

RESIDENTIAL HABILITATION AGENCY SELF ASSESSMENT FORM

ADULT PARTICIPANT CLINICAL REVIEW

Deficiency citation number	IDAPA 16.04.17 RESIDENTIAL HABILITATION AGENCIES IDAPA 16.03.10 MEDICAID ENHANCED PLAN BENEFITS MEDICAID PROVIDER AGREEMENT RESIDENTIAL HABILITATION ADDITIONAL TERMS	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's Name: _____ Agency: _____ Date: _____

16.04.17.400.01	PARTICIPANT RECORD: All entries must be dated and signed in ink (3-20-04)				
16.04.17.400.02.a	Does the record include name, address and current phone number of the participant? (3-20-04)				
16.04.17.400.02.b	Does the record include Social Security and Medicaid ID numbers? (7-1-95)				
16.04.17.400.02.c	Does the record include gender and marital status? (3-20-04)				
16.04.17.400.02.d	Does the record include date of birth? (7-1-95)				
16.04.17.400.02.e	Does the record include names, addresses, and current phone numbers of family, advocates, friends, and persons to be contacted in case of an emergency? (3-20-04)				
16.04.17.400.02.f	Does the record include physician, dentist, and other health care providers? (7-1-95)				
16.04.17.400.02.g	Does the record include A list of medications, diet, and all other treatments prescribed for the participant? (3-20-04)				
16.04.17.400.02.h	Does the record include results of a history and physical when necessary? (7-1-95)				
16.04.17.400.02.i	Does the record include results of an age appropriate functional assessment, and person centered plan? (7-1-95)				
16.04.17.400.02.j	Does the record include Psychosocial information? (7-1-95) (Refer to 16.14.17.011.15 definition. Psychosocial information- a combined summary of psychological and social histories of a participant to provide the person centered planning team with accurate reflection of the participant's skills abilities and needs. (3-20-04)				
16.04.17.400.02.k	Does the record include a habilitation program, including documentation of planning, continuous evaluation, and participant satisfaction with the program? (3-20-04)				
16.04.17.400.02.l	Record of significant incidents, accidents, illnesses, and treatments. (7-1-95)				
16.04.17.400.02.n	Does the record include daily record of the date, time, duration, and type of service provided? (7-1-95)				
16.04.17.400.02.o	Does the record include the plan of service including implementation plans maintained by the agency and data-based progress notes? (3-20-04)				
16.04.17.011.16	Definition. 16. Progress Note. A written notation dated and signed by a member of the person-centered planning team or service provider that documents facts about the participant's assessment, services provided, and the participant's response during a given period of time. (3-20-04)				
PARTICIPANT RIGHTS					
16.04.17.402.01.a Additional Terms: A-5.9	Has the agency Informed each participant, or legal guardian, of the participant's rights and the rules of the agency? (3-20-04)				

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16.04.17.402.01.c Additional Terms: A-5.2	Has the agency informed each participant, or legal guardian, of the services to be received, the expected benefits and attendant risks of receiving those services, and of the right to refuse services, and alternative forms of services available? (3-20-04)				
16.04.17.402.01.d	Does the agency provide each participant with the opportunity for personal privacy and ensure privacy during provisions of services? (3-20-04)				
16.04.17.402.01.e	If the participant has a job with the agency, Does the agency Ensure that participants are not compelled to perform services for the agency, its employees, or contractors and ensure that participants who do work are compensated for their efforts at prevailing wages and commensurate with their abilities? (3-29-12)				
16.04.17.402.01.f	Does the agency ensure that participants have access to telephones? (Except as contraindicated by factors identified within their plans of service) (3-20-04)				
16.04.17.402.01.g	Does the agency ensure that participants have the opportunity to participate in social, religious, and community group activities? (3-20-04)				
IMPLEMENTATION PLAN					
16.04.17.302.01.b	Is there a written Plan authorized by the Department? (3-20-04)				
Additional Terms: A-5.10	Did the agency discuss the implementation plans with the participant and provide them a copy of each plan?				
16.04.17.302.02	Implementation Plan. Does the agency have an implementation plan that includes goals and objectives specific to his plan of service residential habilitation program? (3-20-04)				
16.04.17.010.22	Definition.22 Implementation Plan. Written documentation of participants' needs, desires, goals and measurable objectives, including documentation of planning, ongoing evaluation, data-based progress and participant satisfaction of the program developed, implemented, and provided by the agency specific to the plan of service. (3-20-04)				
16.04.17.011.01	Does the Implementation plan include measurable objectives? Measurable Objective. A statement which specifically describes the skill to be acquired or service/support to be provided, includes quantifiable criteria for determining progress towards and attainment of the service, support or skill, and identifies a projected date of attainment. (7-1-95)				
TREATMENT OF PARTICIPANTS					
	Does the participant have behaviors addressed through formal interventions (if no check N/A)				
	Does the participant have restrictive interventions in place? (If no check N/A)				
16.04.17.405.01	If yes, were positive behavior interventions used prior to and in conjunction with, the implementation of any restrictive intervention? (3-20-04)				
	Are physical restraints utilized? (if no- check N/A)				

