

**SUPPORT SERVICES PROGRAM MANAGEMENT**

**A. PROVIDER MANAGEMENT**

Community Centered Boards as the Support Coordinating Agencies for Support Services for both children and adults must exercise diligence in recruiting, screening, contracting and monitoring providers. Support Coordinating Agency (SCA) practices in provider management ensure reasonable protection from harm, competent and qualified providers and business practices that promote choice and continuity of service provision.

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<p><b>1. The CCB in its role as support coordinating agency (SCA) has screening procedures for individual providers who are not CCB staff and for other entities providing services and supports to individuals participating in support services to provide persons receiving services reasonable protection from harm. These procedures include: (16.246 C)</b></p> <ul style="list-style-type: none"> <li><b>a) Review of the agency’s hiring practices prior to contracting for services;</b></li> <li><b>b) Verifying required agency or professional licenses, certifications or other requirements;</b></li> <li><b>c) Ensuring that reasonable decisions are made regarding when background and reference checks are conducted; and,</b></li> <li><b>d) Ensuring with reasonable certainty that agencies and individuals are qualified to provide the specific service or support.</b></li> </ul> <p><b>2. When services are provided by persons other than CCB staff, the SCA maintains a written agreement to provide services that: (16.241 C)</b></p> <ul style="list-style-type: none"> <li><b>a) Is signed before services are provided and maintained current;</b></li> <li><b>b) Specifies the services to be performed;</b></li> <li><b>c) Includes a clause of non-assignability; and,</b></li> <li><b>d) Specifies timelines for cancellation of the agreement and/or termination of services.</b></li> </ul>	<p><b>1.</b> The CCB as the Support Coordinating Agency (SCA) makes reasonable decisions when to require background checks and/or reference checks and has a process for making decisions regarding information required about providers who are not employees of the CCB. The SCA verifies and obtains copies of the license or certification of professionals requiring these. A provider agency’s hiring practices are known to the SCA before it contracts with the agency. Providers do not present potential risk to people served as evidenced by prior behavior. The SCA has criteria and a process for making decisions when providers have problematic histories that may pose a danger to persons receiving services. The SCA has contacted professional/employment references to assess the provider’s capability to provide specific services and supports. The SCA screens childcare providers through childcare licensing and the child abuse registry. (Please refer to <u>Trust But Verify</u> for more information.)</p> <p><b>2.</b> Written agreements for services and supports are required for all providers and specify that providers cannot utilize sub-contractors. If services are provided by generic providers (e.g. carpet cleaners, childcare center, etc.), an agreement that specifies what is to be provided, to whom, what the frequency will be, and at what cost, may be adequate. The written agreements should include the name of the person(s) the agreement applies to.</p>

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YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<p><b>3. Family members living in the same household with the program participant provide paid service on an exception basis only and: (16.612 D)</b></p> <p><b>a) Only provide personal care services for persons in SLS and personal supports for children in CES;</b></p> <p><b>b) Are paid no more than the amount established by the Department per fiscal year;</b></p> <p><b>c) Have an agreement with the agency listing the specific services to be provided; and,</b></p> <p><b>d) Exclude parents of a child in CES.</b></p> <p><b>4. The SCA ensures that provider agencies requiring program approval according to Rule 16.230 B have received program approval from DDS. (16.221 &amp; 16.230 B)</b></p>	<p>3. If the SCA pays any family members living in the same household to provide services there must be a written agreement with the family member stating what specific services are to be provided, the quantity of the services and the amount to be paid. The agreement does not need to meet the requirements of an agency contract. Personal care services provided must meet the definitions provided in the <u>SLS Manual and Waiver</u>. Personal supports provided must meet the definitions provided in the <u>CES Manual and Waiver</u>. The limit on the amount paid to family members living in the same household established by the Department applies to the total of all services provided by family members living in the home. Parents of persons receiving SLS may be paid in accordance with these standards. Parents of a child in CES <u>may not</u> be paid to provide services to their child. Any family member paid to provide services must be qualified and capable.</p> <p>4. If the provider is a DD service agency as defined in Rule 16.221 A 3 and does not have program approval for any other DDS program in the SCA's service area, they must have a SLS program approval from DDS. (16.230 B) If the agency provides its services to the general public and not generally to persons funded through the DD system, program approval is not needed (e.g. maid service, accounting services, home health, etc.). (16.221 A 2)</p>

