

2017 QMR OPR Scoring Descriptors

FOLLOW-UP

STANDARD	REFERENCES	SUPPORTING EVIDENCE & SCORING
SECTION 2 - QUALITY IMPROVEMENT		
2.1 Plan(s) for Improvement in response to citations / recommendations from the most recent reviews (licensing, MDHHS, PIHP or accrediting body, etc.) has been submitted to the appropriate agency.	<i>Provider Contract requirement</i>	Supporting Evidence: Plan(s) for improvement submitted to monitoring agencies complete with dates and corrective action plans. Scoring: 2 - Plan(s) complete and submitted within time frames, or no recommendations or citations from recent reviews. 1 - Plan(s) does not address all items for correction or not completed within time frames. 0 - No response has been implemented to citations/recommendations from recent reviews
2.3 All citations by PIHP, CMH and MDHHS BH/IDD or licensing divisions have been corrected.	<i>Provider Contract requirement</i>	Supporting Evidence: Documentation of trainings conducted, repairs made, changes made to policies, forms, procedures, etc., as identified in corrective action plan(s). Scoring: 2 - Follow up complete and done within time frames, or no recommendations or citations from recent reviews. 1 - Improvements address most, but not all, items cited for correction, or not completed within time frames. 0 - No response or very limited response implemented to address citations/recommendations and due date is past.
SECTION 7 - TRAINING		
A - All Direct Service Staff		
7.A.1 Recipient Rights Protection (including confidentiality, mandatory reporting requirement for incidents, abuse & neglect) (within 30 days of hire; annual update thereafter).	<i>MH Code: 330.1755(5)(f)</i>	Supporting Evidence: For all training and personnel items, the review team will verify by a review of staff personnel files or training records. Scoring: 2 - 95-100% of staff selected completed each required training item within the stated timeframes. 1 - 75-94.4% of staff completed the required training item within the stated timeframes. 0 - Less than 75% of staff have completed the training within the stated timeframes.
7.A.2 Person-Centered Planning (aka Individualized Service Planning) (within 60 days of hire; annual update thereafter).	<i>MDHHS Master Contract Attachment P.4.4.1.1</i>	Supporting Evidence: For all training and personnel items, the review team will verify by a review of staff personnel files or training records. Scoring: 2 - 95-100% of staff selected completed each required training item within the stated timeframes. 1 - 75-94.4% of staff completed the required training item within the stated timeframes. 0 - Less than 75% of staff have completed the training within the stated timeframes.
7.A.3 Cultural Diversity / Competency / Awareness (within 6 months of hire; annual update thereafter).	<i>MDHHS Master Contract Part II(A); 4.5 42 CFR 438.206</i>	
7.A.4 Blood borne Pathogens (Preventing Disease Transmission, Infection Control) (within 30 days of hire; annual update required).	<i>MIOSHA R 325.70016</i>	
7.A.5 Limited English Proficiency (LEP) (within 6 months of hire).	<i>MDHHS Master Contract Part I; 18.16 Office of Civil Rights Policy Guidance on the Title VI Prohibition Against Discrimination</i>	
7.A.6 HIPAA (within 30 days of hire).	<i>45 CFR 164.308(a)(5)(i) & 45 CFR 164.503.(b)(1)</i>	
7.A.7 Corporate Compliance (within 30 days of hire; annual update thereafter).	<i>Medicaid Integrity Program (MIP) Deficit Reduction Act (DRA)</i>	
7.A.8 Individual Plans of Service and Ancillary Plans (there is evidence that staff have been trained in the IPOS and in any applicable Support Plan for Individuals in their care before the provision of direct care [Behavior Treatment Plan, PT, OT, Nursing, etc.]).	<i>Michigan Mental Health Code 330.1708</i>	Supporting Evidence: Staff meeting minutes, training sign-ins, staff files. Scoring: 2 - 95-100% of staff selected completed each required training item within the stated timeframes. 1 - 75-94.4% of staff completed the required training item within the stated timeframes. 0 - Less than 75% of staff have completed the training within the stated timeframes.

