

South Carolina Department of Disabilities & Special Needs

Residential Habilitation: Contract Compliance Review

Key Indicator Review Tool for FY2022

The Key Indicators are the QIO Review Tool, based on DDSN Service Standards, Agency Directives, and Medicaid Policy/Requirements.

The Guidance in this document is provided as a resource to assist agencies with understanding Key Indicators. The Guidance is not intended to be, nor should be, considered as the ultimate defining resource. It should be, as inferred by its title, GUIDANCE designed to assist. State and Federal standards including policies and procedures are the ultimate resources for establishing the requirements for an Indicator.

Providers must use designated modules in Therap to document service delivery.

Timelines for implementation of individual Therap Modules may be found at: <https://help.therapservices.net/app/south-carolina/>

Provider Qualifications

Indicator #	Indicator	Guidance
RH-101	Residential staff, employed or contracted by the provider, meet the minimum education requirements for the position.	Refer to SCDDSN Residential Habilitation Standards for educational and vocational requirements for all staff including those providing Intensive Behavioral Intervention.
RH-102	Residential staff, employed or contracted by the provider, meet the criminal background check requirements for the position, prior to employment.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
RH-103	Residential staff, employed or contracted by the provider, continue to meet the criminal background check requirements for the position, upon required recheck.	Source: DDSN Directive 406-04-DD. Re-check required every three years.
RH-104	Residential staff, employed or contracted by the provider, meet the CMS "List of Excluded Individuals/ Entities" check requirements for the position.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
RH-105	Residential staff, employed or contracted by the provider, meet the DSS Central Registry check requirements for the position.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
RH-106	Residential staff, employed or contracted by the provider, meet the TB Testing requirements for the position, prior to direct service contact.	Source: DDSN Directive 603-06-DD. Applies to new employees working less than 12 months.
RH-107	Residential staff, employed or contracted by the provider, meet the annual TB screening requirements, as outlined in DDSN Directive 603-06-DD.	Source: DDSN Directive 603-06-DD. Applies to existing employees with over 12 months of service.
RH-108	Residential staff, employed or contracted by the provider, have met acceptable reference check requirements for the position.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.

Provider Training

Indicator #	Indicator	Guidance
RH-201	Residential Staff must complete new employee competency-based training requirements, as required in 567-01-DD.	Source: DDSN Directive 567-01-DD. Does not include training covered in other Key Indicators (ANE, CPR, First Aid, Medication Technician, or Crisis Management). Applies to new employees working less than 12 months.
RH-202	Residential staff must pass mandatory, competency based ANE training, as required, during pre-service orientation.	Source: DDSN Directive 534-02-DD. Applies to new employees working less than 12 months.
RH-203	Residential Staff, when employed after 1 year, must pass mandatory, competency based ANE training within 12 months of their prior training date(s).	Source: DDSN Directive 534-02-DD. Applies to employees working more than 12 months. Training must be completed by the last day of the month in which it was due.
RH-204	Residential Staff must successfully complete CPR/First Aid certifications new employee training.	Source: DDSN Directive 567-01-DD. Applies to new employees working less than 12 months.
RH-205	Residential Staff, when employed after 12 months, continue to successfully complete CPR/First Aid certifications at the frequency required by the certifying entity.	Source: DDSN Directive 567-01-DD. Applies to employees working more than 12 months. Training must be completed by the expiration date.
RH-206	Residential Staff must successfully complete competency-based crisis management curriculum certification prior to working alone with service participants.	Source: DDSN Directive 567-01-DD and 567-04-DD. Applies to new employees working less than 12 months. Review Procedure: If staff received a certification, but it is discovered that the curriculum that was used has not been approved by DDSN, the non-compliance will be noted in the Administrative Indicator only.

