

DEPARTMENT OF  
PUBLIC HEALTH AND HUMAN SERVICES



BRIAN SCHWEITZER  
GOVERNOR

JOAN MILES  
DIRECTOR

STATE OF MONTANA

[www.dphhs.mt.gov](http://www.dphhs.mt.gov)

Developmental Disabilities Program  
226 6<sup>th</sup> Street South  
PO Box 472  
Glasgow, Montana 59230  
(406) 228-8264

Date: June 29, 2008

To: Rick Thompson, Director  
Hi-Line Home Programs, Inc.

From: Sandra L. Carpenter, Region1 QIS

RE: Quality Assurance Review, FY '07

Please find the attached summary and tables for the Quality Assurance Review for Hi-Line Home Programs, Inc. The table shows the areas of review with any pertinent findings noted in the comment sections. I wish to express my appreciation for you and your staff's cooperation throughout the year. Again, comments made by individuals and their families' show how much they appreciate the services Hi-Line Home Programs, Inc. provide.

This report has findings, comments and suggestions noted during my review of Supported Living services and Community Supports. Information was found from checking agency and client records along with client, family and staff interviews. It also includes a desk review of any incident trends, any Adult Protective Services reports, client rights issues, transportation and Individual Plans along with fiscal reports.

I look forward to continued success with Hi-Line Home Programs, Inc. and the families they serve. Thanks to you and your staff for providing quality services to individuals with developmental disabilities.

Cc: Sam Water, President, HLHP Board of Directors  
Dain Christianson, Region 1 Manager  
Tim Plaska, Bureau Chief, DDP  
John Zeeck, Quality Assurance Specialist, DDP  
Perry Jones, Waiver Specialist, DDP  
DDP Contract File

attachments

**Hi-Line Home Programs, Inc.**  
**QUALITY ASSURANCE REVIEW**  
**FY '07**

**SCOPE OF REVIEW**

The purpose of this summary is to evaluate the quality of services provided to individuals with developmental disabilities by Hi-Line Home Programs, Inc. (HLHP) The services reviewed are the following: Supported Living, Transportation and Community Supports. Information was garnered through personal observations, interviews and review of documentation on-site and as well as a desk review of data collected through the year including quarterly reports.

**ADMINISTRATIVE**

- Hi-Line Home Programs, Inc. is a non-profit corporation governed by a board of directors. Daily operations are under the direction of director Rick Thompson (rick@hilinehomeprograms.org). HLHP has a wonderful administrative staff that includes: Cheryl Brelje, bookkeeper/office manager, Rhonda Vasecka, administrative assistant and Mary Humbert, secretary.
- Financial reports and audit reports were reviewed. HLHP continues as a low-risk auditee.
- HLHP was able to hire several new individuals to work with consumers in both supported living and community supports. Consumers assisted with the hiring process and are quite satisfied with their direct support staff. There were a few months were services to 2 community supports consumers were not being provided. HLHP along with other providers have to compete for staff. Hiring and retaining staff continues to be a concern for all providers of services through out the State of Montana and HLHP is also one of those providers but they remain very dedicated to finding the right staff to match with consumers.
- Supported Living and Community Support staff are trained to individual specifics, needs, and goals. 100% of staff required to complete Tier 1 in the College of Direct Support, an on-line learning environment, did so within 6 months of hire. Staff are not sure what the new Personal Support Plan (PSP) is and would suggest having staff meet with a case manager to discuss this new system or encourage staff to attend a PSP training.
- Hi-Line Home Programs, Inc. has complied with the Incident Management Policy. No issues exist in incident trends. Incidents comprise mostly of medical emergencies and are often reported by the families with HLHP making the IR report to DDP. There is no Adult Protective Services involvement this review.
- HLHP has a strong internal communications system and a strong demographic/survey gathering system. Annual surveys indicate satisfaction among consumers and families. Some comments: "We very much appreciate this program, it was always & still is one of the very best. I don't know what we'd do without this help and direction...", "We really appreciate everything Hi-Line Home Programs has done because without your support most of us would be lost", and "The Hi-Line Home program has been a Godsend for us..."

**SUPPORTED LIVING SERVICES**

- HLHP provides Supported Living services to 6 adults. 4 of those adults were recent transitions from children's services. All but 1 lives with their families and has strong family support for health and safety. 2 live in licensed adult foster homes and have been with those families for most of their lives. Health and

safety is addressed at least annually and any needs are documented in the personal plan.

