

DDA AGENCY SELF ASSESSMENT FORM CHILD PARTICIPANT RECORD REVIEW

Deficiency Citation	IDAPA 16.03.21 DEVELOPMENTAL DISABILITIES AGENCIES (DDA) IDAPA 16.03.10 MEDICAID ENHANCED PLAN BENEFITS	Is agency in compliance YES NO N/A			COMMENTS If marked no state reason why agency is not in compliance.
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Participant Name:

Agency:

Date:

INTAKE / RIGHTS/ CONSENT -RECORD INFORMATION					
16.03.21.601.03	Is the case record organized? The case record must be divided into program and discipline areas identified by tabs, including plan of service, medical, social, psychological, speech, and developmental, as applicable.				
16.03.10.651	DT-IBI: Are services recommended by a physician or other practitioner of the healing arts?				
16.03.10.653.01 16.03.10.653.02.a	Did the DDA determine and document eligibility prior to delivery of DDA services? (DT/IBI)				
16.03.21.601.01.d	Does the participant file have a current profile sheet containing the identifying information about the participant, including residence and living arrangement, contact information, emergency contacts, physician, current medications, allergies, special dietary or medical needs, and any other information required to provide safe and effective care?				
16.03.21.905.03.a	PARTICIPANT RIGHTS: Did the DDA ensure and document that the participant or guardian receive a packet with their rights, access to grievance procedures, and the names, addresses, and telephone numbers of protection and advocacy services? Is this packet written in easily understood terms?				
16.03.21.900.03.a	Are services developed with each participant, parent, or legal guardian, and actively promote the participation, personal choice, and preference of the participant				
16.03.10.653.02	Intake: DDA must obtain information that accurately reflects the current status and needs of the participant prior to the delivery of services				
16.03.21.600.02.a (Age 3 – 21)	Did the DDA inform the child's home school if they are providing services during the hours that school is typically in session?				
16.03.21.600.02.a.ii	Is there documentation that the DDA has provided a current copy of the child's plan of services to the school?				
16.03.21.600.02.a.i	Does the record contain an IEP?				
16.03.21.600.01 16.03.10.655.07.c	Age 7-16: Is there documentation that the child has been referred to the local school district?				
COLLABORATION WITH OTHER PROVIDERS					
16.03.10.657.27.a	Does the participant receive other services from other providers? If so does the DDA maintain documentation of this collaboration? I.e.: other plans of services, does the file reflect how these plans have been integrated into the DDA's plan of service?				
16.03.10.657.27.b	Does the participant receive PSR and DDA services? If so has the agency assured that the objectives are not duplicative? Does the comprehensive diagnostic assessment clearly identify the participant's need for skill training services that target skill deficits caused by the mental health condition?				
ALL PARTICIPANT RECORD REQUIREMENTS					
16.03.21.601 16.03.10.655.02.c	Does the record support the individual's choices, interests, and needs that result in the type and amount of services? Does the record clearly document the date, time, duration and type of service? Does the record include a signature accompanied by credentials and the date signed?				
16.03.21.600 16.03.10.655.07	Does the participant's record include documentation of the participant's involvement in and response to the services provided?				

