

Specialized Residential Home Standards

	Standard	Source	Guidance	Evidence May Include
	General Appearance			
1.1	Home is clean and maintained (internal and external)	R400.14403 Rule 403 (1-15)	Concerns with home should be noted and addressed with LARA via complaint process.	<ol style="list-style-type: none"> 1) Furniture is comfortable and clean. 2) Living areas are well lit/ventilated. 3) Roof is well maintained. 4) Windows are weathertight. 5) Floors, walls, ceilings are clean and in good repair. 6) Stairways have sturdy, fastened handrails 7) Scatter rugs have nonskid backing. 8) Sidewalks are well maintained, i.e. no snow, ice, or debris 9) Hot water pipes/radiators shielded.
1.2	If home has a porch and/or deck, appears to be in safe condition with safety rails.	R400.14403 Rule 403 (8)(11)	Check for general safety; concerns should be noted and addressed with LARA via complaint process.	<ol style="list-style-type: none"> 1) Kept free of snow, ice, and debris. 2) Handrails on open sides. 3) If 8" or above, handrails on both sides
1.3	Home is handicap accessible with ramp and wheelchair access	R400.1439 Rule 39 (1-3)	Concerns should be noted and addressed with LARA via complaint process.	<p>If wheelchairs in home:</p> <ol style="list-style-type: none"> 1) Two approved means of egress from the first floor. 2) Hand rails both sides of ramps. 3) Doors 30" wide
1.5	Walkways are clear and free of blockages	R400.2243 Rule 243, R400.2247 Rule 247 (4)	Concerns should be noted and addressed with LARA via complaint process.	<ol style="list-style-type: none"> 1) Easily traveled condition at all times. 2) Positive latching, non locking
1.6	Food service equipment is clean and in working condition.	R400.14402 (4)		<ol style="list-style-type: none"> 1) nontoxic material, easily cleaned 2) Thoroughly cleaned after each use

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1.7	Handrails and grab bars are in good working order	Section 825.0 R400.14403 (8) or R400.2247 (1)		Handrails/grab bars are sturdy and secure
Medication				
2.1	Medication is properly stored and secured	R 400. 14312 rule 312 (1) R 400. 1418 Rule 18 (5)	Medication Storage is locked; Refrigerated medications are locked/secured; Topical and Oral medications are separated from each other	
2.2	Staff are trained on and follow the Rules of passing medications: e.g. Right Patient, Right Medication, Right Dose, Right Route, Right Time, Right Documentation, Right Reason, Right Response	R 400.14312 rule 312 (1-7)	Separate medication supply is kept on-site and labeled; Medication errors are documented/logged https://www.nursingcenter.com/ncblog/may-2011/8-rights-of-medication-administration	Training log, interview staff checking Rules on passing meds
2.3	Medication Errors/Missed Medications are documented in Incident reports and follow-up are effective	No source identified	Has administrator/licensee provided specific performance improvement to prevent reoccurrence of the incident for each staff member involved, per Incident Report. Look for any incident reports to explain irregularities in the medications administration record	Incident Report
2.4	Medication Administration record (MAR) is implemented and used.	R 400. 14312 rule 312 (1) R 400. 1418 Rule 18 (5)		Med logs are used and filled out correctly
Safety and Contingency Plan				
3.1	First Aid kit is present in the home (and/or vehicle if transporting consumers)	R400.14319 Rule 319 (b) – Vehicle	OSHA requirement – list of content requirements - https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.266AppA	