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**B. RESOURCE MANAGEMENT**

People have access to resources on the basis of their needs and within the funding parameters of the program. SCA processes for managing resources are implemented consistently to promote fairness and the effective and efficient use of resources. Resources are also used to obtain needed adaptations that will increase persons' safety and access to all parts of their environment (both home and community).

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<p><b>1. The SCA implements a written process for resource assignment that at a minimum specifies: (16.612 E)</b></p> <ul style="list-style-type: none"> <li><b>a) The criteria to be considered when assigning resources;</b></li> <li><b>b) That criteria are to be uniformly applied;</b></li> <li><b>c) Who has what level of decision- making authority;</b></li> <li><b>d) Documentation required to support decisions; and,</b></li> <li><b>e) Under what circumstances the IP is to be reviewed and adjustments made in the level of assigned resources.</b></li> </ul> <p><b>2. The SCA has procedures for approving any expenditures for adaptations and devices. These procedures are implemented as needed. (16.612 E)</b></p> <p><b>3. The adaptations and devices are a reasonable and cost effective means to meet the person's need.</b></p>	<p>1. The SCA must have a written process for resource assignment and documentation of implementation of the process (e.g., meeting minutes, individual review forms, etc.). The written process must include the information specified in this standard. If exceptions to the process are made, documentation of the rationale for the exception must be clear and reasonable. The process needs to specify under what conditions underutilized funds will be re-allocated to the SCA's resource pool or to other persons' plans.</p> <p>2. Procedures ensure that items are not available under the Medicaid State Plan. Procedures require more information and a higher level of review for high cost items (e.g. multiple bids when the cost is greater than \$1000). Procedures address other requirements of these standards (e.g., meet applicable codes, professional consultations, are related to person's disability).</p> <p>3. The SCA's practices indicate that the lowest cost option for effectively meeting the person's need is selected. When lowest cost options are not selected, the SCA has documented the reasons for the exception.</p>

			<p>4. <b>Adaptations and devices purchased are directly related to the needs of the person and his/her disability.</b></p>	<p>4. Items purchased are necessary and contribute to the person's independence, safety or security and/or access to community life <u>and</u> are associated with the person's medical, habilitative or other needs directly related to his/her disability. Items excluded per the SLS Waiver are carpeting, roof repair, central air conditioning, regular clothing, etc. Other items generally unallowable by the Department include cellular phones, pagers, internet service, etc.</p>
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YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<p>5. <b>Appropriate professionals and/or resources are consulted prior to the purchase of adaptations or devices.</b></p> <p>6. <b>Devices and adaptations meet applicable state and local building codes and/or applicable standards of manufacturing, design and installation.</b></p> <p>7. <b>Services and supports provided are allowable under the SLS or CES program. (16.612 B)</b></p>	<p>5. An OT or PT has been consulted concerning bathroom modifications (e.g. placement of grab bars). Therapeutic equipment has been recommended by an OT, PT, or orthopedic surgeon. A speech pathologist has made recommendations concerning the need for a communication device and OT evaluation for fine motor skills. Ability to use safety and security devices has been assessed by appropriate persons/professionals.</p> <p>6. Building permits and inspections (where required) are obtained for home/environmental modifications. Modifications meet ADA requirements. Contractors and consultants performing such work meet licensing and/or credential requirements. Devices and equipment are installed/used per manufacturer guidelines and meet any regulatory or applicable industry standards.</p> <p>7. Services and supports provided conform to the General Service definitions provided in the SLS and CES Manuals and Medicaid Waivers. Services and supports are not specifically excluded (see SLS Waiver Guidelines for exclusions). Services and supports are not available under the Medicaid State Plan, EPSDT, early intervention, other state programs or other third party source (e.g., private medical insurance). Services and supports are related to the person's disability. The needs, goods and/or services are above and beyond typical daily living expenses incurred by the person or the family of the child. The needs cannot be met by other reasonable means.</p>