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16.04.17.405.08.c.i	If yes, is the physical restraint used in isolated emergency to prevent injury to the participant? (3-20-04)				
16.04.17.408.08.c.ii	If the physical restraint is used in non-emergency setting, is there a written behavior change plan developed by the participant, his service coordinator, his team, and a QMRP or a behavior consultant/crisis management provider. Informed participant consent is required. (3-20-04)				
MEDICATION					
16.04.17.011.03.	Does the participant take medications? (If no, indicate N/A) Medication. Any substance or drug used to treat a disease, condition or symptoms which may be taken orally, injected or used externally and is available through prescription or over-the-counter. (7-1-95)				
16.04.17.400.02.m	If yes, is there a daily medication log? (7-1-95)				
16.04.17.302.04	Is there indication that the provider is following their system for handling medication as outlined in agency policy? (3-20-04)				
DOCUMENTATION AND PERIODIC REVIEW					
16.03.10.704.02.a	Direct Service Provider's documentation of each visit made or service provided will record the following:				
16.03.10.704.02.a.i	Does the Direct Service Provider's documentation include Date and time of visit?				
16.03.10.704.02.a.ii	Does the Direct Service Provider's documentation include Services provided during the visit?				
16.03.10.704.02.a.iii	Does the Direct Service Provider's documentation include a Statement of the participant's response to the service, including any changes in the participant's condition?				
16.03.10.704.02.a.iv	Does the Direct Service Provider's documentation include the length of visit, time in and time out, signature of participant for verification?				
16.03.10.704.02.b	Is there a copy of the ISP in the participant's home?				
16.04.17.302.03	Periodic Review. Is there a Review of services and participant satisfaction conducted at least quarterly or more often if required by the participant's condition or program? (3-20-04)				
16.04.17.302.05 16.03.10.704.02.c Additional Terms: A-5.11	Provider Status Review. Did the Residential Habilitation agency submit semiannual and annual status reviews reflecting the status of behavioral objectives or services identified on the plan of service to the plan monitor. Semiannual status reviews must remain in participant file and annual status reviews must be attached to annual plan of service. Is there a semi annual and annual Status Review? (3-20-04)				
16.04.17.400.01	Are all entries made to the participant record dated and signed in ink? (3-20-04)				
COMMUNICATION WITH PARTICIPANTS, PARENTS, LEGAL GUARDIANS AND OTHERS.					
16.04.17.404.01	Reciprocal Communication. Does the agency answer communications from participant's families and friends promptly and appropriately; and (3-20-04)				
16.04.17.404.02	Promotion of Visits and activities. Does the agency promote frequent and informal opportunities for visits, trips or vacations; and (7-1-95)				

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16.04.17.404.03	Notification of Guardian of a Participant's condition. Does the agency notify the participant's legal guardian within 24 hours, if one exists, of any significant incidents, or changes in participant's condition including serious illness, accident, death, or abuse? (3-29-12)				
16.04.17.404.04	Notification to DHW of a participant's condition. Does the agency notify the department through the critical incident reporting process within 24 hours? Are the events and the agency response to the events documented in the participant's file?				

Notes: