

2019

Quality Assurance Committee Manual



*Sedgwick County...
working for you*

Community Developmental Disability Organization



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**SEDGWICK COUNTY
DEVELOPMENTAL DISABILITY ORGANIZATION**

Quality Assurance Committee

I. Introduction

Developmental Disabilities Reform Act (KSA 39-1802)

In 1995, the Kansas Legislature enacted the Developmental Disabilities Reform Act. The purpose of this act was to assist individuals who have a developmental disability to have

- a. services and supports which allow individuals the opportunities of choice to increase their independence and productivity and integration and inclusion into the community;
- b. access to a range of services and supports appropriate to such individuals; and
- c. the same dignity and respect as individuals who do not have a developmental disability.

This Act gave the Secretary of Social and Rehabilitation Services (SRS), now the Kansas Department for Aging and Disability Services (KDADS) certain powers and duties including the authority to establish the policies and procedures by which the Developmental Disabilities Reform Act would be implemented. Those policies and procedures include the regulations for licensing providers of community services and operation of Community Developmental Disabilities Organizations (CDDOs).

Kansas Administrative Regulations Article 64

The regulations for quality assurance require a local committee made up of individuals served, their families, guardians, interested citizens, and providers to determine the following:

- Services that are paid for are delivered
- Services that are delivered are paid for in accordance with the terms of any agreement or contract in force, including any payment requirement that the individual being served or a third party acting on behalf of the individual being served has the responsibility to meet
- Services are being provided in a manner, which meets the requirements provided for in Article 63
- The provider is affording the individual being served all of the individual's legally protected rights
- The provider is reporting any suspicions of abuse, neglect, or exploitation and taking corrective action when needed

Determining Quality of Services

The Quality Assurance Committee (QAC) process evaluates services based on the person centered planning documentation, individual support needs and satisfaction. Compliance with this requirement is determined by interviewing the individual and their support network to determine

if they are receiving the services needed to work towards the individual's preferred lifestyle and that those services are meeting their expectations.

- Services should be person oriented. Community Service Providers (CSPs) should assure there are processes in place that are individually focused to meet the individual's needs.
- The guiding principles and values of QAC are followed to ensure appropriate services are being delivered.

Procedures of the Committee

1. The QAC will be comprised of SCDDO QA Coordinator, TCM representatives, on-site monitoring teams and Community Council members representing the following categories; individual receiving services, their family members and/or guardians, interested citizens.
2. The QAC will review a sample of individuals who receive Targeted Case Management (TCM) plus one additional service; individuals will be randomly selected by SCDDO Quality Assurance team.
3. Each CSP which provides licensed TCM will be assigned at least one individual each quarter for review by the agencies monitoring team.
4. Each CSP serving ten or more individuals will receive a review by a QAC monitoring team at least annually.
5. The QAC review will consist of the following:
 - a. Review of the selected individuals documents pertaining to his/her individual services. At minimum, the Person Centered Support Plan must be reviewed, as well as the Behavior Support Plan and Psychotropic Medication Plan as applicable.
 - b. Completion of an on-site review of each service received. This will include Supportive Home Care (SHC), Day and Residential services. The review must be conducted in the home for Residential services or where the individual receives services in the case of SHC. In the case of Supported Employment, the individual receiving that service may choose where the interview will occur. Individuals who receive Day services from more than one CSP shall be reviewed at the site where the majority of their time is spent.
6. On-site reviews will be conducted both with the individual AND his/her paid staff if applicable. This includes paid family members. Exceptions can be made if review team can demonstrate to SCDDO QA Team that sufficient attempts have been made to conduct the review with staff present. It is the decision of the individual whether his/her interview is conducted confidentially or with staff present.
7. The monitoring team will use review tools developed by the QAC that correspond with the service documented and service reviewed (See Using the Review Tools).
8. If any concerns are noted from the document review or on-site monitoring, the monitoring team is responsible for completing the review forms and adds any additional comments, questions or concerns. The monitoring team shall pass on agency concerns or praises regarding the reviews with the agency where the site visit was completed. This should be completed timely to allow the CSP to take action when necessary.
9. All original review tools and copies of reviewed documents will be submitted to SCDDO QA team along with the QAC packet by the due date assigned.
10. CSP's may request copies of the review tools for their records from either the TCM service provider performing the review or SCDDO QA Coordinator.
11. SCDDO QA Team will provide feedback with any trends and positive items noted from the reviews on a quarterly basis to each CSP. See Service Modifications and Continuous Improvement Plans.

How Individuals Are Selected

Selection for a QAC review is completed by SCDDO QA staff in December of each year. SCDDO will identify all qualifying individuals and sort by TCM provider. This sort will complete the first step in randomizing individuals for selection. Second step will determine each TCM provider's selection size which is 10% the providers TCM service population. Once the 10% is determined, it is divided by 4 to determine the number of reviews which will be assigned each quarter for the following year's review. To select the individuals per agency, every 10th individual on the list is chosen until the correct sample size is selected. If the selected individual has received a QAC review within the last five years, the following individual on the list is selected.

**SEDGWICK COUNTY
DEVELOPMENTAL DISABILITY ORGANIZATION
Quality Assurance Committee**

II. Guiding Principles and Values

Minimum Health and Safety

1. Individuals are free from abuse, neglect, and exploitation.
2. Individuals have their basic needs met including optimal health, safety, privacy, security, and personal well-being.

Equality and Full Citizenship

1. Individuals with developmental disabilities are people first.
2. All individuals are entitled to the same privileges and responsibilities.
3. Individuals are encouraged and assisted to exercise their rights.
4. Individual rights are not limited without due process.
5. Individuals are recognized for their abilities.
6. Individuals are full members of their communities.

Opportunities for Choice

1. Individuals have the opportunity to develop a broad base of experience and knowledge to use when making decisions.
2. Individuals participate in and contribute to their communities in unique and personalized ways they determine.
3. Individuals choose where they live, work and recreate.

Self-Determination

1. Individuals and their support network choose what services will be provided, who will provide the services and how those services will be delivered in accordance with the individual's preferred lifestyle.

People will influence the Quality and Responsiveness of Services

1. Individuals are given the opportunity to evaluate how effective and appropriate the services they receive are through the QAC process.
2. The opinion of the individual receiving services is given the most important consideration in evaluating service providers. In situations where the individual receiving services is a minor (under the age of 18), the opinion of the parent/guardian is given the most important consideration, however, a child should be included as deemed appropriate.

**SEDGWICK COUNTY
DEVELOPMENTAL DISABILITY ORGANIZATION
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Community Service Provider Expectations

It is the expectation that each Community Service Provider (CSP) which delivers Targeted Case Management (TCM) services will establish a Quality Assurance Committee (QAC) monitoring team and a designated agency representative to complete provider internal oversight of the QAC reviews.

The Monitoring Team

Each agency will establish a monitoring team which is comprised of a representative from the TCM agency and at least one other member; an individual receiving service, a family member, a guardian or an interested citizen. The agency representative, or designee and at least one other member, not paid by the agency, must both be involved in the entire review process for the individual assigned to that team. To avoid any conflict of interest, case managers should not participate in the review of any individual for whom they are currently monitoring services. This limitation is applicable even in instances where the case manager did not write the current Person Centered Support Plan for that individual. If it is requested by the family, a reviewee's case manager may assist the non-paid team member in doing a visit to a family home for an individual with in home supports; however the case manager would function as a support to the family rather than a reviewer. The monitoring team will take the information collected by the agency representative and review all of the support plans of the individual. After the documentation is reviewed, the team will observe the individual and the services he/she receives as well as conduct interviews of the direct care staff utilizing the review tools. After all of the interviews are documented, plans reviewed and collected, it is then returned to the agency representative.

CSP Quality Assurance Representative

The agency's representative is the person who oversees the TCM and/or QA department at the agency. This individual is the main contact between the agency and the SCDDO during the review process. The quarterly assignments are sent directly to the agency representative to organize the team to complete the review. Once the document review, site visit and staff interviews are completed, this individual will review all data and documentation to ensure that the review is complete and there is no missing information. The agency representative is also responsible to follow the due dates assigned by the SCDDO and communicate any difficulties during the review. The representative will also be expected to attend a quarterly meeting which county data and trends are discussed. Once the SCDDO has evaluated each QAC review, scored and identified trends, the agency representative will receive a summary of their agency reviews for the quarter. If concerns are identified, the agency representative will receive a request for individual service modifications and/or an agency continuous improvement plan.

**SEDGWICK COUNTY
DEVELOPMENTAL DISABILITY ORGANIZATION
Quality Assurance Committee**

HIPAA and Confidentiality Acknowledgement

Every member of the Sedgwick County Quality Assurance Committee (QAC) is required to review and acknowledge the County's HIPAA Basic Training. This training will provide information regarding Sedgwick County expectations related to Health Insurance and Portability & Accountability Act (HIPAA) and Privacy Laws, which covers all information which is collected during a QAC review. Members will also review and sign the Sedgwick County Confidentiality Agreement for Non-Employees. The two forms will be collected and returned to SCDDO prior to any member participating with a monitoring team. Please indicate on the HIPAA acknowledgement form the role which the member holds; persons served, family of person served, guardian, interested citizen or service provider.

QAC Badges

Each member of the QAC monitoring team, upon receipt of the HIPAA and Confidentiality Acknowledgment form, will be issued an annual QAC membership badge to wear while completing the QAC review. Annually, the QA Coordinator will verify the list of members with each designated agency representative to confirm on-going participation. If an agency receives a new monitoring team member at any time during the year, the agency is expected to go through this process prior to having the member take part in the review. If an individual is no longer participating in the committee, the agency representative will collect the badge and notify SCDDO QA department to remove the member from the listing.

HIPAA in BASIC TRAINING

For SCDDO On-Site Monitoring Teams

What will you Learn about HIPAA in BASIC TRAINING?

The BASIC Principles of Privacy.
Who has to Follow the Privacy Regulations.
Where Protected Health Information (PHI) is Found.
What the Privacy Law means for Sedgwick County Clients.
What the Privacy Law means for Sedgwick County Employees.

What is Privacy?

Privacy is about who has the right to access personally identifiable health information. The HIPAA Privacy Law covers all protected health information in the hands of covered entities, including Sedgwick County. This means it protects health information that is transmitted electronically as well as on paper.

What is HIPAA?

HIPAA, or the Health Insurance Portability & Accountability Act of 1996 Public Law 104-191, was enacted as part of a broad congressional attempt at incremental health care reform. There are two tenets with HIPAA: Portability and Accountability.

What do the Privacy Standards do?

Portability refers to the transfer of health insurance from one organization to another.

What are the Five Basic Principles of Privacy?

Accountability contains provisions to regulate and standardize information exchanges and to establish standards for the privacy and security of protected health information or PHI.

Who has to Follow the HIPAA Privacy Regulations?

Compliance with the Accountability or PRIVACY component of HIPAA will be required on April 14, 2003 for Sedgwick County.

What do the Privacy Standards do?

- Limit the non-consensual use and release of private health information.
- Give clients new rights to access their medical records and know who else has accessed them.
- Restrict disclosure of health information to the "minimum necessary" for the intended purpose.
- Establish criminal and civil sanctions for improper use or disclosure.
- Establish new requirements for access to records by researchers and others.

What are the Five Basic Principles of Privacy?

The HIPAA Privacy Regulation reflects the five basic principles:

- Consumer Control: Consumers have the right to control the release of their medical information.
- Boundaries: With few exceptions, an individual's health care information should be used for health purposes only, including treatment and payment.
- Accountability: Federal penalties will result if a client's right to privacy is violated.
- Public Responsibility: We need to balance privacy protections with the public responsibility to support such national priorities as protecting public health, conducting medical research, improving the quality of care, and fighting health care fraud and abuse.
- Security: We must protect health information against deliberate or inadvertent misuse or disclosure.

Who has to Follow the HIPAA Privacy Regulations?

All health care providers who transmit health information electronically, including Sedgwick County.

- All health plans (insurance companies).
- All health care clearinghouses.

Sedgwick County may disclose health information to persons or organizations hired to perform functions on its behalf. These business partners are not permitted, and have agreed to not use or disclose protected health information in ways that would not be permitted for Sedgwick County.

What is Protected Health Information or PHI?

Protected Health Information (PHI) relates to the physical or mental health of a client of Sedgwick County. This protected information includes the care provided to the client as well as payment for services. HIPAA protects all individually identifiable information transmitted or maintained electronically by a healthcare provider. This includes social security number, name, address, birth date or other information that could be used to identify a person if linked backed to protected health information.

Where is Protected Health Information (PHI) Found?

Sedgwick County Health Department

- COMCARE
- Community Developmental Disability Organization (CDDO)
- Department on Aging
- Emergency Medical Services (EMS)
- Division of Human Resources
- Any other departments that collect, maintain, and transmit PHI in its daily provision of care to the public.

What are the Rules Concerning Use and Disclosure of Protected Health Information?

The Privacy Law requires Sedgwick County to provide clients with notice of the client's privacy right and the privacy practices of the Covered Entity. Direct treatment providers are required to make a good faith effort to obtain a client's written acknowledgement of the Notice of Privacy Right and Practices.

What does the Privacy Law mean for Sedgwick County Clients?

- Provides clients greater control over their health information and limits the release of protected health information without proper authorization.
- Provides clients' access to their health records and grants the right to request amendments or make corrections to their protected health information.
- Informs clients how their health information is being used.
- Limits the amount of disclosed information to the "minimum necessary."
- Limits the use and disclosure of health records to safeguard security and identifies responsibility for inappropriate use and disclosure of information.
- Creates a balance between public responsibility with privacy protections.

What does the Privacy Law mean for Sedgwick County Employees?

Provides greater awareness of the rights of our clients to access, amend, and restrict their protected health information.

- Increases internal security measures for protecting and safeguarding client records.
- Ensures that our business partners adhere to the same duty to protect the integrity and confidentiality of health information already mandated under federal and state law.
- Encourages County employees to treat all individual medical records as confidential in accordance with professional ethics, accreditation standards, and legal requirements.
- Establishes a standard not to disclose financial or other client information except the minimum necessary for billing or other authorized purposes.

Makes us all more conscientious stewards of public health and the public trust.

Sedgwick County
Health Insurance Portability and Accountability Act
BASIC Training Acknowledgement Form

All Sedgwick County employees will be trained in the Privacy Regulations in accordance with the **Health Insurance Portability and Accountability Act (HIPAA)** 45 CFR Section 164.530 (b). The employee's role and access to Protected Health Information within Sedgwick County will be related to the level of training required.

I, the undersigned, hereby acknowledge that I have read and understand the above written Sedgwick County Basic Training and agree to abide by the HIPAA policies demonstrated through the training.

I understand this Acknowledgement does not in any way constitute an employment contract, and Sedgwick County reserves the right to amend this training and dependent HIPAA policies at any time, without prior notice to me.