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3.2	There is a system in place to ensure individuals can identify their own personal care items (razors, tooth brush, etc.)		Individual bins are labeled and stored separately	
3.3	Carbon Monoxide Detectors are present and operational	Michigan Residential Code (MRC); Building Codes	Applicable to homes with fireplace or heated with gas	
3.4	Provider has a policy/procedure in place for testing and maintenance of carbon monoxide detectors	Manufacturer recommendations?	Ensure log of testing is in accordance with policy/procedure and/or safety manual	Policy/Procedure, Safety Manual, Log, Maintenance Checklist
3.5	Smoke Detectors are present and operational	R400.14505 Rule 505 (1-6) R400.2376 Rule 376 (1-5) R400.1437 Rule 37 (1-6)	Verify that the home has detector.	
3.6	Provider has a policy/procedure in place for testing and maintenance of smoke detectors	Manufacturer recommendations?	Ensure log of testing is in accordance with policy/procedure and/or safety manual	Policy/Procedure, Safety Manual, Log, Maintenance Checklist
3.7	Evacuation scores recorded and present	R400.14318 Rule 318 (5)		Records of scores
3.8	Fire drills are performed in the home (quarterly on every shift)	R 400.14318 rule 318 (5) R 400.2261 rule 261 (2)-quarterly	1 daytime hours, 1 evening hours, 1 sleeping hours each quarter	Interview staff on safety plan. Review policy/procedure, safety manual, etc. Review log of drills.
3.9	Evacuation Routes are posted and accurate and current	R 400.14318 rule 318 (2) R 400.1438 rule 38 (2)	Interview staff on safety plan. Review policy/procedure, safety manual, etc. Review evacuation route postings	Evacuation route postings
3.10	Home has a designated tornado shelter area	R 400.14318 rule 318 (5)	Interview staff on safety plan. Review policy/procedure, safety manual, etc. Review posting.	Policy/Procedure, Safety Manual, Posting

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3.11	If emergency lights are present, they are in working order.		If not present, indicate N/A	
3.12	Poison Control Number is Posted (800) 764.7661		Interview staff on safety plan. Review policy/procedure, safety manual, etc. Review posting.	Policy/Procedure, Safety Manual, Posting
3.13	MSDS guidelines are implemented		Interview staff on safety plan, specifically MSDS safety guides. Ask for evidence of specific MSDS sheet. . .	Policy/Procedure, Safety Manual, MSDS guide sheets - may be electronic or paper format; staff know how to access and follow guide sheet.
3.14	Hazards (sharps, cleaning supplies, etc.) are safeguarded for consumer safety		Items are not locked away, "just because." Should be guided by behavior/safety plan. Others in the home have access to items. Documentation that other residents are aware that items are locked away.	
3.15	Interior of home is free of surveillance/monitoring cameras.	Mental Health Code 330.1724 Section 724	unless in an inpatient unit this is not acceptable practice. Residential Licensee can request a variance to licensing rule for medical reasons – requires physician order and guardian	
3.16	Provider has systems in place to ensure adaptive equipment (i.e. beds, C-PAP, wheel chairs) is maintained.	R 400.14306 Use of assistive devices .15306	Checklist, log, documentation of monitoring, policy/procedure, equipment is clean, demonstrations, staff interviews describe p/p, Should include evidence that they are following manufacturers maintenance schedule. Provider is communicating issues with	

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3.17	Blood spill kit is on site with the following items: Absorbent Packs, Antiseptic Cleansing Wipes, Bio-hazard Bags, Body Fluid Pick Up Guide, Disposable Clean-up Towels, Disposable Gown, Disposable Shoe Covers, Eye Shields, Germicidal Wipes, Gloves, Scooper		Evaluate how this is monitored; refilled if used; checking kit stock	
3.18	Fire extinguishers are present, not expired, and accessible	R 400.2245 rule 245		
3.19	Fire, medical, severe weather drills occur according to policy or licensure	R 400.14318 rule 318 (5)	Interview staff on safety plan. Review policy/procedure, safety manual, etc. Review log.	Policy/Procedure, Safety Manual, Posting, Log
3.20	Contingency plan is available in the event of a driving accident			
3.21	Emergency Shelter plan (interim) is documented			
3.22	Contingency plan is available in the event of a Power Outage			
Emergency Bags				
3.23	Emergency Bags in the vehicle at minimum contain a First Aid Kit; there is a process for monitoring contents	R 400.14319 Resident transportation	Process for monitoring Emergency Bags (frequency and responsibility identified and followed)	

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3.24	<p>Emergency Bags in the home contain all items listed below and are mobile; there is a process for monitoring contents :</p> <ul style="list-style-type: none"> -Blankets and rain coats #_____ -Portable radio -Consumer Profiles (w/ meds, physician/ allergies) -First Aid Kit -Flash Light -Appropriate batteries -Keys: Van & House -Gloves -Disposable briefs (as appropriate) -Wet Wipes/Hand Sanitizer 	FEMA safety practices	Process for monitoring Emergency Bags (frequency and responsibility identified and followed)	
3.25	<p>Food items are labeled</p> <ul style="list-style-type: none"> -Bottled water (expiration dates) -Snacks (expiration dates) 			
3.26	<p>Telephone numbers of staff, guardians and a process to contact others (management/staff)</p>	R400.2261 Rule 261(2)		
Staffing				
4.1	<p>Staffing is sufficient to implement programming schedule:</p> <p>AM PM Midnight</p>	R 400.14206 rule 206 (1)(ratio 1:12)	<p>Review staffing ratio for AM, PM and midnight shifts and document ratio. Repeated finding of ratio below requirement may suggest an inadequate plan for short staffing.</p>	<p>Staff schedules for AM, PM, and midnight shifts</p>