2017 QMR OPR Scoring Descriptors

FOLLOW-UP

STANDARD	REFERENCES	SUPPORTING EVIDENCE & SCORING
7.A.9 Non-Aversive Techniques for Prevention and Treatment of Challenging Behavior (MDHHS approved curriculum if restricted interventions included) (within 30 days of hire and annual updates, if working with individuals with challenging behavior)	MDHHS Master Contract Attachment P.1.4.1 and R 330.1806	
7.A.10 Customer Services within 30 days of hire and annually for all in the following roles: <ul style="list-style-type: none"> - Psychiatrists/Nurses- - Peer support specialists - Recovery coaches - Reception staff - Service supervisors/directors of the above listed staff - Minimum one person per site for all other services (MH and SUD) 	MDHHS Master Contract Attachment P.1.4.1 and R 330.1806 42 CFR 438.400-424 MDHHS Master Contract Attachment P 6.3.1.1	
B - Specialized Residential Services		
7.B.1 CPR (within 60 days as necessary for job duties; ongoing as required per the training program - usually every 2 to 3 years).	R 400.14204	Supporting Evidence: For all training items, the review team will verify by a review of staff personnel files or training records. Scoring: 2: 95-100% of staff selected completed each required training item within the stated timeframes. 1: 75-94.4% of staff completed the required training item within the stated timeframes. 0 - Less than 75% of staff have completed the training within the stated timeframes.
7.B.2 First Aid (within 60 days as necessary for job duties; ongoing as required per the training program - usually every 2 to 3 years). BHT Behavior Technicians must have first aid certifications.	Medicaid Provider Manual 2.4	Supporting Evidence: For all training items, the review team will verify by a review of staff personnel files or training records. Scoring: 2: 95-100% of staff selected completed each required training item within the stated timeframes. 1: 75-94.4% of staff completed the required training item within the stated timeframes. 0 - Less than 75% of staff have completed the training within the stated timeframes.
7.B.3 Advance Directives (All in the following roles: Primary clinicians, Access/UM staff, Customer Services, Psychiatrists/nurses, Peer Support Specialists, Service supervisors/directors of the above listed staff)	42 CFR 422.128 42 CFR 438.3 MDHHS Master Contract Part II(A) 7.10.5	
7.B.4 Grievances and Appeals within 30 days of hire and annually for all in the following roles: • Primary clinicians & SUD therapists (including residential/detox) • Access/UM staff, • Customer Services, • Service supervisors/directors of the above listed staff	42 CFR 438.400-424 MDHHS Master Contract Attachment P 6.3.1.1	
7.B.5 MDHHS three-day Wraparound Facilitator training (within 90 days of hire for Wraparound facilitators, and supervisors who are working with families)	Medicaid Provider Manual 3.29.B	
7.B.6 MDHHS Wraparound trainings (2 within 12 months of hire and 2 per calendar year thereafter for wraparound supervisors and facilitators. Supervisors must include one supervisory training).	Medicaid Provider Manual 3.29.B	
7.B.7 MDHHS approved Clubhouse-specific training (within 6 months of hire and annually thereafter) for Clubhouse staff.	Medicaid Provider Manual 5.8	
7.B.8 ACT training - MDHHS approved (within six months of hire and annual updates for ACT staff except physicians)	Medicaid Provider Manual 4.3	
7.B.9 ACT physician training - MDHHS approved (within 12 months of hire for ACT physicians)	Medicaid Provider Manual 4.3	
7.B.10 Registered Behavior Technician (RBT) training - for Behavior Technicians. Prior to delivering behavioral health treatment services.	Medicaid Provider Manual 18.12	
7.B.11 Child and Family specific training (24 hours annually for Child Mental Health Professionals - CMHPs)	Children's Diagnostic and Treatment Services Program requirement	
7.B.12 LOCUS training (prior to administering and booster as required by MDHHS or SWMBH clinical policy - LOCUS assessors)	MDHHS Master Contract Part II(A) 7.7.3	

