



DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

Family Model Residential Supports Monitoring Tool

Date of Review:	Reviewer:
Names of persons providing direct support:	
Address:	
Type of home (mobile, brick, two-story etc.):	
Total # Person's residing in the home:	
Name(s) of persons receiving DIDD Funding:	
Total # Person's funded by other sources (DCS, Adoption Stipend, etc.):	

CONTRACT COMPLIANCE			
Standard	Interpretation	Score	Comments
<p>The number of people who receive services in one home does not exceed DIDD requirements.</p> <p>HCBS waiver</p>	<p>A Family Model Residential Support home shall have no more than 3 residents who receive services and supports regardless of funding source, e.g. DCS/Foster-stipend, Private Pay, Choices, Veterans Benefits, etc. It is not necessary for the provider to receive funding for a person to be counted; e.g. SSI, SSDI, SS, VA, Railroad Benefits checks, etc.</p>		
<p>The person is not left unsupervised except in accordance with the written ISP.</p> <p>Provider Manual Chapter 11</p>	<p>Discuss with the person, the family-model provider, and/or agency staff and guardian/conservator and Circle of Support. Review ISP.</p>		
<p>The provider has successfully completed all training required by DIDD.</p> <p>Provider Manual Chapter 6.3</p>	<p>All training for direct support staff, as outlined in DIDD Provider Manual and other written directives, is required for FMR support providers and all other people residing in the home that may provide assistance or relief. Provider should be interviewed regarding his/her training.</p> <p>DIDD memo #172 says staff assisting or who sub for the FMR support provider is "qualified and trained" per DIDD requirement and individual needs.</p>		

INDIVIDUAL RIGHTS			
Standard	Interpretation	Score	Comments
The person is treated with respect and dignity. Provider Manual Chapter 2	Observe interaction between the provider and the person. Does the interaction reflect respect and consideration? If age appropriate, is the person treated as an adult? Does the provider talk to and about the person respectfully?		
The person's choices are encouraged and respected. Provider Manual Chapter 2	The person has opportunities to make daily decisions and receives support in learning to make choices, if needed. Whenever reasonable, individual choice is honored. Activities should be based on the person's ISP outcomes and action steps and not on the activities that need to be accomplished by the family-model provider and their family (i.e., homeschooling activities for provider's children, or errands)		
The person is not required to perform work for the provider beyond typical household chores. Provider Manual Chapter 2	Observe and ask the person and provider what chores or responsibilities he/she has in the home. Are these in line with their abilities and what would realistically be expected of a family member?		
The person has privacy. Provider Manual Chapter 2	Ask the person if they ever want to be alone and what they like to do while alone. Ask the provider what efforts they make to ensure privacy is available. Observe in the environment to note areas for privacy. If the person shares a bedroom, consideration has been given to age. Bedrooms are not shared by persons of the opposite sex.		
The person has clothing and possessions. Provider Manual Chapter 2	Observe and ask the person and provider about personal possessions (clothes, TV, radio, room decorations, etc.). Is there an adequate supply of clothing, appropriate for age, size, and season? Review the personal inventory list of items valued at \$50 or more. Inventory should be updated as needed (when new items are required or old items disposed) and dated.		
The person has access to a telephone.	Ask the person and provider about telephone use, long distance calls, and any restrictions on phone use. The provider must maintain a working telephone.		
The person's family and friends are able to visit the person as desired at reasonable hours, if applicable. Provider Manual Chapter 2	Prior arrangements for visits in the provider's home may be requested. Ask the person and provider about visits, if the person can invite friends over, etc. Review documentation of visits maintained by provider.		

