## BQIS GUIDELINES
### PRE-TRANSITION QUALITY ASSURANCE CHECKLIST

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| **1** | **Home and Community Preferences met?** *(type and location)* | **Expectations:** The type and location of the home meet the specifications as outlined in the support plan.  
- Home and Community meet wants of individual, as described in PCP/ISP?  
- Has the guardian/health care rep. visited the home and/or have they approved a move to this home? |
| **2** | **Home adaptations in place?** | **Expectations:** All adaptations identified in the PCP/ISP are in place at the home. The individual can move about the location without restrictions as independently as feasible.  
- Are home adaptations identified in the PCP/ISP?  
- Are they in place at the home? |
| **3** | **Home clean and hygienic?** | **Expectations:** The home will look and smell clean.  
- Is the carpeting/flooring sanitary?  
- Are the walls clean?  
- Do any rooms have unusual odors?  
- Are the kitchen and all appliances clean?  
- Is the bathroom clean? Are bathroom fixtures clean? |
| **4** | **Safe storage of medications, cleaning supplies, knives and other potential hazards?** | **Expectations:** Medications can be stored safely. Chemicals, sharps and other potential hazardous items will be stored in the home in a manner that does not pose a threat to the individual.  
- Is there a plan for safe storage of medications, per the needs of the individual?  
- Will cleaning supplies be stored separately from food?  
- Is there a plan for storage of chemicals, sharp instruments and other hazardous items, which ensures the safety of the individual per the support plan?  
- Is all safety/storage equipment identified in any of the above plans present? |
| **5** | **House, lot, yard, garage, driveway, etc., free of environmental hazards?** | **Expectations:** Visual inspection of the interior and exterior of the home reveals no observed hazards.  
- Are there obvious hazards?  
- Are ramps, rails, etc. secured when tested?  
- Are there bare light bulbs, frayed cords, or overloaded sockets in the walls?  
- Does the provider have a procedure to take care of hazards, which may occur in the home? |
| **6** | **Transportation available to meet all community access needs?** | **Expectations:** Individuals will not be restricted in their access to the community due to inadequate transportation.  
- Is there a plan that addresses transportation needs as identified in the PCP/ISP?  
- How will the individual leave the home for shopping and appointments?  
- What sort of vehicle will be used?  
- Is there any transportation issue that will cause a barrier to travel into the community? |
| **7** | **Personal Physician identified, and appointment scheduled?** | **Expectations:** The individual has a personal physician identified and an appointment scheduled.  
- Is the name and contact information present for the personal physician?  
- Is there an appointment scheduled?  
- If individual is moving from one residence to another and is keeping the same physician, is there evidence of continued physician services (follow-up or routine return appointment scheduled)? |
| **8** | **Personal Dentist identified, and an appointment scheduled?** | **Expectations:** The individual has a personal dentist identified and an appointment scheduled.  
- Is the name and contact information present for the dentist?  
- Has an appointment been scheduled?  
- If individual is moving from one residence to another and is keeping the same Dentist, is there evidence of continued dental services (follow-up or routine return appointment scheduled)? |
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| **9** | Behavior Support provider identified. | Expectations: If there is a diagnosis of any behavioral or emotional challenges which require professional care, a Behavioral Support provider will be a part of the support team.  
- Does the PCP/ISP identify a need for a Behavior Support provider?  
- Has the provider identified this specialist? |
| **10** | Psychiatrist identified? | Expectations: If the individual is taking psychotropic medications, a psychiatrist will be part of the medical support team.  
- Is the individual taking psychotropic medications?  
- Has a psychiatrist been identified? |
| **11** | Adequate staff assigned? | Expectations: There will be adequate staff available to meet the needs of the individual.  
- Does the provider state that adequate staff have been hired and are ready to provide care and services as identified in the PCP/ISP? |
| **12** | Staff received information addressing individual's medical needs? | Expectations: Staff are able to perform services to meet the individual's medical needs as identified in the PCP/ISP.  
- Is there a medical plan for the individual?  
- Is documentation of information shared addressing medical needs present?  
- Is there a designated person for staff to obtain information as needed? |
| **13** | Staff received information addressing the individual’s dietary/nutritional needs? | Expectations: Staff are able to perform procedures to meet the individual’s dietary/nutritional needs.  
- Is there a dietary/nutritional plan in the PCP/ISP?  
- Is documentation of information shared addressing dietary/nutrition present?  
- Is there a designated person for staff to obtain information as needed? |
| **14** | Staff received information addressing the individual’s personal hygiene needs? | Expectations: Staff are able to perform procedures/interventions to meet the individual’s personal hygiene needs.  
- Is there a dietary/nutritional plan in the PCP/ISP?  
- Is documentation of information shared addressing the individual’s personal hygiene needs present?  
- Is there a designated person for staff to obtain information as needed? |
| **15** | Staff received information addressing individual’s mobility needs? | Expectations: Staff are able to perform procedures/interventions to meet the individual’s mobility needs.  
- Does the individual’s PCP/ISP address mobility needs?  
- Is documentation of information shared addressing the individual’s mobility needs (ex. transfers) present?  
- Is there a designated person for staff to obtain information as needed? |
| **16** | Staff received information addressing the individual’s behavioral considerations? | Expectations: Staff are able to perform procedures/interventions to meet the individual’s behavioral considerations.  
- Does the individual PCP/ISP address behavioral support needs?  
- Is documentation of information shared addressing the individual’s behavioral considerations present?  
- Is there a designated person for staff to obtain information as needed? |
| **17** | High-risk issues identified and plans developed to address them? | Expectations: The provider is knowledgeable of all high risk issues identified in the PCP/ISP and has a plan addressing each issue.  