Employee Name-Printed

Date

Employee Signature

Sedgwick County Department

**SEDGWICK COUNTY DEVELOPMENTAL DISABILITY ORGANIZATION
CONFIDENTIALITY AGREEMENT FOR NON-EMPLOYEES**

I, the undersigned, acknowledge that during the course of my voluntary participation or performance of duties with the Sedgwick County Developmental Disability Organization (hereinafter "SCDDO") that I may receive access to confidential information of SCDDO that is prohibited from disclosure to others.

"Confidential Information" means information provided by SCDDO that is not commonly available to the general public, or is required by law or regulation to be protected from disclosure to third parties not considered part of the facility's "workforce" as that term is defined by federal and state health information privacy regulations including, but not limited to the Health Information Portability and Accountability Act. Confidential Information includes information contained in patient medical records and any other health information which identifies a patient; quality assurance, research or peer review information; and information concerning the facility's employees, services or business operations. Such information can be acquired by any means and in any form, written, spoken or electronic.

In exchange for the opportunity to voluntarily participate or perform duties for the Sedgwick County Developmental Disability Organization, I agree not to share, disclose or discuss Confidential Information with anyone who does not have a legitimate interest in such information. I will abide by Sedgwick County's policies and procedures concerning the use or disclosure of Confidential Information and I will contact a SCDDO representative if I have any questions regarding these policies and procedures.

I will maintain and protect the privacy of SCDDO's employees, medical staff and patients in my use and disclosure of Confidential Information and I will not misuse or be careless with such information. I understand that any violation of this Agreement or SCDDO's policies related to access, use or disclosure of Confidential Information may result in significant legal ramifications for which I will be held solely responsible with respect to this Agreement.

I acknowledge that I have reviewed all of the information above. I understand that compliance with the principles, policies and procedures expressed above is a condition of my participation and continued presence at SCDDO.

Name (please print)

Signature

Date

CONFIDENTIALITY AGREEMENT USES INCLUDE:

Quality Assurance Committee (QAC): As a member of the QAC on-site monitoring team, information will be provided which describes an individual's person-centered supports. Members will observe the individual and the services they receive as well as conduct interviews of the direct care staff. The Targeted Case Management agency establishes their review teams and will ensure that the Sedgwick County HIPPA Basic Training and Confidentially Agreement is completed prior to of review of services. Please contact SCDDO QA Coordinator for questions or concerns related to this role; SCDDO Main number 316-660-7630.

Community Council Speakers Bureau: As a Community Council Speakers Bureau participant, individuals or family members may disclose personal information related to an individual's health or disability and this information must be considered confidential. All relevant policies and procedures concerning the use or disclosure of confidential information are covered during orientation, but if you have any questions or require additional copies please contact Jeannette Livingston at the SCDDO 316-660-7630.

**SEDGWICK COUNTY
DEVELOPMENTAL DISABILITY ORGANIZATION
Quality Assurance Committee**

Using the Review Tools

Tool Development

The review tool used during the Quality Assurance Committee (QAC) review was developed using Developmental Disabilities Licensing Providers of Community Services K.A.R. 30-63-21 and the Guiding Principles and Values document. In addition, interview questions were added based on the SCDDO Affiliate Service Agreement and common practice.

Site Visit Tool

Each monitoring team will utilize the on-site review tools to collect, assess and document the QAC review. The **Cover Sheet** is to be used for all reviews. This will document all of the services an individual receives and will contain basic information regarding the completed visit(s). The **Residential Services Review Tool** is to be used for adults who receive Residential services either in a group home setting or services in their own home. The Day service reviews are broken down in to two different areas; **Life Enrichment** for those individuals in more of a leisure program, and **Work Services** for the individuals who are in work areas. The **Supportive Home Care Review Tool** is for adults who receive Supportive Home Care or Personal Assistive Services. The **Review Tool for Children** is used for a child who receives any type of service.

To evaluate whether the required information can be found in the individuals written documents the following tools were developed, please use when applicable. **Person Centered Support Plan**, **Psychotropic Medication Plan**, and the **Behavior Support Plan**. There is also an **Employment Questionnaire** to complete when reading over the Person Centered Support Plan for those between the ages of 18 to 65.

Using the Site Review Tools

All members of the monitoring team shall become familiar with the questions asked on the review tool. The questions do not have to be asked in the order they are documented, but it is important for all the questions to be asked. All information which is gathered and documented assists in providing final feedback to the service provider reviewed.

There may be times when it is difficult to know how to rate a particular question, when this occurs document the response and observation. Discuss with the other member (s) of the monitoring team and agency representative.

Some review tool questions cannot be rated at particular locations, for these situations mark N/A or not applicable on the documentation.

Comment Sections

At the end of each review tool there is a general comment area. Use this section to record any observations which the reviewer feels should be noted for additional follow-up. These observations may include positive areas to acknowledge, concerns identified or important information to be passed on to the agency representative, service provider or SCDDO.

**SEDGWICK COUNTY
DEVELOPMENTAL DISABILITY ORGANIZATION
Quality Assurance Committee**

Conducting a Review Visit

Visit Arrangements

Coordinate the specifics of any visit with the other member(s) of the monitoring team and the agency representative. It should be decided what location will be visited, the time of the visit, and make sure all reviewers have directions to the location. Transportation arrangements for the reviewers should be work out to ensure timely arrival at the designated service location and time. It may also be helpful to have contact information for the agency representative in case any questions or concerns arise while completing the visit.

Upon Arrival

If the review is at a residence, knock at the door, present the current QAC Member identification badge and introduce yourself. If the review is at a Day program location, check in at the agency's front desk and go through their visitor process. Additional identification, such as driver's license may be requested by staff. Explain to the individual and their support staff the reason for the visit and determine if there is anything which could be done to minimize disruption of others at the home or day program. If you are refused entry at the location, leave and contact your agency representative at the first opportunity.

Examples of times when a visit may not be completed:

1. If medications are being administered, staff may not be able to answer specific questions until the task is completed.
2. If a particular individual is having a bad day or they are getting ready to leave for an appointment, it may be preferable to interview the individual at a later visit.

During the Visit

Gathering Information: The best way to prepare for a visit and gather information is to spend time reviewing the Person Centered Support Plan (PCSP) prior to the visit. This will provide the opportunity to learn about the individual and their preferred lifestyle, support needs and goals prior to the visit. This knowledge will also allow a better understanding when interviewing support staff during the visit. Please become familiar with the specific areas covered by the review tool which may assist with avoiding implications of an inspection and help put the individual and support staff at ease.

Respect Privacy: Residential visits, whether it is at a privately owned or provider owned location, shall be completed with respect and privacy. Ask for permission before opening doors or going into rooms. Never enter an individual's bedroom or personal space without their permission. Do not intrude in situations that demand privacy.

Stick to the Review Tool: Ask adequate questions to understand and clarify the individual and/or support staff's responses to each question on the review tool. Do not request personal information unrelated to the services which are being reviewed.

Ask Staff for Assistance: When unsure about a particular response from the individual or support staff ask for assistance. Staff may be able to provide additional information or clarify the situation in a way which the review question is more accurately completed.

Discontinue the Visit if Necessary: If, at any time during the visit, the reviewer feels uncomfortable or unsafe, terminate the review process and leave the location. Notify the agency representative at the first available opportunity.

Health and Safety Concerns: If, during the visit, the reviewer has concerns regarding the health, safety, or well-being of the individual receiving services the following may occur: discuss concerns with staff, continue the review or terminate the visit and leave the location. Record the concerns in the comments section of the review form and report the findings to the agency representative at the first available opportunity. If there is any concern of abuse, neglect or exploitation happening in the location a call to Adult Protective Services or Child Protective Services shall be completed immediately.

Leaving: When the review is completed, thank everyone for their assistance and time, and leave the location. If there is a need to discuss observations with other team members, find a private place away from the location. If individuals or support staffs inquire about the review outcomes, explain that it will not be completed until final review by the SCDDO. Assure them that they may access the final report through their provider.

Supportive Home Care (SHC) Visits: These visits will be conducted in the family home and observations will be made of the persons providing the direct care with the individual which he/she provides support for. Prior to the site visit the agency representative or designee will contact the family to schedule the visit during the time when staff is present and when it would be least intrusive for the family. In lieu of the agency representative or designee, the TCM may assist the non-paid monitoring team member during the site visit at the request of the family.

After the Visit

Complete all review forms along with any additional comments, questions or concerns identified during any portion of the QAC review. Return the written review to the agency representative.

Results of the Visit

The agency representative will submit each QAC packet to SCDDO Quality Assurance staff. SCDDO will review all of the documents submitted and conduct additional reviews or use other methods to ensure the following:

- reviews are being completed as necessary
- CSP's are responding to areas of concern
- CSP is taking appropriate action as needed
- policies and procedures are being followed

After SCDDO QA staff has completed final review, reports are generated and distributed back to the CSP's which had a service review completed during the quarter.

SCDDO QAC Review Checklist

Name: _____

Due Date: _____

Day Program: _____

Residential Program: _____

Date sent to SCDDO: _____

Required Documents (Please submit in the order below.)

- QA Review Cover Sheet
- CDDO Employment Questionnaire
- Day Site Visit Review (if applicable)
- Residential Site Visit Review (if applicable)
- Supported Home Care Review (if applicable)
- PCSP Review
- Behavior Support Plan Review (if applicable)
- Psychotropic Medication Plan Review (if applicable)
- Personal Information Page (if applicable)
- Person Centered Support Plan
- Behavior Support Plan (if applicable)
- Behavior Management Committee Review (if applicable)
- Psychotropic Medication Plan (if applicable)
- Psychotropic Consents (if applicable)

Actions to be Taken Once Completed

- Send to the SCDDO
- Day Program Review
 - If the program is provided by another agency, send a copy to the assigned QAC member at the agency
- Residential Review
 - If the program is provided by another agency, send a copy to the assigned QAC member at the agency

SEDGWICK COUNTY
COMMUNITY DEVELOPMENTAL DISABILITY ORGANIZATION

Quality Assurance Review Cover Sheet

Name of Individual Reviewed:	Date of Birth:
Review Team Agency:	Name of Agency Representative/Designee _____
Name of 2nd team member	
Date of Day site visit: / /	
Date of Residential site visit: / /	
Agency and Location of Day Site: _____	Time of Day site visit: _____ AM/PM
Agency and Location of Residential Site: _____	Time of Residential site visit: _____ AM/PM
Agency and Location of SHC/PAS Site: _____	Time of SHC/PAS site visit: _____ AM/PM
Please indicate SHC or PAS	

Instructions for completing reviews & forms:

If completing this review with an individual who does not communicate verbally or has communication difficulties, the reviewer may also ask these questions to a staff person, guardian and/or family member. If completing the review in this manner, please indicate this in the appropriate box, which is located at the top of the review for all forms except children's services.

Reviews are to take place at both the residential and day sites, if both types of services are received.

If an adult attends two day programs, only the most attended program needs to be reviewed.

Complete on-site reviews *after* documentation reviews have been completed.

Please answer all questions with as much detail as possible.

CDDO Employment Questionnaire

The CDDO is required to have this questionnaire completed annually on 100% of the people age 18 through 65 open in any service regardless of funding type (include TCM only)

1. Is the person currently (at this snapshot in time) in competitive employment?

Competitive Employment means work in the competitive labor market that is performed on a full-time or part-time basis in an integrated setting; and for which the person is compensated at or above minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by persons who are not disabled. (Kansas Rehabilitation Services Manual reference 361.5 (b) (11))

Yes (If Yes, do not complete the remainder of this questionnaire)

No (If No, proceed to question #2)

2. If no to question #1, does the person centered support plan describe barriers and plans to overcome barriers to achieve competitive employment?

Yes (If Yes, proceed to question #3)

No (If No, do not complete the remainder of this questionnaire)

3. If yes to question #2, choose **one** primary barrier from the list below:

Person is currently in school

Person is near retirement age

Loss of government benefits

Lack of support from guardian, family member, or staff

Dislikes work

Enjoys current work/day environment more than competitive employment

Ongoing health concerns, fragile condition

Ongoing behavioral challenges

Transportation is not available

Appropriate jobs are not available

Workplace modifications/supports are not available or cannot be funded

Person chooses work crew type setting that is paid through the DD provider

Other

SEDGWICK COUNTY
DEVELOPMENTAL DISABILITY ORGANIZATION

Life Enrichment

If the person uses a communication method other than verbalization, please indicate how these questions were answered (i.e. family/staff answered questions, person indicated with non-verbal cues, etc.)

Questions to ask the person receiving services:

1. I understand that you like to _____
(List preferred activities from PCSP)

Do you get to do these as often as you like?	YES	NO
--	-----	----

2. Do you get to help choose the activities that you do? YES NO

3. Do you get to do something different if you don't like what the others are doing? YES NO

4. What do you like about this program? _____

5. What do you not like about this program? _____

6. What do you do:
- a. In case of a tornado? _____
 - b. In case of a fire? _____
 - c. In case the electricity goes out? _____
 - d. If someone hurts/mistreats/is mean to you? _____

7. Is your staff nice to you? YES NO
If no, explain: _____

8. Does anyone ever take or keep things from you? YES NO
If yes, what/who? _____

9. In your plan it states that you need help/support with _____

(List supports/training needs from PCSP)

Do you get that help when you need it?	YES	NO
--	-----	----

If no, explain: _____

10. Do you feel safe coming here? YES NO
If no, explain: _____

11. Tell me what goals you are working on. _____

Do you have any questions or is there anything else that you would like to tell me?

Questions to ask staff

Staff Name: _____

How long has staff been working with this individual? _____

How long has staff been working for this agency? _____

1. Does this person:
 - a. Have special diet needs? (calorie, modifications, allergies) YES NO
 If yes, what? _____
 Is this per doctor's order? YES NO
 If no, where did you learn about the diet needs?

 Is he or she OK with this diet? YES NO
 What do you do if the person refuses to follow the diet? _____
 - b. Have health issues? YES NO
 If yes, what? _____
 How do you accommodate them? _____
 How did you learn how to do this? _____
 - c. Have a notable impairment which requires additional assistance? YES NO
 If yes, what? (allergy, loss of hearing or vision, etc.) _____
 How do you accommodate them? _____
 How did you learn about this? _____
 - d. If health services are needed, whom do you contact? _____
 Do you receive follow up as to the outcome? YES NO
 - e. Have any restrictions? YES NO
 If yes, what? _____
 Is this addressed in the person's plan? YES NO
 Is it approved by the Behavior Management Committee? YES NO
 - f. Have behavior issues? YES NO
 If yes, what? _____
 How do you handle them? _____
 How did you learn how to do this? _____
 - g. Have a Behavior Plan? YES NO
 If yes, have you received training on how to implement the plan? YES NO

- h. Take psychotropic medications? YES NO
 If so, what are the potential side effects or where do you go to find them?