<p>The person's religious freedom is respected.</p> <p>Provider Manual Chapter 2</p>	<p>The wishes and needs of the person regarding religious freedom, including choice of church, are fulfilled as possible. If the person wishes to attend, or not attend, church services, efforts to honor the choice are made.</p>		
<p>The person has free access to all common areas of the house.</p>	<p>Ask the person and provider if any areas are off-limits to the person. If areas are off-limits, is this a reasonable expectation for the person considering the privacy and personal possessions of other family members?</p>		
<p>The person's rights are not limited without due process.</p> <p>Provider Manual Chapter 2</p>	<p>If rights are limited, has review by an appropriately constituted Human Rights Committee operating in accordance with DIDD policies occurred? Is there a plan in place so that rights can be restored? Has informed consent been documented?</p>		
<p>The person is free from abuse (including corporal punishment), neglect and exploitation.</p> <p>Prohibited procedures including, but not limited to, seclusion and seclusion time-out, prone and supine restraint, take downs and chemical restraint are not used.</p> <p>Provider Manual Chapters 2, 7,12</p>	<p>Has the provider been trained in abuse/neglect/exploitation identification and reporting?</p> <p>Are there blank reportable incident forms (RIFs) available?</p> <p>Is there any evidence of unreported abuse, neglect or exploitation?</p> <p>DIDD definition of <u>seclusion</u> - placing a person in a room alone while holding or locking the door to prevent egress.</p> <p>DIDD definition of <u>chemical restraint</u> - a medication used to control behavior or to restrict the movement of the person supported for convenience or as a punishment.</p>		
<p>Restrictive disciplinary methods are not used. Use of restricted interventions is reviewed and/or approved in accordance with DIDD requirements.</p> <p>Provider Manual Chapter 12</p>	<p>Examples of unacceptable methods of discipline include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • denial of home visits or parent/family contact • cold showers • time outs of excessive length • denial of regular, nutritionally adequate meals • locking person out of the house • denial of religious freedom • washing someone's mouth out with soap • Mechanical restraint as approved in the BSP 		

SUPPORTS AND SUPPORT PLANNING			
Standard	Interpretation	Score	Comments
The person has regular opportunities to participate in routine family, daily living, and recreational activities.	The home, the supports provided, and the manner in which supports are provided should be as typical as possible. Interview the person and the provider to determine if routine participation in family life is occurring.		
The person receives a well-balanced diet. Provider Manual Chapter 11	Discuss with the person and the provider. If a special diet is ordered, documentation of the recommendation from a professional must be present. The person should not be made to pay for items that are within a well-balanced diet.		
The person is supported to maintain a reasonably well-groomed and clean appearance that is age appropriate and within currently accepted styles of grooming, dressing and appearance.	The family-model provider assists the person with shopping, grooming and personal hygiene as needed.		
The person and the family model provider participate as part of the Circle of Support in developing the person's Individual Support Plan. Provider Manual Chapter 3	Review the signature sheet to determine attendance at the ISP meeting. Discuss with the person and provider the ISP process and their involvement in information gathering, development of outcomes and action steps, and updating the plan if needed. Ask if they received a copy of the ISP in a timely manner.		
If the person is still in school the provider participates in the Individual Education Plan Meeting.	Is there a copy of the current IEP present? Review the signature sheet to determine attendance at the IEP meeting.		
The person's Individual Support Plan is implemented in the home. Provider Manual Chapter 3	Review documentation of the provision of Family Model Residential Services which should reflect the implementation of the ISP. Talk to the person and provider regarding activities that support implementation of the ISP.		
The person's therapeutic and/or behavior plans are present and implemented as written to include all special medical equipment to carry out the plan(s). Provider Manual Chapters 8, 12, 13, 14	All plans are in the home and filed; evidence of training is maintained; The FMR support provider ensures access for any clinical services to be provided as indicated in the ISP/Plan(s) of Care. Observation and interview to determine compliance; Equipment is available, clean, and in good working condition.		

<p>The person has access to their money.</p> <p>Provider Manual Chapter 2</p>	<p>The FMR support provider assists the person in obtaining spending money. FMR support provider or any other person residing in the home cannot be the Representative Payee but the Family Model Residential Agency may serve in this capacity. Should correspondence be received related to financial benefits the FMR support provider should assist the person to provide this to the representative payee.</p>		
<p>The person is charged no more than 70%% of prevailing maximum supplemental security income for room and board costs.</p> <p>Policy 80.4.3 Personal Funds Management</p>	<p>Review payments.</p>		
<p>A written account of the receipt and disbursement of monies received by or on behalf of the person when support is needed to manage personal funds is maintained for the person.</p> <p>Provider Manual Chapter 5</p> <p>Policy 80.4.3 Personal Funds Management</p>	<p>The person is involved in the management of personal funds to the extent desired.</p> <p>All expenses must be documented with invoices, receipts, canceled checks, timely bank reconciliations, etc. for persons who require support to manage their personal funds. Review checkbooks, bank statements, etc. Discuss access to personal funds with the person and provider. The individual shall not pay for home/vehicle property improvements, maintenance, vacations for the family, etc. "...money provided to the agency or its staff by the person's representative payee or other entity to be disbursed to or on behalf of the person; money to be given to the person periodically for breaks or lunches, money to pay the person's bills or other expenses".</p>		
<p>The person has control over his/her life unless there is a legal representative assigned by the court.</p> <p>Provider Manual Chapter 2</p>	<p>The FMR support provider assists the person in decisions as outlined in the ISP. FMR support provider or any other person residing in the home cannot serve as the conservator or be paid unless the conservatorship papers allowing them to do so were in effect prior to March 15, 2014. Exemption policy should be followed for conservatorships effective prior to March 15, 2014.</p>		

