

February 14, 2023

Thomas Brown
Community NeuroRehab of Iowa
PO BOX
Madrid, IA 50156

Dear Thomas Brown:

Iowa Medicaid's Quality Improvement Organization (QIO) Home and Community Based Services (HCBS) Unit conducted a Community-Based Neuro-behavioral Rehabilitation Service (CNRS) Review with your organization on January 26, 2023 to validate responses on the annual CNRS Provider Quality Self-Assessment and to ensure compliance with laws, rules, requirements, and best practices pursuant to the Code of Federal Regulations (CFR), Iowa Code, Iowa Administrative Code (IAC), organization policy and the organization's responses on the annual CNRS Provider Quality Self-Assessment. The review included an evidentiary-based evaluation of materials such as related policies and procedures, member records, employee records, site tours, and other evidence as necessary to determine compliance with standards.

Please review the enclosed CNRS Review report for any corrective action requirements necessary for your organization. Also included is a Provider Acknowledgement form that must be signed by the chief administrative officer and the chairperson of the governing body. If corrective action is required, a formal Corrective Action Plan (CAP) must be submitted. The signed Provider Acknowledgement form and any required CAP must be returned within 30 calendar days of the date of this letter.

Please submit the required information within 30 calendar days of the date of this letter to the attention of Lyndsey Hamill via Iowa Medicaid Portal Access (IMPA). Please select HCBS QA Oversight as the document type when uploading. For instructions on uploading the requested documentation please see IL 1734-MC-FFS-D.

If you have any questions about this letter, you may contact me by phone at 515-823-3289 or by email at lhamill@dhs.state.ia.us. Thank you for your assistance and support with this HCBS Quality Oversight Periodic Review.

Sincerely,

Lyndsey Hamill
HCBS Specialist
Quality Improvement Organization (QIO)-Health Management Operations
Division of Iowa Medicaid
Iowa Department of Health and Human Services

cc:

CNRS Review Report

Organization Name: Community NeuroRehab of Iowa	
Review Date: January 26, 2023	Report Date: February 14, 2023
Lead Reviewer: Lyndsey Hamill	Assisting Reviewer(s): N/A
Member Records Reviewed: 4	Personnel Records Reviewed: 4

Definition of terms:
Self-Assessment Response: Directly reflects the organization's response to the related standard on the most recent annual provider self-assessment.
Included in Policy: Reflects whether the standard or topic was addressed in the organization's submitted policies.
Evidence Submitted: Reflects whether the review evidence supported compliance with CFR, Iowa Code, IAC, organization policy or the organization's response to the related standard on the most recent annual Provider Quality Self-Assessment.
CAP Required: Indicates Yes when the organization is required to submit a formal Corrective Action Plan (CAP) outlining corrective action they will take to ensure compliance with the standard. A No response indicates that the organization is not required to submit a formal Corrective Action Plan (CAP) although there may be recommendations or other follow-up outlined in the review comments. NA may be indicated if the organization is not required to meet the standard.

CORRECTIVE ACTION GUIDELINES

This report details findings related to the review. Comments will include descriptions of findings including but not limited to, any commendations for areas which the review team found to be exemplary, recommendations for suggested organization actions and areas where corrective action is required to come into compliance with the Code of Federal Regulations (CFR), Iowa Code, Iowa Administrative Code (IAC), organization policy or the organization's responses on the annual Provider Quality Self-Assessment. When changes are required, the report will give parameters in which to develop corrective actions. Community NeuroRehab of Iowa has 30 calendar days from the date of this report to develop a plan of correction.

When developing the CAP, please consider the following:

1. Do corrective actions require procedural changes, updates in member files, and/or personnel files?
2. What measures, such as staff training, will be necessary to begin implementation of the corrective actions?
3. When will the corrective actions be reviewed and/or approved by the governing body?
4. When will implementation of corrective actions begin?
5. When will corrective actions be complete so that compliance is achieved?

It will be necessary to include the enclosed Provider Acknowledgment statement dated and signed by the chief administrative officer and the chairperson of the governing body which states that Community NeuroRehab of Iowa will actively work to correct the areas noted in the review report. Only the signed statement needs to be returned, not the body of this report.