RH-207	Residential Staff, when employed after 12 months, continue to successfully complete approved crisis-management certifications at the frequency required by the certifying entity.	Source: DDSN Directive 567-01-DD and 567-04-DD. Applies to employees working more than 12 months. Training must be completed by the last day of the month in which it was due. <u>Review Procedure:</u> If staff received a certification, but it is discovered that the curriculum that was used has not been approved by DDSN, the non-compliance will be noted in the Administrative Indicator only.
RH-208	Residential Staff must successfully complete an approved Medication Technician Training Curriculum prior to administering medications.	Source: DDSN Directive 603-13-DD The General Assembly of the State of South Carolina has granted to DDSN the statutory authority for designated unlicensed healthcare personnel to provide selected prescribed medications to DDSN persons in community settings only when those designated unlicensed healthcare personnel have documented successful completion of medication training and skill competency evaluation. This training and competency are achieved by the successful completion of a DDSN approved Medication Technician Certification program. <u>Review Procedure:</u> If staff received a certification, but it is discovered that the curriculum that was used has not been reviewed and approved by DDSN, the non-compliance will be noted in the Administrative Indicator only.
RH-209	Residential Staff, when employed more than 12 months, must successfully complete a refresher course for the approved Medication Technician Training Curriculum in order to continue to administer medications.	Source: DDSN Directive 603-13-DD Training must be complete by the annual date due. <u>Review Procedure:</u> If staff received a certification, but it is discovered that the curriculum that was used has not been reviewed and approved by DDSN, the non-compliance will be noted in the Administrative Indicator only.
RH-210	Residential Staff, when employed for more than 12 months, must receive annual training on the following topics: <ul style="list-style-type: none"> • Confidentiality & HIPAA • OSHA Guidelines and Workplace Safety • Fire Safety/Disaster Preparedness • Rights/Due Process • Consumer Supervision • Consumer Funds • Personal Property Inventory 	Source: DDSN Directive 567-01-DD. Applies to employees working more than 12 months. Training must be completed by the last day of the month in which it was due. <u>Review Procedure:</u> The provider must be able to show evidence that training occurred for each topic listed. Training may be delivered through web-based formats, in person training sessions or other methods. There is no required format or specific content required by this standard provided that the content is accurate based on standards, communications, or training produced by the Department.
RH-211	Annually, Residential Staff employed or contracted by the provider, are made aware of the False Claims' Recovery Act, that the Federal government can impose a penalty for false claims, that abuse of the Medicaid Program can be reported, and that reporters are covered by Whistleblowers' laws.	Evidence of staff being made aware of the false claims' recovery act must be provided. This activity must be completed by the last day of the month in which it was due. Source: Contract for ... Capitated Model and Source: Contract for ... Non-Capitated Model

Residential Habilitation Service Delivery

Source document for all information in this section (unless otherwise indicated) is the Residential Habilitation Standards.

New Admissions

Indicator #	Indicator	Guidance
RH-301	For new residential admissions, prior to providing residential habilitation, a preliminary plan must be developed to ensure health, safety, supervision, and rights protection while the person is undergoing functional assessment for goal planning. At the time of admission, the preliminary plan for the person must be implemented.	<p>Prior to admission, background information as well as current behavioral, health, social and nutritional information should be gathered from record reviews, interviews, etc. in order to establish a preliminary plan.</p> <p>The admission date is the person's first day living at the home. If the provider is supporting the person pending authorization of a service, the date of admission remains the person's first day living at the home regardless if a service is authorized/rendered. Providers may not begin to support a person without a preliminary plan in place.</p> <p>Preliminary plan is to be implemented on the day of admission. When assessments are completed and training needs/priorities have been identified with the participation and input of the person, the residential support plan will be completed and will replace the preliminary plan.</p> <p>If a person is admitted to a home operated by a new legal entity, a new preliminary plan must be done. In the event of a merger or takeover where there is no significant change in program staff, services or location, documentation should support that the current residential plan was reviewed by the program coordinator for accuracy to the current situation and if necessary, updated. If a person moves from one home to another within the same agency, the residential plan can be transferred with the person and reviewed by the program coordinator for accuracy. No new residential plan is required.</p> <p><u>Review Procedure:</u> The reviewer will determine if the person is a new admission and if yes, determine if the date of the preliminary plan is prior to admission. If the date of completion of the preliminary plan is prior to the date of admission, compliance will be noted.</p>
RH-302	An initial comprehensive functional assessment must be completed for the person.	<p>The initial comprehensive functional assessment results must be shared with the person upon completion.</p> <p>A team meeting is not required to develop or conduct the skills assessment. The admission date is the individual's first day living at the home. If a person is admitted to a home operated by a new legal entity, a new skills assessment must be done. In the event of a merger or takeover where there is no</p>

		<p>significant change in program staff, services or location, documentation should support that the comprehensive functional assessment was reviewed by the program coordinator for accuracy to the current situation and if necessary, updated. If a person moves from one home to another within the same agency, the assessment can be transferred with the person and reviewed by the program coordinator for accuracy. No new assessment is required.</p> <p><u>Review Procedure:</u> The reviewer will determine if the person is a new admission and if yes, determine if the initial comprehensive functional assessment is completed prior to the development of the initial residential support plan. If the date of completion of the initial comprehensive functional assessment is prior to the date of development of the initial plan, compliance will be noted.</p>
RH-303	Within 30 days of admission a residential support plan is developed.	<u>Review Procedure:</u> The reviewer will compare the date of admission with the date of the residential support plan. If the date of the residential support plan is within 30 days of the date of admission, compliance will be noted.
RH-304	The "Swallowing Disorders Checklist" is completed within 30 days of admission.	<p>Source: DDSN Directive 535-13-DD</p> <p><u>Review Procedure:</u> The reviewer will determine if the person is a new admission and if yes, determine if the swallowing disorders checklist was completed within 30 days of the admission date. If the date of completion of the swallowing disorders checklist is within 30 days of the date of admission, compliance will be noted.</p>
RH-305	When prescribed anti-psychotic medication or other medication(s) associated with Tardive Dyskinesia, monitoring is conducted within one month of admission.	<p>Source: DDSN Directive 603-01-DD</p> <p>If medication associated with Tardive Dyskinesia is prescribed at the time of admission, a baseline T.D. score is obtained within one month and every 6 months thereafter.</p> <p><u>Review Procedure:</u> The reviewer will determine if the person is a new admission and if yes, determine if monitoring for tardive dyskinesia occurred within one month of the admission date. If the date of the tardive dyskinesia monitoring is within one month of the date of admission, compliance will be noted.</p>

