PLACEMENT SERVICES

LICENSURE AND CERTIFICATION INFORMATION

9/1/17

Fact Sheet
This is a two page informational fact sheet for placement service agencies and home care providers
Developed 2012; revised 2015 and 2017

LICENSURE AND CERTIFICATION
PLACEMENT SERVICES
FACT SHEET

Introduction

Placement services are a unique and valuable model for providing residential services. Services are provided in a provider's home, in a placement agency home, or in a home owned or leased by the individual, where the individual is integrated into the home care provider's network of family and friends, while being provided services and supports to match the individual's interests and enhance the individual's quality of life in a safe environment.

Reason for Licensure and Certification

Although the supports are provided in a private home, DDS has a responsibility to ensure the health and safety of individuals served and that the environment meets certain thresholds of safety, repair, and sanitation. In addition, the level of support is considered 24 hours per day service and DDS has a responsibility to ensure the supports provided meet basic applicable licensure standards for residential supports. Certification is also conducted, unless the agency utilizes a deemed process for certification. A certification review addresses such topics such as access and community integration, human rights, and individual control. If the agency is also being certified by DDS, it is also important that these services are provided in a manner that enhances the individual's quality of life.

Learning That a Visit Will Occur

Forty-five days before the survey, the agency is informed of the date range for the licensure/ certification review and should inform all home care providers of the dates of the survey. Providers will be asked to save the dates of the survey in case their home is randomly picked. The agency learns which homes have been selected for review on the 1st day of the survey. A specific date for the survey visit will be confirmed and will occur within the dates scheduled for the survey. If the provider has commitments outside of the home, surveyors will endeavor to be flexible within the identified survey period as to the time of the visit to the home and with the placement provider.

Reason for the Short Notice

Services are reviewed at a point in time. Since a random sample is taken that represents the agency's services as a whole, it is important that surveyors see the services as they are actually provided on an ongoing basis. It is important that the quality of services be maintained at the highest level on an ongoing basis, and not just in anticipation of an upcoming survey. Extensive preparation should not need to occur, especially for licensed services which should always ensure basic safety, health, and human rights for individuals supported.

What To Expect During the Survey Visit

While needing to review all applicable standards as outlined in the residential applicability charts for placement services and as expanded in the licensure and certification tools, the surveyor will conduct the survey in a

manner that is respectful of this being a private home. Although the review of some indicators may seem intrusive, surveyors will be as unobtrusive as possible while completing the required review.

The survey will have 4 basic components, which may be reviewed in a different order than presented here. Pieces of some of these components may also be combined, such as observation and discussion with the individual.

1. **Environmental Review**
   The surveyor conducts an environmental review of the placement service home. The surveyor will review the areas of the home that are shared or used in common such as the kitchen, and any other section of the home frequented by the individual being supported, and the individual's bedroom. Appliances, fire protection systems, carbon monoxide detectors, and the overall condition of the home will be reviewed to ensure health and safety. Kitchen cabinets need not be opened. Out of respect for the home care provider's privacy, bedrooms of the provider and his/her family are not reviewed. Basements will be briefly reviewed to ensure that there are no noticeable safety concerns present.

2. **Documentation Review**
   The surveyor will review all available documentation about the individual's supports, including the individual service plan, money management documentation if applicable, safety plan and health- and medication-related documentation, as applicable. The surveyor will also review documentation relative to the location and to this placement service, for example, documentation of a heating system inspection and documentation of monthly site visits that the agency makes to the home.

3. **Interviews**
   The surveyor will interview the home care provider, the agency placement coordinator, and the individual. The home care provider will be asked questions about their direct knowledge of the individual and the supports provided. This includes information about the individual's health and safety as well as his/her personal interests, choices, community involvement, and relationships. The individual will be asked questions about the services they receive, including their satisfaction with the home and the supports received from the provider. The agency placement coordinator will be asked questions about the agency's oversight systems to ensure quality services are provided on an ongoing basis, such as the oversight mechanism for ensuring medications are given correctly and that individual's funds are managed appropriately.

4. **Observation**
   The surveyor will spend time observing the individual in their home. This may be interactive, as a time to speak with the individual, or with the surveyor as a silent observer off to the side, observing typical activities.

LICENSURE AND CERTIFICATION PLACEMENT SERVICES INFORMATION
Revised 9/1/17

LICENSURE AND CERTIFICATION REVIEW OF PLACEMENT SERVICES

Developed 5/15; Revised 9/1/17 to familiarize Placement Service providers with current standards and expectations

REVIEW PROCESS

Before the Survey

Once agencies receive the 45 day letter from DDS that outlines the dates of the survey, the agency should alert all of their staff and all home care providers of placement services of the dates of the survey and the possibility that their site could be randomly selected for review. Staff and home care providers should attempt to keep those dates available in case of a review.

Before the survey, in preparation for a review of placement services, the Team Leader will communicate with the agency liaison to set the foundation for as positive a review experience as possible. This discussion could also include the agency placement coordinator if the provider chooses. The Team Leader will stress that many of the applicable residential indicators for placement services will be reviewed in the same manner as they are reviewed in other residential models. However, it is recognized that these are private homes, and some indicators do not apply. For some indicators, different documentation requirements sometimes apply and/or will be reviewed in an alternative manner. The Team Leader will go over how the survey will be conducted and stress the responsibility the agency has to prepare all placement providers to be potentially surveyed, as the actual homes to be reviewed will not be identified until the beginning of the survey. This preparation should also include preparing the home care providers for what to expect during the survey visits. Preparation should occur on an ongoing basis through the monthly visits to placement service homes and by working with the home care providers to ensure that they are well trained, supported, and cognizant of their role and responsibilities.

The Team Leader will give the liaison the Placement Service Review Fact Sheet, which was developed to give home care providers an understanding of the licensure process for placement services and provides an overview of the survey process and the information to be covered during the visit as well as how the information will be gathered. Provider agencies will be encouraged to share this with each of their home care providers.

The Team Leader will also discuss what information will be gathered from the placement coordinator and what information will be available for review at the administrative office. The placement coordinator, in conducting monthly visits, is responsible for ensuring that all standards for placement services are being met. Knowledge of standards for licensure and certification is vital to ensuring the ongoing health, safety and satisfaction of the individual. Placement coordinators need to be prepared to demonstrate and/or provide documentation of the systems used to monitor and oversee the services in home care provider homes. These oversight systems might include safety of home environments, management of the individuals' personal funds, provision of healthcare, administration of medications, and implementation of ISP objectives, among others. The provider agency's methods of oversight of placement services will be reviewed by the QE Team during the administrative review process that occurs on day 1 of the survey. In addition, the surveyor will through the course of the survey, continue to work with the placement coordinator and any Provider oversight staff to obtain information and documentation on practices established systemically and on documentation specific to each home.

At the Beginning of the Agency Review

On day 1, the placement coordinator will be notified of the locations that were randomly selected for review, and the assistance needed to coordinate and schedule the visits. Although there is some flexibility, visits need to be scheduled within the window (generally 3-4 days) of the scheduled licensure review. Within that window, surveyors will be as flexible as possible as to the time of day of the review, understanding that some home care providers may have ongoing responsibilities outside of the home. Documentation maintained at the administrative offices, such as home care provider training records, and data gathered from agency oversight systems will be reviewed beginning day 1.

On the scheduled day of the placement survey, surveyors typically begin the review at the administrative site where individuals' records are stored and placement coordinators maintain their offices. Surveyors will review the schedule for the day with the placement coordinator and confirm that the home care provider has received information about what will happen during the review, including expectations of the home care provider and what areas of the home will be reviewed.

Surveyors will stress that the survey will be conducted in as comfortable a manner as possible. Surveyors are responsible for covering a number of areas, including some that might feel intrusive, but surveyors will try to minimize this as much as possible. Surveyors will also stress that he/she recognizes this is a private home and will be respectful and mindful of this. Surveyors will not go into the private areas of the home, such as the home care provider and family bedrooms, but will want to see all common areas of the home and the bedroom(s) of individuals supported in the home. If the provider chooses, the placement coordinator can accompany the surveyor on placement reviews.

Conduct of the Survey

During the course of the survey, surveyors will gather information through review of documentation, interview(s) of the individual, home care provider, and placement coordinator, review of the home environment, and observation of the individual within the context of his/her routines at home. Licensing and certification ratings are often based on information gathered from more than one source, with the following list of typical sources for determining whether standards for placement service indicators have been met. The sequence of the review might vary, depending on the needs of those involved.

Review at Administrative Office

Information maintained at administrative offices can be used to inform ratings for many of the licensing and certification indicators applied to placement services. These include standards for the home and the homecare provider, standards for the individual's services and supports, and expectations of the agency and placement service coordinator. The following represents examples of information that surveyors gather at an administrative office:

- An interview with the placement service coordinator will typically occur at the administrative office. The placement coordinator will be asked questions about oversight systems to ensure the quality of the placement service on an ongoing basis. The coordinator is expected to provide information about what the agency standard is for the different indicators, what the agency expectations for the home are, and how the agency is ensuring the home is meeting those standards on an ongoing basis such as through monthly visits, checklists or tools, and annual review, etc.

- Site-based documentation such as the safety plan for the home, inspection of the home's heating system and ongoing inspections of the home conducted by agency staff. When the home is located in a multi-apartment building or complex, the surveyor will review documentation obtained by the agency from the apartment landlord regarding inspection of the heating system, fire alarm and sprinkler system, as applicable. The surveyor will also review monthly visits reports generated by the placement coordinator over the previous twelve months, and any correspondence or progress notes relevant to the individual's placement service.
- Documentation of training required for the home care provider and agency methods for evaluating the home care provider and for gathering input from the individual on satisfaction with the home care provider and the placement service in general. Information on the matching process and agency methods for assessing the continued fit of this placement will also be reviewed. The placement agency needs to conduct and document an annual assessment of skills of the home care providers.
- Individual-specific documentation such as healthcare information, funds management plan and transaction records, and documentation of specialized supports, including health- or safety-related protocols, special diet, behavioral support plan, medication treatment plan, and authorization for supportive and protective devices. Self-medication assessments and plans will be reviewed, particularly for individuals who have been identified as capable of self-administration. The documentation review will also include ISP progress summaries and agency efforts to support and train individuals in human rights, DPPC, and agency grievance procedures.

Visit to the Home

In completing a visit to the individual's home, the surveyor can determine whether various environmental standards are met, and can assess the home care provider's knowledge of the individual's support needs. The surveyor will review information maintained in the home regarding any medications or funds managed by the home care provider, and will determine the home care provider's understanding of agency expectations for maintaining monthly documentation or agency requirements in general. Interviews with the individual and the home care provider are also important sources of information about the individual's routines and preferences. The following represents aspects of the survey that will be reviewed during the home visit.

Documentation

- Documentation of the individual's healthcare supports. This includes documentation of healthcare visits and copies of the Health Care Record and Emergency Fact Sheet, and any reference guides relating to individual's unique needs or health conditions. While historical documentation of health may be stored in the administrative office, the surveyor will review all relevant and current health-related information kept in the home.
- Written information on the supports provided to the individual in taking medications, including physicians' orders, side-effect information, and mechanism used by the home care provider to assure that medications were given consistent with the physician's order. When the individual is self-medicating, the surveyor may ask questions of the individual and home care provider regarding self-medication routines.
- Information on the supports provided to the individual in managing personal spending money, including a copy of the funds management plan, and the mechanism(s) used by the home care provider to secure the individual's funds and document spending as it occurs.

- Written information about the ongoing supports provided and/or daily occurrences for the individual in the home. This can include progress notes relating to implementation of ISP goals, general information in any daily/ weekly logs or information on the implementation of specialized supports such as supportive and protective devices and equipment, behavioral support plan, medication treatment plan, health-related protocols for safe dining or seizure disorder, and any restrictive interventions to ensure health or safety of the individual. The home care provider might also be expected to collect information on the individual's health or clinical supports. Although the home care provider may have developed his/her own method for collecting this data, the provider needs to ensure that information is complete and clear and is communicated to the Health Care Provider (HCP) such that it useful to the practitioner so that treatment decisions can be made. The information will be reviewed by the surveyor for consistency with the recommendations of the related practitioner.

Environmental Review

An environmental review will occur during the visit. The surveyor will walk through the common areas of the home and the bedroom(s) of individual(s) to assess the environmental safety of the home. This will include an assessment of sanitary conditions of the home and testing of the home's smoke alarms and carbon monoxide detectors as well as testing hot water temperature at various faucets, including the shower. All areas with the exception of private home care provider space are subject to review. This includes exterior of the home, swimming pool, if present, all exits, the basement, and attic. Also, refrigerator, stove, dryer and other appliances will be reviewed to ensure that equipment / appliances are safe and operational. Kitchen cabinets and storage closets will not be opened. . Home care providers' bedrooms or private space is not reviewed. The environmental review is utilized to confirm that individual rights are being respected as in having privacy when taking care of personal needs and having a lock on the bedroom door for personal privacy. The individual's bedroom and common areas will also be reviewed for the presence of the individual's influence in decorating or representing his/her personal tastes, preferences and interests. With the consent of the individual, personal belongings, clothing and storage spaces of individuals may also be reviewed by DDS.

Interviews

- Interview(s) with the home care provider and the individual typically occur during the home visit. The home care provider will be asked questions about their direct knowledge of the individual, the supports provided, and the agency's expectations for their services. Questions will relate to licensing and certification standards for health, safety, community integration, relationships, and human rights, among others. The home care provider is expected to provide specific information on how they meet the indicator standards in the home, such as how they ensure the individual is maintaining a healthy diet, that medications are given properly and how they know everyone can evacuate the home within 2.5 minutes in an emergency. Questions about the Provider's emergency on-call system will also be asked.
- Home care providers will also be asked about supports pertaining to various certification indicators and domains. Home care providers will be expected to describe how the individual's choices and preferences are honored as they relate to personal and household routines; recreational, spiritual and cultural interests; community activities and involvement; visits with family and friends; and supports to expand the individual's network of relationships, among others.

- The individual will be asked questions about his/her interests, supports, and satisfaction with services. Although it might be necessary for the home care provider and/or placement coordinator to facilitate the surveyor's interview with the individual, the surveyor will respect the individual's choices regarding when the interview will occur and who will be present.

Observation

- Observation of the individual in the home is the final element of the home visit. This may be interactive, as a time to speak with the individual, or the surveyor may be a silent observer off to the side, observing typical activities and the quality of services delivered. In determining the length of observation, the surveyor will be respectful of the home care provider's and individual's schedule and routines.

Training expectations for home providers and placement service personnel –excerpted from 2010 Licensure and Certification Manual
(Note: Home Provider is the same as home care provider.)

Indicator	*Training Required*	Placement Services	Frequency
L76	***First Aid***	Home Provider(s)	as per certificate
L76	***CPR***	Home Provider(s)	as per certificate
L76	***Formal Fire Safety***	N/A	
L76	***Fire Safety strategies***	Home Provider(s)	
L76	***Human Rights Officer***	At least 1 staff for all the homes	
L76	***Medication Administration Certification***	N/A	
L83	***Human Rights & DPPC Reporting***	Home Provider(s)	
	Additional trainings and competencies evaluated on site	**Placement Services**	
L5	***Safety Plan***	Home Provider(s)	
L77	***Unique needs of individuals (e.g. diabetes; ASL)***	All relevant Home Provider(s)	
L78	***Restrictive interventions***	All Home Providers Implementing restrictive interventions	
L79	***Restraint-Authorizers*** ***Restraint - implementers***	All designated authorizers All implementing restraint	
L80	***Signs and symptoms of illness***	Home Provider(s)	
L81	***Handling medical emergency***	Home Provider(s)	
L82	***Medications administered***	N/A	
L84	***Utilization of health related protections***	All Home Providers Health related protections	

SPECIFIC INDICATOR GUIDANCE FOR PLACEMENT SERVICES

Overview

All but eleven of the residential licensure indicators apply to placement services. The majority of these indicators are reviewed in the same way as a review in 24 hour staffed residential homes. However, some indicators require further interpretation when:

- Guidance is needed on how to assess and rate certain indicators when expectations and requirements for Placement Services are different.
- Guidance is needed on how to collect the information at a home care provider home for indicators that rely heavily on documentation evidence or a full site review.
- Guidance is needed on what the role of the Placement Service agency is in terms of oversight and what information needs to be collected from the Placement Services Coordinator.

