

Report Filters:

Reviewer Role: "State Quality Monitor"

Service: "CTH" Active Indicator? "Yes"

**AP Application Packet**

- AP 2**      There is documentation of sprinkler and fire alarm system servicing for a building that has a sprinkler and/or a fire alarm system.

The intent of this indicator is to ensure that there is documentation available showing that the fire alarm system has been serviced on a semi-annual basis (two times per year) and the sprinkler system has been serviced on a quarterly basis (four times per year). More frequent servicing is performed in accordance with manufacturer's specifications.

Refer to DDS Fire Safety & Emergency Guidelines, reissue 08/09.      Corrective Action Plan (CAP) follow up expectation is 2 weeks as this indicator is identified as a health and safety concern.

  - **CTH**      All Indicators

State Quality Monitor
  
- AP 3**      There is an annual fire marshal's certificate.

The intent of this indicator is to ensure that there is documentation available showing that the Fire Marshal has conducted an annual inspection, as required. Corrective Action Plan (CAP) follow up expectation is 2 weeks as this indicator is identified as a health and safety concern.

For Private: Look for Fire Marshal's certificate  
For Public: Report of Inspection

Refer to DDS CLA Licensing Regulation: 11b

  - **CTH**      All Indicators

State Quality Monitor
  
- AP 4**      There is documentation that a local fire or building official has approved the installation of a wood stove.

The intent of this indicator is to ensure that there is documentation available showing that the local Fire Marshal and/or building official have approved the installation of a wood stove, if applicable. Corrective Action Plan (CAP) follow up expectation is 2 weeks as this indicator is identified as a health and safety concern.

Refer to DDS CLA Licensing Regulation (CLA3-): 11c

Refer to DDS CLA Licensing Regulation (CLA4+): 11d

  - **CTH**      All Indicators

State Quality Monitor
  
- AP 5**      There is documentation of annual chimney cleaning when a fireplace or woodstove is used.

The intent of this indicator is to ensure that there is documentation available showing that there has been an annual chimney cleaning for a fireplace or wood stove, if used. Corrective Action Plan (CAP) follow up expectation is 2 weeks as this indicator is identified as a health and safety concern.

Refer to DDS CLA Licensing Regulation (CLA3-): 11c

Refer to DDS CLA Licensing Regulation (CLA4+): 11d

  - **CTH**      All Indicators

State Quality Monitor
  
- AP 6**      There is documentation of annual furnace servicing performed at the individual's residence, as applicable.

The intent of this indicator is to ensure that there is documentation available showing that the furnace has been serviced annually, or according to manufacturer's specifications.

If a question is raised as to who is qualified to perform maintenance, the authority having jurisdiction in the town in which the home is located can make the determination regarding who is qualified.

The manufacturer or service agent provides documentation to validate appropriate furnace servicing that occurs less frequently than annual. Corrective Action Plan (CAP) follow up expectation is 2 weeks as this indicator is identified as a health and safety concern.

Refer to DDS CLA Licensing Regulation (CLA3-): 11c

Refer to DDS CLA Licensing Regulation (CLA4+): 11d

  - **CTH**      All Indicators

State Quality Monitor

**Report Filters:**

**Reviewer Role: "State Quality Monitor"**

**Service: "CTH" Active Indicator? "Yes"**

**AP 7** There is documentation from a public health official or certified septic contractor stating the septic system is functioning properly.

The intent of this indicator is to ensure that there is documentation available from a public health official or certified septic contractor showing that the septic system is functioning properly. Corrective Action Plan (CAP) follow up expectation is 2 weeks as this indicator is identified as a health and safety concern.

This indicator shall be rated "N/A" for homes using a city sewer system.

Refer to DDS CLA Licensing Regulation: 3a4

• **CTH**

All Indicators

State Quality Monitor

**AP 8** There is documentation of a certificate of occupancy for new construction, as required by state or local codes.

The intent of this indicator is to ensure that there is documentation available showing that there is a Certificate of Occupancy available for any new construction, as required.

A Certificate of Occupancy is required for new construction of a residence or structural changes made to an existing residence as defined by state and local codes governing construction.

Look for new construction when conducting a review (e.g., new deck, new wiring, plumbing, etc.). If new construction or renovations requiring a permit have occurred, a new Certificate of Occupancy, and/or a permit, should be available. Corrective Action Plan (CAP) follow up expectation is 2 weeks as this indicator is identified as a health and safety concern.

Refer to DDS CLA Licensing Regulation: 11a

• **CTH**

All Indicators

State Quality Monitor

**AP 10** There is documentation that well water is tested for potability every five years and found to be safe.

The intent of this indicator is to ensure that there is documentation available showing that well water has been tested for potability every 5 years and has been found to be safe. Ensure any findings from testing agent have been addressed. Corrective Action Plan (CAP) follow up expectation is 2 weeks as this indicator is identified as a health and safety concern.

For CLA: A bacteriological report from a certified water analysis company is required for initial licensure to certify the water is potable.

Refer to DDS CLA Licensing Regulation: 3a3

• **CTH**

All Indicators

State Quality Monitor

**Report Filters:**

**Reviewer Role: "State Quality Monitor"**

**Service: "CTH" Active Indicator? "Yes"**

## II Individual Interview

**II 5** Are you ever afraid or scared when you are at home, in your neighborhood or at work (day program)?

The intent of this indicator is to determine if the individual has a fear of physical and/or emotional harm from other people in their environments.

This indicator should be rated based on the service type being reviewed.

Is there anything about the people in your home, work or neighborhood that makes you feel unsafe?

• **CTH** All Indicators  
State Quality Monitor

**II 37** Are you able to make choices, express your opinions, and give input?

The intent of this indicator is to determine if the individual feels that his or her ideas, opinions and input are respected.

This indicator should be rated based on the service type being reviewed.

Do people ask you what you think? Do people ask you how you feel about things?

This is rated "Met" if the individual indicates they are routinely asked for his or her ideas, opinions and input about broad issues. (e.g., future plans, choice of staff, lifestyle, activities, supports, etc.) This indicator is also measuring CMS final settings rule compliance.

• **CTH** All Indicators  
State Quality Monitor

**II 40** Are you doing things you want to do in your life?

The intent of this indicator is to determine if the individual is doing things that he or she wants to do. Like going to sporting events, exercising, going to a religious service, or any other activities of your interest.

Ask the individual if there are things that he or she wants to do and does not do now. Are these new things or things that the individual wanted to do for a long time? Ask the individual if they have discussed these desires with anyone? Have the things that the individual wanted to do been incorporated in the planning process?

If it has not been addressed through the individual's planning process, then rate "Not Met".

• **CTH** All Indicators  
State Quality Monitor

**II 23** Are you able to do activities that you choose when you want to and is there staff support if you need it?

The intent of this indicator is to determine if this individual is allowed to choose and participate in an activity that is different than what others in the home are doing. This indicator is also measuring CMS Final Settings Rule compliance.

• **CTH** All Indicators  
State Quality Monitor

**II 13** Do you have friends that you like to talk to or do things with? Do you have a best friend or someone you are really close to?

This indicator is "Not Met" if the person expresses the desire to have friends and doesn't have any or if more/enhanced relationships are desired. Paid support persons should not be considered friends unless they spend unpaid time with the individual.

• **CTH** All Indicators  
State Quality Monitor

**II 15** Can you see and contact your friends and/or family when you want to?

The intent of this Indicator is to determine if the individual can contact his or her friends and/or family as much as they want to.

Do you contact friends/family? How often does this contact occur? Do support persons help you when you need it? Can family and friends come and visit at any time?

This Indicator is rated "Not Met" if the individual expresses an unfulfilled desire to see or contact friends/family. Contact with friends/family may be contraindicated by the individual's PCP, Behavioral Support Plan, or court orders.

The reviewer may defer this question if contraindicated. If contraindicated, this Indicator should be rated "Not Rated", and reviewer should add note in comment section that contact with friends/family is contraindicated for the individual. This indicator is also measuring CMS final settings rule compliance.

• **CTH** All Indicators  
State Quality Monitor

**Report Filters:**

**Reviewer Role: "State Quality Monitor"**

**Service: "CTH" Active Indicator? "Yes"**

**II 36** Are you participating in a self advocacy group or participated in any self advocacy meetings, conferences, or events?

Have you participated in any meetings that help you speak for yourself?

If the individual identifies that they have no desire to participate in any meetings, rate "N/A".

• **CTH** All Indicators  
State Quality Monitor

**II 49** Do you have someone you can talk to if you have a problem? Are you able to speak to someone privately/by yourself and feel safe talking to them?

The intent of this indicator is to determine that the individual has someone with whom they can privately share problems, complaints or personal matters.

This indicator should be rated based on the service type being reviewed.

This refers to formal and informal complaints or grievances.

• **CTH** All Indicators  
State Quality Monitor

**II 66** Do you get to control your money as much as you want to?

The intent of this indicator is to determine how much control the individual has regarding his/her personal finances. Control includes the involvement or reasonable participation that the individual has in the administration of his or her finances. For example, is the individual able to control their money in order to make choices of what to purchase. Does the individual carry money on their person?

This indicator should be rated based on the service type being reviewed.

• **CTH** All Indicators  
State Quality Monitor

**II 70** Do you get the help you need to manage your money?

The intent of this indicator is to determine if the individual gets the support he or she needs to manage his or her money. Ask the individual to explain what support he or she receives. Rate "Not Met" if the individual wants additional support and it is not sufficiently provided.

• **CTH** All Indicators  
State Quality Monitor

**II 68** Are you getting the supports you need? Do you get enough hours of support to meet your needs?

What help do you get at home, at work, and in the community? Is there other help that you need? Are you satisfied with the amount and type of help you receive?

This indicator should be rated based on the service type being reviewed.

• **CTH** All Indicators  
State Quality Monitor

**II 21** If you wanted to change your supports, do you know who to contact and how to make the change?

The intent of this indicator is to determine if the individual is aware of the processes by which he or she can initiate a change in supports and services. Individuals can talk to their service provider, case manager, parents/family member, and guardian or advocate to initiate supports and service changes.

This indicator should be rated based on the service type being reviewed.

If the individual does not know that he or she can change supports, rate as "Not Met".

• **CTH** All Indicators  
State Quality Monitor  
State Quality Monitor

**II 39** At your planning meeting, did people ask you what you like to do?

The intent of this indicator is to determine if the individual's opinions are respected and elicited during their planning meeting or before the planning meeting if he or she chose not to attend. Did you talk about your life at the planning meetings? Did people listen to what you had to say? Did people ask what you would like to do in the coming year?

This indicator should be rated based on the service type being reviewed.

If the individual chose not to attend, rate as "Met" only if his or her opinions were elicited prior to the meeting and incorporated into their planning discussion. If the individual wanted to attend but did not, rate as "Not Met."

• **CTH** Case Management As A Service  
State Quality Monitor  
State Quality Monitor

**Report Filters:**

**Reviewer Role: "State Quality Monitor"**

**Service: "CTH" Active Indicator? "Yes"**

**II 27** Did you choose the people you live with and where you live?

The intent of this indicator is to determine the involvement the individual had when choosing who/where to live (or not to have housemates). This indicator may be rated "Not Rated" if a significant amount of time has elapsed since the individual chose and does not remember the process. This indicator is also measuring CMS Final Settings Rule compliance.

**CTH**

All Indicators

State Quality Monitor

**II 28** Do you choose the support staff who help you?

The intent of this indicator is to determine the involvement the individual had in choosing his or her support persons. Is the individual involved in the hiring process at any level? On a day-to-day basis, are support persons assigned to an individual or can the individual choose what support person helps him or her?

This indicator should be rated based on the service type being reviewed. This indicator is also measuring CMS Final Settings Rule compliance.

**CTH**

All Indicators

State Quality Monitor

**II 81** Do you know who to talk to if you don't feel good or have questions about how you feel or how to be healthy? Do you have a person that supports you that you can feel safe talking to them about your health?

The individual is better able to make an informed decision about his or her health if he or she knows someone to contact about health concerns or circumstances.

This indicator should be rated based on the service type being reviewed.

In family settings (FAM), when there is not an agency providing supports: If this indicator is "Not Met", choose "Not Met - DDS Responsible." When an agency is providing the FAM supports: If this indicator is "Not Met", choose "Not Met".

**CTH**

All Indicators

State Quality Monitor

**II 43** Do you know what to do if there is a fire or some kind of an emergency?

The intent of this indicator is to determine if the individual can appropriately respond to an emergency event.

This indicator should be rated based on the service type being reviewed.

What would you do in an emergency? For example, if you feel ill, if there is a fire, if you lost electricity, etc.

**CTH**

All Indicators

State Quality Monitor

**Report Filters:**

**Reviewer Role: "State Quality Monitor"**

**Service: "CTH" Active Indicator? "Yes"**

**D Documentation**

**D 57** The individual's Person Centered Plan is on file at the service location, available for support staff to implement.

The individual's current Person Centered Plan must be on file at the service location within 30 days of Person Centered Plan development. The individual's PCP may be at a provider location for support persons' use when the individual has mobile support services or an own home/family setting.

□

In the service types of DSO, GSE, and SEI, if an individual lives in a private ICF/IID home, the form used to create the Person Centered Plan may be other than the DDS Person Centered Plan form, including the private agency's Plan form. For example; IP Short Form, IP Transition Plan, Person Centered Plan or the private agency's Plan form may be used.

□

Refer to Procedure to Ensure Timely Documentation memo updated 10/3/2018

If the individual's Person Centered Plan is not available at the service location, and the service provider can show documentation of their attempts to obtain this information from DDS, the Indicator will be rated "Not Met, DDS Responsible". Documentation attempting to obtain the individual's Person Centered Plan should be on file shortly after the 30 days post Plan development timeframe, in order to be considered timely, and "Not Met, DDS Responsible".

Documentation to obtain the Plan several months after the Plan meeting would not be considered a timely request. Therefore, the rating will be based on the documentation on file at the time of the review. □

□

Refer to DDS A Guide to Individual Planning

Refer to Policy No. I.C.1.PO.002 Subject: Individual Planning. Corrective Action Plan (CAP) follow up expectation is 2 weeks as this indicator is a health and safety concerns.

**CTH**

All Indicators

State Quality Monitor

**D 2** The Person Centered Plan is developed and implemented on a timely basis.

The intent of this Indicator is to determine if the team has developed, and that the provider has implemented the components of the PCP that they are responsible for, in a timely manner. Time frames for implementation of the PCP may be specified based on a person's specific needs, but not for the convenience of staff. If a goal has not been addressed, documentation as to why should be on file. All reviewers should review provider documentation including progress notes, data sheets, and in-service training records to determine if all of the services and supports were implemented in accord with the PCP date.

□

Refer to Policy No. I.C.1.PO.002 Subject: Individual Planning: All individuals who receive DDS HCBS Waiver services, all children in Voluntary Services, all individuals who receive any DDS funded residential supports, including individualized home supports, and clients of the department who pay directly for residential habilitative services shall have a Person Centered Plan. For individuals who are enrolling in a HCBS waiver, the Individual Plan – Short form, along with a Summary of Supports and Services may be used for the first 90 days of receipt of new HCBS Waiver services, 45 days in licensed settings, after which

time a Person Centered Plan must be in place. At a minimum, Person Centered Plans will be reviewed and updated on a yearly basis. Individuals currently receiving HCBS waiver services who receive new residential or day supports and services or experience a major change in one or both of these services, must have a new Summary of Supports and Services in place prior to a change in services. The Person Centered Plan shall be updated within 90 days of the change in waiver services except in licensed settings where an update is required within 45 days. Individuals who live in ICF/IID settings must have their

Person Centered Plans updated within 30 days of a change in services.

□

For HCBS Waiver recipients (individuals enrolled in a waiver), reviewer should look to see that the Person Centered Plans (and Individual Plan Shorts) have been renewed annually, within the same month of the prior year's Plan date. The current Person Centered Plan should be on file and ready for staff to implement Supports and Services are expected within 60 days of plan development, 30 days in licensed settings, and should be provided as described in the Individual Plan. Corrective Action Plan (CAP) follow up expectation is 4 weeks

**R**

**CTH**

All Indicators

State Quality Monitor

State Quality Monitor

**Report Filters:**

**Reviewer Role: "State Quality Monitor"**

**Service: "CTH" Active Indicator? "Yes"**

**D 4** The individual's preferences and personal goals are identified in his or her plan.

The intent of this Indicator is to determine that the individual's PCP and planning process include the identification of personal goals, desired outcomes and personal preferences as reflected in the Action Plan Leading to a Good Life and Vision For a Good Life, Action Plan, Summary of Representation, Participation & Plan Monitoring and Individual Progress Reviews of the individual's Person Centered Plan.

The individual's preferences can include where they would want to live, relationships with family and friends, health, careers, recreation, etc. What would mean progress for them? What does the individual want their future to be like?

In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.

For individuals living in private ICF/IID homes, this Indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SEI.

Refer to DDS CLA Licensing Regulation: 17d, and 17f

Refer to DDS A Guide to Individual Planning

Refer to CT DDS Person Centered Planning Providers Presentation (June 2018)

Refer to CT DDS Person Centered Planning Case Manager Training with slides (June 2018) This indicator is also measuring CMS final settings rule compliance. Corrective Action Plan (CAP) follow up expectation is 4 weeks

**R** **CTH** All Indicators  
State Quality Monitor  
State Quality Monitor  
State Quality Monitor

**D 9** The individual's Person Centered Plan identifies behavioral issues and strategies, as applicable.

Behavior Plans and strategies shall be identified in the Health and Wellness section of the PCP, and identified in the Action Plan, Individual Progress Reviews. The PCP shall specify in which settings/supports the strategies are to be utilized.

In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.

For individuals living in private ICF/IID homes, this Indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SEI.

Refer to DDS CLA Licensing Regulation: 17f

Refer to CT DDS Person Centered Planning Case Manager Training with slides (June 2018) Reviewer should also note that all modifications are documented in the IP if there are any restrictions in place that conflict with CMS final settings rule compliance. Corrective Action Plan (CAP) follow up expectation is 4 weeks

**R** **CTH** Case Management As A Service  
State Quality Monitor  
State Quality Monitor

**Report Filters:**

**Reviewer Role: "State Quality Monitor"**

**Service: "CTH" Active Indicator? "Yes"**

**D 44** The individual's Person Centered Plan identifies health and safety issues and strategies.

The intent of this Indicator is to determine if the individual's Person Centered Plan identifies health and safety issues and strategies for the individual and how they will be managed. What is needed to improve the individual's health and safety? Are the individual's needs in this area identified and consistent with the individual's records and reports on file? For example, if it is noted that the individual has a seizure disorder, is there a Seizure Protocol, specific to the individual, noted in the Person Centered Plan and on file in the individual's records? Reviewer should look for consistency across the individual's records.

Refer to the Level of Need (LON), PCP, Home Life, Work, Day, Retirement or School, Health and Wellness, Action Plan, Summary of Supports and Services, and Individual Progress Reviews.

Review the individual's Person Centered Plan to determine if the individual's current health and safety needs are identified and addressed in the Person Centered Plan, and the required assessments, screenings, evaluations, and reports that are required and/or needed have been identified in the Action Plan and/or the Health and Wellness areas of the Person Centered Plan. This includes Behavior Plans, adaptive equipment, medications, a brief overview of health history, allergies.

In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.

For individuals living in private ICF/IID homes, this Indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SEI.

Refer to DDS CLA Licensing Regulation: 17e

Refer to DDS A Guide to Individual Planning

Refer to CT DDS Person Centered Planning Providers Presentation (June 2018)

Refer to CT DDS Person Centered Planning Case Manager Training with slides (June 2018)

Reviewer should also note that all modifications are documented in the IP if there are any restrictions in place that conflict with CMS final settings rule compliance. Corrective Action Plan (CAP) follow up expectation is 2 weeks.

**R** **CTH** All Indicators

State Quality Monitor

State Quality Monitor

**D 33** The Person Centered Plan documents responsiveness to the individual's requests to make changes in supports and services or providers, if applicable.

The intent of this Indicator is to ensure that there is documentation available to show that the individual's team and/or provider has responded to the individual's requests to make changes in supports, services and/or providers.

Evidence exists in the Person Centered Plan or Individual Progress Reviews that demonstrate that if the individual requested a change there was a response to this request. For example, implementation of the portability process, changes in service type, or amount of support is documented. The individual's Person Centered Plan has been modified to reflect changes in the individual's life goals, circumstances or preferences. Reviewer to look in the Home Life, Work, Day, Retirement or School, Health and Wellness, Action Plan, Summary of Supports and Services, sections of the Person Centered Plan for preferences and goals that may indicate a request for change, and look in Individual Progress Reviews and individual's records for carry through and implementation of requests for changes in supports and services or provider, as applicable.

Refer to the individual's current PCP, Individual Progress Reviews of the Plan, etc.

In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.

For individuals living in private ICF/IID homes, this Indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SEI.

Refer to Procedure No. I.C.1.PR.002b Subject: Planning and Support Team

Refer to DDS A Guide to Individual Planning

Refer to DDS CLA Licensing Regulation: 17h This indicator also measures CMS final settings rule compliance. Corrective Action Plan (CAP) follow up expectation is 4 weeks

**R** **CTH** Case Management As A Service

State Quality Monitor

State Quality Monitor



**Report Filters:**

**Reviewer Role: "State Quality Monitor"**

**Service: "CTH" Active Indicator? "Yes"**

**D 15** Individual Progress Reviews identify that the provision of needed supports and services is documented and progress is reviewed.

Refer to "A Guide to Individual Planning". On an ongoing basis, the planning and support team will discuss any significant changes in the person's life that warrant a revision of the person's IP. The planning and support team will identify the nature and minimum frequency of plan reviews and shall meet to review and update the individual plan at least annually. A formal review of the individual plan may be requested at any time by a planning and support team member. In cases where more frequent meetings or progress reports are required by other state or federal regulations, the more stringent requirements shall prevail. Substantial changes in the person's individual plan require formal agreement and documentation by the planning and support team. Revisions to the person's IP should be documented.

Reviews pertain to teaching strategies, nursing care plans, protocols and guidelines. Reviews indicate that supports or services were provided as identified in the person's IP. Follow-up in all areas of the IP is documented and reported on. Corrective Action Plan (CAP) follow up expectation is 4 weeks.

See: SPI 5

Refer to: IP.6 (Summary of Supports and Services), IP.11 (Signature Sheet), IP.12 (Periodic Review)

Reference: DDS CLA Licensing Regulations: 17 h, 17 j

Reference: DDS Procedure No. I.C.1.PR.002b

**R** **CTH** All Indicators  
State Quality Monitor

**D 18** Individual Progress Reviews reflect progress on personal outcomes identified in the individual's plan.

The intent of this Indicator is to ensure that the service provider reviews and documents progress on the specific personal outcomes and actions for which they are responsible as outlined in the Action Plan of the individual's Person Centered Plan.

The provider should have documentation that a review has been made based on written, measurable, goals as identified in the Action Plan of the individual's Person Centered Plan.

This Indicator will be considered "Met" when the individual's record indicates that there is documentation that the provider has reviewed one or more personal outcomes noted in the Action Plan of the individual's Person Centered Plan that the provider is responsible for.

In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.

For individuals living in private ICF/IID homes, this Indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SEI.

Refer to DDS CLA Licensing Regulation: 17h

Refer to DDS A Guide to Individual Planning This indicator also measures CMS final settings rule compliance. Corrective Action Plan (CAP) follow up expectation is 4 weeks

**CTH** Cultural Competency  
State Quality Monitor  
State Quality Monitor

**D 23** The individual's record contains necessary notifications, including information shared with the individual and their representatives.

The intent of this Indicator is to ensure that there is documentation available to show that the individual and his or her representatives have been properly notified as required.

Refer to the individual's Person Centered Plan - Individual Plan Signature Sheet – Annual Notifications Section.

In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.

For individuals living in private ICF/IID homes, this Indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SEI.

