

Monthly Monitoring of Sites

All DD licensed and certified foster homes for children and adults, and 24-hour residential sites serving people with developmental disabilities will receive a monthly visit from a County Developmental Disability Program Services Coordinator, or in some cases a SPD Children's Residential Services Coordinator.

This visit provides a regular forum for observation, review and monitoring of an individual's needs and service. **Note that monthly site reviews are not intended to replicate a licensing review**, rather to ensure that services coordinators are in the home monthly, and that they are aware of ongoing needs or new issues regarding the individuals they serve. Services Coordinators will be called upon to use their observation skills to detect potential health and safety issues, and their professional judgement to respond accordingly.

A set of checklists has been adopted for use in the monthly visit. Although answers to the questions provide a "snapshot in time," the information may, over time, provide indicators of progress or signal the need for change.

The Community Developmental Disability Program OAR 411-320-0010 through 411-320-0200 sets forth expectations for implementation of the ISP. As Service Coordinators utilize these checklists, it will be important that the following issues also be evaluated:

- Are services being provided as described in the plan document and do they result in the achievement of the identified action plans?
- Are the personal, civil and legal rights of the individual protected in accordance with this rule?
- Are the personal desires of the individual, the individual's legal representative or family addressed? and
- Do the services provided for in the plan continue to meet what is important to and for the individual?

The need for flexibility at the CDDP level for implementing the monthly visits coupled with the request from providers for consistent monitoring expectations prompted this interpretive guide. The next page describes the basic expectations of Seniors and People with Disabilities.

In the guidelines, the "things that may be considered during review" in the second column are taken from OAR Chapter 411, Division 325 (Comprehensive 24-Hour Residential Services for Children and Adults with Developmental Disabilities) and/or OAR Chapter 411, Division 320 (Community Developmental Disability Programs).

Expectations

1. Each CDDP shall ensure that all DD licensed or certified foster homes for children and adults, and 24-hour residential sites serving people with developmental disabilities will receive a monthly visit from a Services Coordinator. In children's homes that are directly contracted through the state, a SPD Children's Residential Service Coordinator shall provide the monthly visit, unless negotiated differently between the county and the SPD Residential Service Coordinator. **Those sites serving** two or fewer individuals will require a visit on a quarterly basis or four times a year.

A monthly CDDP visit is **not required during a month** in which the:

- a. Department or CDDP licensing team or certifier conducts a full survey, certification review or a mid-cycle review of a 24-hour residential program or foster home.
 - b. CDDP reviews the employment site as an alternative to the residential site visit - however, only one employment site visit can take the place of a residential site visit, and consecutive employment site-monitoring visit cannot exempt a visit to the residential site.
 - c. A SPD Residential Service Coordinator monitors service in department contracted and licensed 24 – hour residential programs for children.
 - d. For children, one visit to the school can take the place of one residential site visit.
2. A Services Coordinator shall review all required monitoring questions for each person residing in a 24-hour residential home within a six-month period following that person's ISP. According to Oregon Administrative Rules, the financial questions must be reviewed twice a year. Information gained through the monitoring checklists and other tools shall be utilized to prepare for the next annual ISP.
 3. The Department has developed monitoring checklists for: medical issues; behavioral needs; financial and personal property review, the ISP and a facility review. The Department requires at a minimum, that all the questions on these checklists be asked during the monitoring process. The CDDP may use other formats for the checklist and/or incorporate additional questions to each of the monitoring checklists, after discussion with local stakeholders and in conjunction with the local quality assurance process.
 4. A facility-monitoring checklist shall be completed at least once a year and maintained in a file specific to the site. The County may use discretion in the need for additional use of this tool.
 5. A CDDP may choose how to implement the monthly site visit and service review process.
 6. A copy of the checklist shall be left at the site, following the monthly visit.
 7. This is an optional tool for programs that are not licensed through developmental disabilities, and can be used for monitoring programs in other systems.