2. Where do you keep the PCSP? _____

3. Tell me how this person communicates whether she/he enjoys an activity.

4. What are the individual's goals? _____

5. What do you do:
 a. In case of a tornado? _____
 b. In case of a fire? _____
 c. In case of a power outage? _____

6. What are this agency's reporting procedures if you suspect abuse, neglect, or exploitation?

7. Do you know how to make an ANE report directly to APS? _____
 Do you have any questions or is there anything else that you would like to tell me?

Questions the reviewer answers based on his/her observation:

As a reviewer, do you feel:				IF NO, EXPLAIN.
a. Interactions were positive between the person and other consumers?	YES	NO	N/A	_____
b. Interactions were positive between the staff and the person?	YES	NO	N/A	_____
c. The property is reasonably clean and well maintained?	YES	NO		_____
d. The property is safe and secure?	YES	NO		_____
e. There is adequate lighting inside and out?	YES	NO		_____
f. There is adequate space?	YES	NO		_____
g. The site is accessible to meet the person's needs?	YES	NO		_____
h. The services are consistent with the PCSP? If no, what needs to change?	YES	NO		_____ _____
i. The site is free of rights restrictions? If no, are restrictions addressed in the individual's plan?	YES	NO		_____ _____

Kudos (positive observations that the reviewer has noted about the staff, the person receiving services, the site, etc.): _____

Comments/Concerns: _____

SEDGWICK COUNTY
DEVELOPMENTAL DISABILITY ORGANIZATION

Work Services & Supported Employment

If the person uses a communication method other than verbalization, please indicate how these questions were answered (i.e. family/staff answered questions, person indicated with non-verbal cues, etc.)

Questions to ask the person receiving services:

1. I understand that you like to work with _____

(List work activities from PCSP)

Do you get to work on these as often as you like?	YES	NO
---	-----	----

2. How do you change it if you want to work on something else? _____

3. Do you have enough work?	YES	NO
If no, explain: _____		
If you do not have work, what do you do during this time? _____		

Do you like doing that?	YES	NO
If no, explain. What would you rather be doing? _____		

4. Does your staff help you learn your job if you need help?	YES	NO
If no, explain: _____		

5. Is your staff nice to you?	YES	NO
If no, explain: _____		

6. What do you do:

- a. In case of a tornado? _____
- b. In case of a fire? _____
- c. In case the electricity goes out? _____
- d. If someone hurts/mistreats/is mean to you? _____

7. Does anyone ever take or keep things from you?	YES	NO
If yes, what/who? _____		

8. Do you feel safe working here?	YES	NO
If no, why? _____		

9. Tell me what work goals you are working on _____

Do you have any questions or is there anything else that you would like to tell me? _____

Questions to ask staff

Staff Name: _____

How long has staff been working with this individual? _____

How long has staff been working for this agency? _____

1. Does this person:

a. Have special diet needs?	YES	NO
If yes, what? _____		
Is this per doctor's order?	YES	NO
If no, where did you learn about the diet needs? _____		
Is he or she OK with this diet?	YES	NO
What do you do if the person refuses to follow the diet? _____		
b. Have health issues?	YES	NO
If yes, what? _____		
How do you accommodate them? _____		
How did you learn how to do this? _____		
c. Have a notable impairment which requires additional assistance?	YES	NO
If yes, what? (allergy, loss of hearing or vision, etc.) _____		
How do you accommodate them? _____		

How did you learn about this? _____		
c. If health services are needed, whom do you contact? _____		
Do you receive follow up as to the outcome?	YES	NO
d. Have any restrictions?	YES	NO
If yes, what? _____		
Is this addressed in the person's plan?	YES	NO
Is it approved by the Behavior Management Committee?	YES	NO
e. Have behavior issues?	YES	NO
If yes, what? _____		
How do you handle them? _____		
How did you learn how to do this? _____		
f. Have a Behavior Plan?	YES	NO
If yes, have you received training on how to implement the plan?	YES	NO
g. Take psychotropic medications?	YES	NO
If so, what are the potential side effects or where do you go to find them?		

2. Where do you keep the PCSP? _____
 3. What are the individual's work strategies? _____
Do you feel the listed strategies are appropriate and serve a purpose? _____
 4. What do you do:
 - a. In case of a tornado? _____
 - b. In case of a fire? _____
 - c. In case of a power outage? _____
 5. What are this agency's reporting procedures if you suspect abuse, neglect, or exploitation?

- Do you know how to make an ANE report directly to APS? _____
- Do you have any questions or is there anything else that you would like to tell me?

Questions the reviewer answers based on his/her observation:

As a reviewer, do you feel:				IF NO, EXPLAIN.
a. Interactions were positive between the person and other consumers?	YES	NO	N/A	_____
b. Interactions were positive between the staff and the person?	YES	NO	N/A	_____
c. The property is reasonably clean and well maintained?	YES	NO	N/A	_____
d. The property is safe and secure?	YES	NO	N/A	_____
e. There is adequate lighting inside and out?	YES	NO	N/A	_____
f. There is adequate space?	YES	NO	N/A	_____
g. The site is accessible to meet the person's needs?	YES	NO	N/A	_____
h. Services are consistent with the PCSP?	YES	NO		_____
If no, what needs to change? _____				
i. The individual was free of apparent rights restrictions?	YES	NO		_____
If no, were restrictions addressed in the individual's plan?				
	YES	NO		_____

Kudos (positive observations that the reviewer has noted about the staff, the person receiving services, the site, etc.): _____

Comments/Concerns: _____

SEDGWICK COUNTY
DEVELOPMENTAL DISABILITY ORGANIZATION

Residential

If the person uses a communication method other than verbalization, please indicate how these questions were answered (i.e. family/staff answered questions, person indicated with non-verbal cues, etc.)

Questions to ask the person receiving services:

1. I understand that you like to _____ <small>(List community and other preferred activities from PCSP)</small>		
Do you get to do these as often as you like?	YES	NO

2. Do you go shopping for groceries and other things that you need?	YES	NO
If no, who does? _____ Are you OK with that?	YES	NO

3. Do you choose what you eat (i.e. for breakfast, lunch, supper, snacks)?	YES	NO
If no, who does? _____ Are you OK with that?	YES	NO
If you don't like what you have for a meal, do you get other choices?	YES	NO

4. In your home, what do you do:

- a. In case of a tornado? _____
- b. In case of a fire? _____
- c. In case the electricity goes out? _____
- d. If someone hurts/mistreats/is mean to you? _____
- e. If your staff does not show up for work? _____

5. Is your staff nice to you?	YES	NO
If no, explain: _____		

6. Does your staff answer your questions?	YES	NO
If no, explain: _____		

7. Does anyone ever take or keep things from you?	YES	NO
If yes, what/who? _____		

8. Do you feel safe living here?	YES	NO
If no, explain _____		

Do you have any questions or is there anything else that you would like to tell me?

Questions to ask staff

Staff Name: _____
How long has staff been working with this individual? _____
How long has staff been working for this agency? _____

1. Does this person:

a. Have special diet needs? <i>(calorie, modifications, allergies)</i>	YES	NO
If yes, what? _____		
Is there a doctor's order?	YES	NO
If no, where did you learn about the diet needs? _____		
Is he or she OK with following a diet?	YES	NO
What do you do if the person refuses to follow the diet? _____		
b. Have health issues?	YES	NO
If yes, what? _____		
How do you accommodate them? _____		
How did you learn how to do this? _____		
c. Have a notable impairment which requires additional assistance?	YES	NO
If yes, what? <i>(allergy, loss of hearing or vision, etc.)</i> _____		
How do you accommodate them? _____		

How did you learn about this? _____		
d. If health services are needed, whom do you contact? _____		
Do you receive follow up as to the outcome?	YES	NO
e. Have any restrictions?	YES	NO
If yes, what? _____		
Is this addressed in the person's plan?	YES	NO
Is it approved by the Behavior Management Committee?	YES	NO
f. Have behavior issues?	YES	NO
If yes, what? _____		
How do you handle them? _____		
How did you learn how to do this? _____		
g. Have a Behavior Plan?	YES	NO
If yes, have you received training on how to implement the plan?	YES	NO
h. Take psychotropic medications?	YES	NO
If so, what are the potential side effects or where do you go to find them?		

2. Where do you keep the PCSP? _____
3. Tell me how this person communicates whether she/he enjoys an activity.

4. What are the individual's residential goals?

5. What do you do:

- a. In case of a tornado? _____
- b. In case of a fire? _____
- c. In case of a power outage? _____
- d. If the next shift does not show up? _____

6. What are this agency's reporting procedures if you suspect abuse, neglect, or exploitation?

7. Do you know how to make an ANE report directly to APS? _____

Do you have any questions or is there anything else that you would like to tell me?

Questions the reviewer answers based on his/her observation:

1. As a reviewer, do you feel:				IF NO, EXPLAIN.
a. Interactions were positive between the person and other consumers?	YES	NO	N/A	_____
b. Interactions were positive between the staff and the person?	YES	NO	N/A	_____
c. The property is reasonably clean and well maintained?	YES	NO		_____
d. The property is safe and secure?	YES	NO		_____
e. There is adequate lighting inside and out?	YES	NO		_____
f. There is adequate space?	YES	NO		_____
g. The home is accessible to meet the person's needs?	YES	NO		_____
h. The services are consistent with the PCSP?	YES	NO		_____
	If no, what needs to change? _____			
i. The home was free of rights restrictions (i.e. alarms on doors, locked refrigerator or cabinets, etc.)?	YES	NO		_____
	If no, were restrictions addressed in the individual's plan?			
	YES	NO		_____

Kudos (positive observations that the reviewer has noted about the staff, the person receiving services, the home, etc.): _____

Comments/Concerns: _____

SEDGWICK COUNTY
DEVELOPMENTAL DISABILITY ORGANIZATION

Children's Services (under the age of 18 years)

This review is to be completed in the child's home with the child present if appropriate

Child's Name: _____ Date: _____
Parent surveyed: _____
Child's Case Manager: _____

Family Review

Does the service meet your family's needs? YES SOMETIMES NO
COMMENTS _____

Do you feel comfortable with the person(s) YES SOMETIMES NO
who cares for your child?
COMMENTS _____

What other services or products will your child need this year?

Does your child have any unmet medical needs? YES SOMETIMES NO
COMMENTS _____

Does your child have any unmet mental health needs? YES SOMETIMES NO
COMMENTS _____

Have you been given information on what to do if you YES NO
believe your child has been abused, neglected, or exploited?

Is there anything you would like your YES NO
Case Manager to follow up with? _____

Staff Review

Staff Name: _____
How long has staff been working with this individual? _____
How long has staff been working for this agency? _____

1. Does this child:
 - a. Have special diet needs? (calorie, modifications, allergies) YES NO
If yes, what? _____
 - b. Have health needs? YES NO
If yes, what? _____
How do you accommodate them? _____
 - c. Have a notable impairment which requires additional assistance? YES NO
If yes, what? (allergy, loss of hearing or vision, etc.) _____
How do you accommodate them? _____
 - d. Have behavior needs? YES NO
if yes, what? _____
How do you handle them? _____
 - e. Have a Behavior Plan? YES NO
If yes, have you received training on how to implement the plan? YES NO
 - f. Take medications? YES NO
If so, what are the potential side effects or where do you go to find them?

2. Where do you keep the PCSP? _____

3. Tell me about the child's goals. _____

4. What do you do:
 - a. In case of a tornado? _____
 - b. In case of a fire? _____
 - c. In case of a power outage? _____
 - d. If the person is hurt/sick? _____
 - e. If the next shift does not show up for work? _____
 - f. If you suspect abuse, neglect or exploitation? _____

5. Do you know how to make an ANE report directly to APS? _____

Do you have any questions or is there anything else that you would like to tell me?

Reviewer Observations

As a reviewer, do you feel:

IF NO, EXPLAIN.

- | | | | | |
|--|-----|----|-----|-------|
| a. Interactions were positive between the staff and the child? | YES | NO | N/A | _____ |
| b. The property is reasonably clean and well maintained? | YES | NO | | _____ |
| c. The property is safe and secure? | YES | NO | | _____ |
| d. The home is accessible to meet the child's needs? | YES | NO | | _____ |
| e. The services are consistent with the PCSP? | YES | NO | | _____ |
| If no, what needs to change? _____ | | | | |

Kudos (positive observations that the reviewer has noted about the staff, the person receiving services, the site, etc.): _____

Comments/Concerns: _____

SEDWICK COUNTY
DEVELOPMENTAL DISABILITY ORGANIZATION

Supportive Home Care for Adults

If the person uses a communication method other than verbalization, please indicate how these questions were answered (i.e. family/staff answered questions, person indicated with non-verbal cues, etc.)

Individual and/or Family Review:

1. Is there anything you would change about where or with whom you are living? YES NO
If yes, what? _____

2. Is there anything you would change about what you do during the day? YES NO
If yes, what? _____

3. I understand that you like to

(List preferred activities from PCSP)

4. I understand you like to spend time with _____
Do you get to spend as much time with them _____ (List from PCSP)
as you like? YES NO
If no, why? _____

5. Do you go shopping for things that you need? YES NO
If no, who does? _____ Are you OK with that? _____

6. If you don't like what you're having for a meal, do you have other choices? YES NO
If no, explain _____

7. What do you do:
- a. In case of a tornado? _____
 - b. In case of a fire? _____
 - c. In case the electricity goes out? _____
 - d. If someone hurts/mistreats/is mean to you? _____
 - e. If you are hurt/sick? _____
 - f. If your staff does not show up for work? _____

8. Tell me what goals you are working on. _____

Do you have any questions or is there anything else that you would like to tell me? _____

Staff Review

Staff Name: _____

How long has staff been working with this individual? _____

How long has staff been working for this agency? _____

1. Does this person:

a. Have special diet needs? <small>(calorie, modifications, allergies)</small>	YES	NO
If yes, what? _____		
Is this per doctor's order?	YES	NO
If no, where did you learn about the diet needs? _____		
Is he or she OK with this diet?	YES	NO
What do you do if the person refuses to follow the diet? _____		
b. Have health needs?	YES	NO
If yes, what? _____		
How do you accommodate them? _____		
c. Have a notable impairment which requires additional assistance?	YES	NO
If yes, what? <small>(allergy, loss of hearing or vision, etc.)</small> _____		
How do you accommodate them? _____		

How did you learn about this? _____		
d. Have any restrictions?	YES	NO
If yes, what? _____		
Is this addressed in the person's plan?	YES	NO
Is it approved by the Behavior Management Committee	YES	NO
e. Have behavior needs?	YES	NO
If yes, what? _____		
How do you handle them? _____		
f. Have a Behavior Plan?	YES	NO
If yes, have you received training on how to implement the plan?	YES	NO
g. Take psychotropic medications?	YES	NO
If so, what are the potential side effects or where do you go to find them?		

