

STATE OF MONTANA  
 Developmental Disabilities Program  
 Comprehensive Evaluation  
**Hi-Line Home Programs, Inc**  
**Adult Services**

Dates of Review: FY '09  
 Evaluator(s): S. Carpenter

DESK REVIEW:	Appendix or QAOS
<b>Accreditation:</b> Accreditation is no longer required by the state contract.	
<b>Significant Events from the Agency:</b> -- HLHP has a great system in place for program statistical data. Surveys are done and information used to improve services. -- The Annual Performance Report for Part C services has a high level of compliance...this is an indicator of quality services that blends into all programs HLHP provides. --HLHP has a website: <a href="http://www.hilineprograms.org">www.hilineprograms.org</a> .	
<b>Agency Internal Communications Systems:</b> -- HLHP has an internal network with a dedicated server. Each employee has it's own email address and much is done through this electronic communications. Reports are neat and typed.	
-- HLHP has several programs it administers in addition to DDP funded services. Policie and procedures are available and incorporate DDP's policies.	

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<b>DESK REVIEW:</b>	<b>Appendix or QAOS</b>
<b>Fiscal (audits, cost plans, invoices):</b> <ul style="list-style-type: none"><li>-- Audit reports indicate compliance in major programs with no findings or exceptions.</li><li>-- HLHP works with the Regional Office to work through Individual Cost Plan and invoicing concerns.</li></ul>	
<b>Licensing:</b> <ul style="list-style-type: none"><li>-- HLHP does not operate any licensced facilites.</li></ul>	

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<b>DESK REVIEW:</b>	<b>Appendix or QAOS</b>
<b>Quality Assurance Observation Sheets: (trends from past year)</b> -- no trends 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 DDP IR policy. IR's are few and are often medical in nature. IR's are mostly discovered through family or self reporting often well after the fact.	



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<b>Staff Related:</b>								<b>Appendix or QAOS</b>
<b>Evidence Found of Staff Training: ("✓" if present; '⊗' if not present)</b>								
<b>Staff Initials:</b>	LK							
1st aid/CPR	✓							
Abuse Prevention	✓							
Client Rights	✓							
Incident Reporting	✓							
Confidentiality	✓							
IP/PSP Process	✓							
CDS complete w/in 6 months of hire date?	✓							
Medication Cert	n/a							
<b>Note where evidence found:</b>								
<b>Comments:</b>								

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IP Checklist: ("✓" if evidenced; "⊙" if not)										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						
<b>C M  I N P U T</b>	PSP/IP Checklist	✓	✓	✓						
	PSP 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?	✓	✓	✓							
<b>Comments: (regarding service planning and delivery)</b>										
<p>-- In reviewing program data books, this reviewer was impressed with the quality and quantity of meaningful data. It was neat and organized. Good job!</p> <p>-- Quarterly reporting has improved.</p>										

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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	n/a			
	IPP/Actions Implemented	✓	✓	✓	n/a	n/a	n/a			
	Data for IPP/Actions	✓	✓	✓	n/a	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 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 and CS5 have respite only in their agreements.										

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Residential Site Checklist: ("✓" if evidenced; "⊗" if not)								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	✓	✓	n/a				
	Clean/Sanitary Environment	✓	✓	✓				
	Egress	✓	✓	✓				
	Hot Water Temps	117.4	121.7	n/a				
	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	n/a	n/a	n/a				
	House or site rules?	n/a	n/a	n/a				
	Opp for choice, self determination	✓	✓	✓				
	Meal Prep, Mealtime	✓	✓	✓				
	Engagement in Daily Life	✓	✓	✓				
	Participation in Daily Living Skills	✓	✓	✓				
	Daily Leisure Opportunities	✓	✓	n/a				
Staff Trained in Individual Specifics	✓	✓	✓					
<b>Comments:</b> SL2 and SL3 live with family who are responsible for medication administration. SL3 has respite only in his ICP.								

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Residential Site Checklist: ("✓" if evidenced; "⊗" if not)								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	na/	na/	na/	na/	na/	na/	
	Engagement in Daily Life	✓	✓	✓	✓	✓	✓	
	Participation in Daily Living Skills	✓	✓	✓	✓	✓	✓	
	Daily Leisure Opportunities	n/a	n/a	n/a	n/a	n/a	n/a	
	Staff Trained in Individual Specifics	✓	✓	✓	✓	✓	✓	
<b>Comments:</b> With the exception of CS1, all consumers live with family who meet their health and safety needs.								

