

Standard of Care	Surveyor Notes	MET	NOT MET	NA
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**Agency/Region:**  
**Surveyor:** **Date/Time:**  
**Administrative Personnel Interviewed and Title:**

- Services** (Circle those that the Agency provides):
- **2018 Living Care Arrangement:** Supported Living – Family Living - Intensive Medical Living Supports - Customized In-Home Supports
  - **2018 Community Inclusion:** Customized Community Supports – Community Integrated Employment Services

**Surveyor Instruction:** This tool is used to determine the Agency's compliance with Agency requirements not related to Individual served services. The surveyor must if these are in place and being implemented. If found NOT MET, surveyor must meet with the Administrator to ask for evidence of document & implementation.

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**General**

<p><b>Does the Agency have Provider Agreement?</b></p> <p><i>Surveyor Instruction:</i> This cite is extremely rare and is only used if services are being provided that the providers have not been approved to provide. Unless this has occurred, this is to be NA.</p>	Tag #1A42			
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<p><b>Does the Agency have an RN with current licensure on staff or contract?</b></p> <p><i>Surveyor Instruction:</i> A Registered Nurse (RN) licensed by the State of New Mexico must be employees or sub-contracted by Provider Agencies providing nursing through a bundled model in Supported Living, Intensive Medical Living Services (IMLS), Customized Community Supports Group (CCS-G) or separately budgeted through Adult Nursing Services for Family Living ( Family Living Providers must be ANS providers for their clients.). An LPN may not provide service without an RN supervisor. All DD Waiver Nursing services must be provided by a Registered Nurse (RN) or licensed practical nurse (LPN) with a current New Mexico license in good standing. If contracted, you must document the term of the contract. You will also need to verify the nurse license either by reviewing a copy of the license or looking it up at <a href="http://nmbon.sks.com/verification.aspx">http://nmbon.sks.com/verification.aspx</a>. For this to be met the agency must have an RN who is employed / sub-contracted and have a valid license to practice in New Mexico issued by the NM Board of Nursing or Interstate nursing compact agreement.</p>	Tag #1A15 (CoP)			
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<p><b>Is the Agency following and implementing the use of General Events Reporting (GER) as required by standards?</b></p> <p><i><b>Surveyor Instruction:</b> The purpose of General Events Reporting (GER) is to report, track and analyze events, which pose a risk to adults in the DD Waiver program, but do not meet criteria for ANE or other reportable incidents as defined by the IMB. DD Waiver Provider Agencies who provide CIHS, FL, IMLS, SL, CCS, CIES, Adult Nursing and Case Management must use GER in the Therap system. If no one in your sample has a GER over the course of the last year, you must verify the Agency is using GER in the Therap system for others in the agency. This can only be met if the agency is using GER.</i></p>	Tag #1A43			
<p><b>Does the Agency have back-up or on-call policy and procedure?</b></p> <p><i><b>Surveyor Instructions:</b> The Agency must have an on-call policy. This cannot be met if there is no on-call P&amp;P.</i></p>	Tag #1A05 (CoP)			
<p><b>Does the Agency have Incident Management Procedures that comply with the current NM Department of Health Incident Management Guide?</b></p> <p><i><b>Surveyor Instructions:</b> As part of the Provider Agreement, the Agency must have Incident Management Procedures that comply with the current NM Department of Health Improvement Incident Management Guide (July 2014). This cannot be met if there is no IM P&amp;P or if it does not comply with NMAC 7.1.14.</i></p>	Tag #1A05 (CoP)			
<p><b>During the on-site survey was the survey team provided access to agency sites and records as required in NMAC 7.14.2 “Community Based Services - Quality management system and review requirements for providers of community-based services”?</b></p> <p><i><b>Surveyor Instruction:</b> During the on-site review you should be provided reasonable access to agency files and sites. If you are denied access would be not met and you must outline what occurred, including date time and location this occurred and the events which occurred. This is only to be used when access is being denied and not given during the survey.</i></p>	Tag #1A44			

