




Developmental Services  
**In-Home Support**  
 Monitoring Protocol

In-home supports are services that provide individuals in a supported living situation with 4 to 24-hour-a-day assistance from a support worker or support workers. The support worker may live in the individual’s home or apartment and share living expenses (rent, utilities, phone, etc.) with the individual. The support worker provides companionship and personal care, and may assist with or perform activities of daily living and other duties necessary to maintain the individual in supported living. The in-home support services are separate and not a replacement for the services performed by a supported living coach. Some individuals in supported living may need only the services of an in-home support worker, or only the services of a supported living coach. Other individuals may need both services. When both services are used, the providers must coordinate their activities to avoid duplication.

Cite	Standard	Probes
<p><b>Explanation of Monitoring Tool Symbols/Codes</b></p> <p> Alert: Denotes a critical standard or cite relating to health, safety and rights. A deficiency requires a more intense corrective action and follow-up cycle.</p> <p>“W” Weighted Element: A “W” followed by 2.0 or 4.0 in the Cite column denotes elements that have a greater impact on the monitoring score.</p> <p>“R” Recoupment: An “R” in the Cite column denotes an element that is subject to recoupment of funds by the State if the element is “Not Met.”</p>		
<b>B. Provider Qualifications and Requirements</b>		
<p><i>For all training related elements of performance appearing under this section: Review Area Office requirements for mandatory meetings and training documentation. Review provider's/staff member training records to determine if documentation is maintained, and at a minimum includes: The topic of the training; Length of the training session; Training dates; Participants' signature; Instructor's name; Objectives and/or a syllabus.</i></p>		
1	<p>Independent providers or employees of an agency must be at least 18 years of age and have at least one year of experience working in a medical, psychiatric, nursing or child-care setting, or working with individuals who have a developmental disability</p>	<ul style="list-style-type: none"> <li>• If this is a solo provider, check the Area Office enrollment information, or credentials submitted by the provider.</li> <li>• If this is an agency provider, review a sample of personnel files for employees assigned to in-home support services.</li> </ul> <p><i>College or vocational/technical training that equals at least 30 semester hours, 45 quarter hours, or 720 classroom hours may substitute for the required experience.</i></p> <p><i>Note: Licensure or registration is not required.</i></p>

Cite	Standard	Probes
2	Proof of current training and certification is available for all independent vendors and agency staff in Cardiopulmonary Resuscitation (CPR).	<ul style="list-style-type: none"> <li>• Independent vendors and agency staff complete this training within 30 days of initially providing services.</li> <li>• Determine if the provider and staff receive retraining according to the requirements established by the sponsoring organization or according to regulations.</li> <li>• Review personnel files and other provider training records for evidence of required CPR training.</li> <li>• Review CPR certificates or CPR training documentation to determine expiration date and need for updated training.</li> </ul> <p><i>Note: A certified trainer must provide CPR training.</i></p>
3	Proof of current training is available for independent vendors and agency staff in AIDS and infection control.	<ul style="list-style-type: none"> <li>• Independent vendors and agency staff complete this training within 30 days of initially providing services.</li> <li>• Determine if the provider and staff receive retraining according to the requirements established by the sponsoring organization or according to regulations.</li> <li>• Review personnel files and other provider training records for evidence of required training.</li> <li>• Infection control may be a separate training or included and documented as part of the AIDS training as “universal precautions.”</li> </ul> <p><i>Note: American Red Cross First Aid Training does not meet the requirements for HIV/AIDS training.</i></p>
4  W4.0	Level two background screenings are complete for all direct service employees.	<p>Review a sample of personnel files to ascertain compliance. Check for:</p> <ul style="list-style-type: none"> <li>• Notarized affidavit of good moral character;</li> <li>• Proof of local background check</li> <li>• Documentation of finger prints submitted to FDLE for screening and screening reports on file;</li> <li>• Criminal records that include possible disqualifiers have been resolved through court dispositions.</li> <li>• If this is an agency, look for evidence that the provider has used the screening information to identify any potentially disqualifying offenses and to make a determination of eligibility of the employee to render services and supports. As appropriate, look for evidence of Area Office exemptions on disqualifying offenses.</li> </ul> <p>If this is a independent provider, review Area Office enrollment information.</p>