Refer to DDS CLA Licensing Regulation: 15a1

Refer to the Individual Plan Signature Sheet for Annual Notifications – Other Notifications section to see if appropriate "check boxes" have been completed and checked off for annual notifications,

Refer to CT DDS Person Centered Planning Providers Presentation (June 2018)

Refer to CT DDS Person Centered Planning Case Manager Training with slides (June 2018) Corrective Action Plan (CAP) follow up expectation is 4 weeks

**R** **CTH** Case Management As A Service  
State Quality Monitor  
State Quality Monitor

**Report Filters:**

**Reviewer Role: "State Quality Monitor"**

**Service: "CTH" Active Indicator? "Yes"**

**D 27d** Approved behavioral techniques are used when an emergency restraint occurs.

The intent of this Indicator is to ensure that approved behavioral techniques are used when an emergency restraint occurs and proper documentation of the emergency restraint is available.

Review records, including staff notes, the Behavioral Support Plan, behavior data, DDS 255s to see if unapproved behavioral techniques or unauthorized restraint has been documented as having been used for the individual. Documentation of approved behavioral techniques includes proper notification of the use of emergency restraint, appropriate team notification and review of restraint, as required.

Refer to DDS Procedure I.E.PR.003 – Positive Behavior Support Program and Behavior Support Plans

Refer to DDS CLA Licensing Regulation: 15b1, 15b5 Reviewer should also note that all modifications are documented in the IP if there are any restrictions in place that conflict with CMS final settings rule compliance. Corrective Action Plan (CAP) follow up expectation is 4 weeks

**CTH** All Indicators  
State Quality Monitor

**D 54** The individual has not experienced abuse or neglect.

The intent of this Indicator is to determine if the individual has experienced substantiated abuse and/or neglect involving the service being reviewed.

The reviewer shall reference eCAMRIS prior to the review to identify reports of abuse or neglect.

At the time of the review, the reviewer shall ask the provider to identify reports of abuse or neglect.

Rate "Not Met" if the individual has experienced substantiated abuse or neglect during the review period, for the service being reviewed.

Rate "Not Rated" if an investigation is pending, for the service being reviewed.

This Indicator shall not be rated "N/A".

In a family setting (FAM), review the Case Management file only when there is not an agency providing the FAM supports. When an agency is providing the FAM supports, review the agency's records for the individual.

Refer to DDS CLA Licensing Regulation: 15a4a, 15a4C

Refer to DDS Policy and Procedure:

I.F. PO.001: Abuse and Neglect

I.F. PR.001: Abuse and Neglect, Allegations: Reporting and Intake Processes

I.F. PR.003: Abuse and Neglect, Investigation: Assignment, Tracking, Review, Completion

I.F. PO.004: Abuse and Neglect: Recommendations and Prevention Activities Corrective Action Plan (CAP) follow up expectation is 2 weeks as this indicator is a health and safety concern.

**CTH** All Indicators  
State Quality Monitor

**D 7a** The individual receives necessary oral and dental care including assessment, treatment and follow-up.

The intent of this Indicator is to see that required oral/dental care assessments and appointments are current and documented in the individual's record. Oral/dental appointments are to occur in the required time frames as recommended by the dentist / hygienist, or others making the dental referral request. Reference oral/dental reports and consultant sheets for results and required follow-up.

Refer to the Person Centered Plan, Home Life, Work, Day, Retirement or School, Health and Wellness, Action Plan, Summary of Supports and Services, and Individual Progress Reviews as evidence may be found throughout the individual's PCP.

Refer to DDS Health Standard #09-1, Routine Preventative Health Care and Attachment A, Minimum Preventative Care Guidelines.

Refer to Health Standard #9-02 Guidelines for Deferred, Limited, or Declined Healthcare.

In a family setting (FAM), documentation may be found in the family home for people who hire their own staff. The reviewer should ask the individual or personal representative if there have been any oral/dental visits and if there is any documentation kept in these areas e.g. calendar. The reviewer should rate "Met" when the family reports that they have had an oral/dental appointment even if documentation is not available. Families often do not keep documentation of visits and do not send all information to their Case Manager; otherwise, documentation will be maintained in the case management record.

When an agency is providing the FAM supports, review the agency's records for the individual. Corrective Action Plan (CAP) follow up expectation is 4 weeks

**R** **CTH** All Indicators  
State Quality Monitor

**Report Filters:**

**Reviewer Role: "State Quality Monitor"**

**Service: "CTH" Active Indicator? "Yes"**

**D 7b** Support providers carry out all health related orders as determined by health care professionals.

The intent of this Indicator is to see that required health related orders are current and documented in the individual's record. This may be for medication, treatment or follow-up appointments.

Review medical reports, assessments, physician's orders and consultant sheets for recommended assessments, treatment and follow-up. Documentation shall reflect that the individual's support team and health care provider(s) have considered and implemented all health related orders and recommendations. This applies to medical treatment, special dietary requirements, occupational therapy, physical therapy, and other therapeutic services.

Review the individual's record to verify documentation for results and required follow-up.

Refer to the Person Centered Plan, Home Life, Work, Day, Retirement or School, Health and Wellness, Action Plan, Summary of Supports and Services, and Individual Progress Reviews as recommendations and evidence may be found throughout the individual's PCP.

Refer to DDS Health Standard #09-1, Routine Preventative Health Care and Attachment A, Minimum Preventative Care Guidelines.

Refer to Health Standard #9-02 Guidelines for Deferred, Limited, or Declined Healthcare.

For review purposes, D7b does not apply to medication administration or dental orders.

In a family setting (FAM), documentation may be found in the family home for people who hire their own staff. The reviewer should ask the individual or personal representative if there have been any medical visits and if there is any documentation kept in these areas e.g. calendar. The reviewer should rate "Met"

when the family reports that they have had a medical appointment even if documentation is not available. Families often do not keep documentation of visits and

do not send all information to their Case Manager; otherwise, documentation will be maintained in the case management record.

When an agency is providing the FAM supports, review the agency's records for the individual. Corrective Action Plan (CAP) follow up expectation is 4 weeks

**CTH** All Indicators

State Quality Monitor

**D 8** There is evidence the individual experiences prompt treatment, management and follow-up services for his or her health issues upon identification.

Timely medical follow-up should be provided to the individual as recommended by his/her health care providers.

Reference: IP.4

Refer to DDS CLA Licensing Regulations: 18 a3A, 18 a4A, 18 a4B Corrective Action Plan (CAP) follow up expectation is 4 weeks

**CTH** All Indicators

State Quality Monitor

**D 6** There is evidence that the individual has the needed support to manage his or her medication.

Documentation shall identify the support the individual requires to manage his or her medications. Depending upon the individual's assessed need, the support of medication management can be part of a daily routine or an individual teaching plan.

Refer to physician's orders, Medication Administration Record (MAR), Self-Administration of Medication Assessment, LON and PCP as applicable.

Administration of Medication Assessments: All individuals are required to have a baseline assessment on file. The RN must identify on at least an annual basis that the assessment remains current. An updated assessment shall be completed whenever there is a change in the individual's self-administration abilities.

Individuals, who are able to self-administer medication as defined in subsection (ee) of section 17a-210-1 of the Regulations of Connecticut State Agencies, may do so, provided a licensed prescriber writes an order for self-administration. Corrective Action Plan (CAP) follow up expectation is 4 weeks

**CTH** All Indicators

State Quality Monitor

**Report Filters:**

**Reviewer Role: "State Quality Monitor"**

**Service: "CTH" Active Indicator? "Yes"**

**D 27c** Behavior modifying medications are managed consistent with the physician's treatment plan.

The intent of this Indicator is to determine if the individual's record documents that the individual's behavior modifying medications are being administered as prescribed in the physician's treatment plan and that any subsequent testing (TD) and bloodwork, is completed as identified in the physician's treatment plan.

Review the physician's treatment plan and related documentation for consistent implementation (e.g., how often blood work is to be done, how often TD screens are completed, other treatment directives, monitoring of side effects). Compare physician's orders with the individual's treatment plans.

Verify that TD screenings and blood work are completed as recommended, psychiatrist appointments are attended as designated, medications are reviewed and changes are documented and current. Check the Medication Administration Record (MAR) for behavior medication administration and the monitoring of side effects, and Behavior Support Plans are consistent with the physician's treatment plan.

□

In DSO and GSE: Check the physician's orders and Medication Administration Record (MAR) for behavior medication administration. Related documentation that is not the responsibility of the day service provider (bloodwork, TD screens, etc.) may not be required to be in the record.

□

Refer to DDS CLA Licensing Regulation: 15b2, 18a1.  
weeks

Corrective Action Plan (CAP) follow up expectation is 4 weeks

**CTH**

[All Indicators](#)

State Quality Monitor

**D 29** The individual's personal finances are protected through systematic record keeping.

The intent of this Indicator is to ensure that individual's personal monies are maintained and accounted for. All DDS qualified providers are required to take reasonable steps to secure an individual's funds from loss or theft and provide an accurate accounting of the use of each individual's personal funds.

□

The level of financial management or oversight required of the qualified provider for any individual whom they support, including any individual who is able to manage his or her own finances, shall be approved by the individual's Planning and Support Team (PST) and documented in the Finance section of the individual's PCP. The individual's access to a small amount of cash-on-hand shall be "pre-determined" by the individual's PST based on the individual's needs

and the financial management assessment approved by the PST and documented in the individual's PCP.

□

Refer to the individual's Person Centered Plan Home Life (Finances Section), Action Plan, of the individual's PCP, LON, Individual Progress Reviews, provider

Financial Assessments, to determine the individual's preferences and abilities in managing his/her finances and the level of assistance needed in order to verify

that the level of an individual's financial management of his or her own funds has been determined by an assessment process and approved by the individual's

Planning and Support Team. The financial management assessment shall be completed by the provider for each individual, reviewed and approved each year

by the individual's PST, and documented in the individual's PCP.

□

Refer to provider policies and procedures for management of individual funds. Refer to DDS Procedures Personal Funds Financial Management.

□

Refer to DDS I.F. Directives and Advisories: Adv.001 – Use of client personal funds for transportation to & from or while at DDS funded Day Program. Adv.003

Use of clients' personal funds for donations to the support provider. Adv.004 – Use of clients' funds to procure prescription & non-prescription medications and outpatient services.

□

For public services, refer to DDS Procedure I.F.PR.007, Personal Funds Financial Management.

□

Refer to DDS policy and procedure I.G.PR.008 Personal Funds Financial Management- Qualified Providers

□

In OHSL, CRS, CLA, CCH and RC, this refers to the individual's personal finances at home as well as bank accounts (checking accounts, savings accounts, etc.). Review cash on hand balance sheets, cash on hand, check registers, checking account statements, saving statements, paystubs, bills and receipts. Ensure adequate documentation of all income and expenses. Ensure that expenses benefit the personal needs of the individual.

□

In DSO and GSE, this applies to funds maintained at the program site. Review balance sheets and cash on hand.

□

In RES, refer to DDS Family Respite Center form, Attachment J, Personal Spending Sheet.

□

If the PCP clearly states that the individual or their family is responsible for managing the individual's finances and the provider is not responsible, rate "N/A".

□

Refer to DDS CLA Licensing Regulation: 19a1, 19a3

□

For CCH – Refer to DDS CCH Licensing Regulations 17a-227-30 subsection (d) "Protection of Resident Financial Interests." Corrective Action Plan (CAP) follow up expectation is 4 weeks

**CTH**

[All Indicators](#)

State Quality Monitor

**Report Filters:**

**Reviewer Role: "State Quality Monitor"**

**Service: "CTH" Active Indicator? "Yes"**

**D 41**

The individual's personal finances, including assets, and personal property are being managed and monitored responsibly.

The intent of this Indicator is to determine if the individual's property and assets are monitored responsibly. Refer to provider policies and procedures for management of individual assets and property. Refer to asset/account statements. Ensure that all monies are secured. Ensure that the individual is receiving earned and unearned income (DSS personal needs allowance), maintaining balances within third party funding asset limits and paying bills in a timely manner.

Ensure that expenses benefit the personal needs of the individual.

