

Shared Living Home Visit Review Tool

Administrative Agency OR Case Manager

Consumer Name: _____ (Last, First Mi)		EIS Number
Consumer Home Address:	Street	City
		Zip
Shared Living Home Provider Name		Administrative Agency Name
Case Manager /Agency Reviewer Name		Reviewer's Supervisor Name and Affiliation

Date of Home Visit: ____/____/____

1. Reason for Home Visit Tool:

- Sample or scheduled visit Unscheduled visit
- Change in residency **Date of placement:** ____/____/____
- Reportable Event Follow-up **Date of reportable event:** ____/____/____
- Other: _____

2. Is the consumer present at the time of the home visit? No Yes

3. Date of last contact with consumer: ____/____/____

4. Guardianship Status: No Yes, has Private guardian Yes, under public guardianship

5. Staff allocation (if any) Describe (hours, ratio): _____

6. Medication Regime- No, consumer does not take prescription medication Yes, consumer is prescribed medication

7. Individual Reports and Documents reviewed in preparation of visit and/or during the visit:

- Written daily progress notes current to within 24 hours (dated & signature) ? Y___ ___N
- Reportable Events and Agency Incident Reports in file? Y___ ___N
- Permission from Guardian for Medical treatment is up to date? Y___ ___N
- Informed Consent contact logs are current? Y___ ___N
- Medication tracking sheets (MAR), Medication Error Reports and Medical visit forms? Y___ ___N
- Annual Physical Form on file? Y___ ___N Date of Annual Physical? ____/____/____
- Dental visits? Y___ ___N Date of Dental appmt.? ____/____/____
- Fire Drills Reviewed? Y___ ___N
- Medicaid Attendance and/or Respite Need/Use Reviewed? Y___ ___N
- Person Centered Plan Date:____/____/____ PCP Reviewed? Y___ ___N
- Unmet Needs Identified? Y___ ___N
- If yes, Unmet Needs identified as: _____

Comments:

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II. Consumer Status: Whenever possible, consumers should be present during the visit. Report all pertinent observations.

I. Physical Site: Indicate areas that have been assessed during the home visit. Additionally, if the area warrants follow-up, mark the appropriate column. Identify the concern/need in the comment section to discuss and plan for response.

Observations	Assessed	Additional Follow-Up	Guidelines <i>(In addition to MaineCare requirements, the following prompts may be used as points to consider while assessing for health, safety, compliance and good practice)</i>
<ul style="list-style-type: none"> ▪ Cleanliness 			<ul style="list-style-type: none"> ☞ Is facility clean (presence of dirt, trash, unusual odors etc.)? Any recent issues with pest control? ☞ Is the temperature appropriate (consider how the person and staff are dressed, hot/cold water temperature)? ☞ Are personal hygiene and dietary needs addressed appropriately? How/where is food stored? Consider specific arrangements for and needs of the individual re: mealltime, necessary personal care items (soap/towels, deodorant, sanitation, etc.)
<ul style="list-style-type: none"> ▪ Odors 			
<ul style="list-style-type: none"> ▪ Temperature 			
<ul style="list-style-type: none"> ▪ Personal Hygiene 			
<ul style="list-style-type: none"> ▪ Dietary Needs 			
<p>Comments: Note details of concerns or issues to review for follow-up</p>			
<ul style="list-style-type: none"> ▪ Maintenance of home/facility (exterior & interior) 			<ul style="list-style-type: none"> ☞ Is the facility in good repair (working appliances, paint & furniture in good condition, no broken windows, doors etc.)? ☞ Interior and exterior should be free from potential hazards of falls, bodily harm, etc. Considerations to persons or situation posing risk to consumer (elopement, abuse) Anything posing risk/harm to individual's health or safety? Adequate space and lighting. ☞ Fire safety may include escape plans, fire extinguishers, smoke alarms ☞ The prescribed or necessary equipment and/or modification are present, used properly and in good repair (including handrails, ramps; wheelchair, communication device)? Are these approved & do not unduly restrict individual? ☞ Can the individual move safely throughout home, in/out during emergency?
<ul style="list-style-type: none"> ▪ Fire Precautions 			
<ul style="list-style-type: none"> ▪ Environmental Modification 			
<ul style="list-style-type: none"> ▪ Adaptive Equipment 			
<ul style="list-style-type: none"> ▪ Access/Mobility (private/common areas) 			
<p>Comments: Note details of concerns or issues to review for follow-up</p>			
<ul style="list-style-type: none"> ▪ Appropriate Staffing 			<ul style="list-style-type: none"> ☞ Is appropriate staffing allocation observed- Is staffing appropriate, corresponds to person's needs etc., are staffing ratios being met ☞ Appropriate interaction with staff (respectful, attentive, responsive to individual's needs), ☞ Observations of consumer's opportunity for connections through community life including work and personal support networks, express individual choice in decisions (including budgeting, wardrobe, food, activity, visitation). ☞ Any undue restrictions to individual's rights, including privacy, mobility, access to money, food, and personal belongings).
<ul style="list-style-type: none"> ▪ Personal Rights 			
<ul style="list-style-type: none"> ▪ Choice 			
<ul style="list-style-type: none"> ▪ Money, personal belongings 			
<p>Comments: Note details of concerns or issues to review for follow-up</p>			