The HCBS Specialist assigned to your organization will monitor the corrective actions, either in writing or in person, to assure implementation of the CAP. For technical assistance, help developing or implementing a CAP, or questions about this report, Community NeuroRehab of Iowa may contact Lyndsey Hamill, HCBS Specialist, at 515-823-3289 or lhamill@dhs.state.ia.us.

CNRS Review Report

A. ORGANIZATIONAL STANDARDS

I. PURPOSE AND MISSION

Does the organization..

**Self-
Assessment
Response**

**Addressed in
Policy**

**Supported by
Evidence**

**CAP
Required**

a) Have a mission statement that aligns with the needs, ability, and desires of the members served?

Yes

Yes

Yes

No

Review Comments

The agency's mission statement is "Community NeuroRehab provides individualized and intensive neurobehavioral rehabilitation services to optimize the cognitive, physical, medical, behavioral and psycho-social functioning of each participant. Community NeuroRehab is committed to the development of mutually reinforcing partnerships with participants and their support systems, and embraces our Guiding Principles."

CAP Comments

NA

2. FISCAL ACCOUNTABILITY

Does the organization..

**Self-
Assessment
Response**

**Addressed in
Policy**

**Supported by
Evidence**

**CAP
Required**

a) The organization is fiscally sound and established fiscal accountability

Yes

Yes

Yes

No

b) Maintain fiscal and corresponding clinical records for a minimum of five years after the date of the last claim?

Yes

Yes

Yes

No

Review Comments

Community NeuroRehab of Iowa, referred to as "CNR" throughout this report, submitted an Independent Accountants' Review Report from December 31, 2020 and 2019. Additionally, the agency completes bi-weekly reviews of accounts receivable and monthly financial reports during monthly Board of Director meetings. Evidence of review of these items was present in the meeting minutes provided. Financial indicators are tracked and acted upon within the agency's performance improvement process of the Committee of the Whole reviews which was submitted.

CAP Comments

NA

3. ORGANIZATIONAL OVERSIGHT <i>Does the organization..</i>	Self-Assessment Response	Addressed in Policy	Supported by Evidence	CAP Required
a) Have a committee, board, or advisory board to oversee operations?	Yes	Yes	Yes	No
b) Ensure it receives and uses input from local community stakeholders, employees and members participating in services?	Yes	Yes	Yes	No
c) Maintain committee or board meeting minutes to demonstrate oversight and active engagement in the organization?	Yes	Yes	Yes	No
Review Comments				
<p>The agency submitted ten months of meeting minutes from their Governing Body Operation Meetings. Governing Body members include five Vizion Health employees and five Brookhaven Hospital employees. The agency completes participant, employee, and stakeholder satisfaction surveys which are reviewed by the Committee of the Whole and results provided to the BOD along with any areas of improvement and action steps.</p>				
CAP Comments				
NA				
4. QUALITY IMPROVEMENT (QI) PROCESSES <i>Does the organization..</i>	Self-Assessment Response	Addressed in Policy	Supported by Evidence	CAP Required
a) Have an established systematic, organization-wide, planned approach to designing, measuring, evaluating, and improving the level of its performance, including the efficiency and effectiveness of service provision?	Yes	Yes	Yes	No
b) Ensure results of satisfaction or experience surveys are shared with the public?	Yes	Yes	Yes	No
c) Ensure QI activity reports and results are shared with the committee, board, or advisory board at least annually.	Yes	Yes	Yes	No
<i>Does the QI process include...</i>				

