

New York State
Office of Mental Retardation and Developmental Disabilities

**Family Support Services
Guidelines**

FAMILY SUPPORT SERVICES

GUIDELINES

The following guidelines apply to all agencies that have a fully executed contract with the New York State Office of Mental Retardation and Developmental Disabilities (OMRDD) for the provision of family support services to families caring at home for a family member with a developmental disability.

These guidelines are to be kept on file by the contract agency and adhered to in accordance with the provision of the operating family support services contract. Please note that contract agencies should maintain records for seven years.

These guidelines should also be kept on file by the DDSO.

January 1996

FAMILY SUPPORT SERVICES GUIDELINES

Definition

Family support services is defined in legislation, Mental Hygiene Law 41.43, as a family-directed, statewide system of comprehensive family support services. The purpose of family support services is to enhance a family's ability to provide in-home care to their family members with a developmental disability.

Program Goals:

Family supports are goods, services and subsidies, determined by the family and the Commissioner of OMRDD, which are provided to meet the goals of:

- ⇒ Providing a quality of life comparable, to the extent practicable, to that of similarly situated families without a family member having a developmental disability;
- ⇒ Maintaining family unity;
- ⇒ Preventing premature or inappropriate out-of-home placement;
- ⇒ Reuniting families;
- ⇒ Enhancing parenting skills; and
- ⇒ Maximizing the potential of the family member with a developmental disability.

Attachments

The following attachments shall be considered as part of the family support services guidelines requirements:

- ✓ Part 633.4 - Rights and Responsibilities of Persons Receiving Services
- ✓ Part 624 - Reportable Incidents, Serious Reportable Incidents and Abuse
- ✓ Family Support Services Quarterly Reporting Requirements
- ✓ Family Support Services Categories and Definitions
- ✓ Family Support Services Free Standing Respite Checklist
- ✓ Family Support Services Evaluation Checklist

Also attached are copies of the family support services and free standing respite contracts.

January 1996

**Part 633.4
Rights &
Responsibilities**

633.4 Rights and Responsibilities of Persons Receiving Services

(a) Principles of Compliance

- (1) No person shall be deprived of any civil or legal right solely because of a diagnosis of developmental disability (see Glossary Section 633.99 of this Part).**
- (2) All persons shall be given the respect and dignity that is extended to others regardless of race; religion; national origin; creed; age; gender; ethnic background; sexual orientation; developmental disability or other handicap; or health condition such as one tested for or diagnosed as having an HIV infection. In addition, there shall be no discrimination for these or any other reasons.**
- (3) The rights set forth in this section are intended to establish the living and/or program environment that protects individuals and contributes to providing an environment in keeping with the community at large, to the extent possible, given the degree of the disabilities of those individuals. Rights that are self-initiated or involve privacy or sexuality issues may need to be adapted to meet the needs of the certain persons with the most severe handicaps and/or persons whose need for protection, safety, and health care will justify such adaptation. It is the responsibility of the agency/facility or the sponsoring agency to ensure that rights are not arbitrarily denied. Limitations of rights must be on an individual basis, for a specific period of time for clinical purposes only.**
- (4) No person shall be denied:**
 - (i) A safe and sanitary environment;**
 - (ii) Freedom from physical or psychological abuse;**
 - (iii) Freedom from corporal punishment;**
 - (iv) Freedom from unnecessary use of mechanical restraining devices;**
 - (v) Freedom from unnecessary or excessive medication;**
 - (vi) Protection from commercial or other exploitation;**
 - (vii) Confidentiality with regard to all information contained in the person's record, and access to**

such information, subject to the provisions of Article 33 of the Mental Hygiene Law and the commissioner's regulations. In addition, confidentiality with regard to HIV related information shall be maintained in accordance with Article 27-F of the Public Health Law, 10 NYCRR Part 63 and the provisions of section 633.19 of this Part.

- (viii) A written individualized plan of service (see Glossary) which has as its goal the maximization of a person's abilities to cope with his or her environment, fosters social competency; which includes meaningful recreation and community programs and contact with others who are non-handicapped; and which enables him or her to live as independently as possible. Such right also includes:
- (a) The opportunity to participate in the development and modification of an individualized plan of services, unless constrained by the person's ability to do so.
 - (b) The opportunity to object to any provision within an individualized plan of services, and the opportunity to appeal any decision with which the person disagrees, made in relation to his or her objection to the plan; and
 - (c) The provision for meaningful and productive activities within the person's capacity although some risk may be involved, and which take into account his or her interests.
- (ix) Services, including assistance and guidance, from staff who are trained to administer services adequately, skillfully, safely and humanely, with full respect for the individual's dignity and personal integrity.
- (x) Appropriate and humane health care and the opportunity, to the extent possible, to have input either personally or through parent(s) or guardian(s), or correspondent to participate in

- the choice of physician and dentist; or the opportunity to obtain a second medical opinion.
- (xi) Access to clinically sound instructions on the topic of sexuality and family planning services and information about the existence of these services, including access to medication or devices to regulate conception, when clinically indicated. This right includes:
- (a) Freedom to express sexuality as limited by one's consensual ability to do so, provided such expressions do not infringe on the rights of others.
 - (b) The right to make decisions regarding conception and pregnancy pursuant to the mandates of applicable State and Federal law.
 - (c) The right of facilities to reasonably limit the expression of sexuality including time and location thereof, in accordance with a plan for effective facility management.
- (xii) Observance and participation in the religion of his or her choice, through the means of his or her choice, including the right of choice not to participate;
- (xiii) The opportunity to register and vote and the opportunity to participate in activities that educate him or her in civic responsibilities;
- (xiv) Freedom from discrimination, abuse or any adverse action based on his or her status as one who is the subject of an HIV related test or who has been diagnosed as having HIV infection, AIDS or HIV related illness;
- (xv) The receipt of information on or prior to admission, regarding the supplies and services that the facility will provide or for which additional charges will be made and timely notification of any changes thereafter;
- (xvi) The use of his or her personal money and property, including regular notice of his or her financial status and the provision of assistance

- in the use of his or her resources, as appropriate;
- (xvii) A balanced and nutritious diet, served at appropriate times and in as normal a manner as possible, and which is not altered or totally denied for behavior management or disciplinary (punishment) purposes;
 - (xviii) Individually owned clothing which fits properly, is maintained properly, and is appropriate for age, season, and activity; and the opportunity to be involved in the selection of that clothing;
 - (xix) Adequate, individually owned grooming and personal hygiene supplies;
 - (xx) A reasonable degree of privacy in sleeping, bathing, and toileting areas;
 - (xxi) A reasonable amount of safe, individual, accessible storage space for clothing and other personal belongings used on a day-to-day basis;
 - (xxii) The opportunity to request an alternative residential setting whether a new residence or change of room, and involvement in the decisions regarding such changes;
 - (xxiii) The opportunity, either personally or through parent(s), guardian(s), or correspondent (see Glossary), to express without fear of reprisal grievances, concerns, and suggestions to the chief executive officer of the facility; the commissioner of OMRDD; the Commission on Quality of Care; for people in developmental centers and in the community on conditional release from a developmental center, the Mental Hygiene Legal Service and the board of visitors; and for people in developmental centers, the ombudsman;
 - (xxiv) The opportunity to receive visitors at reasonable times; to have privacy when visited, provided such visits avoid infringement on the rights of others; and to communicate freely with anyone within or outside the facility;

- (xxv) The opportunity to make, or have made on his or her behalf, an informed decision regarding cardiopulmonary resuscitation (see Glossary), in accordance with the provisions of Article 29-B of the Public Health Law, and any other applicable law or regulation. Each developmental center (see Glossary) shall adopt policies/procedures to actualize this right.
- (xxvi) The opportunity, if the person is residing in an OMRDD operated or certified facility, to create a health care proxy (see Glossary) in accordance with 14 NYCRR 633.20.
- (5) Implementation of many of the above rights entails inherent risks. To the extent reasonable, foreseeable, and appropriate, under the circumstances, such risks shall be described to individuals and/or their parents, guardians, or correspondents. However, these individuals assume responsibility for those risks typically associated with participation in normal activities, to the extent the person's abilities permit such participation.
- (6) Staff, volunteers, and family care providers shall be advised of the previously listed rights.
- (7) None of the foregoing rights shall be limited for disciplinary (punishment) purposes, retribution or for the convenience of staff.
- (8) Each person, and his or her parent(s), guardian(s), or correspondent, prior to or upon admission to a facility and subsequent to any changes that occur thereafter, shall be notified of his or her rights at the facility and rules governing conduct, unless the person is a capable adult who objects to such notification to a parent or correspondent. Such information shall be conveyed in the person's and/or the parent's, guardian's, or correspondent's primary language if necessary to facilitate comprehension. There shall be agency/facility or sponsoring agency policies/procedures to implement this process as well as the process whereby individuals can be made aware of and understand, to the extent possible, the rights to which they are entitled, how such rights may be exercised and the obligations incurred upon admission to and participation in the programs offered by the facility.
- (9) An individual or his or her parent(s), guardian(s), or correspondent may object to the application, adaptation or denial of any of the previously stated rights made on his or her behalf in accordance with Section 633.12 of this Part.

- (10) An agency/residential facility, and the sponsoring agency of a family care home, shall:
- (i) help ensure that each adult person who formulates a health care proxy while residing at the facility does so voluntarily and without duress; and
 - (ii) if provided with a person's duly executed health care proxy, ensures that the health care proxy or a copy thereof, becomes part of the medical portion of that person's clinical record; and
 - (iii) if, for any reason, is of the opinion or has brought to its attention, that there is reason to believe that a person did not understand the nature and consequences of a health care proxy and/or did not execute a health care proxy willingly and free from duress, bring this to the attention of MHLS; or take action as set forth in 15 NYCRR Section 633.20(a)(21) and (22).
- (11) There shall be a means to advise persons and/or their parents, guardians, or correspondents, on admission and as changes occur, of the availability of the following parties to receive complaints and concerns, with current addresses and telephone numbers:
- (i) The director of the B/DDSO.
 - (ii) The commissioner of OMRDD.
 - (iii) The Commission on Quality of Care for the Mentally Disabled (see Glossary).
 - (iv) The Mental Hygiene Legal Service (see Glossary), for residents of developmental centers and persons in the community on conditional release from developmental centers only.
 - (v) The Board of Visitors, for developmental center residents and persons in the community on conditional release from developmental centers only.
 - (vi) The commissioner or the commission may be contacted at the following locations:

(a) Commissioner
Office of Mental Retardation and
Developmental Disabilities
44 Holland Avenue
Albany, NY 12229
(518) 473-1997;

(b) Bureau of Quality Assurance
Commission on Quality of Care for the
Mentally Disabled
99 Washington Avenue, Suite 1002
Albany, NY 12210
(518) 473-4090 or 1-800-624-4143

- (12) For those admitted to a facility prior to the implementation date of this Part, the facility shall ensure that such required information is shared with individuals and their parents, guardians, or correspondents within a reasonable time frame, if the facility has not already done so.
- (13) In developmental centers, a statement summarizing the rights, duties, and requirements requiring cardiopulmonary resuscitation is to be posted in a public place.

(b) Standards of Certification

- (1) There are written policies/procedures on notifying individuals and their parents, guardians, or correspondents of the person's rights:
 - (i) On (or prior to) admission;
 - (ii) As changes are made.
- (2) OMRDD shall verify (see Glossary) that the following information was provided to each individual and/or his or her, parents, guardians, or correspondents (unless the person is a capable adult and objects to such information being provided to a parent or correspondent):
 - (i) Rights and responsibilities.
 - (ii) The availability of a process for resolving objections, problems, or grievances relative to the person's rights and responsibilities.

- (iii) The availability of the following parties to receive complaints and concerns:
 - (a) The director of the B/DDSO;
 - (b) The commissioner of OMRDD;
 - (c) The Commission on Quality of Care for the Mentally Disabled;
 - (d) The Mental Hygiene Legal Service, for residents of developmental centers and persons in the community on conditional release from developmental centers only;
 - (e) The Board of Visitors, for residents of developmental centers and persons in the community on conditional release from developmental centers only.
- (3) Such information as required in subsection (b)(2) above has been provided to all appropriate parties as follows:
 - (i) For persons admitted to the facility prior to implementation of this Part, OMRDD shall verify at the first survey after implementation, that the information was provided to all appropriate parties.
 - (ii) For those persons admitted to the facility since the last survey, OMRDD shall verify that the information was provided to all appropriate parties.
 - (iii) When changes have been made, OMRDD shall verify that the information was provided to all appropriate parties.
- (4) OMRDD shall verify that staff are aware of the rights of persons in the facility.
- (5) OMRDD shall verify that affirmative steps have been taken to make persons at the facility aware of their rights to the extent that the person is capable of understanding them.
- (6) For the person who has had limitations placed on any rights, there is documentation in the person's plan of services as to the clinical justification and specific period of time the limitation is to remain in effect.

Part 624
Reportable Incidents

**Final Agency Action
Filed May 30, 1995
Effective June 14, 1995**

Part 624

REPORTABLE INCIDENTS, SERIOUS REPORTABLE INCIDENTS, AND ABUSE

**New York State
Office of Mental Retardation and Developmental Disabilities**

**Thomas A. Maul
Commissioner**

**Prepared by the Regulatory Affairs Unit
Office of Counsel**

FINAL AGENCY ACTION - PART 624
(Filed May 30, 1995 - Effective June 14, 1995)

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624.1 Applicability

- (a) This Part supersedes Part 24 of 14 NYCRR as it relates to services for persons (see Glossary) with developmental disabilities (see Glossary) and applies to persons receiving services in any facility (see Glossary) operated or certified by the Office of Mental Retardation and Developmental Disabilities, hereinafter referred to as OMRDD.
- (b) In addition, this Part is controlling over any other Part of 14 NYCRR insofar as the reporting, investigation (see Glossary), review or monitoring of incidents, allegations (see Glossary) of abuse to persons receiving services, or other potentially harmful events related to persons receiving services, may be concerned, unless said Part is more restrictive and specifically states that it is controlling.
- (c) This Part applies to any Developmental Disabilities Services Office (see Glossary), hereinafter referred to as a DDSO, operating a developmental center or certified facility; or any voluntary (not-for-profit) agency operating a certified facility. When the term, "agency" is used herein, this shall mean the requirement(s) is applicable to both DDSOs and voluntary agencies.
- (d) Pursuant to Part 635-10.1(c), Home and Community Based Waiver Services (HCBS) providers shall comply with the requirements of this Part

624.2 Background and Intent

- (a) The purposes for reporting, investigating, reviewing, correcting and/or monitoring certain events or situations are to enhance the quality of care provided to persons with developmental disabilities who are in facilities, to protect them (to the extent possible) from harm, and to ensure that such persons are free from mental and physical abuse.
- (b) The primary function of the reporting of certain events or situations is to enable a governing body (see Glossary), executives, administrators and supervisors to become aware of problems, to take corrective measures, and to minimize the potential for recurrence of the same or similar events or situations. The prompt reporting of alleged abuse can ensure that immediate steps are taken to protect persons receiving services from being exposed to the same or similar risk.
- (c) The reporting of certain events or situations in an orderly and uniform manner facilitates identification of trends, whether within a facility or class of facilities, by one or more agencies, or on a statewide basis, which ultimately allows for the development and implementation of preventive strategies.
- (d) It is the intent of this Part to require a process whereby those significant events or situations which endanger a person's well-being while in or under the auspices of a certified facility, defined in section 624.4 of this Part as "Reportable Incidents" or "Serious Reportable Incidents," are reported, investigated, reviewed, and corrective actions are taken as necessary.
- (e) It is the intent of this Part to require a process whereby an allegation (see Glossary) of abuse, as defined in section 624.4 of this Part, while a person is in or under the auspices of a certified site, is reported, investigated, reviewed and corrective actions taken as necessary.
- (f) It is not the intent of this Part to mandate that every potentially harmful event, occurrence, or situation attributable to or involving a person receiving services in certified facilities such as an aggressive behavior problem (including the need for psychiatric services elsewhere), illness, medication problem, inappropriate living arrangements or conditions, or inappropriate social behavior, be recorded as a reportable incident or serious reportable incident. It shall be the responsibility of the agency (see Glossary) to determine if and how events or situations involving persons receiving services, other than reportable incidents, serious reportable incidents, and allegations of abuse (as defined in section 624.4 of this Part), are to be documented, processed, corrected (including corrective actions to be taken for the protection and/or safety of all those exposed to potential harm), monitored and analyzed for trends through the development of policies and procedures that are in compliance with 14 NYCRR; and to develop a mechanism for review to ensure compliance with such policies and procedures.
- (g) It is the intent of this Part to require a process whereby all serious behavior problems are recorded, reviewed by appropriate parties, and a record maintained of actions taken. However, reporting through the incident/abuse process shall only occur when the behavior problem results in an incident or an allegation of abuse as defined in this Part.
- (h) It is the intent of this Part to require a process whereby the governing body ensures the effectiveness of the identification, recording, investigation, review and corrective actions

with regard to events or situations involving persons receiving services referenced within this Part. This shall be achieved through the establishment of the governing body's own protocol, which may include but shall not be limited to: regular review of the minutes of the standing committee which reviews and monitors reportable incidents, serious reportable incidents, and allegations of abuse, and periodic attendance at that committee's meetings.

- (i) It is the intent of this Part to hold the governing body and the chief executive officer (see Glossary) responsible for the management of incidents and alleged abuses. However, the chief executive officer may designate a senior staff member (see Glossary) or members (such as a program administrator - see Glossary) to assume specified responsibilities to facilitate the day to day process, and these designations shall be set forth in writing in agency policy/procedure and made known to all staff and others with a need to know.
- (j) Though failure on the part of an agency or facility to provide humane care and treatment may not meet the definition of a reportable incident, serious reportable incident, or abuse, as defined herein, OMRDD has, pursuant to statute, the authority to investigate or cause the investigation of conduct, performance, and/or alleged neglect of duty. Whether such situations reflect the philosophical ideology or orientation of an agency or reflect a lack of sensitivity to the issues at hand does not minimize the responsibility and prerogative of OMRDD to investigate and/or promote recommendations for changes when seen as being in the best interest of persons receiving services.