The Interpretations specify, in chronological order, guidance by indicator. Where there are specific details concerning Placement Services, this is also noted. **Interpretations listed will also be embedded in a revised Interpretations guide for all service models.** Below are indicators with specialized guidance related to Placement Services:

Licensure indicators

Indicator L2 – Allegations of abuse/neglect are reported as mandated by regulation

Date: 2015

Question: How is this reviewed in Placement services?

Answer:

There will typically be less written information available to determine if allegations have been reported as required. Surveyors will need to base their rating on the information available, even though it is limited.

It is possible that during discussions with the home care provider or placement coordinator that the surveyor becomes aware of a situation that could potentially constitute abuse. If this was not reported, this would affect the rating of this indicator. The surveyor should ask the home care provider to describe any challenging situations which have occurred over the past year, and what actions she/he took to ameliorate these problems, as a first step in determining if relevant items have been reported as required. The surveyor will also review incident reports to determine whether an incident occurred that also met the expectation for reporting as there was reasonable cause to believe that potential abuse, neglect or mistreatment occurred.

The surveyor should question the placement coordinator on how they provide training and on-going monitoring of the home care provider so that allegations are reported as required.

L5 There is an approved Safety plan in home and work locations.

Date: 3/12

Question 1:

What happens when a placement service safety plan has home care provider patterns that are not reflective of expected practice in the home, inaccurate strategies, inaccurate description of safety features in the home? How does one rate when the safety plan is noted to be incomplete, but has been approved by the area office? What

should be expected concerning strategies for second floor evacuation where there is no second means of egress from this floor?

Answer:

A safety plan needs to include "an evacuation plan that incorporates all information about the individual's abilities, dynamics, responsibilities and egresses, into a clear plan". If the safety plan is inaccurate or incomplete for instance, it does not include all individuals, does not list the correct home care providers or home care provider to individual ratios, omits steps to be taken in an emergency and/or inaccurately describes the safety features of the home, the indicator should be rated as not met.

A second means of egress for any floor not at grade is not required for placement service locations (shared living) however the author of the safety plan is required to note both the primary and the secondary strategies to evacuate. The safety plan calls for completing a question on "identification of the secondary escape route". Many safety plans describe the secondary strategy from the first floor for example, stating that the individual will go down the stairs and out the back door instead of down the stairs and out the front door. Therefore, assuming that the Safety Plan was current, complete and accurate, the standard would be met, as long as these questions were answered.

When designing a safety plan it is important for the author to consider the worst case scenario such as what strategies are in place for individuals living on the second floor when the only egress to grade is blocked. While not required, a more thorough answer to the question on secondary escape route is indicated. It is recommended that the safety plan detail what the secondary strategy would be from the second floor in the event that the stairs down to the first floor were blocked, such as waiting for fire department rescue in a specific place.

Date: 3/12

Question 2:

While not required, some Placement Service locations note that they will conduct fire drills throughout the year. How is this indicator rated if fire drills are not conducted as reflected in the approved safety plan?

Answer:

In this situation there is an appropriate approved safety plan in place and the indicator should be rated met. This situation does however, describe lack of follow-through and compliance with a well thought out and well-written safety plan. Evidence that fire drills are not being implemented as reflected in the safety plan, along with any other information on the individual's ability to evacuate should be reviewed within the indicator below (L-6 Evacuation in 2.5 minutes).

Date: 9/17

Question 3:

How should the need to support other people in the shared living home to evacuate be included in the safety plan?

Answer:

The Area Office is responsible for reviewing and approving the safety plan for DDS funded individuals. To do this, the Area Office must be provided, in the safety plan, with a clear knowledge of the needs of all individuals needing assistance at the site, whether or not they are supported by DDS, and the care taker actions / responsibilities and those actions for any additional staff, for safe evacuation. With this knowledge, the Area Office can more accurately assess whether the plan meets the needs of those DDS funded individuals needing evacuation support at this site.

For example, in a shared living home, there may be individuals funded by another agency and/or family members living in the home that rely on the same home care provider for safe evacuation as the individual(s) funded by DDS. In this scenario, the needs of all of the individuals that would need the home care provider's support for evacuation should be described in the evacuation plan component of the Safety Plan.

Individuals not funded by DDS but requiring supporter assistance to evacuate should be identified in the Safety Plan and the Safety Plan should detail how many people require assistance. In addition, how everyone will be evacuated safety should be clearly described in the evacuation plan narrative of the safety plan.

L6 ⚐ All individuals are able to evacuate homes in 2.5 minutes with or without assistance and workplaces within a reasonable amount of time.
Date: 3/12
Question:
How do you assess evacuation in 2.5 minutes in placement services where there is no requirement to conduct fire drills?
Answer:
Surveyors should verify that individuals can evacuate in 2.5 minutes through documentation review and interview. In homes where the regulation does not specify a minimum requirement for drills, the provider must have a means for initially and periodically assessing the individual's ability to evacuate. Although not required, when the placement service conducts fire drills, fire drill documentation can be utilized to determine whether the individuals can evacuate within 2.5 minutes. In the event that fire drills were not conducted and/or documented, the surveyor should assess the presence of the indicator through the review of other documentation, for example, there should be a current assessment or evidence of practice evacuations, "mock" fire drills, and/or training and reassessment documentation available for review. In addition, during the conduct of interview and observation, a determination is made on whether the individuals have been trained and know how to evacuate. This is a critical indicator that is rated "met" when there is clear evidence that the individuals can evacuate within 2.5 minutes.

Date: 9/17
Question:
Can you design a safety plan that calls for re-entering the home to evacuated people in stages?
Answer:
No. The new regulations were promulgated in July 2016 and the evacuation time remained at 2.5 minutes. The new regulations continue to state that staffing patterns need to be sufficient to get folks out without having to re-enter. In other words the safety plan needs to outline actions for the home care provider to get the individual (and other family members who need help) out the first time, rather than going back and forth in 2.5 minutes. If it is anticipated that the individual will be unable to evacuate in 2.5 minutes, the Area Office and the Provider would need to consider adding services/ supports to this location such that this was possible. Alternatively, the provider can submit a waiver petition requesting extended evacuation time and obtain approval for this extended evacuation time waiver. However, it is important to note that extended evacuation time waiver petitions are rare and then only granted after a full fire safety equivalency assessment, thorough review and approvals by a number of different parties. The home would need to be equipped with certain additional fire safety features such as sprinkler systems in order to meet the threshold for consideration of extended evacuation. Often, additional supports/ services or a different placement are more appropriate and safer alternatives.

Indicator: ⚑ L11 – All required annual inspections have been conducted.
Date: 10/11
Question:
How is this indicator assessed for home care provider homes? What is the role of the Placement service in ensuring that necessary systems are inspected? How frequently should the Placement service review each home, and for what items?
Answer - amended 3/12:
This indicator assesses whether the necessary inspections have occurred. The Placement agency needs to monitor home care provider homes to ensure that each complies with the environmental safety expectations referenced in 7.07 (5), oversees the environmental safety, maintenance and upkeep at each home care provider home and ensures that the inspections noted above have occurred. The Placement agency needs to assure either through monthly visits or through some other process (e.g. an annual site inspection) that a mechanism is in place to monitor home care provider homes and that the Placement agency is able to describe the system of oversight. The home care provider homes must comply with all applicable laws, standards and regulations. For home care provider homes, the following are specifically required:

- Heating and plumbing systems installed and maintained (heating inspection)
- Fireplaces, wood burning stoves, pellet stoves when being utilized must be inspected
- Sprinklers when present must be inspected

Date: 9/17
Question:
What is the time range relative to annual inspections?
Answer:
The inspection must occur within the past 15 months (to allow reasonable time for any potential scheduling difficulties/ reporting).

Date: 9/17
Question:
What is expected relative to fire extinguishers?
Answer:
Fire extinguishers are now equipped with a dial that indicates in green that it is operational. As such there is no longer a need to annually inspect fire extinguishers. Fire extinguishers will need to remain in the green zone or to have some visual indication that they are operational.

L12 – Smoke detectors and carbon monoxide detectors, and other essential elements of the fire alarm system required for evacuation are located where required and are operational.
Smoke detectors must be placed as required in the building code. Carbon monoxide detectors also need to be in place as required. If the home has interconnected smoke detectors, they need to work, and all detectors will be sounded during the review to ensure they are working properly. If the home has been built or upgraded since August 27, 1997, the smoke detection system would also need to be updated in accordance with the current building code, for example smoke detectors would also need to be in bedrooms.

Date: 9/17
Question: What do I need to keep in mind relative to the fire alarm system in a shared living home?
Answer: Smoke detectors must be placed in the home care home as required in the building code. Carbon monoxide detectors also need to be in place as required. If the home has interconnected smoke detectors, they need to all work, and all detectors will be sounded during the review to ensure they are working properly and are fully interconnected. Battery operated detectors are acceptable. Homes built before 1975 must be equipped with smoke detectors with a ten year life span. All detectors should be periodically tested by the Provider or the home care provider to ensure they are working properly at all times.

If the home has been built or upgraded since August 27, 1997, the smoke detection system would also need to be updated in accordance with the current building code. For example, if a home has interconnected smoke detectors, and then is renovated to add a bedroom, the smoke detection system must also be upgraded such that the new system is interconnected inclusive of the new bedroom and meets current code requirements i.e. smoke detectors in all bedrooms.

L15 – Hot water tests between 110 and 120 degrees.
Date: 9/17
Question: What do I need to know about water temperature in a shared living home?
Answer:
As of January 2014 the licensure standard was changed to: Deliverable water temperatures should be between 110 degrees and 120 degrees for residential faucets, and no more than112 degrees for shower temperatures.

In 2014, we also noted that the revised State Plumbing Code (in effect since 1988), does not require retro-fitting of existing homes, but does require appropriate deliverable water temperatures for new construction and/or renovation of existing homes (i.e. when a building permit needs to be pulled). We noted that some, but not all homes had been equipped with the appropriate balancing valve which limits deliverable water temperature at the shower/ bath to 112 degrees, as they have been built or renovated since the plumbing standard went into effect and the device already installed by the licensed plumber.

Retro-fitting was not made a requirement for existing homes, however DDS strongly recommended that providers move towards making the necessary modifications if they currently do not meet this standard, due to the obvious risks posed by temperatures that may result in scalding incidents.

Licensure and Certification staff have been checking water temperatures in both showers and sink faucets since 2014, and pointing out instances where shower/bath temperature is not consistent with the applicable Plumbing Code Standards. Although the indicator requires that the water temperature at sinks be between 110 and 120 degrees, and at the showers be between 110 and 112, if the water temperature at sinks or showers is between 100 and 120 degrees the indicator will be rated met. A temperature tested at the faucet and shower that lies below 100 or above 120 degrees, will be rated as a not met.

Immediate Jeopardy should be issued and the Provider given 1 day to correct the situation when the residential water temperature exceeds 120 degrees at either the sink or shower and the individuals are not independent. While the Provider has up to a day to correct the deliverable water temperature, they need to take immediate preventative actions to ensure that all individuals are safe in the interim and that the water temperature is regulated and adjusted to safe and comfortable levels prior to utilization/showering/ bathing. An action required notice is given if the individuals can independently adjust water temperature.

Further details are available in the Interpretations for all services.

L18 All other floors above grade have one means of egress and one escape route on each floor leading to grade.
Date: 3/12
Question 1:
Do you rate this indicator in placement services?
Answer:
Placement service locations are not required to have two means of egress (or one means and one escape route) from any floor other than grade level. The presence of egresses on other floors for placement service locations is not rated.

L21 Electrical equipment is safely maintained.
Date: 9/17
Question 1:
What is the expectation regarding reviewing this indicator as it pertains to placement services?
Answer:
The surveyors will briefly conduct a walk- through of the basement to ensure that as on other floors, there are no overloaded outlets, electrical wires passing across frequently traveled floor areas, etc. As circuit breakers are in the family home, the home care provider needs to ensure that they are familiar with which circuit breaker goes to which part of the home, however, the requirement that circuit breakers are labeled does not apply to placement services.

L27 Swimming pools are safe and secure according to policy.

Date: 9/17
Question 1:
What is expected relative to swimming pools in placement services?
Answer:
Having a pool in/at the home can be a positive addition to individuals' quality of life. If used safely, it can increase a person's physical fitness and overall sense of well-being. There need, however, to be procedures in place that support safety when there is a pool. Please refer to the document: **DDS Water safety - safeguards at home and within the community- 5/13.** In summary, the expectations for use of a pool are:

- Environmental safeguards (e.g. locked access when not in use) must be in place.
- An assessment of each individual's water safety skills must be made.
- The home care provider supervising individuals must be trained in water safety and CPR, with documentation present in the home. (An on-line Basic Water Safety course which covers basic water safety can suffice).
- Policies and procedures outlining supervision and use of pool need to be in place, and the home care provider needs to be knowledgeable in these.

The Provider has a key role in ensuring success in this indicator. The Provider can develop a systemic approach, providing guidance, training and support to all individual home care providers with pools to facilitate

each home care provider's understanding of water safety, the particular individual's water safety skills and to assist in the development of safe practices for use of the pool.

L33 Individuals receive an annual physical exam.
Date: 9/17
Question: Does an appointment for an acute illness/ routine healthy follow-up visits suffice as an annual physical exam?
Answer:
No, it does not. Certainly appointments with primary care providers are important and should occur whenever needed. However, an annual physical includes a more thorough review and preventive and routine health screenings that are not necessarily included in "sick visits" or in routine update visits.

The Provider has a key role in ensuring success in this indicator. The Provider should work closely with the home care providers to make sure that the annual physical occurs and is complete and that documentation reflects full information on the annual physical visit.

L34 Individuals receive an annual dental exam
Date: 9/17
Question: Does MassHealth still pay for dental exams?
Answer:
Yes. The Provider has a key role in ensuring success in this indicator. The Provider can assist home care providers with the documentation and information they need to make sure that the annual dental exams occur.

L36 Recommended tests and appointments with specialists are made and kept.
Date: 9/17
Question: Does this indicator refer to tests and appointments requested by family members/guardians?
Answer:
No. This indicator relates specifically and only to recommendations made by health care providers (HCPs). Tests and specialists only requested by guardians/family members are not the focus of this indicator. The Provider has a key role in reviewing health care information routinely and ensuring that all tests, appointments, and follow-up visits occur as recommended by the HCPs.

L37 Individuals receive prompt treatment for acute and episodic health care conditions.
Date: 9/17
Question: What is the expectation within a placement service home to determine whether individuals receive prompt treatment for health care conditions?
Answer:
Home care providers need to receive training to ensure that there is awareness of the individual's condition, and those observable symptoms that might warrant medical attention. Training and review of facts sheets and reference guides located on the web are a first step to ensure that the home care provider is familiar with common ailments and when to call the doctor, and to access medical treatment. In addition to review of documentation, such as logs etc. which are often less prevalent in a placement service home, surveyors will

interview the Provider, the home care provider and the individual to assess whether the individual is receiving prompt treatments for acute and episodic events.

Indicator: L38 Physicians' orders and treatment protocols are followed (When agreement for treatment has been reached by the individual/ guardian/ team).

Date: 10/11

Question 1:

This indicator seems to have some overlap with the indicator L77, "The agency assures that staff are familiar with and trained to support the unique needs of individuals". For both indicators, one assesses staff knowledge, training and implementation of protocols. What is the difference?

