

Questionnaire Approved

Questionnaire

Name DDW Monthly Site Visit

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Question(s)

1. 5. If applicable, name of person assisting with the visit and their role: [thQ1]

2. 2. Name and contact information of MCO Care Coordinator (quarterly) [thQ2] (Hints: Ask the individual or the person assisting them if they know who their Care Coordinator is and how to get in touch with them)

3. 1. Summarize purpose if an IDT meeting and summarize any individual issues which should be addressed at this visit based on preparatory work. (Completing the rest of questionnaire is not required for an IDT meeting. Upload minutes and signature page) [thQ3]

(Hints: Summary on preparation may include contact with providers as well as the review of GER, Medicaid portal, ANE reporting, assessments/pans, MARS, health tracking to check appointments, budget and COE status, HRC approvals, and important annual deadlines (e.g., pre-ISP, ISP, LOC, ISD recertification, etc.) Complete questionnaire is not required for an IDT meeting.)

4. 1. Check any restraints, restrictions, or seclusion you observed or learned about during the site visit. Check all that apply. [thQ4]

- 1. Use of interventions containing rights restrictions without HRC approval
- 2. In an agency operated building, the person does not have access to all areas of the setting (except based on safety and confidentiality)
- 3. Accessibility issues or concerns
- 4. Limited or denied access to non-disability specific settings/people
- 5. Use of EPR without HRC approval
- 6. Other restraint, restriction, or seclusion (explain below)
- 7. No observable rights restraints, restrictions, or seclusion

5. 2. Check any privacy violations. Check all that apply. [thQ5]

- 1. No locks on external doors
- 2. No locks on bathroom doors
- 3. No lock on bedroom door
- 4. The individual does not have a key to the home
- 5. No privacy violations noted/observed

6. 3. Check any noted concerns with DSP awareness of important rights issues for the person. Check all that apply. [thQ6] (Hints: Respond based on observations and interviews with those present and their awareness of "HCBS Consumer Rights and Freedoms". The HCBS Consumer Rights and Freedoms is in DD Waiver Service standards and generally lists rights that all DSP should be aware of on behalf of the person in services.)

- 1. DSP not aware of guardianship status
- 2. DSP not aware of applicable Decision Consultation Form
- 3. DSP not aware of important individual rights or Other (explain below)
- 4. DSP aware of rights and guardianship
- 5. No concerns noted/Not applicable (No DSP are present)

7. 4. Provide overall summary and detail of any positive observations and/or additional concerns, essential information which provides evidence for responses, and/or important detail needed to explain responses. [thQ7]

(Hints: Use this text box to provide details of positive observations as well as details supporting your responses in this section. Be sure to include explanation of all responses marked "Other" and necessary follow up actions. If no further explanation is needed, please indicate "NA" for not applicable.)

8. 1. Check any concerns identified regarding individual satisfaction with level of choice. Check all that apply. [thQ8]

- 1. Living care arrangement including housemates
- 2. Access to money and shopping for personal preferences
- 3. Meal planning and choice of meals
- 4. Current relationships
- 6. Other (explain below)
- 7. No concerns identified at this site visit

9. 3. Check any concerns identified regarding community inclusion. Check all that apply. [thQ9]

- 1. DSP do not discuss plans for the day with the individual, including activities and employment, that the individual might like to do
- 2. The individual does not get a choice in what they do during the day, including working
- 3. The individual does not go out in the community with people not receiving waiver services
- 4. The individual is prevented from doing something in the community that they want to do
- 5. Other (explain below)
- 6. No concerns identified at this site visit

10. 4. List any concerns the person has with the ISP. Check all that apply. [thQ10] (Hints: Respond based on the site visit. Consider information such as significant documented refusals, interview with the person and DSP, observations of attempts to implement TSS and or WDSI.)