624.3 Statutory Authority

- (a) Section 13.01 of the New York State Mental Hygiene Law establishes that New York State has responsibility for the comprehensively planned care, treatment, and rehabilitation of New York State's citizens with developmental disabilities.
- (b) Section 13.07(c) of the Mental Hygiene Law establishes that OMRDD shall have responsibility for seeing that persons with developmental disabilities who are receiving care and treatment have their personal and civil rights protected.
- (c) Section 13.09(b) of the Mental Hygiene Law grants the commissioner of OMRDD the authority to adopt rules and regulations necessary and proper to implement any matter under his or her jurisdiction.
- (d) Section 13.21(b) of the Mental Hygiene Law requires the reporting of every complaint of abuse or mistreatment in a developmental center (see Glossary) to its board of visitors and to the Mental Hygiene Legal Service (see Glossary); and notifying the district attorney or other appropriate law enforcement officials if it appears that a crime may have been committed.
- (e) Section 13.33 of the Mental Hygiene Law empowers the board of visitors of State operated facilities to investigate all cases of alleged abuse or mistreatment charged against an employee and to interview persons receiving services, employees of the facility, and family care providers in pursuit of such investigations where such alleged abuse or mistreatment took place.
- (f) Section 16.01 of the Mental Hygiene Law enables the commissioner to regulate and assure the consistent high quality of services provided within the state to persons with developmental disabilities.
- (g) Section 16.13 of the Mental Hygiene Law requires providers of services to notify the district attorney or other appropriate law enforcement officials and the commissioner as soon as possible, but at least within three working days, if it appears that a crime may have been committed against a person receiving services. It also requires that if there is reason to believe that the crime may have occurred in a facility or program of any other service provider licensed, certified, funded, or operated by a State agency (see Glossary), the chief executive officer of such other provider of services shall be notified as soon as possible, but within three working days, though this requirement is waived if the provider of services is alleged to have committed the crime.
- (h) Sections 16.11 and 16.13 of the Mental Hygiene Law authorize the commissioner or an authorized representative to conduct investigations and inspections and permit review of a facility and all its books and records.
- (i) Section 16.13 of the Mental Hygiene Law requires holders of operating certificates issued by the commissioner to cooperate during inspections by permitting review of a facility and all its books and records.
- (j) Section 16.17 of the Mental Hygiene Law authorizes the commissioner to revoke, suspend, or limit an operating certificate for failure to comply with the provisions of applicable statutes, rules or regulations; and permits the removal of any or all persons receiving

services if there is a situation that poses imminent danger to the health or safety of any person.

- (k) Section 16.19 of the Mental Hygiene Law addresses the confinement, care and treatment of persons who have a developmental disability ; and empowers the commissioner to cause an investigation to be made into any situation when there is reason to believe that a person with a developmental disability is being detained or given inadequate, cruel, or unsafe care by anyone.
- (l) Section 29.29 of the Mental Hygiene Law requires the compilation and analysis of incident reports in State operated facilities and the submission of aggregated information to the State Commission on Quality of Care on at least a semi-annual basis; composition of a committee to review incidents within State operated facilities is also specified.
- (m) Article 33 of the Mental Hygiene Law establishes the basic civil rights pertaining to persons receiving services for mental disabilities. Section 33.13 establishes standards for clinical records and confidentiality.
- (n) Section 33.03 of the Mental Hygiene Law establishes that each person receiving services shall receive care and treatment that is suited to his or her needs and skillfully, safely, and humanely administered with full respect for his or her dignity and personal integrity.
- (o) Section 41.41 of the Mental Hygiene Law ensures each person residing in a community residence has the right to be free from physical or psychological restraint or pressure.
- (p) Section 45.19 of the Mental Hygiene Law requires the prompt reporting of any allegations of abuse or mistreatment of a person receiving services to the State Commission on Quality of Care for the Mentally Disabled.
- (q) Article 47 of the Mental Hygiene Law describes the Mental Hygiene Legal Service and its functions, powers and duties.
- (r) Article Six, Title 6 of Social Service Law, Child Protective Services, requires the reporting of suspected child abuse or maltreatment to a statewide register.

624.4 Reportable Incidents, Serious Reportable Incidents and Abuse, Defined

- (a) In relation to a facility (see Glossary), reportable incidents, serious reportable incidents, and abuse are those events which, in accordance with the requirements of section 624.5 of this Part, are required to be recorded, reviewed, investigated and reported to designated parties according to established procedures of the agency; reviewed by a standing committee; and acted upon in an appropriate manner to safeguard the well-being of persons receiving services and to bring the matter to closure.
- (b) **Reportable Incidents and Serious Reportable Incidents** - Significant events or situations endangering a person's well-being. A "serious reportable incident" is a "reportable incident" which, because of the severity or sensitivity of the situation, must also be immediately reported to the DDSO in whose area of jurisdiction the incident occurred and followed up in writing on Form OMR 147(l), Reportable Incident Reporting Form, to that DDSO.

Reportable Incidents

Serious Reportable Incidents

- (1) Injury - Any suspected or confirmed harm, hurt, or damage to a person receiving services, caused by an act of that person or another, whether or not by accident, and whether or not the cause can be identified, which results in a person requiring medical or dental treatment (see Glossary) by a physician, dentist, physician's assistant, or nurse practitioner, and such treatment is more than first aid. Illness, in and of itself, shall not be reported as an "injury" or any other type of incident.

Any injury which results in the admission of a person to a hospital or 24-hour infirmary for treatment or observation because of the injury. (Note: If the injury is suspected to have been caused by abuse, the abuse is to be reported; see subdivision 624.4(c).)

- (2)

Missing Person - The unexpected or unauthorized absence of a person after formal search procedures (see Glossary) have been initiated by the agency:

- (i) Formal search procedures must be initiated if a person's whereabouts are unknown for four hours. An incident report is to be initiated at this point.
- (ii) Reasoned judgment, taking into consideration the person's habits, deficits, capabilities, health problems, etc., shall determine when such formal

search procedures need to be implemented.

- (iii) It is mandated that formal search procedures be initiated immediately upon discovery of the absence of a person whose absence constitutes a recognized danger to the possible well being of that person or others.

- (3) Death - All loss of life, regardless of cause.

Death when due to circumstances unrelated to the natural course of illness or disease or proper treatment in accordance with accepted medical standards; an apparent homicide or suicide; or an unexplained or accidental death.

- (4)

Restraint - The act of limiting or controlling a person's behavior through the use of:

- (i) Any device which prevents the free movement of both arms or both legs, as ordered by a physician.
- (ii) Any device which totally immobilizes (see Glossary) a person, as ordered by a physician.
- (iii) Any device which is ordered for the express purpose of controlling behavior in an emergency (see Glossary)

NOTE: Nothing in this Part shall prevent the use of mechanical supports to provide stability necessary for therapeutic measures such as immobilization of fractures, administration of intravenous or other medically necessary procedures.

- (iv) Any medication as ordered by a physician which renders a person unable to satisfactorily participate in programming, leisure or other activities.

- (5) **Medication Error** - That situation in which a person evidences marked adverse effects or a person's health or welfare is in jeopardy due to:
- (i) The administration of medication in an incorrect dosage, in an incorrect specified form, by incorrect route of administration, or which has not been prescribed or ordered.
 - (ii) Administration of a medication to the wrong person.
 - (iii) Failure to administer a prescribed medication.
- Only when the error results in the admission of a person to a hospital or 24-hour infirmary for treatment or observation.

Note: Errors which do not result in marked adverse effects are not reportable incidents, but must be documented in a person's record in accordance with agency procedures and shall be dealt with administratively.

- (6) **Possible Criminal Acts** - Actions by persons receiving services which are or appear to be a crime (see Glossary) under New York State or Federal Law.
- (7) **Sensitive Situations** - Those situations involving a person receiving services which are not described above, which may be of a delicate nature to the agency, and which are reported to the administration to ensure awareness of the circumstances.
- Those sensitive situations which, in the judgement of the chief executive officer, need to be brought to the attention of OMRDD, through the DDSO, as expeditiously as possible.

- (c) **Abuse** - The maltreatment or mishandling of a person receiving services which would endanger the physical or emotional well-being of the person through the action or inaction on the part of anyone, including an employee, intern, volunteer, consultant, contractor, visitor, or others, whether or not the person is or appears to be injured or harmed. The failure to exercise one's duty to intercede in behalf of a person receiving services also constitutes abuse. While a person receiving services may have allegedly abused another

person receiving services, it is necessary to take into consideration the aggressor's judgement and cognitive capabilities to determine whether the act is to be reviewed as an abuse allegation or as a behavioral problem. All allegations (see Glossary) of abuse are to be reported on a standardized form (see Glossary) ; reviewed, investigated and reported to designated parties according to established procedures; reviewed by a standing committee; and acted upon in an appropriate manner by the chief executive officer to safeguard the well-being of persons receiving services and to bring the matter to closure. All such allegations of abuse must be immediately reported to the DDSO in whose area the alleged abuse occurred and followed up in writing on Form OMR 147(A), Allegation of Abuse. Abuse is categorized as follows:

- (1) Physical Abuse - Physical contact which may include, but is not limited to such obvious physical actions as hitting, slapping, pinching, kicking, hurling, strangling, shoving, unauthorized or unnecessary use of personal intervention, or otherwise mishandling a person receiving services. Physical contact which is not necessary for the safety of the person and/or causes discomfort to the person may also be considered to be physical abuse, as may the handling of a person with more force than is reasonably necessary.
- (2) Sexual Abuse - Any sexual contact between a person receiving services and an employee, intern, consultant, contractor or volunteer of an agency is always considered to be sexual abuse and is prohibited. Any sexual contact between persons receiving services and others, or among persons receiving services, is considered to be sexual abuse unless the involved person(s) is a consenting adult. This shall not include those situations in which a person with a developmental disability who was a service recipient becomes an employee of a service provider organization and already has a relationship with another service recipient of the same or another service provider organization; in such a situation, this shall be noted in the person's service plan and the relationship shall not be considered as "sexual abuse" unless there is reason to believe that there is harassment, coercion, exploitation, etc. involved. **Sexual contact** is defined as the touching or fondling of the sexual or other intimate parts of a person, not married to the actor, for the purpose of gratifying the sexual desire of either party, whether directly or through clothing. Sexual contact also includes causing a person to touch anyone else for the purpose of arousing or gratifying personal sexual desires.
- (3) Psychological Abuse - The use of verbal or non-verbal expression, or other actions, in the presence of one or more persons receiving services that subjects the person(s) to ridicule, humiliation, scorn, contempt or dehumanization, or is otherwise denigrating or socially stigmatizing. In addition to language and/or gestures, the tone of voice, such as that used in screaming or shouting at or in the presence of persons receiving services, may, in certain circumstances, constitute psychological abuse.
- (4) Seclusion - The placement of a person in a secured room or area from which he or she cannot leave at will. This does not include placement in a time-out (see Glossary) room as part of a behavior management plan that meets all applicable requirements. Seclusion is considered to be a form of abuse and is, therefore, prohibited.

- (5) Unauthorized or Inappropriate Use of Restraint - The use of a mechanical restraining device to control a person without the written, prior authorization of a physician or the "senior staff member" (see Glossary) if the physician cannot be present within 30 minutes; or the use of a mechanical restraining device without it being specified in a plan of services; or used for medical purposes (see Glossary) without a physician's order. The intentional use of a medication to control a person's behavior that has not been prescribed by a physician for that purpose is considered to be unauthorized use of restraint. Inappropriate use of a restraint shall include, but not be limited to, the use of a device(s) or medication for convenience, as a substitute for programming, or for disciplinary (punishment) purposes.
- (6) The Unauthorized or Inappropriate Use of Aversive Conditioning (see "Conditioning, Aversive" in Glossary) - The use of aversive conditioning without appropriate permissions is the unauthorized use of aversive conditioning. Inappropriate use of aversive conditioning shall include, but not be limited to, the use of the technique for convenience, as a substitute for programming, or for disciplinary (punishment) purposes.
- (7) The Unauthorized or Inappropriate Use of Time-out (see "Time-out" in Glossary) - The use of time-out without appropriate permissions is the unauthorized use of time-out. Inappropriate use of time-out shall include, but not be limited to, the use of the technique for convenience, as a substitute for programming, or for disciplinary (punishment) purposes.
- (8) Violation of a Person's Civil Rights - Any action or inaction which deprives a person of the ability to exercise his or her legal rights, as articulated in State or Federal Law.
- (9) Mistreatment - The deliberate and willful determination on the part of an agency's administration or staff to follow treatment practices which are contraindicated by a person's plan of services (see Glossary), which violate a person's human rights, or do not follow accepted treatment practices and standards in the field of developmental disabilities.
- (10) Neglect - A condition of deprivation in which persons receiving services receive insufficient, inconsistent or inappropriate services, treatment, or care to meet their needs; or failure to provide an appropriate and/or safe environment for persons receiving services. Failure to provide appropriate services, treatment, or care by gross error in judgment, inattention, or ignoring may also be considered a form of "neglect."

624.5 Reporting, Recording and Investigation**(a) Policies and Procedures**

- (1) Every DDSO and voluntary agency (or "agency" as both are referred to herein) with oversight responsibilities for one or more facilities shall develop incident/abuse policies and procedures that are in conformance with this Part to ensure:
 - (i) Reporting, recording, investigation, review and monitoring; and
 - (ii) Identification of reporting responsibilities of employees, interns, volunteers, consultants, contractors, and family care providers.
- (2) Agency policies and procedures, whether newly developed or representing change from previously approved policies, shall be subject to approval by the agency's governing body and shall be in compliance with 14 NYCRR.
- (3) Policies/procedures shall be made known to all persons receiving services and their parent, guardian, or correspondent (see Glossary) or advocate (see Glossary); to agency employees, interns, volunteers, consultants, and contractors; and to family care providers (see Glossary). This may be done by providing a copy of the appropriate policies/procedures to those with a need to know (e.g., staff, consultants, family care providers) or as an overview to others.
- (4) Agency policy shall require that internal reports are made on a standardized form(s) (which may have been designed for that purpose or may be multi-purpose), as selected by the agency.

(b) General Reporting Requirements

- (1) The chief executive officer (or designee) shall be advised of all reportable incidents within 48 hours of their occurrence or discovery. However, any serious reportable incident or any allegation of abuse shall be reported immediately (but no later than 24 hours) upon observation or discovery to the chief executive officer (or designee).
- (2) Any report of a serious reportable incident or allegation of abuse shall immediately be investigated in accordance with the agency's policies/procedures. Said investigation shall result in a written preliminary finding within 24 hours of the initial report of a serious reportable incident or allegation of abuse. The chief executive officer is responsible for ensuring that such action is taken as is necessary to protect the safety and welfare of the person(s) receiving services. Subsequent thereto, the agency shall observe its own policies and procedures for the reporting and investigation of alleged abuse as well as the requirements set forth in this Part.
- (3) Any serious reportable incident or any allegation of abuse shall be reported immediately to the DDSO by telephone or other appropriate methods; and,

- (i) A written report of any serious reportable incident shall be sent to the DDSO on Form OMR 147(I), Reportable Incident Reporting Form within 24 hours of observation or discovery, and shall contain such information as is known at the time the form is completed.
 - (ii) A written report of any allegation of client abuse shall be sent to the DDSO on Form OMR 147A, Report of Alleged Client Abuse, within 24 hours of occurrence or discovery, and shall contain such information as is known at the time the form is completed.
- (4) A written report, documented on Form OMR 147(A), of any allegation of abuse is to be sent to the Commission on Quality of Care for the Mentally Disabled (see Glossary) within 72 hours of discovery.
 - (5) An allegation of abuse, involving a person who resides in a facility requires a written report on Form OMR 147(A) to be sent to the Mental Hygiene Legal Service (see Glossary) within three working days. If a person resides in a State operated facility, notification on Form OMR 147(A) shall also be made within three working days to the board of visitors of the applicable DDSO. The Mental Hygiene Legal Service and the board of visitors shall be informed of the results of the investigation.
 - (6) Any reportable incident, serious reportable incident, or any instance of alleged abuse is to be thoroughly investigated by the chief executive officer or designated senior staff. A full investigation of serious reportable incidents or allegations of abuse shall take place immediately or subsequent to preliminary findings, with further investigation undertaken commensurate with the seriousness and circumstances of the situation. All such investigations shall be documented.
- (c) *Investigation, Follow-Up, and Records Maintenance*
- (1) No one may participate in the investigation of any reportable incident, serious reportable incident, or allegation of abuse in which he or she was directly involved, in which his or her testimony is incorporated, or in which a spouse or immediate family member was directly involved. When a serious reportable incident or allegation of abuse is to be investigated, every effort is to be made to have someone conduct or review the investigation who is not an immediate supervisor of staff directly involved with the situation or event so as to be as disinterested and objective a party as possible. Those who are members of a standing committee to review and monitor reportable incidents, serious reportable incidents, and allegations of abuse shall not routinely be assigned the responsibility of investigating such events.
 - (2) Unless deemed necessary by OMRDD or a DDSO, multiple independent investigations of a single situation are not required.
 - (3) With regard to all reportable incidents, serious reportable incidents, and/or all allegations of abuse, a person's safety must always be the primary concern of the chief executive officer. He or she shall take whatever measures appear to be reasonable and prudent to ensure the protection of a person from further harm, injury, or abuse, and to provide prompt treatment or care. When appropriate, an

employee, intern, volunteer, consultant, or contractor alleged to have abused a person shall be removed from immediate proximity to, or responsibility for, the person.

- (4) Appropriate action is to be taken when there is an injury (as defined in section 624.4(b)(2)), which, upon review or investigation is determined to be of unknown origin. On no less than an annual basis such injuries are to be reviewed; overall corrective measures taken, as may be applicable; and trends are to be analyzed.
 - (5) OMRDD has, pursuant to statute, the right to review and/or investigate any reportable incident, serious reportable incident, and/or allegation of abuse regardless of the source of the information. All relevant records, reports and/or minutes of meetings at which the incident or alleged abuse was discussed shall be made available to reviewers or investigators. Persons receiving services, staff and any other relevant parties may be interviewed in pursuit of any such review or investigation. Such reviews and/or investigations include those conducted by a DDSO. OMRDD shall ensure confidentiality.
 - (6) Reportable incident, serious reportable incident, and abuse reports and subsequent reports or documentation of investigations shall be maintained so as to protect the privacy of persons receiving services, anyone else involved, or others whose names may appear in the report. Such reports shall be retrievable by the person's name and, if used, filing number or identification code.
- (d) Irregular situations.
- (1) *A reportable incident, serious reportable incident, or alleged abuse occurs while a person is still directly under the auspices of the agency, but is not physically at the facility (e.g., in a restaurant, at the doctor, visiting family, in school, on a vacation trip, at camp, receiving non-certified services at a non-certified location):*
 - (i) The process to be followed shall be the same as would be followed had the situation happened in the facility.
 - (ii) Investigation and follow-up shall be made to the extent possible, and available community resources utilized (e.g., law enforcement authorities, department of social services child and adult protective services).
 - (2) *A reportable incident, serious reportable incident, or abuse is alleged by a facility to have occurred while a person was under the supervision of another agency's facility (e.g., day treatment facility staff allege that a situation occurred at a residence, residential staff allege that a situation occurred at a workshop):*
 - (i) The discovering agency shall make a written record of the report.
 - (ii) The discovering agency shall determine if the event has or will be duly reported and investigated by the other agency/facility.
 - (iii) The agency in whose facility or under whose auspices (e.g., transportation) the serious reportable incident or abuse is alleged to have occurred shall report the situation to its DDSO.