- Individuals receive a variety of services including individual habilitation, respite, meals and environmental modifications and/or adaptive equipment. Individual plans are person centered with goals for self-advocacy, cultural awareness, meal planning and preparation, leisure skills, social awareness and inclusion as well as general supervision.
- Staffing is provided based on individual preference, not agency preference with a “back-up” assistance plan for when regular staff might not be available.
- Quarterly reporting on individual progress was not clearly understood by HLHP. Case management and the Quality Improvement Specialist provided some technical assistance for reporting requirements and continue to work with HLHP to ensure that reports are being submitted.

## **COMMUNITY SUPPORTS**

- HLHP provides 6 consumers with services through the Community Supports Waiver. All but 1 of these individuals lives with their families. The families provide the bulk of supports with HLHP filling in with respite, transportation, personal companion, education, etc.
- HLHP provides the same level of services as for individuals in Supported Living. Health and safety needs are documented by the case manager, family and staff at least annually.
- 2 individuals receive respite only and are not required to have an Individual Plan with HLHP.
- Quarterly reports are received in a timely manner for Community Supports consumers.

## **Transportation**

- Hi-Line Home Programs, Inc. provides transportation services for 1 individual.
- Service is through reimbursement of a staff member using a private vehicle. All applicable proofs of insurance and driver’s licensing and registration were evidenced.

## **Conclusion**

Hi-Line Home Programs, Inc. offers flexibility, creativity, caring staff and quality services to adults in Supported Living services and Community Supports. Individuals and their families are satisfied with their services and speak highly of the agency. There are no open findings. The only area needing improvement is in quarterly reporting and this has already seen improvement for this review period. It has been my observation that Hi-Line Home Programs, Inc. strives for excellence. Thank you for all you do and I look forward to your future accomplishments.

**Provider: Hi-Line Home Programs, Inc.**

**Eval Date: November, 2007**

**Evaluators: S. Carpenter/C. Frederickson**

**DESK REVIEW:**

**Appendix  
or QAOS**

**Accreditation:**

Accreditation is no longer required by the state contract.

**Significant Events from the Agency:**

- HLHP has the capacity to bring forth statistical data to support it's programs. Surveys are done and information is used to improve services.
- The Annual Performance Report for Part C services for infants and toddlers reported a high level of compliance.
- HLHP has a website listing services, resources that include a lending library and a listing of it's board of directors.  
<http://www.hilinehomeprograms.org/index.php>
- 

**Agency Internal Communications Systems:**

--HLHP has an internal network with it's own server. Staff are able to access needed forms and information quickly and are able to effeciently document.

**Policies and Administrative (DDP) Directives**

--HLHP has several programs it administers in addition to DDP funded services. Policies and procedures are thorough and updated. HLHP has incorporated the Incident Management Policy.

Provider: Hi-Line Home Programs, Inc.

Eval Date: November, 2007

Evaluators: S. Carpenter/C. Frederickson

Appendix  
or QAOS

**DESK REVIEW:**

**Fiscal (audits, cost plans, invoices):**

-- A limited scope internal audit for FY 2007 was conducted by the Division of Quality Assurance to provide an analysis of the cost to provide services and the rates paid by the state for those services. The services reviewed were Family Education Services (FES), Intensive Family Education Services (IFES) and Supported Living. The 10 general audit objectives were: 1. Confirm the provider has not-for-profit status for the period of the engagement, 2. Confirm that the provider is in compliance with the insurance and bonding provision of the provider agreement, 3. Determine if the organization has had a financial audit, 4. Describe the accounting and tracking of financial information to use as examples and best practices for other providers to follow, 5. Trace program revenues from the Disability Services Division into the provider's bank accounts and accounting records, 6. If applicable, verify year-end grant revenues were fully spent and used for the intended purposes, 7. Analyze the provider's costs to determine if the rates paid by the DSD are in line with the costs to provide the services. Assure that the costs are reasonable and applicable to the services provided, 8. Determine the working capital reserve and compare to the working capital reserve discussed in the provider agreement, 9. Analyze the provider's client fund procedures and review the client personal inventories, and 10. Confirm the provider is in compliance with the provider agreement provisions referring to Compliance with Labor Laws; Applicable Laws; Rules and Policies (Federal and State); Federal Requirements and Assurances; and Civil Rights. In regards to the above objectives, Quality Assurance Division had 4 recommendations for HLHP: 1. HLHP should increase its surety bond (dishonestly coverage) to a minimum of 10% of their current total contract with DSD. HLHP's response was, *"While we did have this amount for our DSD contracts we did not have the total for all the contracts we have in force. We have increased our surety bond to cover the total amount of the contract revenue we anticipate from all sources, not just from the DSD."* 2. HLHP should deposit funds as soon as received to minimize risk of lost or misappropriated checks. Consideration should be given to direct deposit if possible. HLHP's response was, *"We have not instituted the practice so that all state checks will come to us as direct deposits. All other income will be deposited as soon as received. In the bookkeepers absence an administrative assistant will be designated to make these deposits."* 3. HLHP should properly account for grant expenses and make sure that all applicable expenses are charged to individual grants. If year end grants are not fully expended for intended use the balance of unused funds should be returned per grant regulations. HLHP response was, *"This recommendation was an oversight and a misinterpretation on our part. We will be more careful and pay more attention to all of the requirements of special grants in the future."* 4. HLHP should properly complete the employee documentation to follow wage and hour laws. HLHP's response was, *"A separate binder has been set up to track the W-4 and I-9's for all employees. We will make sure that Section 2, Employer Review and Verification are completed and signed."*

