

ID/DD WAIVER COMPLIANCE REVIEW INSTRUMENT (CRI)

Program Section: Home Visit

RATING SCALE:

Y – Yes N – No N/A Not applicable

Element	Rating	Comments
1. The physical environment: a. Has supports in place to encourage independence b. Is safe without obvious signs of hazards or other circumstances that could cause health & safety issues.	Y N Y N	
2. Participant/legal representative feels the services are adequate to meet current needs.	Y N	
3. Participant/legal representative is satisfied with their providers.	Y N	
4. Participant/legal representative experiences stability and continuity of staff.	Y N	
5. Participant/legal representative feels they are treated with dignity and respect by service providers.	Y N	
6. Participant/legal representative experiences greater community integration as a result of services.	Y N	
7. Plans of Care/Activity Plans/Hab Plans reflect the participants' goals, needs and abilities. Participants are actively involved in the planning of their services.	Y N	
8. Participant/legal representative is informed at the time their POC is developed, and annually thereafter, about their rights, responsibilities, and grievance procedures.	Y N	
9. Services are responsive to participants' changing circumstances and conditions. When requests for changes are submitted to DMH/BIDD, the SC notifies the Participant/legal representative within 10 business days of approval/disapproval from DMH/BIDD.	Y N N/A	
10. Participant/legal representative is knowledgeable of their rights to change and direct staff.	Y N	