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4.2	Effective plan for short staffing	R 400.14206 rule 206 (1)(ratio 1:12)	Interview staff/home manager regarding plan for if/when short staffing occurs; if staff can provide a specific example of when this has occurred, review staff schedules to see if process occurred as it was supposed to.	Policy and/or Procedure; Interview staff/home manager on process for when short staffing occurs; review staff schedules to confirm process functioned(if applicable)
Incident Reporting				
Indicate the number of incidents reports reviewed:				
5.1	Incident reports are completed in entirety 5.1a Prevention Strategy was addressed in the incident report	PIHP/MDHHS Contract 6.1, Critical Incidents; Medicaid Provider Manual Section 10.4; CARF I.H.9, I.H.10.b.(3-5); R 400.14209; R 400.14307	Request log of incident reports and select a sample to review	
5.2	Are there individuals with specialized care needs in the home? Feeding tubes #: ___ Diabetes#: ___ Wheelchairs#: ___ Behavior plan#: ___ Hypertension#: ___ Autistic#: ___ Cerebral palsy Needs lift#: ___ Other: _____ #: ___ Have staff been trained on how to care for population specific needs?			
Recipient Rights				
The following postings are in a conspicuous location for recipients and staff:				
6.1	Recipient Rights Poster	PIHP/MDHHS Contract Attachment 6.4.1.1 Grievance and Appeal Technical Requirement	List the CMHs and name(s) of Rights Staff observed on the posters.	

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6.2	Abuse and Neglect	PIHP/MDHHS Contract Attachment 6.4.1.1 Grievance and Appeal Technical Requirement		
6.3	Grievance	PIHP/MDHHS Contract Attachment 6.4.1.1 Grievance and Appeal Technical Requirement		
6.4	Appeals	PIHP/MDHHS Contract Attachment 6.4.1.1 Grievance and Appeal Technical Requirement		
6.5	Emergency Numbers	PIHP/MDHHS Contract Attachment 6.4.1.1 Grievance and Appeal Technical Requirement		
6.6	Whistleblowers Act	R400.14318 Rule 318 (3); R400.1438 Rule 38		
6.7	Were complaint forms readily available?	State ORR tool		
6.8	Were recipients aware of how to file a complaint?	State ORR tool		
6.9	Were staff aware of how to file a complaint?	State ORR tool		
6.10	Were copies of Chapter 7 and 7A available?	State ORR Tool; Chapter 7 https://www.legislature.mi.gov/(S(0y0kqodxvnpnmakigf04zfk))/documents/mcl/pdf/mcl-258-1974-7.pdf	Look for print or electronic copies of RR section of MHC and that they are easily accessible to staff.	
6.11	Were any exclusions to items able to be brought into the site (contraband) posted and visible to consumers and visitors?	State ORR tool		

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6.12	Were records and other confidential information secured and not open for public inspection?	State ORR tool		
6.13	Were any health or safety concerns identified during the visit?	State ORR tool		
6.14	Were appropriate accommodations made for persons with physical disabilities?	State ORR tool		
6.15	Documentation that staff received RR training within 30 days of hire was reviewed?	State ORR tool		
HCBS				
7.1	Home is similar to other residences in the neighborhood and is maintained.	MDHHS PCP Policy	HCBS residences only. Looks like a typical residential home not a hospital, school, campus, or institution. Institutional qualities of home might include staff only parking spots; signs indicating security, setting appearing institutional vs. home-like. Note concerns to CMHSP/ PIHP HCBS lead.	Visual inspection