	<p>8. <b>The child’s physician has certified that the medical services and supports identified in the IP are sufficient to meet the child’s needs in the home setting. (HCP&amp;F 8.503.30A.4 and 8.503.82D and DDS Rule 16.614 B)</b></p>	<p>8. There is a signed physician’s review form certifying the adequacy of the planned medical services and supports. If planned medical services and supports change (e.g. how medications are administered, medical equipment, home health services, etc.), the changes are reviewed and approved by the certifying physician.</p>
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SUPPORT SERVICES PROGRAM MANAGMENT				
YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<p>9. <b>If the CCB has any control of a person’s funds or access to these, (e.g., is representative payee, is a party on a dual signature account) Department guidelines for personal needs are followed. (16.613 J)</b></p>	<p>9. It is generally expected that if a person participating in SLS needs assistance with money matters that this be provided through natural supports and/or generic supports. SCA involvement in handling a person’s funds (being the representative payee, paying bills directly, being authorized/required to sign with a person on his/her account) should be a last resort.</p> <p>If any SCA or service agency personnel have <u>control of or access to</u> a person’s funds, the funds need to be adequately safeguarded. This would include maintaining records of expenditures and receipts for expenditures exceeding \$5.00. The HCB-DD-4 form needs to be signed and on file. Money in a CCB trust account needs to be maintained separately and in an interest bearing account. The person needs to have ready access to his/her money.</p>

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**SUPPORT SERVICES PROGRAM MANAGEMENT**

**C. CONSUMER AND FAMILY DIRECTED SERVICES**

To the extent that they choose, persons receiving services and their families are supported to direct their own services. The SCA makes available information and services and supports to assist persons to receive needed services and supports, to select and evaluate service providers and, where appropriate, provide assistance with decision-making.

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<ol style="list-style-type: none"> <li><b>The person’s IP identifies the needs and preferences to be considered to allow the child/person receiving services to live in his/her own home (SLS) or family home (SLS or CES). (16.440)</b></li> <li><b>The IP identifies the services and supports to be provided to address prioritized needs, the frequency of planned services and supports and specifies when and/or if ISSP(s) are to be developed. (16.612 A, 16.440, 16.510)</b></li> <li><b>The person or the child’s family have been involved in and given reasonable choice in selecting the services and supports to be provided. (16.612 D)</b></li> </ol>	<ol style="list-style-type: none"> <li>The IP identifies an individual’s needs in areas such as safety, medical/health, nutrition, personal assistance, community accessibility, supported employment, etc. The IP indicates an individual’s likes and dislikes and provides information on the person’s needs in order for the person to continue living in his/her own home or in the family home.</li> <li>The IP gives sufficient information to know what is planned and the extent and frequency of services to be provided. Services and supports planned match the person’s needs. Services and supports (paid or not paid) are planned to address safety, medical/health, and nutrition needs. The IP specifies when needs are to be met by natural supports or third party sources. ISSPs may be necessary to consistently address instruction and skill acquisition, in order to reach the intended results or outcomes as determined by the IDT.</li> <li>The person or child’s family was actively involved in the planning process. If the person lives with his/her family, appropriate family members were involved in the planning process.</li> </ol>

		<p><b>4. Supports and services are provided according to the IP. (16.440)</b></p> <p><b>5. Persons' needs for adaptations and devices have been considered and assessments of these needs conducted as appropriate.</b></p>	<p>4. There is a record of services provided. Services provided are those (type and frequency) identified in the IP. There is evidence that the outcome of services is as intended and meets the needs identified in the IP.</p> <p>5. Need for environmental modifications to meet people's safety needs has been considered (e.g., ramps, grab bars, bathroom modifications for persons with physical disabilities; etc.). Need for modifications to allow persons to be more independent has been considered (e.g., lower kitchen counters, adapted faucet handles). Need for communication devices, mobility devices, specialized medical equipment, devices to aid cognitive and behavioral needs has been considered (e.g. adapted telephones, switches, alarms, etc.).</p>
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**SUPPORT SERVICES PROGRAM MANAGEMENT**