Comprehensive Functional Assessment: Review procedures for all items in this section (unless otherwise indicated) will generally include reviewing providers' records, staff interviews, discussions with individuals, and the review of documentation produced by a third party, e.g. medical records. Assessments will be cross-referenced with medical records and the residential plan to ensure accurate and consistent information. Source document for all information in this section (unless otherwise indicated) is the Residential Habilitation Standards.

Indicator #	Indicator	Guidance
RH-401	A comprehensive functional assessment is completed/updated for each person, as needed.	<u>Review Procedure:</u> The reviewer will determine if an assessment is present for the person and updated as needed to reflect current skills.
RH-402	The information in the comprehensive functional assessment must align with the information in the residential plan.	<p>Inconsistent and inaccurate information in the record can lead to inconsistent/incorrect service delivery, rights violations, and harm. The team must ensure that information is consistent from one document to another.</p> <p><u>Review Procedure:</u> Non-compliance will be noted when significant differences exist between the information in the comprehensive functional assessment and the residential support plan.</p>

Residential Support Plan

Review procedures related to the residential plan are the following (unless otherwise indicated): reviewers will examine the residential support plan and compare it to information in the record to determine if all information is included in the residential support plan as appropriate. In addition, staff interviews, interaction/interviews with individuals, and observation of actual service provision may also occur to determine compliance.

Indicator #	Indicator	Guidance
RH-501	The residential support plan shall be developed every 365 days.	<p>If a person is admitted to a home operated by a new legal entity, a new residential support plan must be completed. In the event of a merger or takeover where there is no significant change in program staff, services or location, documentation should support that the residential support plan was reviewed by the program coordinator for accuracy to the current situation and if necessary, updated. If a person moves from one home to another within the same agency, the residential plan can be transferred with the person and reviewed by the program coordinator for accuracy. No new residential support plan is required.</p> <p><u>Review Procedure:</u> In order to determine compliance with this timeframe there will be a review the current year and previous years residential support plan completion dates. If the difference in time between the two documents is 365 days or less, compliance will be noted.</p>
RH-502	The person participates in the development of his/her residential plan and identifies goals and training priorities.	The plan is completed by active solicitation of the person's interests, life goals and supports needed. The information is gathered from the person through direct observations/interactions and, if necessary, talking with someone who knows the person best. The person's preferences and goals must be the focus of the planning process.
RH-503	The Residential Support Plan must include the type and frequency of care to be provided.	Care: Assistance with or completion of tasks that cannot be completed by the person and about which the person is not being taught, such as regulation of water temperature, fire evacuation needs, transportation, medical/dental care, etc. To determine type and frequency of health care needed, the plan must contain all relevant medical information such as history, diagnoses, medications, etc.
RH-504	The Residential Support Plan must include the type and frequency of supervision to be provided.	<p><u>Supervision:</u> Oversight by another provided according to SCDDSN 510-10. Supervision must be specific and individualized as needed to allow freedom while assuring safety and welfare. Behavior exhibited that affects the level of supervision needed, should be included.</p> <p>At a minimum, the residential support plan must include information about supervision needs in the following situations:</p> <ul style="list-style-type: none"> • Awake hours • Home • Community • During Transportation • Work