 2. Have you received a copy of the PCSP? YES NO

 3. Tell me about the individual's goals. _____
-

4. What do you do:
 - a. In case of a tornado? _____
 - b. In case of a fire? _____
 - c. In case of a power outage? _____
 - d. If the next shift does not show up for work? _____
 - e. If you suspect abuse, neglect or exploitation? _____

5. Do you know how to make an ANE report directly to APS? _____

Do you have any questions or is there anything else that you would like to tell me?

Reviewer's Observations

As a reviewer, do you feel:				IF NO, EXPLAIN.
a. Interactions were positive between the parent/family and the person?	YES	NO	N/A	_____
b. Interactions were positive between the staff and the person?	YES	NO	N/A	_____
c. The person expressed his/her own opinions?	YES	NO	N/A	_____
d. The property is reasonably clean and well maintained?	YES	NO		_____
e. The property is safe and secure?	YES	NO		_____
f. There is adequate lighting inside and out?	YES	NO		_____
g. There is adequate space?	YES	NO		_____
h. The home is accessible to meet the person's needs?	YES	NO		_____
i. The services are consistent with the PCSP?	YES	NO		_____
If no, what needs to change? _____				

Kudos (positive observations that the reviewer has noted about the staff, the person receiving services, the home, etc): _____

Comments/Concerns: _____

SEDGWICK COUNTY
DEVELOPMENTAL DISABILITY ORGANIZATION

Person Centered Support Plan Review

Name of Individual Reviewed: _____

PCSP Date: _____

Names of Reviewers: _____

Date reviewed: _____

<i>Areas to Consider</i>	<i>Present</i>	<i>Not Present</i>	<i>Comments</i>
Plan approval signed by guardian or consumer			
Description of type of setting person wants to live in			
Description of with whom the person wants to live			
Description of what work or other valued activity the person wants to do			
If the person is not currently employed, does the plan identify barriers to employment in the community?			
Is there a goal identified to work towards community employment?			
Description of with whom the person wants to socialize			
Description of the social, leisure, religious or other activities in which the person want to participate			
Barriers to achieving preferred lifestyle identified			
The plan lists and describes necessary activities, training, materials, equipment, assistive technology & services			
Health and medical needs are addressed (Diet needs are documented)			

SEDGWICK COUNTY
DEVELOPMENTAL DISABILITY ORGANIZATION

Behavior Support Plan Review

Name of individual: _____

BSP Date: _____

Names of Reviewers: _____

Date of Review: _____

<i>Areas to Consider</i>	<i>Present</i>	<i>Not Present</i>	<i>Comments</i>
Consent by individual or guardian			
Target behaviors identified			
Baseline rates of target behaviors are indicated			
Functional assessment information is summarized			
Desired alternate behaviors are identified			
Evidence that environmental modifications have been considered			
Methods for teaching alternate behaviors are identified			
Methods of staff response to the target behavior(s) are identified			
Evidence of a data collection methodology			
Is there evidence of needed revisions throughout the year?			
If restrictive elements are present there is evidence of review by a Behavior Management Committee.			

SEDGWICK COUNTY
DEVELOPMENTAL DISABILITY ORGANIZATION

Children's Person Centered Support Plan Review

Name of Child Reviewed: _____

PCSP Date: _____

Names of Reviewers: _____

Date reviewed: _____

The following elements are to be considered in a PCSP for a child of any age

<i>Areas to Consider</i>	<i>Present</i>	<i>Not Present</i>	<i>Comments</i>
The parents/guardians, child (if appropriate), and other interested persons (care providers, school staff, etc) were involved in the development of the plan.			
The plan is approved by parent/guardian.			
The plan lists and describes necessary activities, training, materials, equipment, assistive technology & services needed to assist the child.			
The plan clearly identifies services the child currently receives and identifies providers as applicable.			
Health and medical needs are considered and described how they are addressed or steps to take in order to meet the need.			
Behavior support needs are considered and described how they are addressed or steps to take in order to meet the need.			
The plan considers relationships important to the child, and describes skills or needed supports in the areas of socialization and building relationships.			
The plan considers personal safety skills or training needs, appropriate to the age of the child.			
The plan identifies the family's natural and generic community resources, or there is evidence of assisting the family in identifying and developing these supports.			

SEDGWICK COUNTY
DEVELOPMENTAL DISABILITY ORGANIZATION

Psychotropic Medication Plan Review

Name of Individual Reviewed: _____ Date of PMP: _____

Names of Reviewers: _____ Date of Review: _____

<i>Areas Identified</i>	<i>Present</i>	<i>Not Present</i>	<i>Comments</i>
Psychotropic Medications			
Prescribing physician			
Psychiatric Diagnosis			
Behaviors related to the diagnosis			
Risks associated with the medications			
Safeguards are in place to minimize risks			
Benefits of the medication			
Signs / Symptoms for staff to watch for			
Staff response to signs / symptoms			
Evidence that environmental modifications were considered			
Evidence that a plan for titration has been considered if appropriate.			
Evidence of review by a Behavior Management Committee			
Consent by guardian or individual			

Adult Protective Services Fact Sheet

Program Description

Adult Protective Services (APS) are intervention activities directed towards safeguarding the well-being and general welfare of adults in need of protection. Intervention is available to adults age 18 and above who are unable to protect themselves and who need assistance in dealing with abusive, neglectful or exploitative situations.

Adult Protective Services Social Workers investigate reports and provide protective services to adults, **with their consent**, who reside in the community, adults residing in facilities licensed/certified by Kansas Department for Aging and Disability Services (KDADS), and to adults residing in adult care homes and other facilities licensed by the Kansas Department of Health and Environment. Emergency Support Services and Guardianship and Conservatorship services are also available. The intent of Adult Protective Services is to protect the most vulnerable adults from harm while safeguarding their civil liberties.

Definitions

Adult: individuals age 18 or older who are alleged to be unable to protect their own interests and who are harmed or threatened with harm through action or inaction by either another individual or themselves.

Abuse: any act or failure to act performed intentionally or recklessly that causes or is likely to cause harm, including: infliction of physical or mental injury; sexual abuse; unreasonable use of physical or chemical restraints, isolation, medications; threats or menacing conduct; fiduciary abuse or omission or deprivation by a caretaker or another person of goods or services which are necessary to avoid physical or mental harm or illness.

Neglect: failure or omission by one's self, caretaker or another person to provide goods or services which are reasonably necessary to ensure safety and well-being and to avoid physical or mental harm or illness.

Exploitation: misappropriation of an adult's property or intentionally taking unfair advantage of an adult's physical or financial resources.

Fiduciary Abuse: occurs when any person who is the caretaker of, or who stands in a position of trust to an adult takes, secretes or appropriates their money or property to any use or purpose not in the due and lawful execution of the adult's trust.

Who Should Report?:

The Kansas statute (K.S.A. 39-1431) requires the following persons to report suspected abuse, neglect, exploitation or fiduciary abuse immediately:

- any person licensed to practice any branch of the healing arts
- a licensed psychologist
- a licensed master level psychologist
- the chief administrative officer of a medical care facility
- a licensed social worker
- a licensed professional nurse
- a licensed dentist
- a licensed practical nurse
- a licensed clinical psychotherapist

- a licensed marriage and family therapist
- a licensed clinical marriage and family therapist
- a licensed professional counselor
- a licensed clinical professional counselor
- a registered alcohol and drug abuse counselor
- a law enforcement officer
- a teacher
- a case manager
- guardian or conservator
- bank trust officer
- rehabilitation counselor
- holder of power of attorney
- an owner or operator of a residential care facility
- an independent living counselor
- a chief administrative officer of a licensed home health agency
- a chief administrative officer of an adult family home
- a chief administrative officer of a provider of community services and affiliates thereof operated or funded by the KDADS or licensed under K.S.A. 7503307b.

It is a class B misdemeanor for a mandatory reporter to knowingly fail to report if they suspect a vulnerable adult is being neglected, abused, or exploited.

Any other person who suspects or believes abuse, neglect or exploitation may also report.

Immunity of Reporter

Persons who report, participate in any follow-up activity or who testify in any administrative or judicial proceeding as a result of the report are immune to any civil or criminal liability unless the reporter made a malicious report. The statute prohibits an employer from imposing sanctions on an employee for making a report or cooperating with an investigation.

Confidentiality of Reporter

The name of the reporter or any person mentioned in the report will not be disclosed without the reporter's permission in writing, or through court order.

How To Report

Telephone the local APS toll-free hotline at **1-800-922-5330**. The hotline is staffed twenty-four hours a day, seven days a week. The statute also makes provision for reports to be made to law enforcement when DCF offices are closed. Law enforcement should submit the report and appropriate information to DCF on the first working day that DCF is open.

What to Report

Name and address of the person who is reported to be abused, neglected or exploited; name of the reporter and how to contact him/her; any information which the reporter believes might be helpful in the investigation and protection of the alleged victim. This includes specific addresses, telephone numbers and directions to the home(s) of relatives, caretakers, the alleged perpetrators, other collaterals. Risk factors to the alleged victim or social worker.

Information regarding the nature and extent of the abuse, neglect, exploitation, such as what the reporter saw, why the reporter considers it to be abuse, neglect or exploitation, and does the reporter believe the alleged victim is in immediate danger.

Report Suspected Abuse, Neglect, Exploitation or Fiduciary Abuse When:

- the adult is in a harmful situation or is in danger of being harmed.
- the adult is unable to protect him/herself.
- a specific incident or pattern of incidents suggests abuse, neglect or exploitation.
- the adult is unable to provide for or obtain the services necessary to ensure safety and well-being and to avoid physical or mental harm or illness.

What APS Will Do When a Report Is Received

- Initiate a personal visit with the adult within 24 hours to five working days depending on the risk of imminent danger to the individual.
- With the consent of the adult, interview the alleged perpetrator if one has been named.
- Interview collaterals when appropriate (service providers, relatives, neighbors, etc.).
- Discuss with the adult, guardian, conservator, and/or caretaker what actions are needed and, **with the adult's consent**, develop service plans or corrective action plans with recommendations to prevent further harm.
- With the adult's consent, assist in locating services which are necessary to maintain physical or mental health: i.e., legal services, medical care, appropriate living arrangements, assistance in personal hygiene, food, clothing, adequately heated and ventilated shelter, protection from maltreatment, and transportation.
- Provide advocacy to assure protection of personal rights.

Child Protective Services (CPS) Fact Sheet

If you suspect a child is being abused, neglected or exploited please telephone Kansas Protection Report Center (PRC) at **1-800-922-5330**. Every call is taken seriously and every effort will be made to protect your identity. Telephone lines at the Protection Report Center are staffed 24 hours a day. In the event of an emergency contact your local law enforcement or call 911. When a report of abuse or neglect is made to CPS, it is first screened to determine if CPS should become involved. If the report meets the criteria for CPS involvement, a social worker or special investigator investigates it. Law enforcement may also investigate concerns if a social worker is not available or a joint investigation is warranted. If it is determined that the child's safety is at risk, then a recommendation is made to the court regarding the necessary action that should be taken.

The court is ultimately responsible for the decision to remove a child from the home. This may require placing the child in foster care or with a relative. When making a recommendation to remove a child, CPS has to weigh the emotional harm of being removed from the home, with the likelihood of harm if the child stays.

Child Protective Services (CPS) may also be provided in non-abuse or neglect situations, such as an out-of-control child, truancy, overwhelmed parents, and runaways. Investigations often result in families receiving an array of services such as family preservation, foster care, or other services available in the community.

**Article 64 – Developmental Disabilities
Community Developmental Disability Organizations**

Excerpt

30-64-27. Quality assurance.

(a) Each contracting CDDO shall ensure the quality of the services being provided to persons being served by the CDDO or by an affiliate. Ensuring quality shall include providing for on-site monitoring by a local committee made up of persons served, their families, guardians, interested citizens, and providers. The type and intensity of on-site review shall be determined by the local committee and shall include at least a determination of all of the following:

(1) Services that are paid for are delivered.

(2) Services that are delivered are paid for in accordance with the terms of any agreement or contract in force, including any payment requirement that the person being served or a third party acting on behalf of the person being served has the responsibility to meet.

(3) Services are being provided in a manner meeting applicable requirements provided for in article 63.

(4) The CDDO or affiliate is affording the person being served all of the person's legally protected rights.

(5) The CDDO or affiliate meets both of these requirements:

(A) Is reporting any suspicions of abuse, neglect, or exploitation to the appropriate state agency;
and

(B) has corrected or is actively in the process of correcting the cause of any confirmed violation.

(b) This regulation shall take effect on and after October 1, 1998. (Authorized by and implementing K.S.A. 1997 Supp. 39-1801, et seq.)

Article 63 – Developmental Disabilities – Licensing Providers of Community Services

(Revised February 2010)

30-63-1. Definitions. (a) Words and phrases used in this article shall have the same meanings as set forth in K.S.A 39-1803, and amendments thereto. In addition, the following terms shall have the meaning ascribed to them in this regulation.

(1) "Agent" means any individual utilized by a provider to carry out any activity done by that provider, whether being paid or serving as a volunteer.

(2) "Commissioner" means the commissioner of mental health and developmental disabilities.

(3) "Commission" means the division of mental health and developmental disabilities within the department of social and rehabilitation services.

(4) "Department" means the department of social and rehabilitation services.

(5) "Person" means an individual with a developmental disability.

(6) "Provider" means a community services provider or any other entity required to be licensed pursuant to this article.

(7) "Services" means community services.

(8) "Support network" means the one or more individuals selected by a person or by the person and the person's guardian, if one has been appointed, to provide assistance and guidance to that person in understanding issues, making plans for the future, or making complex decisions.

(b) This regulation shall take effect on and after October 1, 1998. (Authorized by and implementing K.S.A 75-3307b and K.S.A 1997 Supp. 39-1801, et seq.)

30-63-10. License required; exceptions. (a) Each individual, group, association, corporation, local government department, or local quasi-government agency providing services to persons 18 years of age or older in need of services greater than those provided in a boarding care home as defined in K.S.A. 39-923(a) (8), and amendments thereto, shall be licensed in accordance with the provisions of this article, except when those services are provided in or by any of the following:

(1) In a medical care facility, as defined and required to be licensed in K.S.A. 65-425 et seq. and amendments thereto;

(2) in a nursing facility, nursing facility for mental health, intermediate care facility for the mentally retarded, assisted living facility, or residential health care facility, or in a home plus setting, as defined and required to be licensed in K.S.A. 39-923 et seq. and amendments thereto;

(3) by a home health agency, as defined and provided for the licensing of in K.S.A. 65-5101 et seq. and amendments thereto; or

(4) in a manner so that the services constitute in-home services, funded under the federal home- and community- based services/mental retardation waiver or with state funding under terms like those of the federal home and community-based services/mental retardation waiver, and are provided in compliance with all of the following conditions:

(A) The services are directed and controlled by an adult receiving services, the parent or parents of a minor child receiving services, or the guardian of an adult receiving services.