Health and Medication			
Standard	Interpretation	Score	Comments
<p>The person receives assessments, including medical and dental examinations, as needed or recommended to maintain optimal health. Medical follow up is obtained as recommended.</p> <p>Provider Manual Chapter 8</p>	<p>The FMR support provider the person in obtaining needed assessments and medical follow-up. When difficulties arise with obtaining needed services, the Provider Agency and ISC are notified and their assistance is requested.</p>		
<p>Medications are administered as ordered and prescribed.</p> <p>Provider Manual Chapter 8</p>	<p>Current prescriptions and medications are in the home.</p> <p>Current physician's orders must be present for each medication (includes prescribed and over the counter).</p>		
<p>The FMR support provider adheres to all rules and regulations regarding DIDD approved medication administration by unlicensed personnel.</p> <p>Provider Manual Chapter 8</p> <p>Medication Administration for Unlicensed Personnel Curriculum</p>	<p>Medications are secured and stored according to medication policy.</p> <p>Controlled substances are counted according to agency policy and DIDD rules.</p> <p>External and Internal medications are stored separately.</p>		
<p>Documentation of the administration of all prescription and non-prescription medications is maintained for persons who require support with medication administration.</p> <p>Provider Manual Chapter 8</p>	<p>The MAR must contain at least the following information: name of medication, dosage, frequency, reason, route, purpose, possible side effects, allergies, and any special directions applicable (take with food, refrigerate, for example).</p> <p>Side effect sheets are present and maintained in the record.</p> <p>Each dose administered must be documented legibly and accurately.</p> <p>PRN meds contain parameters.</p> <p>Self-Administration protocol is followed per medication administration policy.</p>		
<p>For persons receiving psychotropic medication, there is a signed and current consent for each medication received.</p> <p>Provider Manual Chapter 8</p>	<p>If there is any psychotropic medication being taken by the person, the person and/or legal representative have received information about risks, benefits, side effects and alternatives, and have given voluntary, informed, documented consent for the use of the intervention or medication. Consents are renewed according to the DIDD Provider Manual.</p>		

PRN psychotropic medication is prohibited. Provider Manual Chapter 8			
INDIVIDUAL RECORD-KEEPING			
Standard	Interpretation	Score	Comments
The person has an individual record in the home. Provider Manual Chapter 10	A record for each person supported in the home is individually maintained.		
The FMR support provider maintains appropriate records pertaining to the person. Provider Manual Chapter 10	The FMR support provider complies with appropriate DIDD requirements related to the person's record.		
ENVIRONMENTAL AND LIFE SAFETY REQUIREMENTS			
Standard	Interpretation	Score	Comments
The exterior of the home is maintained in good condition with no obvious safety hazards. Provider Manual Chapter 5	Observe for safety hazards such as broken steps, broken windows, obstacles in pathways, doors that do not function properly, loose hand rails, etc. Are the house and the area around the house maintained in a neat manner? Are there screens for windows and doors which are used for ventilation?		
The interior of the home is maintained in good condition with no obvious safety hazards. Provider Manual Chapter 5	Observe for safety hazards, broken items, blocked passageways, clutter which is stacked and causes a toppling risk, flickering lights, exposed wires, non GFCI outlets next to water supplies, maintenance needs, multiple extension cords, etc. Flammable liquids (gas, oil, kerosene, etc.) are stored in approved containers away from the living areas. Heat sources do not constitute a burn hazard. Space heaters and kerosene heaters are not used as a primary heat source.		
The home is maintained in a reasonably clean and neat manner. Provider Manual Chapter 5	Are the premises sanitary and free of offensive odors, vermin, insects and rodents? Is trash removed regularly? Areas where smoking is permitted should be identified. Smoking is not allowed in the bedrooms of persons supported.		
An adequate water supply and methods of heating are provided.	Water from springs or wells should be checked routinely in accordance with health department guidelines.		