□

The provider shall be responsible for ensuring that an individual's personal possessions inventory includes all items either purchased with the individual's personal funds or received as gifts and valued at \$55.00 or more. Items of an emotional or sentimental value belonging to the individual that are valued at less

than \$55.00 also shall be included in the individual's personal possessions inventory (e.g., a family heirloom, a family photograph, a painting, a piece of jewelry,

a collection of items such as baseball cards or dolls, etc.) An individual's personal possessions inventory shall be kept on file at the individual's residence and shall be made available to persons with the right to access the individual's HIPAA-protected information upon request.

□

In privately-operated Community Living Arrangements (CLA), Continuous Residential Supports (CRS), respite residences, and non-24-hour support settings in

cases where the qualified provider has control over the individual's personal funds (e.g. individual's own apartment) refer to individual's personal property inventory and determine if personal property observed through course of review is included in inventory. Determine if inventories are updated as needed when

purchases are made.

□

The provider shall submit the personal possessions inventory annually to the individual's PST prior to the PCP meeting. The PST shall review the inventory prior

to the PCP and discuss any concerns at the meeting. The personal possessions inventory shall be included in the PCP packet as an attachment.

□

For PCPs Refer to Home Life (Finances Section), Action Plan, of the individual's PCP, Individual Progress Reviews, provider Financial Assessments, to determine that the individual's PST has reviewed the individual's inventory prior to the PCP meeting and discussed any concerns at the PCP meeting.

□

For public services, refer to DDS Procedure I.F.PR.007, Personal Funds Financial Management.

□

For private residential services (not CCH) Refer to DDS Procedure I.G.PR.008 Personal Funds Financial Management - Qualified Providers

□

Refer to DDS I.F. Directives and Advisories: Adv.001 – Use of client personal funds for transportation to & from or while at DDS funded Day Program. Adv.003

Use of clients' personal funds for donations to the support provider. Adv.004 – Use of clients' funds to procure prescription & non-prescription medications and outpatient services.

□

If the PCP clearly states that the individual or family is responsible for managing the individual's finances and the provider is not responsible, rate "N/A".

□

Refer to DDS CLA Licensing Regulation: 15a3, 19a1, 19a2, 19a4

□

For CCH – Refer to DDS CCH Licensing Regulations 17a-227-30 subsection (d) "Protection of Resident Financial Interests." Corrective Action Plan (CAP) follow up expectation is 4 weeks

• **CTH**

All Indicators

State Quality Monitor

**D 47**

There is evidence that emergency plans as required by policy and procedures are in place.

The intent of this Indicator is to verify that the Emergency Plan addresses the supports each individual requires to evacuate safely (e.g., independently evacuates, needs verbal or physical assistance), identifies individuals' ambulation capability and level of supervision needed, medical needs, the support person/staff levels and responsibilities, and any physical environment or fire safety accommodations (fire doors, sprinklers, egress doors, smoke detectors, fire extinguishers, pull stations, carbon monoxide detectors, etc.). The Emergency Plan should include a "meeting area" outside of the location, where everyone is to meet, and a "head count" is taken to ensure that everyone made it out of the location.

There is a floor plan / schematic for each level of the location that shows the layout of the site, including emergency exits, egress doors, and the location of fire safety equipment, including but not limited to fire extinguishers and pull stations. The floor plan / schemata is not required to be posted or "hung" on the wall. However, all staff working at the site should know where it is located and be able to easily locate it.

□

Refer to DDS Fire Safety and Emergency Guidelines.

□

Refer to DDS CLA Licensing Regulation: 12a Corrective Action Plan (CAP) follow up expectation is 2 weeks as this indicator is identified as a health and safety concern.

• **CTH**

All Indicators

State Quality Monitor

**Report Filters:**

**Reviewer Role: "State Quality Monitor"**

**Service: "CTH" Active Indicator? "Yes"**

**D 35**

Support person training regarding the individual's health, safety, and plan is documented.

The intent of this Indicator is to determine if the support person interviewed for the review is trained in all areas necessary to support the individual.

□

Refer to the PCP Home Life, Action Plan, Summary of Supports and Services, Individual Progress Reviews to determine individual's health and safety needs.

Ensure that documentation is on file that staff have been trained in all individual protocols, guidelines, procedures, individual specific plans, RN Delegated Tasks,

etc. that are included and identified in the PCP.

□

There is documentation that the support person is trained within 30 days of hire and prior to working alone regarding the individual's health, safety and programmatic support needs including the PCP, LON and DDS Aquatic Safety Screening. This may include training on the individual's behavior support plan, dietary needs, OT/PT protocols, nurse delegated tasks, and other needed guidelines and protocols, etc. Individual-specific training will occur at least annually and

whenever there are changes in the individual's health, safety and plan.

□

Additionally, in all services in which there is a public or private provider agency delivering services, there is documentation that the support person is trained in

the following areas:

□

Within 30 days of hire and prior to working alone, then ongoing as new Active Safety Alerts are issued:

Active DDS Safety Alerts

□

Within 30 days of hire, prior to working alone and, annually thereafter:

Blood borne Pathogens

Emergency Relocation including the Red Book

DDS Fire Safety

□

Within 30 days of hire, prior to working alone, and every two years thereafter:

Provider Policies and Procedures

Health Standard No.: 16-2 Safe Eating and Drinking Guidelines for Individuals with Swallowing Difficulties (Dysphagia)

Communicable Disease Control

Hazardous Materials Handling

Signs and Symptoms of Disease and Illness

Basic Health and Behavioral Needs

Emergency Procedures (Emergency Plan)

Seizures

□

Note: For Dysphagia training - All qualified trainers in safe eating and drinking and swallowing risks shall utilize the DDS training curriculum. Training in safe eating and drinking and swallowing risks shall be provided by a qualified trainer.

□

□

Within 30 days of hire, prior to working alone, and at a frequency determined by the provider policy: □

HIPAA and confidentiality

Health Standard No.: 17-1 Water Safety

□

Note: The absence of a provider policy re. follow-up training will be rated as "Not Met"

□

□

Within six months of hire for Private Provider Employees (one and done, unless provider policy specifies otherwise).

DDS – Approved ADA Training

□

Note: Best Practice is to renew ADA Training annually.

□

□

Within six months of hire and annually, thereafter for DDS (public employees):

DDS – Approved ADA Training

□

□

Within six months of hire and annually, thereafter:

Alzheimer and Dementia Care

Note: This is required in all residential settings that support individuals who are 50 years old, or older and with Down Syndrome.

□

For CLA, CRS, ICF, etc. – Look for documentation that at least one staff per home is trained in Alzheimer and Dementia Care

For CCH – Look for documentation that the Licensee is trained in Alzheimer and Dementia Care

□

□

Within six months of hire and every two years thereafter:

Individual Program Planning Process

First Aid (\*Note: Where certification exceeds this timeframe, for example Red Cross, this shall be considered "Met")

Behavioral Emergency Techniques (note: the retraining requirements of the DDS-approved curriculum must be implemented to be considered "Met", for example PMT).

□

Additionally, in CLAs:

**Report Filters:**

**Reviewer Role: "State Quality Monitor"**

**Service: "CTH" Active Indicator? "Yes"**

Within 30 days of hire and prior to working alone, and every two years thereafter:

Routines of the residence

□

Refer to provider staff development policies and procedures to determine if any additional provider-mandated training is completed as required.

□

When providers utilize the "train the trainer" model for training staff, there should be documentation on file to show that the subject matter expert – topic specialist

(for example, OT, PT) trained a staff person or the nurse to train others.

□

Refer to:

DDS Policy II-D-PO-5, "Staff Training"

Health Standard No.: 17-1 Water Safety

CLA Licensing regulation, 17a-227-14

Health Standard No.: 16-2 Safe Eating and Drinking Guidelines for Individuals with Swallowing Difficulties (Dysphagia)

DDS Safety Alerts

DDS "Fire Safety Prevention, Safety Training and Awareness"

Department of Labor (OSHA) Standard Corrective Action Plan (CAP) follow up expectation is 2 weeks as this indicator is identified as a health and safety concern.

**R**

**CTH**

All Indicators

State Quality Monitor

**D 37**

There is documentation that at least one support staff on duty per shift is currently trained in cardiopulmonary resuscitation (CPR).

The intent of this Indicator is to determine if there is one support person per shift currently trained in CPR. Refer to the weekly support person schedule and sample the shift prior to the review, the shift on which the review is conducted and the shift after the review (for a total 24 hour period). Then, refer to CPR training documentation to ensure that at least one support person per shift is currently CPR trained. CPR renewal should be within the timeframe specified on the card / certificate. Verify that CPR is by an approved DDS CPR training course.

□

Activity schedules should take into account the availability of CPR certified support staff both at the service location and in the community including transportation.

Reviewer should note that 100% CPR online training are not acceptable. However, there are providers that offer part of the CPR training online and the practicum and the testing are done onsite to ensure mastery. Please note that the hybrid CPR training/certification is acceptable.

Refer to DDS CLA Licensing Regulation: 14d

Refer to DDS list of approved CPR Training Providers

For CCH – Refer to DDS CCH Licensing Regulations 17a-227-29a2 B  
indicator is identified as a health and safety concern.

Corrective Action Plan (CAP) follow up expectation is 2 weeks as this

**R**

**CTH**

All Indicators

State Quality Monitor

**D 55**

The support person has documented training regarding individual rights.

The intent of this Indicator is to determine that the support person who is interviewed for this review has documentation of training in Human (Individual) Rights.

Initial training should be completed within 30 days of hire, and before working alone. Refer to provider policies and procedures regarding the frequency of re-training.

In a family setting (FAM), when there is not an agency providing the FAM supports, review the Fiscal Intermediary record. When an agency is providing the FAM supports, review the agency's records.

Corrective Action Plan (CAP) follow up expectation is 4 weeks

**R**

**CTH**

All Indicators

State Quality Monitor

**D 56**

The support person has documented training regarding abuse and neglect reporting and prevention.

Review the training record of the support person interviewed for this QSR to determine that annual Abuse and Neglect reporting and prevention is documented. Support person training should occur within 6 months of hire, and then annually thereafter.

Refer to DDS Policy and Procedure:

I.F. PO.001: Abuse and Neglect

I.F. PR.001: Abuse and Neglect, Allegations: Reporting and Intake Processes

I.F. PR.004: Abuse and Neglect: Recommendations and Prevention Activities

□

In a family setting (FAM), when there is not an agency providing the FAM supports, review the Fiscal Intermediary record. When an agency is providing the FAM supports, review the agency's records.

□

Refer to DDS CLA Licensing Regulation: 14c3 Corrective Action Plan (CAP) follow up expectation is 2 weeks as this indicator is identified as a health and safety concern.

**CTH**

All Indicators

State Quality Monitor



**Report Filters:**

**Reviewer Role: "State Quality Monitor"**

**Service: "CTH" Active Indicator? "Yes"**

**O Observation**

**O 26** The individual shows satisfaction with things that he or she chooses to do.

The intent of the indicator is to determine through observation, if the individual appears satisfied with activities around the home, at work or in the community. This also includes satisfaction with leisure activities, relationships and lifestyle preferences. This indicator also measures CMS final settings rule compliance. Corrective Action Plan (CAP) follow up expectation is 4 weeks

**CTH** Cultural Competency  
State Quality Monitor  
State Quality Monitor

**O 2** The individual is treated by staff in a respectful and dignified manner.

The intent of this indicator is to determine if support persons treat the individual respectfully. The individual is referred to by name and spoken to in friendly, respectful tones. The individual is introduced to new people and included in conversations. The individual is not touched nor is his/her wheelchair moved without permission. Support persons do not ignore the individual. The individual is provided with personal appearance/grooming support as desired and/or needed.

If immediate jeopardy situation refer to: J1, Abuse or neglect observed or reported. Corrective Action Plan (CAP) follow up expectation is 2 weeks as this indicator identified as a health and safety concern.

