2	Does the plan identify the most important element(s) of each Basic Assurances® function and activity?		
10b3	Are measures identified that indicate the presence or absence of important elements?		
10b4	Are the data sources and methods of collection identified for each measure?		
10b5	Are the methods of data analysis and evaluation identified for each of the elements?		
10b6	Are people responsible for implementing the plan identified, including those responsible for collecting, organizing and evaluating data?		
10b7	Do the methods used enable the analysis of both a single critical event or incident (sentinel review) and system outcomes?		
10b8	Does the plan describe how to use feedback from other sources including satisfaction surveys, complaints, audits and/or other applicable regulatory reviews?		
10b9	Does the plan include priorities, goals and objectives to ensure the presence of Basic Assurances® are integrated into the organization's annual plan?		
10b10	Is the plan coordinated and interrelated across the organization's various programs and departments around the flow of services and supports provided people?		
10b	A COMPREHENSIVE PLAN DESCRIBES THE METHODS AND PROCEDURES FOR MONITORING BASIC ASSURANCES®.		System is Present
			Practice is Present

	Check if YES	Supporting Information for this Indicator (List relevant policies, procedures, staff training, plans, committees, etc.)
Action Plan for FACTOR 10: Basic Assurances® System		