- (iv) It shall be the responsibility of the agency with authority over the facility or service where the situation is alleged to have occurred to investigate, review, correct and monitor the situation; to keep the discovering agency informed of the progress and outcome, and to keep its DDSO informed as required by subdivision (e) of this Part, below.
 - (v) If the agency suspecting or alleging the incident or abuse is not satisfied that the situation will be or is being investigated or handled appropriately, it shall bring the situation to the attention of its DDSO. The DDSO shall follow-up and take whatever steps may be necessary to ensure appropriate action by the other agency or by another DDSO (as applicable).
- (3) *A reportable incident, serious reportable incident, or abuse is alleged to have occurred while a person, who attends a certified day program, was at another, location (e.g., at home, at a friend's home):*
- (i) An incident report shall be completed.
 - (ii) The information shall be evaluated and a determination made as to the appropriate course of action to be taken immediately and/or subsequently.
 - (iii) Investigation and follow-up shall be made to the extent possible, and available community resources utilized (e.g., law enforcement authorities, department of social services child and adult protective services).
- (4) *There is a reportable incident, serious reportable incident, or abuse allegation reported involving more than one person receiving services.*
- (i) From a statistical point of view, the situation shall be considered as one event.
 - (ii) The agency shall establish whatever procedures it deems necessary to ensure that overall statistics reflect single events and that, when an event involves more than one person, records are retrievable by event in addition to being retrievable by a person's name
- (e) *Reporting Updates*
- (1) The DDSO shall be kept informed on at least a monthly basis of the progress or results of investigations of serious reportable incidents or allegations of abuse.
 - (2) Such information may be in any form an agency chooses such as a summary report, copies of investigation reports, copies of minutes of review committee meetings, or an agency designed form, as long as the following identifying and factual information is included:
 - (i) Name or names of person(s) (subject(s) of the report).
 - (ii) Incident/abuse report number (if applicable).

- (iii) Date of incident/allegation of abuse.
- (iv) Classification of incident/allegation of abuse (as first reported).
- (v) Name of agency reporting, and name and address of any other agency/facility involved.
- (vi) Name of agency investigating.
- (vii) Corrections, changes (including reclassification of an original report), updates to original report, if any.
- (viii) Status (open or closed), and until closure, a brief review of findings of the investigation since submission of the last report to the DDSO.
- (ix) Upon closure of an alleged abuse case, the resolution: substantiated (see Glossary), disconfirmed (see Glossary), or inconclusive (see Glossary).
- (x) Corrective and/or preventative actions taken.

624.6 Notifications - In addition to requiring the reporting of reportable incidents, serious reportable incidents, and allegations of abuse on forms as specified in Section 624-.5, agencies shall ensure notification by appropriate means, as follows:

- (a) For children under 18 years of age, notification of alleged abuse must immediately be made to the New York State Child Abuse and Maltreatment Reporting Center by telephone (1-800-342-3720).
- (b) All deaths shall be reported to the Commission on Quality of Care for the Mentally Disabled in the form and format as specified by the Commission.
- (c) All suicides, homicides, accidental deaths, or deaths due to suspicious, unusual or unnatural circumstances must be reported immediately by telephone, and later in writing, to the coroner/medical examiner. In New York City, the police must also be notified.
- (d) In the case of any reportable incident, serious reportable incident, or allegation of abuse where a crime may have been committed, it is the responsibility of the chief executive officer to notify law enforcement officials.
- (e) When there is reasonable cause to believe a crime against a person may have occurred in a facility or program of any other service provider licensed, certified, funded, or operated by a State Agency the chief executive officer of that facility or program shall be notified as soon as possible, but within three working days, unless he or she is alleged to have committed the crime.
- (f) A person's parent(s), guardian, or correspondent/advocate, and (if applicable, the service coordinator (a.k.a., case manager) is to be notified of any serious reportable incident or allegation of abuse within 24 hours unless there is written advice from the parent or guardian that he or she does not want to be notified; unless the involved person is a capable adult (see Glossary) and objects to such notification being made; or if the alleged abuser is one of the aforementioned parties. Notification of other types of events or situations shall be made at the chief executive officer's discretion and in accordance with agency policy /procedure.
 - (1) A person's parent, guardian, or correspondent/advocate shall be informed that he or she may request information on the actions taken to protect the person if abuse to that person is alleged to have taken place, unless the person is a capable adult and objects to such information being provided or the alleged abuser is one of the aforementioned parties. In providing such information as is requested, the agency shall ensure the privacy rights of other parties.
 - (2) A person's parent, guardian, or correspondent/advocate shall be informed that he or she may request information on the status and/or resolution of an abuse allegation if abuse to the person is alleged to have taken place, unless the person is a capable adult and objects to such information being provided or the alleged abuser is one of the aforementioned parties. In providing such information as is requested, the agency shall ensure the privacy rights of other parties.
- (f) It is the responsibility of a designated staff member of the agency where a report on a reportable incident, serious reportable incident, or allegation of abuse is received or made

out, to notify any other agency with which the person is associated of that reportable incident, serious reportable incident, or allegation of abuse if it has resulted in visible evidence of injury to the person, may be of concern to another agency, or may have an impact upon programming or activities elsewhere.

624.7 Standing Committee to Review and Monitor Reportable Incidents, Serious Reportable Incidents, and Allegations of Abuse to Persons Receiving Services from the Agency

- (a) Every agency shall have one or more standing committees to review and monitor reportable incidents, serious reportable incidents, and allegations of abuse that occur to people in its facilities; or to review situations which involve any of its employees, interns, volunteers, consultants, or contractors. The agency's organizational structure and its own policies shall determine the number of standing committees needed.
- (b) A standing committee shall review reportable incidents, serious reportable incidents, and allegations of abuse to:
 - (1) Ascertain that reportable incidents, serious reportable incidents, and allegations of abuse were reported, managed, investigated and documented consistent with the provisions of this Part and with agency policies and procedures and to make written recommendations to the appropriate staff and/or the chief executive officer to correct, improve or eliminate inconsistencies;
 - (2) Ascertain that necessary and appropriate corrective, preventive, and/or disciplinary action has been taken to protect persons receiving services from further harm and to safeguard against the recurrence of similar reportable incidents, serious reportable incidents, or alleged abuse and to make written recommendations to the chief executive officer to correct, improve or eliminate inconsistencies;
 - (3) Ascertain if further investigation or if additional corrective, preventive, and/or disciplinary action is necessary, and if so, to make appropriate written recommendations to the chief executive officer relative to the reportable incident, serious reportable incident, or alleged abuse;
 - (4) Identify trends in reportable incidents, serious reportable incidents, and/or allegations of abuse (e.g., by type, person, site, employee involvement, time, date, circumstances, etc.), and to recommend appropriate corrective, preventive, and/or disciplinary action to the chief executive officer to safeguard against such recurring situations or reportable incidents, serious reportable incidents, and allegations of abuse;
 - (5) Ascertain and ensure the adequacy of the agency's reporting and review practices, including the monitoring of the implementation of approved recommendations for corrective and preventive action.
- (c) A standing committee shall:
 - (1) Meet as determined by agency policy, but no less frequently than on a quarterly basis and always within one month of the report of a serious reportable incident or allegation of abuse, or sooner should the circumstances so warrant;
 - (2) Review and monitor all reportable incidents that are reported, which may be done by a sub-committee of the standing committee or by individual assignment to members of the standing committee; and maintain a record of such incident

review, recommendations, and/or actions taken in such a manner as to provide for tracking and trending;

- (3) Review and monitor all serious reportable incidents and/or allegations of abuse that are reported;
- (4) Review and monitor investigatory procedures, but shall not perform the routine investigation of reportable incidents, serious reportable incidents, or allegations of abuse;
- (5) Make written recommendations to appropriate staff to eliminate or minimize similar reportable incidents, serious reportable incidents, and/or abuse situations in the future; and/or to improve investigatory or other procedures;
- (6) Make written recommendations to the chief executive officer on changes in agency policy or procedures and to improve conditions contributing to the reportable incidents, serious reportable incidents, and/or allegations of abuse reviewed;
- (7) Forward findings and recommendations to the chief executive officer within two weeks of meeting;
- (8) Provide documentation that all reports of serious reportable incidents and allegations of abuse have been reviewed by the committee and that results and recommendations have been conveyed to appropriate agency executives and others with a need to know;
- (9) Monitor actions taken on any and all recommendations made and advise the chief executive officer when there is a problem.
- (10) Monitor trends of other events or situations attributable to a person receiving services which may be potentially harmful, but do not meet the definition of being a reportable event. This may be done by the full committee or a member of sub-committee reporting to the full committee.
- (11) In accordance with agency policy, report periodically, but at least annually, to the chief executive officer, chief agency executives, the governing body, and the DDSO concerning the committee's general monitoring functions; general identified trends in reportable incidents, serious reportable incidents, and allegations of abuse; and corrective, preventive and/or disciplinary action pertaining to identified trends;
- (12) Interact with the governing body and comply with the policies in relation to the review and monitoring of all reportable incidents, serious reportable incidents, and allegations of abuse.

(d) Organization and membership of a standing committee

- (1) A standing committee or committees may be organized so as to meet the organizational needs of an agency (e.g., on an agency-wide basis, for a certified class of facilities, for a grouping of certified classes of facilities, by types of

services provided, etc.). Members shall be appointed by the chief executive officer.

- (2) A standing committee may have other responsibilities in addition to specified responsibilities related to reportable incidents, serious reportable incidents, and allegations of abuse.
- (3) Membership of a standing committee shall include:
 - (i) At least two professional staff.
 - (ii) Other staff, including professional, direct care or administrative staff, as deemed necessary by the agency to achieve the purposes of the committee pursuant to this section.
 - (iii) A physician, physician's assistant or nurse practitioner must either serve on the committee or be available for consultation to the committee.
 - (iv) Participation of a psychologist on the committee is recommended.
 - (v) The participation of a member(s) of the governing body is encouraged.
- (4) Membership Limitations
 - (i) The chief executive officer of the agency shall not serve as a member of the committee, but may be consulted by the committee in its deliberations.
 - (ii) The administrator of a class or classes of facilities or a group or groups of services may be designated as a member only if the committee is an agency-wide or multi-program committee. If he or she is not a member, an administrator may be consulted by the committee in its deliberations.
- (5) Case-specific requirements
 - (i) There shall be representation by someone from or with knowledge of the agency's own organizational entity where the event, which is under discussion, occurred; or by someone who is familiar with the person(s) involved.
 - (ii) No committee member may participate in the review of any reportable incident, serious reportable incident, or alleged abuse in which he or she was directly involved, in which his or her testimony is incorporated, in which his or her spouse or other immediate family member was directly involved, or which he or she investigated or participated in the investigation. Such members may, however, participate in committee deliberation regarding appropriate corrective or preventive action.

- (e) Minutes - The chairperson of a standing committee shall ensure that minutes are kept for all meetings.
 - (1) Minutes addressing the review of specific serious reportable incidents and/or allegations of abuse shall clearly state the filing number or identification code of the report (if used), the person's full name and identification number (if used), and provide a brief summary of the situation (including date, location and type), that caused the report to be generated, committee findings (including reclassification of event, if applicable), and recommendations, and actions taken on the part of the agency as a result of such recommendations. Full names of all parties involved are to be recorded (not initials).
 - (2) Minutes are to be filed and otherwise maintained in a manner that ensures confidentiality.

624.20 Glossary

The Glossary is arranged so that the last word in a title or phrase is the key word to look up, and those words are arranged alphabetically.

- (a) **Administrator, Program** - Someone designated by the governing body and/or the chief executive officer to be responsible and accountable for the daily operation of one or more types of services provided by an agency (e.g., ICF program, community residence program, residential habilitation program, respite program, family support program).
- (b) **Adult, Capable** - For purposes of this Part, a person 18 years of age or older who is able to understand the nature and implication of an issue. The assessment of capability in relation to each issue as it arises will be made by the person's program planning team (see Glossary). Capability, as stipulated by this definition, does not mean legal competency; nor does it necessarily relate to a person's capability to independently handle his or her own financial affairs; nor does it relate to the person's capacity to understand appropriate disclosures regarding proposed professional medical treatment. Whenever there is doubt on the part of any other party interested in the welfare of the person as to that person's ability to make decisions, as ascertained by the program planning team or others called upon by an agency, a determination of capability for a specific issue or issues may be made by a Capability Review Board (see Glossary) designated by the commissioner except that in an ICF/MR facility the requirements of 14 NYCRR Section 681.13 may apply. A capable adult person cannot override the authority granted a guardian pursuant to Article 81 of the Mental Hygiene Law or of a conservator or a committee; or the authority granted a guardian in accordance with the Surrogate Court Procedure Act.
- (c) **Advocate** - As used in this Part, someone who has volunteered to help a person apply for HCBS waiver services who gives advice and support, who helps the person make informed choices, and who acts on behalf of the person when that person is unable to do so by himself or herself. While an advocate plays an active role in promoting self-advocacy and in assisting with service planning, implementation, and monitoring, he or she has no legal authority over a person's affairs unless designated as the legal guardian.
- (d) **Agency** - A DDSO, a not-for-profit organization (voluntary agency), or any other authorized entity which is the operator or administrator of a facility (see Glossary) certified by OMRDD; or a DDSO which is the operator of a developmental center. Certified family care providers are not considered to be an "agency" (see "agency, sponsoring").
- (e) **Agency, Sponsoring** - An oversight entity of one or more OMRDD certified family care homes. In the case of family care homes operated under state sponsorship, the DDSO is considered to be the sponsoring agency.
- (f) **Agency, State** - A New York State governmental unit created for the management/delivery of services to the citizens of the State.
- (g) **Allegation (of abuse)** - For purposes of this Part, the implication that abuse of a person may have occurred, based upon the report of a witness, upon a person's own account, or upon physical evidence of probable abuse.
- (h) **Assault** - Based on the Penal Law in New York State, the following may be used as a guideline as to what should be reported to law enforcement authorities: any situation where there is intent to

cause physical injury (impairment of physical condition or substantial pain) to another party and such injury occurs to that party or another.

- (i) **Attempt, Homicide** - For purposes of this Part, an assault by a person in which there is apparent intent to kill.
- (j) **Board, Capability Review** - Those designated by the commissioner or a DDSO director to review the ability of a person to consent to a particular situation when there is a dispute as to that person's ability. Capability review board services are not available in Intermediate Care Facilities.
- (k) **Body, Governing** - The over-all policy-making authority, whether an individual or a group, that exercises general direction over the affairs of an agency and establishes policies concerning its operation for the welfare of the persons it serves. In DDSOs and State-operated facilities, the governing body shall be the central office administration of OMRDD. For purposes of Part 624, a family care home does not have a governing body.
- (l) **Center, Developmental** - A class of facility designated in Article 13.17 of the Mental Hygiene Law and operated by the Office of Mental Retardation and Developmental Disabilities for the care and treatment of people with mental retardation and developmental disabilities.
- (m) **Commission on Quality of Care for the Mentally Disabled** - See "Disabled, Commission on Quality of Care for the Mentally."
- (n) **Conditioning, Aversive** - Contingent upon a person's behavior, the application to a person's body of a physical stimulus to modify or change behavior with such stimulus being reasonably considered extremely uncomfortable or painful, or which may be noxious to the person. Examples of such stimuli include, but are not limited to: water and other mists or sprays, noxious odors (e.g., ammonia), noxious tastes (e.g., Tabasco), corporal punishment (e.g., slapping, spanking, hitting, or pinching), air blasts, blindfolds, white noise helmets, and electric shock.
- (o) **Contact, Sexual** - As specified in Penal Law 130.00(3), the touching or fondling of the sexual or other intimate parts of a person not married to the actor for the purpose of gratifying the sexual desire of either party, whether directly or through clothing. It also includes causing a person to touch anyone else for the purpose of arousing or gratifying personal sexual desires.
- (p) **Correspondent** - Someone (not on the staff of the facility) who assists a person in obtaining necessary services, who participates in the person's program planning process, and who receives notification of certain significant events in the life of the person. The fact that a correspondent is providing advocacy for a person as a "correspondent" does not endow that individual with any legal authority over a person's affairs.
- (q) **CQC** - See "Disabled, Commission on Quality of Care for the Mentally."
- (r) **Crime** - An act that is forbidden by law that makes the offender liable to punishment pursuant to that law. In New York State, the Penal Law defines a crime as a "Misdemeanor" or a "Felony," but does not include a "traffic infraction." Examples of crimes are: homicide, homicide attempt (see Glossary), rape, public lewdness, robbery, and assault (see Glossary).
- (s) **DDSO** - See "Office, Developmental Disabilities Services."

- (t) **Disability, Developmental** - A disability of a person which:
- (1) is attributable to mental retardation, cerebral palsy, epilepsy, neurological impairment, or autism;
 - (2) is attributable to any other condition of a person found to be closely related to mental retardation because such condition results in similar impairment of general intellectual functioning or adaptive behavior to that of persons with mental retardation or requires treatment and services similar to those required for such persons;
 - (3) is attributable to dyslexia resulting from a disability described in subparagraph (1) or (2) of this paragraph;
 - (4) originates before such person attains age twenty-two;
 - (5) has continued or can be expected to continue indefinitely; and
 - (6) constitutes a substantial handicap to such person's ability to function normally in society.
- (u) **Disabled, Commission on Quality of Care for the Mentally (CQC)** - A commission, appointed by the Governor of New York State in conformance with Article 45 of the Mental Hygiene Law, whose primary function is to review the organization, administration and delivery of services of the Office of Mental Retardation and Developmental Disabilities and the Office of Mental Health (OMH) to ensure that the quality of care provided to persons who are mentally disabled is of a uniformly high standard. Included in this responsibility is the investigation of complaints of persons receiving services, employees, or others, of allegations of abuse or mistreatment and the review of all deaths of persons/patients in all OMRDD and OMH operated or licensed facilities.
- (v) **Disconfirmed** - An allegation of abuse was established as being untrue, based on available information.
- (w) **Emergency** - As used in this Part, a situation that is unexpected, unforeseen, or unanticipated and thus, no provision has been made in a person's plan of services through the development of a behavior management plan to address how it is to be handled by staff.
- (x) **Facility** - Unless otherwise defined or modified, facility means a developmental center or any other site certified by OMRDD in which either residential or non-residential services are provided to persons with developmental disabilities (e.g., community residence including an individualized residential alternative [IRA], intermediate care facility [ICF/DD], day treatment, workshop, clinic, family care home, or a day habilitation site).
- (y) **Form, Standardized** - For purposes of this Part, a document or documents specifically designed or designated by an agency for the purpose of recording reports of reportable incidents, serious reportable incidents, and alleged abuse (as defined herein and by agency policy) for use within that agency in such a manner that there will be consistency of information to facilitate the investigation, review and monitoring of those events or situations and the corrective actions taken, as well as the identification and analysis of trends. A standardized form may be used to report other situations or events an agency wants to record, monitor, and/or trend, in addition to reportable incidents, serious reportable incidents, or abuse allegations.

