



# Division of Developmental Disabilities Services

Office of Quality Improvement

## New CLA Home Protocols

Prepared by: Office of Quality Improvement

Revision: \_\_\_\_\_

Date: 04/21/2015

### **Objective:**

To effectively certify CLA's; and to ensure safe living arrangements for the individuals living in the home.

### **Definitions:**

Community Living Arrangement: Supervised Apartment or Townhome with community access; services inclusion that explore community services available to all people, natural supports available to the individual, and develop methods to access additional services/supports/activities desired by the individual.

### **Standards:**

- A. Prior to opening a CLA the service provider will contact the Office of Development Management to notify them of the new opening.
- B. The Director of Quality Improvement or designee will be notified of the new CLA and will assign a DDDS Program Evaluator to conduct a walkthrough of the home.
- C. Using the New CLA worksheet the Program Evaluator will inspect the home.
- D. If any issues arise the DDDS Program Evaluator will meet with the agency within 10 business days of the initial walkthrough to establish a Plan of Correction.
- E. If no issues arise the Program Evaluator will share the results with the team and file the document in the electronic filing system.
- F. 6 months after the home opens the DDDS Office of Quality Improvement team will conduct a CLA Review.
- G. At the exit meeting it will be determined if the home is issued a full Certification or issued a provisional Certification.

- H. If a home is issued a provisional Certification follow the Probationary Status for DDDS Contractors Protocol.
- I. If the home is recommended for Certification the DDDS Program Evaluator will send the agency a certification letter electronically. A copy of the letter will be saved in the electronic filing system.

**References:**

- A. HCBS Waiver Certifications

**Exhibits:**

- A. New CLA Work Sheet
- B. Probationary Status for Contractors Protocols



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## NEW CLA HOME WORKSHEET

<b>House Name:</b>	<b>Address:</b>
<b>Agency:</b>	<b>Contact Person &amp; Contact Information:</b>
<b>QI Reviewer (s):</b>	<b>Projected Opening Date:</b>
<b>6 Month Review Date:</b>	<b>Rooms in the Home:</b>

Agency		Comments
Does the agency have policies and procedures manuals available to staff? (This can be electronic)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are staff Job Descriptions on site? (This can be electronic)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the agency have a sign in book available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the Agency have the Title 16 rights available in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Staff		Comments
Do all staff working in this home have a letter from the Background Check Center or copies of all required background checks? (The PE must see a copy of this)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
All staff working in the home <b>alone</b> have: <ul style="list-style-type: none"> <li>• CPR</li> </ul> To work in the home: <ul style="list-style-type: none"> <li>• DDDS Abuse Policy Review</li> <li>• PM 5 Review</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

All staff working in this home has a PPD tests on file. (required by Public Health)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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<b>Health &amp; Safety</b>	<b>Comments</b>	
The Agency has policies and procedures for infection control pertaining to individuals, staff, and guest.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The home has a first aid kit available.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A communication system is in place to notify local emergency agencies in the event of an emergency or disaster. (ex: telephone/cell phone)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Telephone numbers of the nearest poison control center and nearest source of emergency medical services are posted.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
All fire exists are marked and evacuation routes are posted in a common areas.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A minimal of one 2 ½ pound ABC fire extinguisher is available	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Smoke detectors on all levels of the home are present and working.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The agency has site specific and administrative emergency plans	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The water temperature is between 110 and 115 degrees.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A lockable medication cabinet is set up and in place. (if the individual takes their own medication this may be skipped)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Separate storage for poisons, chemicals & pesticides	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Environment</b>		<b>Comments</b>
The home is located in a community setting	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The outside of the home is in good repair	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Furnishings are present and in good repair	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The inside of the home is in good repair	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Other Comments:**