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7.2	Restrictions are not present in the home. If restrictions exist, the individual(s) in the home requiring a restriction has documentation of health/safety rationale in the IPOS.	MDHHS PCP Policy; HCBS Final Rule	<p>*Restrictions include: Locked pantry's/ doors/ refrigerators; baby gates; door alarms that prevent individuals from coming/ going; video monitors; any means of restricting access to areas of the home; staff only parking spaces; presence of house rules; community access restricted for residents;– also dignity, respect and right to privacy through the availability of locks on the bedroom and bathroom doors.</p> <p>*Review specific need identified in the POS. Health and safety needs are the only acceptable justification for restricting an individual rights and freedoms. Restrictions may require Behavior Treatment Plan/BTPRC approval.</p>	Visual inspection, staff interview, policy review where applicable, IPOS, Behavior Treatment Plan is on site
7.3	If restrictions affect other members of the home, each resident in the home has documentation of the restriction in the IPOS documenting how they can overcome the restriction.	MDHHS PCP Policy	<p>Whether individual resides in home with the presence of physical restrictions (e.g. pantry, refrigerator, etc. locked), which affects every resident of the home.</p> <p>IPOS should include info on choice of setting and how a person is able to overcome restrictions that are in place for someone else in the residence.</p>	Visual inspection, IPOS review

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7.4	If restrictions affect other members of the home, the provider has a process for other residents to overcome restriction.	MDHHS PCP Policy	IPOS should include info on choice of setting and how a person is able to overcome restrictions that are in place for someone else in the residence.	IPOS review
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Consumer Chart Review

	Standard	Source	Guidance	Evidence May Include
1.1	Guardianship paperwork	MCL 330.1746 requires that the record "shall be kept for each recipient of mental health services. The record shall at least include information ... pertinent to the legal status of the recipient ..."	current, signed and dated copy in record	
2	Consent to Treatment		current, signed and dated copy in record	
3	Statement of Notification		current, signed and dated copy in record	
4	Medication Consent present	MCL 330.1719 requires that people being prescribed meds be given information verbally and in writing, I imagine the form was created to provide proof that it had been done.	current, signed, and dated in record; including a description of the prescribed medication	
5	Assessment Plan by the Home.	R 400.14301 (4	before or on admission date and annually; signed and dated in record	
6	Individual Plan of Service (IPOS);	MA Manual	current, signed and dated copy in record; evidence of staff training on the IPOS; evidence that staff have implemented objectives	
7	Behavior Treatment Plan	MA Manual, BT technical requirement	approved by BTC; evidence of staff training on the Behavior Treatment Plan; evidence of staff charting specific behaviors as indicated in the Behavior Treatment Plan; If no BTP, indicate NA	
8	Crisis Plan	R 400.14309	evidence that staff has been trained on the Crisis Plan.; If no Crisis Plan, indicate NA	
9	Incident reports	R 400.14311	within the last 6 months document action to prevent re-occurrence ; If no incident reports, indicate NA	
10	Health Care Appraisal	R 400.14301 (10)	Current; completed annually	
11	Release of Information form	HIPAA - get #	completed and signed by member and/or guardian	
12	Monthly weight and vital checks	R 400.14310 (3)	vitals per dr. order	

Consumer Chart Review

13	Resident Care or Lease Agreement (Summary of residency rights)	R 400.14315/ HCBS rules	signed and completed annually	
14	Monthly accounting of resident's funds dispersed	R 400.14315		
15	Physician orders	R 400.143301(11)	include date, Individual name, physician signature, and are filed in chronological order in chart.	
16	If Physician orders have restrictions outside of the health and safety area, there is a behavior treatment plan in place.		Need to revisit with the group	

Provider Qualifications

	Standard	Source	Guidance	Evidence May Include
	Documentation of the date of hire or offer letter is in the personnel file.	MA Manual; R400.14208(1G)	Provider should maintain a personnel file for each staff member. File shall include all relevant materials and verifications to determine employment eligibility	documentation showing the official date of hire; offer letter with date of hire
	The current job description is present in personnel file signed and dated by the employee. (Annual)	R400.14207(3) Small	See above	Position description
	There is a copy of a current driver's license or State ID (front and back) in personnel file.	400.14204 - Age Verification; 400.14208 for transportation purposes	See above	State DL or State Issued identification
	There is an I-9 verification in personnel file.	Labor Law	All U.S. employers must ensure proper completion of Form I-9 for each individual they hire for employment in the United States. This includes citizens and noncitizens. Employers must retain Form I-9 for a designated period and make it available for inspection by authorized government officers	completed I-9 form with copies of applicable sources of identification
	The finger printing process provides a State of Michigan Eligibility To Work Letter in the personnel file establishing that a DCW is employed at an AFC Home.	MCLA 333.20173a, 333.20173b, 330.1134a, 400.734b, 400.734c	Provider obtains eligibility determination letter by logging into background check account. https://miltcpartnership.org/longtermcareportal/home/frequentlyaskedquestions https://www.michigan.gov/documents/dhs/Workforce_Background_Check_Legal_Guide_453048_7.pdf	Eligibility determination letter - must contain the name of the specific facility or agency at which the person is working.