- (z) **Immobilizes, Totally** - The use of a restraining sheet or the complete curbing of the movement of the arms, legs, or torso through the use of (but not limited to):
- (1) Securing of arms and legs directly to another object (e.g., straps or shackles on a chair).
 - (2) Four point restraint.
 - (3) A bed sheet, towel, or similar item wrapped around a person.
- (aa) **Inconclusive** - It is impossible to capture sufficient information which would support or disprove an abuse allegation.
- (ab) **Investigate/Investigation** - That systematic process whereby information about the circumstances surrounding an event/situation are examined and scrutinized, whether by a chief executive officer, designated staff, or a trained investigator (see Glossary). The intensity of any "investigation" is decided by the event/situation under study.
- (ac) **Investigator** - That party or parties, designated by agency policy, responsible for collecting information to establish the facts relative to an event/situation, whether immediately following or subsequent to that event/situation. While an "investigator" need not be a person appointed to a position bearing that title or have highly specialized training in investigatory techniques, it is recommended that the investigation of allegations of abuse be conducted by an individual skilled, by virtue of training or experience, in the appropriate techniques necessary to bring such allegations to a satisfactory conclusion.
- (ad) **Member, Senior Staff** - As used in this Part, that staff member, by whatever title he or she may be known, who is designated as a senior member of the administrative structure of an agency, and, as such, may carry out designated responsibilities delegated to the chief executive officer. This may be someone who is responsible for a group of facilities (e.g., program administrator), or who is immediately in charge of a facility or of a designated area (e.g., residence manager, head of shift, unit supervisor). In conformance with the Mental Hygiene Law, section 33.04, such senior staff members may also be designated by the chief executive officer as having the authority to impose a mechanical restraining device in an emergency, when appropriately trained in their use and application.
- (ae) **Office, Developmental Disabilities Services (DDSO)** - The local administrative unit of OMRDD responsible for coordinating the service delivery system within a particular service area.
- (af) **Officer, Chief Executive** - Someone (by whatever name or title known) designated by the governing body (see Glossary) with overall and ultimate responsibility for the operation of one or more classes of facility, for the delivery of other services to persons with developmental disabilities, and with control over any and all equipment used in the care and treatment of such persons; or a designee with specific responsibilities as specified in agency policy/procedure. In a developmental center and/or DDSO, this party is referred to as the director.
- (ag) **Person/Persons** - For purposes of this Part, a child or adult with a diagnosis of developmental disability, who has been or is being served by a state, private, or voluntary operated facility certified by OMRDD.
- (ah) **Procedures, Formal Search** - A systematic process involving employees with specific responsibilities (e.g. security personnel), law enforcement agencies, and any others designated by

agency policy and which is initiated for the purpose of locating a person who has not been found in response to an informal search.

- (ai) **Provider, Family Care** - One or more adults age 21 or over to whom an operating certificate has been issued by OMRDD to operate a family care home. A family care provider is an independent contractor.
- (aj) **Purposes, [device for] Medical** - A mechanical restraining device which controls movement and which is prescribed by a physician or dentist to facilitate a specific medically necessary procedure; or for time limited periods for explicit medical reasons during healing. Examples of devices used during healing would include a brace to keep a limb in place, splints or braces to provide stability for broken bones, devices to prevent or avoid irritation or further injury of a skin ailment or burn, and traction equipment.
- (ak) **Service, Mental Hygiene Legal (MHLS)** - A service of the appellate division of the State Supreme Court established pursuant to Article 47 of the Mental Hygiene Law. (Formerly, "Mental Health Information Service" - MHIS.)
- (al) **Services, Plan of** - An individualized record system, by whatever name known, which documents the process of developing, implementing, coordinating, reviewing, and modifying a person's total plan of care. It is maintained as the functional record indicating all planning as well as services and interventions provided to the person. It contains, at a minimum, identification data, diagnostic reports, assessments, service plans, medical data, activity schedules, program planning team minutes and reports, staff action records, and information on efforts to place people in a less restrictive level of programming. Such record is also known as the "clinical record" in 14 NYCRR Part 636.
- (am) **Substantiated** - An alleged abuse was confirmed.
- (an) **Supports** - Those mechanical restraining devices, ordered on at least an annual basis by a physician in consultation with a person's program planning team, needed to assist the person in his or her comfort, functioning, and/or safety. Supports approved by the Commissioner are:
 - (1) Devices which maintain a person's body in good alignment.
 - (2) Devices which maintain a person in a safe and/or appropriate position when a person is not capable of self-support or self-ambulation.
 - (3) Devices (such as helmets) which protect the head of a person with a health problem (e.g., seizures) that necessitates such a safeguard.
- (ao) **Team, Program Planning** - Those, by whatever name known, acting as a unit, responsible for identifying a person's needs; for developing, implementing and evaluating the plan of services for that person; and ensuring that the current setting and/or services currently being received continue to be appropriate. Regulations for a specific class of facility are to be referenced for specific details. For those enrolled in the Home and Community-Based waiver (HCBS), the program planning team is defined as the person (consumer) and the waiver case manager, and the advocate (if appropriate) as well as any other party or parties considered, at any given time, as being appropriate for participation by that group.

- (ap) **Time-Out** - A behavior management intervention in which a person is temporarily removed from or denied the opportunity to obtain reinforcement and during which the person is under visual or auditory contact and supervision. When a room is used for time-out purposes, normal egress from that room can only be prevented by the direct physical action of appropriately trained staff and when such action is designated in a written plan. The placement of a person in a secured room or area from which he or she cannot leave at will, for other than the purpose of time-out, is prohibited and is considered to be a form of abuse. Time out is not considered to be a form of aversive conditioning (see Glossary).
- (aq) **Treatment, Requiring Medical or Dental** - That situation whereby a person who, by virtue of his or her condition as a result of a reportable incident or serious reportable incident, must see a physician, dentist, physician's assistant, or nurse practitioner to have the condition diagnosed, controlled and/or attended to with more than first-aid procedures. While individual agency policy/procedure may direct that a person who is in any way injured or has suffered any ill effects is to see a medical professional even though first-aid has adequately addressed the situation, this does not always constitute "requiring medical or dental treatment" in terms of defining a reportable incident or serious reportable incident. If there is a diagnostic procedures (e.g., x-ray) are performed, this would constitute an injury requiring medical or dental treatment and would be reported as a reportable or serious reportable incident. If a person is retained in a hospital overnight for observation, this would be a situation that required medical treatment, and be reported as a serious reportable incident.

1. OVERSIGHT AGENCY		REPORTABLE INCIDENT REPORTING FORM
2. FACILITY	3. PROGRAM TYPE	
4. FACILITY ADDRESS		
5. PHONE ()		6. IS THIS A SERIOUS INCIDENT 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
		7. INCIDENT NUMBER

PART A — TO BE COMPLETED BY STAFF DESIGNATED IN POLICY

8. SUBJECT'S NAME (Last, First)			9. AGE		10. SEX 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female		11. I.D. NO.	
12. ADAPTIVE BEHAVIOR DEFICITS <i>(X All Which Apply)</i> MODERATE SEVERE 1 <input type="checkbox"/> 6 <input type="checkbox"/> Communications 2 <input type="checkbox"/> 7 <input type="checkbox"/> Independent Living 3 <input type="checkbox"/> 8 <input type="checkbox"/> Learning 4 <input type="checkbox"/> 9 <input type="checkbox"/> Mobility 5 <input type="checkbox"/> 10 <input type="checkbox"/> Self Direction			DEVELOPMENTAL DISABILITY 1 <input type="checkbox"/> MR 2 <input type="checkbox"/> Mild 4 <input type="checkbox"/> Severe 3 <input type="checkbox"/> Moderate 5 <input type="checkbox"/> Profound 6 <input type="checkbox"/> C.P. 7 <input type="checkbox"/> Epilepsy 8 <input type="checkbox"/> Autism 9 <input type="checkbox"/> Neurological Impairment <i>(Specify the impairment in #25)</i>			13. MEDICATION REGIMEN (X One Only) 1 <input type="checkbox"/> None 6 <input type="checkbox"/> Antibiotic Antiepileptic 2 <input type="checkbox"/> Antibiotic Only 7 <input type="checkbox"/> Psychotropic-Antiepileptic 3 <input type="checkbox"/> Psychotropic Only 8 <input type="checkbox"/> Psychotropic-Antiepileptic-Antibiotic 4 <input type="checkbox"/> Antiepileptic Only 9 <input type="checkbox"/> Other 5 <input type="checkbox"/> Antibiotic-Psychotropic 10 <input type="checkbox"/> Missing <i>If this is a serious reportable incident, include a list of medications in category indicated.</i>		
14. DATE & TIME INCIDENT WAS 1 <input type="checkbox"/> Observed 2 <input type="checkbox"/> Discovered			Mo. Day Year Hour Min.		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		15. NUMBER OF OTHER CONSUMERS WITH DD PRESENT AT TIME OF INCIDENT	
17. CLASSIFICATION OF INCIDENT (X One) 1 <input type="checkbox"/> Injury 2 <input type="checkbox"/> Missing Person 3 <input type="checkbox"/> Death 4 <input type="checkbox"/> Restraint 5 <input type="checkbox"/> Medication Error 6 <input type="checkbox"/> Possible Criminal Act 7 <input type="checkbox"/> Sensitive Situation			18. IS THIS INCIDENT ALSO A CASE OF SUSPECTED ABUSE? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			20. CAUSES OF INCIDENT (X All Which Apply) 1 <input type="checkbox"/> Action of Consumer (See #23) 8 <input type="checkbox"/> Actions of Visitor 2 <input type="checkbox"/> Physical Handicap 9 <input type="checkbox"/> Intoxication 3 <input type="checkbox"/> Seizure / Fainting 10 <input type="checkbox"/> Drug Misuse 4 <input type="checkbox"/> Fall 11 <input type="checkbox"/> Hazardous Conditions on Facility Property 5 <input type="checkbox"/> Use of Restraint 12 <input type="checkbox"/> Faulty, Inadequate or Inappropriate Equipment 6 <input type="checkbox"/> Actions of Other Consumers 13 <input type="checkbox"/> Unknown 7 <input type="checkbox"/> Actions of Employee 14 <input type="checkbox"/> Other (Specify in #25)		
19. a) Was this a sudden death? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			b) Was this an unusual death? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No					
21. LOCATION OF INCIDENT 1 <input type="checkbox"/> Indoors 2 <input type="checkbox"/> Outdoors			22. SPECIFIC LOCATION 1 <input type="checkbox"/> Living Room 4 <input type="checkbox"/> Bathroom 2 <input type="checkbox"/> Bedroom 5 <input type="checkbox"/> Hallway 3 <input type="checkbox"/> Kitchen 6 <input type="checkbox"/> Staircase 7 <input type="checkbox"/> Dining Room 10 <input type="checkbox"/> Off Facility Property 8 <input type="checkbox"/> Program Room 11 <input type="checkbox"/> Unknown 9 <input type="checkbox"/> Recreation Area 12 <input type="checkbox"/> Other (Specify in #25)					
23. ACTIONS OF SUBJECT OF REPORT <i>(X One Only if Box #1 in Item 20 was marked)</i> 1 <input type="checkbox"/> Self Abusive 2 <input type="checkbox"/> Assaultive 3 <input type="checkbox"/> Provocative 4 <input type="checkbox"/> Accidental 5 <input type="checkbox"/> Other (specify in #25)			24. WHAT CORRECTIVE OR OTHER ACTIONS HAVE BEEN TAKEN? 1 <input type="checkbox"/> Medical Treatment Other (Explain) 2 <input type="checkbox"/> Subject Relocated 3 <input type="checkbox"/> Staff Relocated 4 <input type="checkbox"/> Maintenance Request 5 <input type="checkbox"/> Plan Modification 6 <input type="checkbox"/> Observation of Subject 7 <input type="checkbox"/> Supervision of Subject					

25. DESCRIPTION OF INCIDENT: If report is completed by someone other than the one with first knowledge of situation, attach written report of that party and reports from any others involved.
(1) Describe incident, and include address if different from 2, 4, or 26. (2) Give names of witnesses and others involved. (3) Specify first aid (if given).

(Continue on separate sheet if necessary)

26. SUBJECT'S RESIDENTIAL ADDRESS (if different than #2 and #4 above)		27. DDSO	28. TYPE 1 <input type="checkbox"/> SOCR 4 <input type="checkbox"/> VOICF 7 <input type="checkbox"/> DC 2 <input type="checkbox"/> VOICR 5 <input type="checkbox"/> Other: 8 <input type="checkbox"/> IRA	
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29. SUBJECT'S PRESENT LOCATION (if different from residence)

30. PRINT NAME OF PARTY COMPLETING PART A	TITLE	SIGNATURE	DATE
31. PRINT NAME OF PARTY COMPLETING REVIEW	TITLE	SIGNATURE	DATE

PART B — TO BE COMPLETED BY DIRECTOR / CHIEF EXECUTIVE OFFICER AFTER REVIEW

SIGNATURE	DATE
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PART C — TO BE COMPLETED BY THE INCIDENT REVIEW COMMITTEE

32. WAS THIS INFORMATION INACCURATE OR INSUFFICIENT? 1 <input type="checkbox"/> Yes - If "Yes," Specify on attached sheet 2 <input type="checkbox"/> No	SIGNATURE	DATE
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1. OVERSIGHT AGENCY		ALLEGATION OF ABUSE	Number: _____
2. FACILITY	3. PROGRAM TYPE		
4. FACILITY ADDRESS		6. WAS THE REVERSE SIDE OF THIS FORM COMPLETED?	7. WAS AN OMR-147 (I) PREVIOUSLY FILED THAT RELATES TO THIS ALLEGATION?
		1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes INCIDENT NUMBER
		2 <input type="checkbox"/> No	2 <input type="checkbox"/> No
5. PHONE ()			

PART A — TO BE COMPLETED BY STAFF AS DESIGNATED IN AGENCY POLICY

8. SUBJECT'S NAME (Last, First)	9. AGE	10. SEX 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	11. ALLEGATION REFERENCE NO.
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12. ADAPTIVE BEHAVIOR DEFICITS <i>(X All Which Apply)</i>	DEVELOPMENTAL DISABILITY	13. MEDICATION REGIMEN OF CLIENT (X One Only)												
<table style="width:100%;"> <tr> <td style="width:50%;">MODERATE</td> <td style="width:50%;">SEVERE</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>6 <input type="checkbox"/> Communications</td> </tr> <tr> <td>2 <input type="checkbox"/></td> <td>7 <input type="checkbox"/> Independent Living</td> </tr> <tr> <td>3 <input type="checkbox"/></td> <td>8 <input type="checkbox"/> Learning</td> </tr> <tr> <td>4 <input type="checkbox"/></td> <td>9 <input type="checkbox"/> Mobility</td> </tr> <tr> <td>5 <input type="checkbox"/></td> <td>10 <input type="checkbox"/> Self Direction</td> </tr> </table>	MODERATE	SEVERE	1 <input type="checkbox"/>	6 <input type="checkbox"/> Communications	2 <input type="checkbox"/>	7 <input type="checkbox"/> Independent Living	3 <input type="checkbox"/>	8 <input type="checkbox"/> Learning	4 <input type="checkbox"/>	9 <input type="checkbox"/> Mobility	5 <input type="checkbox"/>	10 <input type="checkbox"/> Self Direction	1 <input type="checkbox"/> MR 2 <input type="checkbox"/> Mild 4 <input type="checkbox"/> Severe 3 <input type="checkbox"/> Moderate 5 <input type="checkbox"/> Profound <hr/> 6 <input type="checkbox"/> C.P. 7 <input type="checkbox"/> Epilepsy 8 <input type="checkbox"/> Autism 9 <input type="checkbox"/> Neurological Impairment <i>(Specify the Impairment in #19)</i>	1 <input type="checkbox"/> None 2 <input type="checkbox"/> Antibiotic Only 3 <input type="checkbox"/> Psychotropic Only 4 <input type="checkbox"/> Antiepileptic Only 5 <input type="checkbox"/> Antibiotic-Psychotropic 6 <input type="checkbox"/> Antibiotic Antiepileptic 7 <input type="checkbox"/> Psychotropic-Antiepileptic 8 <input type="checkbox"/> Psychotropic-Antiepileptic-Antibiotic 9 <input type="checkbox"/> Other 10 <input type="checkbox"/> Missing
MODERATE	SEVERE													
1 <input type="checkbox"/>	6 <input type="checkbox"/> Communications													
2 <input type="checkbox"/>	7 <input type="checkbox"/> Independent Living													
3 <input type="checkbox"/>	8 <input type="checkbox"/> Learning													
4 <input type="checkbox"/>	9 <input type="checkbox"/> Mobility													
5 <input type="checkbox"/>	10 <input type="checkbox"/> Self Direction													

14. DATE & TIME ALLEGED ABUSE	Mo.	Day	Year	Hour	Min.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	15. DATE AND TIME ALLEGED ABUSE OCCURED, IF KNOWN	Mo.	Day	Year	Hour	Min.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
1. <input type="checkbox"/> Observed							2. <input type="checkbox"/> Discovered							

16. WAS ALLEGATION MADE BY	17. IS THE SUBJECT OF THE INVESTIGATION
1 <input type="checkbox"/> Subject of Report 2 <input type="checkbox"/> Employee 3 <input type="checkbox"/> Volunteer 4 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Guardian 6 <input type="checkbox"/> Correspondent (if other than parent or guardian) 7 <input type="checkbox"/> Visitor 8 <input type="checkbox"/> Other <i>(describe)</i> _____	1 <input type="checkbox"/> Person with Developmental Disability 2 <input type="checkbox"/> Employee 3 <input type="checkbox"/> Volunteer 4 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Guardian 6 <input type="checkbox"/> Correspondent (if other than parent or guardian) 7 <input type="checkbox"/> Visitor 8 <input type="checkbox"/> Unknown 9 <input type="checkbox"/> Other <i>(describe)</i> _____

18. PROBABLE CLASSIFICATION OF ALLEGED ABUSE (X the one that most closely describes the alleged situation)	
1 <input type="checkbox"/> Physical Abuse 2 <input type="checkbox"/> Sexual Abuse 3 <input type="checkbox"/> Psychological Abuse 4 <input type="checkbox"/> Seclusion 5 <input type="checkbox"/> Unauthorized or Inappropriate Use of Restraint	6 <input type="checkbox"/> Unauthorized or Inappropriate Use of Aversive Conditioning 7 <input type="checkbox"/> Unauthorized or Inappropriate Use of Time-out 8 <input type="checkbox"/> Violation of Subject's Civil Rights 9 <input type="checkbox"/> Mistreatment 10 <input type="checkbox"/> Neglect

19. BRIEFLY DESCRIBE THE ALLEGATION THAT IS UNDER INVESTIGATION

20. SUBJECT'S RESIDENTIAL ADDRESS (if different that #2 and #4 above)	21. DDSO	22. TYPE
_____		1 <input type="checkbox"/> SOCR 2 <input type="checkbox"/> VOCR 3 <input type="checkbox"/> SOICF 4 <input type="checkbox"/> VOICF 5 <input type="checkbox"/> Other: 6 <input type="checkbox"/> FC 7 <input type="checkbox"/> DC 8 <input type="checkbox"/> IRA

23. SUBJECT'S PRESENT LOCATION (if different from residence)

30. PRINT NAME OF PARTY COMPLETING FORM	TITLE	SIGNATURE	DATE

31. PRINT NAME OF PARTY REVIEWING FORM / SITUATION	TITLE	SIGNATURE	DATE

Written orders for Form 147-I/A are to be sent to:

OMRDD
Central Duplicating
44 Holland Ave.
Albany, NY 12229-0001

Attn: David Ryan

Office of Mental Retardation and Developmental Disabilities

Family Support Services Program

Quarterly Report

Instructions for Completing:

Form I Developmental Disabilities Profile 1 (DDP1)

A copy of the DDP1 Registration Form is included in this packet. The actual form is a carbonless two-page set. A supply of this form can be obtained from the Family Support Services Coordinator at the DDSO serving your area.