2017 QMR OPR Scoring Descriptors

FOLLOW-UP

STANDARD	REFERENCES	SUPPORTING EVIDENCE & SCORING
7.B.13 ASAM training (prior to administering and booster as required by MDHHS or SWMBH clinical policy - ASAM assessors)	<i>MDHHS Master Contract Attachment P.II.B.A.</i>	
7.B.14 SIS training (prior to administering and booster as required by MDHHS or SWMBH clinical policy - SIS assessors)	<i>MDHHS Master Contract Part II(A) 7.7.3</i>	
7.B.15 CAFAS/PECFAS training (prior to administering and booster every two years - CMHPs)	<i>Medicaid Provider Manual 7.2.B</i>	
7.B.16 Role of Direct Care Workers/Working with People (prior to working independently with customers or as lead staff; or within 90 days of hire).	<i>Specialized Residential Licensing Rules R 330.1806</i>	Supporting Evidence: For all training items, the review team will verify by a review of staff personnel files or training records. Scoring: 2: 95-100% of staff selected completed each required training item within the stated timeframes. 1: 75-94.4% of staff completed the required training item within the stated timeframes. 0 - Less than 75% of staff have completed the training within the stated timeframes.
7.B.17 Health Administration (prior to working independently with customers or as lead staff; or within 90 days of hire).	<i>Specialized Residential Licensing Rules R 330.1806</i>	
7.B.18 Medication Administration (prior to working independently with customers or as lead staff; or within 90 days of hire).	<i>Specialized Residential Licensing Rules R 330.1808</i>	
7.B.19 Nutrition (prior to working independently with customers or as lead staff; or within 90 days of hire).	<i>Specialized Residential Licensing Rules R 330.1809</i>	
7.B.20 Emergency Preparedness (prior to working independently with customers or as lead staff; or within 90 days of hire).	<i>Specialized Residential Licensing Rules R 330.1810</i>	
7.B.21 Introduction to Special Needs MI/DD (prior to working independently with customers or as lead staff; or within 90 days of hire).	<i>Specialized Residential Licensing Rules R 330.1811</i>	
SECTION 8 - CREDENTIALING AND PERSONNEL MANAGEMENT REQUIREMENTS		
CAFAS/PECFAS training (prior to administering and booster every two years - CMHPs)		
8.1 The provider has written job descriptions for all positions. Each job description shall specifically identify all of the following: a. Job Title b. Tasks & Responsibilities c. The skills, knowledge, training, education, and experience required for the job d. Recovery-based (as appropriate), person-centered and culturally competent practices.	<i>R 325.14112 PIHP Policy 1.2 SWMBH-Provider Contracts</i>	Supporting Evidence: The review team will verify by a review of staff personnel files. Scoring: 2 - 95-100% of staff selected meet criteria and have required documentation. 1 - 75-94.4% of staff selected meet criteria and have required documentation. 0 - Less than 75% staff selected meet criteria and have required documentation.
8.2 Individuals have been credentialed prior to providing services that require credentialing. Re-credentialing occurs at least every 2 years or as required by accreditation, and includes: -updated attestation to credentialing application questions and any other updates to credentialing application information, -verification of valid and current licensure to practice in the State of Michigan, -verification of current malpractice insurance, -review of any quality concerns (if applicable), -verification that the practitioner has not been excluded from participation in Medicaid through OIG check, -verification of licensure limitations or malpractice suites reported through LARA or other issuing state database, or NPDB check	<i>MDCH Contract attachment P.6.4.3.1 PIHP Policy 2.2 & 2.3</i>	Supporting Evidence: The review team will verify by a review of staff personnel files. Scoring: 2 - 95-100% of staff selected meet criteria and have required documentation. 1 - 75-94.4% of staff selected meet criteria and have required documentation. 0 - Less than 75% staff selected meet criteria and have required documentation.

