IOWA | Health and Human Services

May 29, 2026

Thomas Brown
Community NeuroRehab of Iowa, LLC
PO Box 2
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 April 28, 2026 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 lyndsey.hamill@hhs.iowa.gov. 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: Iowa Department of Health and Human Services

IOWA | Health and Human Services

CNRS Review Report

Organization Name: Community NeuroRehab of Iowa, LLC	
Review Date: April 28, 2026	**Report Date:**
Lead Reviewer: Lyndsey Hamill	**Assisting Reviewer(s):** Meredith Tatman, N/A
Member Records Reviewed: 5	**Personnel Records Reviewed:** 5

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, LLC 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, LLC 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, LLC may contact Lyndsey Hamill, HCBS Specialist, at 515-823-3289 or lyndsey.hamill@hhs.iowa.gov. .

PROVIDER ACKNOWLEDGEMENT

Community NeuroRehab of Iowa, LLC certifies that it has received the review report which notes the results of the Community-Based Neuro-behavioral Rehabilitation Service (CNRS) Quality Oversight review conducted on April 28, 2026. Community NeuroRehab of Iowa, LLC assures that it will actively work to correct the areas noted in the review report. If corrective action is required, a plan of corrective action is due within 30 calendar days of the date of this letter unless other timelines have been established in the review report. Community NeuroRehab of Iowa, LLC will be required to assure implementation of corrective actions. Follow-up review will be conducted by the HCBS Specialist, either in writing or in person.

Thomas W Brown

PRINTED NAME *of Executive Director*

6/3/2024

SIGNATURE *of Executive Director* ***Date***

Mark Schneider

PRINT NAME *of Chairperson, Board of Directors*

6/3/2026

SIGNATURE *of Chairperson, Board of Directors*
Date

CNRS Review Report

A. ORGANIZATIONAL STANDARDS

1. 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 the remainder of this report, submitted an Independent Auditor's Report which comprise the consolidated balance sheets as of December 31, 2024 and 2023 for Vizion Health Brookhaven, LLC, aka Community NeuroRehab of Iowa and Brookhaven Hospital, Tulsa, OK. CNR maintains additional fiscal accountability through bi-weekly reviews of accounts receivable and monthly financial reports during weekly Governing Body meetings, Meeting minutes reviewed demonstrated the organization review expenses, fines, and financial reports were identified in the meeting discussion topics. A Budget Review FY2026, dated for January 2026, was submitted to demonstrate review of previous years financials and business development strategy for the current year. In addition, financial indicators are tracked and acted upon within CNR's performance improvement process of the Committee of the Whole reviews. CNR provided a billing claim and corresponding documentation for one participant from March 2021 to demonstrate compliance with maintenance of clinical and fiscal records requirements.

CAP Comments

NA

3. ORGANIZATIONAL OVERSIGHT *Does the organization..*	**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

The organization's Governing Body Operation Meetings are reportedly held weekly. The organization submitted meeting minutes from one meeting, each month, for the last 12 months as evidence of regular meetings. Governing Body membership includes 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 Governing Body along with any areas of improvement and action steps. CNR reports they have changed their survey process, discontinuing their previous platform that distributed surveys and reviewed data on a monthly bases, and have implemented a new process that collects surveys and analyzes the results annually, using 12 months of surveys. Survey results from their previous process in Quarter 1 and 2 of 2025 were provided. The first analyzation of the new survey process will be completed in May 2026, when this process will have been going on for a year.

CAP Comments

NA

4. QUALITY IMPROVEMENT (QI) PROCESSES *Does the organization..*	**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. *Does the QI process include…*	Yes	Yes	Yes	No
d) Discovery (collection and review) of the following minimum information and data topics? • 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
e) Improvement, meaning the demonstration of outcomes of discovery and remediation?	Yes	Yes	Yes	No

Review Comments

CNR has a Committee of the Whole which includes their performance improvement processes that monitor and improve the quality of care provided to participants. CNR submitted their Q4 report looking at the data for all four quarters of 2025. This report included data, acceptable thresholds, and action taken. The report analyzed outcome of participant stay and satisfaction, results of employee and stakeholder satisfaction surveys, incident report trending, and participant records review findings. The 2026 Q1 activities include review data related to referrals, admits, and denials, as well as each locations incidents, documentation findings, and staff hiring/turnover. Committee of the Whole Budget Indicators data reviews occupancy, including admits, discharges, and reason for discharges. The results of satisfaction surveys is shared on their website however, the current data available on the website is dated 2022. The organization reported this will be updated in May 2026 following receipt of the results from their new survey system.