(B) The person or person's representative directing and controlling the services selects,

trains, manages, and dismisses the individual or business entity providing the services and coordinates payment.

(C) The person or person's representative directing and controlling the services owns, rents, or leases the whole or a portion of the home in which services are provided.

(D) If any individual providing services also lives in the home in which services are provided, there is a written agreement specifying that the person receiving services will not be required to move from the home if there is any change in who provides services, and that any individual or business entity chosen to provide services will be allowed full and reasonable access to the home in order to provide services.

(E) The person receiving services does not receive services in a home otherwise requiring a license pursuant to these regulations.

(F) Any individual providing services is at least 16 years of age, or at least 18 years of age if a sibling of the person receiving services, unless an exception to this requirement has been granted by the commission, based upon the needs of the person receiving services.

(G) Any individual or business entity providing services receives at least 15 hours of prescribed training, or the person or person's representative directing and controlling the services has provided written certification to the community developmental disability organization (CDDO) that sufficient training to meet the person's needs has been provided.

(H) The person or person's representative directing and controlling the services has chosen case management from the CDDO or an agency affiliated with the CDDO. That case management may be limited, at the choice of the person or person's representative directing and controlling the services, to reviewing the services on a regular basis to ensure that the person's needs are met, annual reevaluation of continued eligibility for funding, and development of the person's plan of care.

(I) The person or person's representative directing and controlling the services cooperates with the CDDO's quality assurance committee and allows review of the services as deemed necessary by the committee to ensure that the person's needs are met. In addition, the person directing and controlling the services cooperates with the commission and allows monitoring of the person's services to ensure that the case manager and the CDDO's quality assurance committee have adequately reviewed and determined that the person's needs are met.

(J) The person or person's representative directing and controlling the services agrees to both of the following:

(i) If it is determined by the CDDO or the commission that the person receiving services is or could be at risk of imminent harm to the person's health, safety, or welfare, the person or person's representative directing and controlling the services shall correct the situation promptly.

(ii) If the situation is not so corrected, after notice and an opportunity to appeal, funding for the services shall not continue.

(b) Each license issued pursuant to this article shall be valid only for the provider named on the license. Each substantial change of control or ownership of either a corporation or other provider previously licensed pursuant to this article shall void that license and shall require a reapplication for licensure.

(Authorized by K.S.A. 39-1810 and K.S.A. 75-3304; implementing K.S.A. 39-1806 and K.S.A. 2008 Supp. 75-3307b; effective July 1, 1996; amended Oct. 1, 1998; amended Jan. 15, 2010.)

30-63-11. Two types of license; display. (a) Two types of license may be issued by the secretary pursuant to this article to operate as a provider. One type shall be a “full license,” and the other type shall be a “limited license.” Both types of license may be issued on a “temporary” or on a “with requirements” basis as specified in K.A.R. 30-63-12.

(b) Both licenses issued pursuant to this article shall be prepared by the commission.

(c) Each holder of a license shall prominently display the license in the holder’s principal place of business.

(d) A full license shall apply to all providers except those providers specified in subsection (e).

(e) A “limited license” shall apply to providers who provide services only to either one or two specified persons to whom the provider is related or with whom the provider has a preexisting relationship. The services shall be provided in the home of the person being served. A provider operating with a limited license shall be afforded greater flexibility in the means by which that provider is required to comply with all of the requirements of this article if the services are provided in a manner that protects the health, safety, and welfare of the specific person being served, as determined by the commission. (Authorized by and K.S.A. 39-1810 and K.S.A. 75-3304; implementing K.S.A. 39-1806 and K.S.A. 2008 Supp. 75-3307b; effective July 1, 1996; amended Jan. 15, 2010.)

30-63-12. Licensing procedure; requirements; duration of license. (a) Each provider required to be licensed pursuant to this article shall submit an application for an appropriate license to the commissioner, on a form provided by the commission.

(b) For a full license, each applicant shall provide the following:

(1) Certification that the applicant’s chief director of services, regardless of title, is qualified to develop and modify, if appropriate, a program of individualized services to be provided to persons as defined in K.A.R. 30-63-1, as evidenced by that individual’s having either of the following:

(A) A bachelor’s or higher degree in a field of human services awarded by an accredited college or university; or

(B) work experience in the area of human services at the rate of 1,040 hours of paid work experience substituted for a semester of higher education, which shall mean 15 undergraduate credit hours, with at least eight full-time semester’s worth of either satisfactorily passed education or work experience;

(2) certification that the applicant’s chief director of services, regardless of title, is qualified to supervise the delivery of a program of services to persons, as evidenced by that individual’s having one of the following:

(A) At least one year of experience in a senior management-level position with a licensed provider;

(B) at least two years of experience as either a case manager or a services manager with supervisory authority over at least two other individuals providing direct services to persons; or

(C) at least five years of experience delivering direct care services to persons;

(3) three letters of reference concerning the applicant’s chief director of services, regardless of title. Each letter written shall be by an individual knowledgeable both of the applicant and of the delivery of services to persons;

(4) evidence of completion of a background check meeting the requirements of the “SRS/CSS policy regarding background checks,” dated September 8, 2009 and hereby adopted by reference, done on the applicant’s chief director of services, regardless of title;

(5) a set of written policies and procedures specifying how the applicant intends to comply with the requirements of this article;

(6) a written business plan that shows how the applicant intends to market its services, to accommodate growth or retrenchment in the size of its operations without jeopardizing consumer health or safety issues, to respond to other risk factors as could be foreseeable in the specific case of that applicant, and to keep the operation fiscally solvent during the next three years, unless the application is for a renewal of a succession of licenses that the applicant has had for at least three years. In this case, the viability of the applicant’s operation shall be presumed, unless the commissioner determines that there is reason to question the viability of the licensed provider applying for license renewal and requires the submission of a written business plan despite how long the renewal applicant has been previously licensed; and

(7) if required of the applicant by the United States department of labor, a subminimum wage and hour certificate.

(c) For a limited license, each applicant shall provide the following:

(1) A description of the preexisting relationship with the one or two persons proposed to be provided services;

(2) documentation that the individual who will be chiefly responsible for providing services is qualified to do so, as evidenced by that individual’s having either of the following:

(A)(i) At least one year of work experience in providing services to a person; and

(ii) completion of the curriculum of studies designated by the commission and accessed through the commission’s web site; or

(B) the qualifications specified in paragraph (b)(1);

(3) evidence of completion of a background check meeting the requirements of the background check policy adopted by reference in paragraph (b)(4), done on the individual who will be chiefly responsible for the operations of the applicant;

(4) a written plan that shows how the applicant intends to comply with the requirements of this article applicable to the specific circumstances of the one or two persons to whom those services are proposed to be provided; and

(5) a written business plan that shows how the applicant intends to keep the applicant’s proposed provider operation fiscally solvent during the next three years, except as specified in this paragraph. If the application is for a renewal of a succession of licenses that the applicant has had for at least three years, the viability of the applicant’s operation shall be presumed, unless the commissioner determines that there is reason to question the viability of the licensed provider applying for license renewal and requires the submission of a written business plan, regardless how long the applicant has been previously licensed.

(d) Upon receipt of an application, the commission shall determine whether the applicant is in compliance with the requirements of subsection (b) or (c) and with this article.

(e) The applicant shall be notified in writing if the commission finds that the applicant is not in compliance with the requirements of subsection (b) or (c) or with this article.

(f) A temporary license or a temporary license with requirements may be issued by the secretary to allow an applicant to begin the operations of a new provider. A license with requirements may be issued by the secretary to allow a provider seeking renewal of a previously

issued license to continue operations. A license with requirements shall be designated as contingent upon the provider's developing, submitting to the commission, and implementing an acceptable plan of corrective action intended to bring the provider into continuing compliance with the requirements of this article.

(1) Findings made by the commission with regard to the implementation of a plan of corrective action shall be given to the provider in writing.

(2) Failure of a provider to be in compliance with the requirements of this article or to implement an acceptable plan of corrective action may be grounds for denial of a license whether or not a temporary license or a license with requirements has been issued.

(g) Based upon findings made by the commission regarding compliance with or the implementation of an acceptable plan of corrective action, the commissioner shall determine whether to recommend issuance or denial of the full or limited license applied for. The applicant shall be notified in writing of any decision to recommend denial of an application for a license. The notice shall clearly state the reasons for a denial. The applicant may appeal this denial to the administrative appeals section pursuant to article seven of these regulations.

(h)(1) A full or limited license issued pursuant to this article shall remain in effect for not more than two years from the date of issuance. The exact date on which the license expires shall be stated upon the license. However, the license shall earlier expire under any of the following circumstances:

(A) The license is revoked for cause.

(B) The license is voided.

(C) For a temporary license or a license with requirements, the license is superseded by the issuance of a full or a limited license as applied for.

(D) The license is voluntarily surrendered by the provider.

(2) Each license term shall be determined by the commissioner based upon the commission's findings regarding the history and strength of the applicant's provider operations, including evidence of the provider's having earned certification from a nationally recognized agency or organization that specializes in certifying providers of services.

(i) Each license with requirements shall specify the length of time for which the license is valid, which shall not exceed one year. Successive licenses with requirements may be issued by the secretary, but successive licenses with requirements shall not be issued for more than two years.

(j) Each temporary license shall be valid for six months. If, at the expiration of that six months, the licensee has not yet commenced providing services to any person but the licensee wishes to continue efforts to market the licensee's services, a successive temporary license may be issued for another six-month period. No further extensions of a temporary license shall be granted.

(k) A license previously issued shall be voided for any of the following reasons:

(1) Issuance by mistake;

(2) a substantial change of control or ownership, as provided for in K.A.R. 30-63-10(b); or

(3) for a limited license, the licensee's cessation of provision of services to the person or persons for whom the license was specifically sought and obtained.

(l) In order to renew a license, the licensee shall reapply for a license in accordance with this regulation.

(m) If a provider is licensed pursuant to this article on or before the effective date of the

amendments to this regulation, the requirements specified in either paragraphs (b)(1) and (b)(2) or paragraph (c)(2) shall not apply to any renewal request of that licensee made during the one-year period following the effective date of these amendments. (Authorized by K.S.A. 39-1810 and K.S.A. 75-3304; implementing K.S.A. 39-1806 and K.S.A. 2008 Supp. 75-3307b; effective July 1, 1996; amended Jan. 15, 2010.)

30-63-13. Compliance reviews; mediation; enforcement actions; emergency orders.

(a) At any time deemed necessary by the commissioner, a licensed provider may be reviewed by the commission to ensure continuing compliance with the requirements of this article.

(b) If a finding indicates that the licensed provider is not in compliance, the provider shall be given by the commissioner a written copy of the finding setting out each specific deficiency and a notice of the provider's right to seek mediation of any dispute regarding the finding.

(c) If the provider disagrees with any finding made by the commission, the provider may request mediation, in writing, within 14 days of receipt of the finding. An independent entity shall be selected by the commissioner and the provider to serve as the mediator, unless the parties are not able to agree upon a mediator, in which case an independent mediator shall be designated by the secretary. The mediator shall assist the parties in attempting to come to an agreement on the following:

- (1) The nature and extent of any noncompliance;
- (2) any course of corrective actions necessary to bring the provider into compliance;

and

- (3) a time limit within which the provider shall have to come into compliance.

(d)(1) Written notice may be issued by the commissioner to the provider of a determination of noncompliance under any of the following circumstances.

- (A) The provider does not request mediation.
- (B) Mediation does not resolve the issues.
- (C) The commission finds that the provider has not complied with the requirements of this article by the deadline established in a mediated agreement or a deadline that has been extended by the commissioner for good cause.

(2) If the commissioner issues written notice to the provider of a determination of noncompliance in accordance with paragraph (d)(1), a written plan of correction from the provider shall be required by the commissioner, to be submitted within 14 days of receipt of the notice.

(3) If the commissioner determines that the provider has failed to satisfactorily comply with the plan of correction within 30 days of the date of the plan, or within a deadline that has been extended by the commissioner for good cause, any or all of the following enforcement actions may be imposed:

(A) Civil penalties in an amount not to exceed \$125.00 per day for each violation from the date specified by the commissioner within the notice until the provider comes into compliance. The date specified by the commissioner may be any date from or after 45 days following the date of the commissioner's notice requiring a plan of correction;

(B) an order that the provider shall cease providing specified services and shall make all necessary arrangements to have any person or persons then receiving services transferred to another provider. The order may include provisions requiring the provider to continue the

provision of those or other services until the transfer can be accomplished. The order shall remain in effect until the provider comes into compliance;

(C) suspension or revocation of the provider's license as provided for in K.A.R. 30-63-14.

(e) A provider may appeal any enforcement action taken to the administrative appeals section pursuant to article seven of these regulations.

(f) If the commission additionally finds that the provider's noncompliance creates a situation of imminent danger to the health, safety, or welfare of any person or persons, an emergency order may be issued by the commissioner, making any provisions that the commissioner deems necessary for the immediate protection of the health, safety, or welfare of the person or persons. Written notice of any emergency order shall be given to the provider and shall specify the following:

(1) The actions that the provider shall take;

(2) the reason the commissioner has determined an emergency order is needed; and

(3) notice that the provider will be given an emergency hearing regarding the emergency order by the administrative appeals section pursuant to article seven of these regulations if the provider makes a written request for a hearing within 15 days after receiving the order.

(g) This regulation shall take effect on and after October 1, 1998. (Authorized by and implementing K.S.A. 75-3307b and K.S.A. 1997 Supp. 39-1801, et seq.)

30-63-14. Revocation of a license; suspension. (a) Any license issued pursuant to this article may be suspended or revoked before the expiration date for failure of the provider to comply with the requirements of this article.

(b) A provider's license may be suspended during the revocation proceedings only upon a determination by the commissioner that the continued operation of the provider during the revocation proceedings would constitute an imminent danger to the health, safety or welfare of any person or persons who would be receiving services from the provider during the revocation proceedings. This determination shall be made in writing and clearly state the reasons for it.

(c) Before revocation of a provider's license, a written notice of the intent to revoke shall be sent to the provider by registered mail, along with a copy of the commissioner's determination to suspend the license during the revocation proceedings, if applicable. The notice shall:

(1) specify the date the license shall be revoked if an appeal is not timely taken;

(2) clearly state the reasons for the revocation of the license;

(3) instruct the provider to immediately cease providing services if the commissioner has determined to suspend the license during the revocation proceedings; and

(4) advise the provider that the revocation may be appealed to the administrative appeals section pursuant to article seven of these regulations, and that an appeal shall stay the revocation, but shall not stay any suspension of the license during the pendency of the appeal, except as may be provided for in any order issued after an emergency hearing held as a result of a request made under K.A.R. 30-63-13(f)(3).

(d) If at any time during the pendency of an appeal the commissioner finds that the provider now complies with all of the requirements of this article, and that it is in the best interests of the public that the revocation be withdrawn, the commissioner shall notify all parties to the revocation proceedings that the revocation action has been withdrawn and the appeal

proceedings shall be terminated.