2017 QMR OPR Scoring Descriptors

FOLLOW-UP

STANDARD	REFERENCES	SUPPORTING EVIDENCE & SCORING
<p>8.3 Staff shall possess the appropriate qualifications as outlined in their job descriptions, including the qualifications for all the following:</p> <p>A. Educational background (Primary source verification required)</p> <p>B. Relevant work experience</p> <p>C. Certification, registration, and licensure as required by law. (Primary source verification required)</p>	<p><i>MDCH Contract attachment P.6.4.3.1</i> <i>PIHP Policy 2.2</i></p>	<p>Supporting Evidence: The review team will verify by a review of staff personnel files.</p> <p>Scoring: 2 - 95-100% of staff selected meet criteria and have required documentation. 1 - 75-94.4% of staff selected meet criteria and have required documentation. 0 - Less than 75% staff selected meet criteria and have required documentation.</p>
<p>8.4 Criminal Background Checks: there is evidence that provider conducts verification of criminal background checks prior to hire using the protocol required by SWMBH policy 2.16, including documentation of approval of waiver for employees with exclusionary convictions.</p>	<p><i>Contract Requirement; Public Act 59 (PA 218 400.734a); 5) AFC Licensing Rules: R.400.14201.13 (SGH); R.400.1404.6 (FH); PIHP Policy 2.16</i></p>	<p>Supporting Evidence: The review team will verify by a review of staff personnel files that AFCs and hospitals are using the Michigan Workforce Background Check System and that each employee was registered prior to hire. For other services, it will be verified through a review of files that criminal background checks were completed prior to hire and bi-annually thereafter. Documentation of approved waiver must be present for employees with exclusionary convictions. If the Michigan Workforce Background Check System is being used, annual checks are not needed.</p> <p>Scoring: 2 - 95-100% of staff selected meet criteria and have required documentation. 1 - 75-94.4% of staff selected meet criteria and have required documentation. 0 - Less than 75% staff selected meet criteria and have required documentation.</p> <p>Note: For AFCs and inpatient, if hired prior to 2001, there was no criminal background check requirement prior to hire; however, annual checks were required from 2001 forward unless exempt. Finger printing became required in 2006.</p>
<p>8.5 Driver's License: A) there is documented evidence of verification of status of driver's license at the time of hire and B) ongoing monitoring of the status of the driver's license of every staff member who transports persons served.</p>	<p><i>SWMBH Contract requirement</i></p>	<p>Supporting Evidence: The review team will verify by a review of staff personnel files that driver's license checks have been completed prior to hire and annually thereafter for staff who transport persons served.</p> <p>Scoring: 2 - 95-100% of staff selected meet criteria and have required documentation. 1 - 75-94.4% of staff selected meet criteria and have required documentation. 0 - Less than 75% staff selected meet criteria and have required documentation.</p>
<p>8.6 Personnel Performance Management: there is documented evidence that program has an adequate system to support, monitor and complete at least annual performance evaluations of staff who provide direct care services.</p>	<p><i>DHHS Site Visit Protocol B.1.3, 4.4.2(e), 5.4.2, 6.4.2, 7.4.1, 8.3.2</i></p>	<p>Supporting Evidence: The review team will verify by a review of staff personnel files that performance evaluations are completed minimally on an annual basis. The team will verify through interview and review supervision notes (if applicable) that the organization has a system in place for the clinical supervision of clinical staff members.</p> <p>Scoring: 2 - 95-100% of staff selected had an annual performance evaluation; the organization has a system in place for providing clinical supervision to credentialed staff. 1 - 75-94.4% of staff selected had an annual performance evaluation and the organization has a system in place for providing clinical supervision to credentialed staff. 0 - Less than 75% staff selected had an annual performance evaluation; or the organization does not have a system in place for providing clinical supervision to credentialed staff.</p>