CAP Comments				
NA				
B. PERSONNEL AND TRAINING				
1. EMPLOYEE SCREENING AND EVALUATION Does the organization…	**Self-Assessment Response**	**Addressed in Policy**	**Supported by Evidence**	**CAP Required**
a) Complete child and dependent adult abuse background checks prior to hiring an applicant?	Yes	NA	Yes	No
b) Complete criminal background checks prior to hiring an applicant?	Yes	NA	Yes	No
c) Solicit an evaluation and follow recommendations for hire when a hit is found on a background check?	Yes	NA	Yes	No
d) Screen potential employees for exclusion from participation in Federal insurance programs prior to hire?	Yes	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?	Yes	NA	Yes	No
Review Comments				
Five personnel files were reviewed and all contained required background checks prior to hire. Community NeuroRehab of Iowa communicated that they conduct background checks quarterly as well as nationwide SAM checks. Evidence of education was provided in personnel files and annual evaluations, if applicable.				
CAP Comments				
NA				
2. TRAINING AND QUALIFICATIONS *Does the organization train employees on the following required or recommended topics within the identified timeframes?*	**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	Yes	Yes	No
2) Members' rights	Yes	Yes	Yes	No
3) Confidentiality and privacy	Yes	Yes	Yes	No
4) Individualized rehabilitation treatment plans	Yes	Yes	Yes	No
5) Major mental health disorder basics	Yes	Yes	Yes	No
b) Within 30 days of the commencement of direct service provision:				
1) Cardiopulmonary resuscitation (CPR)	Yes	Yes	Yes	No
2) First-aid	Yes	Yes	Yes	No
3) Fire prevention and reaction	Yes	Yes	Yes	No
4) Universal precautions	Yes	Yes	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	Yes	Yes	No
2) Compensatory strategies to assist in managing ADL's (activities of daily living)	Yes	Yes	Yes	No
3) Quality of life issues	Yes	Yes	Yes	No
4) Behavioral supports and identification of antecedent triggers	Yes	Yes	Yes	No
5) Health and medication management	Yes	Yes	Yes	No
6) Dietary and nutritional programming	Yes	Yes	Yes	No
7) Assistance with identifying and utilizing assistive technology	Yes	Yes	Yes	No
8) Substance abuse and addiction issues	Yes	Yes	Yes	No
9) Self-management and self-interaction skills	Yes	Yes	Yes	No
10) Flexibility in programming to meet members' individual needs.	Yes	Yes	Yes	No
11) Teaching adaptive and compensatory strategies to address cognitive, behavioral, physical, psychosocial, and medical needs.	Yes	Yes	Yes	No
12) Community accessibility and safety	Yes	Yes	Yes	No
13) Household maintenance	Yes	Yes	Yes	No
14) Support to the member's family or support system related to the member's neurobehavioral care	Yes	Yes	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	Yes	Yes	No
e) Annually or as otherwise required:				
1) Fire prevention and reaction	Yes	Yes	Yes	No
2) Universal precautions	Yes	Yes	Yes	No
3) Cardiopulmonary resuscitation (CPR) (prior to expiration of the certification)	Yes	Yes	Yes	No
4) First-aid	Yes	Yes	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 441 IAC 83.81(249A) with additional certification as approved by the department.	Yes	Yes	Yes	No
g) Does the organization a minimum of 75% of the organization's administrative and direct care personnel • 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				

Community NeuroRehab of Iowa's Personnel policy indicates there are training expectations prior to working with participants, within 90 days, and CBIS within first year. Evidence of staff training was provided in the form of certificates, staff acknowledgements and CE training transcripts. All employees had completed their BI training modules prior to providing services and completed their brain injury specialist certification within the required timelines. CNR submitted the staff training worksheet that outlined which internal training met the requirements of the service in order to have qualified personnel trained in the provision of direct care services to people with a brain injury. Mandatory reporter certificates were found in each personnel files as well as shadow check lists to ensure individual participant plans were reviewed as a part of their training process. While CNR utilizes an orientation check list for trainings, they communicated that they just finalized the training timeline that Paylocity will assist in implementing, which outlines training requirements within 30 days, 60 days, 90 days, etc. for staff, and will notify necessary personnel if not completed in the required timeline. CNR submitted their staff information list demonstrating 62 out of 64 staff meet one of the four standards, exceeding the minimum, at 97 percent.

CAP Comments

NA

C. POLICIES AND PROCEDURES

1. 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. Incidents are track and trended quarterly as evidence by the QI report provided. Multiple incident reports were review and found to be reported timely and to the required entities.