- 1. Wants to change Vision or Desired Outcomes
- 2. Concerns with services, providers, or kind of support provided to achieve Desired Outcomes.
- 3. Mostly satisfied-no concerns noted

11. 5. Is the person currently satisfied with their job status? [thQ11] (Hints: Supported employment activities are a planning priority for all working age adults. Respond based on information you gather at the site visit regarding informed choice about employment. See DD Waiver Service Standards Ch. 4.2 regarding informed choice.)

- 1. Currently working and wants to keep working
- 2. Currently not working but wants to work. No referral to DVR
- 3. Currently not working but wants to work. Referred to DVR
- 4. Currently does not want to work

12. 6. Provide essential information which provides evidence for responses, and/or important detail needed to explain responses or other information. [thQ12]

(Hints: Use this text box to provide details supporting your responses in this section. Be sure to include explanation of all responses marked "Other" and

necessary follow up actions. If more space is needed, use overall notes section of the case note located outside of this Questionnaire popup. If no further explanation is needed, please indicate "NA" for not applicable.)

13. 1. Are there any concerns with the environment (e.g. unhealthy conditions, unsafe medication storage, setting unsafe, lack of access to adequate food, need for environmental modification)? [thQ13]

(Hints: Base your response on your overall sense of safety. If safe medication storage is not required by the setting (e.g., family living or respite only), securing medication may be a concern. If the person has a history of pica; wandering, eating or drinking at random; history of taking their own or other's medications inappropriately; drug use/abuse or suicidal ideation, then securing the person's/family members medications should be considered in the ISP. When in doubt, document and explore.)

- 1. Yes
- 2. No

14. 2. Provide essential information which provides evidence for yes response and/or additional concerns. [thQ14] (Hints: Use this text box to provide details supporting your responses in this section. Be sure to include explanation of all responses marked "Other" and necessary follow up actions. If more space is needed, use overall notes section of the case note located outside of this Questionnaire popup. If no further explanation is needed, please indicate "NA" for not applicable.)

15. 1. Check any equipment in a person's ISP that is not present or functioning at the site when applicable. Check all that apply. [thQ15] (Hints: Respond based on observation of use what is in the current the AT inventory. Consider functioning to mean that the equipment is accessible, is working, and DSP understand how to support the person with use of the equipment.)

- 1. Durable Medical Equipment
- 2. Assistive Technology based on current AT inventory
- 3. Augmentive Communication Device
- 4. Remote Personal Support Technology
- 5. No concerns identified during the site visit

16. 2. List the specific items seen and working as well as those that were seen but not functioning or not being used as indicated. Explain follow up action needed. [thQ16]

17. 1. Are there concerns with the presentation of the person observed during the site visit? [thQ17] (Hints: Consider any observable unmet physical needs (injury, sickness), general appearance (clothing, grooming, etc.), odor (indicating sickness, hygiene, high blood sugar, etc.), signs of pain including dental pain. Any concerning observations should be made known to the agency nurse, Healthcare Coordinator, and person responsible for follow up.)

- 1. Yes
- 2. No

18. 2. Check any specific changes in health status identified at the site visit. Check all that apply. [thQ18] (Hints: Check all that apply based on interviews and review health tracking as applicable on site. Observations should be made known to the agency nurse, HCC, and/or person responsible for follow up. If no information is available at the site visit, monitoring should still be conducted and documented outside of this site visit throughout the month.)

- 1. Changes in seizure frequency
- 2. Changes in aspiration frequency or new signs/symptoms of aspiration
- 3. Changes in sleep patterns
- 4. Changes in bowel/bladder function
- 5. Changes in activity level, mood, or other typical behavior/routines that may indicate a health concern

- 6. Unexpected weight gain or loss
- 7. Other (explain below)
- 8. No noted concerns

19. 3. At least quarterly, check for any missing, inaccurate, or outdated health related documents that belong at the setting or should be electronically accessible to DSP. Check all that are missing. [thQ19]

(Hints: Be sure to come to the site visit with a knowledge of the applicable plans and dates of plans as well as health tracking requirements for the individual based on any healthcare plans. Checking for accuracy does not include checking for clinical necessity rather checking dates, details specific to the person under a CM's purview. If health tracking cannot be conducted at this site visit, the CM must monitor health care related needs and follow up during other monthly activities.)