Cite	Standard	Probes
5  W4.0	All employees undergo background re-screening every 5 years.	<ul style="list-style-type: none"> <li>• Review available personnel files or records to verify that employees undergo background re-screening at least every 5 years</li> <li>• Look for evidence of completion and submission of an FDLE Form, identified as either attachment 3 or 4.</li> </ul> <p><i>Note: Fingerprint cards are not required on resubmission.</i></p>
6	The provider attends mandatory meetings and training scheduled by the Area Office and/or Agency.	<p><b>If this is an onsite visit:</b></p> <ul style="list-style-type: none"> <li>• Ask the provider if they are aware of Area Office and Agency mandatory meeting and training schedules. Ask the provider if they can produce any notices, announcements or agendas received about meetings or training.</li> <li>• Ask the provider what Area Office and Agency meetings or training they have attended during the review period.</li> <li>• Ask the provider for any evidence they have to verify attending the meeting or training.</li> </ul> <p><b>If this is a desk review</b></p> <ul style="list-style-type: none"> <li>• Look for evidence in documents supplied by the provider of attendance at Area Office and Agency meetings, such as notes in personnel files or other records.</li> </ul> <p><i>Note: If the Area Office has not sponsored any mandatory meetings or training, score this element Not Applicable.</i></p>
7 NEW	Direct service staff has received training in the Agency's Direct Care Core Competencies Training.	<p>Look for documented evidence that direct service staff have received this training or an equivalent which has been approved by the Agency.</p> <p>Training was received within the required timeframes as developed by the Agency.</p> <p>This training may be completed using the Agency's web-based instruction, self-paced instruction or classroom-led instruction.</p>

Cite	Standard	Probes
8 W2.0	Independent providers and agency staff receive training on responsibilities and procedures for maintaining health, safety and well-being of individuals served.	<p>Review provider personnel files or training records for evidence of this type of training.</p> <p>If this is an onsite review, ask the provider and/or their staff about what types of training programs they have and continue to attend.</p> <p>Training on health, safety and well-being of individuals could include such topics as:</p> <ul style="list-style-type: none"> <li>• Fire safety for the environment;</li> <li>• Evacuation procedures in the event of natural or other disasters;</li> <li>• Training on what to do in the event of personal health emergencies involving consumers;</li> <li>• Basic infection control training, e.g., hand washing before and after all contact with consumers.</li> <li>• Identifying and reporting concerns about health, safety and well-being of individuals and the environment in which they are living.</li> </ul> <p>Refer also to the provider’s policy in this area to determine compliance.</p> <p><i>Note: The Area Office is not the sole source for a provider to find training programs and activities referred to in the Core Assurances. Providers may develop their own curriculum for their staff; providers and their staff may attend a program offered through another provider.</i></p>