-- The A-133 audit opinion on the financial statements and compliance for major programs are unqualified. There were no findings or questions costs in the report. The defensive interval ratio (number of months expenses can be paid with current assets) was 6.32 compared to 6.06 the previous year. HLHP is qualified as a low risk auditee.

**Licensing:**

-- HLHP does not operate any licenced facilities.

**Provider: Hi-Line Home Programs, Inc.**

**Eval Date: November, 2007**

**Evaluators: S. Carpenter/C. Frederickson**

	<b>Appendix or QAOS</b>
<b>DESK REVIEW:</b> <b>Quality Assurance Observation Sheets: (trends from past year)</b> --None to report	
<b>Medication Errors: (trending from past year)</b> --None to report	
<b>Incident Management: (summary trends, steps to address trends, investigation summaries)</b> --HLHP has fully implemented the IR policy. No concerns noted. IR's are few and are medical in nature.	

Provider: Hi-Line Home Programs, Inc.

Eval Date: November, 2007

Evaluators: S. Carpenter/C. Frederickson

					Appendix or QAOS
<b>Staff Related:</b>					
<b>Evidence Found of Orientation Training (mark 'yes' if present, 'no' if not present)</b>					
staff initials	BH	CM	LK		
yes/no	Yes	Yes	Yes		
<b>Note where evidence found:</b>					
<b>Evidence Found DDCPT or equivalent:</b>					
staff initials	BH	CM	LK		
yes/no					
<b>Note where evidence found:</b>					
Not required but all employees have completed Tier 1 in CDS.					
<b>Evidence of Criminal Background Checks:</b>					
staff initials	BH	CM	LK		
yes/no	Yes	Yes	Yes		
<b>Note where evidence found:</b>					
personnell files, staff training records, agency employment application					
<b>Evidence of Staff Survey:</b>					
staff initials	BH	CM	LK		
yes/no	No	No	No		
<b>Note where evidence found:</b>					
HLHP is developing a survey and is in the process of surveying staff.					
<b>Comments: (regarding staff hiring, screening, training, supervision)</b>					

Agency: HLHP

Eval Date: November, 2007

Staff Related:					Appendix or QAOS
Evidence Found of Staff Training: (mark 'X' if present, 'no' if not present)					
	staff initials	BH	CM	LK	
	1st aid/CPR	Yes	Yes	Yes	
	Abuse Prevention	Yes	Yes	Yes	
	Client Rights	Yes	Yes	Yes	
	Incident Reporting	Yes	Yes	Yes	
	Confidentiality	Yes	Yes	Yes	
	IP/PSP Process	Yes	Yes	Yes	
	CDS complete w/in 6 months of hire date?	Yes	Yes	Yes	
	Medication Cert	Yes	Yes	N/A	
<b>Note where evidence found:</b>					
<b>Comments:</b> LK only works with 1 adult consumer and family provides all medical supervision at this time.					

Provider: Hi-Line Home Programs, Inc.

