

APPENDIX – ACTIVE TREATMENT (AT) SURVEY PROTOCOL

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Protocol for Active Treatment Surveyors of Nursing Facility Residents with Intellectual Disability or Developmental Disability

General Overview

When you arrive at the Nursing facility, ask for the DPH federal survey team, if you are on-site at the same time of the DPH survey. The DPH federal survey team will have provided information about the active treatment survey process to the nursing facility administrator prior to your arrival at the facility. Introduce yourself to the federal DPH survey team and obtain a briefing as to the status of their survey. You and the DPH team leader should then ask to meet with the administrator or the director of nursing to introduce yourself and your role. If the federal DPH survey team is not present when you arrive, you should ask for the administrator or director of nursing to introduce yourself and your role.

Throughout the active treatment survey do not assume that everyone knows you are coming to conduct a review. Even though everyone is to have advanced notice, sometimes people will be surprised by our visits. So be forthcoming about who you are and why you are visiting. Expect people to be nervous, so do your best to help them relax.

When you arrive at the nursing facility, be sure to introduce yourself and sign in so that people know who you are and that you are in the building. Be mindful of the security procedures of each place you visit. If you move from floor to floor or room to room remember to introduce yourself to those who live/work there, as well as the staff. Do your best to make everyone feel comfortable. **NOTE:** If there are questions about your right to access documents and/or speak with the individual or staff, please provide a copy of the letter of introduction describing our purpose and role. The same considerations should be given when you visit the day services or day habilitation program to review active treatment of a nursing facility resident who is receiving these services off-site.

You must review documentation prior to the survey to obtain background information and to familiarize yourself with the individuals you are surveying.

You must review files at the nursing facility and specialized services (day) program and obtain copies of assessments/documents, as needed to be able to answer questions and justify scores.

You must meet with and conduct an informal interview, at a minimum, with the following people:

- The Individual,
- If the individual has a guardian, this person's Legal Guardian,
- The individual's Service Coordinator or Case Manager,
- The direct care/support staff person from day services who best knows and works most closely with the person, and
- The direct care/support staff person from the nursing facility who best knows and works most closely with the person.

- The nursing facility staff who are directly involved in the provision of active treatment for the individual such as the charge nurse, social worker, activities coordinators, therapists and others who are important to the delivery and/or oversight of services to the individual.

You must observe each individual in:

The Nursing Facility. While at the nursing facility, you will want to:

- meet, be introduced to, interview and observe the individual;
- observe the implementation of the individual's RISP and schedule at the nursing facility;
- observe the interactions of staff with the individual throughout the day.

The Specialized Services/Day Program. While at the specialized services/day program, you will want to:

- meet, be introduced to, interview and observe the individual (if you haven't already been introduced);
- observe the implementation of the individual's RISP and schedule;
- observe the interactions of staff with the individual throughout the day.

You must have sufficient evidence to support your findings and this evidence must be at least one (1) of the following four (4) types:

- Physical Evidence obtained through direct observation, such as the need for equipment by an individual;
- Testimonial Evidence obtained through an interview;
- Documentary Evidence which consists of assessments, RISPs, schedules, records, progress notes, physician's orders, etc; and
- Analytical Evidence secured by comparative or deductive analysis from several pieces of evidence you have obtained. An example would be comparing or contrasting the same data secured from different sources.

Your notes must describe in detail the evidence from which your findings are derived.

Your evidence must meet the following tests:

- **Sufficiency.** Sufficiency is the presence of enough factual, adequate, and convincing evidence to lead a prudent person to the same conclusion as the Reviewer. Determining sufficiency requires good judgment. There is no need to provide elaborate documentation to support non-controversial matters; however, you must provide sufficient evidence to support your conclusion.
- **Relevance.** Relevance refers to the relationship of evidence to its use. Facts or information used to prove or disprove an issue should have a logical, sensible relationship to the issue. Information that does not have this relationship is irrelevant and should not be used to prove or disprove a point.
- **Conciseness.** A report should be no longer than necessary to communicate the information you are reporting. Too much detail may conceal the primary message and discourage readers.

- **Objectivity.** Findings should be presented in an objective and unbiased/ neutral manner and must include sufficient information to provide readers with a proper perspective. This aim is to produce a report that is fair, not misleading, and which places primary emphasis on the matters needing attention.
- **Accuracy, Completeness, Fairness.** Procedures should be applied to produce a document that contains no errors in fact or reasoning.