SPD Monthly Site Review Guidelines
Medical Service Review

Checklist Item	Things that may be considered during review
1. Supports & Protocols in place as identified on the ISP and there is documentation that evidences their use.	<ul style="list-style-type: none"> ➤ Health concerns requiring a protocol are clearly identified in the ISP. ➤ Protocols are filled out completely. ➤ Legible. ➤ Evidence (documentation) that indicates the protocols are being followed. ➤ Protocols are onsite and accessible to the staff. Observations indicate staff understands the protocols and how to use them. (This is not a “pop quiz” for the staff, so use skills in observation)
2. Are routine appointments happening?	<ul style="list-style-type: none"> ➤ Documentation shows dental, doctor and other specialist appointments are scheduled as needed or required. (Each person shall receive a medical evaluation by a qualified health care provider no less than every two years, or as recommended by a physician) ➤ Records of visits to licensed health professionals include documentation of the consultation and therapy provided. ➤ Follow up recommendations and necessary action are noted.
3. Are there other emerging medical concerns?	<ul style="list-style-type: none"> ➤ Talk to the person, if possible, (and staff) regarding his or her health. ➤ Concerns are noted in writing. ➤ A plan exists for following up on the noted concerns.
4. Did you review the Medication Administration Record?	<ul style="list-style-type: none"> ➤ Person’s name is on the MAR. ➤ The following are included on the MAR: the transcription of the written physician’s or licensed health practitioner’s order, the brand or generic name of the medication, prescribed dosage, frequency and method of administration. ➤ Times and dates of administration or self-administration are noted. ➤ A signature is present of the person administering the medication (or the persons’ signature if (s)he is self administering). ➤ Explanation noted if a PRN is administered. ➤ Documentation exists, describing the effectiveness of the PRN. ➤ Medication administration irregularities are noted. ➤ Written explanation provided for medication irregularities. ➤ Staff signatures are present to acknowledge medication irregularities. ➤ Known allergies or adverse drug reactions are noted on the MAR. ➤ Evidence that appropriate follow up activity occurred following a med error (eg. late missed medication protocol implemented).
a. Are medications given as directed?	<ul style="list-style-type: none"> ➤ Medications are present, locked and secured. ➤ Bubble packs appear to be used according to schedule, pills appear to have been given (no remaining pills for dates past).

<p>b. Are psychotropic medications being used and is their use in compliance with the appropriate OARs?</p>	<ul style="list-style-type: none"> ➤ Psychotropic medication is prescribed with the intent to affect or alter thought processes, mood or behavior. ➤ Physician's written order is present. ➤ Evidence that the prescribing physician, ISP team and program are monitoring the behaviors of the person. Medication is promoting desired responses and decreasing adverse consequences. ➤ Balancing Test in place: <ul style="list-style-type: none"> ➤ According to the Adult Foster Home Administrative rule 309-040-0052, the balancing test documents the health care provider's decision that the benefits of the medication outweigh the potentially harmful effects of the medication. It is obtained annually from the prescribing physician or nurse practitioner. ➤ According to the Comprehensive 24 Hour Residential Services for Children and Adults with Developmental Disabilities Administrative rule 411-325-0010 - 411-325-0480, a SPD approved Balancing Test form is present, following the first prescription of the psychotropic medication. There is evidence of a balance test being completed annually, if medication is continued. ➤ PRN/Psychotropic medication is prohibited. Only in very rare circumstances have variances been permitted. If psychotropic medication is administered, a variance is in place and followed.
<p>5. Is durable medical equipment:</p>	
<p>a. Clean?</p>	<ul style="list-style-type: none"> ➤ Staff know where to find equipment
<p>b. In good repair?</p>	<ul style="list-style-type: none"> ➤ It is operational?
<p>b. Being used?</p>	<ul style="list-style-type: none"> ➤ Equipment is being used as prescribed. ➤ Person and staff know how to use the equipment. ➤ All parts are operational. Batteries are in place and work.
<p>c. Is a change in equipment needed?</p>	<ul style="list-style-type: none"> ➤ Concerns with the equipment or its continued effectiveness are noted. ➤ Does new equipment need to be requested? Are the appropriate forms and processes being utilized for acquiring the new equipment?
<p>6. If you had the opportunity to see the individual, were there observations of note?</p>	<ul style="list-style-type: none"> ➤ Note how the person is feeling today; note any recent injuries or illnesses ➤ Hygiene adequate, given the circumstances and activities in which the person is engaged; Clothes and shoes in good condition, the right size, and clean ➤ Weight change, either increase or decrease.