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16.03.10.655.07.a.i	Does the participant's record include daily entry of all activities conducted toward meeting participant objectives?				
16.03.10.655.07.a.ii	Does the participant's record show sufficient progress data to accurately assess the participant's progress toward each objective?				
16.03.10.655.07.a.iii 16.03.21.900.02.g	Does the participant's record reflect a review of the data and when indicated, changes in the daily activities or specific implementation procedures by the professional? Does the review include the professional's dated initials?				
16.03.21.601.01.c	Does the record contain the results of a psychological or psychiatric assessment when applicable?				
16.03.21.601.01.e 16.03.10.655.03	Is there a Medical, social, and developmental information and assessments that reflect the current status?				
16.03.10.653.01.a	Medical Assessment: contain medical information that accurately reflects the current status of the person and establishes categorical eligibility				
16.03.10.653.02.b	DDA must obtain or complete a comprehensive medical and medical/social history				
16.03.10.512.03.c- Prior Authorization	Is there a medical social development history for children when accessing DDA for the first time? After the initial medical social development history, only must be updated when a qualified professional determines that it no longer reflects current status.				
16.03.10.512.04.b- Prior Authorization	SIB-R: Is there a SIB-R completed for child accessing DDA for the first time?				
STATUS REVIEW					
16.03.21.601.02	Status Review. Is there written documentation that identifies the participant's progress and why the participant continues to need the service?				
16.03.10.655.07.a.iv	DT, status review: Does the participant's record reflect a 6 month and annual review by the DS that includes a written description of the participant's progress toward the achievement of therapeutic goals, and the reason(s) why he continues to need services?				
DDA SERVICES: PROCEDURAL REQUIREMENTS					
16.03.10.655.02 16.03.10.655.05.a	Comprehensive Assessments conducted by the DDA. Is the Comprehensive Developmental Assessment conducted by a DS?				
16.03.10.653.01.c	Standardized Comprehensive developmental Assessment. Does the assessment contain developmental information regarding functional limitations that accurately reflects the current status of the person and establishes functional eligibility based on substantial limitations?				
16.03.10.655.02.d-i	Is the assessment completed within 45 days of recommended by physician? If not is there participant based documentation justifying the delay?				
16.03.10.655.02.a.i	Does the comprehensive assessment determine the necessity of the service?				
16.03.10.655.02.a.ii	Does the comprehensive assessment determine the participant's needs?				
16.03.10.655.02.a.iii	Does the comprehensive assessment guide treatment?				
16.03.10.655.02.a.iv	Does the comprehensive assessment identify the participant's current and relevant strengths, needs, and interests?				
16.03.10.655.02.a.v	Does the assessment recommend the type and amount of therapy necessary to address the participant's needs?				
16.03.10.655.02.c	Does the assessment have date, signature, and credential of the professional completing the assessment?				

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16.03.10.655.05.a.i-vii	Does the comprehensive assessment address: Self-care, Receptive and expressive language, Learning, Gross and fine motor development, Self-direction, Capacity for independent living and Economic self-sufficiency?				
16.03.10.655.03.a	Is the comprehensive assessments completed or updated at least every 2 years for service areas in which the participant is receiving services on an ongoing basis?				
16.03.10.655.03.b	If there are no changes on the assessments every 2 years, does the file contain documentation from the professional stating that the current assessment accurately reflects the current status?				
16.03.10.655.03.d	If eligibility is based on IQ (MR), annual assessment is NOT required. Frequency is determined by the agency psychologist or at the request of the department				
16.03.10.655.03.e	Are assessments completed or obtained prior to the delivery of therapy in each type of service?				
16.03.10.655.03.f.i-iv 16.03.10.653.01.b	Psychological Assessment: Must be updated prior to the initiation of restrictive interventions to modify inappropriate behaviors, when it is necessary to determine eligibility, or establish diagnosis, when a participant has been diagnosed with mental illness, or when a child has been identified to have a severe emotional disturbance				
16.03.10.512.05-Prior Authorization	Does the record contain the participant's medical conditions, risk of deterioration, living conditions and individual goals?				
16.03.10.512.06-Prior Authorization	Does the record contain behavioral or psychiatric needs that require special consideration?				
MEDICAL SOCIAL HISTORY					
16.03.10.655.03.c	Medical/social histories and medical assessments must be completed at a frequency determined by the recommendation of a professional qualified to conduct those assessments.				
16.03.10.655.05.g	Is the medical/social history completed by a licensed social worker or other qualified professional working in the scope of their license? Is the report in narrative form?				
16.03.10.655.05.g.i	Does the medical/social history include age of onset of disability, prenatal and postnatal birth issues, other major medical issues, surgeries, and general current health information?				
16.03.10.655.05.g.ii	Does the medical/social history include developmental milestones and developmental treatment interventions?				
16.03.10.655.05.g.iii	Does the medical/social history include personal history including social functioning/social relationships, recreational activities, hobbies, any legal and criminal history, and any history of abuse?				
16.03.10.655.05.g.iv	Does the medical/social history include family history including information about living or deceased parents and siblings, family medical history, relevant family cultural background, resources in the family for the participant?				
16.03.10.655.05.g.v	Does the medical/social history include educational history including any participation in special education?				
16.03.10.655.05.g.vi	Does the medical/social history include prevocational or vocational paid and unpaid work experiences?				
16.03.10.655.05.g.vii	Does the medical/social history include financial resources?				
16.03.10.655.05.g.viii	Does the medical/social history include recommendation of services necessary to address the participant's needs?				

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16.03.10.655.06	SKILL ASSESSMENT				
16.03.10.655.06.a	Does the assessment further assess an area of limitation or deficit identified on a comprehensive assessment?				
16.03.10.655.06.b	Is the assessment related to a goal on the IPP, ISP, or IFSP?				
16.03.10.655.06.c	Is the assessment conducted by a qualified professional?				
16.03.10.655.06.d	Does the assessment determine a participant's skill level within a specific domain?				
16.03.10.655.06.e	Is the assessment used to determine baselines and develop the program implementation plan?				
	IMPLEMENTATION PLAN				
16.03.21.601.01.b 16.03.10.655.08.a 16.03.10.655.08.b 16.03.10.655.08.c 16.03.10.655.08.d 16.03.10.655.08.e 16.03.10.655.08.f	Does the implementation plan include participant's name, baseline statement, measurable objectives, written instructions to staff, service environments, target date, and corresponding program documentation and monitoring records when intervention services are delivered to participants?				
16.03.10.655.08.g	Does the implementation plan include results of the Psychological or Psychiatric assessment if applicable?				
	Does the participant have the need for programming to address behaviors? If so complete below.				
16.03.21.601.01.f	Is there an Intervention evaluation completed or obtained prior to delivery of intervention service? Evaluation must contain results, test scores, and narrative reports signed w/credentials and dated by the respective evaluators.				
16.03.21.915.05	POSITIVE SOCIAL: Behavior Replacement. Does the program(s) to assist participants with managing inappropriate behavior include teaching of alternative adaptive skills to replace the inappropriate behavior?				
16.03.21.915.09	If programs are written to assist participants with managing inappropriate behaviors, are they conducted with written informed consent of the participant, and guardian when applicable?				
16.03.21.915.11.a-d	Is there a clear indication that the agency assures that interventions used to manage a participant's inappropriate behavior are never used a. For disciplinary purposes b. For the convenience of staff c. As a substitute for a needed training program or d. By untrained or unqualified staff?				
	INDIVIDUAL PROGRAM PLAN				
16.03.21.601.01.a	Does the record contain a plan of service?				
16.03.10.653.04	Individual Program Plan (IPP); Is the delivery of each service on a plan defined in terms of the type, amount, frequency, and duration of the service?				
16.03.10.653.04.a.i-iii	Does the type of service refers to the kind of services described in terms of Discipline, group, individual, or family; and whether the service is home, community or center-based?				
16.03.10.653.04.b	Is the amount of service the total number of service hours during a specified period of time? This is typically indicated in hours per week.				
16.03.10.653.04.c	Is the frequency of service the number of times service is offered during a week or month?				

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16.03.10.653.04.d	Is the duration of service the length of time? This is typically the length of the plan year.				
16.03.10.653.05.b	Did the participant's parent or legal guardian sign the IPP? Did the parent or legal guardian receive a copy of the IPP? Did a physician or other practitioner of the healing arts sign the IPP prior to initiation of any services?				
16.03.10.653.05.d	Is the IPP supported by the documentation required in the participant's record?				
16.03.10.653.05.e	Does the IPP promote self-sufficiency, the participant's choice in program objects and activities encourage the participant's participation and inclusion in the community and contain objectives that are age-appropriate?				
16.03.10.653.05.e.i	Does the IPP contain participant's name and medical diagnosis?				
16.03.10.653.05.e.ii	Does the IPP contain the name of the assigned Developmental specialist, the date of the planning meeting and the names and titles of those present at the meeting?				
16.03.10.653.05.e.iii	Does the IPP contain the dated signature of the physician or other practitioner of the healing arts indicating his recommendation of the services on the plan?				
16.03.10.653.05.e.iv	Does the IPP contain the type, amount, frequency, and duration of therapy to be provided? For DT the total hours of service provided cannot exceed the amount recommended on the plan. The amount and frequency of the type of therapy must not deviate from the IPP more than 20% over a period of a 4 weeks, unless there is documentation of a participant-based reason				
16.03.10.653.05.e.v	Is there a list of the participant's current personal goals, interest and choices?				
16.03.10.653.05.e.vi	Is there an accurate, current, and relevant list of the participant's specific developmental and behavioral strengths and needs? This list will identify which needs are priority based on the participant's choices and preferences. An IPP objective must be developed for each priority need;				
16.03.10.653.05.e.vi i	Is there a list of measurable behaviorally, stated objectives, which correspond to the list of priority needs? A program Implementation Plan must be developed for each objective				
16.03.10.653.05.e.vi ii	Does the IPP identify the discipline professional or Developmental Specialist responsible for each objective?				
16.03.10.653.05.e.ix	Does the IPP have a target date for completion of each objective?				
16.03.10.653.05.e.x	Does the IPP have a review date?				
16.03.10.653.05.e.xi	Does the IPP have a transition plan that facilitates the participant's independence, personal goals, and interests? Does the transition plan have specific criteria for participant transition into less restrictive, more integrated settings?				
16.03.10.653.05.c	Is the planning process conducted at least annually? If revisions to type, amount, or duration of the service did the physician or other practitioner of the healing arts sign the IPP? Did the parent sign the revised IPP if applicable?				
16.03.10.653.06	DOCUMENTATION OF PLAN CHANGE				
16.03.10.653.06.a	Does the plan changes include the reason for change?				
16.03.10.653.06.b	Does the plan change include documentation of coordination with other services providers, where applicable?				
16.03.10.653.06.c	Does the plan change include the date the change was made?				
16.03.10.653.06.d	Does the plan change include the signature of the professional making the change complete with date, credential, and title?				

