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| **Agency/Area Program:** | **Reviewer Name:** |
| **Focus sample participant name/#:** | **Review Date:** |

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| BASED ON **FILE REVIEW --**  THE FOLLOWING IS PRESENT | | YES/NO/NA – NOTES FROM **FILE REVIEW** |
| **ENTRY TO SERVICE CHAPTER 4-002.07** | | |
| **4-002.07 A**  Gather and review referral information regarding the participant, to the greatest extent possible, to make an informed determination as to whether the agency is capable of providing services to meet the participant’s needs; |  | |
| **4-002.07 B**  Consider the safety of all participants in the decision to accept new participants to service or the location for the services; |  | |
| **4-002.07 C**  Consider whether the provider has the capacity, commitment, and resources necessary to provide supports to the participant for the long term. The provider must not admit a participant to services if it cannot reasonably assure that it has the ability to meet the participant’s needs; and |  | |
| **4-002.07 D**  Participate in the transition process for a participant from one provider to another, whether the provider is ending services or beginning to provide services. |  | |

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| BASED ON **FILE REVIEW --**  THE FOLLOWING IS PRESENT | | YES/NO/NA – NOTES FROM **FILE REVIEW** |
| **ASSESSMENTS 404 NAC 5-001.06** | | |
| The provider must conduct assessments for each participant to obtain accurate and complete information related to the participant’s history, preferences, strengths, abilities, and needed services. The assessments must be the basis of development of the individual support plan (ISP). Assessments, as assigned to the provider, must be completed for each participant within 30 calendar days of entry to services. At least annually, the assessments must be reviewed and updated to reflect the participant’s current status. |  | |

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| **ISP (404 NAC 5-001.07)** |

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| The provider must participate in development of the annual individual support plan (ISP) and review the individual support plan (ISP), discussions, and decisions for accuracy. The provider must develop and implement programs and supports based on the individual support plan (ISP). |  |

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| **001.07 A** INDIVIDUAL SUPPORT PLAN TEAM PROCESS. The individual support plan (ISP) is developed through an individual support planning team process. The individual support planning team assigns responsibility for obtaining and providing services to meet the identified needs of the participant. The individual support planning team will get input from the participant and provider. |  |

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| **POSITIVE BEHAVIORAL SUPPORTS 404 NAC 5-001.08** | | |
| (A) Develop and implement policies and procedures that emphasize positive approaches directed towards maximizing the growth and development of each participant.  (B) Develop an assessment that defines the communicative function of the behavior for the participant and focuses on what purpose the identified behavior serves in the participant’s life.  (C) Review the participant’s day supports, residential supports, and other relevant data and incorporate it in the assessment process.  (D) Develop a plan for the participant that emphasizes positive meaningful activities and options that are inconsistent with the behavior targeted for change.  (E) Plan a meaningful day that has individualized supports for the participant.  (F) Document potential stressors and triggers that may lead to the participant experiencing a crisis. Once identified, there must be a comprehensive safety plan developed and implemented.  (G) Conduct meaningful and individualized data collection and data analysis that tracks the progress of the participant. The data must be presented in a useful manner and |  | |
| BASED ON **FILE REVIEW --**  THE FOLLOWING IS PRESENT | | | YES/NO/NA – NOTES FROM **FILE REVIEW** |
| **NOTICE OF COSTS TO THE INDIVIDUAL 404 NAC 5-001.09** | | | |
| The provider must develop and implement a system for notification to participants of any associated cost to the participant for services or items not funded by developmental disabilities services, and terms of payment. Written notice must be given to the participant before initiation of service and before any change, giving adequate time for the participant to respond to the notice. The notice must specify that participants will not be charged for services or items that are covered through other funding sources, including but not limited to, items necessary to provide habilitation and transportation related to habilitation. | |  | |

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| BASED ON **FILE REVIEW --**  THE FOLLOWING IS PRESENT | | | YES/NO/NA – NOTES FROM **FILE REVIEW** |
| **PROCEDURAL REQUIREMENTS REGARDING RIGHTS 404 NAC 4-002.03 A** | | | |
| The provider must establish procedures that:  (i) Specify participant rights and responsibilities and this specification does not conflict with Title 404 NAC;  (ii) Inform each participant served, and if applicable, the participant’s parent if a minor, or the participant’s legal representative, of the participant’s rights and responsibilities; (1) The information must be given at the time of entry to services, at the participant’s annual individual support plan (ISP) review, and when significant changes occur; and (2) The information must be provided in a manner that is easily understood, given verbally and in writing, in the native language of the participant, or through other modes of communication necessary for understanding;  (iii) Require the provision of supports to participants receiving services in exercising their rights;  (iv) Do not treat participants’ rights as privileges; and  (v) Prohibit retaliation against participants’ services and supports due to the participant, family members, or legal representatives advocating on behalf of the participant served. This includes initiating a complaint with outside agencies. | |  | |
| **COMPLAINTS AND GRIEVANCES (404 NAC 5-003)** | | | |
| The provider must promptly address complaints and grievances filed with the provider on behalf of participants served. The provider’s process to address complaints and grievances must:  (A) Be made available to participants, legal representatives, staff, and other representatives. Utilization of the provider’s process is voluntary and is not meant to deny or delay a participant’s right to file a complaint elsewhere or to access the legal system.  (B) Be convenient to the participant.  (C) Include time frames and procedures for review of complaints and grievances and the provision of a response.  (D) Be reviewed by the provider with the participant and his or her legal representative, where applicable; and  (E) Include the right to access the court system. |  | | |
| The provider must maintain documentation of the receipt of all complaints and grievances, the resolution, and the response to the complainant. |  | | |
| **REVIEW AND APPROVAL OF RESTRICTIVE MEASURE. (404 NAC 5-007.01)** | | | |
| Prior to implementation of a restrictive measure, the provider must ensure review and approval by the individual support planning team and rights review committee, except where the provider is not required under this Title to have a rights review committee. |  | | |
| **CONFIDENTIALITY (404 NAC 5-005)** | | | |
| The provider must protect the confidentiality of each participant’s information, including verbal, electronic, and written forms. Participant information must be protected regardless of the form or storage method of the records. Participant information may not be released without valid legal consent except as otherwise provided by law. |  | | |

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| **PARTICIPANT RECORDS (404 NAC 5-006.01)** | | |
| The participant’s records must contain information that includes, but is not limited to:  (A) Date of entry into services with the provider.  (B) Name, gender, and birth date of the participant.  (C) Current physical description or current photo of the participant.  (D) The language or means of communication utilized by the participant.  (E) Legal status of participant, and name, telephone number, and address of guardian, if applicable.  (F) Name, phone number, and address of persons to contact in an emergency.  (G) Name, phone number, and address of the participant’s current personal physician and other health care professionals, if applicable.  (H) Relevant medical information including but not limited to history of seizures, illness, physician orders, treatments, medications, medication history, known allergies immunizations, physician contacts, emergency room visits, dental visits, counseling visits, and hospitalizations.  (I) Records of incidents and accidents.  (J) Consents as appropriate.  (K) Records of emergency safety intervention usage and the rationale for use.  (L) Individual support plan (ISP).  (M) Documentation of delivery of services and supports.  (N) The participant’s rights notification.  (O) Notice of charges.  (P) Name of service coordinator and phone number.  (Q) Accounting of the participant’s funds, if managed by provider.  (R) Notification of termination of services with the provider, if applicable; and  (S) Social history information |  | |