- Does the provider demonstrate knowledge of all high-risk issues?  
- Is there a plan that addresses each issue?  
- Is the provider knowledgeable of the possible negative consequences if plans are not carried out correctly? |
| **18** | Phone installed in the home? | Expectations: There is a phone installed in the home and the phone number is known to the residential provider, the Targeted Case Manager, the Guardian/Healthcare Representative, and the BDDS Transitions Coordinator. |
| **19** | Is an emergency telephone list present? | Expectations: An emergency telephone list is posted in an area visible from the phone (or as indicated in the PCP/ISP) that includes numbers for:  
- The local emergency number (e.g. 911)  
- The Individual’s legal representative (or advocate, if applicable)  
- The local BDDS office  
- The Targeted Case Manager  
- Adult Protective Services, or Child Protective Services – depending on age of Individual |
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<th>Description</th>
<th>Expectations</th>
<th>Questions</th>
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<td>20</td>
<td>Hot water no warmer than 110° Fahrenheit?</td>
<td>The maximum temperature of the hot water in the home is no higher than 110° Fahrenheit making it safe for bathing, unless otherwise specified in the PCP/ISP.</td>
<td>• Does the PCP/ISP confirm that hot water temperature control is not necessary?</td>
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<td>• Is the home in compliance with the PCP/ISP?</td>
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<td>• If water temperature is not addressed in the PCP/ISP, is the hot water no warmer than 110° Fahrenheit as tested at the bathtub (or shower if no tub) following full stream running for approximately 3 minutes (ensuring water is at maximum temperature)?</td>
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<td>21</td>
<td>Services/supports identified and addressed in the POC?</td>
<td>The Plan of Care identifies and addresses all necessary services and supports as outlined in the Individual Support Plan</td>
<td>• Has the Service Coordinator confirmed that all services and supports identified in the ISP are identified and addressed in the Plan of Care?</td>
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<td>22</td>
<td>Neurologist identified?</td>
<td>If epilepsy, seizure disorder, head injury, hydrocephaly, or other neural disorders exist, a neurologist will be part of the medical support team.</td>
<td>• Does the individual’s PCP/ISP present neural disorders as indicated above?</td>
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<td>• Has a neurologist been identified?</td>
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<td>• Is the provider committed to having the Primary Care Physician make a referral to the Neurologist?</td>
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<td>23</td>
<td>Other Medical Specialist identified?</td>
<td>If additional medical conditions exist which require medical specialist care (such as vision impairments), the specialist/s will be part of the medical support team.</td>
<td>• Does the PCP/ISP present additional medical specialist needs?</td>
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<td>• Have all additional specialists been identified?</td>
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<td>• Is the provider committed to having the Primary Care Physician make referrals to all specialists as indicated?</td>
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<td>24</td>
<td>OT/PT provider identified?</td>
<td>If there are needs relating to mobility difficulties, fine motor coordination, sensory sensitivity, eye hand coordination, transfer difficulties, etc., which would require professional care, OT and/or Pt will be part of the support team.</td>
<td>• Does the PCP/ISP present needs for OT/PT services as indicated above?</td>
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<td>• Has an OT and/or a PT been identified?</td>
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<td>• Is the provider committed to having the Primary Care Physician make referrals as indicated?</td>
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<td>25</td>
<td>Speech Language Pathologist identified?</td>
<td>If there are communication deficits or swallowing difficulties that require professional care, a Speech/Language Pathologist will be part of the medical support team.</td>
<td>• Does the individual present a need for SLP services as indicated in the PCP/ISP?</td>
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<td>• Has a SLP been identified?</td>
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<td>• Is the provider committed to having the Primary Care Physician make a referral to the SLP?</td>
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<td>Dietician identified and a plan in place for meeting nutritional needs?</td>
<td>If there are concerns regarding the individual’s food intake due to diabetes, g-tube, food allergies, caloric limits, etc., a dietician will be part of the medical support team.</td>
<td>• Does the individual have a special diet or special dietary needs as described in the PCP/ISP?</td>
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<td>• Has a dietician been identified?</td>
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<td>• Is the provider committed to having the Primary Care Physician make a referral to the dietician as indicated?</td>
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<td>27</td>
<td>Medical equipment present or arrangements made to obtain the equipment?</td>
<td>The individual will have the medical equipment prescribed for them in the PCP/ISP available at the time of their move into the home (c-pap; nebulizer; glucometer; oxygen; etc.).</td>
<td>• Does the PCP/ISP identify medical equipment needs?</td>
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<td>• Does the provider have a plan to ensure all equipment is in the home at the</td>
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|   |   | Adaptive equipment present or arrangements made to obtain them? | Expectations: The individual will have the adaptive equipment prescribed in the PCP/ISP available at the time of their move into the home (wheelchair; walker; gait belt; braces; shower chair; dining equipment; positioning equipment; etc).  
• Does the PCP/ISP identify adaptive equipment needs?  
• Does the provider have a plan to ensure all adaptive equipment is in the home at the time of the individual’s arrival? |
|---|---|---|---|
| 28 | Adaptive equipment | Expectations: The individual will have the adaptive equipment prescribed in the PCP/ISP available at the time of their move into the home (wheelchair; walker; gait belt; braces; shower chair; dining equipment; positioning equipment; etc).  
• Does the PCP/ISP identify adaptive equipment needs?  
• Does the provider have a plan to ensure all adaptive equipment is in the home at the time of the individual’s arrival? |
|   | Home stocked with food to accommodate the new occupant? | Expectations: Food will be available in the home to accommodate the individual’s wants and needs upon arrival.  
• Does the provider have a plan to have staples and main course food items in the home to accommodate the individual’s wants and needs upon their arrival? |