- 1. Health Care Plans (HCPs)
- 2. eCHAT
- 3. Health Passport (current hard copy)
- 4. Comprehensive Aspiration Risk Management Plan (CARMP)
- 5. Hospital discharge plan or physician order
- 6. Medication Administration record (MAR), including PRN medications
- 7. Health tracking not complete as required
- 8. Other (explain below)
- 9. No missing, outdated or inaccurate plans
- 10. NA-Quarterly review already complete
- 11. NA - No current nursing services

20. 2. Do you feel that your LRI is still the best fit? [thQ20]

- 1. Yes
- 2. No
- 3. Not applicable

21. 4. Date of quarterly review. (Please refer to question 3 in this section (question above) and indicate when a quarterly review was completed. This question may be left blank if no review was completed.) [thQ21]



22. 5. (Medical Appointments): Are there any outstanding health related appointments that should have been completed by the time of this site visit? [thQ22]

(Hints: Consider routine assessments; appropriate screenings/immunizations; ISP Assessment checklist; recommendations by the PCP or other health care professionals. Appointments, results and follow-up must be entered in Therap within 7 calendar days of the activity for all appointments that the provider assisted with. Lack of information in health tracking should prompt communication with agency nurse, HCC, or other responsible person before the next site visit.)

- 1. Yes (explain below)
- 2. No

23. 6. (Medical Appointments) Based on preparation and completion of this site visit, list any health appointments that are outstanding (e.g., swallow study ordered but not scheduled.) [thQ23]

(Hints: This list should prompt communication with agency nurse, HCC, or person responsible for scheduling and other follow up activity needed on or before the next site visit.)

24. 7. Provide detail of any additional concerns, essential information which provides evidence for responses, and/or important detail needed to explain responses. [thQ24]

(Hints: Use this text box to provide details supporting your responses in this section. Be sure to include explanation of all responses marked "Other", of missed appointments, and of necessary follow up actions. If no further explanation is needed, please indicate "NA" for not applicable.)

25. 1. Check any behavior plans that DSP are not aware of when applicable to the person. Check all that apply. [thQ25] (Hints: Respond based on whether DSP are aware of plans and can demonstrate knowledge of how to implement the plan by describing their role and key components of the plan as applicable. The BSC trains and monitors exact implementation of behavior plans, so your response is a general observation, not a check for competency of the DSP.)

- 1. Positive Behavior Supports Plan (PBSP)
- 2. Behavior Crisis Intervention Plan (BCIP)
- 3. PRN Psychotropic Intervention Plan (PPMP)
- 4. Risk Management Plan (RMP)
- 5. None Noted
- 6. NA - No BSC Services

26. 2. At least quarterly, list any applicable behavior plans missing from the service setting or electronically accessible, as applicable to the person. Check all that apply. [thQ26]

(Hints: Be sure to come to the site visit with a knowledge of the plans and dates of plans that must be present or accessible. Note, presence of ISP - action steps, TSS, and WDSIs are captured elsewhere. Checking for accuracy does not include checking for clinical necessity rather checking dates, details specific to the person under a CM's purview.)

- 1. Positive Behavior Support Plan (PBSP)
- 2. Behavior Crisis Intervention Plan (BCIP)
- 3. PRN Psychotropic Medication Plan (PPMP)
- 4. Risk Management Plan (RMP)
- 5. No missing, outdated or inaccurate plans
- 6. NA - quarterly review already complete
- 7. NA - No BSC Services

27. 3. Provide detail of any essential information which provides evidence for responses, and/or important detail needed to explain responses. [thQ27]

(Hints: Use this text box to provide details of positive observations and detail supporting your responses in this section. Be sure to include explanation of necessary follow up actions. If no further explanation is needed, please indicate "NA" for not applicable.)