Form II Program Quarterly Report Narrative

This two-page form addresses the program in terms of milestones and objectives accomplished and is submitted quarterly. The reports serve as a good reference for the Due Diligence process.

Form III Individual Quarterly Summary

This one page form collects specific service information for each individual, and is to be completed each quarter. These forms are to be used for completing Form IV, the Agency Quarterly Summary of Services and Individuals Served.

Form IV Agency Quarterly Summary of Services and Individuals Served

This is a one-page summary report that is to be completed each quarter.

Form V Agency Quarterly Fiscal Summary

This two page form collects fiscal data and is submitted quarterly.

**Attachments: Family Support Services Quarterly Reporting Forms
Service Categories and Definitions**

Family Support Services
Quarterly Reporting Instructions
General Information

DDP1

A Developmental Disabilities Profile Registration/Movement Form (DDP1) must be on record with OMRDD for every person being served by a Family Support Services Program. Please review your program's records for compliance with this reporting requirement. If all persons currently being served by your program have been registered on the Tracking and Billing System (TABS) using the DDP1, then only complete a DDP1 form for each NEW person when they first enroll for services in a family support program.

A subsequent DDP1 is required to update records whenever an individual is removed from the records or demographic data is corrected or updated.

Process

- **Upstate** - One copy of the entire quarterly reporting package and completed State Aid Voucher are to be submitted to the Family Support Services Coordinator in the appropriate DDSO within 30 days of the end of the quarter.
- **New York City** - One copy of the entire reporting package is to be sent to the local DDSO and a copy of the completed Consolidated Quarterly Fiscal Summary Report and State Aid Voucher are to be sent to:

Family Support Services Program
OMRDD - New York City Regional Office
75 Morton Street
New York, New York 10014

- **Questions** - For Upstate and New York City, questions regarding the completion of a quarterly report should be directed to the appropriate DDSO Family Support Services Coordinator for your geographic area.

USERS GUIDE
REGISTRATION/MOUMENT FORM
Form DDP-1.

The Registration/Movement Form is used to initially register someone in the OMRDD service system and to report general demographic information for that person. It also is used to track his/her movement to and from programs.

The Registration/Movement Form should be completed:

By Voluntary Agencies

1. Whenever an individual is added to or removed from a program.
2. Whenever demographic data needs to be corrected or updated.

By State Operated Community Programs

1. Whenever a person is added to or removed from a program if OMRIS admission and disposition forms are not completed.
2. Whenever demographic data needs to be corrected or updated.

The DDP-1 is a two-part NCR form. The original white copy should be submitted to the DDP Coordinator at your local B/DDSO by the 15th of the month following the addition, removal or update of information (e.g., if the person is added on March 29, the form must be submitted to your local B/DDSO by April 15).

The yellow copy should be retained at the program site to document registration or movement.

The Registration/Movement Form is to be completed by OMRDD certified or funded residential and day programs. Support programs (e.g., clinics, recreation programs, etc.) are not required to report unless funded through the Family Support Services program. This form should be completed by the person responsible for administration of each program who knows the people enrolled in the program, who is being added, and who is being removed from the rolls of active participants.

GENERAL INSTRUCTIONS

- o Questions 1-8 and 17 should always be completed.
- o Questions 9-16 should be completed for anyone not previously registered in the system.
- o Complete questions 9-16 for anyone new to your agency.
- o Complete questions 9-16 whenever there is doubt if the person has been previously registered.
- o Fill in the blanks or circle the appropriate number for each item.
- o Write legibly with either pen or #2 or softer pencil.

DETAILED INSTRUCTIONS

- 1 **PURPOSE:** Circle one choice only. This item indicates the reason the form is being completed. Some responses will automatically imply others. For example, if a person moves out of state, select response #6 which implies #4, 'Remove from Program'.

- 1 **Correct Demographic Data ***

Select this response if information was incorrectly reported on a previous form for questions 9-16.

Example: An incorrect social security number of 123-45-6789 was reported for someone; the number should have been 123-45-6798. Purpose #1, Correct Demographic Data, should be circled and items 2, 3, 4, 6, 7, and 8 completed. Enter the correct information for the item being corrected in items 9-16. Complete item 17. In this example, if only the social security number is being corrected, only question 9 of 9-16 need be completed.

- 2 **Update Demographic Data ***

Select this response if information has changed or more information has become available since the last registration form was submitted.

Example: * A woman lives with her family. At the time she entered your program, the family lived at 123 Main Street, Albany, New York in Albany County. The family has now moved to 321 South Street, Schenectady, New York in Schenectady County. Purpose #2, Update Demographic Data, should be circled and items 2, 3, 4, 6, 7, and 8 completed. Then enter the updated or additional information in the appropriate item(s) of 9-16. Complete item 17. In this example, items 10 and 11 would be completed to indicate the change of address of the woman. As before, if only items 10 and 11 are changing, you do not need to enter items 9 and 12-16.

If demographic data are being both corrected and updated at the same time, select #2, 'Update Demographic Data'.

*Note: At present, the automated system does not keep historical records of registration data. Only the most current information is available. As a result, the distinction between correct and update is not relevant to the computer system. However, it is anticipated that future enhancements of the system will allow for this distinction so it has been included on the form.

3 Add to Program

Select this response if a person is being added to the active rolls of the reporting program.

A person is considered an addition if he/she has been accepted for service and is being added to the rolls of the program. The addition may be a new admission to the agency or the initiation of service by a program to someone already served by the agency in a different program.

Do not include as additions to a program persons who have been screened and determined inappropriate for a program.

A person is added to a residential program on the day he/she first sleeps in the residence. A person is added to a day program on the first day he/she receives services.

Example: A person is accepted for service in Agency A's Workshop Program. The person may already be a resident of an ICFDD operated by Agency A. The person may also be participating part-time in Agency B's Day Treatment Program and will be participating part-time in Agency A's Workshop Program. Regardless of the circumstances, the addition of the person to Agency A's Workshop Program would be reported. Purpose #3, Add to Program, should be circled. Complete items 2, 3, 4 (if available), 5-8, and 17. If the person is, in fact already registered in another program operated by Agency A (e.g., the ICFDD mentioned above), items 9-16 do not need to be completed. If, however, the person is new to Agency A and it is not known if he/she is registered in the service system, items 9-16 should be completed.

4 Remove from Program

Select this response if a person is leaving the reporting program and is being removed from the active rolls of the program.

The person may be continuing in other programs operated by the agency or be terminating from service at all programs in the agency. If the person is leaving more than one program within an agency, each program must report the removal of the person from its rolls.

If a person is removed from the rolls of a program as a result of death or moving out of state, select the more precise response indicated in #5 or #6.

Example: A person is no longer receiving services at Program X. He has not died or moved out of state. Purpose #4, Remove from Program, should be circled. Complete items 2-8, and 17.

5 Died

Select this response if the person dies while still on the rolls of the reporting program. If this response is selected, then items 2-8, and 17 should be completed. The date of the person's death should be entered in item 5, Add/Remove Date.

6 Moved Out of State

Select this response if the person will no longer receive services from the reporting program because he/she has moved out of New York State. If this response is selected, then items 2-8, and 17 should be completed.

2 AGENCY: Enter the name of the agency/corporation/facility responsible for the operation of the program.

Examples: Albany County ARC
• Wilton DDSO
Goodwill Industries

PROGRAM: Enter the name of the program/unit providing service to the person.

Examples: Van Rensselaer Blvd. CR
Ballston Spa ICFDD
Robert H. Snyder Rehab. Center

- 3 AGENCY/PROGRAM CODE: Enter the seven digit code assigned to the reporting program.

Example: Voluntary Programs -

For certified programs the code is the number appearing at the bottom left of the operating certificate or on the letter documenting certification.

For funded uncertified programs it is the number assigned for statistical reporting in the Local Services Statistical System (Facility/Unit Code).

For contract programs it is the seven digit number assigned to provide unique program identification for DDP reporting and is not the contract number used for fiscal reporting.

State Programs -

For State operated programs the code is a seven digit number consisting of 0 (4 for Family Care homes) and the three digit DC/BDDSO code followed by a three digit code identifying the program/unit providing service.

If you are not sure of the correct agency/program code to use, contact the DDP Coordinator in your area for assistance.

- 4 CLIENT I.D.: This I.D. is a twelve character unique identifier generated by the computer for each person as he/she is registered. It is derived from the person's last name, first name, date of birth and sex. After a person is registered, this identifier will be printed on profiles and listings so it will be available to staff in the field. When it is available, please enter it in item 4. It is this identifier that will be used to link all information reported for a person.

(State programs, please note: This ID number is not the facility/consecutive number nor the State ID number.)

- 5 ADD/REMOVE DATE: If Purpose #3, #4, #5 or #6 is selected, enter the month, day and year that the movement occurred. Enter two digits for each month, day, and year. If demographic data is being corrected or updated (Purpose #1 or #2) a date does not need to be entered in this item.

Example: If a person was added to the reporting program on April 9, 1989, Purpose #3, 'Add to Program' should be circled and 04 09 89 entered in this item.

- 6 **CLIENT NAME:** Enter the person's last name, first name and middle initial. Print clearly and legibly in the boxes provided. Please report the legal name of the person (e.g., William, not Bill). It will be beneficial to the reporting program to enter the full name as the profile returned will then have the person's name to assist in filing. If the person's first or last name is too long for the number of boxes on the form, fill in as many letters as there are boxes provided. If you have ascertained that the person has no middle name, leave middle initial blank.

If your agency objects to entering the person's full name, the minimum required is the first three letters of the last name and the first two letters of the first name in order to have the required letters to generate the unique identifier. This information must be reported in order to link the person to the correct master record. If any of these letters, are reported incorrectly, an incorrect I.D. will be generated and wrong linkages will be made.

If there is conflicting information in the record concerning the correct name for someone in a voluntary program, use the name that appears on the person's Medicaid card as the preferred source. For people served in State programs, use the person's birth certificate. If this is not in the person's medical record or program record, refer to the Resident Resource Office. If other agencies have reported the person's full name, this name may appear on your profile even if you have not reported it.

All information reported is confidential, and specific identifying data will not be released except to authorized personnel.

- 7 **DATE OF BIRTH:** Enter the person's month, day and year of birth. Make sure the correct date is reported as this is part of the Client I.D. number. If reported incorrectly, an incorrect I.D. will be generated and wrong linkages will be made. If there is conflicting information in the record concerning the correct birthdate for someone in a voluntary program, use the birthdate that appears on the person's Medicaid card as the preferred source. For persons served in State programs, use the person's birth certificate. If this is not in the person's medical record or program record, refer to the Resident Resource Office. As above, enter two digits for each month, day and year.

- 8 **SEX:** Circle #1 for 'Male' or #2 for 'Female'. This item is used to generate the Client I.D. number and must always be reported.

FOR ADDITION TO PROGRAM OF SOMEONE NOT PREVIOUSLY REGISTERED (Purpose #3), COMPLETE ITEMS 9-17.

FOR CORRECT DEMOGRAPHIC DATA OR UPDATE DEMOGRAPHIC DATA (Purpose #1 or #2) COMPLETE ONLY THE ITEMS BEING CORRECTED OR UPDATED IN ITEMS 9-16 AND ITEM 17.

FOR ALL OTHER PURPOSES (#4-#6) COMPLETE ITEM 17 ONLY.

- 9 SOCIAL SECURITY NUMBER: Enter the person's own nine digit social security number. If you don't know the social security number, leave this item blank.
- 10 COUNTY OF RESIDENCE: Enter the name of the county in which the person presently resides. If the person is living in an OMRDD residence, the county in which the residence is located should be reported, not the county in which the person's family may reside.

In New York City, use the County names (Bronx, Kings, New York, Queens, and Richmond) and not Borough names (Brooklyn, Manhattan, Staten Island).

- 11 ADDRESS: For persons not living in certified residential settings, enter the address of the person. Write legibly on three lines including street, apartment number, city and zip code. If the person resides in a non-OMRDD program setting, include the residence name on the first line (e.g., Eden Park Nursing Home).
- 12 ETHNICITY/RACE: Circle the number of the category that best describes the person's ethnic or racial background.
- 13 LANGUAGE: Circle the number of the preferred method of communication used or understood by the person. If the person is non-verbal, circle #4, 'Sign' or #5, 'Symbolic'. If the person does not use or understand any verbal or sign language, circle #6, 'No Language'.

- 14 **EDUCATION:** Circle the number of the highest level of school completed by the person. If #4, 'Grade' is circled, enter which grade (1-8) in the box provided. For BOCES students, circle #2, 'Ungraded', #4, 'Grade', or #6, 'Vocational', depending on the nature of their program.
- 15 **RELIGION:** Circle the number of the appropriate religion. If the person's religion is not known, circle #4, 'Unknown'. If the person has some other religion, circle #5, 'Other'.
- 16 **PRIMARY DIAGNOSIS:** Write the primary diagnosis (the person's developmental disability) in the space provided. Enter the five digit ICD-9-CM Code (International Classification of Diseases, 9th Revision, Clinical Modification) for the primary diagnosis in the boxes provided. If your program does not have a physician on the staff, and you don't have access to the person's medical records where the physician has recorded the diagnosis, leave this item blank.

Primary Diagnosis Codes are provided for your reference on the next page.

ETIOLOGY DIAGNOSIS: Write the diagnosis of the cause of the developmental disability (primary diagnosis) of the person in the space provided. Enter the five digit ICD-9-CM Code (International Classification of Diseases, 9th revision, Clinical Modification) for the etiology in the boxes provided. If your program does not have a physician on the staff and you don't have access to the person's medical records where the physician has recorded the diagnosis, leave this item blank.

- 17 **DATE COMPLETED:** Enter the date on which this form is completed. Enter two digits for each month, day and year.

COMPLETED BY: Print the name of the person completing the form and the telephone number at which they may be reached in case there is a question concerning the information on the form.

PRIMARY DIAGNOSIS CODES (ICD-9-CM)

AUTISM

299.0 Infantile Autism
299.00 Active
299.01 Residual

CEREBRAL PALSY

343.0 Diplegic
343.1 Hemiplegic
343.2 Quadriplegic
343.3 Monoplegic
343.4 Infantile hemiplegia
343.8 Other specified infantile cerebral palsy (ataxia atonic, mixed, rigidity, tremor)
343.9 Infantile cerebral palsy, unspecified
333.7 Athetoid cerebral palsy

EPILEPSY

345.0 Generalized nonconvulsive epilepsy (absences, minor, petit mal, Pykno-epilepsy, akinetic, atonic)
345.1 Generalized convulsive epilepsy (clonic, myoclonic, tonic, tonic-clonic, grand mal, major)
345.2 Petit mal status
345.3 Grand mal status
345.4 Partial epilepsy, with impairment of consciousness (psychomotor, temporal lobe)
345.5 Partial epilepsy, without mention of consciousness (Jacksonian)
345.6 Infantile spasms
345.7 Epilepsia partialis continua
345.8 Other or unspecified forms of epilepsy

MENTAL RETARDATION

317. Mild Mental Retardation
318.0 Moderate Mental Retardation
318.1 Severe Mental Retardation
318.2 Profound Mental Retardation
319. Unspecified Mental Retardation

NEUROLOGICAL IMPAIRMENTS AND OTHER DISABILITIES

314.0-314.9 Hyperkinetic Syndrome
315.0-315.9 Specific delays in development
237.7 Neurofibromatosis
307.23 Gilles de la Tourette Syndrome
342.0 Flaccid hemiplegia
342.1 Spastic hemiplegia
342.9 Hemiplegia, unspecified.
369.0-369.9 Blindness
389.0-389.9 Deafness
741. Spina bifida
742.1 Microcephalus
742.3 Congenital hydrocephalus

Form II

Instructions for Completing the Program Quarterly Narrative

Agency identifying information should be completed.

A. Program Objectives/Progress Summary

State each major objective as outlined in your plan and summarize the progress made, described in terms of milestones reached, toward meeting each objective during this quarter. If more than three objectives are reported, attach additional sheets.

B. Additional Activities or Accomplishments

List and describe unanticipated activities or accomplishments which go beyond your objectives. These may be activities not originally planned which have followed from planned activities (e.g., planned activity, respite; unanticipated outgrowth, parent support group developed).

C. Problems Encountered/Resolved/Pending

Describe any problems experienced relating to the project and action(s) you have taken to resolve them. Also explain how problems previously mentioned have been resolved or whether they are still pending. Please express any concerns or impressions about how the program is progressing, as well as any thoughts you have about developing family support services as a result of your experience in providing these services.

Signature(s)

Please make sure the appropriate dates, names and signatures appear on the bottom of the page.

B. Additional activities or accomplishments:

C. Problems encountered /resolved/ pending during report period in accomplishing program goals (Please indicate how problems mentioned in previous report period have been resolved or if they are still pending)

Name and Title of Chief Administrative Officer

Preparer's Name and Title.

Signature and Date

Signature and Date

()

()

Telephone Number with Area Code

Telephone Number with Area Code

29

Form III
Individual Summary

Form III
Instructions for Completing Individual Quarterly Summary

The Individual Quarterly Summary is designed to collect specific information regarding the services delivered during each quarter of the contract.

Heading

Complete all the information in the heading at the beginning of each quarter in which it is expected that the person will be receiving family support services.

Individual's Name - Print the name in the following format: last, first, middle initial (MI).
TABS ID Number - Enter TABS ID number, which is a system generated number from the OMRDD Tracking and Billing System (TABS). It is assigned to the individual the first time a DDP1 is data entered at the DDSO. If you are unsure of the TABS ID number, contact your local DDSO for this information.