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 participant files reviewed contained, along with a signed acknowledgement, dated at the time of admission. Evidence of an annual review process was present in the participant files as well. One grievance was provided and demonstrated that the agency followed their policy, meeting with the participant the day of filing, again the following week, and with the CEO after the participant expressed dissatisfaction. The meeting with the CEO per policy is to happen within 5 business days however it was resolve with the CEO in 20 days with a note stating the delay was due to CEO family health issues. Additionally, the participant 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?	Yes	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 has multiple consents and forms completed with participants that address the components of treatment planning. There is a Right to be Involved in Treatment Planning, Refuse Treatment, and Refused Experimental Research policy which includes that participants and the CNRS team work together to develop a multi disciplinary treatment plan, and that participants are expected to participate in the planning of their rehab, therapies, activities, and other treatment components. Participants also sign a Treatment Services Consent which states that participation necessary for the entire team in developing goals and following the plan, CNR Rehabilitation and Expectations policy also addressed the treatment planning process. The agency completes a Multidisciplinary Progress Report quarterly and includes review of the participant's strengths and needs, current goals, and barriers. Also included with this report is a summary reviewing changes to the participant's condition, any goal changes over the last quarter, and discharge planning. The interdisciplinary team, including the participant, 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 five participant files reviewed. Also found in each participant 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

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? 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
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?	Yes	Yes	Yes	No
d) When a physical restraint is used, is it documented including all of the following information? • 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
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?	NA	NA	NA	NA
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?	NA	Yes	Yes	No
Review Comments				

CNR submitted their policy on Reporting At Risk Behaviors which outlines the procedure staff are to follow when a participant 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 organization reportedly does not use restraints. There was no evidence in the participant files that restraints were used. 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. Participants sign acknowledgements of receiving these policies and procedures during intake. Additionally, participant files contained signed acknowledgement of video monitoring in common areas and alarms on exit doors. Personal Intervention Plans (PIP) are developed for participants needing assistance with coping and de-escalation. PIPs review maladaptive behaviors, signs of escalation, ways staff can support the participant to deescalate through redirection and verbal support.

CAP Comments

NA

5. MEMBERS' RIGHTS AND RESPONSIBILITES	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? *(*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.)*	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's Rights and Responsibilities policy states participants will be fully informed of their rights and responsibilities, receiving copies of participant policies, safety and health policies, the grievance procedures, and general rules and guidelines at admission, in the participant handbook, and signed no later than five days following admission. All five participant files reviewed contained this acknowledgement and were obtained within five days of admission. Rights and responsibilities were observed to be posted in shared living spaces of home where the on-site review took place.
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?	Yes	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	No	Yes	No
g) Are incidents, illnesses, unusual or atypical occurrences that occur during service provision documented when applicable?	Yes	No	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 provided service documentation for the five participants that were reviewed. The organization uses SETWorks for their documentation. The service documentation consisted of a narrative for each goal worked on as well as separate narrative for other supports or incidents that occurred throughout the shift. The documentation also noted whether the staff utilized a specific intervention plan that the participants had. CNR's service documentation demonstrated the staff are knowledgeable of each participant's plan and intervention plans. Total miles driven in a staff's vehicle was found in Paylocity. Currently CNR does not track miles driven for services if staff utilize CNR's vehicle. Technical assistance was provided to incorporate the mileage driven by the organizations vehicles to comply with Iowa Administrative Code 441-79.3. Medication Administration Records were reviewed and contained staff signatures, initials and documentation for atypical events.

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?	Yes	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 environment in the home the on-site was completed appeared clean and safe. The five CNR locations are located in residential neighborhoods. Participant files reviewed, along with service documentation, served as evidence that the organization is meeting all requirements of the rights and responsibilities. CNR's Participant Handbook addresses confidentiality of participant records and states written consent is required prior to releasing participant information. A HIPAA privacy consent form was found in each of the participant files reviewed along with Release of Information forms. Additionally, there was evidence confidentiality is reviewed with participants annually in the form of signed acknowledgements. Personnel files reviewed contained evidence of HIPAA and confidentiality training. The organization responds to requests, needs, and preferences as indicated in service plans and quality improvement practices. Service documentation and service goals indicated that participants receive financial management assistance when needed such as going to the bank, depositing funds, and budgeting. Participants' medical needs and appointments are indicated in the progress reports. Services are individualized by participant needs and directly related to the Mayo-Portland Assessment.
CAP Comments
NA