28. 1. Do the DSP interact with the person demonstrating dignity, respect and supporting choice? [thQ28] (Hints: Respond based on observations and interviews of DSP and the person. Look for signs that DSP are engaged in person centered practices and communication that allows the person to learn, gain independence, make choices, and self-direct.)

- 1. Yes
- 2. No (explain below)
- 3. No DSP present at visit

29. 2. Does the person have the level of support needed at the setting? [thQ29] (Hints: Respond based on observation, interview, and document review. Consider whether there is sufficient support from DSP to implement the ISP and other applicable plans for the person. Consider staffing ratio as applicable to the person e.g., mealtimes, work on desired outcomes, personal care, transfers and transportation, and transition periods. Note that AT and RPST may be present to provide support that reduces staff time.)

- 1. Yes (explain below)
- 2. No (explain below)

30. 3. Is the person accessing CCS in a non-disability specific setting? [thQ30] (Hints: Respond yes only if the person receives CCS AND either (1) the person can describe community activities completed during CCS in non-disability specific settings and/or (2) the agency has documentation of community activities in non-disability specific settings.)

- 1. Yes
- 2. No (explain below)
- 3. Does not have CCS

31. 4. Provide essential information which provides evidence for responses, and/or important detail needed to explain responses. [thQ31] (Hints: Use this text box to provide details of positive observations as well as detail supporting your responses in this section. Be sure to include explanation of necessary follow up actions. If no further explanation is needed, please indicate "NA" for not applicable.)

32. 1. Is the complete ISP, including TSS and WDSI's, current and accessible to the DSP at the site? [thQ32] (Hints: Answer yes if documents are physically present or DSP can describe or demonstrate how to access them electronically. If some documents are missing answer "partial" and explain in ISP Summary below.)

- 1. Yes
- 2. No
- 3. Partial (explained in ISP Summary below)
- 4. Unable to determine if no DSP are present or visit occurs in community setting

33. 2. Can DSP describe essential elements of the ISP? [thQ33] (Hints: Respond based on DSP being able to describe essential elements of the ISP for the person such as Vision, Desired Outcomes, Health and Safety concerns and Meaningful Day description. If no DSP are present, check "Unable to determine".)

- 1. Yes
- 2. No
- 3. Partial
- 4. NA - No DSP present

34. 3. Can DSP describe their specific role in implementing ISP including TSS and WDSI's? [thQ34] (Hints: Respond based on DSP awareness of and ability to describe his/her role in implementing the ISP-TSS and WDSI's. Also, use information gathered from documentation and interview of DSP as applicable. If no DSP are present, indicate unable to determine.)

- 1. Yes
- 2. No
- 3. Partial
- 4. Unable to determine at this site visit
- 5. NA - No DSP present

35. 4. Is work on Desired Outcomes documented and demonstrated? [thQ35] (Hints: Answer based on document review and interview of person, family and/or guardian as applicable to the setting of the visit. If a document review cannot be conducted at this site visit, the case manager must be sure to review documents demonstrating frequency during other monitoring activities. The service provider is responsible for documenting during service delivery and demonstrating progress in daily notes and the semi-annual report.)

- 1. Yes (explain below)
- 2. No (explain below)

- 3. Partial (explain below)
- 4. Unable to determine at this visit

36. 5. (ISP Implementation): Does the balance of the evidence suggest that the ISP is being implemented? [thQ36] (Hints: Provide explanation here for the questions above indicating "explain below" along with relevant information that pertains to the ISP section.)

- 1. Yes
- 2. No
- 3. Partial
- 4. Unable to determine this site visit

37. 6. Are there any significant health, behavior, individual preferences, other life changes or other notable issues that may suggest the need to revise the ISP or make a new referral (e.g., therapy, BSC, Risk screening, Crisis Supports, DVR etc.) [thQ37]

(Hints: Consider changes detailed in DD Waiver Services Standards Chapter 6.5.2 ISP revisions and responses gathered during the Individual Satisfaction section of this Questionnaire.)