Date of Birth - Enter Date of Birth using 2 digit month (mm), 2 digit day (dd) and the year.

Medicaid number - Enter the individual's 8 place alpha-numeric Medicaid number which is provided by the family or the individual. (e.g., AB12345C)

Agency Name - Enter the official agency name.

Agency TABS Program Code - Enter the 8 digit program code. If you are unsure of the code, contact your local DDSO for this information.

Contract number - Enter the number for the family support services contract providing services to this individual.

Reporting Quarter - Check the box for the appropriate quarter being reported, and fill in the year in the space indicated.

DDSO Name - Enter the name of the DDSO for your local area.

Agency Contact Person - Enter name of person identified by the agency to serve as a contact regarding the quarterly report.

Date Form Completed - Enter 2 digit month (mm), 2 digit day (dd) and year.

Phone Number - Enter agency contact person's phone, including area code.

A. Services

The list of services is arranged alphabetically. Under General Family Support, each time during the quarter that the individual receives a service from your agency, enter the date of service and enter the total units of service (hours) across from the appropriate service

category group. Round the hours of service to the nearest 15-minute interval. When entering the service times on Form III, please use the following conventions to enter time:

15 minutes	=	.25	1 hour	=	1.00
30 minutes	=	.50	1 hour, 15 minutes	=	1.25, etc.
45 minutes	=	.75			

Add the hours and place the sum of the hours of services for each category of service in the Total Units box. If more than one page of Form III is needed for an individual, please total the hours of service for each page separately.

Under Family Reimbursement/Cash Subsidy, enter the total amount reimbursed to a family for which receipts have been provided for each category. Enter also the total units of service using the same conventions listed above for hours.

For all sections, one unit of service is equal to one hour.

- **NOTE:** If an individual receives several different services in any one day, record the duration of each of these services in the proper service category group. If two or more services are considered to be occurring simultaneously, divide the time between the services involved but do **NOT** double record. (E.g., Day/Evening Respite and Day/Evening Recreation, occurring over the same 8 hour period should **NOT** be recorded as 8 hours Day/Evening Respite and 8 hours Day/Evening Recreation.)

B. Items Purchased, Rented or Leased

This section is designed to capture information on items (other than services) which have been purchased for or by the individual with a developmental disability.

I. Special Adaptive Equipment - can include, but is not limited to, bathtub lifts, transfer boards, modified eating utensils, communication devices, adapted toys or accessible vans, and assistive technology services. Please list the special adaptive equipment in the space provided.

II. Environmental Mods/Repairs - can include, but is not limited to, ramps, lifts or grab bars, widening of doorways, cabinet work, counter or appliances changes such as special sink handles. Please list the environmental modifications and repairs in the space provided.

III. Supplies - can include, but is not limited to, continence products (e.g., diapers, wipes), special clothing, and dietary supplements. Please list the supplies in the space provided.

IV. Other - Specify any items not identified I, II or III above.

Form III is designed to capture all services and goods provided to an individual by type of service category. It is to be used in completing Form IV, Agency Quarterly Summary.

NOTE: Copies of these forms should be maintained for seven years for auditing purposes.

FORM III

Section B Items Purchased, Rented or Leased

When listing items in SECTION B (Items Purchased, Rented or Leased), please use the following descriptions:

I. Special Adaptive Equipment

- Personal Emergency Response Systems
- Communicators
- Speech amplifiers
- Electronic speech aids/devices
- Voice, light or motion activated devices
- Standing boards/frames
- Adaptive switches/devices
- Meal preparation aids
- Specially adapted locks
- Motorized wheelchairs
- Guide dogs and similar trained animals
- Lifts and ramps
- Custom fitting, repairs and maintenance to adaptive technologies

II. Environmental Modifications/Repairs

- | | |
|---|---------------------------|
| ➤ Ramps | ➤ Door openers/door bells |
| ➤ Lifts | ➤ Roll-in showers |
| ➤ Widen doorways/hallways | ➤ Sinks and tubs |
| ➤ Hand rails/grab bars | ➤ Water faucet controls |
| ➤ Plumbing adaptations | ➤ Electrical wiring |
| ➤ Turnaround space adaptations/changes | |
| ➤ Work tables/work surfaces | |
| ➤ Cabinetry/shelving adaptations | |
| ➤ Heating/cooling adaptations | |
| ➤ Specialized electric and plumbing systems | |

III. Supplies

- | | |
|-----------------------|----------------------|
| ➤ Medications | ➤ Dietary supplement |
| ➤ Continence products | ➤ Appliances |
| ➤ Special clothing | |

IV. Other (Please list item name/description)

Individual's Name (Print)			TABS ID Number	Date of Birth	Medicaid Number
Last	First	Mi		mm dd year	

Agency Name	TABS Program Code	Contract Number

Reporting Quarter	Year 19____	DDSO Name	Agency Contact Person
Check <input type="checkbox"/> which quarter you are reporting			

Jan. 1 - March 31		Date Form Completed	Phone Number (include area code)
April 1 - June 30			
July 1 - Sept. 30			
Oct. 1 - Dec. 31			
		mm dd year	()
			19

	General Family Support										Family Reimbursement / Cash Subsidy		
	Dates of Service										* ONE UNIT OF SERVICE EQUALS 1 HOUR		
A. SERVICES											Total Units	Total \$ Amount	Total Units
Behavior Management													
Case Management /Service Coord.													
Counseling													
Financial & Life Planning Assistance													
Home Care (Homemaker)													
Infant Therapies & Nutrition													
Information & Referral / Outreach													
Recreation (Day/Evening)													
Recreation (Summer/Day Camp)													
Respite (Day/Evening/Weekend)													
Respite (Overnight)													
Training													
Transportation													
Vacation (Sleep Away Camp)													
Other													

B. ITEMS PURCHASED RENTED OR LEASED (Print each item specified)	General Family Support		Family Reimbursement / Cash Subsidy	
	Number of Items	Total \$ Amount	Number of Items	Total \$ Amount
I. Special Adaptive Equipment				
II. Environmental Modifications / Repairs				
III. Supplies				
IV. Other				

**Form IV
Agency Summary &
Individuals Served**

Form IV

Instructions for Completing Agency Quarterly Summary of Services and Individuals Served

The Agency Quarterly Summary of Services and Individuals Served form is designed to capture aggregate information about services to individuals by an agency on a quarterly basis. The information provided will be organized in a manner that will enable OMRDD to determine the type and intensity of services being provided to individuals in each DDSO. The data will allow OMRDD to analyze the current delivery of services, to identify gaps in service, and to plan for future service development.

Agency identifying information should be completed, along with the report dates in a month-day-year format. (E.g., 01/01/96 to 03/31/96).

Part A: SERVICES

- Assemble all Individual's Services Reporting Forms (Form III, Part A) for individuals who received services during the reporting quarter.
- For each of the service category groups, beginning with the first, Behavior Management, add the number of units from the total units column of all individuals on Form III and enter that sum in the Total Units of Services column on Form IV.

Your agency, through this contract, may be involved in providing services in several of the service category groups of Family Support Services. Many of the service category groups may indicate no services delivered. For these categories and all others where service has not been delivered during the reporting quarter, leave the Total Units of Service and Total Number of People Served columns blank.

Part B: ITEMS PURCHASED, RENTED OR LEASED

- As in Part A, assemble all Individual's Services Reporting Forms (Form III, Part B) for individuals for whom items were purchased, rented or leased during the quarter. (A listing of potential items to be purchased, rented or leased is provided with Form III for consistency and ease of reporting.)
- For each of the category groups, add the total number of items purchased, rented or leased, and place in the appropriate column.
- For all items purchased, rented or leased, list the appropriate items under I. Special Adaptive Equipment, II. Environmental Modifications/Repairs, III. Supplies or IV. Other.

Part C: SUMMARY OF INDIVIDUALS SERVED

- **Number of individuals actively served during this quarter (Box a, b, c or d):** Enter the number of ALL individuals who were served at least once by the program during the quarter being reported.

The number of individuals in Box a, b, c or d are not to be added together or to any other box in the matrix.

Form IV - continued

- **Number of individuals newly enrolled in program this quarter, (Box e, f, g or h):** Enter the number of NEW individuals/families enrolled and served for the first time during the quarter being reported.

For purposes of this section, new is defined in two ways:

NEW = those individuals served for this first time during this contract. (E.g., If individuals were served during the last month of an ending contract and during the first month of a new contract, they would be considered new for the new contract period. (These individuals should already have a DDP1 completed previously. No new DDP1 is required.)

NEW = those individuals served for the first time ever by this contract and for which a DDP1 is required. Please also complete the DDP1 and mark in the box in the upper right hand corner of Form IV, the number of completed DDP1 forms for this quarter.

- **Total # of individuals served during the year (unduplicated count): (Box i, j, k or l):** Enter the number of all individuals served at least once by the program from the beginning of the contract year through the quarter being reported. An unduplicated count is required - count each individual only once regardless of the number of times served during the year.

The following example may be of assistance to you:

C. SUMMARY OF INDIVIDUALS SERVED	1st QUARTER	2nd QUARTER	3rd QUARTER	4th QUARTER
Number of individuals actively served during this quarter	(a) 10	(b) 15	(c) 10	(d) 20
Number of individuals newly enrolled in program this quarter	(e) 10	(f) 5	(g) 5	(h) 0
Total # of individuals served during the year (unduplicated count)	(i) 10	(j)=(i+f) 15	(k)=(j+g) 20	(l)=(k+h) 20

First Quarter

- (a) 10 people served
- (e) Same 10 people are new this contract
- (i) Total # of individuals is the 10 from (e)

Second Quarter

- (b) 15 people served
- (f) 5 new people served*
- (j) Total # of individuals is 15 (i) + (f)

Third Quarter

- (c) 10 people served
- (g) 5 new people served
- (k) Total # of individuals is 20 (j)+(g)

Fourth Quarter

- (d) 20 people served
- (h) 0 new people served
- (l) Total # of individuals is 20 (k)+(h)

*The 5 new people served could be 3 people new this contract period and 2 new to the program ever (for which a DDP1 should be completed). The total would still be 5, as it is not necessary to keep the information separately for this chart. The DDP1 number would also be put in the upper right corner of Form IV.

Agency Name			TABS Program Code				Program Name			
Contract Number			Reporting Period				Contract Amount		Program Amount	
C			/	/	TO	/	/	\$	/ \$	
DDSO Name			Contact Person			Phone Number		Number of new DDPI		

A. SERVICES	General Family Support <small>*ONE UNIT OF SERVICE EQUALS 1 HOUR</small>		Family Reimbursement / Cash Subsidy		
	*Total # of Units of Service	Total # of People Served	*Total # of Units Purchased	Total # of People Served	Total \$ Amount
Behavior Management					
Case Management /Service Coordination					
Counseling					
Financial & Life Planning Assistance					
Home Care (Homemaker)					
Infant Therapies & Nutrition					
Information & Referral / Outreach					
Recreation (Day/Evening)					
Recreation (Summer/ Day Camp)					
Respite (Day/Evening/Weekend)					
Respite (Overnight)					
Training					
Transportation					
Vacation (Sleep Away Camp)					
Other					
TOTAL: Section A					
B. ITEMS PURCHASED, RENTED / LEASED	Number of Items	Total \$ Amount	Number of Items	Total \$ Amount	Total \$ Amount
I. Special Adaptive Equipment					
II. Environmental Modifications / Repairs					
III. Supplies					
IV. Other					
TOTAL: Section B					

C. SUMMARY OF INDIVIDUALS SERVED	1st QUARTER	2nd QUARTER	3rd QUARTER	4th QUARTER
Number of individuals actively served during this quarter	(a)	(b)	(c)	(d)
Number of individuals newly enrolled in program this quarter	(e)	(f)	(g)	(h)
Total number of individuals served during the year (unduplicated count)	(i)	(j)=(i+f)	(k)=(j+g)	(l)=(k+h)

Form V
Agency Quarterly
Fiscal Summary

Form V

Instructions for Completing the Agency Quarterly Fiscal Summary

Detailed instructions for completing the Agency Quarterly Fiscal Summary are included in the New York State Department of Mental Hygiene Consolidated Fiscal Reporting Manual. For your convenience, pages 1 through 8 of this manual covering quarterly fiscal summary reporting, have been included in this instruction set.

AGENCY QUARTERLY FISCAL SUMMARY (CQR-1)

This schedule is used to report quarterly claim expenses, revenues and deficit funding amounts by program type or contract number.

NOTE: OMRDD Day Treatment, Community Residence, Intermediate Care Facilities, HCBS Waiver programs are not reported to OMRDD on the CQR-1.

This schedule is only to be used in reporting first through third quarter fiscal information. A fourth quarter CQR-1 is not required. The claim submission for this quarter is comprised of the claiming schedules derived from the complete CFR.

A separate CQR-1 must be prepared for each State agency from which the service provider receives Aid to Localities funding either through a direct contract or indirectly through a local county government. Each schedule must be county and State agency specific except for OMH Community Residence providers which may serve multiple counties within one program.

Additional CQR-1 forms for a specific State agency are required under the following circumstances:

1. If the number of programs operated by a service provider exceeds the number of program columns on the CQR-1 form, complete an additional CQR-1 with columns 1-3 left blank and columns 4-7 renumbered 8-11.
2. If the number of funding sources exceeds the number of funding source blocks on the CQR-1.2, complete additional CQR-1.2's for the additional funding sources as required. The array of programs in the CQR-1.2 must be consistent with the array on the CQR-1.1.

The overall flow of the CQR-1 form is as follows:

- o Column 1 represents the service providers approved budget for the fiscal period.
- o Column 2 represents the cumulative (local fiscal year to date) approved expenses, revenues, net operating costs, and advances for each service provider / contractor receiving Aid to Localities funding through the NYC Department..
- o Column 3 represents the sum of columns 4-7, etc. exclusive of lines 15-20, 27, 28, 35, 36, 43, 44, 51, and 52.

The CQR-1 form is completed in accordance with the following instructions:

LGU *

Indicate the name of the Local Governmental Unit (LGU).

LGU APPROVAL *

Indicate the name of the individual representing the LGU who has reviewed and approved this report. The service providers should make no entry.

QUARTER REPORTED *

Check the appropriate line to indicate the quarter for which the CQR-1 is being prepared. Also, if the document is a revised or a supplemental CQR-1, please indicate the number of the submission, e.g., Revision #2 or, Supplemental #3.

FISCAL PERIOD *

Indicate the fiscal period of the LGU (1/1/XX-12/31/XX) or direct contract. Do not indicate dates of the quarter being reported.

AGENCY NAME *

Indicate the incorporated name of the corporate organization that operates the program(s).

AGENCY CODE *

Indicate the five digit code assigned to the corporate organization that operates the program(s).

PREPARED BY *

Indicate the name of the individual who prepared the report.

- * Complete this at the top of each page of the CQR 1.1 and the CQR 1.2.

COUNTY NAME AND CODE *

Indicate the county name and refer to Appendix C for the corresponding county code.

TELEPHONE *

Indicate the telephone number (including area code) of the individual completing this form.

STATE AGENCY APPROVED BUDGET (Column 1) *

Indicate with an "X" to identify the appropriate State agency for which expenses and revenues are being reported as follows:

- 1 - OMH
- 2 - OMRDD
- 3 - OASAS (Community Alcoholism Services only)

ACCOUNTING METHOD

Indicate the accounting method used for claiming purposes, i.e. accrual, modified accrual or cash basis of accounting, in each column for which program expenditures are reported.

PROGRAM TYPE/CODE *

Indicate in columns 4-7 the type of program(s) operated by the service provider and the corresponding program code, using the program names and codes found in Appendices E-G.

Instructions for columns 4 through 7, lines 1 through 55 are as follows:

EXPENSES

1. Personal Services

Report the personal service amounts for the quarter by program type. Do not include agency administration personal services on this line.

- * Complete this at the top of each page of the CQR 1.1 and the CQR 1.2.

2. Vacation Leave Accruals

Report the vacation leave accruals (current quarter adjustments) corresponding to the personal services reported on line 1. Do not include agency administration leave accruals on this line.

3. Fringe Benefits

Report the fringe benefits corresponding to the personal services reported on line 1. Include FICA hospitalization, retirement benefits, group life insurance, etc. Do not include agency administration fringe benefits on this line.

4. Other Than Personal Services (OTPS)

Report quarterly OTPS expenditures by program type. Include food, repairs and maintenance, utilities, telephone, minor expensed equipment (purchases of less than \$1,000 and having a useful life of 2 years or less), supplies, etc. Do not include agency administration OTPS on this line.

5. Equipment - Provider Paid

Report quarterly equipment related expenditures by program type. Include vehicle and equipment lease costs and depreciation. Do not include agency administration equipment costs on this line.

NOTE: Do not include any equipment claimed in OTPS (line 4) or agency administration (line 7).

REMINDER: For Aid to Localities claiming purposes, and equipment purchases with a value of \$1,000 and a useful life of two years or more may be expensed.

6. Property - Provider Paid

Report quarterly property related expenditures by program type. Include property lease costs or depreciation, property casualty insurance, etc. Do not include agency administration property costs on this line.

NOTE: OME Community Residence providers refer to the Community Residence Guidelines.

7. Agency Administration

Enter the quarterly agency administration allocation.

8. Adjustment/Non-Allowable Costs

Enter adjustments to expense and/or non-allowable costs. Refer to Appendix X.

9. Total Expenses

Enter the sum of lines 1-7 minus line 8.

REVENUES

10. Enter an "X" to indicate the State Agency approved revenue allocation methodology used by the service provider, non-participant or participant specific.

NOTE: The methodology used on the quarterly claim must be identical to the methodology approved in the Consolidated Budget Report (CBR). If no methodology is indicated by the service provider on the CQR-1 submitted, the State Agencies will assume that the non-participant specific methodology was used and, if necessary, redistribute expenses and revenues between funding sources based on units of service.

11. Medicaid Revenue

Report the quarterly total actual Medicaid revenue received by the service provider for each program.

12. Non-Medicaid Revenue

Report the quarterly total revenue received by each program from all sources other than Medicaid.

13. Total Revenues

Enter the sum of lines 11 and 12.

14. Net Operating Costs

Enter the amount obtained by subtracting line 13 from line 9.

MISCELLANEOUS

15. Direct Contract Number

Enter the State contract number associated with each program. Do not enter the Local County Government contract number.

16. Total Persons Served (OMH only)

Enter the actual average number of persons served per month in the quarter being reported.

17. Total Units of Service

Report the actual quarterly units of service provided by program. Reporting units of service may not be applicable to some programs. Refer to Appendices E through G to determine applicability.

18. Gross Cost Per Unit

Enter the quarterly gross cost per unit of service for each program column by dividing the dollar amounts indicated on line 9 by the corresponding units of service reported on line 18. The gross cost per unit of service should be calculated to the nearest hundredth place (xx.xx). However, for distribution of the gross costs between funding sources, use six (6) decimal places.