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DEVELOPMENTAL THERAPY					
16.03.10.651.02	Is the delivery of Developmental Therapy based on a comprehensive developmental assessment completed prior to the delivery of DT?				
16.03.10.651.02.d	Settings for DT. Is DT available in community-based and home-based settings, and based on participant needs, interests, or choices?				
16.03.10.651.02.e	Staff-to-participant ratio: Is center based services a minimum of 1 qualified staff for every 12 participants?				
INTENSIVE BEHAVIOR INTERVENTION					
16.03.10.656.01	Does IBI consist of individualized, comprehensive interventions that have been shown to be effective and are used on a short term, one-to-one basis?				
16.03.10.656.01.a	Does IBI produce measurable outcomes that diminish behaviors that interfere with the development and use of language and appropriate social interaction skills: OR				
16.03.10.656.01.b	Does IBI broaden an otherwise severely restricted range of interest; and				
16.03.10.656.01.c	Does IBI increase the child's ability to participate in other therapies and environments?				
16.03.10.656.02.a	Does the IBI record have the initial IBI authorization?				
16.03.10.656.02.a.i	Does the IBI record show evidence of the child's eligibility for Intensive behavioral intervention?				
16.03.10.656.02.a.ii	Does the IBI record have the Comprehensive IBI Assessments?				
16.03.10.656.02.a.ii i	Does the IBI record have the Program Implementation Plans?				
16.03.10.656.02.a.iv	Does the IBI record have the number of hours of service requested?				
16.03.10.656.02.a.v	Does the IBI record have measurable objectives?				
16.03.10.656.02.b	Is there an IBI 3 month review?				
16.03.10.656.02.c.i-iii	Is there a 6 month IBI review that includes: documentation of the child's progress on IBI goals and outcomes of the IBI objectives for those six months and when continuing IBI services are requested, the PIP's, the number of hours of service requested, and the measurable objectives?				
16.03.10.656.02.d	Is there a 9 month IBI review?				
16.03.10.656.02.e.i-iii.(3)	Is there an annual review and authorization that includes: documentation of the child's progress on IBI goals and outcomes of the IBI objectives for that year, a new SIB-R, Program implementation plans, and the number of hours of service requested?				
CHILDREN'S HCBS STATE PLAN OPTION					
16.03.10.664.01	General requirements for program documentation. For each participant, the following program documentation is required:				
16.03.10.664.01.a.i	Date and time of visit				
16.03.10.664.01.a.ii	Intervention and support services provided during the visit				
16.03.10.664.01.a.ii i	A statement of the participant's response to the service				
16.03.10.664.01.a.iv	Length of visit, including time in and time out				
16.03.10.664.01.a.v	Specific place of service				
16.03.10.526.05	Status Review. 6 month and Annual, submitted to plan monitor within 45 days prior to the expiration of the existing plan of service				