(e) If, after notice to the provider of the commissioner's intent to revoke, the provider does not timely appeal, the license shall be revoked by the commission effective on the date stated within the notice.

(f) This regulation shall take effect on and after July 1, 1996. (Authorized by and implementing K.S.A. 75-3307b and K.S.A. 39-1801, et.seq.)

30-63-20. Mandated requirements. (a) In order to be eligible to be licensed as a provider, each applicant shall demonstrate that the applicant either complies with or can comply with all applicable requirements of this article and all applicable requirements of article 64.

(b) For good cause shown by an applicant, or by any person being served or proposed to be served by that applicant, one or more of the specific requirements of this article may be waived by the commissioner, and some other requirement or requirements that may be proposed by the applicant or person may be substituted by the commissioner, if the waiver or substitution would neither jeopardize the health, safety, or well-being of any person or persons served or proposed to be served by the applicant, nor substantially deviate from meeting the intent or purpose of the requirement or requirements being waived.

(c) Attainment of national accreditation by an applicant from an organization that evaluates and accredits providers of mental retardation or developmental disabilities services, or the recommendation of a local CDDO's quality assurance committee, shall be considered by the commissioner in determining compliance by the applicant with any one or more of the requirements of this article.

(Authorized by K.S.A. 39-1810 and K.S.A. 2005 Supp. 75-3307b ; implementing K.S.A. 39-1806; effective July 1, 1996; amended Oct. 1, 1998; amended Dec. 8, 2006.)

30-63-21. Person-centered support planning; implementation. (a) The provider shall prepare a written person-centered support plan for each person served that shall meet these requirements:

- (1) Be developed only after consultation with the following:
 - (A) The person;
 - (B) the person's legal guardian, if one has been appointed; and
 - (C) other individuals from the person's support network as the person or the person's guardian chooses;
- (2) contain a description of the person's preferred lifestyle, including describing the following:
 - (A) In what type of setting the person wants to live;
 - (B) with whom the person wants to live;
 - (C) what work or other valued activity the person wants to do;
 - (D) with whom the person wants to socialize; and
 - (E) in what social, leisure, religious, or other activities the person wants to participate;
- (3) list and describe the necessary activities, training, materials, equipment, assistive technology, and services that are needed to assist the person to achieve the person's preferred lifestyle;
- (4) describe how opportunities of choice will be provided, including specifying

means for the following:

(A) Permitting the person to indicate the person's preferences among options presented to the person, by whatever communication methods that person may possess, including a description of the effective communication methods utilized by the person;

(B) providing the necessary support and training to allow the person to be able to indicate the person's preferences, including a description of any training and support needed to fully participate in the planning process and other choice making; and

(C) assisting the person or the person's guardian to understand the negative consequences of choices the provider knows the person might make and that may involve risk to that person;

(5) describe when it is necessary to do so, to the person and the person's support network, how the preferred lifestyle might be limited because of imminent significant danger to the person's health, safety, or welfare based on an assessment of the following:

(A) The person's history of decision-making, including any previous experience or practice the person has in exercising autonomy, and the person's ability to learn from the natural negative consequences of poor decision-making;

(B) the possible long- and short-term consequences that might result to the person if the person makes a poor decision;

(C) the possible long- and short-term effects that might result to the person if the provider limits or prohibits the person from making a choice; and

(D) the safeguards available to protect the person's safety and rights in each context of choices;

(6) prioritize and structure the delivery of services toward the goal of achieving the person's preferred lifestyle;

(7) contribute to the continuous movement of the person towards the achievement of the person's preferred lifestyle. In evaluating this outcome, the provider may include assessments made by professionals and shall perform either of the following:

(A) Include consideration of the expressed opinions of the person, the person's legal guardian, if one has been appointed, and other individuals from the person's support network; or

(B) account for the following:

(i) The financial limitations of the person and the provider;

(ii) the supports and training needed, offered, and accepted by the person; and

(iii) matters identified in paragraph(a)(5). Next best options may be considered as responsive if the person cannot specifically have what the person prefers due to limitations identified by this methodology; and

(8) be approved, in writing, by the person or the person's guardian, if one has been appointed. Requirements for approval from or consultation with the person's guardian shall be considered to have been complied with if the provider documents that it has taken reasonable measures to obtain this approval or consultation and that the person's guardian has failed to respond.

(b) Whenever two or more providers provide services to the same person, the providers shall work together to prepare a single person-centered support plan. Each provider shall be responsible for the preparation and implementation of any portion of the plan relating to its services. The person, the guardian if one has been appointed, a member of the person's support

network, or a provider shall take the lead coordination role in preparation of the plan, and a designation of that person or entity shall be noted in the plan.

(c) The provider shall regularly review and revise the plan, by following the same procedures as set out above, whenever necessary to reflect any of the following:

- (1) Changes in the person's preferred lifestyle;
- (2) achievement of goals or skills outlined within the plan; or
- (3) any determination made according to the methodology provided for in paragraph (a)(7) above that any service being provided is unresponsive.

(d) The provider shall deliver services to the person only in accordance with the person's person-centered support plan.

(e) This regulation shall take effect on and after October 1, 1998. (Authorized by and implementing K.S.A. 75-3307b and K.S.A. 1997 Supp. 39-1801, et seq.)

30-63-22. Individual rights and responsibilities. (a) Each provider shall at all times encourage and assist each person served to understand and exercise the person's individual rights and to assume the responsibilities that accompany these rights.

(b) Each person served shall be guaranteed the same rights afforded to individuals without disabilities. These rights may be limited only by provisions of law or court order, including guardianship, conservatorship, power of attorney or other judicial determination. These rights shall include the following:

- (1) Being free from physical or psychological abuse or neglect, and from financial exploitation;
- (2) having control over the person's own financial resources;
- (3) being able to receive, purchase, have, and use the person's personal property;
- (4) actively and meaningfully making decisions affecting the person's life;
- (5) having privacy;
- (6) being able to associate and communicate publicly or privately with any person or group of people of the person's choice;
- (7) being able to practice the religion or faith of the person's choice;
- (8) being free from the inappropriate use of a physical or chemical restraint, medication, or isolation as punishment, for the convenience of a provider or agent, in conflict with a physician's orders or as a substitute for treatment, except when physical restraint is in furtherance of the health and safety of the person;
- (9) not being required to work without compensation, except when the person is living and being provided services outside of the home of a member of the person's family, and then only for the purposes of the upkeep of the person's own living space and of common living areas and grounds that the person shares with others;
- (10) being treated with dignity and respect;
- (11) receiving due process; and
- (12) having access to the person's own records, including information about how the person's funding is accessed and utilized and what services were billed for on the person's behalf.

(c) Each provider shall train its agents regarding the rights specified in subsection (b). In addition, each provider shall offer training at least annually regarding these rights and effective ways to exercise them to each person served, to the guardian if one has been appointed,

and to the person's parent and other individuals from each person's support network.

(Authorized by K.S.A. 39-1810 ; implementing K.S.A. 39-1802 and K.S.A. 39-1806; effective July 1, 1996; amended Oct. 1, 1998; amended Dec. 8, 2006.)

30-63-23. Medications; restrictive interventions; behavioral management committee. (a) A provider shall take proactive and remedial actions to ensure appropriate, effective, and informed use of medications and other restrictive interventions to manage behavior or to treat diagnosed mental illness. These actions shall be taken before the provider initiates the use of any medication or other restrictive intervention to manage behavior, unless the needs of the person served clearly dictate otherwise and the provider documents that need. Otherwise, these actions shall be taken promptly following the initiation of, or any change in, the use of any medication or other restrictive intervention to manage behavior or to treat diagnosed mental illness.

(b) These proactive and remedial actions shall include all the following:

(1) **Safeguards**, which shall include initial and ongoing assessment and responsive modifications that may be needed to ensure and document the following, in consultation with the person, the person's guardian, and the person's support network:

(A) All other potentially effective, less restrictive alternatives have been tried and shown ineffective, or a determination using best professional clinical practice indicates that less restrictive alternatives would not likely be effective;

(B) positive behavior programming, environmental modifications and accommodations, and effective services from the provider are present in the person's life;

(C) voluntary, informed consent has been obtained from the person or the person's guardian if one has been appointed, after a review of the risks, benefits, and side effects, as to the use of any restrictive interventions or medications; and

(D) medications are administered only as prescribed, and no "PRN" (provided as needed) medications are utilized without both the express consent of the person or the person's guardian if one has been appointed, and per usage approval from the prescribing physician or another health care professional designated by the person or the person's guardian if one has been appointed;

(2) **management**, which shall include initial and ongoing assessment and responsive modifications that may be needed to ensure and document the following:

(A)(i) When restrictive intervention or medication is being used to manage specific behaviors, those behaviors are documented as to the frequency and objective severity of occurrence;

(ii) the provider periodically reviews and reports to the person, the person's guardian if one has been appointed, the person's support network, and the physician prescribing any medication to manage behavior, the frequency and objective severity of the specific behaviors, and the effectiveness of the restrictive intervention or medication and any side effects experienced from any medication used to manage specific behaviors, in conjunction with safeguard measures; and

(iii) the provider recommends to the person, the person's guardian if one has been appointed, the person's support network, and the physician prescribing any medication to manage behavior, reducing the use of the restrictive intervention or medication being used to manage specific behaviors, when appropriate, based upon the documented effectiveness of those efforts in

conjunction with safeguard measures; or

(B) when medication is used to treat specifically diagnosed mental illness, the medication has been prescribed and is being managed by a psychiatrist who is periodically provided information regarding the effectiveness of and any side effects experienced from the medication. The prescription and management may be by a physician, rather than a psychiatrist, only when requested and agreed to by the person or the person's guardian if one has been appointed, and when based upon the documented need of the person; and

(3) **review** by a behavior management committee established by the provider, which shall meet these criteria:

(A) Be made up of a selected number of persons served, guardians of persons served, family members of persons served, interested citizens, and providers, at least 1/3 of whom shall be otherwise unassociated with the provider; and

(B) periodically review the use of medications and other restrictive interventions to manage behavior or to treat diagnosed mental illness, to ensure that the provisions of this regulation are met and to report to the provider each instance in which the committee determines that any provision of this regulation has not been met. The provider shall immediately correct any instance of noncompliance reported by the behavior management committee.

(c) Requirements for consent from or consultation with the person's guardian shall be considered to have been complied with if the provider documents that it has taken reasonable measures to obtain the consent or consultation and that the person's guardian has failed to respond.

(d) This regulation shall take effect on and after October 1, 1998. (Authorized by and implementing K.S.A. 75-3307b and K.S.A. 1997 Supp. 39-1801, et seq.)

30-63-24. Individual health. (a) A provider shall assist each person served, as necessary, in obtaining the medical and dental services to which the person has access and that may be required to meet the person's specific health care needs, including the following:

(1) Scheduling and receiving preventative examinations and physicals;

(2) practicing for obtaining emergency services;

(3) developing individualized procedures for the administration of medications and other treatments, including training for self-medication or administration; and

(4) obtaining necessary supports, including adaptive equipment, and speech, hearing, physical, or occupational therapies, as appropriate.

(b) Non-licensed personnel shall administer medications and perform nursing tasks or activities in conformance with the provisions of K.S.A. 65-1124, and amendments thereto.

(c) A provider shall train staff who shall be responsible to implement the service provider's written policies and procedures for carrying out medication administration, including the following:

(1) Self-administration by any person;

(2) medication checks and reviews;

(3) emergency medical procedures; and

(4) any other health care task.

(d) Whenever two or more providers provide services to the same person, the providers shall work together to meet the health care needs of the person. The person, the guardian if one has been appointed, a member of the person's support network, or a provider may take the lead coordination role, and a designation of that person or entity shall be noted in the person-centered

support plan.

(e) This regulation shall take effect on and after October 1, 1998. (Authorized by and implementing K.S.A. 75-3307b and K.S.A. 1997 Supp. 39-1801, et seq.)

30-63-25. Nutrition assistance. (a) Except when a provider is providing services to a person living in the home of a member of that person's family, the provider shall assist each person served in obtaining daily access to a well-balanced, nutritious diet consistent with the provisions of K.A.R. 30-63-21 regarding opportunities of choice. If a person being served lives in the home of a family member, a provider shall assist that person similarly with any meals provided outside of that home setting.

(b) A provider that serves a person meals shall serve each modified or special diet meal in a form consistent with both the person's needs and desires and any medical directions with regard thereto.

(c) This regulation shall take effect on and after October 1, 1998. (Authorized by and implementing K.S.A. 75-3307b and K.S.A. 1997 Supp. 39-1801, et seq.)

30-63-26. Staffing; abilities; staff health. (a) A provider shall provide professional and direct service staff in numbers sufficient to meet the support and service needs of each person being served.

(b) Each employee shall be able to perform the employee's job duties before working without oversight by another trained staff person.

(c) Each employee shall consistently satisfactorily perform the employee's assigned job duties throughout the term of the employee's employment.

(d) Staff who have been certified by a recognized training agency to give CPR and first aid shall be available in sufficient numbers whenever persons being provided services are present.

(e) All staff or consultants representing themselves as professionals subject to national, state, or local licensing, certification or accreditation standards shall be in compliance and maintain compliance with those standards.

(f) Each staff member shall monitor the member's personal health and avoid circumstances in which the member risks exposing a person to whom the member is providing services to contagious disease or other health endangerment.

(g) This regulation shall take effect on and after July 1, 1996. (Authorized by and implementing K.S.A. 75-3307b and K.S.A. 39-1801, et.seq.)

30-63-27. Emergency preparedness. (a) Each agent of each provider shall be:

(1) trained in general fire, safety and emergency procedures;
(2) trained and able to effectively and efficiently evacuate any building within which the agent is providing services, including knowing:

(A) alternative exit routes;
(B) methods of accounting for persons who might be present in the building at any time;
and

(C) a designated meeting place outside the building to which all persons will go in the event of an evacuation;

(3) trained and able to effectively and efficiently seek shelter in any building within which the agent is providing services, in the event of a tornado or other dangerous storm; and

(4) trained and able to respond effectively and efficiently to other emergency conditions, including power outages or flooding.

(b) This regulation shall effect on and after July 1, 1996. (Authorized by and implementing K.S.A. 75-3307b and K.S.A. 39-1801, et.seq.)

30-63-28. Abuse; neglect; exploitation. (a) Whenever any agent of a provider suspects that abuse, neglect, or exploitation is or has taken place, that agent shall immediately take appropriate action to ensure that any specifically involved person or persons and all others are protected while an investigation is conducted.

(b) Each agent shall exercise any authority that the agent has for the purpose of the prevention of abuse, neglect, or exploitation of each person served.

(c) A provider shall regularly conduct training and take other steps to ensure that any agent, person, parent, guardian, and any other individual from each person's support network is advised about how to contact the appropriate state agency charged with providing adult protective services whenever abuse, neglect, or exploitation is suspected or witnessed.