<p>d) Discovery (collection and review) of the following minimum information and data topics?</p> <ul style="list-style-type: none"> • Members' preadmission location of service. • Members' length of stay. • Discharge location. • Reason for discharge. • Access to services. • Incident data • Quarterly review of organizational activities and services. • Satisfaction and experiences with services with members, caregivers or involved family of members, employees, and other stakeholders. • Review of records at regular intervals to include service documentation, medication records, incident reports, abuse reports, appeals and grievances, and personnel records 	Yes	Yes	Yes	No										
<p>e) Improvement, meaning the demonstration of outcomes of discovery and remediation?</p>	Yes	Yes	Yes	No										
<p>Review Comments</p>														
<p>CNR submitted their Q3 report from their Committee of the Whole which oversees the quality improvement process and includes members of the board. Quality data is analyzed with a narrative which includes an explanation of the data and notes any progress or action steps to be taken. The report included outcome of member stay and satisfaction, results of employee and stakeholder satisfaction surveys, incident report trending, and member records reviews. Areas of improvement were identified along with a plan to address any area in need of improvement.</p>														
<p>CAP Comments</p>														
<p>NA</p>														
<p>B. PERSONNEL AND TRAINING</p>														
<table border="1"> <thead> <tr> <th data-bbox="100 1287 1180 1360">I. EMPLOYEE SCREENING AND EVALUATION</th> <th data-bbox="1180 1287 1402 1360">Self-Assessment Response</th> <th data-bbox="1402 1287 1623 1360">Addressed in Policy</th> <th data-bbox="1623 1287 1843 1360">Supported by Evidence</th> <th data-bbox="1843 1287 2062 1360">CAP Required</th> </tr> </thead> <tbody> <tr> <td data-bbox="100 1360 1180 1445">Does the organization...</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					I. EMPLOYEE SCREENING AND EVALUATION	Self-Assessment Response	Addressed in Policy	Supported by Evidence	CAP Required	Does the organization...				
I. EMPLOYEE SCREENING AND EVALUATION	Self-Assessment Response	Addressed in Policy	Supported by Evidence	CAP Required										
Does the organization...														

a) Complete child and dependent adult abuse background checks prior to hiring an applicant?	NA	NA	Yes	No
b) Complete criminal background checks prior to hiring an applicant?	NA	NA	Yes	No
c) Solicit an evaluation and follow recommendations for hire when a hit is found on a background check?	NA	NA	Yes	No
d) Screen potential employees for exclusion from participation in Federal insurance programs prior to hire?	NA	NA	Yes	No
e) Ensure employees are minimally qualified by age, education, certification, experience, and training required or recommended for CNRS?	Yes	NA	Yes	No
f) Complete performance evaluations at least annually to ensure employees are competent to perform duties and interact with members?	NA	NA	Yes	No

Review Comments

Staff files reviewed all contained record of required background checks prior to hire as well as evidence of performance evaluations. Evidence of education was provided in the staff list. Training certificates and transcripts were present in the employee files.

CAP Comments

NA

2. TRAINING AND QUALIFICATIONS <i>Does the organization train employees on the following required or recommended topics within the identified timeframes?</i>	Self-Assessment Response	Addressed in Policy	Supported by Evidence	CAP Required
a) Prior to the commencement of direct service provision:				
1) The designated Traumatic Brain Injury Training (modules 1-2)	Yes	NA	Yes	No
2) Members' rights	Yes	NA	Yes	No
3) Confidentiality and privacy	Yes	NA	Yes	No
4) Individualized rehabilitation treatment plans	Yes	NA	Yes	No
5) Major mental health disorder basics	Yes	NA	Yes	No
b) Within 30 days of the commencement of direct service provision:				
1) Cardiopulmonary resuscitation (CPR)	Yes	NA	Yes	No
2) First-aid	Yes	NA	Yes	No
3) Fire prevention and reaction	Yes	NA	Yes	No
4) Universal precautions	Yes	NA	Yes	No