- 1. Yes (explain below)
- 2. No

38. 7. ISP Summary: Provide essential information which provides evidence for responses, and/or important detail needed to explain responses. [thQ38]

(Hints: Use this text box to provide details supporting your responses in this section. Be sure to include explanation of all responses marked "Other" and necessary follow up actions. If more space is needed, use overall notes section of this case note (located outside of this Questionnaire popup). If no further explanation is needed, please indicate "NA" for not applicable.)

39. 1. Do DSP know how to report ANE? [thQ39] (Hints: Respond based on checking with DSP present and their awareness of their agency policy and DHI hotline. Phone: 866-654-3219, option 6)

- 1. Yes
- 2. No
- 3. NA - No DSP present

40. 2. Does the individual know how to report ANE? [thQ40] (Hints: Respond based on checking with the individual and their awareness of their agency policy and DHI hotline. Phone 866-654-3219, option 6)

- 1. Yes
- 2. No
- 3. Can Not Determine

41. 3. Are there any reportable incidents identified during the site visit? [thQ41] (Hints: Respond based on your observations, document review and interviews during the site visit. When in doubt, document, and report.)

- 1. Yes (explain below)
- 2. No

42. 4. Based on this visit, was an Abuse, Neglect or Exploitation Allegation reported for this person? [thQ42]

- 1. Yes, by Case Manager
- 2. Yes, by Provider
- 3. No

43. 5. Are there any outstanding issues related to an ANE report made prior to the visit? (e.g., Immediate Action and Safety Plan (IASP) being followed, IDT meeting minutes needed, notification of unsubstantiated closure letter) [thQ43]

(Hints: The case manager is not responsible for late letters from DHI or missing IASP's. However, the CM should reach out to DHI-IMB when letters are not received according to established timelines or file RORA's when IASP's are not provided.)

- 1. Yes (explain below)
- 2. No

44. 6. Provide essential information which provides evidence for responses, and/or important detail needed to explain responses. [thQ44] (Hints:

Hints: Use this text box to provide details supporting your responses in this section. Be sure to include explanation of necessary follow up actions. If no further explanation is needed, please indicate "NA" for not applicable.)

45. 1. As a result of this visit, what actions are needed before the next site visit? Check all that apply. [thQ45] (Hints: Hints: This list should flag for

you the essential items needing follow up before the next site visit. Detail of your follow up activity should be further documented in monthly contact notes when that follow up is complete.)

- 1. Request provider action
- 2. Contact guardian
- 3. Request health tracking updates, scheduling confirmation and/or confer with agency nurse
- 4. Schedule an IDT meeting
- 5. Review / provide SFOCs
- 6. Refer to DVR
- 7. Follow up with Aspiration Risk Management activities
- 8. Request Human Rights Committee review
- 9. Make an ANE report (DHI Hotline: 866-654-3219, option 6)
- 10. Link or refer to specialty clinic or community resource
- 11. Contact MCO Care Coordinator
- 12. File RORA for technical assistance, lack of provider action, or lack of service providers.
- 13. Other (explained in Actions Summary question below)
- 14. No Follow-up Required

46. 2. Provide essential information which provides evidence for responses, and/or important detail needed to explain responses. [thQ46]

47. 3. Based on this visit, was a Regional Office Request for Assistance filed for this person? [thQ47]

- 1. Yes (explain below)
- 2. No

48. 4. If question above was checked "yes," please explain below: [thQ48] (Hints: Based on this visit, was a Regional Office Request for Assistance filed for this person?)

49. 1. Date of Site Visit [thQ49] (Hints: Date that the visit occurred on.)



50. 2. Visit starting time [thQ50]

51. 5. Visit ending time [thQ51]

52. 3. Location Type [thQ52]

- 1. Home
- 2. Community

53. 4. Physical address of Address [thQ53]

54. Attachments [thQ54]