(d) The provider shall immediately report any incident of suspected abuse, neglect, or exploitation of which the provider has become aware to the appropriate state agency charged with providing adult protective services. Any agent shall immediately report any incident of suspected abuse, neglect, or exploitation, in either manner:

(1) Directly to the appropriate state agency; or

(2) in accordance with the provider's written policy for reporting an incident. A provider shall inform each agent that any report of an incident of suspected abuse, neglect, or exploitation may be made directly or anonymously to the appropriate state agency, shall ensure that each agent has ready access to the phone number for making any report, and shall take no steps to interfere with an agent making any report directly or anonymously.

(e) Each agent shall fully cooperate with any state agency conducting an investigation resulting from a report of abuse, neglect, or exploitation.

(f) A provider shall not employ any individual who is known by a provider to have had a conviction for or a prior employment history of abuse, neglect, or exploitation of children or vulnerable adults.

(g) A provider shall adhere to all laws, regulations, and procedures related to the reporting of, protecting from, and correcting the cause of abuse, neglect, or exploitation.

(h) This regulation shall take effect on and after October 1, 1998. (Authorized by and implementing K.S.A. 75-3307b and K.S.A. 1997 Supp. 39-1801, et seq.)

30-63-29. Records (a) A provider shall maintain records for each person served. These records shall include the following:

(1) any application or agreement for services;

(2) any financial agreement made between the provider and the person;

(3) any incident or accident reports;

(4) a health profile, which shall be reviewed for accuracy by a licensed medical practitioner at least every two years, and shall include the following:

(A) notations regarding the person's health status;

(B) any medications the person takes; and

- (C) any other special medical or health considerations which might exist for that person;
- (5) basic assessment and service information system (BASIS) documents and other evaluation materials;
- (6) the person's person-centered support plan;
- (7) the plan of care for recipients of the home and community based services for persons who are mentally retarded or developmentally disabled program (HCBS/MR);
- (8) releases of information, authorizations for publication, and consents for emergency and other medical treatment; as applicable; and
- (9) a discharge summary, if applicable.
- (b) A provider shall maintain each record confidentially and shall not release any record except:
 - (1) as authorized in writing by the person or the person's legal guardian, if one has been appointed;
 - (2) as otherwise authorized by law; or
 - (3) as necessary to comply with the requirements of this article.
- (c) This regulation shall take effect on and after July 1, 1996. (Authorized by and implementing K.S.A. 75-3307b and K.S.A. 39-1801, et.seq.)

30-63-30. Physical facilities. (a) A provider shall maintain each site in which services are provided to any person and that is owned, leased, or made available by contract to be operated by a provider, any employee or board member of a provider, or any entity owned or controlled by a provider, a provider's employee or a provider's board member, so that the site shall meet these requirements:

- (1) Have appropriate fire and safety equipment that is in good repair and is kept on site and readily accessible;
- (2) not have any combustible or flammable materials kept in an unsafe location;
- (3) be kept clean and well maintained;
- (4) be kept safe and secure;
- (5) have furniture and equipment in good repair and working order;
- (6) be capable of maintaining a comfortable temperature and adequate ventilation;
- (7) have adequate lighting;
- (8) be free of insect and rodent infestation;
- (9) have main routes of travel that are kept free of obstacles and stored materials;
- (10) have appropriate assistive devices and any necessary structural modifications so that the facility meets the needs of persons with physical disabilities;
- (11) be sufficiently sized to meet the living space needs of the person or persons residing there as well as the additional space needs of staff working within the premises, specifically including appropriate space or spaces for the following:
 - (A) Meal preparation;
 - (B) dining;
 - (C) sleeping;
 - (D) bathing, toileting, and hand washing;
 - (E) recreation and day living; and
 - (F) storage of personal items; and
- (12) meet the needs of each person being served, consistent with the preferred lifestyle of the person or persons; and

(13) be in compliance with all applicable fire and life safety, health, sanitation, and occupancy codes.

(b)(1)A provider shall monitor each facility in which services are provided, but that is not included in subsection (a) above, to determine whether or not the facility meets these requirements:

(A) Is maintained in compliance with all applicable fire and life safety, health, sanitation, and occupancy codes; and

(B) is of sufficient size and is equipped and stocked to permit the provider to provide the necessary services, activities, and training required by the person-centered support plan of any person being served at that site.

(2) If the provider is made aware of circumstances that create a violation of any fire and life safety, health, sanitation, or occupancy code, or that place a person's health, safety, or welfare in imminent danger, or if the provider determines that the facility fails to meet any required standard as specified by any person's person-centered support plan, the provider shall perform the following:

(A) Notify the person's support network of the nature of the deficiency; and

(B) implement any necessary corrective action by appropriate means, including any appropriate revisions to the person's person-centered support plan.

Each facility intended to accommodate eight or more persons or in which eight or more persons are living shall be licensed by the Kansas department of health and environment as a lodging establishment pursuant to K.S.A. 36-501, et seq., and amendments thereto.

A provider shall maintain each facility used for job training or production work in compliance with any applicable occupational health or safety code or regulation, including any provisions applicable to any equipment or machinery located or used within that facility.

(e) This regulation shall take effect on and after October 1, 1998. (Authorized by and implementing K.S.A. 75-3307b and K.S.A. 1997 Supp. 39-1801, et seq.)

30-63-31. Registration with the community developmental disability organizations (CDDOs). (a) Anytime a provider does not have an affiliation agreement in force with the CDDO for that service area, the provider shall:

(1) register with the CDDO, listing the types of services that the provider provides; and

(2) periodically give notice to the CDDO of the provider's current availability to offer services.

(b) This regulation shall take effect on and after July 1, 1996. (Authorized by and implementing K.S.A. 75-3307b and K.S.A. 39-1801, et seq.)

30-63-32. Case management. (a) Each community services provider providing case management services shall perform the following:

(1) Develop and implement policies and procedures concerning the provision of case management services that are consistent with the requirements of this regulation;

(2) provide those services in a manner meeting all applicable requirements of this article; and

(3) ensure that all case management services are provided by case managers who meet the following requirements:

(A) No case manager shall provide any other direct service except case management

services to any person receiving any other type of direct service from the same agency that employs the case manager;

(B) no case manager shall be supervised by anyone directly responsible for the provision of any other type of direct service provided to any person or responsible for supervision of those services;

(C) each case manager shall comply with the division's "rules of conduct for case managers serving people with developmental disabilities," as adopted on October 25, 2003, and hereby adopted by reference;

(D) each case manager shall maintain documentation that shows that within 90 calendar days of either the case manager's initial employment or following an announcement by the division posted upon the division's web site of a revision of the division's required assessment, whichever comes later, the case manager has completed and passed the required assessment that has been established by the division and that has been included in the division's case management-related training; and

(E) each case manager shall have the following documented qualifications:

(i) A minimum of six months of full-time experience in the field of human services; and

(ii) either a bachelor's degree or additional full-time experience in the field of developmental disabilities services, which may be substituted for the degree at the rate of six months of full-time experience for each missing semester of college.

(b) Case management services shall assist the person and the person's support network to identify, select, obtain, coordinate, and use both paid services and natural supports that are available to that person to enhance the person's independence, integration, and productivity consistent with the person's capabilities and preferences as outlined in the person's person-centered support plan. Case management services shall include the following:

(1) Assessment, including an ongoing process for the identification of the person's needs, the determination of a person's preferred lifestyle, and the resources that are available to the person, through both formal and informal evaluation methods;

(2) (A) Support planning, with the participation of the person and the person's support network, including the development or assistance in the development, updating, and reviewing of the person's person-centered support plan and any related service or support plan, building upon assessment information to assist the person in meeting the person's needs and achieving the person's preferred lifestyle; and

(B) providing assistance to the person in being knowledgeable about the types and availability of community services and support options, in receiving information regarding the rights of persons served pursuant to the developmental disabilities reform act and implementing regulations, the content of which shall be approved by the commission, and in obtaining the community services and supports of the person's choice;

(3) support coordination, including the following:

(A) Arranging for and securing supports outlined in the person's person-centered support plan; and

(B) developing and accessing natural supports and generic community support systems, including pursuing means for gaining access to needed services and entitlements, and seeking modification of service systems when necessary to increase the accessibility to those systems by the person;

(4) monitoring and follow-up, including ongoing activities that are necessary to ensure

that the person-centered support plan and related supports and services are effectively implemented and adequately addressing the needs of the person; and

(5) assisting transition and portability, including the planning of and arranging for services to follow the person when the person moves between any of the following:

- (A) From school to the adult world;
- (B) from an institution to community alternatives;
- (C) from one kind of service setting to another kind of service setting;
- (D) from one provider to another provider; or
- (E) from one service area to another service area. (Authorized by K.S.A. 39-1810; implementing K.S.A. 39-1805 and 39-1806; effective May 30,2008.)

Sedgwick County Developmental Disability Organization

Policy Section	Quality Assurance	Policy Number	G-01
Policy Name	Quality Assurance Committee	Revision Date	09/2017
Former Number	H-08-01	SRS Approval Date	7/2011
		KDADS Approval Date	01/24/2018

PURPOSE:

This policy outlines the membership and procedures for the Sedgwick County Developmental Disability Organization (SCDDO) Quality Assurance Committee (QAC) consistent with K.A.R. 30-64-27.

POLICY:

Community service providers (CSP) delivering targeted case management (TCM) services shall develop an on-site monitoring team to work in collaboration with members of the QAC. The members will ensure that quality services are being provided to individuals served by any CSP as required by the provisions of K.A.R 30-64-27.

PROCEDURES:

1. The QAC members will be comprised of the SCDDO QA Coordinator, TCM representatives, on-site monitoring teams, and Community Council members representing the following categories: individuals receiving services, their family members and/or guardians, and interested citizens.
2. Each CSP delivering TCM services will designate a representative from their organization to participate in the local quality review process. This individual shall be the individual who maintains oversight of the agency's quality assurance and/or TCM department.
3. The representative is responsible for the following:

- a. Establish and maintain an on-site monitoring team to complete on-site reviews. The team may include individuals receiving services, their family members and/or guardians, and interested citizens.
 - b. Provide training to the on-site review committee on the SCDDO QAC manual and review tools.
 - c. Collect, assess, and submit review packets to SCDDO designated QA staff by the due date assigned.
 - d. Provide copies of completed review tools to the reviewed CSPs.
4. SCDDO will assign a sample, quarterly, of individuals randomly selected for QAC review as defined in the QAC manual, available upon request.
5. The on-site review will consist of the following activities:
 - a. Review of the Person Centered Support Plan (PCSP), Behavior Support Plan (BSP), and Psychotropic Medication Plan (PMP) for quality.
 - b. Evaluate the delivery of each service as defined in the above mentioned documents.
 - c. Complete site visit with the individual and their paid staff which may include family at the location of service.
 - d. Complete the review tools specified in the QAC manual and include additional documentation of comments, questions, or concerns identified by the review team.
6. The representative or their designee and at least one other member, not paid by the agency, will be involved throughout the entire review process for the individual assigned to that team. In lieu of the representative or designee, the TCM may assist the non-paid team member during the site visit at the request of the family.
7. The representative will submit all QAC review tools and corresponding documentation to SCDDO designated QA staff by the due date assigned. Submitting late QAC reviews may result in a request for an agency continuous quality improvement plan.
8. SCDDO will evaluate each QAC review using a standardized tool and provide feedback to the CSP whose performance was reviewed during the quarter.

- a. If concerns are identified regarding an individual's services, the CSP will receive notification requesting improvement. The CSP is responsible for assuring improvements are made to address the deficiencies through the agency's internal quality assurance policy and procedures. The CSP is responsible for submitting within 30 days documentation of service modifications based on the review.
 - b. If systemic quality concerns are identified, the CSP will receive written notification identifying the deficient area. The CSP is responsible for submitting a continuous quality improvement plan. The written plan shall be submitted within 30 days for review and agreement by SCDDO.
9. Upon review, SCDDO may request additional information which will be due no later than 15 days or as specified by SCDDO staff.
10. SCDDO will meet quarterly with all designated representatives to review local trend data including, but not limited to the following:
 - a. Services that are paid for are delivered;
 - b. Services that are delivered are paid for in accordance with the terms of any agreement or contract in force;
 - c. Services are provided consistent with Article 63;
 - d. The CSP is affording the individual being served all of the individual's legally protected rights;
 - e. The CSP is reporting any suspicions of abuse, neglect or exploitation and taking corrective action when needed;
 - f. Services are provided consistent with the PCSP;
 - g. Services are provided in a manner that offers opportunities of choice to the individual being served.
11. The Community Council will review quarterly trend data, consider CSP recommendations and provide additional observations to ensure that any identified concerns are addressed through follow up by SCDDO QA staff.

Quality Assurance Committee



Quality Assurance Committee (QAC)

Is made up of SCDDO QA, TCM Agency Representatives, and On-Site Monitoring Teams



SCDDO Quality Assurance

SCDDO Quality Assurance Coordinator or designated Quality Assurance staff



Generates a random sample of individuals to review quarterly.



Evaluates submitted reviews, sends feedback to agencies, and provides follow-up on concerns.



Targeted Case Management (TCM) Agency Representatives

The person who maintains oversight of quality assurance or targeted case management department at the agency.



Established on-site monitoring team



Collects and assesses reviews and submits to SCDDO QA.



On-Site Monitoring Teams

Team established By the TCM Representative.

The team may include any of the following:

- Individuals receiving services
- Family members
- Guardians
- Interested citizens



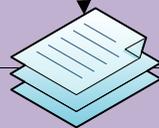
Performs service reviews such as:

- Day Service
- Residential Service
- TCM Service
- Supportive Home Care Service

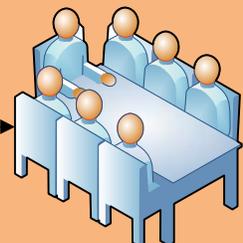


Community Council

Reviews quarterly trend data and provides additional feedback. SCDDO QA staff performs follow-up on feedback provided.



QAC Meets quarterly to review trend data



Intellectual and Developmental Disability Advisory Board

Reviews quarterly trend data and provides additional feedback. SCDDO QA staff performs follow-up on feedback provided.

**SEDGWICK COUNTY
DEVELOPMENTAL DISABILITY ORGANIZATION
Quality Assurance Committee**

Scoring the Reviews

To score the reviews, the SCDDO QA Department looks over each individual review and looks to see that the requirements from Article 63 are being followed. Listed below is a sample of what is looked for in the reviews to determine scores based off of the Article 63 breakdown.

30-63-21

- Has the PCSP been reviewed in the last year? Was there team involvement along with signatures to show team and guardian's approval? Are there any contradictions in the PCSP? Is competitive community employment and barriers easily found in the PCSP? Is there a description of the person living their preferred lifestyle?