		<ul style="list-style-type: none"> • Sleeping hours • Bathing/bathroom use • Dining-eating/drinking, meals/snacks 												
RH-505	The Residential Support Plan must include any other supports/interventions to be provided.	<p>Any other supports/interventions: All supports needed, i.e. adaptive equipment, dietary monitoring, medical interventions, safety devices, etc.</p> <p><u>Review Procedure:</u> It is not possible to provide an all-inclusive list of things that may need to be listed in the residential support plan related to this indicator. Providers must consider the unique needs of each person supported when developing the residential support plan.</p> <p>Non-compliance for this indicator will be cited when:</p> <ul style="list-style-type: none"> • The residential support plan does not include risk mitigation plans/strategies for health and safety risks as outlined in the comprehensive functional assessment or found in the person's record. • The residential support plan does not include information about adaptive equipment, dietary monitoring, medical interventions, safety devices, etc. specific to the person's needs. 												
RH-506	The Residential Support Plan must include the functional skills training to be provided.	<p><u>Skills Training:</u> Assists the person with acquiring, maintaining, or improving skills related to activities of daily living, social and adaptive behavior necessary to function as independently as possible. Training should focus on teaching the most useful skills/abilities for the person according to the person's priorities.</p> <p>Skills training occurs in the confines of a training program which identifies specific objectives written with an observable, measurable single behavioral outcome, condition under which skill will be performed, criterion and duration. Training programs will include a task analysis of the skill to be learned, the method to be used, schedule for use of the method and type and frequency of data collection.</p> <p>Skills training will also include behaviors targeted in a formal behavior support plan.</p> <p>Training objectives must be based on the person's preferences, assessed abilities/needs and developmentally appropriate. The content of training objectives must support that the skills training aspect of residential habilitation is being delivered.</p> <p>As a general rule, the minimum number of training objectives for a person is three. However, based on certain circumstances, a person may have less than the required minimum number of objectives. People that are experiencing significant health issues/treatments, are receiving hospice care etc. may decrease the amount and frequency of training objectives as appropriate to their needs. This change must be clearly documented in the residential plan.</p>												
RH-507 W	Training objectives (goals) are documented as required per the residential support plan.	<p>Training objectives (goals) must align with the person's assessment and the residential plan. Documentation must be available to support the method and frequency of data collection is conducted per the residential plan for each training objective (goal).</p> <p><u>Review Procedure:</u> Data collection for all training objectives (goals) will be reviewed. A minimum of 3 consecutive months of data collection will be reviewed. If issues are discovered, the review may expand.</p> <p>Non-compliance for training objectives will only be cited when the documentation is significantly non-compliant. For the purposes of this indicator, significantly non-compliant means that more than 1 month of the quarter reviewed is non-compliant.</p> <p>The threshold for compliant with documentation for a training objective is 86%. For example: A person has a training objective to learn to independently pack their lunch for work. The residential plan indicates that the training objective will be documented a minimum of 8 times per month. In order to satisfy the requirement, the documentation must show 7 or more instances of accurate documentation for the month.</p> <table border="1" data-bbox="771 1501 1347 1711"> <thead> <tr> <th colspan="2">Example</th> </tr> <tr> <th>Number Accurately Documented for the Month</th> <th>Compliant vs. Non-Compliant with Indicator</th> </tr> </thead> <tbody> <tr> <td>8</td> <td>100%-Compliant</td> </tr> <tr> <td>7</td> <td>87.5%-Compliant</td> </tr> <tr> <td>6</td> <td>75%-Non-Compliant</td> </tr> <tr> <td>5 or below</td> <td>Non-Compliant</td> </tr> </tbody> </table>	Example		Number Accurately Documented for the Month	Compliant vs. Non-Compliant with Indicator	8	100%-Compliant	7	87.5%-Compliant	6	75%-Non-Compliant	5 or below	Non-Compliant
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8	100%-Compliant													
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5 or below	Non-Compliant													

Quarterly Review of the Residential Support Plan

Review procedures for this section related to quarterly reviews are the following (unless otherwise indicated), will examine the quarterly review and compare it to information in the record to determine if all information is included on the quarterly review as appropriate. In addition, staff interviews, interaction/interviews with individuals, and observation of actual service provision may also occur to determine compliance. Source document for all information in this section (unless otherwise indicated) is the Residential Habilitation Standards.

Indicator #	Indicator	Guidance
RH-601	The effectiveness of Residential Habilitation is monitored, and the plan is amended when a new strategy, training, or support is identified.	

RH-602	A quarterly report of the status of the goals in the plan and the supports provided to achieve those goals must be completed with input from the person. The report must be available within 10 days of the end of the corresponding quarter.	At least every 3 months, beginning with the date of annual residential plan, the program coordinator shall complete and document a quarterly review of the residential plan. The three-month period starts from the date of the last review of the residential support plan and extends until the last day of the month of that same review. Three quarterly reviews plus the annual residential plan meeting over the course of one year is the minimum standard. For example: if the annual residential plan date is 5/10/2020 then the quarterly review schedule for the year would be: 1. 1st Quarter-Between 8/10/2020 and 8/31/2020 2. 2nd Quarter-Between 11/10/2020 and 11/30/2020 3. 3rd Quarter-Between 2/10/2021 and 2/28/2021 4. Annual Review-On or before 5/9/2021.
RH-603	The effectiveness of Residential Habilitation is monitored, and the plan is amended when the person is not satisfied with the support.	The quarterly review of the residential support plan must include a discussion of the person's satisfaction with current services and supports. The discussion of satisfaction will vary from person to person. If a person expresses dissatisfaction with services and/or supports, the quarterly review must discuss the barriers to achieve satisfaction and an action plan to support the person to resolve the issue(s). The team must consider if the person needs support to file a formal complaint or grievance regarding the issue(s). The team must support the person to file a formal complaint even if the complaint is regarding one or more team members or the services associated with those members. <u>Review Procedure</u> The quarterly review of the residential support plan must include documentation of a discussion about the person's satisfaction with current services and supports. If a person is not satisfied or needs are not met by the current services and supports, the quarterly review must also reflect if an update to the residential support plan is needed.
RH-604	The effectiveness of Residential Habilitation is monitored, and the plan is amended when there is a change in health care or behavioral status.	<u>Review Procedure</u> The quarterly review of the residential support plan must include a review of medical information when there is a change in health care or behavioral status. If a person refused a medical appointment, the quarterly review must discuss the refusal and the plan to ensure the person receives medical care as needed. Consideration of health and safety risks, due to the refusal (and a plan to work towards supporting the person to attend the appointment), must be discussed on the quarterly review. If there were significant changes to the person's physical/mental health, the quarterly review must indicate if changes are needed to the residential support plan.
RH-605	The effectiveness of Residential Habilitation is monitored, and the plan is amended when no progress is noted on a goal.	<u>Review Procedure:</u> The quarterly review of the residential support plan must include a summary of the person's performance and progress on training objectives. If a person consistently refused to participate in a training objective, the quarterly review must discuss the reason for the refusals (if known) and recommendations to modify or discontinue the training objective. If a person has shown no progress on a training objective, the quarterly review must discuss the need to modify or discontinue the training objective. In addition, the quarterly review must discuss the need to change the residential support plan based on performance/progress on training objectives.

Behavior Supports and Restrictive Interventions

Indicator #	Indicator	Guidance
RH-701	<p>Behavior(s) that pose a risk to the person, (i.e. self-injury, elopement, etc.), others, (i.e. physical aggression, dangerous/inappropriate sexual behaviors, etc.), or the environment, (i.e., property destruction, etc.) are addressed.</p> <p>*DDSN is using the term "behavior guidelines" to describe the following from DDSN Directive 600-05-DD: "When, for those receiving Residential Habilitation, a Behavior Support Plan is not used in conjunction with psychotropic medication, the specific behavior/psychiatric symptoms targeted for change by the use of psychotropic medications must be clearly noted. Data must be collected on the occurrence of those behaviors/symptoms targeted for change."</p>	<p>Source: DDSN Directive 600-05-DD This indicator is applicable and will be scored for all Residential Habilitation participant file reviews.</p> <p>When a person is taking psychotropic medication(s) to treat the symptoms of a mental health diagnosis, there are two options to document the support that the person will receive:</p> <ol style="list-style-type: none"> 1. Behavior support plan (BSP) 2. Behavior guidelines* <p>As part of the person-centered planning process the team must assess the behavior support needs of the person and implement support strategies as appropriate. The use of data/documentation of behavior(s) frequency and intensity must be considered as part of the assessment process. Behaviors that can be categorized as both frequent and intense will require a behavior support plan. Behavior guidelines are only appropriate in cases where the person has achieved stability with behaviors and the person would not be considered a risk to themselves or others.</p> <p>1. A behavior support plan (BSP) is required when:</p> <ul style="list-style-type: none"> • a medication(s) is prescribed to treat symptoms of a mental health diagnosis; and • the person is receiving residential habilitation in a DDSN licensed residential setting • psychotropic medication is given to address problem behavior that poses a significant risk to the person, others, or the environment. Examples of behaviors include but are not limited to physical aggression, self-injury, elopement, dangerous/inappropriate sexual behaviors, serious property destruction etc. <p>2. Behavior guidelines are allowed to be implemented for a person when <u>all</u> of the following apply:</p> <ul style="list-style-type: none"> • a medication(s) is prescribed to treat symptoms of a mental health diagnosis. • the person is receiving Residential Habilitation in a DDSN licensed residential setting. • the person's mental health symptoms have been assessed to be effectively managed with the lowest effective dose of the medication(s) by the prescribing physician. • the person does not exhibit behavior that poses a significant risk to him/herself, others, or the environment; and • the person does not currently display symptoms of the mental health diagnosis that would require staff intervention outside of the general social, emotional, and environmental needs provided as part of general service delivery included in the person-centered plan.

		<p>Behavior guidelines are part of the residential support plan to address the social, emotional, and environmental needs of the person related to the symptoms of a mental health diagnosis. They should include brief historical data regarding the individual's diagnosis and general techniques staff could utilize to assist the person if symptoms are displayed. Behavior guidelines are less formal than a behavior support plan and can be written and implemented by the team as part of the person-centered planning process.</p> <p><u>Review Procedure:</u> The reviewer will determine if the person takes a psychotropic medication(s) for a mental health diagnosis. If yes, the reviewer will verify that the person has either a BSP or behavior guidelines that align with the use of the medication(s).</p>
RH-702	The record reflects documentation and discussion of the person's due process rights and opportunity to present issues to the Human Rights Committee. Any Restrictions in the Service Plan have been approved by the HRC with a plan for continued review and/or discontinuation.	<p>Source: Directive 535-02-DD</p> <p>This indicator is applicable and will be scored for all Residential Habilitation participant file reviews. Due process means human rights review of any restriction. The person must be offered the opportunity to attend the HRC meeting and have someone accompany them to assist in advocating for themselves if they so desire.</p> <p><u>Review Procedures:</u> The record reflects documentation and discussion of the person's due process rights and opportunity to present issues to the Human Rights Committee (HRC). Acceptable evidence for this indicator includes HRC meeting minutes, meeting invites and meeting attendance sheets.</p>
RH-703	Prior to the development of a behavior support plan there must be a documented functional assessment that yields a summary statement that identifies function of behaviors, antecedents, setting events and replacement behaviors.	<p>Guidance when taking over new cases: A fully executed functional assessment is available: provider must determine the merit of past assessment. If relevant, the provider can use these results but must document this decision in the summary statement.</p> <p>A functional assessment is available, but there is doubt as to the validity of findings. (Assessment >5 years should also cast doubt on the findings as the person's motivations or behavior may have changed): The provider, through an abbreviated process of direct and indirect assessment, validates past findings. The actions should be documented in the Summary Statement, No functional assessment is available: Provider fully executes a Functional Assessment.</p>
RH-704	Behavior Support Plans must contain Support Procedures that include each of the following: 1) Setting Event and Antecedent Strategies. 2) Teaching Strategies. 3) Consequence Strategies. 4) Crisis Management Strategies. 5) Data Recording Method; and 6) Data Collection Forms.	Collect behavioral data in accordance with the Residential Habilitation Standards.
RH-705 W	Training for DSPs must accompany the plan and must include names, dates, and signatures of DSPs trained and the name of the trainer and/or authorized secondary trainer. In addition, the following components must be included: 1) written and verbal instruction. 2) modeling. 3) rehearsal; and 4) trainer feedback.	<p>Procedures for training DSP(s) must be documented in either the BSP, training materials, or training documentation.</p> <p>Documentation of DSP training must be present to indicate training prior to or on the effective date /implementation date of any addendum/amendment to the BSP. Documentation must specify: 1) training on observation and behavioral data collection system and on treatment procedures, and 2) retraining on #1 if needed.</p> <p>90% of staff must have been trained for this indicator to be scored as "met."</p>
RH-706	Fidelity procedures must occur quarterly by the plan author or authorized secondary trainer and must document direct observation of DSP(s) implementing procedures according to the plan. Documentation must include name(s) and date(s) of DSP(s) being observed, description of observation, and signatures of DSP(s) and Observers.	<p>Note: N/A with explanation may be acceptable</p> <p>If opportunities to observe (a) antecedent, teaching, or consequence strategies for acceptable behavior, (b) response strategies to problem behavior, or (c) both are infrequent or not observed during a fidelity check, it would be sufficient to observe the DSP(s) practicing the BSP procedures by role-playing. At least 50% of the Fidelity Checks must be completed by the Plan Author. If the BSP addresses more than one setting (e.g., Day Program, Home, etc.), then the fidelity check should, on a rotating basis, be conducted in each setting addressed by the plan. Source: Residential Habilitation Standards</p>
RH-707	Progress monitoring must occur at least monthly and produce data-based progress summary notes. Details of future (planned) implementation must be described and include any barriers that need to be addressed (e.g., inaccurate implementation, incomplete data collection, etc.), and any changes that need to be made to the procedures based on lack of progress or deteriorating performance.	Progress monitoring must be completed by the end of the current month, for the previous month.
RH-708	If fidelity procedures reveal that the BSP is being properly implemented and data properly collected, yet no progress is observed for the problem behavior, replacement behavior, or desired behavior for 3 consecutive months, then the Functional Assessment and its summary must be revisited with input from program implementers to determine the benefits modifying or augmenting BSP procedures or enhancing DSP training	Note: If the fidelity procedures reveal that the BSP is not being properly implemented or data are not being properly collected, then re-training of the DSP(s) is sufficient, and no team meetings or plan modifications are required.
RH-709	As needed by the person, but at least quarterly, psychotropic medications (or any medications prescribed for	<p>Source: DDSN Directive 600-05-DD</p> <p>Review documentation of quarterly psychotropic drug review for each person.</p>