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RESPITE					
16.03.10.663.01.f.i	If respite is done in a center-based group, is the ratio at least 1 staff to every 6 participants?				
16.03.10.663.01.f.ii	If respite is done community-based group, is the ration at least 1 staff to every 3 participants?				
16.03.10.663.01.b	Respite cannot exceed 14 consecutive days				
HABILITATIVE SUPPORTS					
16.03.10.663.02.b	Does HS ensure the participant is involved in age-appropriate activities and is engaging with typical peers?				
16.03.10.663.02.c	Does HS have a minimum of 1 qualified staff to every 3 participants when provided as a group?				
16.03.10.664.02.a	Did the Habilitative staff complete a monthly summary of the participant's response to the support service and submit to the clinical supervisor?				
16.03.10.664.04-.a	Did the Clinical Supervisor complete at a minimum a 6 month and annual producer status reviews and submit them to the plan developer?				
FAMILY EDUCATION					
16.03.10.662.03.b	Does the family education providers maintain documentation of the training in the participant's record documenting the provision of activities outlined in the plan of service?				
16.03.10.662.03.c	If provided in a group is there 5 or less participants' families?				
16.03.10.664.03	Did the DDA survey the parent or legal guardian's satisfaction of the service immediately following a family education session?				
FAMILY TRAINING					
16.03.10.683.01	Is the service being provided 1 on 1?				
16.03.10.683.01.b	Is the service being provided to the participant's parent or legal guardian when the participant is present?				
16.03.10.683.01.c	Is there documentation of the training in the record documenting the provision of activities outlined in the plan of service?				
16.03.10.684.03.a	On the Implementation Plan are the objectives related to a goal on the participant's plan of service?				
16.03.10.684.03.b	Is the Program Implementation Plan written, implemented, and submitted to the plan developer within 14 days after the first day on ongoing programming? If not is there a participant-based reason justifying the delay?				
16.03.10.684.03.c	Is the program implementation plan completed by the Habilitative Interventionist?				
16.03.10.684.03.c.i	Does the PIP have the participant's name?				
16.03.10.684.03.c.ii	Does the PIP have a baseline statement?				
16.03.10.684.03.c.iii	Does the PIP have measurable, behaviorally-stated objectives that correspond to those goals or objectives previously identified on the required plan of service?				
16.03.10.684.03.c.iv	Does the PIP have written instructions to staff? Are these instructions individualized?				
16.03.10.684.03.c.v	Does the PIP identify the type of environment(s) and specific location(s) where services will be provided?				
16.03.10.684.03.c.vi	Does the PIP's have a description of the evidence-based treatment approach?				
16.03.10.684.03.c.vi i	If the child has a current positive behavior support plan is it included on the program implementation plan?				

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16.03.10.684.03.c.vi ii	If Interdisciplinary training is provided is there identification of the type of training and the objectives related to the training included on the PIP?				
16.03.10.684.03.c.ix	Does the PIP's have a target date for completion, not to exceed one year?				
16.03.10.684.03.c.x	Are the PIP's reviewed and approved by the DDA clinical supervisor as indicated by signature, credential, and date on the plan?				
16.03.10.684.04-a	Does the clinical supervisor complete a 6 month and annual provider status review and submit to the plan developer?				
INTERDISCIPLINARY TRAINING					
16.03.10.683.02	Is there training between the professional to the direct service provider? Is this training provided during the provision of a support or intervention service?				
16.03.10.683.02.a.i-v	Does this training include: health and medication monitoring? Positioning and transfer? Intervention techniques? Positive Behavior Support? Use of equipment?				
16.03.10.683.02.b	Is the training being provided only when the participant is present?				
16.03.10.683.02.c	Is there documentation of the training in the participant's record documenting the provision of activities outlined in the plan of service?				
HABILITATIVE INTERVENTION EVALUATION					
16.03.10.683.03.a-d	Does the evaluation include; Specific skills assessments for deficit areas identified through eligibility? Functional behavioral analysis? Review of all assessments and relevant histories provided by the plan developer? Clinical opinion. Does is have a professional summary that interprets and integrates the results of the testing. Does it include functional, developmentally appropriate recommendations to guide treatment?				
HABILITATIVE INTERVENTION					
16.03.10.683.04.a.i	Are maladaptive behaviors identified on the plan of service? If so do the interventions include the development of replacement behavior?				
16.03.10.683.04.a.ii	Are the goals addressing skill development? If so do the interventions provide for the acquisition of skills that are functional?				
16.03.10.683.04.c.i	IS the participant receiving group HI? If so is there a minimum of 1 qualified staff for every 3 participants?				
16.03.10.683.04.c.ii	If the group is in the community is the child being integrated in the community in a natural setting with typically developing peers?				
16.03.10.683.04.c.iii	If the participant is in a group does the intervention directly relate to meeting the needs of the child, and can be identified as an objective in accordance with their plan?				
16.03.10.684.03.a	On the Implementation Plan are the objectives related to a goal on the participant's plan of service?				
16.03.10.684.03.b	Is the Program Implementation Plan written, implemented, and submitted to the plan developer within 14 days after the first day on ongoing programming? If not is there a participant-based reason justifying the delay?				
16.03.10.684.03.c	Is the program implementation plan completed by the Habilitative Interventionist?				
16.03.10.684.03.c.i	Does the PIP have the participant's name?				
16.03.10.684.03.c.ii	Does the PIP have a baseline statement?				
16.03.10.684.03.c.iii	Does the PIP have measurable, behaviorally-stated objectives that correspond to those goals or objectives previously identified on the required plan of service?				