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III. Consumer Interview: Review domain areas with the consumer, using the prompts to help assess the consumer's overall satisfaction. Efforts should be made to talk with the consumer in areas including health, residence, work/day program, satisfaction with services and supports, quality of life etc. Include comments around assessment for safety, unmet needs, satisfaction etc. Indicate if the domain area was assessed, noting consumer's comments. Determine if the consumer expressed general satisfaction; or specific issues were identified and there is dissatisfaction interpret. The ISC will check areas in which to follow up.

- The consumer was not present at the time of visit. Date of interview if completed at another time. ____/____/____
- The consumer chose not to participate in the interview.
- The consumer's ability to communicate was not sufficient for ISC to assess domain areas by interview.
- Provider or *other*: _____ was present during the interview for assistance, or safety.

Domain Area	Comments	Assessment
General Health/Wellbeing <i>(How have you been feeling? Have you been to the doctor, dentist? Any change to medications?)</i>		<input type="checkbox"/> General satisfaction <input type="checkbox"/> Expressed dissatisfaction <input type="checkbox"/> Follow-up <input type="checkbox"/> Not assessed
Home <i>(How are things at home? Do you like living here? Do you feel safe?)</i>		<input type="checkbox"/> General satisfaction <input type="checkbox"/> Expressed dissatisfaction <input type="checkbox"/> Follow-up <input type="checkbox"/> Not assessed
Home Staff <i>(Do you get along with your staff at home? Do you feel you are treated fair and respected?)</i>		<input type="checkbox"/> General satisfaction <input type="checkbox"/> Expressed dissatisfaction <input type="checkbox"/> Follow-up <input type="checkbox"/> Not assessed
Work/ Day Program <i>(Do you like where you work/go during the day? Would you like to have a [different] job or other place to go? Do you feel safe there?)</i>		<input type="checkbox"/> General satisfaction <input type="checkbox"/> Expressed dissatisfaction <input type="checkbox"/> Follow-up <input type="checkbox"/> Not assessed
Work/ Day Program Staff <i>(Do you like staff who help you during the day? Do you feel you are treated fair and respected?)</i>		<input type="checkbox"/> General satisfaction <input type="checkbox"/> Expressed dissatisfaction <input type="checkbox"/> Follow-up <input type="checkbox"/> Not assessed
Inclusion <i>(Do you have things you like to do outside the house, like shopping, going out to eat, or someplace fun? Does staff help you get out into the community if you want to?)</i>		<input type="checkbox"/> General satisfaction <input type="checkbox"/> Expressed dissatisfaction <input type="checkbox"/> Follow-up <input type="checkbox"/> Not assessed
Relationships <i>(Do you have someone you can talk to about personal things? Do you have help to plan to see friends/family when possible)</i>		<input type="checkbox"/> General satisfaction <input type="checkbox"/> Expressed dissatisfaction <input type="checkbox"/> Follow-up <input type="checkbox"/> Not assessed
Planning/Services <i>(Do you get the services you need? If you want to change something, do you have someone to talk to about it? Are there things that you want to talk about at PCP?)</i>		<input type="checkbox"/> General satisfaction <input type="checkbox"/> Expressed dissatisfaction <input type="checkbox"/> Follow-up <input type="checkbox"/> Not assessed

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IV. Residential Record: Indicate areas that have been assessed during the home visit. Additionally, if the area warrants follow-up, mark the appropriate column. Identify the concern/need in the comment section to discuss and plan for response.