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<p><b>6. Persons are involved in the selection of providers of supports and services, to the extent possible: (16.612 D)</b></p> <p>a) <b>Persons have reasonable choice in selecting providers of supports and services.</b></p> <p>b) <b>Persons have input into hiring and evaluation of support persons including staff.</b></p> <p><b>7. When Supported Living Consultant (SLC) services are provided the SCA assures that:</b></p> <p>a) <b>Persons receiving services are informed that SLC service is not a required service;</b></p> <p>b) <b>The SLC does not have a conflict of interest in assisting with decision-making and the provision of other SLS services; and,</b></p> <p>c) <b>The amount of SLC services provided is based upon the person's prioritized need as listed in his/her IP.</b></p>	<p>6. Persons are asked if they know someone who they would like to provide the service/support. When possible, the person is asked to make a choice from two or more persons or agencies to provide a service/support. Persons are involved in interviewing staff and other providers. Persons are asked their opinion about individuals providing support for them. If a person is not satisfied with an individual or agency providing services, alternatives are considered and addressed in a timely manner.</p> <p>7. The description of available services states that SLC is not a required service. The SCA has taken measures to minimize situations in which the provider of other SLS funded services is the provider of the SLC services. When the SLC is employed by the same agency as the provider of other SLS services, there is a process for minimizing conflicts of interest. The SLC provides other services only on an exception basis for the person for whom they provide SLC services. The IP provides information on what specific needs of the individual are to be addressed by SLC services. The level of SLC involvement and interactions is appropriate to the level of needs of the individual.</p>

		<p><b>8. Families and persons receiving services have received the following information in a consumer friendly format:</b></p> <ul style="list-style-type: none"> <li>a) <b>A listing of services and supports available under the SLS and CES waiver;</b></li> <li>b) <b>Available service providers and a listing of the services and supports that each provides;</b></li> <li>c) <b>Cost of service information on all available service providers;</b></li> <li>d) <b>A description of the SCA’s resource assignment process including the assignment criteria and who to contact about the process;</b></li> <li>e) <b>Payment options for the services; and,</b></li> <li>f) <b>The person can change providers if dissatisfied.</b></li> </ul>	<p>8. The SCA provides the listed information to persons at the time of enrollment into support services, when changes are made in the processes and upon request of the parents of a child, the person receiving services, guardian or their family. The SCA provides this information in a manner that is easily understood, verbally and in writing, in the native language of the person or through other modes of communication as may be necessary to enhance understanding.</p>
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YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<p><b>9. The SCA provides for and facilitates opportunities and contact with individuals, agencies and other resources to assist persons participating in SLS to: (16.311 C)</b></p> <ul style="list-style-type: none"> <li>a) <b>Understand and exercise their rights;</b></li> <li>b) <b>Exercise choice and personal power and to make decisions; and,</b></li> <li>c) <b>Recognize and avoid mistreatment, abuse, neglect and exploitation.</b></li> </ul>	<p>9. The SCA provides opportunities (e.g., classes, counseling, referrals to other agencies) for persons to learn about exercising their rights. The SCA provides opportunities for persons to learn about avoiding mistreatment, abuse, neglect and exploitation and about self-advocacy. Persons know what mistreatment, abuse, neglect and exploitation are and to whom/where to report it. When assessments and IPs indicate that persons have service and support needs regarding their rights, self-advocacy or avoiding mistreatment, abuse, neglect or exploitation, they receive such support and services. Persons have access to a staff person who responds to their concerns. Persons as needed or desired have advocates and belong to self-advocacy groups. Persons are provided assistance in decision- making as needed or desired.</p>