Eval Date: November, 2007

Evaluators: S. Carpenter/C. Frederickson

Note Site Reviewed:

IP Checklist: check if evidenced

Appendix  
or QAOS

Consumer Initials		SL1	SL2	SL3
<b>O n s i t e</b>	Consumer/Family Survey	✓	✓	✓
	PSP/IP Doc Avail to all Staff	✓	✓	✓
	IPP/Actions Implemented	✓	✓	✓
	Data for IPP/Actions	✓	✓	✓
	Data Internally Monitored	✓	✓	✓
	Self Medication Objective	N/A	N/A	N/A
	Consumer informed of grievance procedure	✓	✓	✓
	SL consumer choice of SL staff	✓	✓	✓
	Rights Restrictions	N/A	N/A	N/A
	PSP/IP Checklist			
<b>C M I P P</b>	PSP/IP Annually?	✓	✓	✓
	Individual Needs Addressed?	✓	✓	✓
	Assessment Based?	✓	✓	✓
	Quarterly Reports?	*	*	✓
	Incident Reports Addressed?	✓	✓	✓
	Behavioral Supports Addressed?	N/A	N/A	N/A
	Functional Analysis Needed?	N/A	N/A	N/A
	Free from Aversive Procedures?	✓	✓	✓

Comments: (regarding service planning and delivery)

\* Quarterly reports are sporadic. CM/QIS are working with HLHP on this with much improvement noted.

Provider: Hi-Line Home Programs, Inc.

Eval Date: November, 2007

Evaluators: S. Carpenter/C. Frederickson

Note Site Reviewed:

IP Checklist: check if evidenced										Appendix or QAOS
Consumer Initials		CS1	CS2	CS3	CS4	CS5	CS6			
<b>O n s i t e</b>	Consumer/Family Survey	✓	✓	✓	✓	✓	✓			
	PSP/IP Doc Avail to all Staff	✓	✓	✓	N/A	N/A	✓			
	IPP/Actions Implemented	✓	✓	✓	N/A	N/A	✓			
	Data for IPP/Actions	✓	✓	✓	N/A	N/A	✓			
	Data Internally Monitored	✓	✓	✓	✓	✓	✓			
	Self Medication Objective	N/A	N/A	N/A	N/A	N/A	N/A			
	Consumer informed of grievance procedure	✓	✓	✓	✓	✓	✓			
	SL consumer choice of SL staff	✓	✓	✓	✓	✓	✓			
	Rights Restrictions	N/A	N/A	N/A	N/A	N/A	N/A			
<b>C M I N I P T</b>	PSP/IP Checklist	✓	✓	✓	✓	✓	✓			
	PSP/IP Annually?	✓	✓	✓	✓	✓	✓			
	Individual Needs Addressed?	✓	✓	✓	✓	✓	✓			
	Assessment Based?	✓	✓	✓	✓	✓	✓			
	Quarterly Reports?	✓	✓	✓	✓	✓	✓			
	Incident Reports Addressed?	✓	✓	✓	✓	✓	✓			
	Behavioral Supports Addressed?	N/A	N/A	N/A	N/A	N/A	N/A			
	Functional Analysis Needed?	N/A	N/A	N/A	N/A	N/A	N/A			
Free from Aversive Procedures?	✓	✓	✓	✓	✓	✓				
<b>Comments: (regarding service planning and delivery)</b>										
CS4 & CS5 do not have IP/PSP's as they have only respite in their CS agreements.										

Provider: Hi-Line Home Programs, Inc.

Eval Date: November, 2007

Evaluators: S. Carpenter/C. Frederickson

Make note of site reviewed: Supported Living

**Residential Site Checklist: check if evidenced or mark data as appropriate**

**Appendix  
or QAOS**

Site Name		SL1	SL2	SL3					
<b>H e a l t h  S a f e t y</b>	Bathing procedures posted	✓	✓	✓					
	Clean/Sanitary Environment	✓	✓	✓					
	Egress	✓	✓	✓					
	Hot Water Temps	118	115	✓					
	Emergency Assistance	✓	✓	✓					
	Fire Extinguishers/smoke Detectors	✓	✓	✓					
	1st Aid/CPR Supplies Accessible/Available	✓	✓	✓					
	PRN Medications	✓	N/A	N/A					
	Medication Procedures	✓	N/A	N/A					
	Medication Locked Storage	✓	N/A	N/A					
	Medication Administration Records	✓	N/A	N/A					
	Staff Ratios or ICP staffing								
	Awake Overnight Staff	N/A	N/A	N/A					
	Adequate Supplies	✓	✓	✓					
	Storage of Supplies	✓	✓	✓					
Free from aversive procedures?	✓	✓	✓						
<b>D a i l y</b>	Weekly integrated activities	✓	✓	✓					
	House or Site Rules	N/A	N/A	N/A					
	Opp for choice, self determination	✓	✓	✓					
	Meal Prep, Mealtime	✓	✓	N/A					
	Engagement in Daily Life	✓	✓	✓					
	Participation in Daily Living Skills	✓	✓	✓					
	Staff Trained in Individual Specifics	✓	✓	✓					

**Comments:**

SL2 & SL3 live with family who are responsible for medication administration.  
SL3 has respite only in his ICP.