Cite	Standard	Probes
9  W2.0	Independent vendors and agency staff receive training on medication administration and on supervising individuals in the self-administration of medication.	<p>Determine if:</p> <ul style="list-style-type: none"> <li>• The provider has a policy related to their own and/or staff training on medication administration or supervision of self-administration of medication.</li> <li>• The provider and/or staff receive training on medication administration or supervision of self-administration of medications, when applicable to their job responsibilities and the needs of individuals in the program.</li> <li>• Determine if medication administration training includes evidence of a return demonstration of the training by an RN for the provider and staff.</li> <li>• Determine if the training includes recognizing adverse drug reactions, drug-to-drug interactions or food and drug interactions.</li> <li>• Determine if training is provided by a qualified trainer (Physician or Registered Nurse); the curriculum used is developed or approved by an RN or other appropriate entity (e.g. Area Office).</li> </ul> <p><i>Note: A provider's policy on medication administration may be that their program does not administer or supervise self-administration of medications and all staff are made aware of this position and trained on this policy. The Area Office is not the sole source for a provider to find training programs and activities referred to in the Core Assurances. Providers may develop their own curriculum for their staff; providers and their staff may attend a program offered through another provider.</i></p>
10	Independent providers and agency staff receive training on required documentation for service(s) rendered.	<p>Look for evidence that the provider and/or staff have received training on the type and format of documentation that is required for the services and supports that they render.</p> <p>Examples of this training could include:</p> <ul style="list-style-type: none"> <li>• Instruction on documentation that is required for reimbursement and monitoring purposes.</li> </ul> <p><i>NOTE: The District is not the sole source for a provider to find training programs and activities referred to in the Core Assurances. Providers may develop their own curriculum for their staff; provider and their staff may attend a program offered through another provider.</i></p>

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11	Independent providers and agency staff receive training on responsibilities under the Core Assurances.	<p>Look for evidence that the provider and/or staff have been familiarized with and have had some training related to the Core Assurances section of their Waiver Services Agreement and the DS Waiver Services Florida Medicaid Coverage and Limitations handbook.</p> <p>Examples of this training could include instruction on:</p> <ul style="list-style-type: none"> <li>• The rights of individuals in the program and how the provider respects these rights;</li> <li>• Maintaining confidentiality of consumer information;</li> <li>• Offering individual’s choice of services and supports;</li> <li>• Recognizing and reporting of suspected abuse, neglect or exploitation;</li> <li>• Rendering services in an ethical manner.</li> </ul> <p><i>NOTE: The Area Office is not the sole source for a provider to find training programs and activities referred to in the Core Assurances. Providers may develop their own curriculum for their staff; provider and their staff may attend a program offered through another provider.</i></p>
12	Independent providers and agency staff receive training on responsibilities under the requirements of specific services offered.	<p>Look for evidence that the provider and/or staff have been familiarized with and have had training related to the service specific sections of their Waiver Services Agreement.</p> <p>Examples of this training could include instruction on:</p> <ul style="list-style-type: none"> <li>• Specifics of rendering services and supports;</li> <li>• Service limitations;</li> <li>• Service documentation requirements; and</li> <li>• Billing for services.</li> </ul> <p><i>NOTE: The Area Office is not the sole source for a provider to find training programs and activities referred to in the Core Assurances. Providers may develop their own curriculum for their staff; provider and their staff may attend a program offered through another provider.</i></p>

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13	Independent providers and agency staff receive training on use of personal outcomes to establish a person-centered approach to service delivery.	<p>Look for evidence that the provider and/or staff have received training on using desired outcomes for individuals as the guide for rendering services and supports. Examples of this training could include instruction on:</p> <ul style="list-style-type: none"> <li>• Rendering services and supports in accordance with the service authorization.</li> <li>• Respecting the wishes of individuals as it relates to the services and supports being provided.</li> <li>• Use of Personal Outcomes Measures, or another person-centered planning approach.</li> <li>• Individualizing service delivery methods.</li> </ul> <p>Also refer to the provider's policy in this area to determine specified training.</p> <p><i>Note: This does not mean that the provider must have received the official Personal Outcome Measures training (with the exception of Support Coordinators). Other person-centered approaches are acceptable. The Area Office is not the sole source for a provider to find training programs and activities referred to in the Core Assurances. Providers may develop their own curriculum for their staff; provider and their staff may attend a program offered through another provider.</i></p>
14 W2.0	Independent providers and agency staff receive other training specific to the needs or characteristics of the individual as required to successfully provide services and supports.	<p>Look for evidence that the provider and/or staff assigned to render services and supports to individuals have received some orientation to an individual and their unique characteristics and needs.</p> <p>The family or guardian or other providers or people who are in regular contact with and understand the unique characteristics and needs of the individual can provide this orientation.</p> <p>Examples of this training could include instruction on:</p> <ul style="list-style-type: none"> <li>• Communicating with the individual;</li> <li>• Unique environmental issues for the individual</li> <li>• Unique individual characteristics that provider needs to be aware of in order to render services</li> </ul> <p>This training may be one-on-one in nature, and therefore documentation will not take the form of an agenda, or curriculum with handouts and outline. Also look for evidence in the consumer's record, such as in notes or other provider documentation.</p>