Provider Qualifications

	<p>There is evidence that a criminal background check was completed in accordance with MCL 400.734b.</p>	<p>MCLA 333.20173a, 333.20173b, 330.1134a, 400.734b, 400.734c</p> <p>https://miltcpartnership.org/FrequentlyAskedQuestions</p>	<p>Written consent was provided by the individual at the time of application. AFC or staffing agency made a good-faith offer of employment or an independent contract 400.734b(3)</p> <p>AFC may conditionally employ the individual if they meet all criteria in 400.734b(6) including the attestation as outlined in 400.734b (6)(b)</p> <p>AFC does not permit regular direct access to or provide direct services to residents without supervision until the CBC is obtained unless all conditions are met in 400.734b(6)(C)</p>	<p>Personnel file includes consent to conduct CBC; evidence of good-faith offer; evidence of attestations if conditional offer; evidence of CBC results</p>
	<p>Evidence that DCW is able to communicate expressively and receptively in order to follow individual plan requirements and beneficiary-specific emergency procedures and report on activities performed</p>	<p>Medicaid Provider Manual, provider qualifications chart</p>	<p>Auditor must use best judgment to determine if provider is taking steps to ensure communication skills</p>	<p>Diploma/GED, basic literacy examination, employment interview, etc.</p>
	<p>Recipient Rights Violation Check with local CMHSP</p>	<p>Contractual requirement</p>	<p>Annually for all employees and additional reporting for MDHHS effective 1/2019.</p>	<p>Verification that RR violation was checked.</p>
	<p>Provider assures staff who use personal vehicles to transport customers or for other business purposes have insurance binder or policy on file.</p>		<p>Verify policy holder name and effective/expiration date of policy</p>	<p>Current policy certificate or binder (temporary policy that dissolves once the policy has been issued)</p>
<p>Training (note that these are minimum training requirements - refer to CMHSP contract for additional trainings if applicable?)</p>				
	<p>CPI Training</p>			

Provider Qualifications

	Medication Administration			
	There is evidence that staff met the requirement for trained using either the approved curriculum, " Providing Residential Services in Community Settings: A Training Guide " or an approved alternative curriculum.	R 330.1806(2)(3)(4)	"Tool box" is one method of meeting the requirement. State Training Guidelines workgroup is vetting all trainings	Training transcript, training certificate
	There is evidence that staff met the requirement for CPR/First Aid Training (Biennial)	Provider Qualifications Chart; R 400.14204; CMHSP Contracts	Copy of CPR/First Aid Card	Copy of CPR/First Aid Card
	There is evidence that staff completed the Recipient Rights New Hire training within 30 days of hire.	R 400.14204	For Reciprocity: State Training Guidelines recommends Traditional Live Class for initial training; refreshers may be live or online - https://www.michigan.gov/documents/dhs/Recipient_Rights_377793_7.pdf	Training transcript, training certificate

**This set of standards
is not required, but provided as a resource.**

	Standard	Source	Guidance	Evidence May Include
	1. Resident Funds Part I			
	A. Resident Funds Part I form is available and completed (Compare individuals listed on BCAL-2318 form to Resident Register	R 400.14210		
	B. All information is current			
	C. Form is signed and dated by the Licensee/Designee		*This should be dated every year if no changes were made to reflect that this has been reviewed annually	
	2. Resident Funds Part II - Cash			
	A. Is cash in the home stored in a safe and secure place?		*Resident funds should be locked and stored in a safe location in the home (or stored as identified in the IPOS if the person served can hold their own funds). Providers policies/procedures should indicate who has access to the funds so the person served can always access their funds (see section 8).	
	B. One year of Resident Funds Part II forms are available and completed for CASH on Hand.			
	C. Does the provider have supporting receipts for all transactions?		*Each transaction within the cash ledger should have a corresponding receipt to reflect the transaction. Those individuals served who can hold their own funds (as outlined in their IPOS) will sign a petty cash receipt indicating they have received those funds and do not have to produce a receipt as to what those funds are used for.	
	D. Are all receipts recorded?		*If a receipt is discovered that is not logged in the ledger, this will need to be added to the ledger and reconciled appropriately by the provider.	
	E. Does the cash on hand match the balance of the last entry on the RFI Register?			