5) The organization's policy related to identifying and reporting abuse	Yes	NA	Yes	No
c) Within the first 6 months of the commencement of direct service provision:				
1) The promotion of a program structure and support for persons served so they can relearn or regain skills for community inclusion and access	Yes	NA	Yes	No
2) Compensatory strategies to assist in managing ADL's (activities of daily living)	Yes	NA	Yes	No
3) Quality of life issues	Yes	NA	Yes	No
4) Behavioral supports and identification of antecedent triggers	Yes	NA	Yes	No
5) Health and medication management	Yes	NA	Yes	No
6) Dietary and nutritional programming	Yes	NA	Yes	No
7) Assistance with identifying and utilizing assistive technology	Yes	NA	Yes	No
8) Substance abuse and addiction issues	Yes	NA	Yes	No
9) Self-management and self-interaction skills	Yes	NA	Yes	No
10) Flexibility in programming to meet members' individual needs.	Yes	NA	Yes	No
11) Teaching adaptive and compensatory strategies to address cognitive, behavioral, physical, psychosocial, and medical needs.	Yes	NA	Yes	No
12) Community accessibility and safety	Yes	NA	Yes	No
13) Household maintenance	Yes	NA	Yes	No
14) Support to the member's family or support system related to the member's neurobehavioral care	Yes	NA	Yes	No
15) The designated Child and/or Dependent Adult Abuse and Mandatory Reporting training (within 6 months of hire or by having proof of the completion of the training prior to hire)	Yes	NA	Yes	No
d) Within 12 months of the commencement of direct service provision:				
1) An approved, nationally recognized certified brain injury specialist training	Yes	NA	Yes	No
e) Annually or as otherwise required:				
1) Fire prevention and reaction	Yes	NA	Yes	No
2) Universal precautions	Yes	NA	Yes	No
3) Cardiopulmonary resuscitation (CPR) (prior to expiration of the certification)	Yes	NA	Yes	No
4) First-aid	Yes	NA	Yes	No

5) The designated Child and/or Dependent Adult Abuse and Mandatory Reporting additional training at least every 3 years after the initial training	Yes	NA	Yes	No
f) Does the organization ensure that the program administrator is a Certified Brain Injury Specialist Trainer (CBIST) through the Academy of Certified Brain Injury Specialists or a certified brain injury specialist under the direct supervision of a CBIST or a qualified brain injury professional as defined in rule 44 IAC 83.81(249A) with additional certification as approved by the department.	Yes	NA	Yes	No
g) Does the organization a minimum of 75% of the organization's administrative and direct care personnel <ul style="list-style-type: none"> • have a bachelor's degree in human services-related field; or • have an associate degree in human services with two years of experience working with individuals with brain injury; or • are in the process of seeking a degree in the human services field with two years of experience working with individuals with brain injury; or • are a certified brain injury specialist or have other brain injury certification as approved by the department. 	Yes	NA	Yes	No
Review Comments				

Four member files were reviewed. Evidence of staff trainings were provided in the form of certificates, signed training packets or acknowledgements, and CE solutions training transcripts. All employees had completed their department-approved brain injury training modules prior to service provision with the exception of one employee who appeared to have started the training module during orientation however, they did not pass until 20 days after service provision. Technical assistance provided, recommending a process to ensure an employee has passed their BI training modules prior to service provision. Evidence of all other trainings prior to service provision were found in the personnel files. All files reviewed had evidence of training on the agency's policies and procedures for identifying and reporting abuse however, two staff members did not receive this training within 30 days of service provision pursuant to Iowa Code 235B.16. CNR management stated they recently identified that their orientation checklist, which includes review of the agency's abuse reporting policy and procedures, had been discontinued without their knowledge and will be re-implemented to ensure this training is completed during orientation. All personnel files reviewed had evidence of obtaining mandatory reporter certification within 30 days of hire. Since the agency has a plan to immediately correct this issue and all staff obtained Mandatory Reporter within 30 days of hire, no further action is required. All four staff selected completed their certified brain injury specialist training courses within twelve months however, only two were able to obtain their brain injury specialist certification within this timeframe. CNR management explained one staff has failed the test multiple times and the other passed within 14 months due to testing delays related to computer proctoring technical issues. A review of the staff file demonstrated most staff who have worked for the company at least twelve months had obtained their CBIS demonstrating this was not a pervasive issue within the company. CNR provided certificates for their four house administrators. One is a CBIST and the other three are CBIS under the direct supervision of a CBIST. CNR submitted their staff information list demonstrating 40 of the 47 staff meet one of the four standards, exceeding the minimum, at 85 percent.