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15	Proof of required training in recognition of abuse and neglect to include domestic violence and sexual assault and the required reporting procedures is available for all independent vendors and agency staff	<ul style="list-style-type: none"> <li>Review personnel files and other provider training records for evidence of required training.</li> <li>If applicable, ask staff about the in-service training that they have received.</li> <li>Training should include prevention, detection and reporting requirements.</li> </ul>
<b>C. Service Limits and Times</b>		
16	Providers render 4 to 24-hour assistance to individuals.	<p><i>Note: Support worker may accompany individuals to activities in the community.</i></p> <p>Review staffing schedules, payroll records for staffing ratios and hours worked.</p> <ul style="list-style-type: none"> <li>If onsite review, interview solo provider or agency provider employees about the supports and services for which they are responsible.</li> <li>If a desk review, billing data, provider service logs or summary notes.</li> </ul> <p>In-home support services are only provided to individuals residing in their own homes (excludes family home or sharing of a home with family members) or if authorized by the Area Office, in a licensed foster or group home where three or less individuals reside.</p> <ul style="list-style-type: none"> <li>In-Home support services provided on an hourly basis shall be billed by the quarter for in-home supports awake staff for up to 8 hours. Supports in excess of 8 hours a day or 32 quarter hour units, must be billed at the in-home live-in daily rate.</li> </ul>
17 NEW	Provider or provider's immediate family is not the recipient's landlord or has any ownership of the housing unit.	Review documentation for evidence that the provider does not own or have interest in the ownership of the housing unit.
18 R	Provider is not rendering in-home support services to individuals receiving personal care, companion or residential habilitation services.	<p>Review billing data to determine that the individual is not receiving services for which they are ineligible.</p> <p><b>This Cite is subject to recoupment if it can be demonstrated that services are being provided to individuals receiving personal care, companion or residential habilitation services.</b></p>
19	Provider is authorized to render in-home support services.	Review provider records for a service authorization.



Cite	Standard	Probes
20	Provider renders services and supports at a frequency and intensity as defined in the service authorization.	<p>Review provider records for a service authorization and compare these to claims data and the provider's billing documents and service log.</p> <p>Review staffing documentation such as in-home staffing schedules, payroll records indicating identified in-home support staff and hours worked, and other supplemental in-home support staffing schedules which document required ratios.</p> <p><i>Note: In-Home services may be billed up to 365 days per year when the individual is present.</i></p>
21	Providers are not reimbursed separately for transportation and travel costs.	<p><i>(Incidental transportation is considered that which is outside of the transportation for disadvantaged program.)</i></p> <p>Determine if the provider transports individuals. If yes, determine if the provider is following program requirements including:</p> <ul style="list-style-type: none"> <li>• If transportation is provided in personal cars and/or agency vehicles, check personnel files to verify that valid licenses, vehicle registration and proof of insurance coverage are on file and current.</li> <li>• The Area Office should be notified immediately of any traffic violations, with the exception of parking tickets.</li> <li>• Ask the provider about their system to ensure vehicle safety.</li> </ul> <p>Review provider's records and other documentation to determine compliance.</p>
<b>D. Documentation</b>		
22 R	Provider has at a minimum copies of service logs.	<p>Review provider service logs to determine if they contain the required documentation.</p> <p>Service logs are to be submitted to the waiver support coordinator on a monthly basis.</p> <p><i>Note: A service log contains the individual's name, social security number, Medicaid ID number, the description of the service, activities, supplies or equipment provided and corresponding procedure code, times and dates service was rendered.</i></p> <p><b>This Cite is subject to recoupment as reimbursement documentation if not available.</b></p>