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	F. Is cash on hand less than \$200.00?		*The staff in which the audit specialist is reviewing the funds with will assist the auditor by counting out the cash on hand for the audit specialist and ensuring it matches the last entry balance on the ledger.	
	G. Is there a large purchase (over 200.00) identified on the ledger for this review period? If so, please confirm proof of purchase.		*This is a licensing requirement.	
3. Resident Funds Part II-Checking and/or Savings				
	A. One year of Resident Funds Part II forms are available and completed for Checking/Savings Account?		*i.e. If TV go to the person served room to see the new TV).	
	B. Does the ledger include:			
	i. SSI and/or SSDI Payment			
	ii. Ability to Pay and/or Cost of Care Payment		*At a minimum the ledger would include one income source coming in (i.e. SSI, SSDI, etc.) and the ATP/COC coming out. You may see additional transactions such as employment direct deposit, pharmacy bill, personal spending, etc.	
	iii. Other income sources that may be deposited			
	(i.e. VA Benefit, Quarterly Payment SSI, etc.)			
			*This is a benefits maintenance requirement. In the even an account is regularly over the 2000.00 threshold, the person served is at risk of losing their benefits (SSI, Food Stamps, etc.)	
	C. Does bank statement match the ledger?		*SSI less the ATP amount, should be at least 44.00. The 44.00 left can then go towards incidental needs (i.e. Pharmacy co-pays, personal spending, etc.)	
	D. Is the checking and/or savings account under \$2000.00?		*SSI and SSDI less the ATP amount, should be at least 64.00. The 64.00 left can then go towards incidental needs (i.e. Pharmacy co-pays, personal spending, etc.)	

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	E. For those receiving SSI, are they given a minimum of 44.00 per month required for incidental needs allowance?			
	F. For the residents who receive both SSI/SSDI, are they given a minimum of 64.00 per month required for incident needs allowance?		*This is a benefits maintenance requirement. In the even an account is regularly over the 2000.00 threshold, the person served is at risk of losing their benefits (SSI, Food Stamps, etc.) If the person served account is regularly over 2000.00 this should be cited.	
4. Resident Funds Part II CASH/Checking/Savings Combined				
	A. Are all accounts (cash, checking, savings) cumulatively all below 2000.00.		**Be mindful of the time of the month reviewing the ledger. (i.e. Has the ATP cleared the account? Is SSI/SSDI about to be deposited soon, etc.)	
5. Discharged Residents (if applicable)				
	A. If a resident moved out, was the Resident Funds Part II reconciled appropriately and in a timely manner?		*All funds at the time of move out should be issued back to SSA by the current rep payee (provider). Once the new provider applies and gets approved to be the rep payee for the person served, then SSA will issue the person served money to the new provider on their behalf.	
	B. If a resident is now deceased, was the Resident Funds Part II reconciled appropriately and in a timely manner?			
	C. If a resident is now deceased, were funds left (cash on hand or other) returned to SSA or given to a designated representative in a timely manner?		*All funds at the time of passing, the provider should issue the person served funds back to SSA once they know all bills have been paid.	
6. Resident Care Agreement				
	A. The Resident Care Agreement is completed and current.		*This form is required to be completed annually by licensing	
	B. Does the RCA expenditure approval amount match what is in the Individual Plan of Service?			
7. Resident Valuables				
	A. Is the AFC- Resident Information and Identification Record/Inventory of Valuables (BCAL-3483) available for each resident?			

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	B. Select a valuable item from the inventory sheet to ensure the person served is in possession of this item.			
8. Provider Specific Policies and Procedures				
	A. Does the provider have policies and procedure in place that outline their funds and valuables process? (Policies such as who has access to funds in the home, safeguarding, banking etc)		*Inquired what policies/procedures the provider has regarding who has access to funds and what procedures are in place in the event the person/people who have access are unavailable to access funds, what is the process on requesting funds? What is their banking process, etc.	