Answer:

This indicator focuses on health care issues. It assesses whether staff are implementing and operationalizing physician's orders and medical treatment protocols. Familiarity and training with protocols in the area of goal accomplishment, and assessment of workforce competence is reviewed in indicator L77. For example, review of adherence to seizure protocols is assessed in L38, while review of staff's knowledge and training in appropriate social skills at the dinner table for a specific individual, is assessed in L77.

This indicator focuses on specific treatment protocols, with training as only one piece of the information collected to rate this indicator. Staff must be trained, knowledgeable, and consistently following the specific treatment protocols to rate this as standard met in this indicator. For example, one individual may have a bowel regimen that requires the charting of bowel movements, and requires staff to implement certain actions contingent upon three days without success. In assessing information, the surveyor may have determined that all staff have been trained in this protocol, however, the surveyor must also assess whether this protocol is being consistently followed. If specific treatment protocols have not been implemented consistently, the standard is not met, regardless of the presence of training documentation.

Date: 10/11

Question 2:

What happens when the individual has a known condition that but there is no written treatment protocol in place? For example, an individual with an active seizure disorder does not have a written protocol outlining how staff are expected to respond when seizures occur, or how to track and prevent seizures.

Answer:

There is an expectation that a provider has some role in ensuring that "treatment protocols" are followed as written by a health care practitioner or developed when needed. While the physician may not have developed a specific written treatment protocol for someone with a medical condition, when a known medical condition exists it is important for the provider to follow-up with the physician, inquire about anything that should be put into place and then to establish some general guidelines for staff to follow. For example, a written protocol for response to a particular individual's seizures should be developed to ensure consistency among staff. As part of the protocol, the agency should ensure that staff are aware of what to do when the specific individual has seizure and it does not resolve within his/ her usual time. In the event that no specific protocol tailored to a specific individual's current condition has been designed, at a minimum, the provider should utilize, develop, or adapt general information into a written protocol. For example, there are several guidelines posted by DDS on the web, including information on seizure management noting what to do in the event that anyone has such a condition. Knowing how the particular individual looks or behaves when s/he has a seizure is very important and can then be used to outline the specific steps to be taken to keep the person safe during and after a seizure.

Once a protocol is established, the agency should ensure that staff are knowledgeable, are continuing to implement the procedures correctly, and that the effectiveness of this protocol is periodically reviewed. As above, in assessing the information, the surveyors must also assess that treatment protocols are implemented consistently. In summary the following items must be in place to render a rating of met:

- Written protocol
- Correct implementation
- Staff are knowledgeable

Date: 10/11
Question 3:
What types of known medical treatments and conditions require a written protocol? As this is a critical indicator, it is important to understand what items will be expected to have written protocols and therefore be reviewed and rated here.
Answer (revised 2/15):
In the event that the individual has a significant medical condition, disease or syndrome which poses a serious concern, it is essential that there be a consistent approach to treatment, and a written protocol would be required. For example, pica can place an individual at great health risk, possibly leading to severe gastro-intestinal and bowel problems, and therefore a specific protocol to manage the individual's pica which includes things like supervision, securing items that might be ingested and what to do if you suspect that a person has eaten a non-food item, should be in place. In another example, an active seizure disorder which places the individual at risk for injury from loss of consciousness and falls, and requires ongoing monitoring and treatment and a consistent approach, would require a protocol.

There is no exact list of "significant medical conditions" that automatically warrant a medical treatment protocol. In addition, as noted above in question 2, there are occasions in which the physician needs to be consulted as there were instructions given, but no specific medical treatment protocol initially outlined. There is tremendous variability in what each individual needs, how physicians are treating individuals, how this treatment is communicated, what staff need to do on an ongoing basis to support optimal health, and when staff are expected to contact medical personnel. In general, the need for a specialized treatment protocol is based on the following:

- There is a diagnosed significant medical condition affecting the person's health;
- The condition is active and/or being actively treated;
- This condition is present and staff are providing ongoing support and /or actions /emergency response is potentially needed during the service hours.

The decision to develop a treatment protocol is typically initiated by a conversation with the physician. The Provider should discuss with the HCP all of the individual's medical conditions and diagnoses. While the physician may not have developed a specific written treatment protocol for someone with a significant medical condition, when a known medical condition exists it is important for the provider to follow-up with the physician, and inquire about whether a formal treatment protocol should be put into place outlining established guidelines for staff to follow. Part of this discussion with the HCP should include when to contact him/ her, call 911, or access medical personnel, and this information should then be incorporated into the Medical Treatment Protocol.

For example, a Medical Treatment Protocol for the significant medical condition of dysphasia/ to prevent choking is often necessary to outline a variety of steps and procedures that staff need to take to manage the condition and to prevent aspiration through such interventions as dining and post-dining instructions, positioning, g-tube use, and supervision. A Medical Treatment Protocol for asthma may be necessary when staff need to take consistent actions beyond medication administration to manage this significant medical condition, and the associated triggers and symptoms. For example, staff need to be aware of any restrictions on exercise, any items that trigger the person's asthma which need to be avoided, any preventative and other ongoing actions that need to be taken, and any "peak flow" or other ongoing breath assessments that need to be tracked, and finally when to contact the physician.

There are other items and treatments that need to be referenced in writing but do not rise to the level of requiring a "physician's order or treatment protocols" as noted in this indicator. If staff are supporting individuals in the care and use of any sort of equipment, device, or treatment, there need to be written directions for use. For example, if an individual needs support in the use of his/her hearing aids, directions for staff on adjusting, managing and cleaning an individual's hearing aids, should be noted. These situations would not be rated here.

Date: 2/15
Question 4:
When medical devices and equipment requiring written directions for use are necessary, does this automatically mean that a significant medical condition is present and a written treatment protocol is also required? In the supports and health related protections section, the following examples of medical / adaptive equipment is noted, referencing that a treatment protocol is required when appropriate. Can you help me understand "when appropriate" means? As outlined under supports/ health related protections,
Medical treatment; adaptive equipment is defined as:
Devices and equipment prescribed by a health care professional for the treatment and/or the management of a medical or physical condition. These items are not considered supports.
Examples:
Sleep apnea equipment; g-tubes; teds; orthopedic shoes; hearing aids; catheters

Answer 2/15:
When someone has a medical condition resulting in the need for a particular medical device/ equipment, the person does not automatically also need a medical treatment protocol. For example, if someone is using a C-PAP machine at night for sleep apnea. Sleep apnea is not likely to be considered a significant medical condition requiring a Medical Treatment Protocol. The provider must still ensure correct use of the equipment, and proper administration/ implementation, and cleanliness of the equipment, and there must be training, over sight and monitoring to ensure consistent application of the device. However, this can be accomplished through guidelines for use of the equipment, rather than through an entire Medical Treatment Protocol. Other medical equipment/ devices such as hearing aids, orthopedic shoes, and Teds, would also not typically require a Medication Treatment Protocol.

Certainly when someone is supported to utilize hearing aids, or other devices, the provider needs to have the following in place, but a Medical Treatment Protocol is not automatically necessary.
- Inclusion within the ISP
- HCP orders outlining criteria for discontinuance

- Written directions for supporting the individual to use including when to use, cleaning and care of device
- Evidence of staff training and knowledge

Sometimes there will be a need for a Medical Treatment Protocol. A Medical Treatment Protocol should be developed and implemented only when the significant medical condition requires a consistent approach to treatment. If there is a significant medical condition which rises to the level of requiring a comprehensive written treatment approach, and the medical equipment such as the G-tube or catheter can be included as one intervention of perhaps several interventions required to systematically address the significant medical condition, then a Medical Treatment Protocol would be needed. For example, someone has a Medical Treatment Protocol to help staff guide them on the individual's Dysphagia, which includes use of a g-tube.

Date: 2/15
Question 5:
When someone has a significant medical condition resulting in the need for a special diet, does the person also need a medical treatment protocol? For example, do individuals with diabetes always require medical treatment protocols? When someone has a significant medical condition resulting in the need for special (PRN) medications, does the person also need a medical treatment protocol? For example, an EPI-pen is prescribed as needed for a severe bee allergy, or an inhaler prescribed for asthma.
Answer:
No, a medical treatment protocol is not always required. A Medical Treatment Protocol should be developed and implemented only when the significant medical condition requires a consistent approach to treatment, and when this treatment approach involves interventions beyond diets or medication administration. For example someone who is on a low salt diet due to High Blood Pressure or risk of stroke does not automatically need a corresponding Medical Treatment Protocol.

Even when a protocol is not required because the significant medical condition does not rise to the level of requiring a comprehensive written treatment approach that outlines staff interventions, staff need to be aware of individuals' medical conditions, monitor the conditions, track, follow-up and communicate with the physician. For example, someone with a heart condition would still need their condition and low salt diet implemented correctly, monitored, and communicated with the physician.

Special diets such as low salt diets, diabetic diets, textured diet, gluten free diets, and peanut-free diets should be evaluated within indicator L-39.

There may be occasions in which both a special diet and a significant medical condition warranting a Medical Treatment Protocol are present. For example someone with a severe allergy to peanuts, has a protocol outlining staff actions in the community, instruct staff what to avoid, when to utilize the EPI –pen, and when to call 911, and/or to contact the person's HCP.

Date: 9/17
Question 7: What is the role of the Provider and the home care provider in meeting this indicator?
Answer: It is the responsibility of the Provider to develop, in collaboration with and under the direction of the health care provider, any treatment protocols required. The Provider supports the home care provider to implement the protocols and/or any orders. The home care provider is also responsible for tracking health on

the protocol, and for keeping the health care provider and the Provider up to date on the individual's current status.

The surveyors will start with the Provider and inquire as to which individuals have a medical condition which warrants the need for a treatment protocols. The treatment protocol may be available at the corporate site and/or at the home. The Provider needs to ensure that the home care provider is trained, knowledgeable and familiar with the treatment protocol. When the surveyor meets with the home care provider, the surveyor will review the treatment protocol, and interview the care provider about the protocol and about what is occurring and how these actions are being documented and shared with the doctor.

L39 Special dietary requirements are followed.
Date: 9/17
Question: What is the home care provider's role in meeting this indicator?
Answer: This indicator relates to any situations in which a special diet is present. Individuals are supported to have a healthy diets is rated in L41. It is the responsibility of the Provider to determine and then develop, in collaboration with and under health care provider guidance, any special diet necessary. The individual home care provider should be knowledgeable and fully implementing any special dietary requirements of the individual, as evidenced through documentation and interview with the home care provider. For example the HCP may advise the individual to go on a low-salt diet. The Provider needs to outline in writing, with the assistance of the HCP specific instructions/ specific written guidance on expectations for maintaining a low-salt diet.

As less documentation such as menus are available within the shared living home, surveyors will be collecting evidence in support of this indicator through interviews with the home care provider, and Provider, as well as documentation. No review of the actual food in the home is necessary. Interviews will concentrate on validating that the special diet and guidance put together above is being followed. For example, someone on a low sugar diet has a list of foods to avoid, is advised to stay away from cookies and cakes, and desserts no longer include these items as options.

L41 – Individuals are supported follow a healthy diet.
Date: 9/17
Question: How does the survey team evaluate whether the home care provider is supporting the individual to follow a healthy diet?
Answer: This is an area that can be more challenging to evaluate because surveyors may not see the same documentation they will see in 24 hour staffed homes. However, the home care providers should be interviewed to determine whether the indicator is met. Home care providers should first be interviewed to determine whether they are knowledgeable concerning what constitutes a healthy diet, including familiarity with Executive Order 509, the USDA MyPlate model or other nutritional models.

Secondly, the home care provider should be able to describe how they use their knowledge and framework for a healthy diet, within the home. For instance, the home care provider should be able to describe how they determine meals/ menus, and what typical meals are generally provided. For example the surveyors may ask what meals were provided last week. The surveyor will also inquire about what types of items and what portions are typically served and what options are available as snacks. They will ask whether the individual has specific eating preferences and dislikes and how the home care provider works with these preferences to support

options in line with a healthy diet. The surveyor will inquire about whether these preferences affect the ability to have a healthy diet and what the home care provider has done to mitigate these issues.

Indicator: L46 All prescription medications are administered according to the written order of a practitioner and are properly documented on a Medication Treatment Chart.
Date: 10/11
Question:
While Placement agencies do not need to comply with MAP, what are the expectations for medication administration in home care provider locations?
Answer:
Each home care provider is free to establish his/her own mechanism for administration of medication. However, there needs to be some sort of overall system to ensure that medications are administered properly. The following components are needed:

1. Current Health Care provider orders
2. Medication (side effect) information
3. Labeled pharmacy containers
4. Assurance by the home care providers that medications are given consistent with Physician's orders including OTC medications administered PRN, and therefore should have a system to reflect/ document that medications have been administered in that manner e.g. check mark on a calendar; medication sheets, etc.
5. The Placement agency must have a mechanism to monitor and oversee medication administration at each home care provider home and the ability to describe the system. For example, the placement coordinator could review medication information such as the physician's orders, the pharmacy containers, and proof of administration of medications during the monthly visits.

Date: 2/15; revised 9/17
Question 2:
How does one determine a rating in L46 when the individual is on multiple medications and there may be a great deal of information?
Answer:

A Medication Issue is defined as missing one of the five "rights" under MAP (person, med, dose, time, route), and the presence/administration of expired medication. For homes under which MAP does not apply, a medication issue is also defined as missing one of the key elements such as the individual, medication, dosage, the time or the route, and the presence/ administration of expired medication.

A Documentation Issue includes missing signatures/initials for administration, use of whiteout, discrepancies between physician orders, labels, and/or MARs, missing orders, failure to note the issue identified by a circled administration sign-off, failure to note the effects of an administered PRN.

For homes where MAP does not apply, documentation issue includes missing signatures/initials/notation for administration; use of whiteout; discrepancies between physician orders, labels, and/or daily charting records or daily system; missing orders; or missing information to determine whether the medication has been given.

Medication prescribed for specific medical diagnosis includes both regularly administered medications and those administered PRN, even if OTC. In considering degree of severity, these should be distinguished

from standing PRN orders for OTC medication intended to treat commonly occurring, temporary conditions such as fever, cough, dry skin, and upset stomach.

Decision Considerations

When identifying issues within the medication administration system, the following considerations should be made in determining the relative severity of the concern and whether the rating should be impacted. The information presented is intended to offer a structure for thinking through what is found. As there are a myriad of possible scenarios, it is not possible to provide guidance at a truly granular level.

Medication Issues

1. Was the issue noted already identified by the provider or the QES?
    a. If Provider:
        i. Were the proper steps implemented?
        ii. Did these steps seem to address and resolve the issue, or are similar issues present in the current MAR/ current SL system?
        iii. Is there any information indicating that the person was impacted? For examples:
            1. Seizure medication was missed and you noted an increase in seizures during the same period.
            2. Missing psychotropic medication that's accompanied by significant incident or physical restraint.
        iv. Are there other issues also noted, such as use of white out, missing sign-offs, or a transcription Issue?
    b. If QES:
        i. Is this medication specifically prescribed for a diagnosed condition or an over-the-counter medication for common conditions such as fever, cold or flu?
        ii. Is this an isolated instance (e.g., 1 or 2 instances across the 3 months reviewed, among many meds/passes)?
        iii. Is there any information indicating that the person was impacted? For examples:
            1. Seizure medication was missed and you noted an increase in seizures during the same period.
            2. Missing psychotropic medication that's accompanied by significant incident or physical restraint.
        iv. Are there other issues also noted, such as use of white out, missing sign-offs, or transcription issues?