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23 W2.0	Provider has at a minimum copies of the monthly summary notes for the period being reviewed.	<p>Review provider records for monthly summary notes of activities indicating the individual's progress toward achieving their support plan goals for the month billed.</p> <p>Monthly summaries are to be submitted to the waiver support coordinator at the time of claims submission.</p>
24 W2.0	If the individual is receiving In-home Supports and Supported Living Coaching, there is evidence of coordination between the services.	<p>Review provider records for monthly summary notes of activities indicating that the provider and supported living coach coordinate and plan service delivery needs. There should be no duplication of services.</p> <p>Individuals receiving In-Home Supports are not eligible to receive personal care, companion or residential habilitation services.</p> <p><i>Note: If the individual is not receiving supported living coaching, score this element as Not Applicable.</i></p>
<b>E. Payment and Billing</b>		
25	If the In-home support provider lives with the individual and shares expenses, the support worker does not pay rent or other cost of living expenses directly to the individual.	<p>Review documentation for evidence that the support worker pays rent, etc. directly to the landlord or other service companies. If the individual owns their home, the support worker may pay a fee established by the support coordinator and/or Area Office to offset other expenses.</p> <p>Note: When the in-home support worker lives in the recipient's home and this home is considered the support worker's primary residence, the provider or support worker will pay an equal share of the room and board for the home.</p> <p><i>Note: If the worker is not a live-in support staff, score this element Not Applicable.</i></p>
<b>Standard: Personal funds are appropriately maintained and are accounted for accurately.</b>		
<i>Note: If provider is not managing personal funds, score the following elements 'Not Applicable.'</i>		
26 W2.0	Separate checking or savings accounts are maintained for individual's personal funds.	<ul style="list-style-type: none"> <li>• Determine if the provider acts as a fiscal agent, manages, stores and/or retains funds belonging to an individual. If yes, determine if the conditions outlined in cites 26-33 are being met.</li> </ul>
27	If a single trust account is maintained for personal funds of all individuals, there is separate accounting for each individual.	<ul style="list-style-type: none"> <li>• Talk with individuals concerning their fund management and satisfaction with this support.</li> <li>• Review results and recommendations from</li> </ul>

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28 W2.0	Account(s) is reconciled monthly to the account total as noted on the bank statement.	<p>person centered reviews applicable to the provider.</p> <ul style="list-style-type: none"> <li>• Review provider policies and procedures on managing, storing or retaining funds belonging to an individual.</li> <li>• Interactively, with the provider, review records of individuals for which the provider is managing, storing or retaining personal funds. Look for written permission from the individual or guardian.</li> <li>• Determine if any complaints or grievances have been filed against the provider relative to the handling of an individual's personal funds.</li> <li>• When available, analyze results of person-centered reviews to identify if providers are consistently following the process outlined in the standard and sub-standards when managing, storing or retaining an individual's personal funds.</li> <li>• Ensure that the provider maintains on file receipts for individual purchases of \$25.00 or more.</li> </ul>
29 W2.0	Account statements and reconciliation records are retained for review.	
30	Individual and provider funds are not commingled.	
31	There is no indication that the provider, or any employee of a provider, is named beneficiary on a Life Insurance Policy for an individual.	
32	There is no indication that the provider or its employees borrow or use money from an individual or their personal funds.	Talk with individuals to determine if they loan money to the coach or other service providers.
33 W2.0	The provider has written consent to manage funds or act as fiscal agent.	Determine from records that the provider maintains on file a written consent to manage funds signed by the individual, if competent, or their guardian.