Record Components	Assessed	Additional Follow Up	Guidelines <i>(In addition to MaineCare requirements, the following prompts may be used as points to consider while assessing for health, safety and good practice)</i>
<ul style="list-style-type: none"> ▪ Record Maintenance 			<ul style="list-style-type: none"> ☞ Is the record in reasonable order, can necessary documents be located? Does documentation reflect provider is following written protocols, MaineCare requirements and best practices? ☞ Is the most recent plan contained in the record, indication the guardian participating in planning- at the minimum signed off on the plan? Is the plan individualized for the person? Identifies all services, unmet needs etc.? ☞ Indication all needs are identified and addressed appropriately ☞ Is there supporting documentation of current status, his/her goals, authorized services etc.? Does documentation reflect efforts to address person is involved in community life, in contact w/ unpaid supports, participation in decision making etc.?
<ul style="list-style-type: none"> ▪ Current, approved PCP 			
<ul style="list-style-type: none"> ▪ Routine documentation of progress notes 			
<ul style="list-style-type: none"> ▪ Notes are meaningful, reflecting services 			
<ul style="list-style-type: none"> ▪ Services/Supports 			
<ul style="list-style-type: none"> ▪ Unmet needs 			
Comments			
<ul style="list-style-type: none"> ▪ Current medical exams (physical, dental, vision) 			<ul style="list-style-type: none"> ☞ Does documentation reflect at least an annual physical exams within the last year, timely dental exams etc. Are recommendations clearly noted & addressed? ☞ If the person is under guardianship, does documentation clearly denote the guardian was contacted prior to the individual appointment/treatments? How does the provider track documentation of consent?
<ul style="list-style-type: none"> ▪ Physician recommendations 			
<ul style="list-style-type: none"> ▪ Prior consent for treatment 			
Comments			
<ul style="list-style-type: none"> ▪ Medication tracking system 			<ul style="list-style-type: none"> ☞ Are medications stored and tracked appropriately? MAR used and up to date with current medication regime? Administration policies in place. ☞ Corresponding doctor's order/RX on file. ☞ Is the provider following reportable event procedure for missed, refused dosages? ☞ If the person is under guardianship, does documentation clearly denote the guardian was contacted prior to the changes in medications? How does the provider track documentation of consent?
<ul style="list-style-type: none"> ▪ Prior consent re: changes to medication regime 			
Comments:			

V. Supervision: All Home Visit Review tools are to be reviewed with assigned reviewer's supervisor. Reviewers, their supervisors and QA are to maintain copies of the tool. Following review of findings, the reviewer and their supervisor may discuss reasonable steps to address concerns. * Any person identified as the 'Responsible Person' will be notified and, at minimum, receive a copy of page 5 of the Home Visit Review tool. Action steps are to be documented in the EIS Action Note. DHHS is to be made aware of ongoing concerns, action steps and resolutions. The PCP team should meet and plan whenever there are notable concerns.

8. Following this home visit, are there any issues, concerns or needs that warrant additional follow-up? No Yes
Please specify in the table below.
9. Has a reportable event been submitted based on the findings of this review? No Yes
10. Was the Case Management record reviewed? Hard Copy Record EIS Electronic Record No N/A

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Issue Concern	Action	Responsible Person

Supervisory Comments:

A copy of this review has been received by: (Check all that apply)

- Supervisor
 Community Case Manager or ISC
 Administrative Agency
 Home Provider

Reviewer's Signature

____/____/____

Date of Review

Reviewer's Supervisor Signature

____/____/____

Date of Supervisory Review

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