**CTH** All Indicators  
State Quality Monitor

**O 5** The individual exercises rights as he or she chooses.

The intent of this indicator is to observe that the individual's rights are supported and promoted. Examples include but are not limited to; use of the telephone or internet, access to personal mail, access to funds, access to privacy, to be free from unnecessary restraint, to be free from unnecessary restrictions, to be free from abuse and neglect, the right to prompt medical and dental treatment, the right to vote, the right to practice chosen religious beliefs, and the right to make daily choices about what to eat, wear and who to associate with.

Refer to Connecticut General Statutes, 17a-238 This indicator also measures CMS final settings rule compliance. Corrective Action Plan (CAP) follow up expectation is 4 weeks

**CTH** All Indicators  
State Quality Monitor

**O 9** Support persons follow policies and procedures, as applicable, that affect restrictions of the individual's rights.

Are restrictive procedures, as identified on the individual's PRC/HRC request approvals, implemented correctly? Rate this Indicator based on observations of support person's actions relevant to the individual that may involve restrictions of his or her rights.

Observe if restrictive procedures are done according to DDS policy and procedure. Refer to: DDS Manual, Service Delivery – I.D. PR.009 Incident Reporting Attachments A-K, I.D. PR.011 Incident Reporting own home, I.E. PO.003 Behavior Medications, I.E. PO.004 PRC, IE PR.003 Behavior Modifying Medication Attachments A+B, IE PR.004 PRC Attachments A-F, IE PR.006 Pre-Sedation, I.F. PO.001 Abuse and Neglect, I.F. PR.001 Abuse and Neglect.

If immediate jeopardy situation, refer to: J19 Untrained staff (safety issues, behavioral interventions, medication administration, emergency plan). Reviewer should also note that all modifications are documented in the IP if there are any restrictions in place that conflict with CMS final settings rule compliance. Corrective Action Plan (CAP) follow up expectation is 4 weeks

**CTH** All Indicators  
State Quality Monitor

**O 3** The individual has privacy when he or she wants or needs it.

The intent of this indicator is to determine if the person is afforded privacy. Privacy may involve having locks on doors, personal access to a phone, access to own mail, personal space for possessions, visits with friends and family in private, etc. The individual's confidential information is not posted in view. Support staff discuss health care needs and personal issues with the individual privately. If desired, is there opportunity for the person to have privacy and/or time away from others? If sharing a room, consider how comfortable the person is with privacy arrangements with roommate.

Refer to behavior program and/or supervision guidelines as needed.

Refer to Connecticut General Statute 17a-238(b) This indicator also measures CMS settings rule compliance.  
Corrective Action Plan (CAP) follow up expectation is 4 weeks

**CTH** All Indicators  
State Quality Monitor



**Report Filters:**

**Reviewer Role: "State Quality Monitor"**

**Service: "CTH" Active Indicator? "Yes"**

- O 12** The individual has personal belongings and his or her environment has a personalized decor.
- The intent of this indicator is to determine if the person expresses his or her individuality as desired. Is personal décor consistent with the personal interests of the individual? Does the individual own personal belongings and have these items in his/her possession? Consider how personal belongings are regarded when the individual shares with a roommate.
- Refer to Connecticut General Statutes 17a-238(e)(5) This indicator also measures CMS final settings rule compliance. Corrective Action Plan (CAP) follow up expectation is 4 weeks
- **CTH** All Indicators  
State Quality Monitor
- O 20** The individual has preferred belongings that identify his or her ethnicity, cultural heritage and/or religious preferences, as desired.
- The intent of this indicator is to determine if the person expresses his or her culture, ethnicity, and/or religion as desired through his or her belongings and environment. Consider how important cultural identity and preference is to the person. Corrective Action Plan (CAP) follow up expectation is 4 weeks
- **CTH** Cultural Competency  
State Quality Monitor  
State Quality Monitor
- O 6** The environment supports the individual's needs, abilities, and interests.
- The intent of this indicator is to observe and determine if the environment supports the needs, abilities and interests of the individual. For example, has the environment been adjusted for a person with limited mobility or visual impairment? Does the environment have accessible bathrooms for individuals who use adaptive equipment? Is there enough room to navigate around the environment for individuals using walkers and wheelchairs? Is space available for individuals to pursue personal hobbies? Corrective Action Plan (CAP) follow up expectation is 4 weeks
- **CTH** Cultural Competency  
State Quality Monitor  
State Quality Monitor
- O 15** Adaptive equipment and assistive technology, if needed, is used by the individual to increase his or her independent participation in daily activities.
- The intent of this Indicator is to determine if the individual is using adaptive equipment/assistive technology as identified in the Person Centered Plan.
- Look for physician's orders to identify needed equipment, technology and devices. This may include hearing aids, glasses, switch plates, communication boards and devices, dining equipment, barrier-free lifts, transportation needs, bed shakers, strobe lights, etc. Observe if support persons ensure that identified equipment, technology and devices are used. Observations should be consistent with appropriate and safe use of adaptive equipment as identified in the individual's PCP. Observe during times that the individual would typically use the adaptive equipment.
- If Immediate Jeopardy situation, refer to: J19 Untrained Staff. Corrective Action Plan (CAP) follow up expectation is 4 weeks
- **CTH** All Indicators  
State Quality Monitor
- O 4** The individual is supported to make choices in all areas observed.
- The intent of this indicator is to determine if the person is routinely afforded choice. Support staff offer and encourage personal choice of activities, food and beverages, privacy, entertainment, etc.
- If not observed, rate "Not Rated". This indicator also measures CMS final settings rule compliance. Corrective Action Plan (CAP) follow up expectation is 4 weeks
- **CTH** All Indicators  
State Quality Monitor
- O 10** Support persons communicate in effective ways the individual can understand and takes the time to listen to the individual and are responsive when the individual communicates.
- The intent of this indicator is to determine if support staff communicate effectively with the person. Support persons rephrase comments to assure the person understands the discussion, and give the individual time, as needed, to respond. Support persons use speech, signing, gestures, question cues, communicate in the individual's native language, use adaptive equipment if applicable, offer clear choices and acknowledge the individual's responses, etc.
- Refer to behavior and/or communication guidelines as applicable. Corrective Action Plan (CAP) follow up expectation is 4 weeks
- **CTH** All Indicators  
State Quality Monitor  
State Quality Monitor
- O 17** Support persons respond to the individual's needs for assistance.
- The intent of this indicator is to observe if support staff respond to an individual's need for assistance. Responses must be prompt, meaningful and respectful. Corrective Action Plan (CAP) follow up expectation is 4 weeks
- **CTH** All Indicators  
State Quality Monitor

**Report Filters:**

**Reviewer Role: "State Quality Monitor"**

**Service: "CTH" Active Indicator? "Yes"**

- O 16** Support persons give assistance to the individual only when necessary.
- The intent of this indicator is to observe that support persons are assisting an individual when needed while allowing the individual to be as independent as possible. Corrective Action Plan (CAP) follow up expectation is 4 weeks
- **CTH** All Indicators  
State Quality Monitor
- O 14** Support persons recognize and use naturally occurring opportunities when teaching.
- Support persons use incidental and informal teaching that occurs naturally and spontaneously in the course of daily events. Teaching that occurs naturally may or may not be related to an PCP goal. If there is no opportunity to observe natural teaching, rate "Not Rated." Corrective Action Plan (CAP) follow up expectation is 4 weeks
- **CTH** All Indicators  
State Quality Monitor
- O 13** The individual is supported to accomplish outcomes as identified in his or her plan.
- The intent of this indicator is to determine if the plan is being implemented as designed. The supports and services identified in the individual's plan are coordinated and integrated in observed settings.
- The supports and services identified in the DDS Family Respite Center visit forms are coordinated and integrated as necessary. Corrective Action Plan (CAP) follow up expectation is 4 weeks
- **CTH** All Indicators  
State Quality Monitor
- O 7** Sufficient support persons are available to meet the individual's support and service needs identified in his or her Plan.
- The intent of this Indicator is to determine if sufficient support persons are on duty to carry out the individual's PCP, as well as, meet the needs of the other individuals receiving support in the setting.
- Review the support person's schedule for the visit day, as needed, and compare to on duty support persons. If possible, observe during times identified as needing enhanced staffing to verify that the support is provided as specified.
- Refer to specific needs and support person requirements as identified in the individual's Person Centered Plan, Behavior Support Plan, Supervision Guidelines. "Sufficient support persons" is defined in the individual's Person Centered Plan (e.g., two-person transfer required, a requirement for a support person to be within visual sight of the individual at all times, arms-length supervision, 1:1 staffing).
- If immediate jeopardy situation refer to Jeopardy Guidelines: J18 Inadequate number of staff (supervision, implementation of behavioral interventions, evacuation). If improper staffing levels, reviewer should notify supervisor and obtain a Plan of Correction, on site, from provider supervisor/director indicating that the most stringent supervision/staffing ratios will be in place until the individual's team can meet to clarify proper staffing levels.
- Refer to DDS CLA Licensing Regulation: 13b Corrective Action Plan (CAP) follow up expectation is 2 weeks as this indicator identified as a health and safety concern.
- **CTH** All Indicators  
State Quality Monitor
- O 8** Support persons are able to demonstrate the skills needed to assist the individual to achieve his or her outcomes.
- Support staff should demonstrate competence in all aspects of the individuals care.
- Refer to the PCP for skill/training requirements and observe for evidence of these skills. Corrective Action Plan (CAP) follow up expectation is 4 weeks
- **CTH** All Indicators  
State Quality Monitor
- O 18** Support persons protect the individual's safety.
- Observe if support persons are available and appropriate staffing ratios are maintained, in order to protect the individuals safety. Corrective Action Plan (CAP) follow up expectation is 2 weeks as this indicator identified as a health and safety concern.
- **CTH** All Indicators  
State Quality Monitor
- O 21** The individual's health needs are addressed during daily activities.
- This may include specialized health needs such as dietary, nursing delegated tasks, etc.
- Refer to DDS CLA Licensing Regulation: 18a3A, 18c2. Corrective Action Plan (CAP) follow up expectation is 2 weeks as this indicator identified as a health and safety concern.
- **CTH** All Indicators  
State Quality Monitor

**Report Filters:**

**Reviewer Role: "State Quality Monitor"**

**Service: "CTH" Active Indicator? "Yes"**

**O 25**

Support providers follow applicable DDS Health Regulations, policies, and procedures, advisories and directives.

The intent of this Indicator is to observe that support person(s) have knowledge and understanding of applicable DDS Health Regulations, standards, policies, procedures, advisories and directives and that they demonstrate that knowledge during the course of the observation period in regards to the support given to the individual being reviewed. For example, the individual's Level of Need, dysphagia risk assessments, bathing and personal care protocols, and bed safety and side rail assessments are being implemented during the course of the review, as applicable.

For individual's receiving services from a provider agency, observation is to be done for the areas identified in the Person Centered Plan as the responsibility of the provider agency.

For FAM service type, observation is to be done for the areas identified in the Person Centered Plan as the responsibility of the FAM support provider agency.

If immediate jeopardy situation refer to: J19 Untrained staff (Safety protocols, behavioral interventions, Medication Administration, emergency plan).

"Not Rated" would be used if there is no opportunity to observe implementation of the policies. "N/A" can never be used for this Indicator. Corrective Action Plan (CAP) follow up expectation is 4 weeks

**CTH**

[All Indicators](#)

State Quality Monitor

**Report Filters:**

**Reviewer Role: "State Quality Monitor"**

**Service: "CTH" Active Indicator? "Yes"**

**SC Safety Checklist**

- SC 1** An Emergency Relocation Plan, a part of the DDS Special Operations Plan for Emergency Relocation, is maintained in a special notebook, the "Red Book", easily accessible to the staff.

Contents of the Emergency Relocation Plan "Red Book" must include: The DDS Special Operations Plan for Emergency Relocation, DDS Emergency Fact Sheets for all individuals, Emergency Relocation Plan for Levels 1, 2, and 3 emergencies with all necessary directions and personnel contact information. This book should be updated as any changes occur.

Emergency Fact Sheets and identification badges must include a color photo of the individual. Fact sheets and badges must be reviewed at least annually, and more frequently if supports change for the individual, or revisions to the plan occur.