	<p>3. <b>The SCA implements billing procedures to ensure:</b> <i>(16.612 B)</i></p> <p>a) <b>Payments are made only for services and supports provided to meet the prioritized needs specified in the person’s IP; and,</b></p> <p>b) <b>Sufficient information is available for SCA staff to monitor the utilization of services as specified in the person’s plan or schedule of services.</b></p> <p>4. <b>The SCA evaluates consumer satisfaction no less than every 3 years.</b> <i>(16.612 H)</i></p>	<p>3. The SCA has implemented review procedures to cross check provider billings against a schedule of services for each person served. Discrepancies between planned services and provider billing are corrected prior to paying providers. Provider billings include adequate detail (e.g. date of service, service provided, etc.) to demonstrate that the service or support provided directly meets the prioritized/ authorized need identified in the IP and schedule of services. SCA staff responsible for coordinating or directing support services are provided with summary information to assess the extent to which each person served is receiving the services of the type and quantity planned.</p> <p>4. The SCA collects, analyzes and reports information on consumer satisfaction. The survey/evaluation, at a minimum, includes satisfaction with choice of services and providers. Other areas to address could be timeliness in obtaining services, effectiveness and availability of services, and the responsiveness of the SCA to individual concerns and recommendations. The program uses the information to address individual concerns of persons receiving services and to improve services.</p>
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**SUPPORT SERVICES PROGRAM MANAGEMENT**

**E. ASSISTANCE WITH MEDICATIONS AND GASTROSTOMY SERVICES**

When persons are assisted with medications or gastrostomy services they receive such assistance from providers that are legally qualified and competent to provide such services. The provision of assistance with medications and gastrostomy services also meets legal and regulatory requirements to ensure that such assistance is provided safely.

<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>STANDARDS</b>	<b>INTERPRETIVE GUIDELINES</b>
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		<p>1. <b>The SCA ensures that gastrostomy services comply with the requirements of Rules. (16.800)</b></p> <p>2. <b>The SCA ensures Rules are met for persons who are assisted in the administration of medications by a person other than a relative. (16.612 F)</b></p> <p>3. <b>Concerns regarding the use of psychotropic medications are addressed and resolved or referred to the HRC for review. (16.613 E)</b></p>	<p>1. See standards for Gastrostomy Services SCA staff is aware of all persons receiving g-tube services. The SCA has reviewed the training and monitoring of the provider to ensure that they meet the requirements for g-tube services. Documentation of training and documentation of proficiency per Standards for Gastrostomy Services is completed. Person's protocol per Gastrostomy Standards includes needed information. Documentation of monitoring by the nurse or physician per Gastrostomy Standards for all persons paid to provide g-tube services is available. Documentation of G-tube services is available.</p> <p>2. Medications are administered according to written physician or dentist orders. Written physician orders, medication sheets and pharmacy labels all match. Medication sheets include name of medication, amount given and time given. The person assisting with medication signs or initials the medication record each time s/he assists with the medication. The SCA or PASA has a record that the person assisting with medications passed the medication course or is a licensed nurse or psychiatric technician. See standards for Medication Reminder Boxes. Documentation of the effects of psychotropic medications and any changes in medications is available.</p> <p>3. Concerns by the SCA, service provider, person, guardian, or representative are documented, discussed and resolved or referred to the HRC by any of the above to review the use of psychotropic medications.</p>
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## ADULT SUPPORTED LIVING SERVICES

### A. LIVING ENVIRONMENTS OFFER COMFORT AND SAFETY

Persons should have control over where they live and with whom. Persons should feel safe in their homes and homes should be maintained in a manner to enhance the images of the people who live there. If a person needs assistance to live safely, the SCA should provide and/or pursue the necessary assistance and support.