19. Net Cost Per Unit

Enter the quarterly net cost per unit of service for each program column by dividing the dollar amounts indicated on line 14 by the corresponding units of service reported on line 18. the net cost per unit of service should be calculated to the nearest hundredth place (xxx.xx). Use six (6) decimal places for calculating the distribution of net cost between funding sources.

NOTE: For distribution of gross and net costs between funding sources and/or State Agencies, use six (6) decimal places, Refer to Appendix J page 18.2 example 4, of this manual for specific instructions.

20. Workshop Contract Sales (Direct)

Report the quarterly industrial contract sales revenue for workshop programs having a Direct Contract with a State Agency.

21. Local Government (OASAS only)

Enter the amount of local government (County) contribution to be applied against the net deficit being funded. Only use this line if the funding code(s) used on the CQR-1.2 reimburses State Aid at 100% of the net expenses reported.

22. Voluntary Contributions (OASAS only)

Enter the amount of local service provider contribution to be applied against the net deficit being funded. Only use this line if the funding code(s) used on the CQR-1.2 reimburses State Aid at 100% of the net expenses reported.

FUNDING SOURCE DESCRIPTIONS

23,31,39, and 47 Funding Code

For each program reported, enter the funding code number indicated in Appendix N of this manual.

NOTE: Use only one funding code per line for columns 1 - 7.

24,32,40, and 48 No. of Persons Served(OMH only)

Indicate the average number of persons served on a monthly basis for this quarter.

25,33,41, and 49 Units of Service

Indicate the actual units of service provided by program for this reporting period, in each column. Claiming of units of service may not be applicable to some programs. Refer to Appendices D through H to determine applicability.

26,34,42, and 50 Total Expenses

For each program reported, enter the allocated portion of the amount indicated on CQR-1.1, line 9 for each funding source.

27,35,43, and 51 Revenue: Medicaid

For each program reported, enter the allocated portion of the amount indicated on CQR-1.1, line 11 for each funding source.

28,36,44, and 52 Revenue: Other

For each program reported, enter the allocated portion of the amount indicated on CQR-1.1, line 12 for each funding source.

29,37,45, and 53 Total Revenues

For each program reported, enter the allocated portion of the amount indicated on CQR-1.1, line 13 for each funding source.

30,38,46, and 54 Net Operating Costs

For each program reported, enter the allocated portion of the amount indicated on CQR-1.1, line 14 for each funding source.

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT

APPROVAL BY: _____
 QUARTER REPORTED (Please Check):
 1st _____ 2nd _____ 3rd _____
 Fiscal Period: _____ 10 _____

Page _____

REVISION # _____ SUPPLEMENTAL

AGENCY CODE: _____ COUNTY NAME AND CODE: _____
 AGENCY NAME: _____
 REPAIRED BY: _____
 TELEPHONE: _____

USE WHOLE DOLLARS ONLY

LINE NO.	ACCOUNTING METHOD	COLUMN NUMBER	ITEM DESCRIPTION	1		3	4			5			6			7		
				STATE AGENCY APPROVED BUDGET	()		SERVICE PROVIDER YEAR TO DATE TOTAL	SERVICE PROVIDER TOTAL FOR THIS QUARTER	PROGRAM TYPE ()	CODE NO. ()	PROGRAM TYPE ()	CODE NO. ()	PROGRAM TYPE ()	CODE NO. ()	PROGRAM TYPE ()	CODE NO. ()	PROGRAM TYPE ()	CODE NO. ()
EXPENSES																		
1	Personal Services																	
2	Vacation Leave Accruals																	
3	Fringe Benefits																	
4	Other Than Personal Services																	
5	Equipment-Provider Paid																	
6	Property-Provider Paid																	
7	Agency Administration																	
8	Adjustments/Non-Allowable Costs																	
9	Total Expenses (Lines 1-7 minus 8)																	
REVENUES (Please Check)																		
10	REVENUES (Please Check)																	
11	Medicaid Revenue																	
12	Non-Medicaid Revenue																	
13	Total Revenues (Lines 11-12)																	
14	Net Operating Costs (Line 9 minus 13)																	
MISCELLANEOUS																		
15	Direct Contract # (if applicable)																	
16	Total Persons Served (OMH Only)																	
17	Total Units of Service																	
18	Gross Cost Per Unit																	
19	Net Cost Per Unit																	
20	Workshop Contract Sales (Direct)																	
21	Local Government (OASAS Only)																	
22	Voluntary Contributions (OASAS Only)																	

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT

APPROVAL BY: _____
 QUARTER REPORTED (Please Check):
 1st _____ 2nd _____ 3rd _____
 REVISION # _____ SUPPLEMENTAL

Fiscal Period: _____ to _____

Page _____

USE WHOLE DOLLARS ONLY

AGENCY CODE: _____ ()
 COUNTY NAME AND CODE: _____ ()

COLUMN NUMBER FUNDING SOURCE DESCRIPTIONS	1	2	3	4	5	6	7
	STATE AGENCY APPROVED BUDGET () () () () ()	SERVICE PROVIDER YEAR TO DATE TOTAL	SERVICE PROVIDER TOTAL FOR THIS QUARTER	PROGRAM TYPE () CODE NO. ()			
A. Funding Code							
1 No. Persons Served (OMH Only)							
2 Units of Service							
3 Total Expenses							
4 Revenue: Medicaid							
5 Revenue: Other							
6 Total Revenues							
7 Net Operating Costs							
B. Funding Code							
1 No. Persons Served (OMH Only)							
2 Units of Service							
3 Total Expenses							
4 Revenue: Medicaid							
5 Revenue: Other							
6 Total Revenues							
7 Net Operating Costs							
C. Funding Code							
1 No. Persons Served (OMH Only)							
2 Units of Service							
3 Total Expenses							
4 Revenue: Medicaid							
5 Revenue: Other							
6 Total Revenues							
7 Net Operating Costs							
D. Funding Code							
1 No. Persons Served (OMH Only)							
2 Units of Service							
3 Total Expenses							
4 Revenue: Medicaid							
5 Revenue: Other							
6 Total Revenues							
7 Net Operating Costs							

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Family Support Services
Service Categories and Definitions

General Family Support Services

General family support services pertain to those services provided through the family support services contract. They do not include any purchases through family reimbursement and cash subsidy.

Family Reimbursement/Cash Subsidy

Services and goods which are not funded through other sources can be purchased through family reimbursement or cash subsidy. For family reimbursement services, the family and provider agency or Developmental Disabilities Services Office (DDSO) agree to a plan for purchase of services and goods, the family makes the purchase, provides a receipt and is reimbursed. For cash subsidy services, the family and provider agency or DDSO agree to a plan for purchase of services and goods and then the family is given a set amount of funding to make the purchase. After the services and goods are purchased, the family must provide receipts in order to receive additional family reimbursement or cash subsidy services.

Services

Behavior Management

Planned, systematic application of the methods and findings of behavior science with the intent of altering observable behaviors, including increasing, decreasing, extending, restricting, teaching, and maintaining behaviors.

Case Management/Service Coordination

Regular contact with the individual, primary care giver and service providers to assist with the planning for and accessing of desired services and supports. Services include assessment of service needs, service planning and coordination, linkage and referral, follow-up, monitoring, and advocacy.

Counseling

Face-to-face, individual, group, or family counseling or therapy in a planned, structured session intended to help an individual or family gain insight, resolve problems, develop alternate behaviors or address other issues of concern. This includes counseling provided over the telephone with individuals or with their families.

Financial and Life Planning Assistance

Financial assistance services assist families in accessing necessary assistance from generic and OMRDD funding, benefits, entitlements, and other sources. Life planning assistance services assist a family to develop a plan, with input from the individual with a developmental disability, as possible, and with assistance from professionals, which will provide the family with some assurance about future life options available to the individual with a developmental disability and selection of these options.

Home Care (Homemaker)

Employment of a person in an individual's place of residence to aid in carrying out housekeeping functions in order to assist the individual in reaching identified goals, offer assistance and relief to a caretaker or family member who, in turn, can spend more time working directly with the individual, or provide a temporary substitute for a caretaker or family member.

Infant Therapies and Nutrition

Assessment activities and services provided in approved clinical settings to persons under the age of six years to identify those who are born at risk or who evidence developmental delays. The purpose of these services is to minimize the potential for actual developmental disabilities in the future, to maximize the development of age-appropriate skills, and to prepare such persons to access an education program at the appropriate time. Nutritional assessment and counseling in the planning or preparation of meals or nourishment to meet the dietary needs of an individual. Nutrition planning not only attends to restoring health, but focuses on preventing disease and physical decline.

Information/Referral/Outreach

Information and referral services provide information on programs and services for individuals and their families. Linkages can be made to diagnostic, residential, habilitative, educational, vocational, medical, and recreational services, and to entitlement programs such as Medicaid and SSI. Includes activities undertaken to ensure the individual's use of a service or acceptance in a program and may include accompanying the individual. Outreach services identify unserved or underserved individuals with developmental disabilities or their families who are eligible to use all appropriate services offered through OMRDD generic and specialized services delivery systems.

Recreation (Day/Evening/Weekend)

Social, recreational and leisure activities which are enjoyable and often include opportunities to interact with and participate as part of a community. Recreation offers children and adults the chance to play, experience good times, and identify and pursue activities in which they are interested. It promotes development of a wide range of skills and helps create balance and well being.

Recreation (Summer/Day Camp)

A planned program of social, recreational and leisure activities which are enjoyable and often include opportunities to interact with and participate with others. It promotes development of a wide range of skills and helps create balance and well being.

Respite (Day/Evening/Weekend)

These services provide the family with temporary relief from the care of a person with a developmental disability in order to permit the care givers to be absent during the day or evening to conduct business, deal with an emergency, or pursue a leisure activity. This service may be provided either in or out-of-home and encompasses many means of service delivery, including free-standing respite centers.

Respite (Overnight)

These services provide temporary room, board and supervision of an individual with a developmental disability in and out-of-home setting, or supervision in the natural home, when the family member or primary care giver is absent or needs relief.

Training

Training and education activities offered to the parents, siblings and care givers, designed to augment or improve their knowledge of, and ability to promote the development of their family member, and to aid in their ability to care for their family member at home. Training in activities of daily living which enable individuals to increase their level of independence and improve the quality of their lives.

Transportation

Provides an individual and/or family member with the proper mode of transportation to and from his/her residence and programs and services.

Vacation/Sleep Away Camp

Vacation is a scheduled period of time away from the daily routine usually spent on recreational and leisure activities. Camps, usually operated in the summer, provide for the physical and social needs of campers and offer recreation and leisure activities.

Other

At times a family or an individual may need a unique service which is not included in the group of services listed.

Items Purchased Rented or Leased

Special Adaptive Equipment

Any item, product or piece of equipment that can be used by persons with disabilities to maintain or improve their functional abilities. Such equipment might include: bathtub lifts, transfer boards, modified eating utensils, communication devices, adapted toys or accessible vans. Includes assistive technology services to help a person know about, acquire and use the appropriate adaptive equipment, e.g., demonstration, assessment, funding, training, maintenance, and repairs.

Environmental Modification

Environmental modification service provides assistance to families with the removal of barriers which limit accessibility and remodeling to enhance the independent or assisted functioning of individuals with developmental disabilities within their home. Such services include the installation of ramps, lifts or grab bars, widening of doorways, kitchen and bathroom cabinetwork, and counter or appliance changes (e.g., special sink handles)

Supplies

Can include:

Medication expenses such as cost of prescription and nonprescription substances which are necessary as a result of the individual's disability. Must have a receipt from the pharmacy. (Note: For those eligible, costs of prescription drugs are reimbursable through Medicaid.)

Continence products (e.g., diapers, wipes); products generally of a disposable nature, used to assist in caring for the individual, who, due to the disability, has a continence problem. Examples include diapers, wipes, chucks, draw sheets, and other bed linens. Must have a receipt of purchase.

Special clothing; the cost for extra clothing required for an individual with night time incontinence, or for an individual whose garments wear out quickly due to abnormal movement patterns resulting from a disability. Can include specially designed clothing for individuals with physical disabilities, and medically prescribed articles for which other funding is not available (e.g., orthopedic shoes, helmets for head protection). Must have a receipt of purchase.

Special dietary needs; food and supplements costs for special diets prescribed by a physician. The need for dietary supplements must be directly related to the individual's disability and must not be reimbursable through other funding sources. Must have a receipt of purchase.

Other

There are a number of items needed to properly maintain persons with disabilities but are too numerous and varied to categorize. These items might include things such as batteries, program supplies, or other items reasonably related to the care of the family member with a disability. Must have a receipt of purchase.



10/2/2000

STATE OF NEW YORK
OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
44 HOLLAND AVENUE
ALBANY, NEW YORK 12229-0001
(518) 473-1997 • TDD (518) 474-3694

October 2, 2000

Dear Sir or Madam:

On October 16, 2000, the Office of Mental Retardation and Developmental Disabilities' Division of Quality Assurance (OMRDD DQA) will begin to survey Free Standing Respite (FSR) centers throughout New York. Until now, the Developmental Disabilities Service Offices' (DDSO) Family Support staff has performed these reviews. The new FSR Checklist and Guidelines are attached for your information. Please replace the current checklist and guidelines with them.

As you will notice, the checklist is divided into two parts, Part 1, for DQA staff use, and Part 2, for DDSO and FSR Provider use. The provider is responsible for adherence to all the requirements in both parts of the checklist. The DQA survey will only utilize Part 1 in its review process. The DDSO will use Part 2. As before, the decision to renew the FSR contract with the provider rests solely with the DDSO. The DQA survey is intended to assist the DDSO to make the contract renewal decision. Please also note the Surveyor Instructions, which will also help you to understand the DQA process for the review of the FSR programs. As indicated therein, any findings of the DQA survey team will not only be shared with the FSR agency, but also with the DDSO.

Finally, please note question J033 regarding medication administration. The final decision regarding the qualifications of the person(s) qualified to administer medications has not yet been made. As a result, you may continue to use AMAP trained individuals. If you have any questions about the new FSR Checklist and Guidelines, please call Mr. Joel Altschul of DQA, at 518 473-7032.

Yours truly,

Jan Abelseth
Deputy Commissioner
Division of Quality Assurance

cc: DDSO Directors
Mr. Ulitsky
Ms. Giblin
Ms. Trent
Mr. Jung
Mr. Altschul

Free Standing Respite Checklist and Guidelines

GENERAL

Free Standing Respite (FSR) centers provide day and overnight care outside a person's home. It is "free standing" in that it operates in a space separate and distinct from any certified facility. Only individuals residing with family, legal guardians and family care providers (primary care givers) may use the FSR. The program does not serve individuals whose primary residence is a certified facility other than a family care home.

FSR services are limited to those normally provided by the person's primary care giver. Room and board, 24 hour supervision and daily attention to health and self-care needs are offered. The primary purpose of a stay at an FSR is to allow the primary care giver relief from the responsibilities of daily care giving. The FSR does not serve individuals with developmental disabilities in 'crisis' who require intensive treatment.

The FSR differs from a certified residential setting in that once an individual is admitted to the FSR, the primary care giver is still responsible for certain aspects of the individual's care during the respite stay. These responsibilities include, but are not limited to, arranging and/or paying for transportation to regularly scheduled day or evening programming and routine medical care. In addition, the primary care giver ensures that the individual's stay in the FSR does not extend beyond the agreed upon time limit. The primary care giver provides clothing, medication, and spending money for the individual's use during the stay.

The agency may charge fees to families receiving respite services. The fee schedule must be approved by the New York City Regional Office for those agencies operating in New York City, and by the local Developmental Disabilities Services Office (DDSO) for those agencies operating outside of New York City. The agency must maintain records and provide reports to OMRDD of the amount collected, the number of families charged and the additional services provided to families as a result of its collection of fees. Based on standardized criteria, such fees may be reduced or waived entirely if warranted by the financial circumstances of the primary care giver. In no case may services be denied based on a primary care giver's inability to pay. For individuals in family care, respite should be paid for by the family care provider.

Free Standing Respite is a contracted service, not a certified program. The OMRDD standard contract refers to FSR only through an appendix. The appendix states that the FSR must adhere to the FSR checklist and guidelines. As a result, both the checklist and guidelines are used not only by the regulating authority, but also by the provider, since they form part of the contract to which the provider is a party. In addition to the checklist and

guidelines, all programs must comply with OMRDD's 'generic' regulations, i.e. Parts 624, 633, 635 (as applicable), and the OMRDD Bed Safety Checklist and Users Guide.

Finally, the respite provider is required to determine consumer satisfaction (no less than annually), by interviewing a sample of families and primary consumers and keep records of same.

DEFINITIONS

- Respite- The provision of intermittent, temporary substitute care of a person with a developmental disability on behalf of a primary care giver who is either a family member, a legal guardian or a family care provider. It is a means of providing relief from the responsibilities of daily care giving.
- Respite Center- A program which provides day and overnight respite outside the individual's home. The program is 'free-standing', that is it is operated in its own distinct space.
- Full Day Respite- A respite period of any amount which includes overnight lodging.
- Half Day Respite- A respite period of more than five hours which does not include overnight lodging.
- Hourly Respite- Respite provided in increments of an hour or less, to a maximum of five hours, and not including overnight lodging.

SURVEY INSTRUCTIONS

- Teams receive their assignments from their regional director
- Each FSR must be visited annually prior to the contract expiration date. Contract terms are for one year. FSR contracts for programs outside of New York City expire December 31. Those in NYC expire June 30. It is recommended that surveys be conducted three months in advance of the expiration date in order to allow for processing of the findings.
- Due to the fact that not all FSRs are open seven days a week, it is necessary for all visits to be 'announced' at least seven days in advance and preferably longer. It shall be the joint decision of the survey team and the regional director whether it will be necessary to visit the FSR while there are consumers in residence and to make appropriate arrangements if necessary. Likewise, it may not always be possible to visit an FSR while there are individuals in residence. The survey team must contact the FSR to establish a time when the facility will be open for inspection and review
- Visits will be conducted using the Free Standing Respite checklist, the Part 624, Part 633 and Part 635-8 (TB) checklists. (The provider should utilize the OMRDD BED SAFETY Checklist and User's Guide if there are consumers requiring bed rails.)
- The survey team must contact family members of at least one individual presently or formerly in respite at the FSR. Family members may be contacted prior to or during the team's site visit to afford them an opportunity to share information which may assist in the team's review.
- If there are any issues considered systemic, egregious or pervasive, the team is to issue a Statement of Deficiencies (SOD) and require a Plan of Corrective Action (POCA).
- If there are any issues which are considered imminent danger, the team will follow normal protocols to ensure that the situation is rectified during the site visit.
- Upon completion of the review, the survey team will complete the "Exit Conference Form" and convene an exit conference. Copies are to be distributed as follows:
 - a. Original is retained and given to the regional director
 - b. One copy is given to the provider at the exit conference
 - c. One copy is retained by the team and placed in the program folder
 - d. One copy (e.g. 'Xeroxed') is sent to the appropriate DDSO
- The completed checklists will be filed in the program folder.