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		Site Name:						
<b>T r a n s p o r t a t i o n</b>	Driver Orientation Program							
	Wheelchair tie downs							
	Wheelchair Lift							
	Driver's Licenses							
	Emergency Supplies							
	Fire Extinguisher							
	Transportation Log							
	Scheduled Maintenance Program							
	Training--Staff Doing Maintenance Checks							
	MDT inspection on file (MDT vehicles only)							
Comments:								
<b>Comments:</b>								
<p>-- HLHP does not operated any large capacity vehicles for transportation. Transportation is done through the use of the agency car or through private vehicles. Operators are required to show proof on insurability and a valid driver's license.</p>								

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Staff Survey: ("✓" if evidenced; "⊗" if not)									Appendix or QAOS
		Staff Initials:	BH						
		How long worked:	2 years						
<b>A b u s e</b>	Allegations are reported to? (APS)		✓						
	Do you notify Supervisor first? (NO)		✓						
	Steps to take if abuse is discovered?								
	Comments:								
<b>H i s t o r y</b>	Suspect theft of gloves, steps to take?		✓						
	IP/PSP requests Doctors appt								
	No jacket, -25 consumer wants to leave		✓						
	Comments:								
<b>b m p</b>	describe consumer behaviors		n/a						
	staff response to behaviors by plan		n/a						
			n/a						
	Comments:								
<b>h o m e s a f e t y</b>	former employee wants info		✓						
	what is consumer information?								
	training to meet health and safety needs?								
	emergency evacuation procedures?		✓						
	Comments:								

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Staff Survey: ("✓" if evidenced; "⊙" if not)								Appendix or QAOS
		Staff Initials:	Bh					
<b>m e d i c a t i o n s</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:								
<b>E R C</b>	how to respond to someone who is upset	✓						
	what is you start to lose control?	✓						
	Comments:							
<b>H O M E P R O G R A M I N C I D E N T R E P O R T I N G</b>	when do you fill out an incident report?	✓						
	notifications for ER?							
<b>H O M E P R O G R A M I N C I D E N T R E P O R T I N G</b>	consumer to consumer incidents	✓						
	who writes the IR?							
	Comments:							

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Staff Survey: ("✓" if evidenced; "⊗" if not)								Appendix or QAOS
Staff Initials:		BB						
<b>B E H A V I O R</b>	consumer destroying things	✓						
	staff pinches consumer back	✓						
	how do you know a support plan is needed?	✓						
Comments:								
<b>I P / P S P</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	✓						
Comments:								

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Consumer Questionnaire (used by QIS). ("✓" if evidenced; "⊗" if not) <b>Bolded questions are mandatory.</b>				Appendix or QAOS
Consumer initials:		SL1	SL2	
Consumer has/shows ID card? (if PSP documents this is not applicable, mark NA)		✓	✓	
<b>C O N S U M E R</b>	Do you have nice staff at home/work?	yes	yep	
	Is anyone mean to you at home/work?	na	nope	
	Do you like where you live/work?	yes	yes	
	Are you ever afraid of anyone?	no	nope	
	<b>Someone hits/hurts you, who can you tell?</b>			
	<b>Does anyone talk to you about this?</b>	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	
	knocking/permission?	no	no	
	Do staff ever take things from you?	no	nope	
	Can you get rides to places you need to go?	yes	yes	
	Rides to the places you want to go?	yes	yes	
	<b>Who is your Case Manager?</b>	keenie	keenie	
	<b>Does s/he talk to you about waiver services?</b>	yes	yes	
	yes	yes		
<b>Comments:</b>				

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<b>Consumer Questionnaire (used by QIS). Bolded questions are mandatory.</b>							
Consumer initials:		CS1	CS2	CS3	CS4	CS5	CS6
<b>Consumer has/shows ID card? (if PSP documents this is not applicable, mark NA)</b>		yes	no	no	yes	yes	no
<b>c o n s u m e r</b>	Do you have nice staff at home/work?	yes	yes	yes	yes	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		
	<b>Someone hits/hurts you, who can you tell?</b>	police	sister	keenie	parents	mom	mom
	<b>Does anyone talk to you about this?</b>	yes	yes	yes	yes	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 ever come into your room without knocking?	no			no		
	Do staff ever take things from you?	no			no		
	Can you get rides to places you need to go?	yes			yes/drive		
	Rides to the places you want to go?	yes			yes		
	<b>Who is your Case Manager?</b>	PR	LW	KP	GG	PR	PR
<b>Does s/he talk to you about waiver services?</b>	yes	yes	yes	yes	yes	yes	
<b>Does she help you get what you need?</b>	yes	yes	yes	yes	yes	yes	

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**Appendix  
 or QAOS**

**Consumer Questionnaire (used by QIS). ("✓" if evidenced; "⊙" if not) Bolded questions are mandatory.**

Consumer intials:		CS1	CS2	CS3			
<b>S u p p o r t</b>	Who helps this person and how?						
	Are there some staff/peers they like better?						
	Staff/peers they don't like? Why?						
	Current needs not being met?						
	Health and Safety related?						
	Who do you talk to about these concerns?						
	Does the person have input to his/her life?						
	If you have concerns, who do you talk to?						
	are they resolved?						
	What are this persons wishes/dreams?						
	is the plan moving that direction?						
	does this person ever seem afraid?						
	are you afraid for them?						
	<b>Does this person know how or where to report abuse?</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>			
	<b>who provided that training?</b>	<b>keenie</b>	<b>keenie</b>	<b>keenie</b>			
	Who will the individual call or report to?						
	who provided that info?						
	Does the person have transportation to all services and places s/he would like to go?						
	<b>who is the person's case manager?</b>	<b>keenie</b>	<b>keenie</b>	<b>keenie</b>			
	<b>Does CM help the person access services?</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>			
<b>Does the CM explain waiver services?</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>				
<b>Does the person understand this info?</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>				
<b>Comments:</b>							