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<b>Client Rights</b>				
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<p><b>Does the Agency have a Human Rights Committee consisting of all required members?</b></p> <p><b>Surveyor Instructions:</b> HRCs are required for all Living Supports (Supported Living, Family Living, Intensive Medical Living Services), Customized Community Supports (CCS) and Community Integrated Employment (CIE) Provider Agencies. The HRC committee must include: at least one member with a diagnosis of I/DD; a parent or guardian of a person with I/DD; and a member from the community at large that is not associated with DD Waiver services. If the agency has an HRC and includes all members identified above this is met.</p>	<p>Tag #1A31.2</p> <p>List Required Committee Members:</p> <p>Individual w/ I/DD: _____</p> <p>Parent/Guardian of Individual w/ I/DD: _____</p> <p>Member from the Community: _____</p>			
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<p><b>Does Human Rights Committee meet quarterly as required?</b></p> <p><b>Surveyor Instructions:</b> HRCs are required for all Living Supports (Supported Living, Family Living, Intensive Medical Living Services), Customized Community Supports (CCS) and Community Integrated Employment (CIE) Provider Agencies. Surveyor must review a year's worth of meeting minutes. This will be met if there is evidence of a quarterly meeting.</p>	<p>Tag #1A31 (CoP)</p> <p>List Meeting Dates:</p>			
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<b>Quality Assurance / Quality Improvement</b>				
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<p><b>Does the Agency have a Quality Improvement Plan, which includes the Key Performance Indicators outlined by DDS?</b></p> <p><b>Surveyor Instructions:</b> The Agency must have a QI plan to continually determine whether the agency is performing within program requirements, achieving goals, and identifying opportunities for improvement. The QI plan describes the processes that the Provider Agency uses in each phase of the QIS: discovery, remediation, and sustained improvement. It describes the frequency of data collection, the source and types of data gathered, as well as the methods used to analyze data and measure performance. The QI plan must describe how the data collected will be used to improve the delivery of services and must describe the methods used to evaluate whether implementation of improvements is working. The QI plan shall address, at minimum, three key performance indicators (KPI). The KPI are determined by DOH-DDSQI on an annual basis or as determined necessary. The plan must cover these areas to be met, including the following KPIs:</p> <p>KPI applies to the following provider types: <b>Living Supports service providers (SL, FL and IMLS), CIHS and Case Management</b></p> <ol style="list-style-type: none"> <li>1. % of Individuals whose Individual Support Plans (ISP) are implemented as written.</li> <li>2. % of appointments attended as recommended by medical professionals (physician, nurse practitioner or specialist).</li> </ol> <p><b>CCS and Case Management agencies:</b> % of people accessing Customized Community Supports in a non-disability specific setting.</p>	<p>Tag #1A03</p>			
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<p><b>Does the Agency have a Quality Improvement Committee, which meets quarterly?</b></p> <p><i><b>Surveyor Instructions:</b> (Review 4 Quarters) The QI committee must convene at least once a quarterly basis and more frequently if needed. The QI Committee convenes to review data; to identify any deficiencies, trends, patterns, or concerns; to remedy deficiencies; and to identify opportunities for QI. For this to be met the committee must meet quarterly and have evidence of review of data and remediation.</i></p>	<p>Tag #1A03</p> <p><b>List Meeting Dates:</b></p>			
<p><b>Does the Agency have multiple deficiencies cited, showing a lack of implementation of their QA/QI Plan?</b></p> <p><i><b>Surveyor Instructions:</b> The Agency must have a QI plan to continually determine whether the agency is performing within program requirements, achieving goals, and identifying opportunities for improvement. This is <u>Not Met</u>, if the agency has multiple deficiencies cited (they are Non-Compliant, or have over 17 tags cited with over 75% of the sample affected).</i></p>	<p>Tag #1A03</p>			
<b>Agency Policy and Procedures</b>				
<p><b>Does the Agency have policies and procedures regarding the use of SSI payment or other personal funds?</b></p> <p><i><b>Surveyor Instruction:</b> If the agency provides Rep-Payee Services: You are to review the agency's policy and procedure manual and determine if a P&amp;P exists, which addresses the accounting for individual funds in accordance to Social Security Representative Payee requirements. For this to be met the identified policy / procedure must be present.</i></p>	<p>Tag #1A07 (CoP)</p>			
<p><b>Did the Agency have billing deficiencies?</b></p> <p><i><b>Surveyor Instructions:</b> Surveyor is to review billing tools completed. If no documentation is found for billed units the agency has until the time of the exit to provide documentation, otherwise the provider must complete a void/adjust for repayment. For other billing deficiencies cite the agency may also complete a void/adjust, however it will still appear on the ROF. Based on findings identified in the billing tools you will document if this is met or not.</i></p>	<p>Tag #1A12 (if no deficiencies); Tag #IS25; 5I36; 5I44; IS30; LS26; LS27; 6L28; IM31; IH32 (if deficiencies cite appropriate tag #)</p>			