Cite	Standard	Probes
<p><b>Note: Score the following elements of performance ONLY when providers of this service are being reviewed as part of an onsite quality assurance review. If conducting a Desk Review, score these elements of performance Not Applicable.</b></p> <p><b>If the provider is not rendering services to individuals that have problems with behavior such as those that follow, score the elements in this section Not Applicable.</b></p> <p><u>Types of Problems with Behavior:</u></p> <p>Actions of the individual which, without behavioral, physical, or chemical intervention</p> <ol style="list-style-type: none"> <li>1. Have resulted in self-inflicted, detectable, external or internal damage requiring medical attention or are expected to increase in frequency, duration, or intensity resulting in self-inflicted, external or internal damage requiring medical attention.</li> <li>2. Have occurred or are expected to occur with sufficient frequency, duration or magnitude that a life-threatening situation might result, including excessive eating or drinking, vomiting, ruminating, eating non-nutritive substances, refusing to eat, holding one’s breath, or swallowing excessive amounts of air.</li> <li>3. Have resulted in external or internal damage to other people that require medical attention or are expected to increase in frequency, duration or intensity resulting in external or internal damage to other persons that requires medical attention.</li> <li>4. Have resulted or are expected to result in major property damage or destruction.</li> <li>5. Have resulted or are expected to result in arrest and confinement by law enforcement personnel</li> </ol>		
<p><b>Standard: Behavioral Services result in objective and measurable improvements in behavior that are consistent with the individual’s outcomes.</b></p>		
34	<p>When rendering services and supports to individuals identified as having problems with behavior, the provider is assisted by a qualified professional or professionals who meet the requirements in the Medicaid Handbook for the type of service the professional is providing.</p>	<p>If individuals in the program experience problems with behaviors determine from the provider what qualified behavioral professional assists them with services for this individual.</p> <p>Determine if the behavioral professional is</p> <ul style="list-style-type: none"> <li>• An employee of the provider, review personnel files.</li> <li>• On contract or an adjunct to the service under review, request that qualifications be available during the time of the review.</li> </ul> <p>Ask to speak with the certified or licensed professional(s) responsible for developing interventions or supports for the individual(s). If psychotropic medications are used, then a licensed physician must be involved. For other services (e.g., counseling) refer to the Medicaid Waiver Handbook for provider qualifications.</p> <p>Look for evidence that the prescribing professional is monitoring the individual.</p>
35	<p>Behavior Service goal(s) are consistent with and relate directly to the individual’s personal outcomes/goals.</p>	<p>Review the person’s support plan, if available, service authorization information, the implementation plan and the individual’s behavioral plan (intervention/treatment/therapy plan) to determine if a clear connection exists between behavioral supports and services and the persons stated personal outcomes/goals.</p>

Cite	Standard	Probes
36	The individual has a written, individual plan developed by a certified or licensed professional that clearly identifies what will change as a result of intervention, the intervention(s) to be used and how progress will be measured.	<p>Review record(s) of individuals that the provider or staff has identified as having problems with behaviors. Is a behavior plan present, and who developed the plan?</p> <p>Review the individual's records and the behavior services plan to determine:</p> <ul style="list-style-type: none"> <li>• The problem with behavior is described in writing and in objective measurable terms.</li> <li>• There is evidence that interventions, treatments and therapies were based on the results of an assessment of the problem with behavior by the behavior service professional.</li> <li>• There is documentation that interventions account for medical problems, significant life changes, or other factors that might worsen the problem with the behavior.</li> <li>• If the individual was evaluated by a physician or other medical professional to rule out potential medical problems that might account for the problem with behavior.</li> </ul> <p><i>Note: The plan may be written by someone other than the behavior service professional, but must be approved by the professional.</i></p>
37 W2.0	Written consent to use the plan was obtained from the individual or guardian.	<ul style="list-style-type: none"> <li>• Review records and other documentation to determine that signed consent is on file. If consent was not obtained, look for documentation of the reason.</li> <li>• Talk with individuals receiving the service. Are they aware of the plan and interventions? Are they in agreement with the need for intervention and approaches used?</li> </ul>
38	Implementers (provider staff) of the plan are able to carry out the plan as written.	<ul style="list-style-type: none"> <li>• Ask staff to describe the procedures and the circumstances under which they are used</li> <li>• Observe the actual use of the procedure or intervention if possible.</li> <li>• Interview the individual for their understanding of implementation of the plan.</li> <li>• Review personnel and training records to verify staff training on the program.</li> </ul>