Refer to DDS CLA Licensing Regulation: 12a Corrective Action Plan (CAP) follow up expectation is 4 weeks

. **CTH** All Indicators  
State Quality Monitor
  
- SC 2** The emergency response plan accommodates the support needs of the individual, each person's role during an emergency, and the availability of necessary medical information when the individual is away from his or her service location.

The emergency plan addresses the supports each individual requires to evacuate safely (e.g., independently evacuates, needs verbal or physical assistance), identifies individuals' ambulation capability and level of supervision needed, medical needs, the support person/staff levels and responsibilities, and any physical environment or fire safety accommodations (fire doors, sprinklers, egress doors, smoke detectors, fire extinguishers, etc.).

Refer to DDS Fire Safety and Emergency Guidelines.

Refer to DDS CLA Licensing Regulation: 12a Corrective Action Plan (CAP) follow up expectation is 4 weeks

. **CTH** All Indicators  
State Quality Monitor
  
- SC 3** There is an accessible working telephone with emergency numbers readily available.

The intent of this indicator is to determine if the individual has access to a working telephone and emergency numbers. Emergency numbers may include but are not limited to 911, Poison Control, etc. Consider the individuals specific health and safety needs when rating this indicator. In a SL or Own Home, an accessible telephone may be in the home; it may be the phone of a neighbor or a cell phone programmed to 911. In CLA4 and CLA3, emergency numbers are posted in an easily visible location.

If immediate jeopardy situation refer to: J7 No access to phone. The individual should be able to access the phone in case of emergency.

Refer to DDS CLA Licensing Regulation: 11j Reviewer should also confirm individual can contact family and friends freely, as they desire. This is in accordance with the CMS final settings rule. Corrective Action Plan (CAP) follow up expectation is 2 weeks as this indicator is identified as a health and safety concern.

. **CTH** All Indicators  
State Quality Monitor
  
- SC 6** There are practiced and documented quarterly fire evacuation drills. There is documentation that at least one fire drill annually is conducted when the individual is routinely asleep.

Fire evacuation drills familiarize and instruct individuals and support persons in the procedures to be followed for safe evacuation. Drills are conducted with the full participation of all individuals.

Refer to site-specific Fire Safety and Emergency Plan fire evacuation drill procedures.

Fire evacuation drills shall be completed at least quarterly, varying the time of day and at least one per year shall occur when the individuals are asleep. Documentation of drills shall be maintained.

Refer to DDS Fire Safety and Emergency Guidelines Corrective Action Plan (CAP) follow up expectation is 4 weeks

. **CTH** All Indicators  
State Quality Monitor
  
- SC 8** A written plan of corrective action is documented and implemented for problems identified during a fire evacuation drill.

If any inefficiency or other problems are identified during the evacuation drill, a written plan of specific corrective action(s) should be completed. Documentation shall include the actual implementation/resolution of the Plan of Corrective Action.

Refer to DDS CLA Licensing Regulation: 12c Corrective Action Plan (CAP) follow up expectation is 4 weeks

. **CTH** All Indicators  
State Quality Monitor

**Report Filters:**

**Reviewer Role: "State Quality Monitor"**

**Service: "CTH" Active Indicator? "Yes"**

- SC 9** There are fully charged fire extinguishers available in the kitchen and furnace area.
- Annual fire extinguisher servicing and monthly checks are documented.
- Refer to DDS CLA Licensing Regulation: 11g Corrective Action Plan (CAP) follow up expectation is 2 weeks as this indicator is identified as a health and safety concern.
- **CTH** All Indicators  
State Quality Monitor
- SC 10** There are working smoke detectors on each level of the location that meet the individual's needs.
- The intent of this indicator is to determine if there are working smoke detectors on each level of the location and that the smoke detectors are designed to meet the individual's specific needs.
- Whenever possible, test battery operated smoke detectors onsite to determine if the battery is working. Provider personnel should follow the manufacturer's specifications for battery operated smoke detectors to determine ongoing testing and replacement frequency for batteries and the smoke detectors.
- Review documentation to verify that fire alarm systems that are wired to a phone line are tested by a qualified or licensed professional e.g. an alarm company vendor, Fire Marshal, and that any recommendations are implemented.
- At residential and day service locations, audible and/or visual devices, e.g. smoke detectors, strobe lights, and fire alarm/bed shakers, are used and maintained according to manufacturers specifications.
- If immediate jeopardy situation refer to: J4 Non-functional fire alarm system or no working smoke detector.
- Refer to DDS CLA Licensing Regulation (CLA3-): 11c
- Refer to DDS CLA Licensing Regulation (CLA4+): 11d Corrective Action Plan (CAP) follow up expectation is 2 weeks as this indicator is identified as a health and safety concern.
- **CTH** All Indicators  
State Quality Monitor
- SC 11** The individual's home does not have an unvented combustion-heating unit.
- Gas heaters that are designed for unvented use must be operated according to the manufacturer's specifications for safe use.
- If immediate jeopardy situation refer to: J14 Unvented combustion heating device in use (kerosene heater, gas/charcoal grill indoors).
- Refer to DDS CLA Licensing Regulation: 11c Corrective Action Plan (CAP) follow up expectation is 4 weeks
- **CTH** All Indicators  
State Quality Monitor
- SC 24** The individual's bedroom has smoke-tight door(s) if the residence does not have a sprinkler system.
- A smoke-tight door has no more than 1/8" clearance at top and sides, 3/8" at bottom with no holes, louvers, etc.
- Applicable to licensed residences with 3 individuals or less.
- Refer to DDS CLA Licensing Regulation: 11c Corrective Action Plan (CAP) follow up expectation is 2 weeks as this indicator is identified as a health and safety concern.
- **CTH** All Indicators  
State Quality Monitor
- SC 12** Designated means of escape are unobstructed.
- The intent of this indicator is to determine if the individual has unobstructed means of escape from the location. Egress doors and windows are not blocked and allow a clear path for evacuation. Obstructed means of escape are to be cleared when discovered.
- If immediate jeopardy situation refer to: J5 Obstructed means of egress.
- Refer to DDS CLA Licensing Regulation: 11d Corrective Action Plan (CAP) follow up expectation is 2 weeks as this indicator is identified as a health and safety concern.
- **CTH** All Indicators  
State Quality Monitor

**Report Filters:**

**Reviewer Role: "State Quality Monitor"**

**Service: "CTH" Active Indicator? "Yes"**

- SC 13** Exterior doors open from the inside without the use of tools or keys.
- Exterior doors shall open from the inside by using one or both hands engaged in a single unlocking motion. This is applicable to licensed residences with 3 individuals or less.
- In a CLA4+, use of other devices may be used with approval by the local Fire Marshal.
- In OH SL, hand operated dead bolts and safety chains are permissible unless contraindicated.
- If immediate jeopardy situation refer to: J6 Inability to open exterior doors from the inside without use of a key.
- Refer to DDS CLA Licensing Regulation (CLA3-): 11c
- Refer to DDS CLA Licensing Regulation (CLA4+): 11d Corrective Action Plan (CAP) follow up expectation is 2 weeks as this indicator is identified as a health and safety concern.
- **CTH** All Indicators  
State Quality Monitor
- SC 14** Escape windows open without the use of tools.
- Reference the site specific evacuation plan to see if windows are part of the plan. Rate "N/A" if the plan does not include windows as an egress.
- Refer to DDS CLA Licensing Regulation (CLA3-): 11c
- Refer to DDS CLA Licensing Regulation (CLA4+): 11d Corrective Action Plan (CAP) follow up expectation is 2 weeks as this indicator is identified as a health and safety concern.
- **CTH** All Indicators  
State Quality Monitor
- SC 15** Rooms and closets open from the inside.
- The intent of this indicator is to prevent individuals from being locked within rooms or closets. Locks on doors must not have the potential to prevent an individual's egress. Room and closet doors must open freely from the inside, without an individual needing to manipulate a locking device. If a door is locked, turning the doorknob from the inside will open the door, allowing egress.
- Refer to DDS CLA Licensing Regulation (CLA4+): 11d
- Refer to DDS CLA Licensing Regulation (CLA3-): 11c Corrective Action Plan (CAP) follow up expectation is 2 weeks as this indicator is identified as a health and safety concern.
- **CTH** All Indicators  
State Quality Monitor
- SC 16** Rooms that lock have tools which open them readily available.
- Refer to DDS CLA Licensing Regulation (CLA4+): 11d
- Refer to DDS CLA Licensing Regulation (CLA3-): 11c Corrective Action Plan (CAP) follow up expectation is 2 weeks as this indicator is identified as a health and safety concern.
- **CTH** All Indicators  
State Quality Monitor
- SC 22** There are no bedrooms in basements that are 100% below grade for homes licensed or certified after 5/1/96.
- Refer to DDS CLA Licensing Regulation: 11c Corrective Action Plan (CAP) follow up expectation is 4 weeks
- **CTH** All Indicators  
State Quality Monitor
- SC 23** There are no bedrooms that can be reached only by ladder, folding stairs or trap door.
- Refer to DDS CLA Licensing Regulation: 11c Corrective Action Plan (CAP) follow up expectation is 4 weeks
- **CTH** All Indicators  
State Quality Monitor
- SC 52** The individual's bedroom has a minimum required size based on the number of occupants.
- Single occupant bedrooms contain at least 80 square feet. Multiple occupant bedrooms contain at least 60 square feet per individual.
- Look at the individual's bedroom and measure the room size, if necessary.
- Refer to DDS CLA Licensing Regulation: 11k Corrective Action Plan (CAP) follow up expectation is 4 weeks
- **CTH** All Indicators  
State Quality Monitor

**Report Filters:**

**Reviewer Role: "State Quality Monitor"**

**Service: "CTH" Active Indicator? "Yes"**

- SC 18** Basic first aid supplies are readily available at the individual's service location.
- Basic first aid supplies include only non-medicated items, excluding epi-pens. Refer to Memo dated 8/9/2018 First Aid Contents.
- If unlocked medications are found in first aid supplies, rate SC 17 as "Not Met" for individual's who cannot self-medicate.
- Refer to DDS CLA Licensing Regulation: 11h Corrective Action Plan (CAP) follow up expectation is 4 weeks
- **CTH** All Indicators  
State Quality Monitor
- SC 19** Basic first aid supplies are readily available in vehicles used to transport the individual.
- Basic first aid supplies include only non-medicated items, excluding epi-pens. Refer to Memo dated 8/9/2018 First Aid Contents.
- If unlocked medications are found in first aid supplies, rate SC 17 as "Not Met" for individual's who cannot self-medicate.
- Refer to DDS CLA Licensing Regulation: 11h Corrective Action Plan (CAP) follow up expectation is 4 weeks
- **CTH** All Indicators  
State Quality Monitor
- SC 20** Personal protection equipment (PPE) is readily available at the individual's service location.
- PPE shall include gloves, face shield or mask, eye protection, gown, a resuscitation device and other relevant PPE equipment items as described in agency's exposure control plan.
- Refer to DDS CLA Licensing Regulation: 11h Corrective Action Plan (CAP) follow up expectation is 4 weeks
- **CTH** All Indicators  
State Quality Monitor
- SC 21** Personal protection equipment (PPE) is readily available in vehicles used to transport the individual.
- PPE shall include gloves, face shield or mask, eye protection, gown, a resuscitation device and other relevant PPE equipment items as described in agency's exposure control plan.
- Refer to DDS CLA Licensing Regulation: 11h Corrective Action Plan (CAP) follow up expectation is 4 weeks
- **CTH** All Indicators  
State Quality Monitor
- SC 38** The individual's environment is free from potential hazards.
- The intent of this indicator is to determine if the individual's interior environment and property are free from potential safety hazards. For example, interiors, walkways and stairs are in good repair, garbage is properly contained or disposed of, the property is free of pests and pets have appropriate vaccinations and are not contraindicated for the individuals.
- There is safe storage of all materials consistent with individuals' needs. Consider individual specific safety needs, such as PICA, etc. For example, flammable items, poisonous items, cleaning products, etc.
- If immediate jeopardy situation refer to: J13 Pest Infestation, J15 Poisonous substances accessible, J16 flammable substances. Corrective Action Plan (CAP) follow up expectation is 2 weeks as this indicator is identified as a health and safety concern.
- **CTH** All Indicators  
State Quality Monitor
- SC 28** The exterior and grounds of the individual's environment are safe.
- Exterior grounds should be clear of potential hazards and maintained in good condition. For example, refuse is properly contained or disposed of, the property is free of pests, egress doors and pathways are not blocked, pathways and driveways are maintained and free of debris and snow/ice during winter weather and pool areas are fenced and secured as appropriate. All exterior environments are well maintained. Ensure ornamental plantings do not pose a visual obstruction near traffic areas.
- For cleanliness concerns, rate SC 27a "Not Met".
- If immediate jeopardy situation refer to: J5 Obstructed means of egress.
- Refer to DDS CLA Licensing Regulation: 11d Corrective Action Plan (CAP) follow up expectation is 2 weeks as this indicator is identified as a health and safety concern.
- **CTH** All Indicators  
State Quality Monitor

**Report Filters:**

**Reviewer Role: "State Quality Monitor"**

**Service: "CTH" Active Indicator? "Yes"**

**SC 27a** The individual's environment is clean.

This indicator refers to all interior and exterior cleanliness.