Provider: Hi-Line Home Programs, Inc.

Eval Date: November, 2007

Evaluators: S. Carpenter/C. Frederickson

Make note of site reviewed: Community Supports

**Residential Site Checklist: check if evidenced or mark data as appropriate**

**Appendix  
or QAOS**

Site Name	CS1	CS2	CS3	CS4	CS5	CS6	
<b>H e a l t h  S a f e t y</b>	Bathing procedures posted	N/A	N/A	N/A	N/A	N/A	N/A
	Clean/Sanitary Environment	✓	✓	✓	✓	✓	✓
	Egress	✓	✓	✓	✓	✓	✓
	Hot Water Temps	N/A	N/A	N/A	N/A	N/A	N/A
	Emergency Assistance	✓	N/A	N/A	N/A	N/A	N/A
	Fire Extinguishers/smoke Detectors	✓	N/A	N/A	N/A	N/A	N/A
	1st Aid/CPR Supplies Accessible/Available	✓	N/A	N/A	N/A	N/A	N/A
	PRN Medications	N/A	N/A	N/A	N/A	N/A	N/A
	Medication Procedures	N/A	N/A	N/A	N/A	N/A	N/A
	Medication Locked Storage	N/A	N/A	N/A	N/A	N/A	N/A
	Medication Administration Records	N/A	N/A	N/A	N/A	N/A	N/A
	Staff Ratios or ICP staffing	N/A	N/A	N/A	N/A	N/A	N/A
	Awake Overnight Staff	N/A	N/A	N/A	N/A	N/A	N/A
	Adequate Supplies	✓	N/A	N/A	N/A	N/A	N/A
	Storage of Supplies	✓	N/A	N/A	N/A	N/A	N/A
Free from aversive procedures?	✓	✓	✓	✓	✓	✓	
<b>D a i l y</b>	Weekly integrated activities	N/A	N/A	N/A	N/A	N/A	N/A
	House or Site Rules	N/A	N/A	N/A	N/A	N/A	N/A
	Opp for choice, self determination	✓	✓	✓	✓	✓	✓
	Meal Prep, Mealtime	N/A	N/A	N/A	N/A	N/A	N/A
	Engagement in Daily Life	✓	✓	✓	✓	✓	✓
	Participation in Daily Living Skills	✓	✓	✓	✓	✓	✓
	Staff Trained in Individual Specifics	✓	✓	✓	✓	✓	✓
<b>Comments:</b> With the exception of CS1, all CS consumers live with family who meet their health and safety needs per IP/PSP/ISP. CS1 lives in a retirement complex where the hot water heaters are maintained by the facility.							

Provider: Hi-Line Home Programs, Inc.

Eval Date: November, 2007

Evaluators: S. Carpenter/C. Frederickson

Residential Site Checklist: check if evidenced										Appendix or QAOS
Site Name		HLHP								
<b>Transportation</b>	Driver Orientation Program	N/A								
	Wheelchair tie downs	N/A								
	Wheelchair Lift	N/A								
	Driver's Licenses	✓								
	Emergency Supplies	✓								
	Fire Extinguisher	✓								
	Transportation Log	✓								
	Scheduled Maintenance Program	N/A								
	Training--Staff Doing Maintenance Checks	N/A								
	Procedures for Timely Repairs	N/A								
	MDT inspection on file (MDT vehicles only)	N/A								
	Comments:  HLHP receives transportation funding for 1 individual. Staff use their own vehicle. HLHP maintains additional insurance, each employee must have proof of liability insurance.									
Comments:										

Provider: Hi-Line Home Programs, Inc.