Your documentation for each rating must contain sufficient information to promote an adequate understanding of the matters reported and to provide a convincing, but fair presentation in proper perspective. If you have conclusions or findings you want readers to know about, you should state them directly rather than leaving them to the inference of the reader.

The following are the steps in the active treatment review process.

Task 1: Survey preparation - review of documentation off site and at nursing facility prior to survey; obtain background information

History/ Demographic Information:

- PASRR (Pre-Admission Screening and Resident Review) is completed by DDS and used, in part, to determine if the person is eligible for nursing facility and specialized services.
- Court monitor reports and DDS follow-up reports

Current documentation (will be available for review before the visit and/or available for review at the nursing facility) The most up to date information, such as the most recent month's progress notes, may need to be reviewed on site.

- Specialized Services Assessment is completed by the day service provider. After the PASRR has been completed and the person has been determined to be eligible for nursing facility services, the person is referred to the specialized services provider who will complete this assessment.
- Therapy Evaluations/Assessments: If the person has an assessment completed by a PT, OT, SLP and/or BT these assessments should be present.
- Vocational Assessments: If you review an individual who is interested in or engaged in employment, this assessment should be present.
- Nursing Facility Assessments: Need to include the Comprehensive Minimum Data Set (MDS) and associated Care Area Assessments (CAAs), and other assessments completed by the nursing facility.
- Plans – RISP: Plans that involve the individual you are reviewing and may include plan of care, specialized services plan, and progress reports completed by

the nursing facility and/or specialized services provider. If you receive an Active Treatment Schedule or calendars which identify what the person is doing during the day/night/weekends, they should also be reviewed and utilized for planning your visit.

- Wellness Data – Information may be found in the Medication Administration Record (MAR), Physician Orders, doctors/nurses notes, and nursing facility Plan of Care (NF POC)
- Programmatic Data: - Data collected on RISP objectives and the level of progress the person is making towards their goals.

Progress Notes – From the case manager/service coordinator, nursing facility, specialized services or day services provider, progress notes should be reviewed, and if copied for reference, be kept in chronological order by source.

Safeguards - Legal documents including those that identify the court appointed guardian, court appointed Rogers Monitor, and/or designate power of attorney or health care proxy should be reviewed. DNR, DNI and documentation indicating the individual's end of life wishes should also be reviewed.

Before you conduct any observation, you should be knowledgeable of the needs and supports of the individual to be surveyed through your review of the file. For example, if the individual is to decide what he/she wears each morning, you need to know that so during your early morning observations you can confirm if choice is being offered. Or, if the individual should not have milk or milk products for any meal or snack, you need to know that so when you observe meals and snacks you can verify if the meal time plan is being followed. If the individual is to use a Voice Output Communication Aid (VOCA), you need to know that so you can look for it in both the day program and nursing facility, confirm that it is working and that the individual is using it across all environments.

As you read through the file, identify the things that need to be verified during observations.

Task 2 – Introductions and on-site preparatory activities

Meet briefly with the administrator and/or the director of nursing and obtain the names of the staff who are important to the delivery and/or oversight of services to the individual.

Prepare a brief summary for each individual being reviewed. The survey worksheet will help to focus you on the specific items that will need to be verified in the field.

Develop your plan for observation and interviews by summarizing information about the person, and outlining the items that need to be validated. As you review the file, you will find recommendations made by various individuals (e.g., therapists) and/or groups (e.g., the RISP Team). You should make note of these recommendations so that you can verify that they have been carried out or if not, why not. Space has been made available on the

Survey Worksheet, or in the front section of the AT Survey Tool to note items or recommendations that you will need to verify.

- Assessments: Assessments reviewed should be listed.
- RISP: The goals/objectives from the past two RISPs should be noted to identify ones which are the same as from the previous year. They should be listed side by side in columns which will allow you to readily see the extent (or lack thereof) of change in goals and objectives from year to year. You must know what goals the individual's RISP calls for him/her to be working on so that you know what you are looking for. You will be verifying that the individual is receiving Active Treatment in line with his/her needs and RISP. When there is evidence that a specific objective has been implemented in the day program and/or nursing facility, you should enter that information in the section which says, "Evidence of Implementation NF/Day."
- Adaptive Equipment and Augmentative Communication Devices: A list of the adaptive equipment recommended for the individual you are reviewing should be noted. If you find that there are more pieces of equipment recommended, list them here and verify their use.

Task 3: Information Gathering

Sub-task 3A: Completion of documentation review

Review current documentation such as data sheets and progress notes on-site.

Sub-task 3B: Observation with the Nursing Facility and the Specialized Service Staff

Time interval(s): Please note the times of your observations, such as meal time and/or program time. It is expected that you may make several observations, including at least one observation of the specialized service provider and one with the nursing facility staff.

Location of Observation: Please note where you are observing, e.g., person's room at the nursing facility or day habilitation services art room.

For the active treatment process to be effective, the overall pattern of interaction between staff and this person must be consistent with the comprehensive functional assessment and the RISP. During the overall observation of this person, assess whether:

- the person has a comprehensive assessment which identifies the specific developmental need or strength justifying the activity, technique or interaction;
- the team projected a measurable objective or target to address the "need;"

- the technique, interaction, or activity is observed and produced the desired target, produced a close approximation of the target, or was modified based on the person's response.
- the content of the activities and the schedule of activities relate directly to the strengths, needs and objectives in the RISP
- the activities/content does not consist of "make work" or non-developmental "time fillers"

Objectively record what you see and hear. Record factually.

Use your list as a method for helping to remind you to look for the specific interventions. As you observe them, check them off. If staff are not implementing them or implementing interventions contrary to recommendations, you should note those observations as a part of your observation notes. If what staff are doing put the individual's health/safety in jeopardy, you MUST notify the staff and a supervisor immediately. Contact the DPH Regional Manager as well. If surveying with DPH, notify the team leader immediately. Do this calmly but swiftly in line with the level of potential harm. This reporting requirement is in addition to and does not supersede or replace any obligation to report suspected abuse of a nursing facility resident as a mandated reporter.

Sub-task 3C: Interviews –General Guidance

The interviews/discussions provide valuable information about the individual and service delivery by the nursing facility and other service providers. The DPH or DDS surveyor must only contact the guardian after the DPH federal survey has begun.

Reviewers need to interview the following people:

- The Individual,
- If the Individual has a guardian, this person's Legal Guardian,
- The Individual's Service Coordinator or Case Manager,
- The direct care/support staff person from day services who best knows and works most closely with the person, and
- The direct care/support staff person from the nursing facility who best knows and works most closely with the person.
- One member of the nursing facility staff who is directly involved in the provision of active treatment for the individual and/or oversight of services to the individual.

The interviews can be conducted in person or over the telephone. The interviews are not formal interviews with a prescribed and standard set of questions. Interviews are conducted to validate and verify documentation. In addition, interviews enable you to collect information on staff training, team composition and participation, satisfaction with services, adequacy of communication, implementation of active treatment, and monitoring and follow-up. The key is to collect as much information as necessary to answer each tag within the survey document. It is possible to gather this information informally by asking questions during observation or during the review of adaptive equipment use.

Do not assume that everyone knows why you are conducting this review. When beginning an interview, ask the person you are interviewing if he/she knows why you have asked for the interview. Tell them that there are federal laws and regulations with specific requirements about the supports and services to be provided to people living in nursing homes who have intellectual disabilities or developmental disabilities. Be sure to get the phone number where they want to be contacted. Explain to the person being interviewed that you will be recording the information gained through the interview. You should make every effort to record responses verbatim. If asked, let the person know that you cannot guarantee confidentiality. Do not prompt the interviewee for desired answers.

Remember that during an interview, staff may have to respond to an emergency or crisis situation. If this happens, you should establish a time to reschedule or resume the interview. Do not continue to engage the person in conversation. Be respectful at all times and thank each person for their time and information.

Some guardians and/or staff may want to know what will be done with the information you gather. Tell them that you will complete the survey and assess whether the individual is being provided active treatment and this information will be sent for review by DPH. A deficiency statement, if indicated will be sent to the nursing facility and other parties responsible for the provision of active treatment and they are expected to submit a Plan of Correction describing how they plan to correct the deficiencies.

Sub-task 3D: Interview with the Individual

It is always preferable that staff familiar with the individual be the one to provide the initial introduction to the individual. Start by introducing yourself to the person. Tell him/her why you are there and that you'll be around most of the day. You have read the file so you know how the person feels about strangers his/her personal space and touch. Respect his/her preferences and do not force the person to talk or interact with you if he/she does not want to. If the person is wary of strangers, come in and out of his/her space during the day with the hopes that you can spend some time together after the individual has seen you with others whom he/she trusts. If the person gets agitated by your presence, back off.

For individuals who are pleased to visit with you, set a time to talk in greater detail and to observe. Please try to have enough of an exchange with the individual to determine issues of choice, satisfaction with his/her daily life, participation in service planning and awareness of guardian, case manager/service coordinator, other staff and friends.

If the person chooses not to meet with you, please document reason(s). If the interviewee wishes to have someone with him/her during the interview, you should respect the person's wishes. However, the purpose of the interview is to gather information from the person. If the other person attempts to answer questions and/or "take over" the interview, continually redirect the questions to the individual. You must determine and address the degree to which someone assists the person to express his/her responses or responds "for" the person.

Sub-task 3 E: Interview with the Guardian

This interview may be in person or over the phone. The interview may be done before or after the observation. Discuss at least the following topics:

- satisfaction with the person's total program;
- involvement of guardian in the planning process;
- level of satisfaction with case manager/service coordinator;
- frequency and adequacy of communication with the team; and,
- adequacy of the implementation of services.

The guardian(s) may choose not to talk with you or do not return your telephone call. Document that you made an effort to speak with the guardian and that they were unwilling or unavailable to respond.

Sub-task 3 F: Interview with the Case Manager/ Service Coordinator

This interview may be in person or over the phone. Encourage them to come to the nursing facility on the survey visit date. Alternatively, interview them over the phone and then indicate in your notes what happened and why.

When interviewing the case manager/service coordinator, it is helpful to begin with a general "tell me about" the person question to allow the person being interviewed to express his/her initial and/or primary views. Tell the case manager/service coordinator that you have a copy of the (give them the date) RISP and current assessments. Please verify with the case manager/service coordinator that the copy(s) you have is the most current and that there are no other assessments/documents you should have. If you know of documents that are missing ask the case manager/service coordinator for copies.

You should make every effort to record the case manager/service coordinator's responses verbatim. Do not prompt the interviewee for desired answers. The case manager/service coordinator may have the individual's file with them, especially the RISP, and may refer to it as needed.

Sub-task 3 G: Interview with the Nursing Facility and the Specialized Service Staff

Ask the nursing facility and specialized services providers to identify the direct support person who knows the individual best to be interviewed. The purpose of the interview is to gain insight into the perspective, knowledge, opinions, preferences, and circumstances of the person interviewed. The interview may present you with the opportunity to observe first hand someone's communication skills, appearance, manner and working style. Do not lead the person to an answer.

You should make every effort to record the interviewee's responses verbatim. You should make any needed notes at a level of detail and reference that permits you to put the information in the context necessary to be useful in supporting your judgments and descriptions. If you have not met the person to be interviewed before, begin by

introducing yourself. If the person does not know, describe your role and the purpose of the interview in the information gathering process. At the end of the interview, thank the person for his/her time and cooperation.

If the direct support staff is new or feels more comfortable, his/her supervisor may also want to sit in on the interview and provide information after the direct support staff has answered. If the individual's direct support staff cannot participate in this interview find out why and note the reason and who is giving you this information.

Task 4: Information analysis and scoring; assessment of Active Treatment

Sub-Task 4A – Information analysis and rating

After reviewing the documentation, conducting the observation and completing the interviews, you will evaluate your findings in this section. All questions in the protocol include “MET,” “NOT MET,” “NA.”

A response of “MET” indicates compliance with the expectations for that regulation/tag. A response of “NOT MET” indicates the item is not in compliance with the expectations for that regulation/tag. A response of “NA” indicates the item does not apply to the individual being reviewed.

All ratings require justification. Please refer to the guidelines in the Active Treatment Survey Tool for the criteria for MET and for the threshold of each tag number.

Please note the evidence/ supporting facts to justify the MET or NOT MET rating. As noted above, evidence must fall into the following categories:

- Physical Evidence obtained through direct observation, such as the need for equipment by an Individual;
- Testimonial Evidence obtained through an interview;
- Documentary Evidence which may include assessments, RISPs, schedules, records, progress notes, physician's orders; and,
- Analytical Evidence secured by comparative or deductive analysis from several pieces of evidence you have obtained. An example would be comparing or contrasting the same data secured from different sources.

Evidence can also consist of the absence of physical, testimonial, documentary, and/or analytical evidence to support the response. For example, goals have no identified sequence.

Justification and evidence statements should be entered prior to determining if the item will be scored “MET” or “NOT MET.”

Sub-Task 4B – Determination of overall AT result

The Active Treatment Tool is organized into six domains/ focus areas with a total of 54

discrete indicators (W tags) to be evaluated. The fifth focus area, implementation of active treatment, includes 7 indicators, and builds upon other focus areas/domains. The last indicator in this domain, W196, is essential. In order to receive a favorable score and meet Active Treatment as a condition specified in W196, overall, the nursing facility must be providing active treatment to individuals within the facility.

W196 requires that each individual receives a continuous active treatment program which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services, and related services, that is directed toward (i) the acquisition of behaviors that are necessary for the individual to function with as much self-determination and independence as possible, and (ii) the prevention or deceleration of regression or loss of current optimal functional status.

There are **three critical elements** that are required to be in place in order to rate MET in W196. These are:

- When viewed as a whole, the active treatment program is pervasive, systemic, and sufficient in scope to assure that the individuals are appropriately served.
- The major elements of the active treatment process are present and functioning in a consistent, cohesive manner.
- Active treatment is consistently implemented in all relevant settings, both formally and informally as the need arises or opportunities present themselves.

In addition, as active treatment builds upon certain pre-requisites, the eight indicators below (which are identified in the Active Treatment Tool as starred W tags) set the stage for a MET rating in W196.

W215(b)★	The comprehensive functional assessment includes all needed areas with specific information about the individual's abilities, skills and how to improve function
W206★	The Rolland Integrated Service Plan (RISP) has been developed by the appropriate interdisciplinary team
W226★	The RISP prepared within 90 days of PASRR, annually, and is complete.
W227★	RISP ... needs to state the specific objectives necessary to meet the individual's needs, as identified by the comprehensive functional assessment.
W242★	The RISP provides specific information on training programs and interventions designed to meet individual's needs and are designed for the individual who lacks those skills.
W247★	Opportunities for client choice and self management are present.
W249★	Continuous AT program is implemented and is not delayed or suspended while awaiting the written RISP.
W251★	Each individual's RISP must be implemented by all staff who work with the individual.

Each of these eight indicators should be rated as MET before the active treatment tag, W196 tag, is determined to be MET and active treatment is found. However, if one or more of these starred eight W tags are found to be NOT Met, W196 can still be determined to be MET if in the professional judgment of the surveyor the **three critical elements** of active treatment described above are satisfied and there is factual evidence to support that determination.

Task 5 – Review of survey findings and completion of Active Treatment Survey Tool

The surveyor completes a draft of the Active Treatment Survey Tool, and utilizes the draft document to communicate with DPH concerning the issues revealed. Each of the indicators is rated MET or NOT MET, with the surveyor noting the evidence and rating for each indicator, and for each NOT MET the specific issue or area that is deficient. DDS and DPH will review the issues revealed during the survey prior to the exit meeting. When the active treatment survey is conducted as part of the DPH federal survey, the DDS surveyor will inform the DPH survey team coordinator. When the active treatment survey is conducted separately, the DDS/DPH surveyor will communicate with their respective supervisors. DPH/ DDS will discuss the content, scope and substance of the preliminary findings shared with the nursing facility at the exit meeting.

Task 6 – Exit Meeting

At the end of an active treatment survey, an exit conference is held with the nursing facility administration to review the preliminary survey findings and to discuss issues and concerns. When the active treatment survey is conducted as part of the DPH federal survey, the DPH or DDS surveyor and the DPH survey team coordinator jointly convenes the exit conference. When the active treatment survey is conducted as a separate survey, the DPH or DDS surveyor convenes the exit conference. The case manager/service coordinator and other members of the RISP team are also notified of the individuals in the survey sample and are invited to attend the exit conference.

The purpose of the exit meeting is to both exchange information and provide the nursing facility with a preliminary summary of the active treatment survey results. A synopsis will be given to the nursing facility, outlining the focus areas in which the nursing facility did well, and where the nursing facility could benefit from more attention. It provides an opportunity for dialogue and discussion on issues. Most importantly, the exit meeting should be viewed as an opportunity for the nursing facility to dispute or clarify the findings by providing additional information to support the presence of the item identified as not being met.

Task 7 – Finalization of Reports, including Statement of Deficiencies

Following the survey, the Active Treatment Survey Tool document is finalized by the surveyor (DPH if pediatric facility and DDS if non-pediatric facility). Ratings and evidence on the Active Treatment Survey Tool are reviewed by DDS and DPH management to ensure consistency of practice.

Once finalized and approved, the Active Treatment Survey Tool forms the basis for the development of the Statement of Deficiencies (SOD) document. A Statement of Deficiencies document is developed whenever one or more indicators were not met and will reference whether active treatment as a whole was determined to be met. Until the SOD is finalized, the draft SOD is an internal public agency document and as such cannot be disclosed to the public. The surveyor prepares the SOD in accordance with the Principles of Documentation, citing the areas that are NOT MET and require correction, listing the basis for the citation. The surveyor also identifies for each deficiency, who is/are party(ies) responsible for correction. MassHealth is notified when a day habilitation provider is a responsible party, and DDS is notified when the service coordinator/case manager is a responsible party. A separate statement of deficiency document will be issued for each provider, as applicable: Nursing Facility, Day Habilitation Provider, or DDS Field Operations. For Day Habilitation programs, the SOD is otherwise known as the MassHealth Site Review Findings.

DPH reviews and issues the SOD to the nursing facility within 10 days after the survey. DPH also sends a copy of the additional SODs to DDS and MassHealth for further distribution to other parties responsible for correcting deficiencies cited in the SOD.

A similar process is being worked out with MassHealth for the issuance of the MassHealth Site Review Findings.

Task 8 –Plan of Correction

The nursing facility will be required to submit its Plan of Correction (POC) to DPH with a copy to DDS within 10 days from the date that the SOD is issued. The Day Habilitation Provider will be required to submit its POC to MassHealth with a copy to DPH and DDS within 30 days from the date the SOD is issued. The DDS Field Operations will be required to submit its POC to DDS with a copy to DPH within 30 days from the date the SOD is issued.

The DPH or DDS surveyor reviews the POC to determine if it is acceptable using the following criteria:

- What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practices;
- How the nursing facility will identify, if applicable, other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put in place or what systemic changes the nursing facility will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored by the nursing facility to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.

DPH/DDS/MassHealth informs the providers (i.e., Nursing Facility, Day Habilitation, or DDS Field Operations) and other responsible parties when the POC(s) are submitted and approved.

Task 9 – Follow-up to Determine Completion of the Plan of Correction

The DPH/DDS surveyor conducts a follow-up on the POC within 60 days of the exit conference. The follow-up will determine whether the NOT MET findings are presently MET as a result of the Plan of Correction. The follow-up may be either an on-site review or a documentation review.

Task 10- Enforcement actions

Nursing Facility: When the follow-up survey determines that deficiencies have not been corrected, the DPH/DDS surveyor must write a follow-up statement of deficiency statement documenting the non-corrected deficiencies. The statement of deficiency process described above will be followed. The follow-up statement of deficiencies will be issued to the responsible party who may be given further opportunities to correct or may be subject to immediate sanctions. In the case of nursing facilities, the possible sanctions include DPH limiting admissions of persons with intellectual disability or developmental disability into the nursing facility, DPH closing all admissions to the nursing facility, DPH suspending or revoking the nursing facility's license, MassHealth imposing fines or penalties and MassHealth terminating the Medicaid provider agreement with the nursing facility.

Day Habilitation Program: DDS and DPH are working with MassHealth on their respective roles and responsibilities for the active treatment reviews of individuals receiving specialized services from day habilitation providers. Where the follow-up survey determines that the habilitation provider has not corrected its deficiencies, it may be given further opportunities to correct or may be sanctioned by MassHealth in terms of fines, penalties, or termination of its Medicaid provider agreement for the day habilitation program.