For physical environmental conditions that require funding or a contracting process for remediation, use indicator SC50.

Refer to DDS CLA Licensing Regulation: 11d, 11i Corrective Action Plan (CAP) follow up expectation is 4 weeks

**CTH** All Indicators

State Quality Monitor

**SC 27b** The individual's environment is structurally well-maintained.

This indicator refers to both interior and exterior structural concerns.

For potential safety concerns rate "SC 38" or "SC 28" "Not Met" as applicable. Dangerous situations caused by structural decline of the environment may indicate an immediate jeopardy situation; refer to Immediate Jeopardy Situation Reviewer Guidelines.

For physical environmental conditions that require funding or a contracting process for remediation, use indicator SC 50.

Refer to DDS CLA Licensing Regulations: 11d, and 11i Corrective Action Plan (CAP) follow up expectation is 4 weeks

**CTH** All Indicators

State Quality Monitor

**SC 27c** The individual's environment is adequately lighted, has a comfortable temperature and is free from unpleasant odors.

For physical environmental conditions that require funding or a contracting process for remediation, use indicator SC50.

If immediate jeopardy situation refer to: J8 No heat; J9 No electric; J10 No or insufficient water (or unsafe water supply).

Refer to DDS CLA Licensing Regulation: 11d, 11i Corrective Action Plan (CAP) follow up expectation is 4 weeks

**CTH** All Indicators

State Quality Monitor

**SC 35** Furniture and furnishings are safe and in good repair.

Interior and exterior furniture and furnishings do not produce potential safety hazards to individuals.

For example: Rugs have non-skid backing. Furniture arrangement does not restrict easy navigation for individuals who use adaptive mobility equipment.

Refer to DDS CLA Licensing Regulation: 11e Corrective Action Plan (CAP) follow up expectation is 4 weeks

**CTH** All Indicators

State Quality Monitor

**SC 30** The location has sufficient toileting and/or bathing facilities and supplies to meet the individual's needs.

The intent of this indicator is to determine if the location has sufficient bathing/toileting facilities and supplies. Consider the individual's specific needs for safe access and use of the facilities.

For physical environmental conditions that require funding or a contracting process for remediation, use SC50.

Refer to DDS CLA Licensing Regulation: 11f Corrective Action Plan (CAP) follow up expectation is 4 weeks

**CTH** All Indicators

State Quality Monitor

**SC 25** There is sufficient storage space for clothes and personal belongings.

Individuals should have room to safely store their personal belongings, clothing, etc. Storage space may include individual storage areas, closets, bureaus, trunks, etc.

Refer to DDS CLA Licensing Regulation: 11i This indicator also measures CMS final settings rule compliance. Corrective Action Plan (CAP) follow up expectation is 4 weeks

**CTH** All Indicators

State Quality Monitor

**SC 31** Personal hygiene supplies in the individual's environment are stored separately from others and in a sanitary manner.

Toothbrushes are stored in individual holders and nail clippers are not shared, etc. If more than one individual's supplies are kept in the same area, the supplies are labeled with the owner's name. Corrective Action Plan (CAP) follow up expectation is 4 weeks

**CTH** All Indicators

State Quality Monitor



**Report Filters:**

**Reviewer Role: "State Quality Monitor"**

**Service: "CTH" Active Indicator? "Yes"**

- SC 32** Bathrooms, common areas, and personal living spaces afford privacy.

The intent of this indicator is to determine that the individual's environment meets their need for privacy, as appropriate. For example, doors on bathrooms and bedrooms, partitions and/or privacy screens in common areas, window coverings in bathrooms and bedrooms.

Refer to DDS CLA Licensing Regulation: 11f. This indicator also measures CMS Final Settings Rule compliance. Corrective Action Plan (CAP) follow up expectation is 4 weeks

**CTH** All Indicators  
State Quality Monitor
  
- SC 33** The individual's bedroom has a window or door that opens directly to the outside for ventilation.

Screened windows should be intact.

Refer to DDS CLA Licensing Regulation: 11c Corrective Action Plan (CAP) follow up expectation is 4 weeks

**CTH** All Indicators  
State Quality Monitor
  
- SC 26** Kitchen and dining areas have appropriate equipment for the sanitary storage, preparation, and serving of food and an adequate supply of food.

Equipment includes but is not limited to: refrigerator, stove, other appliances, dishes, utensils, etc.

All burners on gas stoves are working properly.

If immediate jeopardy situation refer to: J12 Inadequate food supply.

Refer to DDS CLA Licensing Regulation: 11i Reviewer should confirm that food is freely accessible and not restricted unless documented in the IP. This indicator measures CMS Final Settings Rule compliance. Corrective Action Plan (CAP) follow up expectation is 4 weeks

**CTH** All Indicators  
State Quality Monitor
  
- SC 34** Hot water temperature is maintained between 100 and 120 degrees Fahrenheit at water sources accessible to the individual.

#####

**CTH** All Indicators  
State Quality Monitor
  
- SC 36** Any electrical outlet within six feet of an open water source is protected by a ground fault circuit interrupter (GFCI).

Refer to DDS CLA Licensing Regulation (CLA3-): 11c

Refer to DDS CLA Licensing Regulation (CLA4+): 11d Corrective Action Plan (CAP) follow up expectation is 2 weeks as this indicator is identified as a health and safety concern.

**CTH** All Indicators  
State Quality Monitor
  
- SC 37** Electrical sockets and extension cords are not overloaded.

Electrical outlet adapters shall not be used in electrical wall sockets. Wall sockets can only be used for one plug each.

Power strips and surge protectors are acceptable for use when plugged into a single socket.

Refer to DDS CLA Licensing Regulation (CLA3-): 11c

Refer to DDS CLA Licensing Regulation (CLA4+): 11d Corrective Action Plan (CAP) follow up expectation is 2 weeks as this indicator is identified as a health and safety concern.

**CTH** All Indicators  
State Quality Monitor
  
- SC 39** Electrical cords are not run under rugs.

Refer to DDS CLA Licensing Regulation (CLA3-): 11c

Refer to DDS CLA Licensing Regulation (CLA4+): 11d Corrective Action Plan (CAP) follow up expectation is 2 weeks as this indicator is identified as a health and safety concern.

**CTH** All Indicators  
State Quality Monitor

**Report Filters:**

**Reviewer Role: "State Quality Monitor"**

**Service: "CTH" Active Indicator? "Yes"**

- SC 40** Electrical outlets and junction boxes have cover plates and no exposed wires.

Refer to DDS CLA Licensing Regulation (CLA3-): 11c

Refer to DDS CLA Licensing Regulation (CLA4+): 11d weeks as this indicator is identified as a health and safety concern. Corrective Action Plan (CAP) follow up expectation is 2

  - **CTH** All Indicators  
State Quality Monitor
  
- SC 41** A means to wash and dry clothes is available.

Clothes washing and drying appliances are available either on site or otherwise accessible; a laundromat, for example.

Refer to DDS CLA Licensing Regulation: 11m Corrective Action Plan (CAP) follow up expectation is 4 weeks

  - **CTH** All Indicators  
State Quality Monitor
  
- SC 42** Clothes dryers are properly vented to the outside or to an appropriate inside filter unit.

Clothes dryer venting is installed and maintained according to manufacturer's specifications.

Refer to DDS CLA Licensing Regulation: 11d Corrective Action Plan (CAP) follow up expectation is 2 weeks as this indicator is identified as a health and safety concern.

  - **CTH** All Indicators  
State Quality Monitor
  
- SC 44** Poisonous substances are correctly labeled and safely stored according to the needs of the individual.

If immediate jeopardy situation refer to: J15 Poisonous substances accessible (as appropriate based on individuals).

Refer to DDS CLA Licensing Regulation: 11d Corrective Action Plan (CAP) follow up expectation is 2 weeks as this indicator is identified as a health and safety concern.

  - **CTH** All Indicators  
State Quality Monitor
  
- SC 45** Combustible and flammable substances are used and stored appropriately.

Approved gasoline storage containers and approved propane storage containers are used. Oil-based paint, lighter fluid, and other substances are labeled and stored safely. Storage is permissible in a shed or garage if the substances are in limited quantities (i.e., five gallons or less of gasoline, no more than two gas grill propane tanks) and are stored in an area furthest from the residence. Attached storage areas must have a firewall adjacent to the residence.

Applicable only to CLAs and CRSs, combustible and flammable substances are stored outside the individual's residence at least 10 feet away from the residence.

If immediate jeopardy situation refer to: J16 Flammable substances in the home (gas, significant quantities of oil-based paint, etc.).

Refer to DDS CLA Licensing Regulation: 11d Hazard prevention as this indicator is identified as a health and safety concern. Corrective Action Plan (CAP) follow up expectation is 2 weeks

  - **CTH** All Indicators  
State Quality Monitor
  
- SC 43** Basements are free of standing water.

Refer to DDS CLA Licensing Regulation: 11d Corrective Action Plan (CAP) follow up expectation is 4 weeks

  - **CTH** All Indicators  
State Quality Monitor
  
- SC 29** The individual's environment is accessible, as needed, and promotes individual independence.

The intent of this indicator is to determine if the setting is accessible to the individual. The setting has, as indicated by each individual's needs, ramps, automatic door openers, grab bars, tables, counters and appliances at appropriate height, ample space, etc. Bathing facilities meet the individual's needs. Any environment within the location where the individual receives service is accessible.

For physical environmental conditions that require funding or a contracting process for remediation, use indicator SC50. This indicator also measures CMS final settings rule compliance. Corrective Action Plan (CAP) follow up expectation is 4 weeks

  - **CTH** All Indicators  
State Quality Monitor

**Report Filters:**

**Reviewer Role: "State Quality Monitor"**

**Service: "CTH" Active Indicator? "Yes"**

**SC 49**

There is documentation that the safe condition and designed use of adaptive equipment and safety devices is monitored.

Periodic monitoring and documentation of monitoring of the safe condition and designed use of adaptive equipment and safety devices should occur on a regular basis, in accordance with manufacturer's specifications, in order to ensure that the safety of the consumer and functionality of adaptive equipment and safety devices is evaluated. Note that this includes both the sample individual's adaptive equipment and safety devices and common adaptive equipment and safety devices.

Seat/lap belts, wheelchairs, side rails, adaptive equipment, etc.

For Bed and side rail safety: Bed safety audits must be completed at least annually. Refer to DDS Health Bulletin #98-4 R Bed and Side Rail Safety (Rev. 10/2000).

There is documentation that all monitoring devices including but not limited to door alarms, listening devices or other sensors have been regularly checked and maintained in good operating condition. Refer to DDS Safety Alert; Individual Safety Monitoring Devices 4/4/2007.

In OH-SL: If it is documented in the individual's PCP that they are capable of independently monitoring his or her own adaptive equipment and safety devices, then rate "N/A".

Refer to DDS CLA Licensing Regulation: 11e, 18a3A  
weeks

Corrective Action Plan (CAP) follow up expectation is 4 weeks

**CTH**

All Indicators

State Quality Monitor

**SC 48**

Adaptive equipment and safety devices are in good condition and used as designed.