Eval Date: November, 2007

Evaluators: S. Carpenter/C. Frederickson

Staff Survey: check if 'met', 0 if 'unmet'								Appendix or QAOS
Staff Initials		BH	CM	LK				
<b>A B C D E F G H I J K L M N O P Q R S T U V W X Y Z</b>	Allegations are reported to? (APS)	✓	✓	✓				
	Do you notify Supervisor first? (NO)	✓		✓				
	Steps to take if abuse is discovered?		✓					
	Comments:							
<b>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100</b>	Suspect theft of gloves, steps to take?	✓	✓	✓				
	IP/PSP requests Doctors appt							
	No jacket, -25 consumer wants to leave	✓	✓	✓				
	Review Rts Restriction							
Comments:								
<b>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100</b>	describe consumer behaviors	N/A	N/A	N/A				
	staff response to behaviors by plan	N/A	N/A	N/A				
	list proactive or environmental strategies	N/A	N/A	N/A				
	Comments:	No behavior plans. One individual does have a coping strategy that he worked out with his therapist and his staff is trained to assist him in times of stress.						
<b>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100</b>	what is consumer information?		✓	✓				
	training to meet health and safety needs?	✓						
	emergency evacuation procedures?							
	Comments:							

Provider: Hi-Line Home Programs, Inc.

Eval Date: November, 2007

Evaluators: S. Carpenter/C. Frederickson

Staff Survey: check if 'met', 0 if 'unmet' with notation of incorrect answer

Appendix  
or QAOS

Staff Initials		BH	CM	LK					
<b>Medications</b>	describe procedure to assist with meds								
	if med is unavailable?	✓							
	if gave wrong med?								
	if moving to a new place or gets new med?								
	requirement to assist with meds?	✓	✓						
	describe PRN or OTC is to be given								
	what constitutes a med error?		✓						
Comments: BH and CM work for other providers and have taken the medication certification test but do not assist with meds for HLHP consumers. LK does not assist with medications.									
<b>ER</b>	steps to avoid power struggles	✓	✓	✓					
	how to respond to someone who is upset			✓					
	what is you start to lose control?	✓	✓						
	Comments:								
<b>Incident Report</b>	when do you fill out an incident report?	✓		✓					
	notifications for ER?								
	who writes the IR?		✓	✓					
	Comments:								

Provider: Hi-Line Home Programs, Inc.

Eval Date: November, 2007

Evaluators: S. Carpenter/C. Frederickson

Staff Survey: check if 'met', 0 if 'unmet' with notation of incorrect answer

Appendix  
or QAOS

Staff Initials		BH	CM	LK					
<b>Deborah</b>	consumer destroying things	✓	✓	✓					
	staff pinches consumer back	✓	✓	✓					
	how do you know a support plan is needed?								
	Comments:								
<b>IP/PSP</b>	what is IP/PSP based on?	✓	✓	✓					
	you have an idea for an objective.....			✓					
	why do assessments?								
	How do you find out what someone would like to do?	✓	✓						
	Comments:								
Comments:									

Agency: HLHP

Eval Date: November, 2007

Consumer Questionnaire (used by QIS). Check if evidenced. 0 if not asked, bold. Bolded questions are mandatory								Appendix or QAOS
Consumer initials			SL1	SL2				
Consumer has/shows ID card? (if PSP documents this is not applicable, mark NA)			Yes	Yes				
C O N S U M E R	Do you have nice staff at home/work?		Yes	Yes				
	Is anyone mean to you at home/work?		No	No				
	Do you like where you live/work?		Yes	Yes				
	Are you ever afraid of anyone?		No	No				
	Someone hits/hurts you, who can you tell?		staff, Rick	Bud, Tan				
	Does anyone talk to you about this?		Yes	Yes				
	Can you get help when you need it?		Yes	Yes				
	from staff?		Yes	Yes				
	from Case Manager?		Yes	Yes				
	Can you get your own food/drink?		Yes	Yes				
	Do people come into your house/room w/o knocking/permission?		No	No				
	Do staff ever take things from you?		No	No				
	Can you get rides to places you need to go?		Yes	Yes				
	Rides to the places you want to go?		Yes	Yes				
	Who is your Case Manager?		Keenie	Bonnie				
Does s/he talk to you about waiver services?		Yes	Yes					
Does s/he help you get what you need?		Yes	Yes					
Comments:								

Provider: Hi-Line Home Programs, Inc.