2017 QMR OPR Scoring Descriptors

FOLLOW-UP

STANDARD	REFERENCES	SUPPORTING EVIDENCE & SCORING
8.7 Monitoring for Exclusion from Participation in Federal Healthcare Programs. Each employee is to be run through OIG and SAM exclusion databases prior to hire and annually thereafter.	PIHP Policy 10.13	<p>Supporting Evidence: The review team will verify by a review of staff personnel files that monitoring for exclusion from federal healthcare programs occurs prior to hire and annually thereafter. (Note - individuals with controlling interests in the organization may have ongoing OIG exclusion checks run through SWMBH's compliance dept. If it's confirmed that SWMBH has been supplied with all necessary information to run the checks, full credit should be given for those individuals for OIG screening).</p> <p>Scoring: 2 - 95-100% of staff selected meet criteria and have required documentation. 1 - 75-94.4% of staff selected meet criteria and have required documentation. 0 - Less than 75% staff selected meet criteria and have required documentation.</p>
SECTION 9 - HOME AND COMMUNITY BASED SERVICES - CONSULTATIVE		
9.1 Residents have access to their personal funds.	DHHS site visit 42 CFR Part 430, 431 et al.	<p>Standards: Customers can control their own resources and finances and access their money if desired.</p> <p>Methods: Discussions with customers</p> <p>Sample Probing Questions</p> <ul style="list-style-type: none"> • Do you have the option of having personal bank accounts? • How does the facility ensure recipients have access to their funds when they want access?
9.2 Does each individual have a residential agreement for the residential setting, which is in compliance with the Resident Care Agreement BCAL- 3266 requirement?	DHHS site visit 42 CFR Part 430, 431 et al.	<p>Standards: The customer has landlord/tenant protections, is protected from eviction and afforded appeal rights just as persons not receiving Medicaid HCB services.</p> <p>Methods: Discussion with provider and customer.</p> <p>Sample Probing Questions</p> <ul style="list-style-type: none"> • Does the recipient have a current residency agreement using the LARA approved form? • Do customers know their housing rights? • Is there an appeal process for 30-day notices?
9.3 Can individuals close and lock their bedroom and bathroom doors (with locks that may be unlocked from the inside with one turn of the doorknob)?	DHHS site visit 42 CFR Part 430, 431 et al.	<p>Standards: Customers have the right to privacy including lockable doors to their living quarters unless the recipient's physical or cognitive condition means their safety could be compromised if afforded privacy. Reasons to impede a person's right to privacy are fully and accurately documented in the assessment and treatment plan.</p> <p>Methods: Observation and discussions with customers.</p> <p>Sample Probing Questions</p> <ul style="list-style-type: none"> • Does the recipient's room and bathroom have a locking door? • Can the recipient's room and bathroom be unlocked from the inside with one turn of the handle?
9.4 Do individuals have options for who provides their supports and services within the home?	DHHS site visit 42 CFR Part 430, 431 et al.	<p>Standards: Customers have input into who provides their personal care and other supports and services.</p> <p>Methods: Discussions with provider and customers.</p> <p>Sample Probing Questions</p> <ul style="list-style-type: none"> • Do individuals have choices regarding who provides their personal care or other supports? • Are options available to individuals regarding who provides their personal care or other supports?
9.5 Do individuals arrange and control their personal schedule of daily appointments and activities?	DHHS site visit 42 CFR Part 430, 431 et al.	<p>Expectation: Customers are allowed to choose how to spend their day including their sleeping schedule (e.g., wake up and bedtimes, scheduled or unscheduled naps) and are allowed to vary their schedule at will in accordance with their person-centered plan.</p> <p>Methods: Observation.</p> <p>Sample Probing Questions</p> <ul style="list-style-type: none"> • How does the facility ensure a recipient knows they do not have to follow a prescribed schedule for activities of daily living and social activities?

