

STATE OF NEW YORK  
Office For People with Developmental Disabilities  
**CARE MANAGEMENT OBSERVATION REPORT**

For Willowbrook Class members living in OPWDD Certified Residences including ICFs and Family Care

**\*INSTRUCTIONS ON PAGE 2**

Type of Residence (check one):  Supervised CR  Supervised IRA  Family Care  Supportive CR  Supportive IRA  ICF

Name of Care Manager: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

Agency/DDSOS Operating Residence or Family Care Home: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name(s) of Individuals Visited:  
\_\_\_\_\_. \_\_\_\_\_,  
\_\_\_\_\_. \_\_\_\_\_,

**Question 1:** Based on my discussion with the individual(s) and my own observations, the following physical care, health, or hygiene problems have been identified-----▶  
 Check here if no problems are identified.  
**Guidelines:**  
▪ Is there anything about the way any of the individuals look or behave that may indicate a potential health or hygiene problem (e.g. person is unusually lethargic or agitated)?  
▪ Is there anything about the way any of the individuals are dressed that is of serious concern to you (e.g., clothes are torn or soiled)?

**Comments:**

**Question 2:** Based on my discussion with the individual(s) and my own observations, the following **hazardous** conditions have been identified-----▶  
 Check here if no problems are identified  
**Guidelines:**  
▪ As you visit with the individual and observed the home, see if any obvious hazards are present. Hazards include, but are not limited to: Exposed wires, blocked exits, sharp edges, broken windows or doors, and broken equipment or safety devices.  
▪ Observe if the individual's bedroom door can be locked from the outside so the individual cannot exit his or her room.

**Comments:**

**Question 3:** Based on my discussion with the individual(s) and my own observations, the following problems related to the cleanliness and maintenance of the home have been identified--▶  
 Check here if no problems are identified  
**Guidelines:** Observe the home's appearance. The home should be reasonably clean and well maintained, and be free of offensive odors.  
▪ Ask the individual if the refrigerator, stove, washer, dryer, showers, faucets, and toilets work. If the individual is unable to respond, ask a staff person or Family Care Provider.

**Comments:**

**Actions Taken:** This section is to be completed by the service coordinator after completing the observation report. *Please note:* Questions A and B below refer to **all** individuals living in the residence, including those you visited.

**A.** During your visit, did you observe or become aware of any conditions that place any individual in imminent danger of being harmed?  
 **Yes**  **No** *If Yes, you must take whatever action is necessary to protect the individual(s) [e.g., call for emergency assistance] and remain on site until the situation is addressed. In addition, you must immediately inform the executive director of the residential agency, or his/her designee, and your supervisor.*

**B.** Did you observe or become aware of any event or situation which may be considered abuse according to the definition in Part 624?  
 **Yes**  **No** *If Yes, you must immediately inform the residence manager/charge person, or Family Care provider, and your supervisor. In addition, the service coordinator must ensure that an abuse allegation form is completed by the appropriate agency. Please refer to Part 624.5 (d) (2) for a more complete description of actions to be taken. If this situation is likely to result in imminent danger to consumer(s), follow the actions in question A above.*

**C.** Did you review the findings of this observation report with the residence manager/staff or Family Care provider during or following your visit?  **Yes**  **No**  
***If No, you must follow-up by phone promptly. If problems were identified, follow-up must be within 48 hours.***

**I, or my advocate had an opportunity to provide information about the observations and comments made on this report.**

**Individual's or Advocate's Signature** (if present): \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On this date (\_\_\_\_ / \_\_\_\_ / \_\_\_\_), I, \_\_\_\_\_ spoke with \_\_\_\_\_  
MM DD YYYY (SC's Name) (Residence Mgr. /Staff or Family Care Provider's Name)  
about the findings of this report. (Note: The signatures below do not necessarily imply the agreement of the residence staff or Family Care provider with the findings of this report.)

**Care Manager:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

**Staff Member/Family Care Provider:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

- For all Willowbrook Class members, a home visit is required at least four times in a calendar year.
- For Non-Willowbrook individuals, a home visit is required at least one time in a calendar year.

When visiting an individual's home, care managers should be aware of the environment in which the person is living. Environmental problems can affect health and safety. The individual may let the service coordinator know of problems in the house but the care manager may notice problems on his/her own.

**A completed CMOR is not required for all Non-Willowbrook individuals (as of October 1, 2010)**

**\*Instructions for completing a CMOR for Willowbrook Class members living in OPWDD certified sites including ICFs and Family Care:**

1. A CMOR **is required** to be completed by a care manager at least two times in a calendar year for all Willowbrook Class members living in an OPWDD certified Supervised or Supportive CR, Supervised or Supportive IRA, Family Care home or an ICF.
2. Even if no serious problem is found, the CMOR still must be completed at least twice a year, but not in consecutive calendar quarters. Care Manager should establish either a 1st and 3<sup>rd</sup>, or 2<sup>nd</sup> and 4<sup>th</sup> quarter cycle for completing an individual's mandatory CMOR.
3. A CMOR should not be completed for an individual living in his/her own family home or living in a non-OPWDD certified home.
4. For all certified sites including Family Care, a CMOR must be completed whenever a serious problem is identified during a home visit.
5. When visiting more than one individual living in the same certified residence or Family Care home, only one report needs to be completed, but the report must reflect the input of each of the individuals.
6. Problems reported by the individual and/or the care manager should be noted in the Comments box. This box should also note any response by residential staff or Family Care providers to the problems cited.
7. **If no problems are identified** - A copy of the CMOR must be kept in a separate file by the care manager and in a separate file in the individual's residence, except for an individual living in a Family Care home. For an individual living in a Family Care home, the care manager must send a copy of the CMOR to the Family Care liaison responsible for the home. The liaison must file the report in the Family Care home's certification file.
8. **If problems are observed and reported** - A copy of the CMOR must be kept in a separate file by the care manager in a separate file in the individual's residence, except for an individual living in a Family Care home. The care manager must send a copy of the CMOR to his/her supervisor. The care manager's supervisor must send a copy to the Executive Director of the voluntary agency operating the residence or to the DDSO Director for state-operated residences. For an individual living in a Family Care home, the care manager's supervisor must also send a copy to the Family Care home's liaison and to the Agency/DDSO Family Care Coordinator.

Regardless of whether problems are identified, the **Care Management Observation Report (CMOR)** must be completed by the care manager at least every six months for Willowbrook Class members residing in any OPWDD certified sites, including ICFs and Family Care, with input from the individual and/or advocate. The CMOR does not need to be completed for class members who live in developmental centers. Documentation of these observations creates a written record that facilitates communication between the individual, the care manager, and the certified residential staff or Family Care provider.

**Problems that are identified must be addressed by the residential service provider or Family Care provider.**