Agency Name:		Free-Standing Respite Center Part 1 Division of Quality Assurance Checklist		
Program Address:				
Survey Date(s):				
Surveyor:				
		MET	NOT MET	N/A
Physical Plant Standards				
	1. Safety Standards/Procedures			
J001	A. Occupancy Code: On the date of occupancy, the center must have documentation that the physical site meets the requirements of the most recent edition of the New York State Uniform Fire Prevention and Building Code (9NYCRR Subtitle S, Chapter I) applicable to either Multiple Dwellings (B1 occupancy) or one- and two-family dwellings (A1 or A2 occupancy) for the structure under consideration.			
	B. Additional Safety Standards: Respite centers shall also comply with the following requirements:			
J002	1. Smoke Detection: A single-station hard-wired smoke detector shall be installed adjacent to each bedroom to be clearly audible in adjacent sleeping rooms with intervening doors closed.			
J003	2. There shall be a hard-wired smoke detector on each level of the building excluding inaccessible attics. Alarms must provide adequate fire safety for consumers who may be hearing impaired.			
J004	3. The temperature of hot water accessible to consumers shall be no greater than 110° F.			
J005	4. All bedrooms shall have insect screens.			
J006	5. All bedroom windows above the first story shall have window guards installed.			
J007	6. Maintenance Requirements: a. Each smoke detector shall be tested at least once during each three-month period and a written record kept of the date of the test (or in accordance with manufacturer's recommendations).			

		MET	NOT MET	N/A
J008	C. <u>Fire Extinguishers:</u> The respite center shall install and maintain at least one Class ABC, size 2A-10B:C fire extinguisher in or near the kitchen area and one located near the heating system. In addition, there should be one fire extinguisher on each level of the residence. All staff shall be trained by a qualified party as to their use.			
J009	D. <u>Fire Hazards:</u> The following are prohibited in respite centers: <ul style="list-style-type: none"> - portable space heaters; - the use of kerosene for heating or lighting; and, - wood stoves. 			
J010	E. <u>Fire Safety Plan:</u> 1. An evacuation plan shall be developed and implemented to enable staff to act appropriately in an emergency situation and all staff shall be trained in its implementation and periodically instructed with respect to their duties and responsibilities under the plan. An individual's evacuation capability shall be assessed upon admission to the center, based on the primary caregiver's report on the individual's abilities, and all respite staff apprised of the results to ensure that an individual can be safely evacuated in an emergency. Fire drills shall be conducted bi-monthly and on different shifts (if practical) to ensure appropriate staff action. Written records of fire drills shall be kept.			
J011	2. The telephone numbers of the local police and fire departments shall be posted near every telephone in the respite center.			
J012	F. <u>Door Sizes:</u> 1. Doors from residents' sleeping rooms shall be at least 28" wide, all hall and corridor doors at least 30" wide, and exterior exit doors shall be at least 36" wide. Any doors to be used by consumers using wheelchairs shall be wide enough to accommodate the wheelchair.			
J013	2. Individuals with limited evacuation capability (e.g., wheelchair-bound individuals) are placed in bedrooms close to exits of the respite center and plans are developed for the timely evacuation of such individuals.			
J014	2. <u>Environmental Requirements:</u> A. Night lights of 1½ watts minimum shall be provided in all hallways and bathrooms adjacent to sleeping areas.			
J015	B. All resident-occupied rooms shall have insect screens on the windows.			
J016	3. <u>Design and Space Requirements:</u> A. Each resident bedroom shall contain an individual bed, adequate clothing storage and sufficient space for all furniture and resident passage therein.			

		MET	NOT MET	N/A
17	B. Each resident bedroom shall contain at least 80 sq. ft. (exclusive of closets) for the first bed and at least 60 sq. ft. (exclusive of closets) for each additional bed.			
18	C. Access to any bedroom shall be from a hall or corridor and not through a bathroom, or another bedroom (exit may be direct to the exterior).			
19	D. There shall be no more than two individuals maximum in a bedroom. Respite centers in operation prior to the effective date of this checklist and guidelines may continue their existing bedroom capacity configuration.			
20	E. In addition to bedroom space, at least 30 sq. ft. of space per person shall be provided for living, dining and recreational activities. Dining space shall be furnished to provide for family-like seating during meals.			
21	F. If the program serves non-ambulatory individuals, the building must be accessible and meet the physical, ADL, and programmatic needs of the individual.			
022	4. <u>Housekeeping Requirements:</u> A. The dwelling unit and the grounds shall be clean, well-maintained and free from hazards.			
023	5. <u>The respite center is responsible for:</u> 1. All services normally provided on a daily basis by the primary caregiver which is limited to what is necessary to meet the following individual needs: -- room and board; -- 24-hour supervision, including attention to the individual's social needs; and, -- health and self-care;			
J024	2. Overseeing routine medical care as indicated by the primary caregiver;			
J025	3. Managing any medical emergency including transportation;			
J026	4. Ensuring the provision of transportation to and from the respite center's planned activities (e.g., recreation);			
J027	5. Managing and protecting the individual's personal property;			
J028	6. Managing individual's spending money if requested by the primary caregiver; and,			
J029	7. Providing a system such as a ledger or inventory log which documents personal property/funds.			
J030	8. Providing appropriate age/sex sleeping arrangements.			
J031	9. Developing and adhering to Bed Safety Procedures and guidelines and conformance with the OMRDD Bed Safety Checklist and User's Guide.			
J032	All medication (prescription and over-the-counter) is administered in accordance with medical doctor's orders.			

Agency Name:	Free-Standing Respite Center Part 2 DDSO & Provider Guidelines		
Program Address:			
Survey Date(s):			
Surveyor:			
	MET	NOT MET	N/A
Program Guidelines:			
The respite center shall be open only to persons with a developmental disability as defined by Section 1.03(22) of the Mental Hygiene Law.			
The respite center may serve only persons with a developmental disability whose primary residence is with his or her natural family, a legal guardian, a single household, or an OMRDD-certified family care provider, hereafter referred to as the primary caregiver.			
<u>Criteria for Program Use</u>			
a. Only those individuals who meet the respite center's eligibility criteria may utilize the program.			
b. During the enrollment process, the respite center shall:			
i. Interview and/or observe the prospective individual;			
ii. Interview the primary caregiver in order to determine the health and self-care needs of the individual according to the center's written policy. The areas to be documented shall include, but are not limited to: medical and nursing care needs, behavior management needs (including necessary interventions); level of independence and supervision needs; mobility needs; transportation needs; information about specialized programs (e.g., toileting, behavior management); nutritional needs and preferences; fire evacuation capabilities; and names of individuals responsible for directing and/or monitoring programs (e.g., psychologist, physical therapist);			
iii. Obtain documentation of a comprehensive physical examination by a physician that has been performed not more than 12 months prior to enrollment;			
iv. Arrange for a visit by the prospective individual to the respite center prior to the actual respite stay; and,			
v. Advise the primary caregiver of the standards and procedures used to determine when the enrolled individual has access to the respite program.			
4. <u>Length of Stay:</u>			
A. Planned respite care shall not exceed a maximum of 42 full respite days per calendar year per eligible individual.			

		MET	NOT MET	N/A
B.	Planned respite stay shall not exceed a period of 30 consecutive full respite days.			
C.	Prior approval by OMRDD (DDSO) is required for cases where extended length of stay is necessary.			
D.	<u>Based on information given by the primary caregiver prior to the actual respite stay, the respite center shall:</u>			
	1. Update its enrollment records (self-care/personal hygiene needs, medical/nursing care needs, behavior management needs, etc.) and identify any current special individual needs;			
	2. Document the reason for the respite stay;			
	3. Establish and document the expected duration of the respite stay;			
	4. List the individual's personal property including the amount of spending money brought for use by the individual during the respite stay;			
	5. Record the name and phone number of the person, in addition to the primary caregiver, and the physician(s) who should be called in the event of an emergency;			
	6. Record the name and phone number of the individual's primary physician and any other physicians or medical personnel routinely seen by the individual; and,			
	7. Obtain the signature of the primary caregiver on a medication administration authorization form and on a form that authorizes the center to act on the primary caregiver's behalf in the event of an emergency.			
5.	<u>Staffing:</u>			
	A. The respite center shall have a sufficient number of competent personnel to supervise, operate and maintain the premises in a safe and sanitary condition and to render the services that are to be provided to the individuals on a 24-hour basis.			
	B. The respite center shall have awake staff at all times that individuals are present.			
	C. Staff at the respite center shall be trained on 14 NYCRR Part 624, Reportable Incidents and Client Abuse, including the use of the OMR 147 Form.			
6.	<u>Primary Caregiver and Agency Responsibilities</u>			
	A. <u>The primary caregiver is responsible for:</u>			
	1. providing information about the routine daily care and special care given to the individuals (e.g., medication, allergies, behavior patterns, diet, and seizures);			
	2. transporting the individual to and from the respite center at the beginning and end of the respite stay;			
	3. paying the respite fee, if applicable, in accordance with the established fee schedule;			

	MET	NOT MET	N/A
4. providing appropriate clothing, a sufficient supply of appropriately pharmacy-labeled medication, and spending money for the individual;			
5. ensuring the continuity of the individual's day program, including appropriate transportation arrangements;			
6. arranging for the provision of routine medical care;			
7. specifying preferred arrangements and written consents for medical care in the event of an emergency;			
8. paying for routine and emergency medical care;			
9. arranging and paying for transportation that is not expected to be provided by the respite center;			
10. ensuring that the individual leaves the respite center according to the time-frames established at the beginning of the respite stay; and,			
11. arranging a residential alternative in the event that the individual cannot return to his/her primary residence following the respite stay.			
7. <u>Learning Plan:</u>			
A. The agency shall establish annually, performance targets (milestones) regarding the provision of respite care.			
B. The agency shall routinely, but no less than annually, determine consumer satisfaction by interviewing a sample of families either in person or by telephone and keep records of same.			
C. The agency shall calculate its utilization rate using the following formula (a unit of service is equal to one hour): $\frac{\text{Total Hours Used}}{\text{Total Hours Available}} = \% \text{ Utilization}$			

DQA SURVEYOR NOTE: The shaded checklist items are not required to be reviewed by DQA. They are on the checklist for use by DDSO Family Support Services staff.

	MET	NOT MET	N/A
033 All medications are administered by licensed nurses or other appropriately licensed health care professionals.			
034 All medications (prescription and over-the-counter) are stored appropriately. Medication shall be maintained in the original container in which it was received. All containers shall be labeled. Labels shall be clear and legible.			
035 Does facility maintain individual medication records which document administration?			
036 Is there written information for each medication being used by a person which is specific to that person?			
TAFFING			
037 Are staff competent to provide the services and safeguards needed and preferred by consumers? (Is there evidence that staff have received training in the relevant parts of 14 NYCRR Part 633?)			
038 Are adequate numbers of staff scheduled to meet the service and safeguard needs of consumers?			
039 Are adequate numbers of staff present and on-duty to meet the service and safeguard needs of consumers?			
040 Are staff meeting individuals' safeguarding needs?			
RIGHTS			
J041 Are consumers afforded all rights guaranteed by regulation?			
J042 Have individuals and family members, guardians and correspondents been notified of their rights and responsibilities?			
J043 Do staff know individuals' rights? (Is there evidence that staff have received training in the relevant parts of 14 NYCRR Part 633?)			
J044 Are there no limitations on the rights of any individuals?			
J045 If there are limitations on any individual's rights, is there a clinical justification for the limitation and a specific time period for which it is to remain in effect?			
J046 Do individuals live free from abuse, neglect and intimidation?			
J047 Have individuals been informed of what to do if they have an objection, problem or complaint?			
J048 Do staff interact with participants in a respectful and supportive manner?			
INFECTION CONTROL			
J049 Are staff knowledgeable about the requirements for the confidentiality of HIV-related information?			
J050 Does the facility have adequate mechanisms in place to manage an individual's HIV-related illness(es) or anyone potentially exposed to HIV?			
J051 Can staff identify significant risk circumstances for HIV (e.g., exposure to blood, unprotected sex, handling of contaminated needles)?			

		MET	NOT MET	N/A
52	Are staff aware of applying universal precautions when handling blood/bodily fluids/syringes?			
53	Has the service provider ensured that service recipients are appropriately tested or evaluated for active tuberculosis and that documentation of such testing is maintained?			

FSS Evaluation Checklist

**FAMILY SUPPORT SERVICES
PROGRAM EVALUATION CHECKLIST**

AGENCY NAME: _____

SITE ADDRESS: (Street) _____

PROGRAM NAME: _____

EVALUATORS (S) NAME: _____

POSITION: _____

(City) _____

(Zip) _____

INSTRUCTIONS:

Answer all of the questions in each section. A "YES" answer indicates that the program is satisfactory and acceptable. A "NO" answer indicates need for improvement and may require follow-up activities. "NA" indicates that the question is not applicable or relevant to the program being reviewed. Include any additional information considered important in the "Comments" section.

Reviewer, and/or DDSO staff review the program contract and any modifications or amendments; program's quarterly reports; and number and kind of incident reports before visiting the site and evaluating the program. (N.B.; For programs in operation for less than one year, review the response to the request for proposals (REP). For Free Standing Respite Programs, use the checklist, which is an appendix to the Free Standing Respite Contract).

QUESTIONS

	YES	NO	NA	COMMENTS
I. CONTRACT (may be completed by DDSO)				
1. Has the agency submitted quarterly reports in a timely fashion?				
2. Has the agency submitted satisfactory reports?				
3. Have the quarterly reports reflected good attainment?				
II. PROGRAMMATIC ISSUES				
1. Is the program serving the population specified in the contract?				
2. Is the program serving a minimum the specified number of individuals it is supposed to serve?				
3. Is the program providing the services it was contracted to provide?				
4. Are the activities appropriate for the individuals being served?				

**FAMILY SUPPORT SERVICES
PROGRAM EVALUATION CHECKLIST**

QUESTIONS	YES	NO	N/A	COMMENTS
II. PROGRAMMATIC ISSUES (continued)				
5. Has the agency used local community input in the development and provision of services?				
6. Are the participants actively involved in the program's activities?				
7. Are the activities varied and stimulating?				
8. Is the program still geographically accessible to the population contracted to serve?				
9. Does the program meet the requirements of the Americans with Disabilities Act (ADA)?				
10. Do the activities take advantage of community resources (e.g. schools, generic human service organizations) and offer opportunities for inclusion?				
11. Has the agency involved local groups such as ethnic or cultural organizations and parent or consumer groups in the program?				
12. Is consumer/families satisfaction measured by the agency?				
ADDITIONAL COMMENTS:				

Specify how the community and consumers in distressed communities contribute to the programs.

If yes, how?

**FAMILY SUPPORT SERVICES
PROGRAM EVALUATION CHECKLIST**

QUESTIONS	YES	NO	N/A	COMMENTS
III. STAFFING (Specified questions may be completed by DDSO)				
1. Are the staff friendly and respectful to the program participants and their families?				
2. Do the staff interact with the program participants?				
3. Do the staff interact with the families of the program participants?				
4. Are the staff responsive to the needs of the program participants?				
5. Does there appear to be a sufficient number of staff for the number of participants?				
6. If necessary, are bilingual staff available?				
7. If necessary, are American Sign Language (ASL) staff available?				
8. Do the staff include program participants and/or their families when programmatic decisions have to be made?				
9. Are staff supervised, experienced and trained in serving individuals with development disabilities?				
ADDITIONAL COMMENTS:				
				If no, what additional training is needed?

**FAMILY SUPPORT SERVICES
PROGRAM EVALUATION CHECKLIST**

QUESTIONS		YES	NO	N/A	COMMENTS
V.	FISCAL MANAGEMENT (may be completed by DDSO)				
1	Are the funds provided being used appropriately?				
2	Are funds provided being used for activities that directly benefit the program's participants/families?				
3	Are the expenditures consistent with the contract requirements?				

ADDITIONAL COMMENTS:

**FAMILY SUPPORT SERVICES
PROGRAM EVALUATION CHECKLIST**

Consumer Questionnaire (for program participants/family members)

VI. AGENCY NAME: _____ **PROGRAM NAME:** _____ **SITE ADDRESS:** _____

INSTRUCTIONS: Information form program participants and their families is essential in determining consumer satisfaction. This may be completed using a face-to-face or telephone Interview, or may be mailed to consumers to complete and return. Please use back of form for any additional comments.

1a. How would you rate the services provided? Excellent Good Fair Poor
Comments:

b. For family reimbursement, were you funded: Fully Partially Offered Alternatives

2. What do you like best about the program?

3. What do you like least about the program?

4. What suggestions do you have for improving this program?

5. What difficulties, if any, have you encountered in using the service? (e.g. limited hours, limited days, transportation, high staff turnover)

6. If this service has had a positive impact on the family, please describe (e.g. responsive to some unique needs of you family).

7. Have you had any problems with the program or the agency operating the program over the past year which have not been resolved? IF yes, please explain.

8. What is the procedure for registering concerns or complaints?

9. IS there anything else you would like us to know about this program? YES NO

10. Have you ever completed a Confidential Needs Identification (DDP4) form? YES NO

ADDITIONAL COMMENTS:

NAME: (Optional)

INTERVIEWER (If using telephone survey):

**FAMILY SUPPORT SERVICES
PROGRAM EVALUATION CHECKLIST**

VII. SUMMARY RECOMMENDATIONS (Instructions: Based on the results of the evaluation in each section, complete and following summary. Some sections may need the contract requirements and others may not. Where "NO" is checked, list follow-up activities in comments.)

A. CHECKLIST SECTION	Meets Contract Requirements		COMMENTS
	YES	NO	
I. Contract (may be completed by DDSO)			
II. Programmatic Issues			
III. Staffing			
IV. Environment (Out-of-Home)			
V. Fiscal Management (may be completed by DDSO)			

B. CONSUMER QUESTIONNAIRE (Section VI) in summary of all questionnaires, how is service rated

(Enter totals of each rating) Excellent Good Fair Poor

C. RECOMMENDATIONS (Instructions: Check all that apply. Please note any changes must reflect the stated and priorities of the family support services program in the DDSO including the sub location for distressed communities.)

- Program should continue without significant changes.
- Program should continue, but requires the following corrections: _____
- Program should continue at current contract amount.
- Program should be enhanced. (Please specify below any excellent or outstanding features).
- Programs should be merged with another program. (Specify below which program).
- Programs should be eliminated. (Highlight below the reasons)

ADDITIONAL COMMENTS:

FSS EVALUATORS: _____ POSITION: _____ DATE: _____
 SIGNATURE: _____ PRINT NAME: _____