Eval Date: November, 2007

Evaluators: S. Carpenter/C. Frederickson

Appendix  
or QAOS

**Consumer Questionnaire (used by QIS). Check if evidenced. 0 if not asked, bold Bolded questions are mandatory**

Consumer initials	CS1	CS2	CS3	CS4	CS5	CS6	
Consumer has/shows ID card? (if PSP documents this is not applicable, mark NA)	✓	n/a	n/a	n/a	n/a	n/a	
<b>C O N S U M E R</b>	Do you have nice staff at home/work?	yes	yes			yes	
	Is anyone mean to you at home/work?	no	no			no	
	Do you like where you live/work?						
	Are you ever afraid of anyone?						
	<b>Someone hits/hurts you, who can you tell?</b>	<b>CM, sis</b>	<b>mom</b>	<b>mom</b>	<b>police</b>	<b>mom</b>	<b>mom</b>
	<b>Does anyone talk to you about this?</b>	<b>CM</b>	<b>yes</b>	<b>no</b>	<b>no</b>	<b>yes</b>	<b>yes</b>
	Can you get help when you need it?						
	from staff?						
	from Case Manager?						
	Can you get your own food/drink?						
	Do people come into your house/room w/o knocking/permission?						
	Do staff ever take things from you?						
	Can you get rides to places you need to go?						
	Rides to the places you want to go?						
	<b>Who is your Case Manager?</b>	<b>PR</b>	<b>GG</b>	<b>LW</b>	<b>KP</b>	<b>PR</b>	<b>PR</b>
<b>Does s/he talk to you about waiver services?</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	
<b>Does s/he help you get what you need?</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	

Comments:



Provider: Hi-Line Home Programs, Inc.

Eval Date: November, 2007

Evaluators: S. Carpenter/C. Frederickson

For consumer's sampled, list the PSP actions and documentation supporting the delivery of those services. List all protocols and determine whether staff were able to accurately describe the supports necessary for the individual.

<b>consumer: SL1 (IP held 4/20/07)</b>	
<b>Actions per PSP</b>	<b>Evidence support provided consistently?</b>
1. will independently reconcile his bank statement on a monthly basis	yes
2. will prepare 3 meals per week, either lunch or supper, from a diabetic cookbook	yes
3. leisure time activities	yes
4. follow-up with psychiatrist for medication review per Dr. scheduling	yes
5. cultural activities and information provided	yes
6. self-advocacy curriculum	yes

<b>Protocols:</b>	<b>Evidence staff clearly understood and were able to implement protocol?</b>









1=consistently exceeds standard 2= consistently meets standard; 3=inconsistently meets standard 4=does not meet expectation/standard.																					
Family Education & Support		pg 1																			
Provider Name: HI-Line Home Programs																					
Comprehensive Evaluation: FY '07		Sample >																			
FSS >		IFES-1	IFES-2	IFES-3	IFES-4	IFES-5	FES-1	FES-2	FES-3	FES-4	FES-5	PC 1	PC 2	PC 3	PC 4	PC 5	exit 1	exit 2	inelig PC1	inelig PC2	QAOS #
FILE NAME >		GB	SS	KD	JS	SD	KD	SD	DD	JS	SD	GB	KD	DD	JS	KD	SS	JS			
STANDARD		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	2	14			
<b>RECORD MAINTENANCE (all services)</b>																					
1. Complete CF records (Eligibility, IFSP, contact logs, HV records, assessments) for each child in services?		1	1	2	2	2	2	2	2	2	2	1	2	2	2	2	1	2			
2. Documented contact with or on behalf of eligible child/family describing the service provided?		1	1	2	2	2	2	2	2	2	2	1	2	2	2	2	1	2			
<b>ELIGIBILITY</b>																					
1. Screening & eligibility process consistent with Dept policy?		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2			
2. Children not served concurrently in FES, PART C & IFES?		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2			
3. Confirmed DD diagnosis at age 6?		2	2	2	2	2	2	2	2	2	2	n/a	n/a	n/a	n/a	n/a	2	n/a			
<b>SERVICE COORDINATION</b>																					
1. Evidenced coordination of services for eligible children/families?		2	2	2	2	2	2	2	2	2	2	1	2	2	1	1	2	2			
2. Evidenced coordination w/ other community agencies to meet child/family needs?		2	2	2	2	2	2	2	2	2	2	1	2	2	1	1	2	2			
<b>IFSP</b>																					
1. IFSP/service agreement written, signed & implemented for each eligible child/family?		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2			
2. IFSP's consistently contain:																					
demographics for child & family.		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2			
identify the support coordinator?		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2			
include child development information?		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2			
include service list which gives each service provided?		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2			
frequency & intensity of service?		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2			
location/natural environment of services (Part C only)?		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	2	2	2	2	2	n/a	2			
method of service delivery?		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2			
date of service initiation?		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2			
duration of service?		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2			
funding sources for each service?		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2			
3. All items on cost plan directly related to IFSP objective?		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2			
4. Outcomes & objectives modified as child/family needs change?		1	1	1	2	1	1	2	2	1	2	1	2	2	2	2	2	2			
5. Documentation of written choice of IFSP meetings?		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2			
<b>FAMILY CENTERED: (file review or visits)</b>																					
1. Are the families the primary decision makers:																					
to determine family needs & resources?		2	2	2	2	1	2	2	2	2	2	2	2	2	2	2	2	2			
to determine their role in child evaluation?		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2			
in identifying members of the IFSP?		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2			
to determine desired outcomes?		1	1	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2			
in identifying their role in service coordination?		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2			
to decide how often/when home visits will occur?		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2			
to choose which resources or service options to pursue?		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2			
to evaluate the progress of the IFSP?		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2			
2. Do families assist in choice of ancillary service providers (respite, OT/PT/SP, etc.)		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1			
3. Do families assist in hiring/training hab aides & respite providers for their child?		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1			
<b>Comments:</b>																					