2017 QMR OPR Scoring Descriptors

FOLLOW-UP

STANDARD	REFERENCES	SUPPORTING EVIDENCE & SCORING
9.6 Does the setting place restrictions on an individual's ability to come and go from the home setting?	DHHS site visit 42 CFR Part 430, 431 et al.	Standards: Customers have full access to the community and are allowed to come and go from the facility, as they desire, unless the recipient's safety would be jeopardized. Home is free of gates, locked doors, or other ways to block entering/exiting. Reasons to restrict movement are documented in the facility's recipient record. Attempts to mitigate safety issues prior to revoking a recipient's right to freedom of movement are documented in the assessment and treatment plan. Methods: Observation and discussions with provider and customers. Sample Probing Questions <ul style="list-style-type: none"> • Are customers able to come and go from the facility and its grounds when they wish? • Does the facility impose a curfew, or otherwise restrict customers' ability to enter or leave the facility at will?
9.7 Is accessible transportation available for individuals to make trips within the community?	DHHS site visit 42 CFR Part 430, 431 et al.	Standards: Transportation is provided or arranged to community activities such as shopping, restaurants, religious institutions, senior centers, etc. The facility should have a policy for requesting transportation and customers should be made aware of the policy. Methods: Discussion with provider. Observe sign-up sheets, instructions on how to request transportation, etc. Sample Probing Questions <ul style="list-style-type: none"> • Provide/describe the facility's policies and procedures regarding transportation to community activities?
SECTION 10 - HOME AND COMMUNITY BASED SERVICES (EMPLOYMENT) - CONSULTATIVE		
10.1 Do individuals interact with coworkers/volunteers who do not have disabilities?	42 CFR Part 430, 431 et al.	Standards: Individuals have opportunities to seek employment and work in competitive integrated settings to the same degree of access as individuals not receiving Medicaid HCBS. 42 CFR 441.301 (c)(4)(i) Methods: Discussions with customers and providers
10.2 Do individuals contact or connect with individuals from the community/public?	43 CFR Part 430, 431 et al.	Standards: Individuals are part of the local community life, which must include what is of interest to the person, e.g. faith based activities, volunteer opportunities, local events, but must occur outside of the service setting. Methods: Discussions with customers and providers
10.3 Does the employment/volunteer setting allow individuals to schedule their work/volunteer hours or days similar to their coworkers/other volunteers who do not have disabilities?	44 CFR Part 430, 431 et al.	Standards: Individuals have opportunities to seek employment and work in competitive integrated settings to the same degree of access as individuals not receiving Medicaid HCBS. 42 CFR 441.301 (c)(4)(i) Methods: Discussions with customers and providers
10.4 Does the employment/volunteer setting allow individuals to schedule their breaks and/or lunch times similar to their coworkers/other volunteers who do not have disabilities?	45 CFR Part 430, 431 et al.	Standards: Individuals have opportunities to seek employment and work in competitive integrated settings to the same degree of access as individuals not receiving Medicaid HCBS. 42 CFR 441.301 (c)(4)(i) Methods: Discussions with customers and providers
10.5 Do individuals perform tasks similar to coworkers/volunteers who do not have disabilities?	46 CFR Part 430, 431 et al.	Standards: Individuals have opportunities to seek employment and work in competitive integrated settings to the same degree of access as individuals not receiving Medicaid HCBS. 42 CFR 441.301 (c)(4)(i) Methods: Discussions with customers and providers
10.6 Do individuals have access to and control of their work earnings?	47 CFR Part 430, 431 et al.	Standards: Individuals can control their own money, possessions and all other resources with appropriate help, which may include a financial coach, payee responsibility, etc. Methods: Discussions with customers and providers
10.7 Do individuals who need personal assistance at work receive this support in a private, appropriate place?	48 CFR Part 430, 431 et al.	Standards: Individuals receiving services are ensured their rights of privacy, dignity and respect. 42 CFR 441.301 (c)(4)(iii) Methods: Discussions with customers and providers
10.8 Do individuals have employee benefits (vacation, medical benefits) similar to coworkers who do not have disabilities?	48 CFR Part 430, 431 et al.	Standards: Individuals have opportunities to seek employment and work in competitive integrated settings to the same degree of access as individuals not receiving Medicaid HCBS. 42 CFR 441.301 (c)(4)(i) Methods: Discussions with customers and providers

2017 QMR OPR Scoring Descriptors

FOLLOW-UP

STANDARD	REFERENCES	SUPPORTING EVIDENCE & SCORING
SECTION 11 - HOME AND COMMUNITY BASED SERVICES (CLS IN PROVIDER OWNED/CONTROLLED SETTINGS) - CONSULTATION		
11.1 Residents in supportive independent housing have access to their personal funds.	42 CFR Part 430, 431 et al.	<p>Standards: Customers can control their own resources and finances and access their money if desired.</p> <p>Methods: Discussions with customers and provider.</p> <p>Sample Probing Questions</p> <ul style="list-style-type: none"> • Do you have the option of having personal bank accounts? • How does the provider ensure recipients have access to their funds when they want access?
11.2 Does each individual have a lease for their residential setting, which provides them with eviction and appeal rights?	43 CFR Part 430, 431 et al.	<p>Standards: The customer has landlord/tenant protections, is protected from eviction and afforded appeal rights just as persons not receiving Medicaid HCB services.</p> <p>Methods: Observation or discussion with provider and customer.</p> <p>Sample Probing Questions</p> <ul style="list-style-type: none"> • Does the recipient have a written lease or residency agreement? • Do customers know their housing rights? • Is there an appeal process for 30-day notices?
11.3 Can individuals close and lock their bedroom and bathroom doors (with locks that may be unlocked from the inside with one turn of the doorknob)?	44 CFR Part 430, 431 et al.	<p>Standards: Customers have the right to privacy including lockable doors to their living quarters unless the recipient's physical or cognitive condition means their safety could be compromised if afforded privacy. Reasons to impede a person's right to privacy are fully and accurately documented in the assessment and treatment plan.</p> <p>Methods: Observation.</p>
11.4 Do individuals have options for who provides their supports and services?	45 CFR Part 430, 431 et al.	<p>Standards: Customers have input into who provides supports and services. Choices are presented in such a way that they are clearly understood by the person.</p> <p>Methods: Discussions with provider and customers.</p> <p>Sample Probing Questions</p> <ul style="list-style-type: none"> • Do individuals have choices regarding who provides their supports? • Are options available to individuals regarding who provides their supports?
11.5 Does the residence allow friends and family to visit without rules on hours or times? Is there space within the home for individuals to meet with visitors and have private conversations?	46 CFR Part 430, 431 et al.	<p>Standards: Customers are allowed to choose how to spend their day including their sleeping schedule (e.g., wake up and bedtimes, scheduled or unscheduled naps) and are allowed to vary their schedule at will in accordance with their person-centered plan. Choices are presented in such a way that they are clearly understood by the person.</p> <p>Methods: Observation.</p> <p>Sample Probing Questions</p> <ul style="list-style-type: none"> • How does the provider ensure a recipient knows they do not have to follow a prescribed schedule for activities of daily living and social activities?
11.6 Can individuals choose what to eat, who to eat with (alone or with others), and when to eat, (do individuals have access to food at any time)?	47 CFR Part 430, 431 et al.	<p>Standards: The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.</p> <p>Methods: Observation.</p> <p>Sample Probing Questions</p> <ul style="list-style-type: none"> • How does the provider ensure a recipient knows they do not have to follow a prescribed schedule for activities of daily living and social activities?