CAP Comments

NA

C. POLICIES AND PROCEDURES

I. INCIDENTS AND INCIDENT REPORTING

	Self-Assessment Response	Addressed in Policy	Supported by Evidence	CAP Required
a) Does the organization have written policies or procedures related to recognizing and reporting major and minor incidents in accordance with applicable IAC?	Yes	Yes	Yes	No
b) Does the organization maintain evidence incidents are reported according to the policy?	Yes	Yes	Yes	No
c) Does the organization track and analyze data at least annually, related to incidents and unexpected occurrences involving death, serious physical or psychological injury, or the risk thereof to identify trends and to ensure the health and safety of members?	Yes	Yes	Yes	No

Review Comments				
The agency submitted their Incident Reporting and Notification and Reporting of At Risk Behaviors and Major Injuries policy which defines incidents and reporting procedures in accordance with 481-50 of the Iowa Administrative Code. Incident reports are maintained electronically and noted in the service documentation. One major incident was provided and it was reported timely and to the required entities. Incidents are track and trended quarterly as evidence by the QI report provided.				
CAP Comments				
NA				
2. APPEALS AND GRIEVANCES	Self-Assessment Response	Addressed in Policy	Supported by Evidence	CAP Required
a) Does the organization have written policies and procedures related to filing and resolving appeals and grievances?	Yes	Yes	Yes	No
b) Does the organization ensure that members or their legal representatives receive information about the organization's appeals and grievance processes at admission and annually thereafter?	Yes	Yes	Yes	No
Review Comments				
Participant and Family Grievance Process policy was submitted prior to the onsite review. CNR's policies and procedures for filing a grievance or appeal were found in the handbook which all member files reviewed contained, along with a signed acknowledgement, dated at the time of admission. Evidence of an annual review process was present in the member files as well. One grievance was provided and demonstrated that the agency followed their policy. Additionally, the member signed an acknowledgement of final findings, agreeing with final decision.				
CAP Comments				
NA				
3. TREATMENT PLANNING	Self-Assessment Response	Addressed in Policy	Supported by Evidence	CAP Required
a) Does the organization have written policies and procedures related to treatment planning?	NA	Yes	Yes	No
b) Does the organization ensure that treatment plans:				
1) Are individualized and mutually developed by the member and the member's treatment team?	Yes	Yes	Yes	No

2) Include the member's strengths, barriers, and interests?	Yes	Yes	Yes	No
3) Include goals which are based on the member's need for services?	Yes	Yes	Yes	No
4) Include neurobehavioral challenges and environmental needs as identified in the member's individual standardized comprehensive functional neurobehavioral assessment?	Yes	Yes	Yes	No
5) Are evaluated by the member and the member's treatment team for progress towards treatment goals regularly at least quarterly?	Yes	Yes	Yes	No
6) Are revised as the member's status or needs change to reflect the member's progress and response to treatment?	Yes	Yes	Yes	No
7) Are submitted to Iowa Medicaid for approval within 30 days of admission (initial plan only)?	Yes	Yes	Yes	No
8) Do not exceed 180 days?	Yes	Yes	Yes	No

Review Comments

CNR members sign a Treatment Services consent which is an agreement that the member will actively participate in their program and plan. The agency completes a Multidisciplinary Progress Report quarterly and includes review of the member's strengths and needs, current goals, and barriers. Attached to this report is a summary that reviews changes to the member's condition, any goal changes over the last quarter, and addresses discharge planning. The interdisciplinary team, including the member, sign off on having participated in the meeting and reviewing the plan. These reports serve as service plans and indicate validation of the goals for the past three months or approximately 90 days. Evidence of completion of the Multidisciplinary Progress Report quarterly was present in all four member files reviewed. Also found in each member file was evidence their initial treatment plan was submitted to the MCO within 30 days of admission for approval.