1=consistently exceeds standard 2= consistently meets standard; 3=inconsistently meets standard 4=does not meet expectation/standard.																								
Family Education & Support		pg 2																				PC not	eligible	
Provider Name:																						1	2	QAOS #
Comprehensive Evaluation - 12/8/06		Sample >																				1	2	QAOS #
FSS >		GB	SS	KD	JS	SD	KD	SD	DD	JS	SD	GB	KD	DD	JS	KD	SS	JS	JS	KD				
STANDARD		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	2	14	1	2				
FILE NAME >																								
<b>RESOURCES &amp; SUPPORTS</b>																								
1. Resources/supports identified in IFSP & provided to eligible child/family?		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2					
2. Gaps in planned vs actual services or planned vs actual delivery date?		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2					
<b>PROCEDURAL SAFEGUARDS</b>																								
1. Proof of liability insurance for transportation providers?		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2					
2. Families provided with agency internal complaint and/or appeal procedures?		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2					
3. Families informed of specific complaint/appeal process for issues of eligibility, screening and IFSP's???		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2					
4. Evidence of confidentiality in the collection, storage, disclosure & destruction of personally identifying information?		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2					
5. Do parents have access to child & family records?		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2					
6. Families receive all information on services, (including families rights & safeguards) jargon free and in their native language or typical means of communication?		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2					
7. Agency policy requires all services are non-discriminatory?		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2					
8. Documentation of consent before evaluations are conducted, before services begin, & before information is gathered or released from/to other sources?		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2					
9. Families are informed that participation is voluntary?		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2					
10. Family Support Specialists carry Primary or Comprehensive certification?		1	1	1	1	2	1	2	1	1	2	1	1	1	1	1	1	1	1					
11. When a family is exited or voluntarily leaves services, was DPHHS policy followed?		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2					
<b>TIMELINES</b>																								
1. IFSPs are evaluated, revised or rewritten in compliance with state and federal regs? (6 mo. review for Part C, annually for FES and IFES)		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2					
<b>OTHER CONTRACT PROVISIONS</b>																								
1. Does the agency submit a waiting list to the Regional Office each month?		yes																						
2. ICAPs are completed & submitted for each child on the waiting list, & each child served? (initial ICAP for FES & follow along upon entrance to services)		ICAPs were done until they could not be scored anylonger.																						
3. The agency maintains staff to individual served ratios according to Appendix I?		Yes																						
4. Waiting list families contacted at least every 6 months to determine ongoing need & to provide information & referral resources?		yes																						
5. Notification to Regional Office regarding changes to service on Client Status form?		yes																						
6. DPHHS programs are payer of last resort for IFSP services?		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2					
7. Contractor meets other Appendix I provisions regarding CFS service requirements?		yes																						
<b>INFORMATION &amp; REFERRAL FOR INELIGIBLE PERSONS</b>																								
1. Is information about other potential services available to families not currently served?																				2	2			
2. Are children/families who are not eligible, referred to other appropriate agencies?																				1	1			
<b>NOTATIONS OR OTHER COMMENTS</b>																								