	behavioral control) and the BSP are reviewed by the prescribing physician, physician's assistant, or certified nurse practitioner; the professional responsible for behavioral interventions; and support team. The behaviors/psychiatric symptoms targeted, (i.e. target behaviors) for change will be identified and documented in the review process.	
RH-710	The specific behaviors/psychiatric symptoms targeted for change by the use of the psychotropic medication, as identified in the quarterly psychotropic medication review process, are clearly noted in the Residential Support Plan and the quarterly psychotropic drug review team meeting document.	Source: DDSN Directive 600-05-DD Review documentation of quarterly psychotropic drug review for each person. Verify that data are being collected on all behaviors/psychiatric symptoms targeted for change with the use of medication.
RH-711	The Psychotropic Drug Review process provides for gradually diminishing medication dosages and ultimately discontinuing the drug unless clinical evidence to the contrary is present.	DDSN Directive 600-05-DD Review documentation of quarterly psychotropic drug review for each person. Clinical evidence: Currently unstable; or documented history of decompensation or decline in general functioning following a decrease in medication in the past. Source:
RH-712	Consent for restrictive interventions is obtained in accordance with 600-05-DD.	Source: Directive 600-05-DD This indicator is applicable for all Residential Habilitation participant file reviews that include a restrictive intervention. Review documentation for each person to verify consent for all restrictions. This documentation may be maintained in the person's record. .
RH-713	When prescribed anti-psychotic medication or other medication(s) associated with Tardive Dyskinesia, monitoring is conducted.	Source: DDSN Directive 603-01-DD Note: If medication associated with Tardive Dyskinesia is prescribed at the time of admission, a baseline T.D. score is obtained within one month. This documentation may be maintained in the person's record.

Healthcare

Indicator #	Indicator	Guidance
RH-801	People actively participate in the management of their healthcare to the extent they are able. At a minimum, documentation reflects that people: <ul style="list-style-type: none"> Are offered choice of healthcare provider. Kept informed regarding appointments and purpose. Have information regarding purpose/side effects of medications taken. 	<u>Review Procedure:</u> The record reflects: <ul style="list-style-type: none"> There is documentation to support the person was offered a choice of health care providers. There is documentation to support the person was informed, in advance, of medical appointments and the purpose of the appointments. There is documentation to support the purpose and side effects of medication have been explained to the person.
RH-802	People receive a health examination by a licensed Physician, Physician's Assistant, or Certified Nurse Practitioner who determines the need for and frequency of medical care.	The person has received an exam by a licensed physician, Physician's Assistant or Certified Nurse Practitioner.
RH-803	People receive a dental examination by a licensed dentist who determines the need for and frequency of dental care, and there is documentation that the dentist's recommendations are being carried out.	The licensed dentist will determine the frequency for which care is needed. Note: If a person has refused dental care, there must be documentation of this in the file. Additionally, how is the provider addressing the refusal? <u>Review Procedures</u> The dental examination shall include teeth cleaning, checking gums and dentures as applicable. A person who is edentulous may be checked by a primary care physician (PCP) or other appropriate healthcare practitioner of their choice.
RH-804	People receive coordinated health care follow-up when the licensed Physician, Physician's Assistant, or Certified Nurse Practitioner determines the need for additional treatment and/or referrals to other medical providers (i.e., specialty care).	This also includes prescribed equipment and procedures such as occupational therapy, physical therapy, glasses, hearing aids, medications, orthopedic equipment, seizure precautions, etc. <u>Review Procedure:</u> <ul style="list-style-type: none"> Verify through record review: <ul style="list-style-type: none"> the plan of care is being followed, i.e. recommended care provided, follow-up appointments made/kept, etc. the health care received is comparable to any person of the same age, group, and sex. i.e., mammogram for females 40 and above, annual, or as prescribed by a physician pap smears, prostate checks for males over 50, etc. Health conditions such as dysphasia and GERD are ruled out before behaviors such as rumination, intentional vomiting, etc. are addressed behaviorally. People with specific health concerns, such as seizures, people who are prone to aspirate, etc., receive individualized care and follow-up, as evidenced by referrals to specialists when needed or when chronic health concerns persist without relief/resolution. <p>If the person has refused medical care, documentation of this must be in the file. Refusals need to be addressed if consistent and put the health and safety of the individual in jeopardy. How is the provider addressing refusals?</p>
RH-805	Within 24 hours following a visit to a physician, Certified Nurse Practitioner (CNP), or Physician's Assistant (PA) for an acute health care need, all ordered treatments will be	When the record includes documentation of an acute care medical visit, the provider has recorded any follow-up treatment and appointments with other health-care providers.