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16.03.10.684.03.c.iv	Does the PIP have written instructions to staff? Are these instructions individualized?				
16.03.10.684.03.c.v	Does the PIP identify the type of environment(s) and specific location(s) where services will be provided?				
16.03.10.684.03.c.vi	Does the PIP's have a description of the evidence-based treatment approach?				
16.03.10.684.03.c.vi i	If the child has a current positive behavior support plan is it included on the program implementation plan?				
16.03.10.684.03.c.vi ii	If Interdisciplinary training is provided is there identification of the type of training and the objectives related to the training included on the PIP?				
16.03.10.684.03.c.ix	Does the PIP's have a target date for completion, not to exceed one year?				
16.03.10.684.03.c.x	Are the PIP's reviewed and approved by the DDA clinical supervisor as indicated by signature, credential, and date on the plan?				
16.03.10.684.04-a	Does the clinical supervisor complete a 6 month and annual provider status review and submit to the plan developer?				
THERAPEUTIC CONSULTATION					
16.03.10.683.05.c.iv	Does the participant have Therapeutic consultation authorized on the plan of service?				
16.03.10.683.05.c.ii	Did the participant receive HI prior to accessing therapeutic consultation? (exception to crisis situation)				
CRISIS INTERVENTION					
16.03.10.683.06.d	Are these services approved by the Department?				
16.03.10.683.06.a	Are these services being provided in the home and community only?				
SETTING REQUIREMENTS FOR AGENCIES DELIVERING COMMUNITY-BASED SERVICES					
16.03.10.651.12.a-c	Excluded for Medicaid payments: Vocation services, Educational services, Recreation services				
16.03.21.520.01	Accessibility: Is there evidence that community-based setting is accessible, safe, and appropriate for the participant?				
16.03.21.520.02	Environment: Is there evidence that community-based setting are designed and equipped to meet the needs of the participant including factors such as sufficient space, equipment, lighting, and noise control?				
16.03.21.520.03	Service Group Size: Is there evidence that community-based setting services occur in integrated, inclusive settings and with no more than three (3) participants per trainer at each training session?				
16.03.21.520.04 16.03.21.900.03.d 16.03.21.520.05	Image enhancement: Is there evidence that community-based setting enhances the participant's social image, personal competencies?				
16.03.21.520.06	Natural Environment: Are the services conducted where an activity or behavior naturally occurs, such as the home and community?				
16.03.21.900.03.b 16.03.10.651.02.b (DT)	Are services age appropriate?				
16.03.21.900.03.c	Do services promote integration?				
16.03.21.900.03.e	Do services provide opportunities for participants to exercise their rights?				
16.03.21.900.03.f	Are services observable in practice?				

**DDA AGENCY SELF ASSESSMENT FORM
CHILD PARTICIPANT RECORD REVIEW**

Deficiency Citation	IDAPA 16.03.21 DEVELOPMENTAL DISABILITIES AGENCIES (DDA) IDAPA 16.03.10 MEDICAID ENHANCED PLAN BENEFITS	Is agency in compliance YES NO N/A	COMMENTS If marked no state reason why agency is not in compliance.
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QUALITY ASSURANCE			
16.03.21.900.02.d	PARTICIPANT SATISFACTION: Does the agency have a method for assessing participant satisfaction annually including minimum criteria for participant response and alternate methods to gather information if minimum criteria is not met?		
16.03.21.900.01.b	Is there Sufficient staff and material resources that are available to meet the needs of each person served?		
16.03.21.900.01.c	Is the environment in which services are delivered safe and conducive to learning?		
16.03.21.510.04	INCIDENT REPORT: Does the file contain incident reports for all accidents, injuries or other events that endanger the participant? Does each incident report contain documentation that the adult/child participant's legal guardian has been notified or that the participant's care provider has been notified if the participant or the participant's parent or legal guardian has given the agency permission to do so?		
16.03.21.510.05 16.03.21.910	Did the agency notify appropriate authorities of any health and safety related incident?		

NOTES: