

## **Upcoming Licensure and certification changes Frequently asked questions- 7/5/16**

### **BACKGROUND**

Q: Why is licensure and certification being modified at this point in time?

A: The Centers for Medicare and Medicaid (CMS) issued regulations in March, 2014 known as the Community Rule. The Community Rule clearly spells out what it means for individuals to be in and of the community. Key elements of the rule include but are not limited to offering individuals:

- the benefits of full access and integration in the community,
- choice and control in their lives, and
- respect and dignity.

Complying with the Community Rule is required for state to receive funding for its Home and Community Based Waiver programs. The Community Rule gives states until March 16, 2019 to become compliant with the Rule. If states are not compliant by 2019, there is a significant risk of losing federal funding. To ensure compliance, Massachusetts has developed a transition plan and is in the process of obtaining CMA approval for the transition plan. As part of the plan, Massachusetts must assure that it has systems and processes in plan to monitor, on an ongoing basis, that the Community Rule requirements are met for individuals receiving services and supports in community settings. DDS has many monitoring systems that will be helpful for this, including licensure and certification tools.

The existing licensure and certification tools were revised and/or strengthened and there was an addition of 1 new indicator in licensing and 9 new indicators in certification where the current tool did not address issues critical to the requirements of the Community Rule.

DDS worked with a group of self-advocates, family members, providers and DDS staff to revise and enhance the existing licensure and certification tool to reflect the key elements of the Community Rule. The proposed revisions to the DDS Licensure and Certification process were then sent out to a broad array of internal and external stakeholders. The vast majority of comments reflected support for the changes, and modifications to the guidelines were incorporated into the draft. Based on this version of the tool, DDS conducted a pilot of the tool in March, made further revisions, and recirculated the tools to the broad array of internal and external stakeholders, with development of the final draft in April 2016. Full implementation is scheduled for August, 2016.

Q: What is the difference between Licensure and Certification?

A: **Licensure**

The licensure process confers upon the provider, the legal authorization to provide services and supports to individuals. It is based upon the ability of the provider to meet several essential safeguards in areas including but not limited to personal safety, environmental safety, communication, health, human rights, and competent workforce. These essential safeguards are non-negotiable and are considered threshold requirements in order for a provider to serve adults with intellectual disability in Massachusetts.

### **Certification**

The certification process sets forth standards for specific services that promote quality and responsiveness and when implemented are predictive of positive outcomes in the lives of individuals. These indicators are equally as important as the licensure indicators, but are tied to the intended

outcomes of the specific service model and represent a focus for continual quality improvement on the part of the provider. The specific support expectations in certification fall into several domains. These include but are not limited to planning and quality improvement, choice and personal growth, supporting and enhancing relationships, and career planning and development. A new domain, access and integration, has been added to certification.

### **LICENSURE INDICATORS**

Q: Which indicators were strengthened and added in **licensure**?

A: The following indicators were strengthened:

- Written and oral communication is respectful.(L50)
- Individuals can use communication technology. (52)
- Individuals have privacy when taking care of personal needs and personal matters.(L54)
- Individuals and guardians have been informed of their human rights and know how to file a grievance or who to talk to if they have a concern. (L49)

The following new indicator was added:

- Individuals have privacy in their own space. (L90) (new)

### **CERTIFICATION INDICATORS**

Q: Which indicators were strengthened and added in **certification**?

A: A number of certification indicators were strengthened and/or guidelines refined for clarity:

- Added domain and indicators for community access and integration
- Organizationally:
  - Strengthened one indicator related to the providers role in being aware of, setting the stage for changes and in actualizing CMS expectations (C4)
- Residentially (including Placement and IHS):
  - Strengthened many indicators in choice and control
  - Strengthened indicators on relationships and skill building
  - Strengthened community access and integration
- Community Day Services/ Work:
  - Strengthened community access and integration
  - Added culture of the work place

The following are the new **certification** indicators:

- Use of generic resources. (C46)
- Access to transportation.(C47)
- Individuals are part of the neighborhood.(C48)
- The setting blends in with other homes in the area.(C49)
- Individuals are part of the culture of the workplace.(C50)
- Staff/ Home providers understand people's satisfaction with services and supports and help make changes as desired.(C51)
- Individuals have choice of leisure and non-scheduled activities.(C52)
- Individuals are supported to eat what, when, with whom they want.(C53)
- Individuals have assistive technology to maximize independence.(C54)

Q: How do I find out which new indicators are being evaluated for which services?

A: A new manual will be published electronically which will include a chart detailing which indicators apply to which services. Please consult these Applicability Charts for specifics. In summary, the following new indicators are applicable to the following service groupings:

- New indicators that apply to all services:
  - Use of generic resources. (C46) (\*all except employment)
  - Access to transportation.(C47)
  - Staff/ Home providers understand people’s satisfaction with services and supports and help make changes as desired.(C51)
  - Individuals have assistive technology to maximize independence.(C54)
- Residential:
  - Privacy in bedroom (L90)
  - Individuals are part of the neighborhood.(C48)
  - The setting blends in with other homes in the area.(C49)
  - Individuals have choice of leisure and non-scheduled activities.(C52)
  - Individuals are supported to eat what, when, with whom they want.(C53)
- Employment/ Day:
  - Individuals are part of the culture of the workplace.(C50)

#### **UNDERSTANDING THE TOOL AND THE SURVEY VISITS**

Q: How do I find out what the standard for success is in each indicator?

A: A new manual will be published electronically which will contain the revised tools. Please refer to this manual for specific details regarding the new Licensure and Certification tools. The guidelines, how an indicator is measured and criteria for meeting the indicator sections are particularly helpful in clarifying what is needed to achieve success. Any changes made to existing indicators are noted in yellow for your convenience.

Q: The **certification** indicators are critical to reviewing how providers are supporting individuals to have quality lives and experiences that promote access, integration, choice, control, dignity and respect. They are, however, more difficult to measure and are sometimes viewed as subjective. How do we ensure that the ratings are consistent with the criteria for met and not met?

A: While many **certification** indicators do not have a quantifiable threshold, such as water temperature, there is information within the criteria outlining efforts that need to be taken to set the stage for positive outcomes. To ensure that scoring decisions are based on the criteria established within the tool, and that each member of the team is evaluating the provider in accordance with these tools, QE is stressing that surveyor worksheets, which are prepared and used at consensus, should include enough information on which to base individual ratings, by comparing findings to criteria for met/not met. The consensus process will continue to be used to ensure that the team is rating various locations according to the same criteria. When additional guidance is needed, new interpretations will be developed.

Q: Currently surveys are scheduled for up to 5 days. As a result of the addition of new indicators, will the survey time interval be expanded?

A: No, the survey scheduling window will not be expanded as a result of these changes. The survey window, namely the start date (administrative review date) to end date will not exceed 5 days.

Q: How will a residential survey day format change?

A: Residential surveys (one audit) will continue to be scheduled for one day. However, we will be formatting these audit days slightly differently, setting the start time for later in the morning to review documentation and then staying later in the day to conduct observation / Individual interviews (about 1-

1.5 hours). Typically, surveyors had been focused predominantly on gathering information to support the presence of the indicators through documentation review. However, the “information source” and “how measured” sections of the certification tool often refer to observation/ individual interview as the place to measure the certification indicators. For example, information on privacy, control, choices and relationships can best be gathered through observation/ interview rather than documentation review.

### POST SURVEY AND CONSENSUS

Q: How will QE continue to assure consistency?

A: In addition to longstanding processes to assure consistency, QE is increasing the structure of post survey activities and consensus meetings. Findings will be reviewed in conjunction with Guidelines and Criteria for Met and Not Met to ensure:

- evidence meets threshold
- the Guidelines and Criteria are clear
- ratings accurately reflect what is occurring in practice

QED/ Team leader/ Team will continue to be consulted if the surveyor is unsure re: individual scoring decisions. Consensus discussion will be detailed, and a brief review of every indicator will occur (Both Met and Not Met indicators; teams will confirm that evidence from each surveyor is consistent across the team and that all ratings are based on criteria for Met and Not Met. In the event that the Guidelines and criteria are not clear, a discussion will occur, and new Interpretations developed.

### CERTIFICATION LEVELS

Q: I understand that there will now be **certification** levels by Service Groupings. Please explain how this will work.

A: Certification will “roll up” and be reported by two primary service groupings, i.e.

Residential/Individual Home Supports and Employment/Day, rather than by each service type. A full review of certification indicators will be conducted every two years either by DDS or through the self-assessment process.

Two levels of certification

- 80% or more certification indicators met are “certified”
- Less than 80% certification indicators met are “certified with a progress report”

For example, 9 indicators were not met in the provider’s placement services, yet the agency was certified overall. A Progress Report would not be required.

#### **Residential / Individual Home Supports - Certified**

- 20/20                      24/7 residential
- 11/20                      placement service locations
- 10/10                      Individual Home Supports

If providing this array of services with 50 indicators rated; 41/50 were met = 82% = CERTIFIED

Q: What are the implications of being **certified** with a progress report?

A: The intent of the certification process is to focus on supports that if in place, will lead to positive outcomes in the lives of individuals with intellectual disabilities. The focus is on continuous quality improvement. DDS recognizes that improvement in these important areas is not a quick fix, but rather occurs over time. Therefore the progress report is meant to assist providers to assess their own progress towards meeting indicators which may have presented some challenges. It should be viewed as a service improvement not a punitive process.

Q: What happens if an agency receives **Certified** with a Progress Report? Please explain how to complete the Progress Report.

A: First and foremost, there are no sanctions or other outcomes imposed as a result of a Certification with Progress Report. There is also no 60 day follow-up on certification. The Provider would need to complete the Progress Report one year following the survey. QE does not conduct an on-site review of any kind at this juncture. The Progress Report is modeled after the Provider Follow-up report, which was implemented in 2011, and which is familiar to many providers. It is a way that the Provider can reflect on and outline the progress on meeting certification indicators one year later. The provider will receive a pre-populated form listing each not met certification indicator, and the area needing improvement that was noted at the time of the survey. Providers will be asked to complete the form by the one year anniversary of the Service Enhancement Meeting. The Provider would need to briefly comment on the process utilized to correct and review each of the indicators, note the status of the indicator(s) at this one year mark, and determine if the indicator(s) is now met or remains not met. The form needs to be forwarded to the QE, who will forward it onto the Regional and Area Offices. There is no additional review by Operations or OQE. Following completion of the progress report, QE will return for the next cycle's review in one year's time.

### **SELF ASSESSMENT PROCESS**

Q: Providers that receive a Two Year license are eligible for a self- assessment. When conducting a Self-assessment with a DDS targeted review, how will **certification** be included?

A: The Provider's self- assessment will include a review of all licensure and certification indicators. The Self-Assessment form will be pre-populated with the indicators and services to be reviewed. DDS's targeted review will include all critical indicators, and all not met licensure indicators, and all not met certification indicators. For the first cycle after implementation, DDS will review all new and revised indicators.

### **DEEMING OF CERTIFICATION**

Q: Will the department continue to deem CARF?

A: Yes. For the first cycle after implementation, DDS will review all new and revised certification indicators, but will continue to deem CARF for the current unchanged certification indicators.

### **OTHER INFORMATION**

Q: Please clarify what is needed relative to locks.

A: Please refer to more detailed guidance (2/29/16). In summary, individuals must have a lockable bedroom door, unless their door leads to an egress, or unless the lock has been determined to be contra-indicated through the ISP process. Individuals are now supported to be safe and have privacy in their bedrooms by closing their bedroom door, with or without periodic staff checks. With locked doors, appropriate staff can have a key to each bedroom (or a master which opens all bedroom doors), staff can continue to engage in night-time checks as necessary. Therefore, providers are encouraged to only identify a lock as contra-indicated if it is considered necessary to limit / restrict individual's privacy for specific safety reasons requiring more active supervision, visible support and observation by staff.

Q: How can I learn more about the process?

A: There will be five Provider meetings in July.

Northeast	July 12 10am to 12 noon	Hogan Auditorium
Central/ West - Western	July 19 10am to 12 noon	Palmer Public Library Community Room
Central/ West - Central	July 19 2pm to 4pm	UMASS South St. Amphitheatre

Southeast	July 27 10am to 12 noon	Regional Conference Room Middleboro
Metro Boston	July 27 2pm to 4pm	Morse Institute Library Natick

In addition, Providers being surveyed this Fall should feel free to contact the Regional QE Director for further information and to set a date for your specific pre-orientation meeting.