2. **Documentation Issues**

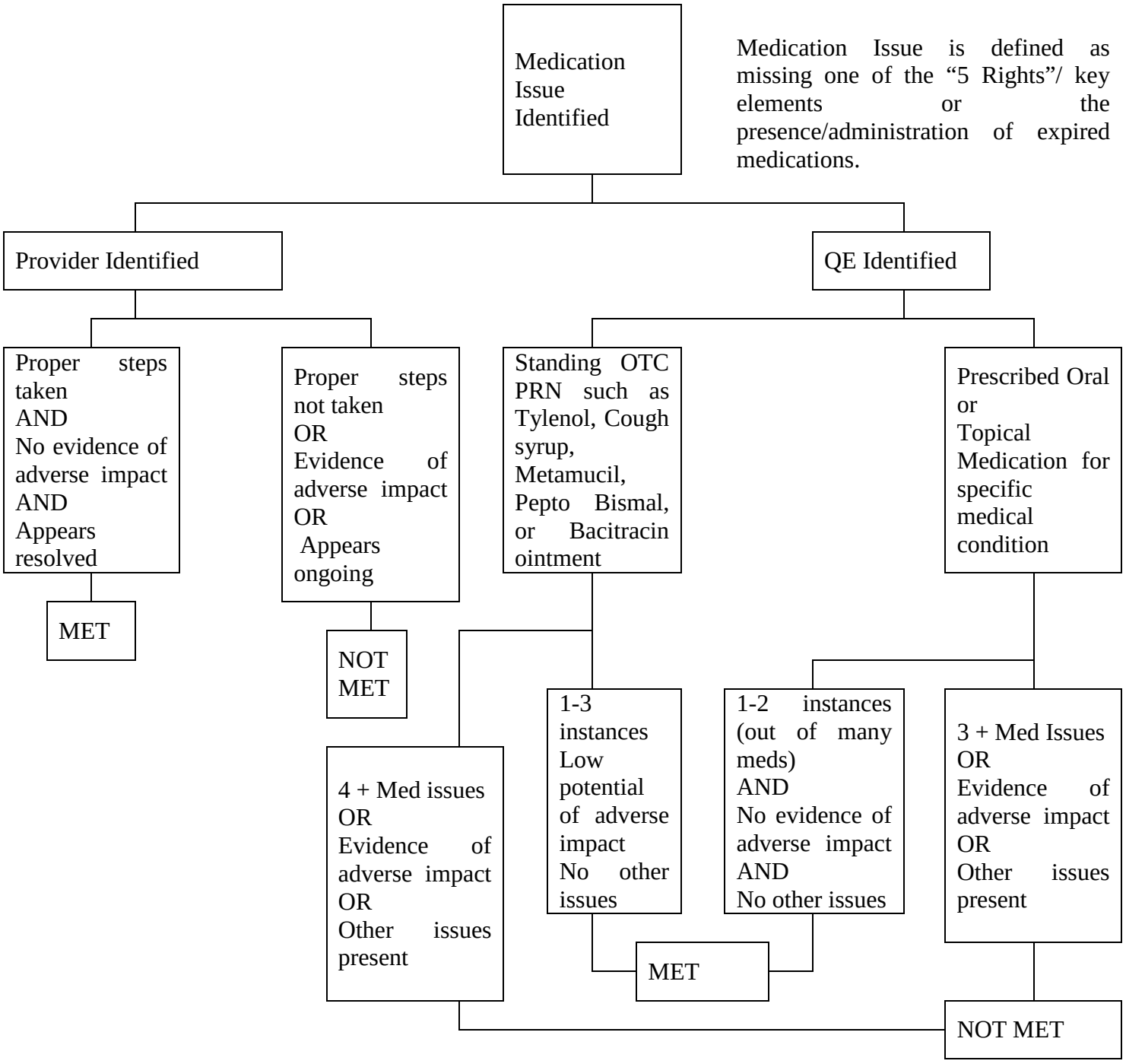
    In determining a rating on the basis of documentation issues, the criteria for rating "not met" is that the documentation issue be "significant". To help determine this threshold, the following thought process is outlined.
    a. Is there a discrepancy in the administration instructions that has, or likely would result in missing one of the 5 Rights of MAP/ missing key elements? For examples:

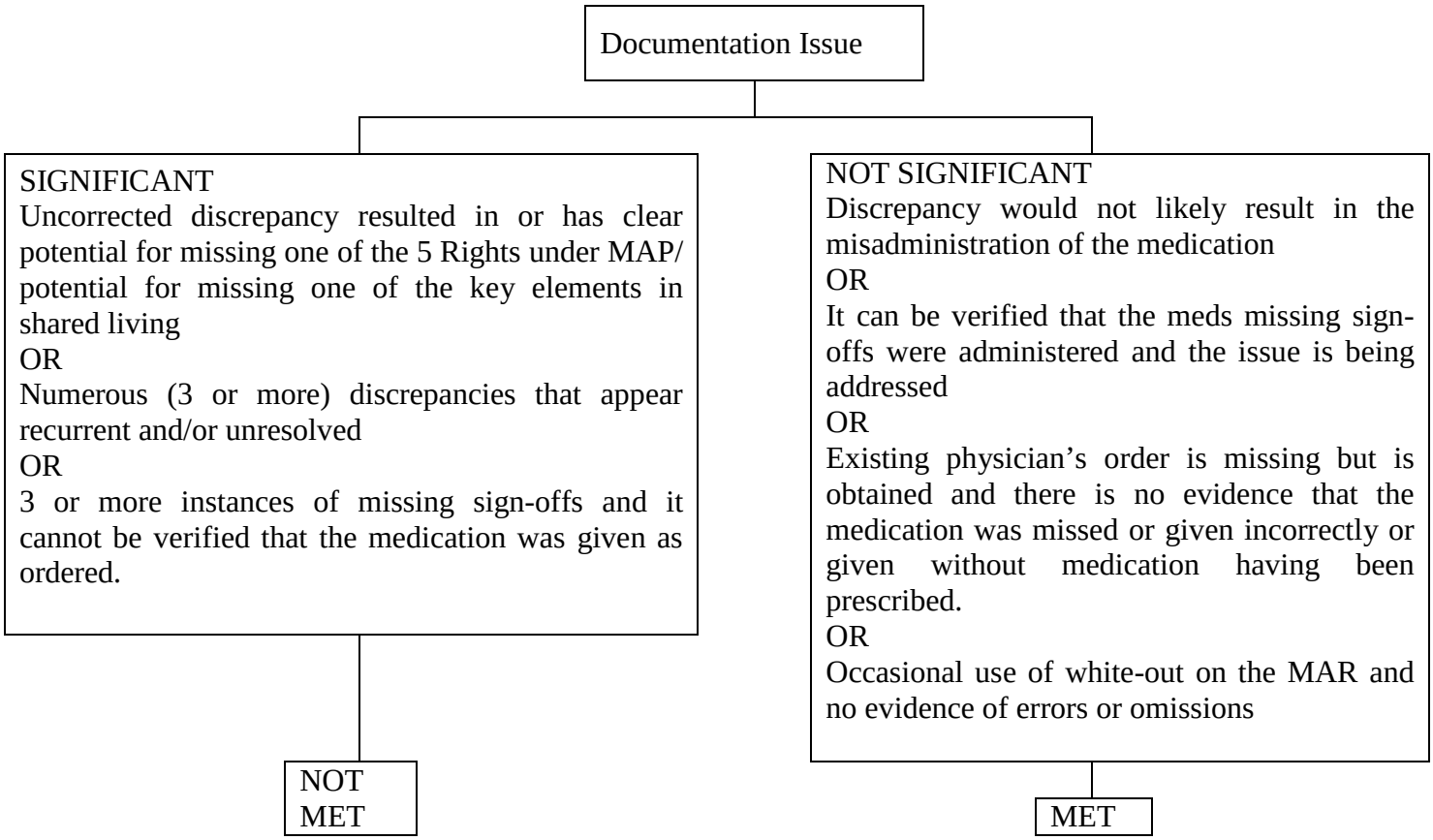
i. Example of discrepancy that has little potential for misadministration:
    1. Order reads: “Apply small amount to rash on buttocks morning and night.” and Label/MAR reads: “Apply to affected area twice daily.”
ii. Example of discrepancy that has potential for misadministration: Discrepancies that have the potential for misadministration include items which lack specificity or are inconsistent.
    1. Order reads: “325 mgs every 6 hours prn for physical aggression towards others not to exceed two doses within 24 hours”. MAR reads: “1 Tab two times daily for physical aggression towards others.”
    2. Order reads: Depakote 500 mg twice a day and MAR or label reads: Depakote 500 mg. three times a day

b. Are there numerous discrepancies that appear ongoing and unresolved or is it just a couple instances in the past that are not currently present in the active MARs? Or in the active system, if SL?
c. If the discrepancy is missing sign-offs/ missing notation in SL, can it be determined that the medication was actually administered?

3. **Determining the Rating**

The following flow chart illustrates the rating determination after following the above thought processes. Additionally, a rating decision may likely be based on an overlap between a documentation issue and whether that issue is also indicative of a medication error. If so, then, both sets of considerations should be followed for determining the rating.


Medication Issue Identified
Medication Issue is defined as missing one of the "5 Rights"/ key elements or the presence/administration of expired medications.
Provider Identified
QE Identified
Proper steps taken AND No evidence of adverse impact AND Appears resolved
Proper steps not taken OR Evidence of adverse impact OR Appears ongoing
Standing OTC PRN such as Tylenol, Cough syrup, Metamucil, Pepto Bismal, or Bacitracin ointment
Prescribed Oral or Topical Medication for specific medical condition
MET
NOT MET
4 + Med issues OR Evidence of adverse impact OR Other issues present
1-3 instances Low potential of adverse impact No other issues
1-2 instances (out of many meds) AND No evidence of adverse impact AND No other issues
3 + Med Issues OR Evidence of adverse impact OR Other issues present
MET
NOT MET



9/17

Question:

While shared living homes do not have to comply with MAP, what is expected for the Provider in terms of oversight?

Answer:

The Provider must have a mechanism to monitor and oversee medication administration at each home care provider home and the ability to describe the system. For example, the placement coordinator needs to review medication information such as the physician's orders, the pharmacy containers, and proof of administration of medications during the monthly visits.

L49 Individuals and guardians have been informed of their human rights and know how to file a grievance or to whom they should talk if they have a concern.

Date: 9/17

Question: What documentation is needed relative to informing guardians of human rights?

Answer:

Guardians can be informed of human rights and grievance/concern policies through a letter. Documentation of the letter, when and to whom it was sent should be kept.

L56 Restrictive practices intended for one individual that affect all individuals served at a location need to have a written rationale that is reviewed as required and have provisions so as not to unduly restrict the rights of others.

Date: 9/17
Question: Is a home security system considered a restrictive practice?
Answer:
Individual home care providers may have a home security system and this is generally considered normative in that other homes not serving individuals may have them. However, even normative devices and systems can be utilized in such a manner as to limit individuals' privacy, freedom of movement, possessions, or other rights. It is the responsibility of the Provider to ensure that any such system/device/practice is not used to restrict an individual in any way. For example, while a home security system may be in place in a home and may be activated when people are not at home to protect the home, care should be taken when plans are in place to use this when the individual is home. The Provider needs to ensure that individuals are in no way restricted by the system such as by recording individual's motions within the home or inadvertently preventing the individual from unrestricted access to the community (e.g. the home care provider could provide the code to the individual).

That being said, any restrictive procedure, such as door alarms used to cue someone that an individual in the home is leaving, needs to be in writing with a written rationale, outlined in the ISP, the least restrictive alternative, and reviewed by the Human Rights Committee (HRC). In addition, the provider needs to mitigate this restriction for others in the home that do not require this restriction.

L60 Data are consistently maintained and used to determine the efficacy of behavioral interventions.
Date: 6/17
Question: How much data needs to be collected in a placement service, and who is responsible?
Answer:
Data must be taken and kept in accordance with the specific treatment plan. Data are not always kept each time the intervention occurs. For example, an individual may exhibit the behavior almost daily, but the treating clinician calls for a data to be taken on the number of behaviors per week. The home care providers often take the raw data. It is then the responsibility of the Provider to ensure oversight of data collection, to summarize the information and to ensure that the data are communicated to the treating clinician so that it can be utilized to determine the efficacy of the plan.

L61 Supports and health related protections are included in ISP assessments and the continued need is outlined.
Date: 9/17
Question: Who is responsible for ensuring that the supports and health related protections are written into the ISP?
Answer:
Supports are devices which are needed to achieve proper body position, balance and alignment, to permit the individual to actively participate in ongoing activities without risk of harm, or to prevent re-injury during healing. These items require the specific information and agreement through the ISP process. **Examples:** Standard Walkers; Wheelchairs with no additional attachments; orthopedically prescribed appliances.

The Provider is responsible for ensuring that any supports are included within the ISP and for ensuring that the home care provider has a written protocol for use and cleaning, and is familiar and trained with how to support the individual with the support and health related protection. In essence, while the home care provider is implementing the use of the support, it is the Provider who needs to ensure that the supports are being implemented correctly and are integrated within the ISP.

Indicator L63– Medication Treatment Plans are in written format with required components.
Question: What are the required components and what needs to be included to rate MET? (Question relates to all service types)
Date: 9/17
Answer: The answer to what needs to be in place relative to compliance with L63, Medication treatment plans are in written format with required components, is found in a number of locations including regulations and a 2007 legal interpretation on psychotropic medication treatment plans. The following **three components** are required:

- **Description of behavior to be controlled/modified**
  - Target behaviors need to be measureable and defined. Outline what the medication is intending to treat in behavioral terms. For example, physical aggression such as slapping and punching.
  - A description of symptoms of a psychiatric diagnosis may be used as a substantially equivalent alternative, provided that the Medication Treatment Plan outlines the specific symptoms the medication is intending to control / modify, in measureable behavioral terms. For example, medication prescribed to treat bipolar disorder is focused on reducing the symptoms/ behaviors of mania as evidenced by hurried speech and two or more days of sleeplessness.

- **Data on behavior prior to medication forming basis from which clinical course is evaluated**
  - Appropriate data concerning the target behavior or relevant symptoms prior to intervention with the proposed drug therapy, phrased in objective terms, which shall constitute a basis from which the clinical course is evaluated
  - It is sometimes not possible to obtain baseline data prior to medication use, as the medication has been utilized for some time. In this situation, data needs to be current. Data on the target behaviors to be decreased needs to be collected so that you have a measurement of success.
  - Not only must (baseline) data be present on each behavior for which the MTP is developed, but these data should be "a basis from which the individual's clinical course is evaluated". This means that the Medication Treatment plan should describe the general clinical plan/ course for use of the medication such as criteria for re-evaluating / adjusting the medication based on the treatment data. For example, medication X is prescribed for aggression which is occurring 4 times per week. When behaviors are reduced to 1 time per week, the team will provide this information to the prescribing physician so that he/she may consider next steps such as terminating/ fading/ reducing the medications.
  - The Medication Treatment Plan should specify how often the individual meets with the Psychiatrist, and ensure that the data are also reviewed with the prescribing physician at those times.

- **Information about side effects, procedures to minimize risks and a description of any clinical indications for terminating the drug**

  A. Information on common risks and side effects:
  - Common risks – Often these are noted within side effect information, referencing the most common risks associated with this medication.
  - Side effects- For each medication that is part of the MTP, the side effects should be known and referenced. If it is duplicative to other materials, there is no need to repeat it here. The provider can simply refer to an attachment listing the side effects or to this information originating elsewhere (HCR; ISP) and attached.

- If there are any unique or specific considerations for this person taking this medication these should be noted within the MTP. e.g. someone who is underweight taking a medication which causes a loss of appetite, but is the best one thought to work for his/her aggressive behaviors

B. Procedures to minimize risks:

- List any general procedures associated with reducing the risk using this particular medication such as blood work weekly, monitoring of blood pressure, blood sugars, or weight, tardive dyskinesia screenings, for example. As noted above, if this information is located elsewhere, provider need not duplicate, but should ensure that the information is referenced/ attached.
- Sometimes the MTP includes multiple medications being utilized. Procedures to minimize risk by outlining a strategy to reduce poly-pharmacy, to the extent possible, should be considered.
- If applicable, list any specific procedures designed to reduce/ mitigate specific concerns. In the example above, the individual will be encouraged to eat and she will be weighted weekly.

C. Clinical indications for terminating the drug:

- Clinical indications for terminating this medication – When addressing this section the team/ psychiatrist should review the behaviors that the MTP is intending to control or reduce, and the baseline data, to design an effective plan and end points. While it is the psychiatrist not the team that must terminate the medication, the team can/ should assist in outlining the indications that should be considered. Indications to consider discontinuing or fading the medication include success/ improvement/ significant decrease in the behavior or an increase in behavior for which the medication is intending to reduce.
- Sometimes MTPs note that the individual will always require this medication. Even for individuals who are anticipated to need this medication over the long term, the plan must include some criteria for re-evaluation, including a measure of success, and strategies for what to do at that point. For example, behaviors remaining consistently low should be a trigger for the team to discuss with the psychiatrist a reduction or a drug holiday trial. Subsequent to the medication reduction, if the behaviors increase, then the psychiatrist would likely increase the medications again, providing a rationale for continued use.

Indicators: L68-L71 Several indicators which address support in financial management.
Date: 10/11
Question:
When the Provider is the Representative Payee for the individual, it seems that money information is present both at the site as well as at the administrative offices. How can the review be conducted comprehensively but efficiently without having to return each time to the administrative offices? Where is the indicator rated when the information is collected at different locations?
Answer:
As the provider is only notified of the specific sites and individuals in non-site based services to be audited on the first day of the survey, the provider cannot wait until the names have been identified to arrange for each individual's financial information to be located in one place. Starting with the initial planning process the provider must be encouraged to make all individual information for the past year available at the sites. The 45 day letter references this need. In addition the team leader needs to work with the provider liaison to ensure that all information is present at the locations so that a complete and efficient review of the individual's financial information can take place on site. At the orientation meeting, the provider will also be encouraged to begin preparations as early as possible.

In the event that the provider does not have all information available at the sites, the Team Leader will assign one or more surveyors to return to the administrative office on the last date of the survey to review each individual's financial information for rating. This will reduce the necessity of all surveyors returning. As the survey visits occur, the names of the individuals audited will be shared with the provider, so that the provider can better prepare. The expectation is that the on-site time will still be limited to five days, even if a return visit to the administrative office is necessary. Regardless of where the information is assessed, the indicators will be rated through the individual audit process/ scoring screens.

Date: 9/17
Question 2:
How should the financial review occur when the individual is served in a Placement Service? Sometimes the Provider is the Representative Payee for the individual, and the home care provider is assisting the individual in money management for a portion of their monies. Often money information is present both at the home as well as at the administrative offices. How can the review be conducted comprehensively but as unobtrusively as possible?
Answer:
The surveyors randomly select three months within the past year of financial records to audit. At the Administrative Review meeting, the surveyors should ask the Provider to describe their system for money management and oversight. Starting with the initial planning process the Provider must be encouraged to make all individual information for the past year available. The surveyor will review the last full month's information at the home, and the two randomly selected past months information at the Administrative offices. The team will work with the Provider liaison to ensure that all information is present so that a complete and efficient review of the individual's financial management can occur.

L69 – Individual expenditures are documented and tracked.
Date: 12/12
Question: Do shared living homes need receipts?
Answer: Receipts for purchases over $25 are necessary, with many providers also expecting receipts for any purchases. There should be a tracking system of what individuals spend their money on. Surveyors should be able to review this documentation to ensure money is tracked accurately.

Date: 12/12
Question: How will this be reviewed within all services, including Placement Services? What are the current expectations for providers with respect to financial management of client funds and support to individuals to manage their money**?**
Answer:
The following are the expectations, by category:

A. Documentation requirements-
Note: The first three items below do not necessarily need to be contained within three separate documents. If all the components below are present within one larger comprehensive document, the expectations should be considered to be satisfied.

1. Money Management Skills Assessment (please utilize the new standardized DDS Financial Assessment for ISP)

2. Shared/ Delegated Money Management Plan [115 CMR 5.10(3)]

In general, this document outlines the specific supports that the individual requires to manage his/her own money. While the training plan is intended to outline the educational type of supports provided to the person, this document reflects the specifics related to access, responsibilities, safeguards, and protections. Unrestricted access to one's own funds is presumed unless this document indicates otherwise**.** The plan should:

- Relate to skills and abilities identified in the assessment
- Spell out what supports the Provider is delivering. Assisting an individual to open and manage a bank account, depositing earnings, managing the house account where cash is secured, etc. are examples of what should be included within funds management plans.
- Be the least restrictive necessary to meet the individual's needs
- Identify the amount of money that the team agrees the individual is capable of managing independently
- Identify the general mechanisms for the individual to access their money
- Be in accordance with the individuals' interests and desires (e.g. the Provider is familiar with which specific portions of money management the individual desires assistance on)
- Outline the details of how the individual will be assisted to manage and spend their funds, noting specifics such as where money is stored, and how it is accessed, and how the responsibilities are shared, such as the support that is given to the individual to spend money weekly on dining out, entertainment etc.
- Have written agreement to this plan
- Be incorporated into the ISP (e.g. linked/referenced within the ISP)

3. Training Plan [115 CMR 5.10(3)(c)4]

A Training Plan is required unless a clinical evaluation has determined otherwise. The plan should:

- Be tied to the assessment
- Promote growth and learning to the fullest extent possible
- Be incorporated into the ISP (e.g. linked/ referenced within the ISP via assessment process)
- Be designed to decrease the individual's need for assistance over time
- While a formal ISP goal is often not identified, the training plan may identify a desired outcome of training/an informal goal

4. Charges for Care [115 CMR 3.05]. The requirements for charges for care are as follows:

- Written notice of the charge needs to be sent to each fee-payor (per 3.05(4)(a)) and to the individual and guardian (per 5.10(c)8):
- Prior to the individual receiving residential services and supports
- Prior to a change in the charge;
- Needs to show how the charges were determined
    - Formula is correct. (Calculations are present)
- 75% of Entitlements; or other recurrent income,
- If wages are used in the calculation, amount counted is not more than 50% after first $65 the individual is paid.
    - Recommend a quarterly review of this amount when individual has wages which fluctuate.
- The charge must be updated Annually or as circumstances change
    - Changes in recurrent income
    - Adjusted when individual incurs applicable expenses as outlined in regulations

- Needs to explain the appeal process and who to contact.
- Placement service locations often have Room and Board notifications which are either an arrangement with the Placement provider or with the individual home care provider as a subcontracted entity. Room and board notifications should:
    - Be sent to the individual/ guardian
    - Be updated annually
    - Not exceed 75% of the individual's entitlements/ recurrent income
    - Have provision to dispute or revisit the room and board notification, with an explanation of how to do this and who to contact provided to the individual/ guardian

B. Requirements for Agreements

1. Agreement to the Shared and delegated money management plan [115 CMR 5.10(3)]

The regulatory source for agreement to the money management plan is 5.10.3(b): 'The provider shall obtain the agreement of the individual, if not under guardianship or conservatorship, or the guardian or conservator, if any, for any plan involving shared or delegated management responsibilities.' The licensing standard for evidence of agreement is a written sign-off on the shared management of funds plan by the individual, guardian or conservator. An individual or guardian signature on the ISP/approval for the ISP does not constitute agreement with a shared and delegated money management plan. The ISP includes a financial assessment and may contain an ISP goal related to money management. But the shared and delegated money management plan contains more details and is typically developed separately by the provider.

An individual's or guardian's agreement to the money management plan does not give him/her a right to make decisions that are the representative payee's to make. It is not intended to supersede the role of the representative payee to make decisions and to act on behalf of the individual in financial matters relating to their entitlements. Nor does this agreement take the place of representative payee responsibilities. The requirements of both the Social Security Administration for Representative Payees and the DDS regulations for Shared and Delegated Funds Management need to be met for individuals supported under both sets of requirements.

The 5.10.3 section of the regulations states the plan needs to be developed '…in accordance with the individual's needs, capabilities, interests, and desires'. This is why it is important to share the details and solicit agreement to the plan, because it should reflect what the person needs and wants. People who benefit from assistance broadly range in their capacities, abilities, and support needs in managing money. Details within the money management plan need to be communicated to the individual or guardian/conservator for their agreement, and will foster an open dialogue with the guardian.

2. Agreement for joint purchases and/ or non-routine expenses:

When joint purchases or expenses such as vacations or cable television are present, these need to include a description of the purchase/expense to be shared, and have the agreement/signature of the legal decision-maker. If the individual is incurring responsibility for the expenses of others (e.g. individuals are sharing meal expenses and/or admission for staff supporters for special event, activity, or vacation, the extent of the individual's responsibility toward these expenses should be established as part of the agreement.

If an individual is responsible for replacement of items in the home due to behavioral issues (Restitution), refer to indicators L57-L60, as there are additional requirements, including Human Rights Committee review.

Further guidance to the field on distinguishing between personal expenses and program costs will be forthcoming. Please refer to August, 2013 section below.

C. Requirements for systems

For every individual where there is shared and delegated money management support, the provider needs to have a system to support the individual to manage his/her money. This system needs to ensure immediate tracking of cash on hand, and expenses. In other words, when supporting individuals in the management of his/her finances, there needs to be a cash in/ cash out process that occurs at the time of the transaction. In addition, documentation and tracking needs to be kept in its original form (e.g. Financial Transaction Sheets).

Each location should have at least one level of monitoring/ financial over sight which is above/ separate from staff who are implementing the procedures. Oversight and monitoring should verify the following:

- That the accounting of funds is accurate (e.g., the math is correct)
- That the purchases are appropriate and for the benefit of the individual(s)
- That the item(s) purchased are present for the individual.

Date: 12/12

Question: What is the process that surveyors use to review a provider's funds management system?

Answer:

A. Financial review/ audit: The following are the steps in conducting the audit:

- The surveyor reviews documentation and agreements (A and B above) as part of the review for the applicable indicators.
- The provider makes available one year's worth of financial transaction records. The surveyor reviews these for a general sense of consistent practice and to identify any obvious issues, such as use of white-out, or purchase that seems out of line with policy. The surveyor then selects three months for a more extensive review.
- Within the past year, Financial Transaction Records (FTRs) for three months will be more closely audited. The review for these three months includes:
    - Review of FTRs, Cash-on-hand (COH), bankbooks, receipts held (e.g. for purchases >$25).
    - A cross-check of each item to ensure that they interconnect and relate (E.g. COH matches what FTR states is present).
    - Review of information concerning incoming monies such as entitlements, wages, gift checks, interest on accounts, savings bonds, gift certificates, and cash received from families or friends.
    - A check of the names on the accounts to ensure that there are not any ownership or survivorship benefits to Provider staff from the account.
    - Review of types of expenditures that have been made during these three months to distinguish between individual expenses and expenses that other parties should have been obligated to pay for.
    - Review of joint purchases/ shared expenses to ensure that they have been made with the individual's (or guardian's) consent and interests in mind.
    - An assessment of storage and security measures that are being taken including those in place for ATM cards, credit cards, and signature stamps.
    - An assessment of the timing of transactions and the recording thereof. (E.g. are work and other checks deposited in a timely manner? Are transactions logged in and signed off (onto the FTR)

when they occur (cash in/cash out)? Are bills paid on time? Any repercussions (e.g. late fees, bounced checks) as a result of bills not being paid promptly?

- Review of the completion of FTRs and whether these include all the information as required per regulations. (E.g. The surveyor will check to see that the staff person involved in the transaction is initialing the form (form must also have a signature key) and that the type of purchase is recorded.)
- Review to ensure that there are no out-of-sequence checks or transactions.
- An assessment to ensure that there are no borrowing processes in place. (For example, practices should not involve reimbursement to staff or a housemate for purchases made on his/her behalf)
- If the surveyor identifies issues requiring additional information in order to determine a rating, the surveyor may expand his or her review beyond the three months selected for auditing.

- When the Provider has additional protocols such as keeping receipts for all purchases, or establishing a maximum amount of individuals' cash kept in the home, the surveyor's review will then assess whether these additional expectations are in place at this location.
- Ensure that what is written in the Assessment, Training Plan, and Shared and Delegated Money Management Plan is consistent with specific practices in the home.
- Assess how much money is typically stored within the home, available and accessible from the bank, and located within individual accounts managed and available through the corporate office.
- When the individual is paying for additional expenses, does the agency know and have they pursued an Adjustment to the Charges for Care?
- Note if there is evidence of the agency's monitoring/auditing process being implemented.

B. Administrative Review/ discussion and inquiries on money systems

Some information may be obtained during the Administrative Review process, such as charges for care process, representative payee system, or general information on its systems for funds management. If concerns are identified at service locations, additional inquiries may be made of management staff. The following information, questions, and systems should be explored with provider management:

- Check the agency policies and practices around auditing and monitoring, and assess the effectiveness of these systems. For example, how frequent is the over sight? How effective is this system at revealing and correcting any problems? Is this auditing process regular and ongoing? Does it include a financial/ mathematical check and an appropriateness of expenditures / programmatic quality check as well? Ask about and investigate organizational systems relative to financial safeguards.
- Inquire about their procedures as Rep payees. How are staff trained and knowledgeable in rep payee information?
- Assess how staff are supported to become familiar and knowledgeable in money management strategies including both safeguards as well as mechanisms to teach greater independence?
- When issues occur, or questions arise, the surveyor may ask to see policies and procedures on funds management such as those related to joint purchases and/or financial restitution.

C. Staff Interviews/ discussion

The review process is based primarily on documentation, and information exchanged with program staff in the course of reviewing the funds management for a person. During the three month audit, the surveyor should explore the following area(s) with program staff:

- Inquire about access, security and general pattern of financial activities and support.

- Ask about the oversight, monitoring, and auditing practices of the agency. What is the practice for this location?
- Ask how joint purchases are made and tracked.
- Ask about long range and pro-active strategies that are utilized to ensure that bills are paid on time, that benefits/ entitlements are optimally obtained, that individuals do not lose their entitlements (E.g. due to too much in savings),and that individuals long range financial goals are supported.
- Ask about the education and guidance that is offered to individuals to make purchases and spend money on an ongoing basis. What are the activities in place that support appropriate spending?
- Ask about money practices' including any differences in what occurs during the week versus the weekend.

D. What to do during the survey when:

Serious Concerns arise:

In the event a significant concern is identified (e.g., there is an indication of theft or unaccounted significant amounts of money – e.g., >$100), the surveyor should request a senior administrator from the agency to take possession of the finances and records, and issue a Notice of Immediate Action Required and/or contact the DPPC. Notification to Team Leader and QE Director is also made. When in doubt, the surveyor should contact DPPC.

Missing information/ lack of clarity regarding the scope of the problem:

In the event that the financial information is not present (e.g. FTRs not available or minimally present), or there is an indication of inappropriate ongoing practices (e.g. individual paid for several appliances and pieces of living room furniture in three month audit), the survey should issue a Notice of Immediate Action Required, instructing the Provider to conduct an audit for the past year for all individuals living in the home, assess the current status, and reimburse the individual(s) for all expenses that are considered the responsibility of others to make. Notification to Team Leader, QE Director is also made.

Personal expenses- guidance summary – 8/15/13

I. Background and Introduction

Protecting individuals' funds and utilizing them appropriately is one of the most important safeguards that DDS and its providers assure for the individuals we support. Surveyors conducting licensure and certification reviews include a review of individual expenditures and systems that providers have in place to assure that an individual's funds are used for acceptable and appropriate expenses.

What is appropriate and acceptable, however, is not always clear and unambiguous. While in many cases what is an appropriate use of individual funds is fairly straightforward, there are circumstances where the responsibility is less clear. Sometimes the distinction is whether the cost involved is a routine and standard expense as opposed to an additional one time event/ expense, or an expense solely for the benefit of the individual v. a programmatic expense.

What follows, is a set of guidelines for DDS staff and providers to assist in making fair and appropriate determinations regarding utilization of individuals' funds. While it is not possible to account for every instance, there are some principles, however, that should guide our thinking and actions:

- All provider policies and practices should be geared at preventing the possibility of financial exploitation or the misuse of individuals' funds.

- An individual's financial status and personal assets should not dictate the basic services and supports they receive that are the responsibility of the provider.
- Providers should clearly delineate through policies and procedures, those items which exceed its contractual obligations and should have a process in place for obtaining separate agreements for expenses that are considered "special", "one time" or "over and above."

While many situations will need to be dealt with on a case by case basis, following are general categories of expenditures that should be considered the provider's contractual responsibility and typically are included in the charges for care collected from individuals. It is followed by examples of expenses that are the responsibility of the individual outside of those collected as part of charges for care.

II. Expense responsibilities

<u>Expenses that are the responsibility of the Provider</u>

Upkeep and maintenance of the household.
Examples include:
- Cleaning services
- Yard services
- Trash removal
- General household supplies

Basic household furnishings
Examples include:
- Furnishings for common spaces
- Dishes, flatware, utensils, cooking equipment
- Floor Coverings
- Adaptive equipment (typically covered by the individual's health insurance)

Food

Communication systems
Examples include:
- House phone service
- Basic Internet access for the home

Transportation
Examples include:
- Transportation to medical/dental appointments
- Transportation for community outings
- Parking for appointments and community outings

Community Outings
Examples include:

- Staff meals and entertainment when engaging in routine community activities

Services and supports
Examples include:
- Staffing pattern as outlined in the current site specific safety plan
- Services and supports to implement the individual's ISP
- Staffing levels defined through the agency's contract with DDS

Expenses that are the responsibility of the individual:

- Furnishings for the individual's bedroom that go above and beyond the standard
- Cable television (individuals can jointly share)
- Cost of own meals and entertainment when out in the community
- Clothing
- Individual costs incurred on vacation
- Personal care items, such as shampoo, deodorant and toothpaste

Expenses that may be considered above and beyond the provider's responsibility for which the guardian/ individual could agree to pay:
While there is no way to account for every circumstance which is considered "additional" , "above and beyond" , "special", or "one time" events, the following are general expenses that typically arise for which a separate agreement with the individual/ guardian would be necessary.
- Staff expenses for special occasions, activities or entertainment such as admission tickets to events that exceed the provider's routine supports to the individual for regular community events and entertainment. For example, purchase of premium seats for the individual and a staff member to attend a sports event or concert, would be considered "above and beyond".
- Staff travel, accommodations and entertainment expenses when on vacation together – For example, four individuals and two staff are planning to share a vacation cottage and want to split the cost of the cottage rental and food across the four individuals going. When a vacation involves additional staffing hours to the base staffing pattern, individuals can pay for this extra time, but should not be paying for the portion of staffing that is included as part of the base staffing pattern.
- Additional staff time (e.g. hourly rate to one person) when above and beyond what is provided through contract, safety plan and ISP. For example, the provider is contracted to assist the individual with medical appointments and the individual wants to go to a theme park for the day. If the contract allows for additional supports, and there are sufficient hours available within the contract, then the staff time should be charged to the contract rather than the individual. If the contract does not include provision for other supports, or there are not enough hours available within the contract for this outing, and the individual is willing to pay for supplemental services to engage in a special activity, then the option should be presented for agreement beforehand, with the provider outlining what is being offered, and the individual/ guardian is presented with information and knowingly agrees to this arrangement, such as "to go to a theme park with a staff person for 8 hours at a rate of $x/ hr pay".

III. Principles and guidelines relative to "above and beyond" requests to individuals/ guardians

Provider's policies and procedures regarding financial management should be detailed, outlining who pays for what, and clear information should be disclosed to individuals, families, and guardians when the individual begins to be served as well as when a special event/ purchase is planned. Written agreement for additional expenses must be obtained prior to occurrence.

Provider written policies and procedures should include the following:

- A clear delineation of provider and individual responsibility for items/ services.
- A clear delineation of what items/ services would be considered "above and beyond".
- The process used to inform the individual/ guardian regarding expenses
- The requirement to obtain written agreement for any additional expenses

Any written request for agreement should be presented in advance and include:

- The specific details regarding the scope/ parameters of the request and the projected cost to the individual.
- The specific details regarding the individual's responsibility for staff's expenses, if applicable. (including, for example the number of meals and cost cap per meal)
- The individual's portion of contribution to shared expenses, if applicable

L69 Indicator: Individual expenditures are documented and tracked.
Question: How will this be reviewed specifically at Placement Services?
Summary 9/17, based on excerpted information from 12/12 interpretation:
As with many indicators, the development of a systemic approach is necessary. For every individual where there is shared and delegated money management support, the placement provider needs to have a system to support the individual to manage his/her money. This system needs to ensure that the home care provider is tracking cash on hand and expenses in real time. While an immediate cash in/ cash out process that occurs at the time of the transaction is not required for Placement Services, when supporting individuals in the management of his/her finances, there needs to be a daily process that occurs to track what monies were spent. .
Each home should have at least one level of monitoring/ financial over sight which is above/ separate from the home care provider who is implementing the procedures. Oversight and monitoring should verify the following:

- That the accounting of funds is accurate (e.g., the math is correct)
- That the purchases are appropriate and for the benefit of the individual(s)
- That the item(s) purchased are present for the individual

Date: 9/17
Question: What is the essence of what I need to know relative to financial management of client funds and support to individuals in a placement service to manage their money?
Answer:

Summary 9/17, based on excerpted information from 12/12 interpretation:
As with many indicators, the development of a systemic approach is necessary. For every individual where there is shared and delegated money management support, the Provider needs to have a system to support the individual to manage his/her money. This system needs to ensure that the home care provider is tracking cash on hand and expenses daily, and that expenses that are made benefit the individual.
The Provider needs to have a system to ensure that each home care provider home supports individuals in the management of his/her finances, by tabulating and tracking transactions on a daily basis.

The Provider needs to have at least one level of monitoring/ financial over sight which is above/ separate from the home care provider. Oversight and monitoring should verify the following:

- That the accounting of funds is accurate (e.g., the math is correct)
- That the purchases are appropriate and for the benefit of the individual(s)
- That the item(s) purchased are present for the individual.

At the home, the last current full month's information will be audited. The review will focus on the current practices of the home care provider:

- Review of FTRs or other daily log, Cash-on-hand (COH), bankbooks, receipts held (e.g. for purchases >$25).
- A cross-check of each item to ensure that they interconnect and relate (E.g. COH matches what FTR/ log states is present).
- Review of types of expenditures that have been made to distinguish between individual expenses and expenses that other parties should have been obligated to pay for.
- Review of any joint purchases/ shared expenses to ensure that they have been made with the individual's (or guardian's) consent and interests in mind.
- An assessment of storage and security measures that are being taken.
- An assessment to ensure that there are no borrowing processes in place. (For example, practices should not involve reimbursement to the home care provider or a housemate for purchases made on his/her behalf)

Date: 9/17

Question: How is the score determined given that the review of money consists of a 3 month period?

Answer:

Criteria for met according to the tool is: Money is tracked with receipts and cash in/ out is accurate and timely. Criteria for not met is: Money is not tracked accurately, and /or receipts are not available and /or tracking is not accurate and/or timely. This does not mean, however, that one minor arithmetic or book keeping error can generate a Not met rating. Below is a decision tree that can assist in determining the rating.

SIGNIFICANT	NOT SIGNIFICANT
Uncorrected discrepancy resulted in or has clear potential for missing large amount of monies OR Numerous (3 or more) discrepancies that appear recurrent and/or unresolved and/or not followed up by the Provider OR Numerous (3 or more) instances of missing monies, inappropriate expenditures and/or it cannot be verified that the money was distributed/ spent correctly	Discrepancy or occasional tracking gaps not likely to result in the misadministration of the monies OR One or two discrepancies that can be verified that the discrepancies were not indicative of missing monies and the issue is being addressed OR Few receipts missing (1-2) but there was no evidence that the money was missing or taken or spent incorrectly.

Indicator: L77 The agency assures that staff / home care providers are familiar with and trained to support the unique needs of individuals.
Date: 10/11; revised 9/17
Question:
Indicator L38, "Physicians' orders and treatment protocols are followed. (when agreement for treatment has been reached by the individual/ guardian/ team)" seems to have some overlap with this indicator. What is the difference? How is L77 assessed?
Answer:
The focus of L77 is on workforce competence, staff training, home care provider knowledge and familiarity with the individual's unique needs. Staff / home care provider knowledge and training in various topics such as physical disabilities, mental health conditions, syndromes and teaching techniques is assessed here. In addition, staff / home care provider must be able to communicate an understanding of the unique aspects of the individual and be able to incorporate this general training information into everyday practices. For example, when working with someone who has cerebral palsy, staff must be trained in cerebral palsy and be also must be knowledgeable in unique ways to support the individual in everyday life.

L77 encompasses an evaluation of staff's / home care provider's training and understanding of the entire array of individual's unique needs, inclusive of training and familiarity with someone's non-medical needs. For example, review of staff's knowledge and training in how to consistently teach appropriate social skills at the dinner table would be assessed in L77 while specific protocols related to swallowing disorders would be assessed in L38.

While there is some overlap between the indicators, the primary emphasis here is training and staff/ home care provider competence rather than implementation of specific medical protocols. Therefore diabetes training to staff would be evaluated here, and if the individual had any specific protocols to address this diagnosis, implementation would be rated elsewhere.

Indicator: L80: Support staff are trained to recognize signs and symptoms of illness.
Date: 9/17
Question:
How is this indicator assessed for locations in general and for home care provider homes?
Answer:
The staff/ home care providers are often the first line of defense for individuals, particularly for individuals who may not be able to describe their symptoms of illness. It is critical therefore, that the home care provider is knowledgeable about general signs and symptoms of illness. General signs and symptoms of illness are outlined in the Health Promotion and Coordination Initiative Training and Resource Manual under "signs and symptoms of illness", which includes signs and symptoms of illness and health observation guidelines. A placement service's success in addressing this standard is optimized when a systemic approach in taken to ensuring that all home care providers are trained in signs and symptoms of illness.

L84 Staff / home care providers are trained in the correct utilization of health related protections per regulation.
Date: 9/17
Question: How does the survey team evaluate whether the home care provider is meeting this indicator in shared living?
Answer:

This is an area that can be more challenging to evaluate for individuals residing in shared living. The Provider needs to ensure that the home care providers are knowledgeable about how to implement any supports and health related protections in place. Documentation outlining the use of the health related protection needs to be present. The home care provider and Provider should then be interviewed to determine whether the home care provider has been trained in utilization in accordance with the instructions. The home care provider should be able to describe what supports an individual has, what the purpose of such supports are, the frequency of use, and how the supports are cleaned and maintained on an ongoing basis. The Provider needs to establish a system to ensure that the home care provider continues to implement the supports as indicated within the ISP.

Indicator: L85: The agency provides ongoing supervision and staff development.
Date: 3/12
Question:
How is this indicator assessed for locations in general and for home care provider homes?
Answer:
Multiple pieces of information are collected and utilized to assess this indicator. This indicator assesses whether the overall coordination, supervision, and support for the specific location is occurring. For example, is the (house) manager providing support to direct service staff on a regular and ongoing basis such that communication is clear and systems and routines are consistently implemented? The agency is expected to ensure that policies and procedures and systems that are established on an agency-wide basis, are being implemented across each location. Often agencies have established protocols and procedures in the following areas: money management, medication administration, maintenance and repair, health care, communication, human rights, staff training, supervision and individual support strategy implementation. Monthly financial audits of homes, medication reviews, individual supervision, and monthly group staff meetings are some of the mechanisms generally established to ensure that direct support staff receive the ongoing support and supervision to perform their job duties. A rating of not met would be appropriate if there was evidence that the location did not have an adequate system of supervision, management, and over sight in place. For example, staff meetings, routine medication, maintenance, and financial over sight and staff supervision were not occurring at this location. Another example, if the House manager did not identify that numerous errors within the home were attributable to one or two particular staff members, and did not provide sufficient supervision to improve the performance of these staff, this indicator should be rated not met.

The Placement Service is expected to visit each home care provider home at least monthly. Monthly visits should include a review of the general environment, as well as health and safety. In addition to monthly visits, the agency has a key role to provide over sight, establish frameworks and systems, and review of such items as medications and money management in each home. The agency is also expected to ensure that each home care provider is trained in mandated areas, and is supported on an ongoing basis through supervision, guidance, and communication. Monthly visits, and adequate over sight, monitoring, and training must be in place.

5/20/15 Additional information: The placement agency shall demonstrate that it has systems in place to monitor and assure that home care providers document and track the following:
1) financial transactions on behalf of the individual living in the home,
2) safe administration and storage of medications
3) health care information
4) progress towards meeting ISP goals and objectives

5) environmental oversight to ensure that the home is well maintained and continues to meet the individuals' needs. The placement agency shall assure that the home care provider keeps the home clean, safe and in good repair and shall notify the Department as soon as there is a reason to believe (or determines) that the placement can no longer meet the individuals' assessed needs.

In addition, the agency must regularly assess the training, knowledge and competence of home care providers, including conducting an annual assessment of the skills of the home care providers.

Date: 9/17
Question 2:
How does the Provider ensure that each placement home is meeting all contractual and regulatory obligations?
Answer:
Providers need to establish systems to provide routine and regular oversight to the home care providers. The Providers can encourage use of a particular system, but cannot always prescribe the exact system that is implemented within each home care provider home. However, the Provider needs to be instructive to the home care providers in terms of the contractual and the regulatory standards, and expectations for what each home care provider home is required to meet, and can suggest systems that can be used in the home to facilitate success with meeting these standards. Providers must take an active role in recruiting and supporting the home care providers to meet all obligations. The role of the Provider Manager is critical in the operation of high quality shared living services across various shared living homes. In addition to monthly visits, other systems and mechanism for support can be established.

L88 – Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.
Home care providers must be knowledgeable about the services and support strategies in the ISP and what their role is in implementing these services. There needs to be some type of documentation for determining if goals are being worked on as identified in the ISP. Documentation at a minimum should identify when the goals are being addressed, what goals are being worked on, and the results of the support. This may be noted in different places such as a note in a calendar for when a goal was addressed and then progress notes for the result of the support.

Date: 9/17
Question: How are data being collected, documented and tracked in placement services? What is the role of the Provider vs the home care provider?
Answer:
Data collection and analysis needs to occur on two levels- both with the home care provider, and with Providers. In other words, the Provider needs to assist the home care providers to ensure that strategies are in place to support an individual to work on his/her ISP objectives and develop awareness and strategies for the home care providers to easily collect data. It is important that the Provider has systems of oversight to ensure data collection, implementation of strategies, analyzing and summarizing this data, and bringing this information to the ISP team.

Home care providers must be knowledgeable about the services and support strategies in the ISP and what their role is in implementing these services. Documentation needs to be present to determine if goals are being worked on as identified in the ISP. Documentation at a minimum should identify when the goals are being addressed, what goals are being worked on, and the results of the support. There is no standardized format for

data collection and each shared living home is free to develop their system of raw data collection. However, the Provider need to ensure that correct data are being collected on services and supports identified and agreed to within the ISP. The Provider may review the raw data, and then summarize the raw data as part of their monthly visits. For example, a home care provider takes data on community trips and records this information on a calendar. At the end of the month, the Provider tabulates the data, reviews the information and summarizes progress in a monthly progress note. The Provider needs to ensure that the data are being kept and recorded and reviewed.

Development of goals consistent with the individual and guardian input, and goals which are meaningful and person-centered is essential but is not the scope of this indicator. Once goals, objectives and support strategies have been developed, the provider needs to assure those that they have designated responsibility for, are being implemented.

L-89 The provider has a complaint and resolution process that is effectively implemented at the local level.
Date: 9/17
Question: Does the home care provider need a log in an ABI shared living home?
Answer:
Yes. Per tool guidelines, the home care provider needs to have a log available at the shared living home with the name of the complainant, a short description of the complaint, and the resolution. The Provider is encouraged to have a system in place to assist the care provider in documenting and responding to complaints.

Certification indicators
C7 – Individuals have opportunities to provide feedback at the time of hire/ time of match and on an ongoing basis on the performance of staff/ actions of home care providers that support them.
Date: 9/17
Question:
How can Placement service locations be successful in meeting this indicator?
Answer:
This indicator establishes a two-fold expectation that Providers have an affirmative obligation to enable individuals to participate in the process of selecting home care providers and in providing feedback on their ongoing performance. The Provider has a role in providing individuals with the opportunity to offer their opinions when decisions are made about the recruiting and selection of home care providers. When an individual is moving into shared living, his/her opinions concerning the potential home care provider should be strongly considered in designing a good match and creating a placement with a preferred home care provider. Individuals' feedback should be obtained at the time new home care providers are being considered. There should also be a process in place that assures, on an ongoing basis, that information is sought from the individuals on the home care providers' performance. The agency needs to conduct an annual assessment of skills on home care providers. Individuals need to have input into these annual reviews of the home care providers they live with. A Provider's success in addressing this standard of support is optimized when the following practices are in place:

The most common approach used by Providers to make decisions about contracting is one of "matching" an individual with a prospective home care provider. The procedures should include provisions that allow individuals to meet with a prospective home care provider. The process should incorporate a practice of soliciting individuals for their opinion and views on the prospective home care provider. If the individual's input is difficult to discern because there are challenges in understanding his/her form of communication, the

process should include the observation of the prospective home care provider's interactions with the individual(s). Finally, the decision should be informed by what information is gathered from the individual. The Provider's procedures should detail how feedback from individuals about a prospective home care provider is reflected at the time of the match;

- The Provider needs to have procedures in place to gather input and feedback from the individual(s) on their home care providers on a periodic and ongoing basis. One way to do this is to check in with the individual during the monthly visits, and to integrate this information into working with the home care provider;
- The steps to check in with individuals and gather their comments should be a feature of the agency's assessment system. It is expected that the Provider will be conducting annual assessments on each home care provider; the input of individuals should be solicited prior to this; and
- Whatever measures the Provider employs to gather and reflect individuals' comments, the input dovetails with the expectations of a formal assessment, and therefore should be documented.

C12 – Individuals are supported to explore, define, and express their need for intimacy and companionship
Date: 9/17
Question:
How can Placement service locations be successful in meeting this indicator?
Answer:
The desire for intimacy and companionship is a very important aspect of life for all people. Individuals with intellectual disability benefit from support to address their interests in areas of human sexuality and developing romantic relationships. To be responsive to individuals' needs in this area, it would be beneficial for placement agencies to focus efforts on the following:

- To ensure a systemic approach to supporting all individuals served by the agency, a human sexuality education curriculum should be put in place. This curriculum should be utilized by the agency as the foundation for providing individuals and their respective home care providers with ongoing support and education;
- Some type of evaluative process should be used to assess the interests, abilities and support needs of individuals, as it relates to the various aspects of intimacy and companionship;
- The needs and interests of the individual should be well understood by the home care provider and by the placement agency staff overseeing the home care arrangement;
- The needs and interests of the individual should serve as the basis for a course of action (further education, training and support);
- Based on the individuals' needs and interests, an informal intimacy goal and home care provider steps for supporting the individual may be identified. It may be articulated via the ISP planning process wherein objectives/support strategies are identified for the individual;
- Training and support should be individualized and considerate of the unique needs of the person across the broad area of intimacy; and
- The placement service agency needs to support the home care provider to take steps to address each person's wishes and desires when it comes to sexual self-expression and romantic relationship development.

C16 – Staff (home providers) support individuals to explore, discover and connect with their interests for cultural, social, recreational, and spiritual activities.
Date: 9/17
Question:
How can placement service locations be successful in meeting this indicator?
Answer:
Supporting individuals to be a part of community life has been a longstanding key area of focus. This is a pathway to opportunities for individuals to establish relationships with others, based on mutual interests. This indicator can be viewed as a starting point in terms of the work that needs to occur to support individuals to establish meaningful connections within their communities. It addresses the important role the placement service agency and the home care provider play in supporting individuals to explore and participate in the broad range of activities that are available in the community. Individuals will experience success when the following elements are in place:

- The placement agency has promoted an understanding of the importance of community integration within the organization, and implements strategies to pro-actively address this expectation with home care providers through training/development. Typically home care providers are quite active participants in community life; training and development might focus on the home care provider's need to concentrate their efforts on actualizing the particular cultural, social, recreational and spiritual activities that are of interest to the individual;
- Placing the individual at the center of these efforts, by fully assessing their interest in the wide variety of activity options available in the community at large. This is best accomplished when the placement agency takes a systemic approach to supporting individuals by promoting the home care provider to learn about the individuals' particular interests. This can be accomplished through use of methods such as interest inventories, "mapping", person-centered-planning tools, and a deliberate course of engaging the individual in frequent exploration of community activities;
- The efforts above are intended to enable the home care provider to understand where an individual's interests lie, and to support the individual in a further course of discovery of, and participation in, integrated activities;
- The scope of exploration should cover the broad range of community activities and resources that bring people together (e.g. – cultural, social recreational, spiritual); and
- The placement service agency will want to establish some sort of oversight and monitoring procedures and have some understanding of the efficacy of the efforts it has made to promote the expectation that individuals explore and participate in the life of the community, on a consistent and sustained basis. Tracking of exploratory efforts and community activities through the agency's monthly home care provider visits might be one mechanism the agency could employ to monitor and oversee success in this area.

C20. The provider has emergency back-up plans to assist the individual to plan for emergencies and/or disasters.
Date: 9/17
Question:
What is this indicator measuring, and how does it pertain to a Placement Service?

Answer:
This indicator is NOT about the presence of a Safety Plan. The Safety Plan's primary purpose is to outline the fire safety strategies for a particular location, and is evaluated within a licensure indicator. An emergency back-up plan is the Provider's plan that guides each location's actions in the event of any emergency. The Provider needs to have policies, procedures and guidelines in place to instruct home care providers as to who to call when. Home care providers need to be aware of when to call 911, but then when shortly thereafter to contact the Provider and inform them as to what occurred.

C51 Staff/ Home providers are knowledgeable about individual's satisfactions with services and supports and support individuals to make changes as desired.
9/17
Question: How is this indicator looked at within a Placement service? How is this different from feedback on the home care provider (C7)?
Answer:
C7 is evaluating to what extent the Provider's engages the individual in the matching and assessment process for the home care provider, while this indicator addresses the individual's feedback and satisfaction with the placement and living situation as a whole. This indicator looks at the individual's satisfaction with services and supports within the shared living home, and the Provider's responsiveness to the individual's feedback. Per regulations, on quarterly basis the Provider needs to contact the individual and his or her family or other primary care provider to obtain a written evaluation of the arrangement which includes an assessment of the individual's and family's satisfaction with the supports and services provided by the placement agency and the home care provider and with the degree to which the services meet the individual's needs. The surveyors will assess to what degree people are knowledgeable about the individual's concerns and desires, and how the Provider is responsive to any issues shared.

C53 – Individuals are supported to have choice and control over what, when, where and with whom to eat.
Date: 9/17
Question:
How can placement service locations be successful in meeting this indicator?
Answer: This indicator is one of several new or strengthened certification indicators that emphasize the importance of providing individuals with the locus of control over aspects of their life. This indicator specifically focuses on food choices and dining preferences. For placement services, in addition to familiarity with this indicator and expectations on the part of the home care provider, the placement provider will want to consider the following:

- The placement agency will want to develop home care providers' understanding of the service principle of promoting individual control, and how it relates to food and dining choices, such as through the agency's training and oversight mechanisms;
- Home care providers should be knowledgeable about individuals' meal preferences. Supporting individuals to make informed decisions about food choices is best accomplished through encouraging them to be involved in the household menu planning, food shopping and meal preparation routines;
- On occasions when an individual would choose not to eat the meal that's been prepared for the household, he/she should be accommodated with a readily available alternative meal, consistent with the person's food preferences;

- Another key facet of promoting people's control over dining options is the need to consider their choices about when and where to eat, and with whom. Home care providers should be both knowledgeable of individuals' preferences in this regard, and genuinely supportive of their choices. For example, it would be important to understand whether the individual prefers have a fixed dinner mealtime and a shared dining experience within the family/household setting, or does she/he prefer to eat alone, later hour, while watching television instead of in the dining room, etc.

LICENSURE AND CERTIFICATION INDICATORS FOR PLACEMENT SERVICES
Revised 11/1/16; 9/17 to familiarize Placement service providers with current standards and Community Rule expectations.

Licensure Organizational Indicators

⚑ **L2**	Allegations of abuse/neglect are reported as mandated by regulation.
L3	Immediate action is taken to protect the health and safety of individuals when potential abuse/neglect is reported.
L4	Action is taken when an individual is subject to abuse or neglect.
L48	The agency has an effective Human Rights Committee.
L65	Restraint reports are submitted within required timelines.
L66	All restraints are reviewed by the Human Rights Committee.
L74	The agency screens prospective employees per requirements.
L75	The agency assures that staff have the necessary qualifications and certifications to do the job.
L76	The agency has and utilizes a system to track required trainings.
L83	Support staff are trained in human rights.

Licensure Indicators for DDS and for ABI/ MFP Placement Services

L1	**PERSONAL SAFETY** Individuals have been trained and guardians are provided with information in how to report alleged abuse/neglect
L5	There is an approved safety plan in home and work locations.
⚑ **L6**	⚑ All individuals are able to evacuate homes in 2.5 minutes with or without assistance and workplaces within a reasonable amount of time.
L8	Emergency fact sheets are current and accurate and available on site.
L10	The provider implements interventions to reduce risk for individuals whose behaviors may pose a risk to themselves or others.
⚑ **L11**	**ENVIRONMENTAL SAFETY** ⚑ All required annual inspections have been conducted.
⚑ **L12**	⚑ Smoke detectors and carbon monoxide detectors, and other essential elements of the fire alarm system required for evacuation are located where required and are operational.
⚑ **L13**	⚑ Location is clean and free of rodent and/or insect infestation.
L14	Handrails, balusters, stairs, and stairways are in good repair.
L15	Hot water temperature tests between 110 and 130 degrees
L16	The location is adapted and accessible to the needs of the individuals
L17	There are two means of egress from floor at grade level. ♦when location is owned or leased by provider
L18	All other floors above grade have one means of egress and one escape route on each floor leading to grade. ♦when location is owned or leased by provider
L21	Electrical equipment is safely maintained.
L22	All appliances are operational and properly maintained.
L26	Walkways, driveways and ramps are in good repair and are kept clear in all seasons.
L27	If applicable, swimming pools are safe and secure according to policy.
L29	No rubbish or other combustibles are accumulated within the location including near heating

	equipment and exits.
L30	The exterior of the home, including every porch, balcony, deck or roof used as a porch or deck has a wall or protective railing, is in good repair.
L31	**COMMUNICATION** Staff understands and can communicate with individuals in their primary language and method of communication.
L32	Individuals receive support to understand verbal and written communication.
L33	**HEALTH** Individuals receive an annual physical exam.
L34	Individuals receive an annual dental exam.
L35	Individuals receive routine preventive screenings.
L36	Recommended tests and appointments with specialists are made and kept.
L37	Individuals receive prompt treatment for episodic health care conditions.
⚑ **L38**	⚑ Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team).
L39	Special dietary requirements are followed.
L41	Individuals are supported to follow a healthy diet.
L42	Individuals are supported to engage in physical activity.
L43	The health care record is maintained and updated as required.
⚑ **L46**	⚑ All prescription medications are administered according to the written order of a practitioner and are properly documented on a Medication Treatment Chart.
L47	Individuals are supported to become self- medicating when appropriate.
	HUMAN RIGHTS
L49 Strengthen guidelines	Individuals and guardians have been informed of their human rights and know how to file a grievance or to whom they should talk if they have a concern.
L50 Revised indicator and strengthen guidelines	Written and oral communication with and about individuals is respectful.
L51	Individuals can access and keep their own possessions.
L52 Revised indicator and strengthen guidelines	Individuals can make and receive phone calls and use other communication technology.
L53	Individuals can visit with family and friends.
L54 Strengthen guidelines	Individuals have privacy when taking care of personal needs and discussing personal matters.
L55	Informed consent is obtained from individuals or their guardians when required; Individuals or their guardians know that they have the right to withdraw consent.
L56	Restrictive practices intended for one individual that affect all individuals served at a location need to

	have a written rationale that is reviewed as required and have provisions so as not to unduly restrict the rights of others.
L57	All behavior plans are in a written plan.
L58	All behavior plans contain the required components.
L59	Behavior plans have received all the required reviews.
L60	Data are consistently maintained and used to determine the efficacy of behavioral interventions.
L61	Supports and health related protections and supports are included in ISP assessments; and the continued need is outlined.
L62	Supports and health related protections are reviewed by the required groups.
L63	Medication treatment plans are in written format with required components.
L64	Medication treatment plans are reviewed by the required groups.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.
L68	Expenditures of individual's funds are made only for purposes that directly benefit the individual.
L69	Individual expenditures are documented and tracked.
L70	Charges for care are calculated appropriately.
L71	Individuals are notified of their appeal rights for their charges for care.
	COMPETENT WORKFORCE
L77	The agency assures that staff are familiar with and trained to support the unique needs of individuals.
L78	Staff are trained to safely and consistently implement restrictive interventions.
L79	Staff are trained in safe and correct administration of restraint. ***Not applicable for ABI/MFP placement**
L80	Support staff are trained to recognize signs and symptoms of illness.
L81	Support staff know what to do in a medical emergency.
L84	Staff are trained in the correct utilization of health related protections per regulation.
L85	The agency provides on-going supervision and staff development.
L86	**GOAL DEVELOPMENT AND IMPLEMENTATION** Required assessments concerning individual needs and abilities are completed in preparation for the ISP.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.
L89	The provider has a complaint and resolution process that is effectively implemented at the local level. ***Required for ABI/MFP placement only**
L90 New indicator	Individuals are able to have privacy in their own personal space.

Certification Organizational Indicators

	PLANNING AND QUALITY IMPROVEMENT
C1	The provider collects data regarding program quality including but not limited to incidents, investigations, restraints, and medication occurrences.
C2	The provider analyzes information gathered from all sources and identifies patterns and trends.
C3	The provider actively solicits and utilizes input from individuals and families regarding satisfaction

	with services.
C4 Revised indicator	The provider receives and utilizes input received from DDS and other stakeholders to inform service improvement efforts.
C5	The provider has a process to measure progress towards achieving service improvement goals.
C6	The provider has mechanisms to plan for future directions in service delivery and implements strategies to actualize these plans.

Placement Services Certification Indicators

	COMMUNICATION
C7 Revised indicator and strengthen guidelines	Individuals have opportunities to provide feedback at the time of hire / time of match and on an ongoing basis on the performance of staff /actions of home care providers that support them.
	SUPPORTING AND ENHANCING RELATIONSHIPS
C8	Individuals have opportunities for communication between guardians, family members, and staff on a regular and timely basis.
C9 Revised indicator and strengthen guidelines	Staff (Home Providers) provide opportunities to develop, sustain, and/or increase personal relationships and social contacts.
C10	Staff (Home Providers) support individuals to develop appropriate social skills.
C11 Revised indicator and strengthen guidelines	Staff (Home Providers) support individuals to get together with families and friends.
C12 Revised indicator and strengthen guidelines	Individuals are supported to explore, define, and express their need for intimacy and companionship.
	CHOICE, CONTROL AND GROWTH
C13 Strengthen guidelines	Staff (Home Providers) provide support for individuals to develop skills to enable them to maximize independence and participation in typical activities and routines.
C14 Strengthen guidelines	Staff (Home Providers) support individuals to make choices regarding daily household routines and schedules.
C15 Revised indicator and strengthen guidelines	Staff (Home Providers) support individuals to personalize and decorate their rooms/homes and personalize common areas according to their tastes and preferences.