2017 QMR OPR Scoring Descriptors

FOLLOW-UP

STANDARD	REFERENCES	SUPPORTING EVIDENCE & SCORING
11.7 Does the setting place restrictions on an individual's ability to come and go at will?		<p>Standards: Customers have full access to the community and are allowed to come and go, as they desire, unless the customer's safety would be jeopardized. Supported independent placements are free of gates, locked doors, or other ways to block entering/exiting. Reasons to restrict movement are documented in the facility's recipient record. Attempts to mitigate safety issues prior to revoking a recipient's right to freedom of movement are documented in the assessment and treatment plan.</p> <p>Methods: Observation and discussions with provider and customers.</p> <p>Sample Probing Questions</p> <ul style="list-style-type: none"> • Are customers able to come and go when they wish? • Does the provider restrict customers' ability to come and go at will?
11.8 Is accessible transportation available for individuals to make trips within the community?	48 CFR Part 430, 431 et al.	<p>Standards: Public transportation is available and accessible, or transportation is provided/ arranged to community activities such as shopping, restaurants, religious institutions, senior centers, etc.</p> <p>Methods: Observation and discussion</p> <p>Sample Probing Questions</p> <ul style="list-style-type: none"> • Provide/describe the provider's policies and procedures regarding transportation to community activities?
SECTION 12 - HOME AND COMMUNITY BASED SERVICES (Day Programs) - CONSULTATIVE		
12.1 Can individuals schedule their hours and days at the day program?	41 CFR Part 430, 431 et al.	Methods: Discussions with customers and providers
12.2 Can individuals schedule their breaks and/or lunch times at the day program?	42 CFR Part 430, 431 et al.	Methods: Discussions with customers and providers
12.3 If individuals need personal assistance while attending their day program do they receive it in a private, appropriate place?	43 CFR Part 430, 431 et al.	Methods: Discussions with customers and providers
12.4 Is accessible transportation available to individuals to make trips to the community? Accessible transportation means having transportation services going where and when one wants to travel.	44 CFR Part 430, 431 et al.	Methods: Discussions with customers and providers
12.5 If public transit is limited or unavailable, do individuals have another way to access the community?	45 CFR Part 430, 431 et al.	Methods: Discussions with customers and providers
12.6 Can individuals move around the nonresidential setting, as appropriate and to the same extent that individuals who do not have disabilities?	46 CFR Part 430, 431 et al.	Methods: Discussions with customers and providers
12.7 Is the nonresidential setting physically accessible to all individuals (For example, does it have grab bars, a wheelchair ramp if needed)?	47 CFR Part 430, 431 et al.	Methods: Discussions with customers and providers
12.8 Can individuals reach and use equipment as they need it?	48 CFR Part 430, 431 et al.	Methods: Discussions with customers and providers
12.9 Do individuals have a place to store and secure their belongings away from others?	42 CFR Part 430, 431 et al.	Methods: Discussions with customers and providers