	provided and any needed follow-up appointments are scheduled.	
RH-806	The "Swallowing Disorders Checklist" is completed annually.	Source: DDSN Directive 535-13-DD Annual completion of the Swallowing Disorders Checklist is required for individuals receiving residential services. Staff can use the checklist for an individual receiving day services if there is an ongoing concern. The protocol must also be completed for any choking incident that occurs with residential participants while at the Day Program.
RH-807	If "yes" was noted as a response to any item on the "Swallowing Disorders Checklist", the "Swallowing Disorders Follow-Up Assessment" was completed and submitted with the "Checklist" to DDSN for review, in a timely manner. Appropriate follow-up documentation is available in the person's medical file.	Source: DDSN Directive 535-13-DD "Timely manner" means not more than ten business days after responding "yes" to an item on the "Swallowing Disorders Checklist". "Completed" means that responses are entered on the "Assessment" form and all required information (e.g., admission/discharge summaries, notes, testing results, etc.) is compiled. Note: It is possible that someone may have "yes" response(s) on the "Checklist" but, per instruction from DDSN, no "Follow Up Assessment" is required. If "yes" on the "Checklist" and instruction from DDSN that "Follow Up Assessment" is not needed, then the indicator should be considered met.
RH-808	All actions/ recommendations included in "Required Provider Follow-Up" on the Swallowing Disorders Consultation Summary, were added to the person's plan (residential, day services or case management) and implemented within 30 calendar days or reason for non-implementation was documented.	Source: DDSN Directive 535-13-DD The person's Plan (residential, day services or case management) should be amended to include any actions/recommendations noted in "Required Provider Follow-Up" resulting from the review of the "Checklist" and the "Assessment". All actions/recommendations noted in "Required Provider Follow-Up" must be implemented within 30 calendar days or there must be written justification for non-implementation.

Health/Safety/Welfare and Personal Growth

Indicator #	Indicator	Guidance
RH-901	All categories of incidents/events are recognized and reported in order to protect and promote the health, safety, and welfare of people.	<p>Source: DDSN Directives: 100-09-DD, 100-29-DD, 505-02-DD, 534-02-DD, 600-05-DD</p> <p>A strong incident management system begins with recognition and response to events. Providers must continuously monitor for possible incidents. For example, abuse, neglect, and exploitation may be a single event or a pattern of events over time. A single person may be a victim of Abuse, Neglect, Exploitation (ANE) but systematic failures within the provider that create conditions conducive to harm may also be considered ANE. In addition, an agency that fails to implement residential support plans, maintains inconsistent records about needs, and does not properly train its staff creates conditions where ANE could easily occur. DDSN expects providers to be diligently recognizing and reporting actual and alleged incidents.</p> <p>Incidents/events required to be recognized and reported:</p> <ul style="list-style-type: none"> Abuse, Neglect, Exploitation Critical Incidents and Adverse Operations Events Medication Errors Death Restraints <p><u>Review Procedure:</u> Individual records/documentation (T-logs, GER's, medical records, behavior documentation etc.) will be reviewed to ensure that any instance that may be an incident/event was recognized and reported properly by the provider.</p> <p>The documentation review will include restraint reports to ensure that each instance of a restraint followed DDSN standards. Restraints that were implemented improperly or are found to be unauthorized may need to be reported as abuse.</p> <p>In addition, for providers that have staff that administer medications, a sample of medication administration records (MARs) will be reviewed to ensure that medication errors are reported per requirements. The minimum number of MARs that will be reviewed as part of this indicator is 3 random months for the last 12 months. If significant issues are discovered, the review may expand.</p> <p>A non-compliance will be cited when the reviewer finds an incident/event that should have been recognized and reported to DDSN.</p>
RH-902	People are supported to learn about their finances.	<p>Source: Directive 200-12-DD Management of Funds for Individuals</p> <p><u>Review Procedure:</u> Review documentation of the person's access to spend their money. This access and support for managing their money may be included in the Residential Support Plan or in the person's Financial Plan. Information regarding financial independence may be included with training objectives if the person has a formal objective related to finances. The provider must review financial information with the person on at least a quarterly basis.</p>
RH-903	People receive training on what constitutes abuse and how and to whom to report.	<p>Source: DDSN Directive 534-02-DD</p> <p><u>Review Procedure:</u> Verify the person received quarterly training in what constitutes abuse and how and whom to report it.</p>
RH-904	People receive training about their rights and the process to report a complaint of a rights issue.	<p><u>Review Procedure:</u> Verify the person received quarterly training about their rights and the process to report a complaint of a rights issue</p>