<p>Provider Manual Chapter 5</p>	<p>Bottled water is an acceptable source of drinking water.</p> <p>Self-explanatory. The monitor should list specifics in the comments section.</p>		
<p>Adequate sewage disposal is provided.</p> <p>Provider Manual Chapter 5</p>	<p>The FMR support provider should either be on a city sewage disposal system or have a septic tank system. The type of system should be specified in the comment section.</p>		
<p>Smoke detectors are installed and operable.</p> <p>Provider Manual Chapter 5</p>	<p>Smoke detectors are located in the following areas: outside occupied sleeping area(s), outside the kitchen, in the living area, and at the top of any stairwell. The provider checks the smoke detectors monthly and replaces batteries when needed, but at least annually. The surveyor should test each smoke detector to ensure it works.</p>		
<p>Fire extinguishers are operable.</p> <p>Provider Manual Chapter 5</p>	<p>At least one ABC type multipurpose fire extinguisher is readily accessible in a designated, location on each floor. The gauge/indicator on the extinguisher should show that it is actively charged (in the green) and has not expired. The provider should be able to explain how to use the extinguisher.</p>		
<p>Fire drills are held and documented at least monthly.</p>	<p>Review documentation of drills (varying timeframes with at least one during sleep hours). Note evacuation times and any problems encountered. If the person is not capable of independent evacuation, is there an emergency plan? Do drills reflect evacuation from different parts of the home? The provider should have a plan of evacuation from different parts of the home. This plan need not be written, but the provider should be able to explain. Discuss with provider.</p>		
<p>Emergency plans for weather related emergencies are known by family.</p>	<p>FMR support provider can explain their emergency plans in the event of weather related events. Do they have emergency rations and supplies available in the event of these weather related emergencies? (this is a recommendation only do not cite as deficient)</p>		
<p>Adequate first aid supplies are maintained.</p> <p>Provider Manual Chapters 5, 8</p>	<p>The First Aid supplies should be adequate, and not be expired.</p>		

<p>The person's bedroom has adequate space, at least two means of escape which may include the window.</p>	<p>Single bedrooms must have at least 80 square feet, and there must be at least 60 square feet per person in rooms where more than one person sleeps.</p> <p>If considered one of the emergency exits, the window must provide a clear opening of 20 inches in width, 24 inches in height, and 5.7 square feet in area. The bottom of the window must be no more than 44 inches off the floor.</p> <p>If the person has difficulty ambulating, requires adaptive equipment to facilitate mobility, his/her bedroom must be on the ground floor. Individuals shall not sleep in any room other than one typically used as a bedroom without prior approval of the Regional Director.</p>		
<p>The home has at least two means of accessible egress.</p>	<p>If one of the means of egress is a window and the plan for evacuation involves a ladder from a second story window, the person must be able to evacuate using the ladder.</p> <p>Persons who have mobility issues and who reside on another level of the home (second floor or basement), must have accessibility to these levels. The second means of egress must also be accessible.</p>		
<p>The person has space in which to store clothing and other personal possessions and equipment.</p>	<p>Where does the person store their things? Is there enough room? Discuss with the person and provider.</p>		
<p>The person has use of bathroom facilities which meets the person's needs.</p>	<p>Is the bathroom accessible to the person? Are there essential supplies provided for him/her, such as soap, towels, toilet paper, water, etc.?</p>		
<p>The bedroom and bathroom are equipped with operational doors to ensure privacy.</p> <p>Provider Manual Chapter 2 CMS Community Rule</p>	<p>Monitor for doors and ensure locks are on the appropriate side of the door.</p>		
<p>The person is transported in a safe manner.</p> <p>Provider Manual Chapter 15</p>	<p>The provider's vehicle is maintained in a safe manner, including seat belts. All drivers maintain a valid driver's license and adequate vehicle liability insurance. Is there a first aid kit in the vehicle? Is the vehicle equipped to transport a person with specialized mobility needs if applicable?</p>		
<p>The FMR support provider</p>	<p>If the FMR support provider owns the</p>		

maintains current homeowners insurance.	home they are required to obtain and maintain homeowners insurance.		
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