Behavior Service Review

Checklist Item	Things that may be considered during review
1. Is a Functional Assessment present?	<ul style="list-style-type: none"> ➤ Functional assessment relies on information provided by one or more persons who know the individual. ➤ Functional assessment provides a clear, measurable description of the behavior, including frequency, duration and intensity of the behavior. ➤ A clear description and justification of the need to alter the behavior is provided. ➤ The meaning of the behavior is addressed (i.e. is the behavior an effort to communicate? the result of medical conditions? the result of psychiatric conditions? the result of environmental causes or other factors?) ➤ The Functional Assessment describes the context in which the behavior occurs. ➤ There is a description of what currently maintains the behavior.
2. Is a Behavior Support Plan (BSP) in place?	<ul style="list-style-type: none"> ➤ The BSP provides an individualized summary of the persons needs, preferences and relationships. ➤ The BSP provides a summary of the functions of the behavior. ➤ The BSP includes strategies; suggested environmental modifications if appropriate; early warning signs; a general crisis response plan; and a plan to address post crisis issues. ➤ There is evidence that information gained through the Functional Assessment is being incorporated into the BSP. ➤ There is evidence that the BSP is being implemented.
a. Is documentation of team approval present?	<ul style="list-style-type: none"> ➤ There is written evidence that the person, parent(s) (if applicable), guardian or legal representative (if applicable) and the ISP team are aware of the development of the plan and any objections or concerns have been documented.
b. Is required data current?	<ul style="list-style-type: none"> ➤ Data validates the implementation of the BSP and determines that the right information is being collected.
c. Is there documentation that data is being reviewed for continued need of the Behavior Support Plan?	<ul style="list-style-type: none"> ➤ The data reviews frequency, duration and/or intensity of the behavior.
3. If consultation was identified as a need by the team, has it been provided?	<ul style="list-style-type: none"> ➤ Consultation arranged and provided for in a timely fashion. ➤ Documentation exists, indicating evaluation of the effectiveness of the consultation.

<p>4. Do Incident Reports reflect appropriate OIS interventions?</p>	<ul style="list-style-type: none"> ➤ The Incident Report includes the name of the person to whom the physical intervention is applied? ➤ The date, type and length of time the physical intervention was applied is documented. ➤ A description of the incident precipitating the need for the use of the physical intervention is provided ➤ There is documentation of any injury ➤ The name and position of the staff member(s) applying the physical intervention are included ➤ Names of any staff witnessing the physical intervention are provided ➤ Name and position of the person providing initial review of the use of physical intervention is included ➤ Documentation of an administrative review by someone in an authority position and who is knowledgeable of OIS, is provided ➤ Intervention reported in the IR matches the intervention prescribed for the person as described in the BSP.
<p>5. If an OIS maneuver is used, is it clearly described in the BSP?</p>	<ul style="list-style-type: none"> ➤ The physical intervention technique(s), and the behavior(s) for which they are applied are clearly outlined in the individual's behavior support plan and the OIS curriculum. ➤ Observations of staff indicate that they are trained on consumer specific holds. ➤ An instructor certified in OIS must train staff using physical intervention techniques. Although documentation may not be readily available, this fact is an important one to keep in mind. ➤ Monthly practices of OIS techniques are also required, but documentation may not be readily available. Again, this is a helpful fact to keep in mind.
<p>6. Are there emerging behavioral concerns that should be discussed with the team?</p>	<ul style="list-style-type: none"> ➤ Incident or progress reports are reviewed for any evolving patterns that cause concern. ➤ When observing, identify any concerns or changes in mood, affect, or communication. ➤ Concerns expressed verbally are also noted in writing. ➤ Documentation of a plan for following up on concerns
<p>7. If you had the opportunity to see the individual, were there observations of note?</p>	<ul style="list-style-type: none"> ➤ Note how the person is feeling today; assess whether the emotions and mood are typical of the individual. ➤ Hygiene is adequate, given the circumstances and activities in which the person is engaged; Clothes and shoes in good condition, the right size, and clean ➤ Note weight change, either increase or decrease.
<p>8. From your observations, were behavior plans implemented as described</p>	<ul style="list-style-type: none"> ➤ Reinforcements are followed through on ➤ Individual understands the consequences as a result of behavior ➤ Staff consistent in implementing elements of a behavior support plan ➤ Interactions between staff and individual are respectful