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<p><b>1. Persons live in their own homes or live with a family member or guardian in the family home. (16.613 A)</b></p> <p><b>a) No more than 3 persons receiving services reside in one household unless members of the same family. (16.613 B)</b></p> <p><b>2. Persons have chosen where they live, with whom to live, furnishings, etc.</b></p> <p><b>3. Persons live in homes that are safe. (16.613 C 2)</b></p> <p><b>a) An assessment of the safety of the living environment was conducted at the time provision of SLS began and is maintained current. (16.613 C 2)</b></p> <p><i>(When a person lives with his/her family or guardian the SCA together with the individual and family or guardian shall determine the extent and type of assessment needed. 16.613 D).</i></p> <p><b>b) There are no recognizable safety or health hazards.</b></p> <p><b>c) There are smoke detectors in each home that work and meet HUD requirements. (16.613 H)</b></p> <p><b>4. Persons whose homes are not safe are encouraged, counseled, supported and assisted, as needed, to reduce/eliminate safety and health risks in the living environment. (16.613 D)</b></p>	<p>1. Persons buy, rent or lease their home; or, persons live with parents, siblings or guardian in their home. Persons generally do not live in homes owned by the CCB. (If a person sub-leases from a CCB, the cost to the consumer does not exceed the cost to the CCB and the lease is not tied to participation in a program.)</p> <p>2. The person has selected the home with or without the SCA's help. The person, not the SCA, has chosen his/her roommate.</p> <p>3. The assessment covers major areas of home safety (e.g. neighborhood, door and window locks, electrical hazards, heating system, storage of hazardous material, broken boards, steps, etc.). b) Observation of living environment indicates it is safe (e.g. working locks on doors and windows; no recognizable hazards such as frayed electrical cords, too many electrical cords in an outlet, broken windows, combustible materials stored un-safely; doors and windows open and are not blocked etc.). c) There is a smoke detector in the hallway adjacent to bedrooms, one on each level of a multilevel home; flashing alarm in bedroom of person with hearing impairment. Smoke detectors have been tested and are in working order.</p> <p>4. If the home has safety and health hazards, the SCA works with the person to eliminate these. The SCA counsels, trains, and supports the person, as needed, to have repairs completed, clean the home, store food safely, etc. These efforts are clearly documented.</p>

**ADULT SUPPORT LIVING SERVICES**

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<p><b>5. Each person’s capabilities to maintain a safe environment and to take appropriate action in case of home maintenance emergencies are assessed at the time provision of SLS begins and the assessment is maintained current. (16.613 C2)</b></p> <p><i>(When a person lives with his/her family or guardian the SCA together with the individual and family or guardian shall determine the extent and type of assessment needed. 16.613 D).</i></p> <p><b>6. There is a written plan for each person addressing how home maintenance emergencies will be handled. (16.613 F)</b></p> <p><i>(A plan is not required, but may be advisable for individuals who spend unsupervised time in the family home 16.613 D)</i></p>	<p>5. The assessment includes person’s capabilities to recognize potentially dangerous situations such as gas leaks, problems with heating system, broken locks, plumbing problems, etc. and person’s knowledge and skills as to whom to contact to get assistance.</p> <p>6. The plan gives specific steps the person will take when faced with household maintenance problems/emergencies including whom to contact and how. The plan does not require any skills the person does not have or cannot physically perform. S/he can readily carry out the plan.</p> <p><i>Note: Assessments and plans required by these standards are not required for persons living in nursing homes. Decisions concerning persons living in other licensed residential settings, personal care and boarding homes, need to be made on an individual basis</i></p>

**ADULT SUPPORTED LIVING SERVICES**

**B. PEOPLE ARE SAFE**

Safety is a concern for everyone. All persons are exposed to some risks in their daily life. Risks to the safety of persons are minimized when the person and SCA anticipate, recognize, attend to and plan for safety issues and possible emergencies.