CAP Comments

NA

4. RESTRICTIVE INTERVENTIONS	Self-Assessment Response	Addressed in Policy	Supported by Evidence	CAP Required
a) Does the organization have written policies and procedures related to the use of restrictive interventions, specifically restraints, rights restrictions, crisis intervention and behavioral intervention in accordance with applicable IAC?	Yes	Yes	Yes	No

<p>b) If the organization allows for the use of physical holds, restraints, or other physical intervention techniques, do policies and procedures governing their use include all of the following?</p> <ol style="list-style-type: none"> 1) Definitions of the use of physical restraint such as the specific types of interventions allowed and specific circumstances when physical intervention may be used. 2) Designation of and qualifications and special training required for staff who may authorize or administer restraints. 3) A description of methods used to monitor and control the use of restraints. 	NA	NA	NA	NA
<p>c) Are restrictive interventions implemented in accordance with applicable IAC which requires that members always receive kind and considerate care and are free from mental, physical, sexual and verbal abuse, exploitation, neglect and physical injury?</p>	Yes	Yes	Yes	No
<p>d) When a physical restraint is used, is it documented including all of the following information?</p> <ul style="list-style-type: none"> • A general description of the circumstances leading to the use of the restraint and what happened during and after the use of the physical restraint. • Rationale for the use of the restraint. • A description from the responsible staff of the staff's actions and procedures used to protect the member's rights and ensure safety. • Identification of who authorized the restraint. • Identification of when the use of the restraint was authorized (i.e. prior to or immediately after). 	NA	NA	NA	NA
<p>e) Does the organization ensure that the member's primary care provider, Interdisciplinary Team (IDT), and the member's responsible party are notified when a physical restraint is used?</p>	NA	NA	NA	NA
<p>f) Does the organization ensure that members or their responsible party are provided informed consent for any restrictive interventions that may be required to protect the health and safety of the member?</p>	Yes	Yes	Yes	No
<p>Review Comments</p>				

CNR reported at the time of the on-site review that the agency does not use restraints. There was no evidence in member files that restraints were used. The agency submitted their policy on Reporting At Risk Behaviors which outlines the procedure staff are to follow when a member exhibits a behavior meeting the "At Risk" category including reporting to the on-call administrator, enhanced supervision, revising Personal Intervention Plan, and calling 911 in an emergency. The agency submitted their visitors, home visits, bedroom changes, animals and pets, risk reduction, substance use/abuse, and smoking policies as evidence of informed consent and procedures related to limitations or restrictions. Members sign acknowledgements of receiving these policies and procedures during intake. Additionally, member files contained signed acknowledgement of video monitoring in common areas and alarms on exit doors.

CAP Comments

NA

5. MEMBERS' RIGHTS AND RESPONSIBILITIES	Self-Assessment Response	Addressed in Policy	Supported by Evidence	CAP Required
a) Does the organization have written policies and procedures related to member rights and responsibilities?	Yes	Yes	Yes	No
b) Does the policy address the member's right to be fully informed of their rights and responsibilities as a resident and of all rules governing their conduct and responsibilities?	Yes	Yes	Yes	No
c) Are member rights and responsibilities presented in a language understandable the individual member?	Yes	Yes	Yes	No
d) Are members made aware of their rights with 5 days of admission and within 30 days of changes to the written rights and responsibilities? <i>(*A statement must be signed by the member or the member's responsible party and maintained in the member's record indicating an understanding of rights and responsibilities.)</i>	Yes	Yes	Yes	No
e) Is the list of member's rights prominently posted in written format, in a location that is available to all members?	Yes	Yes	Yes	No

Review Comments

CNR completes a Participant Admission Packet with members which includes the member's rights and responsibilities. This form is signed by the member acknowledging they understand their rights and responsibilities. All four member files reviewed contained this acknowledgement and all were obtained within five days of admission. Two homes in the Des Moines Metro were toured January 27, 2023. Rights and responsibilities were posted in shared living spaces of both homes.