Financial and Personal Property Service Review

Checklist Item	Things that may be considered during review
1. Is there a team approved financial management plan, as a part of the ISP, which indicates the individuals ability to manage their own funds?	<ul style="list-style-type: none"> ➤ A double-sided form (SPD3.15.03) is completed. ➤ The Risk Tracking Record documents concerns regarding financial exploitation, and the Financial Management Plan considers those issues.
2. Records were available and include (for 24 Hour Residential programs):	<ul style="list-style-type: none"> ➤ Individual records are maintained separately ➤ Current Room and Board amount and the offset amount are documented ➤ Financial receipts according to the individual's Financial Management Plan are kept.
a. The date, amount and source of income received;	➤ Cross outs (with a single line and initial) are ok. White out, blackened entries or "neatened-up" entries are not acceptable
b. The date, amount and purpose of funds disbursed;	➤ Purchases of \$10.00 or more made on behalf of an individual must be documented with receipts. The ISP may change the amount to a lesser amount. Verify purchases and receipt requirements with ISP.
c. A signature of the staff making each entry.	➤ Signature is present
2. Records were available and include (for Adult Foster Care programs):	➤ Individual records maintained separately if the provider manages or handles the individual's money
a. The date, amount and source of income received;	➤ Cross outs (with a single line and initial) are ok. White out, blackened entries or "neatened-up" entries are not acceptable
b. The date, amount and purpose of funds disbursed;	➤ Purchases of \$5.00 or more made on behalf of an individual must be documented with receipts.
c. A signature of the staff making each entry.	➤ An initial by the person making the entry is adequate.
2. Records were available and include (for Children's Foster Care programs):	<ul style="list-style-type: none"> ➤ Individual records are maintained separately if the provider manages or handles the child's money ➤ Each child's financial record documents the receipt of the room and board fee that is paid to the provider at the beginning of each month
a. The date, amount and source of income received;	➤ Cross outs (with a single line and initial) are ok. White out, blackened entries or "neatened-up" entries are not acceptable
b. The date, amount and purpose of funds disbursed;	<ul style="list-style-type: none"> ➤ Any single item over \$50 purchased with the child's personal funds unless otherwise indicated on the child's ISP, is documented including receipts and found in the child's financial record. ➤ Documentation that the ISP team has addressed how the child's personal spending money will be managed and documented.