The intent of this indicator is to ensure that both the sample individual's adaptive equipment and safety devices and common adaptive equipment and safety devices are being maintained and utilized as designed.

Shower chair safety belts securely hold an individual and operate as designed. Grab bars are securely fastened, etc.

If immediate jeopardy situation refer to: J2 Non-functioning adaptive equipment (wheelchair, braces, shower/tub/toilet chairs, bedrails, feeding pumps, etc.).

Refer to DDS CLA Licensing Regulation: 11e, 18a3A

Corrective Action Plan (CAP) follow up expectation is 4 weeks

**CTH**

All Indicators

State Quality Monitor

**SC 46**

Vehicle adaptive equipment and vehicle safety devices are in good condition and used as designed.

The intent of this indicator is to ensure that vehicle adaptive equipment and safety devices are used and maintained according to manufacturer's specifications, are functional and that they are utilized as designed. This includes manufacturer installed seat belts as well as wheelchair tie down & restraint systems, safety harnesses/vests, seatbelt clips, wheelchair lifts, etc.

All adaptive equipment shall be secured so that it does not present a hazard while the vehicle is in use.

The vehicle is clean and well maintained. There is no evidence of people smoking in vehicles.

If immediate jeopardy situation refer to: J17 Vehicle safety equipment is in disrepair (seatbelts, wheelchair anchors, vehicle maintenance).  
Corrective Action Plan (CAP) follow up expectation is 4 weeks

**CTH**

All Indicators

State Quality Monitor

**SC 47**

There is documentation that the safe condition and designed use of adaptive vehicle safety devices is monitored.

Periodic monitoring and documentation of the safe condition and designed use of vehicle adaptive equipment and safety devices should occur on a regular basis. This includes wheelchair tie down & restraint systems, safety harnesses/vests, seatbelt clips, wheelchair lifts, etc. This does not include non-adaptive vehicle seat belts.

Refer to DDS CLA Licensing Regulation: 18a2E Corrective Action Plan (CAP) follow up expectation is 4 weeks

**CTH**

All Indicators

State Quality Monitor

**Report Filters:**

**Reviewer Role: "State Quality Monitor"**

**Service: "CTH" Active Indicator? "Yes"**

**SPI Support Person Interview**

**SPI 29** How do you help the individual to choose and participate in experiences and activities that he or she wants? Give some recent examples.

The intent of this indicator is to determine if the support person assists the individual to participate in chosen activities and to learn about community resources and activities. Support person is able to give recent examples of how the individual was assisted to choose and participate. This indicator also measures CMS final settings rule compliance.

• **CTH** All Indicators  
State Quality Monitor

**SPI 39** How do you support the individual to express their ethnicity, cultural heritage, and religious preference if he or she wants?

The intent of this indicator is to determine if the support person is knowledgeable of the individual's preferences regarding their ethnicity, cultural heritage and religion.

Describe how you assist the individual to participate in activities that reflect his or her cultural, ethnic or religious preferences.

For example, the individual may choose to attend cultural, ethnic or religious activities such as festivals, parades, movies, holiday traditions, celebrations, restaurants or shopping opportunities, etc.

If there is no evidence of preference by the individual and the support person is aware of this, rate "Met".

If the support person is unaware of recognized ethnic, cultural and religious preferences of the individual, rate this "Not Met." This indicator also measures CMS final settings rule compliance.

• **CTH** Cultural Competency  
State Quality Monitor  
State Quality Monitor

**SPI 14** How do you support the individual to develop and maintain healthy relationships including those with family as he or she wishes?

The intent of this indicator is to determine if the support person has knowledge of the individual's ability in developing relationships.

How do you support the individual to understand the benefits and risks of developing new relationships?

Are there obstacles that impede the individual from developing relationships (e.g., staff support levels, support staff schedules, finances, transportation, medical complications, and family relationships)? If so, how does this affect the support you provide? This indicator also measures CMS final settings rule compliance.

• **CTH** All Indicators  
State Quality Monitor

**SPI 21** How are you supporting the person to have enough money to do the things they want to do and be part of their community?

The intent of this indicator is to determine the support person's knowledge of the individual's financial resources. Have there been any purchases or community activities delayed or cancelled due to finances? This indicator also measures CMS final settings rule compliance

• **CTH** All Indicators  
State Quality Monitor

**SPI 2** What activities in the person's action plan/IP are you working on to support the person in meeting their goals?

The intent of this Indicator is to determine whether the support person working with the individual at the time of the review is aware of the individual's PCP and what the individual should be working on during their shift and at that service location.

Support persons are able to discuss identified goals from the individual's PCP, Action Plan, and Individual Progress Reviews. The support person identifies and discusses how the individual's goals are integrated into his or her daily routine.

For Family Respite Center guests – refer to information regarding pre-admission, admission and visitation as identified in DDS Family Respite Services Policy and Procedures.

Rate "Not Met" if the support person does not know where the individual's PCP is located or if they are not aware of the PCP and what the individual should be working on. This indicator also measures CMS final settings rule compliance

• **CTH** All Indicators  
State Quality Monitor

**Report Filters:**

**Reviewer Role: "State Quality Monitor"**

**Service: "CTH" Active Indicator? "Yes"**

**SPI 22** How are you supporting the person to learn money management skill and understand their benefits?

The intent of this indicator is to determine if the support person is knowledgeable of his or her responsibility to help the individual participate and learn money skills. Examples include: incidental teaching opportunities, money exchange during a purchase, making selections, informing the individual during a transaction process, support independent purchase transactions, banking, formal programs, budgeting, identifying coins and bills.

If the PCP identifies that the individual is independent or another party is responsible for money management, then rate "N/A".

**CTH** All Indicators

State Quality Monitor

**SPI 11** What are the behavioral interventions used to support the individual?

The intent of this Indicator is to determine if the support person is knowledgeable of the individual's behavioral support needs as identified in his or her PCP and Behavior Support Plan.

Any physical intervention techniques that support persons use are from a DDS approved curriculum, for example, P.M.T. (Physical and Psychological Management Techniques).

Refer to DDS Procedure No.I.D.PR.009 – Incident Reporting, Attachment J - DDS Approved Training Curriculum for Use of Aversive and Physical Restraint Procedures for a complete list that is periodically updated.

This Indicator will be rated as "N/A" if there are no behavioral support needs / interventions / guidelines.

Refer to: DDS Policy No. I.F.PO.001 – Abuse and Neglect, and DDS Procedure No.I.F.PR.001 – Abuse/Neglect Reporting and Intake Process, I.F.PR.001 – Abuse/Neglect Allegations Reporting and Intake Process, I.F.PR.004 – Abuse/Neglect Investigations-Recommendations and Prevention Activities. Reviewer should also note that all modifications are documented in the IP if there are any restrictions in place that conflict with CMS final settings rule compliance.

**CTH** All Indicators

State Quality Monitor

**SPI 15** If the person expresses they do not feel safe, how are you addressing this concern?

The intent of this indicator is to determine that support persons are knowledgeable of the individual's specific safety needs and how they are addressed. (e.g.: pica, bolting behavior, dietary needs, bed rails, water safety, ambulation, regulating hot water, bathing, etc.).

Do you have any other concerns about the individual 's safety that are not currently identified or addressed?

**CTH** All Indicators

State Quality Monitor

**SPI 17** What are the individual's needs during an evacuation?

The intent is to ensure that the support person is knowledgeable of the individual's specific needs and requirements. Information from the support person should coincide with the individual's needs as outlined in the site emergency plan. (Examples: Transfer guidelines, staffing, supervision, prompting.)

**CTH** All Indicators

State Quality Monitor

**SPI 16** How is the individual taught to recognize and report unsafe situations to others?

The intent of this indicator is to ensure that the support person is knowledgeable of their role in teaching the individual safety skills. This can be in the form of incidental teaching opportunities or formal teaching strategies. (Examples: Broken latches and locks, lack of heat, safe flooring, walkways, stove, cooking, hot water, overloaded outlets, safe transportation, staffing levels and supervision and public safety awareness.)

**CTH** All Indicators

State Quality Monitor

**SPI 35** What are the individual's medical needs and how are these addressed?

The intent of this Indicator is to determine the staff person's knowledge of the individual's medical needs and how they are addressed.

Refer to the individual's Person Centered Plan, LON and other medical documents for information about the individual's medical circumstances and treatment expectations including guidelines and protocols (e.g., for seizures, psychiatric conditions, cardiac issues, diabetic conditions, allergies, special diet).

Ask the support person "Tell me about the individual's medical needs, how they are addressed and what support you provide, if any, to carry them out"

An alternate question: "Tell me about [name a specific condition identified in the individual's medical record], how the condition is addressed and what support you might provide".

If the staff person's knowledge of the individual's medical needs is not in accord with treatment expectations for him or her, rate this Indicator "Not Met."

**CTH** All Indicators

State Quality Monitor

**Report Filters:**

**Reviewer Role: "State Quality Monitor"**

**Service: "CTH" Active Indicator? "Yes"**

**SPI 34** How is the individual supported to learn about and live a healthy lifestyle and discuss his or her health concerns?

How do you support the individual to participate in activities to stay healthy? If the support person indicates that the individual makes unhealthy lifestyle choices, how are these addressed to ensure the consumer has acknowledged the risk he or she is taking? Does the support person have access to educational health information and is this information shared with the individual?

• **CTH**

All Indicators

State Quality Monitor

**SPI 40** How do you help the individual to learn to avoid potentially abusive and neglectful situations and speak up if you believe something is wrong?

The intent of this indicator is to ensure that the support person is knowledgeable of their role in teaching the individual to avoid potential abusive and neglectful situations. Informal ways: support persons counsel the individual about the safe and unsafe places in town, people who you don't know who ask for favors and possible responses to them, keeping money in personal accounts, etc. Formal ways: harm prevention, "street-smart" classes, etc.

• **CTH**

All Indicators

State Quality Monitor

**SPI 10** How do you support the person to know their rights and be able to speak up for them self?

The intent of this indicator is to determine if the support person actively supports the individual to exercise rights. Examples may include, but are not limited to: assisting to make choices, request changes, refuse requests, use the phone, have privacy, maintain confidentiality and send and receive mail.

Refer to Connecticut General Statutes, 17a-238(a)  
compliance.

This indicator also measures CMS final settings rule

• **CTH**

All Indicators

State Quality Monitor

**SPI 45** How would you support the individual to make a complaint if he or she wants to?

The intent of this indicator is to determine if the support person is knowledgeable of their role in supporting the individual to make a complaint if he or she wants to.

Refers to Connecticut General Statutes, 17a-238(e)(7)

• **CTH**

All Indicators

State Quality Monitor

**SPI 9** What would you do if you witness abuse or neglect occurring?

The intent of this indicator is to determine if the support person is knowledgeable about the intervention and reporting requirements associated with witnessing abuse or neglect.

A "Met" rating indicates that the support person identifies that he or she would intervene immediately on behalf of the individual if he or she witnesses abuse or neglect. The support person identifies he or she is to make a verbal report as a mandated reporter to the appropriate agency (OPA, DCF, DSS or DPH) and to the supervisor of the agency to which they are assigned, informing them of any apparent or suspected abuse or neglect. The support person initiates reporting the circumstances on a DDS Form 255.

This indicator is rated "Not Met" when the support person's statements are not consistent with DDS policy and procedure.

Refer to: DDS Policy No. I.F.PO.001 – Abuse and Neglect and DDS Procedure No.I.F.PR.001 – Abuse/Neglect Allegations: Reporting and Intake Processes

• **CTH**

All Indicators

State Quality Monitor

**SPI 32** How is the individual supported to make a change in his or her services if desired?

The intent of this indicator is to determine if the support person is knowledgeable of their role in supporting the individual to make a change in their services if he or she wants to. Examples include: Assisting the person in notifying the Case Manager or other team members, assisting the person to request meetings, assisting the person in identifying service and provider options. This indicator also measures CMS final settings rule compliance.

• **CTH**

All Indicators

State Quality Monitor