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<p><b>1. An assessment has been conducted of each person’s capability to take appropriate action in case of emergencies. (16.613 C)</b></p> <p><b>a) The assessment was conducted at the time participation in SLS began and is maintained current.</b></p> <p><b>b) The assessment, at a minimum, addresses fire emergencies, illness and medical emergencies, and assaults and intruders.</b></p> <p><i>(When a person lives with his/her family or guardian the SCA together with the individual and family or guardian shall determine the extent and type of assessment needed. 16.613 D).</i></p> <p><b>2. Each person has a written plan addressing how emergencies will be handled. The plans: (16.613 F)</b></p> <p><b>a) Are maintained current;</b></p> <p><b>b) Address emergencies identified in 1 b) above; and,</b></p> <p><b>c) Provide for 24-hour emergency assistance.</b></p> <p><i>(A plan is not required, but may be advisable for individuals who spend unsupervised time in the family home. 16.613 D)</i></p>	<p><b>1.</b> The assessment addresses the person’s capabilities to respond in specific emergency situations (e.g. ability to recognize an emergency, take appropriate precautions, when and how to call/contact someone for help). The assessment is reflective of the person’s current skills and provides sufficient information to identify the person’s needs for support during an emergency.</p> <p><b>2.</b> The emergency plan is specific to the person and his/her current living situation. The plan clearly describes what actions (specific steps) a person is to take in an emergency. The plan describes two ways out of any floor used for sleeping (e.g., second floor balcony or window if stairs are blocked). The person has all the skills required to carry out the plan. The plan does not ask the person to do something s/he can’t do. Any equipment (e.g., phone, TTY) required in the plan is available and works. If neighbors, friends or other natural supports are to be used in an emergency, they are clearly identified (e.g., name, address, phone number) in the plan and are aware of and agree to provide the specified emergency assistance. The plan identifies someone to call in case of an emergency 24-hours a day (this can be 911). If there was an emergency and the plan did not work, it has been changed. The plan is realistic and makes sense.</p>

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YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<p><b>3. Safety plans are reviewed or practiced regularly. (16.613 G)</b></p> <p><b>4. Persons are knowledgeable about the plans and are capable of following them. (16.613 G)</b></p> <p><b>5. Facility-based day services are provided in a setting meeting the requirements of Rules for Adult Day Services and Supports. (16.613K &amp; 16.630)</b></p>	<p>3. The SCA has a process for determining frequency of review or practice and documents that persons know what action to take in case of an emergency.</p> <p>4. When faced with an emergency, persons have reacted appropriately and according to the plan. The person knows what to do and who to contact in case of an emergency.</p> <p><i>Note: Assessments and plans required by these standards are not required for person living in nursing homes. Decisions concerning the need for assessments and plans for persons living in other <u>licensed</u> residential settings, e.g., personal care and boarding homes, need to be made on an individual basis. Such assessments and plans are strongly encouraged if persons spend unsupervised time in such homes.</i></p> <p>5. See Rule 16.630. Reference standards for facility-based day services.</p>

**ADULT SUPPORTED LIVING SERVICES**

**C. PEOPLE HAVE GOOD MEDICAL/HEALTH CARE AND NUTRITION**

Individuals maintain good health and receive needed supports to do so. Individuals have access to providers of medical and dental care, and information and support to use them appropriately.

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<p><b>1. An assessment has been conducted of each person’s capability to attend to his/her own health, nutrition and medical needs. (16.613 C3)</b></p> <p><b>a) The assessment was conducted at the time participation in SLS began and is maintained current; and,</b></p> <p><b>b) The assessment provides sufficient information on which to base decisions concerning services and supports needed to attend to medical needs and have a nutritionally adequate diet.</b></p> <p><i>(When a person lives with his/her family or guardian the SCA together with the individual and family or guardian shall determine the extent and type of assessment needed. 16.613 D).</i></p> <p><b>2. Each person has a physician and a dentist or access to a clinic.</b></p> <p><b>3. Persons have choice in the selection of physicians, dentists and other providers of medical/health services. (SLS Medicaid Waiver)</b></p> <p><b>4. Persons receive needed medical and dental care.</b></p>	<p>1. The assessment covers persons’ known medical conditions; recognizing signs and symptoms of illness and need for medical attention; capabilities to attend to own medical needs; (e.g. handling minor medical needs (first-aid), making medical appointments, ability to care for own medical problems such as diabetes, high blood pressure); knowledge and capability to obtain needed medical assistance (e.g. when and how to get medical attention). The assessment covers meal planning and preparation, food buying, food storage.</p> <p><i>Assessments are also not required for persons living in nursing homes.</i></p> <p>2. See standard.</p> <p>3. Persons are not required to use medical providers identified or contracted with by a SCA. The person has the same choice in the selection of medical/health and dental providers as other members of the community (Choice may be limited by availability of Medicaid providers or other insurance plans.).</p> <p>4. Persons see an appropriate medical/health professional for identified problems. Persons obtain routine medical and dental check-ups and care at intervals recommended for other persons of the same age and health status. Persons have access to information about prevention of illness and promotion of wellness.</p>