30-63-21,22

- Does the PCSP state any violations in rights as being okay to follow without the BMC approval or other explanation? During the interviews with direct care staff, is it reported things are taken away from the person as a punishment without approval? When the person is being interviewed do they state they don't feel respected or that safe in the environment in question?

30-63-21, 23

- Are all the restrictions and psychotropic medications approved by the BMC and consumer/guardian? Are signature pages included to show approval? Do the medications prescribed match between the PCSP and releases? Is the direct care staff aware of all the psychotropic medications, side effects, and other approved restrictions?

30-63-25

- If there is a diet in place, has it been approved by the doctor? Is the direct care staff aware of the diet specifics? If staff report specific diets, are they found in the PCSP? Does the direct care staff relay the entire doctor approved diets? Are calorie restrictions accurate?

30-63-27

- Are the emergency procedures known?

30-63-28

- Does the PCSP state that the consumer and/or guardian understand how to report abuse, neglect or exploitation? Does direct care staff understand the agency's reporting process?

30-63-21/30-64-26

- Are there clear instructions in the PCSP to help staff provide all the needed supports. Are the needed medical devices mentioned? During the review does it appear that staff knows and understands the PCSP and the medical needs?

30-63-21

- Does the PCSP describe the choices the person can and likes to make? Are choices regularly offered? Does the consumer feel like they have the opportunity to choose different appropriate activities? Can the person choose to go shopping or what they want to have for dinner?

Sedgwick County Developmental Disability Organization Quality Assurance Review Report

Quarter,

Sample Size

Agency Name:

T = TCM Services

Individuals' Names:

D = Day Services

P = PCS Services

Score key: 0=Not Met 1=Partially Met 2=Met

KAR#	Requirement	Document	Score	QAC Comments
30-63-21	Person Centered Support Planning: Developed after consultation with the person, guardian, others from the support network which describes the persons preferred lifestyle, is regularly reviewed for needed revisions	<ul style="list-style-type: none"> - Review current PCP and look for movement towards preferred lifestyle - Evidence of reviews and revisions if needed - Consider if all necessary elements are present 	T:	
30-63-21 (3), 22	Individual Rights and Responsibilities: Free of abuse, control of resources, having privacy, choice of visitors, religion, pay for work, free from inappropriate restraints, treated with dignity and respect	<ul style="list-style-type: none"> - Evidence of training considerations in PCSP - Site visit review tools, evidence of upholding rights 	T:	
			D:	
			P:	
30-63-21 (5), 23	Restrictive interventions, medications, BMC: Only if all else failed, safeguards, management, informed consent, BMC committee review	<ul style="list-style-type: none"> - PCP/BSP/PMP review - Evidence of Behavior Management Committee review - Site visit review tools, evidence of proper use and knowledge of restrictions 	T:	
			D:	
			P:	

30-63-25	Nutrition assistance: Well balanced diet w/choice, meeting modifications and medical directions	- Diet needs documented in PCSP - Site visit review tool, staff aware of diet needs	T:	
			D:	
			P:	
30-63-27	Emergency preparedness: Training in procedures for evacuation, designated meeting place, emergency shelter	- Site visit review tool, staff knowledge of response to emergency situations	T: N/A	
			D:	
			P:	
30-63-28	Abuse, Neglect, Exploitation: prevention, training, reporting procedures in accordance with agency policy	- Consideration of training needs in PCSP - Evidence of staff knowledge of agency reporting procedures	T:	
			D:	
			P:	
30-63-21(8)(3)(d) 30-64-26	Services are being provided consistent to Person Centered Support Plan and needed supports	- PCSP describes needed supports - Site visit review tool - Evidence of staff knowledge of consumer	T:	
			D:	
			P:	
30-63-21(4)	Opportunities for choice are provided	- PCSP describes opportunities for choices - Site visit review tool	T:	
			D:	
			P:	

Sedgwick County Developmental Disability Organization Quality Assurance Review Report

Quarter,

Sample Size

Agency Name:

T = TCM Services

Individuals' Names:

D = Day Services

R = Res Services

Score key: 0=Not Met 1=Partially Met 2=Met

KAR#	Requirement	Document	Score	QAC Comments
30-63-21	Person Centered Support Planning: Developed after consultation with the person, guardian, others from the support network which describes the persons preferred lifestyle, is regularly reviewed for needed revisions	<ul style="list-style-type: none"> - Review current PCP and look for movement towards preferred lifestyle - Evidence of reviews and revisions if needed - Consider if all necessary elements are present 	T:	
30-63-21 (3), 22	Individual Rights and Responsibilities: Free of abuse, control of resources, having privacy, choice of visitors, religion, pay for work, free from inappropriate restraints, treated with dignity and respect	<ul style="list-style-type: none"> - Evidence of training considerations in PCSP - Site visit review tools, evidence of upholding rights 	T:	
			D:	
			R:	
30-63-21 (5), 23	Restrictive interventions, medications, BMC: Only if all else failed, safeguards, management, informed consent, BMC committee review	<ul style="list-style-type: none"> - PCP/BSP/PMP review - Evidence of Behavior Management Committee review - Site visit review tools, evidence of proper use and knowledge of restrictions 	T:	
			D:	
			R:	

30-63-25	Nutrition assistance: Well balanced diet w/choice, meeting modifications and medical directions	- Diet needs documented in PCSP - Site visit review tool, staff aware of diet needs	T:	
			D:	
			R:	
30-63-27	Emergency preparedness: Training in procedures for evacuation, designated meeting place, emergency shelter	- Site visit review tool, staff knowledge of response to emergency situations	T: N/A	
			D:	
			R:	
30-63-28	Abuse, Neglect, Exploitation: prevention, training, reporting procedures in accordance with agency policy	- Consideration of training needs in PCSP - Evidence of staff knowledge of agency reporting procedures	T:	
			D:	
			R:	
30-63-21(8)(3)(d) 30-64-26	Services are being provided consistent to Person Centered Support Plan and needed supports	- PCSP describes needed supports - Site visit review tool - Evidence of staff knowledge of consumer	T:	
			D:	
			R:	
30-63-21(4)	Opportunities for choice are provided	- PCSP describes opportunities for choices - Site visit review tool	T:	
			D:	
			R:	

**SEDGWICK COUNTY
DEVELOPMENTAL DISABILITY ORGANIZATION
Quality Assurance Committee**

Service Modifications and Agency Intervention Plans

Service Modification

Service modifications are requested after the SCDDO evaluates each Quality Assurance Committee (QAC) review using the standardized review tool. Each section of the review is assigned a score upon evaluation. Scores are assigned as follows:

- 2- all information is present
- 1- some information is missing
- 0- all information is missing

Scores below 2 indicate that a service modification is being requested for at least one deficiency identified in that particular review section. Deficiencies will be underlined within the document and the Community Service Provider (CSP) will be responsible for assuring improvements are made to address each specific deficiency, through use of the agency's internal quality assurance policy and procedures.

Each service modification which is completed shall be returned within 30 days or by the assigned due date One Service Modification Plan form per individual should be completed and submitted. If there were multiple deficiencies identified for an individual, each comment should be addressed in a separate column. This information and correction is kept in the individual's records at the SCDDO.

Agency Intervention Plan

An intervention plan is requested when there is an average agency score of 1.5 or below in any section of the review for 2 consecutive quarters, as this QAC outcome identifies a negative systemic trend within the agency. The CSP will identify needed improvements by reviewing the assigned deficiencies and submitting a written intervention plan within 30 days, demonstrating action steps to address the identified trend. The intervention plan will be for review and agreement by the SCDDO.

Individual's Name
Service Modification Plan

DUE DATE:

Location of Concern	Concern	Actions to be Taken Activities/ Tasks/Monitoring	Responsible Person	Date of Completion	Additional Documentation
PCSP, Rights, Restrictions, Nutrition, Emergency Preparedness, ANE, Services, Choice	What concern was noted during the review?	List detailed tasks which will occur to address concern. What are you going to do? How will it be done? How will progress be monitored? List methods/tools which will be used.	Who will be assigned each task? Who will monitor?	When will the improvement take place? List projected dates for each task.	Is there any additional documentation attached to show action was taken? Examples would include PCSP changes, staffing notes, follow up documentation, etc.

Agency Intervention Plan

An Intervention Plan is outlining a specific set of activities that the agency will complete to address deficiencies observed through Quality Assurance activities.

The first step in any intervention plan is to diagnose the situation. One strategy to diagnosing the situation is to distinguish between technical and adaptive work.

Technical problems are problems that can be solved by experts or authorities, which can usually be solved quickly and easily. The technical elements include things such as: imagining different organizational charts, changing where people sit, creating new processes, crafting termination agreements, etc. These technical elements are important, not necessarily easy and are far from the complete picture.

Adaptive challenges require a different level of effort and generally learning is required. We usually need to learn—to the best of our ability—exactly what the problem is and then how to proceed in the best way. Stakeholders must work on adaptive challenges, not just authority figures. With no clear roadmap, you must experiment to test possible ways of moving forward. The adaptive elements include things such as: shifting loyalties from the old manager to the new, helping the staff to see their part in the failed reorganization, generating high morale despite shrinking the department and increasing productivity in the face of significant disequilibrium.

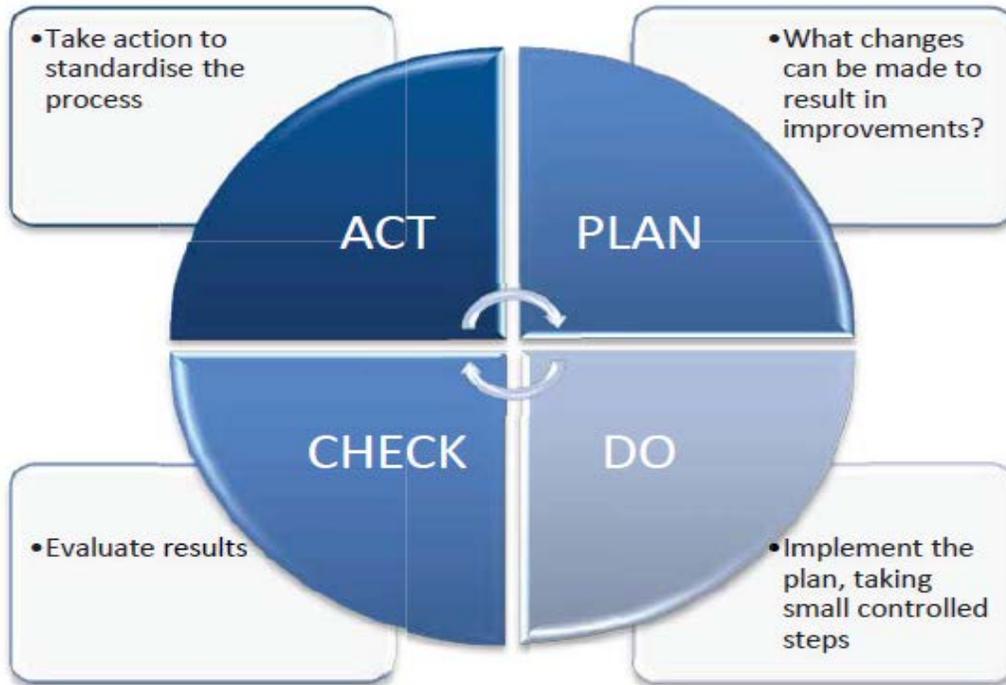
Reflect on the following questions if you're trying to explore the idea **distinguish technical and adaptive work**.

- What could the right person fix right now? (These are the technical aspects of the challenge.)
- What feels really, really difficult? (That's probably adaptive.)
- What values, behaviors or attitudes might be in conflict with the work that needs to be done? (The changing of behaviors, attitudes and values is adaptive.)
- Of our current company or team practices, what is essential? What is expendable? (Deciding what's essential and what's expendable is adaptive work.)

Utilizing observations and interpretations is another strategy for diagnosis. Observations are facts with no interpretations and should not be disputable. Interpretations are a way of assigning meaning to an observation, or in other words, making sense of what is going on. Interpretations are the means of informing interventions.

Utilize the Observations and Interpretations as a way to explore what is going on with the deficiency noted. Once that is complete, then move to the Intervention Plan to develop action steps to make corrections.

The model shown below is the four phase, Plan-Do-Check-Act cycle



<i>Plan the improvement</i>	Analyse the current situation of your organisation, gather information and research different ways to make improvements. Seek input and feedback from stakeholders. Establish goals and identify actions to implement the plan.
<i>Implement the improvement</i>	<ul style="list-style-type: none"> • Test the suggested alternatives to identify the preferred improvement. • Allocate resources to ensure the improvement is a success. • Keep your stakeholders informed and involve those with a direct benefit from the outcome. • Document the decisions made during the implementation phase.
<i>Evaluate the improvement activity</i>	<p>Evaluate if the improvement is delivering what you intended; are changes required or should an alternative improvement be used.</p> <p>Measure the improvements for example, audits, assessments and surveys. Document the evaluation methods and results. Take your time; incremental steps may deliver better results.</p>
<i>Take action to standardize the process</i>	<p>There are two possible situations in this step:</p> <ul style="list-style-type: none"> • If the improvement isn't successful, analyse what can be done differently next time and go through the cycle again with a different plan. • If successful, ensure all stakeholders are informed of the new process, all necessary staff are trained and educated, policies and procedures are implemented and change within the organisation is managed.

References:

Retrieved from Kansas Leadership Center: www.yourleadershipedge.com

Australian Government: Aged Care Quality and Safety Commission - Retrieved from <https://www.agedcarequality.gov.au>

Observations and Interpretations

<p>Observations: Describe each observation that was made during the review.</p>	1.
	2.
	3.
	4.
	5.
<p>Interpretations: Provide interpretation(s) of why each observation is occurring.</p> <p>Benign Interpretations are comfortable and easier to accept. They fit into the current way of thinking and often put the agency in the best light.</p> <p>Conflictual Interpretations may be more difficult to accept or admit. They point out inconsistencies in what is believed and how the agency behaves.</p>	

Once this information is complete, please develop the Agency Intervention Plan.

Agency Intervention Plan

Agency Name:

Due Date:

Trend Identified through Observations and Interpretations:

Objective *(What is the goal):*

Activities to Achieve Objective <i>What will be done?</i>	Lead Accountability <i>Who will do it?</i>	Target Date <i>By When?</i>
1.		
2.		
3.		
4.		
5.		

Measure of Success: *(How will the agency know that progress is being made? What are the benchmarks?)*

Monitoring of Plan: *(How will the agency determine that the goal has been reached? In what ways should the plan be monitored and for what timeframe?)*

Trend Identified through Observations and Interpretations:

Objective *(What is the goal):*

Activities to Achieve Objective <i>What will be done?</i>	Lead Accountability <i>Who will do it?</i>	Target Date <i>By When?</i>
1.		
2.		
3.		
4.		
5.		

Measure of Success: *(How will the agency know that progress is being made? What are the benchmarks?)*

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