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39 W2.0	A system is in place to assure that procedures are carried out as designed.	<ul style="list-style-type: none"> <li>• Review behavior service plan to determine if a plan to monitor implementation is available.</li> <li>• Review provider or behavioral professional documentation to determine if monitoring occurs as planned.</li> <li>• If there are problems with implementation, are these addressed and corrected?</li> </ul>
40 W2.0	There is evidence of progress or lack thereof in reducing the problem with behavior.	<p>Review available and required documentation to determine whether progress in being made, or if lack of progress, that there is a plan for the continuation, modification or termination of services.</p> <p>Documentation available for review to determine whether progress is being made should include:</p> <ul style="list-style-type: none"> <li>• Data collected on plan implementation. Are the data collected as required in the plan?</li> <li>• Data displays (graphed). Review to determine progress and currency of graphing.</li> <li>• Progress should be verified in writing as a progress note or summary.</li> </ul> <p><i>Note: Some measurable progress must be demonstrated or predicted or the current array of services must be seriously questioned.</i></p>
41	Emergency procedures (e.g., reactive strategies, crisis management procedures) used by the provider for problems with behavior are developed and implemented under the guidance of certified or licensed behavioral services professionals.	<ul style="list-style-type: none"> <li>• Determine if a written procedure is available. Is the procedure individualized?</li> <li>• Review any procedures that the provider has for emergency or crisis management. <i>(Note: The provider may have general procedures, as well as individualized. Reviewers should look at both.)</i></li> <li>• Determine who developed the emergency or crisis management procedure, and if it is approved by the LRC or the Area Office.</li> <li>• Determine if the procedure identifies: <ul style="list-style-type: none"> <li>➤ How staff will be trained;</li> <li>➤ What documentation must be kept and submitted upon use of the emergency procedure.</li> </ul> </li> </ul>
42	Staff is able to use the procedure when and as designed.	<ul style="list-style-type: none"> <li>• Review personnel and training records to determine whether staff has been trained in the use of these procedures. (Certain procedures such as ACT or TEAM require periodic retraining or certification.)</li> <li>• Determine whether only trained staff is allowed to use these procedures.</li> <li>• Talk with individuals and staff to determine their awareness of, and familiarity with these procedures.</li> </ul>

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43	Records are kept on the use of the emergency procedure and occurrences of the problem behavior.	<p>Request to see reports on use of emergency procedures. Verify the following:</p> <ul style="list-style-type: none"> <li>• Daily reports on the employment of physical, chemical, or mechanical restraints by those specialist authorized in the use of such restraints are made to the chief administrator of the program.</li> <li>• A monthly summary including the type of restraint, the duration of usage and the reasons therefore will be submitted to the Area Office administrator and the local advocacy committee. <i>(Note: Reports may be sent to the Area Office Developmental Disabilities Program Office for routing to Area Office Administrator.)</i></li> <li>• Review the agency procedure for reporting the use of emergence interventions.</li> <li>• Determine if the use of emergency interventions was properly reported. Review documented number of restraints reported to the Local Review Committee.</li> </ul> <p><i>Note: If emergency or crisis procedures have not been used, score this element Not Applicable.</i></p>

In-Home Support 11-22-05.doc  
REV 11-01-01; 12.06.02; 01.03; 02.03.03; 02.04.03; 10-24-05; 11-22-05