**ADULT SUPPORTED LIVING SERVICES**

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<p><b>5. If persons do not have needed resources and/or make good decisions about their health and medical needs, they are encouraged, counseled, supported and assisted, as needed, to maintain good health and to obtain medical and dental services as needed. (16.613 E)</b></p> <p><b>6. Persons have a nutritious diet.</b></p> <p><b>7. If persons do not make good decisions about their diets, persons are encouraged, counseled, supported and assisted, as needed, to maintain good nutrition. (16.613 E)</b></p>	<p>5. The SCA helps find resources for persons who need medical/dental care. The SCA provides counseling to the individual about health issues, if needed. The SCA helps arrange for transportation if needed to access medical/dental care. Persons are offered supports in preparing for and attending medical and dental appointments, if needed. These efforts are clearly documented.</p> <p>6. The person has food in the house for at least a few meals. The food is reasonably nutritious and of sufficient quantity; meets any special diets or dietary restrictions; the person likes it.</p> <p>7. The person gets the assistance s/he wants and needs to have sufficient and nutritious food. The person understands any special dietary needs and makes reasonable choices about these. The SCA assists/supports persons with special diets as needed; and/or, if assistance is refused, counsels the person, etc. These efforts are clearly documented.</p>

**ADULT SUPPORTED LIVING SERVICES**

**D. MEDICATIONS ARE USED SAFELY**

When used appropriately, medications provide great benefits. Medications, however, can also be dangerous and have the potential for being very harmful to persons. People should be supported to make informed choices about medications and to use medications safely.

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<p><b>1. An assessment has been conducted of each person’s capability in the use of medication. (16.613 C)</b></p> <p>a) <b>The assessment was conducted at the time participation in SLS began and is maintained current; and,</b></p> <p>b) <b>The assessment provides sufficient information on which to base decisions concerning services and supports needed with medications.</b></p> <p><i>(When a person lives with his/her family or guardian the SCA together with the individual and family or guardian shall determine the extent and type of assessment needed. 16.613 D).</i></p> <p><b>2. Persons have available needed medications and use medications safely.</b></p> <p><b>3. If persons do not make good decisions concerning medications, they are encouraged, counseled, supported and assisted, as needed, with the use of medications. (16.613 E)</b></p>	<p>1. The assessment covers the person’s knowledge of prescription and non-prescription medications, routine versus newly prescribed medications, PRN (as needed) and OTC (over the counter) medications, side effects/reactions to medications, filling and renewing prescriptions, etc. For persons living with their family and receive medications in day program/ community access situations an assessment is recommended.</p> <p><i>Assessments are also not required for persons living in nursing homes</i></p> <p>2. Persons use medication as prescribed and follow directions when taking new medications. Persons use OTC’s appropriately and according to directions. Medications are stored safely and appropriately (e.g. refrigerated if needed, out of sun light, out of reach of children). Medications used are not out-dated or expired. Persons do not take medications prescribed for others. The need for a medication is routinely reviewed by an appropriate professional. Also refer to Support Services Program Management section E.</p> <p>3. Efforts are made to assist persons with medications as needed. Persons are given information on side effects, contraindications, and safe storage. Systems for facilitating taking medications are set up (e.g., medication reminder boxes/systems, calendars etc.). People are connected with pharmacists who can help, if needed. These efforts are clearly documented.</p>

6/6/2005