CAP Comments

NA

6. DOCUMENTATION OF SERVICES	Self-Assessment Response	Addressed in Policy	Supported by Evidence	CAP Required
a) Does the organization have written policies and procedures related to service documentation?	NA	Yes	Yes	No
b) Does service documentation identify the specific service(s) being provided?	Yes	Yes	Yes	No
c) Does service documentation identify the member receiving the service(s), including the first and last name?	Yes	Yes	Yes	No
d) Is the complete date and time of the service documented, including the beginning and ending time and beginning and ending date if the service(s) is rendered over more than one day?	Yes	Yes	Yes	No
e) Is the location where the service(s) was provided documented as applicable?	Yes	Yes	Yes	No
f) When transportation is provided as part of the service(s), is the name, date, purpose of the trip, and total miles documented?	Yes	Yes	Yes	No
g) Are incidents, illnesses, unusual or atypical occurrences that occur during service provision documented when applicable?	Yes	Yes	Yes	No
h) When medication is administered or supplies are dispensed as part of the service(s), is the name, dosage, and route of administration documented?	Yes	Yes	Yes	No
i) Does service documentation legibly identify the person providing the service(s) including first and last name, any applicable credentials and signature or initials if verifiable to a signature log?	Yes	Yes	Yes	No
j) Does the service documentation demonstrate that the service is provided as defined and authorized?	Yes	Yes	Yes	No
k) Does service documentation for each service provide information necessary to substantiate that the service was provided?	Yes	Yes	Yes	No

Review Comments

CNR uses E-doc for their electronic service documentation. The service documentation included all required components outlined in Iowa Administrative Code. The provider should be commended for the thoroughness of staff documentation. Staff provide a narrative for each goal worked on as well as a separate narrative for other supports and services provided. The documentation reviewed also demonstrated staff knowledge of each member's plan of care, implementing the member's Personal Intervention Plan when agitated and reapproaching the members to ensure completion of their activities of daily living such as taking their medications, getting dressed, and bathing. Medication Administration Records were reviewed for all members and contained staff signatures, initials, and documentation of atypical events such as late passes or packaging medication for outings. Mileage is documented in the E-doc system by staff name, rather than by member name. The staff providing transportation document the member's name, date, location, purpose of the trip, and total miles. Evidence of this documentation was found in the E-doc system for the member's selected. CNR provided a Health Insurance Claim from December 2017 with corresponding documentation, providing evidence of maintenance of fiscal and clinical records for a minimum of five years.

CAP Comments

NA

7. MEMBER OUTCOMES

	Self-Assessment Response	Addressed in Policy	Supported by Evidence	CAP Required
a) Does the organization have written policies and procedures related to outcome-based standards?	NA	Yes	Yes	No
b) Does the organization maintain evidence that members are valued?	Yes	Yes	Yes	No
c) Do members or their responsible party provide consent regarding which personal information is shared and with whom?	Yes	Yes	Yes	No
d) Does the organization maintain evidence that members receive assistance with accessing financial management services as needed?	Yes	Yes	Yes	No
e) Does the organization maintain evidence that members receive assistance with obtaining preventative, appropriate, and timely medical and dental care?	Yes	Yes	Yes	No
f) Does the organization maintain evidence that the members' living environment reasonably safe and located in the community?	Yes	Yes	Yes	No
g) Does the organization maintain evidence that each member's desire for intimacy respected and supported?	Yes	Yes	Yes	No

Review Comments

The living environments appeared to safe and were located in residential neighborhoods. Member files reviewed along with service documentation served as evidence that the agency is meeting all requirements of the rights and responsibilities. CNR's Participant Handbook addresses confidentiality of member records and states written consent is required prior to releasing member information. A HIPAA privacy consent form was found in each of the member files reviewed along with Release of Information forms. Additionally, there was evidence confidentiality is reviewed with members annually in the form of signed acknowledgements. Personnel files reviewed contained evidence of HIPAA and confidentiality training. The agency responds to requests, needs, and preferences as indicated in service plans and quality improvement practices. Service documentation and service goals indicated that members receive financial management assistance when needed such as going to the bank, depositing funds, and budgeting. Members' medical needs and appointments are indicated in the progress reports with medical appointments. Services are individualized by member needs and directly related to the Mayo-Portland Assessment.

CAP Comments

NA