c. A signature of the staff making each entry.	➤ Signature is present
3. Savings Account:	
a. Review of latest reconciled bank statement?	➤ Review statements of one or two month's prior.
b. Savings account balance accurate?	➤ Balance in savings account and the providers records match
4. Checking Account:	
a. Review of latest reconciled bank statement?	
b. Checking account balance accurate?	➤ There are no overdrafts or other unexplained charges noted.
5. Individual Petty Cash/ Cash on Hand:	
a. Review individual petty cash/cash on hand	➤ Records are in place documenting how individual receives and spends cash.
b. Are tracking methods in place?	➤ Records match cash on hand.
a. Petty cash/cash on hand balance accurate?	
6. If any discrepancy is noted, is there documentation of follow- up?	➤ Documentation notes resolution, or plan for resolving the discrepancy.
7. Is there a personal Property Record?	<ul style="list-style-type: none"> ➤ Documentation indicates possession and control of the items purchased. ➤ The item matches the receipt of purchase. ➤ Items are physically present. ➤ All items of value are noted (including items of sentimental value) ➤ Items are not locked away from the individual's use, unless there is a variance and the ISP team supports the locking of particular items
a. Is there evidence that the personal property record has been updated annually?	<ul style="list-style-type: none"> ➤ Date of last purchase is relatively current ➤ Purchases are made on a somewhat regular basis.
b. Are items purchased reflected on the personal property record as required by the residential rule or the ISP?	<ul style="list-style-type: none"> ➤ The items you observe are listed on the property record. ➤ Purchased items are consistent with the activities and preferences noted in the ISP.

ISP Service Review

Checklist Item	Things that may be considered during review
1. Is there a current ISP in conformance with the applicable rules governing individual plans?	<ul style="list-style-type: none"> ➤ Forms mandated by SPD are being used.
2. Is the ISP being implemented?	<ul style="list-style-type: none"> ➤ Services are being provided as described in the plan document. ➤ There is evidence that activities or objectives identified in the ISP are being carried out. ➤ If the opportunity for conversation arises, and the individual has capacity to respond, determine if (s)he is aware of what their ISP says, and whether the ISP is being implemented.
3. Are addendum's to the ISP present, documenting changes & adjustments?	
a. Is there evidence that the addendum was sent to all members of the team?	<ul style="list-style-type: none"> ➤ There is documentation noting that a member of the team has agreed to provide the addendum to all members, and addendum's are evident.
b. Do the services provided for in the plan continue to meet what is important to and for the individual?	<ul style="list-style-type: none"> ➤ The services in the ISP clearly relate to the Personal Focus Worksheet and address personal desires. ➤ Addendum's demonstrate that the ISP team is striving to continually address the principles of choice, preference, personal control and decision making. This is evidenced by documentation of ongoing and appropriate changes to services provided.
4. If you had the opportunity to see the individual, were there observations of note?	<ul style="list-style-type: none"> ➤ Note how the person is feeling today; assess whether emotions and mood are typical of individual. ➤ Hygiene is adequate, given the circumstances and activities in which the person is engaged; Clothes and shoes are in good condition, the right size, and clean ➤ Weight change, either increase or decrease.
5. Are the personal desires of the individual, the individual's legal representative or the individual's family, addressed in the ISP?	<ul style="list-style-type: none"> ➤ The personal, civil and legal rights of the individual are protected in accordance with the CDDP Administrative rule. ➤ There are variances in place if certain individual rights must be abridged.
6. Has there been a serious event that requires additional follow up or support?	<ul style="list-style-type: none"> ➤ Incident reports document review by appropriate agency staff ➤ Follow up activities are noted by changes to the ISP, case notes in an individual file, or other location where documentation is evidenced.

Facility Review

Checklist Item	Things that may be considered during review
1. Is facility clean and free from offensive odors?	<ul style="list-style-type: none"> ➤ Home clean by reasonable standards (i.e. there are no observable health or safety risks for people living at the home). ➤ Home is relatively free from visible dirt, insects or other pests, trash ➤ No unusual or offensive odors (e.g. urine, feces, spoiled food, and garbage) are present.
2. Is facility well maintained?	<ul style="list-style-type: none"> ➤ The home is in good repair (windows, doors, steps, walls, railings, etc.) ➤ Appliances appear to be working ➤ Complaints about facility issues are not excessive ➤ No complaints from the community regarding the home
3. Are grounds maintained?	<ul style="list-style-type: none"> ➤ There are no items in the yard that would constitute a health or safety risk. ➤ No items waiting for a “dump run” (old or broken furniture, Christmas tress, excess garbage, etc.) ➤ Cigarette butts are in designated container ➤ Yard is free of pet feces
4. Are staff interactions with consumers respectful, attentive & positive?	