(Access and Integration) C16 Revised indicator and strengthen guidelines	Staff (Home Providers) support individuals to explore, discover and connect with their interests for cultural, social, recreational and spiritual activities.
(Access and Integration) C17 Revised indicator and strengthen guidelines	Community activities are based on the individual's preferences and interests.
C18 Strengthen guidelines	Staff (Home Providers) assist individuals to purchase personal belongings.
C19 Strengthen guidelines	The provider assists individuals to make knowledgeable decisions.
C20	The provider has emergency back-up plans to assist individuals to plan for emergencies and/or disasters.
	ACCESS AND INTEGRATION
C46 New indicator	Staff (Home Providers) support individuals to learn about and use generic community resources.
C47 New indicator	Individuals have full access to the community through transportation available and/or provided.
C48 New indicator	Individuals are a part of the neighborhood.
C49 New indicator	The physical setting blends in with and is a natural part of the neighborhood and community.
(Choice, Control and Growth) C50 New indicator	Individuals are supported to understand and become a part of the culture of the workplace (including workplace social activities and events).
(Choice, Control and Growth) C51 New indicator	Staff (**Home Providers**) are knowledgeable about individuals' satisfaction with services and supports and support individuals to make changes as desired.
(Choice, Control and Growth) C52 New indicator	Individuals have choice and control over their leisure and non-scheduled activities.

(Choice, Control and Growth) C53 New indicator	Individuals are supported to have choice and control over what, when, where and with whom they want to eat.
(Choice, Control and Growth) C54 New indicator	Individuals have the assistive technology and/or modifications to maximize independence.

ABI/MFP Placement Services Certification Indicators

	COMMUNICATION
C7 Revised indicator and strengthen guidelines	Individuals have opportunities to provide feedback at the time of hire/ time of match and on an ongoing basis on the performance of staff / actions of home care providers that support them.
C8	Individuals have opportunities for communication between guardians, family members, and staff on a regular and timely basis.
	SUPPORTING AND ENHANCING RELATIONSHIPS
C9 Revised indicator and strengthen guidelines	Staff (Home Providers) provide opportunities to develop, sustain, and/or increase personal relationships and social contacts.
C10	Staff (Home Providers) support individuals to develop appropriate social skills.
C11 Revised indicator and strengthen guidelines	Staff (Home Providers) support individuals to get together with families and friends.
C12 Revised indicator and strengthen guidelines	Individuals are supported to explore, define, and express their need for intimacy and companionship.
	CHOICE, CONTROL AND GROWTH
C13 Strengthen guidelines	Staff (Home Providers) provide support for individuals to develop skills to enable them to maximize independence and participation in typical activities and routines.
C14 Strengthen guidelines	Staff (Home Providers) support individuals to make choices regarding daily household routines and schedules.

C15 Revised indicator and strengthen guidelines	Staff (Home Providers) support individuals to personalize and decorate their rooms/homes and personalize common areas according to their tastes and preferences.
C16 Revised indicator and strengthen guidelines	Staff (Home Providers) support individuals to explore, discover and connect with their interests for cultural, social, recreational and spiritual activities.
C17 Revised indicator and strengthen guidelines	Community activities are based on the individual's preferences and interests.
C18 Strengthen guidelines	Staff (Home Providers) assist individuals to purchase personal belongings.
C19 Strengthen guidelines	The provider assists individuals to make knowledgeable decisions.
C20	The provider has emergency back-up plans to assist individuals to plan for emergencies and/or disasters.
	ACCESS AND INTEGRATION
C46 New indicator	Staff (Home Providers) support individuals to learn about and use generic community resources.
C47 New indicator	Individuals have full access to the community through transportation available and/or provided.
C48 New indicator	Individuals are a part of the neighborhood.
C49 New indicator	The physical setting blends in with and is a natural part of the neighborhood and community.
C50 New indicator	Individuals are supported to understand and become a part of the culture of the workplace (including workplace social activities and events).
C51 New indicator	Staff (Home Providers) are knowledgeable about individuals' satisfaction with services and supports and support individuals to make changes as desired.
C52 New indicator	Individuals have choice and control over their leisure and non-scheduled activities.
C53 New indicator	Individuals are supported to have choice and control over what, when, where and with whom they want to eat.
C54 New indicator	Individuals have the assistive technology and/or modifications to maximize independence.

LICENSURE AND CERTIFICATION WORKSHEET FOR PLACEMENT SERVICES

Residential Audit Worksheet /Score Sheet–Placement Supports (3150, 3288)

This sheet is organized by topic/ process. Note: as referenced, many indicators have more than one source of information. Please refer to the Tool for more detailed information on sources, how measured, and criteria for standard met.

(* - information may also be collected either off-site or at the administrative review)

(⋆ - pertains when service site is owned or leased by provider)

(♦ - New or revised indicators and/or strengthened guidelines)

General Overview: topics in areas such as fire safety; personal safety; diet; community involvement that pertains to all individuals at the location and get rated once for the location

Materials utilized/ sources of information:

- **Location specific documentation such as safety plans, fire drills, menus, staff logs, restraint forms**
- **Staff interview**

	Indicators:	**Rating for location- met (M) or not met (NM) or Not Rated (NR)**
⚑ **L2**	Allegations of abuse/neglect are reported as mandated by regulation.*	
L4	Action is taken when an individual is subject to abuse or neglect.*	
L5	There is an approved safety plan in home and work locations.	
⚑ **L6**	⚑ All individuals are able to evacuate homes in 2.5 minutes with or without assistance and workplaces within a reasonable amount of time.	
L41	Individuals are supported to follow a healthy diet.	
L42	Individuals are supported to engage in physical activity.	
L50	Written and oral communication with and about individuals is respectful. ♦	
L54	Individuals have privacy when taking care of personal needs and discussing personal matters. ♦	
L65	Restraint reports are submitted within required timelines.*	
C20	The provider has emergency back-up plans to assist individuals to plan for emergencies and/or disasters.	

Environmental Review: topics that pertain to the physical environment of the home such as smoke alarm system, egresses, cleanliness, and availability and storage of nutritional foods

Materials utilized/ sources of information:

- **Environmental inspection/ location review**
- **Location specific documentation such as safety plans, fire drills**
- **Staff interview**
- **Individual information also utilized to inform some indicators (e.g. L16; L19)**

	Indicators:	**Rating for location- met (M) or std. not met (NM) or not rated (NR)**
⚑ **L11**	⚑ All required annual inspections have been conducted.	
⚑ **L12**	⚑ Smoke detectors and carbon monoxide detectors, and other essential elements of the fire alarm system required for evacuation are located where required and are operational.	

⚑ **L13**	⚑ Location is clean and free of rodent and/or insect infestation.	
L14	Handrails, balusters, stairs, and stairways are in good repair.	
L15	Hot water temperature tests between 110 and 130 degrees.	
L16	The location is adapted and accessible to the needs of the individuals.	
L17	There are two means of egress from floor at grade level.	★
L18	All other floors above grade have one means of egress and one escape route on each floor leading to grade.	★
L21	Electrical equipment is safely maintained.	
L22	All appliances are clean and properly maintained.	
L26	Walkways, driveways and ramps are in good repair and clear of ice and snow.	
L27	If applicable, swimming pools are safe and secure according to policy.	
L29	No rubbish or other combustibles are accumulated within the location including near heating equipment and exits.	
L30	Every porch, balcony, deck or roof used as a porch or deck has a wall or protective railing in good repair.	
C15	Staff **(Home Providers)** support individuals to personalize and decorate their rooms/homes and personalize common areas according to their tastes and preferences. ♦	

Medication and Healthcare Review: individual audit methodology – auditing #_____
Materials reviewed/ sources of information:

- **Environmental inspection/ location review –e.g. storage**
- **Location documentation e.g. MAP registration**
- **Individual specific documentation such as medications, health care record, physician's orders**
- **Staff interview**

	Indicators:	**Rating for location- met (M) or std. not met (NM) or not rated (NR)**
⚑ **L82**	⚑ Medications are administered by licensed professional staff or by MAP certified staff or PCA staff for individuals unable to administer their own medications.*	

	Indicators: **CLUSTER A**	**Rating for location- met (M) or std. not met (NM) or not rated (NR)**
L8	Emergency fact sheets are current and accurate and available on site.	
L33	Individuals receive an annual physical exam.*	
L34	Individuals receive an annual dental exam.*	
L35	Individuals receive routine preventive screenings.*	
L36	Recommended tests and appointments with specialists are made and kept.	
L37	Individuals receive prompt treatment for episodic health care conditions.	
⚑ **L38**	⚑ Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team).	
L39	Special dietary requirements are followed.	
L43	The health care record is maintained and updated as required.*	
⚑ **L46**	⚑ All prescription medications are administered according to the written order of a practitioner and are properly documented on a Medication Treatment Chart.	
L47	Individuals are supported to become self-medicating when appropriate.	
L63	Medication treatment plans are in written format with required components.	

L64	Medication treatment plans are reviewed by the required groups.	

<u>Funds Management and Community Review:</u> individual audit methodology – auditing #_____
<u>Materials reviewed/ sources of information</u>:

- **Environmental inspection/ location review –e.g. storage**
- **Location documentation e.g. calendar of community activities**
- **Individual specific documentation such as financial transactions information, receipts**
- **Staff interview**
- **Individual interview for certification indicators**
- **Observation for certification indicators**

	Indicators: **<u>CLUSTER A</u>**	**Initials** **_____** **#1- met (M) or not met (NM) Or not rated(NR)**	**Individual and/or guardian or family interview**
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.		
L68	Expenditures of individual's funds are made only for purposes that directly benefit the individual.		
L69	Individual expenditures are documented and tracked.		
L70	Charges for care are calculated appropriately. *		
L71	Individuals are notified of their appeal rights for their charges for care.*		
C9	Staff **(Home Providers)** provide opportunities to develop, sustain and/or increase personal relationships and social contacts. ♦		Individual Interview
C10	Staff **(Home Providers)** support individuals to develop appropriate social skills.		
C11	Staff **(Home Providers)** support individuals to get together with families and friends. ♦		Individual Interview
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship. ♦		Individual Interview
C18	Staff **(Home Providers)** assist individual to purchase personal belongings.		Individual Interview

<u>Goal Accomplishment, Skill Acquisition Review:</u> individual audit methodology – auditing #_____
<u>Materials reviewed/ sources of information</u>:

- **Location documentation e.g. process for documenting goals, household responsibilities, and skill development**
- **Individual specific documentation such as support strategies, Individual Support Plans, progress notes**
- **Staff interview**
- **Observation as needed**

	Indicators: **<u>CLUSTER A</u>**	**Initials** **___** **#1- met (M) or not met (NM) or not rated (NR)**	**Individual and/or guardian or family interview**
L77	The agency assures that staff are familiar with and trained to support the unique needs of individuals.		
L86	Required assessments concerning individual needs and abilities are completed in		

	preparation for the ISP.*		
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.*		
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.		
C13	Staff **(Home Providers)** provides support for individuals to develop skills to enable them to maximize independence and participation in typical activities and routines.		
C54	Individuals have the assistive technology and/or modifications to maximize their independence. ♦		Individual Interview

♦ **Access and Integration Review: individual audit methodology – Audit #_____**

Materials reviewed / sources of information:

- **Documentation, including community logs, receipts, local newspapers, community calendars, library cards, and menus. Transportation documentation such as vehicle information, bus passes, receipts for cabs**
- **Staff interview**
- **Individual interview**
- **Observation**

	Indicators: **CLUSTER B**	**Initials** _____ **#1- met (M) or not met (NM) Or not rated(NR)**	**Individual and/or guardian or family interview**
C16	Staff **(Home Providers)** support individuals to explore, discover and connect with their interests for cultural, social, recreational and spiritual activities. ♦		Individual Interview
C17	Community activities are based on the individual's preferences and interests. ♦		Individual Interview
C46	**Staff support individuals to learn about and use generic community resources ♦**		Individual Interview
C47	**Individuals have full access to the community through transportation available or provided. ♦**		Individual Interview
C48	**Individuals are part of the neighborhood ♦**		Individual Interview
C49	**The physical setting blends in with and is a natural part of the neighborhood and community. ♦**		
C51	**Staff (Home Providers) are knowledgeable about individuals' satisfaction with services and supports and support individuals to make changes as needed. ♦**		
C52	**Individuals have choice and control over their leisure and non-scheduled activities. ♦**		Individual Interview
C53	**Individuals are supported to have choice and control over what, when, where and with whom they want to eat. ♦**		Individual Interview

Human Rights, Choice, Communication and Control Review: individual audit methodology – Audit #_____

Materials reviewed/ sources of information:

- **Location documentation e.g. process for documenting goals and skill development**
- **Individual specific documentation such as support strategies, Individual Support Plans, progress notes**
- **Staff interview**

- **Individual interview**
- **Guardian interview**
- **Observation**

	Indicators: **<u>CLUSTER B</u>**	**Initials** **_____** **#1- met (M) or not met (NM) or not rated (NR)**	**Individual and/or guardian or family interview**
L1	Individuals and guardians are trained in how to report alleged abuse/ neglect.*		
L31	Staff understand and can communicate with individuals in their primary language and method of communicating.		
L32	Individuals receive support to understand verbal and written communication.		
L49	Individuals and guardians have been informed of their human rights and know how to file a grievance or to whom they should talk if they have a concern.* ♦		Individual and guardian or family interview
L51	Individuals can access and keep their own possessions.		
L52	Individuals can make and receive phone calls and use other communication technology. ♦		Individual interview
L53	Individuals can visit with family and friends.		Individual and guardian or family interview
L55	Informed consent is obtained from individuals or their guardians when required.		
L56	Individuals or their guardians know that they have the right to withdraw consent.		
C7	Individuals have opportunities to provide feedback at the time of hire and on an ongoing basis on the performance of staff that support them.* ♦		Individual Interview
C8	There are opportunities for communication between guardians, family members, and staff on a regular and timely basis.*		Guardian or family interview
C14	Staff **(Home Providers)** support individuals to make choices regarding daily household routines and schedules.		Individual Interview
C19	The provider assists individuals to make knowledgeable decisions.		Individual Interview

<u>Human Rights Review, specific indicators:</u> relevant to individuals with behavior intervention plans and/ or supports and health related protections – Audit #_____

<u>Materials reviewed/ sources of information</u>:

- **Location information e.g. use of door alarms in place; provision for access to others**
- **Individual specific documentation such as behavior plans, supports/ health related protection information**
- **Staff interview**
- **Individual interview**
- **Guardian interview**
- **Observation**

	Indicators: **<u>CLUSTER B</u>**	**Initials** **#1- met (M) or not met (NM) or not**	**Individual and/or guardian or family**

		rated(NR)	interview
L10	The provider implements interventions to reduce risk for individuals whose behaviors may pose a risk to themselves or others.		
L56	Restrictive practices intended for one individual that affect all individuals served at a location need to have a written rationale that is reviewed as required and have provisions so as not to unduly restrict the rights of others.		
L57	All behavior plans are in a written plan.		
L58	All behavior plans contain the required components.		
L59	Behavior plans have received all the required reviews.		
L60	Data are consistently maintained and used to determine the efficacy of behavioral interventions.		
L61	Supports and health related protections and supports are included in ISP assessments and the continued need is outlined.		
L62	Supports and health related protections are reviewed by the required groups.		
L84	Staff are trained in the correct utilization of health related protections per regulation.		
L90	Individuals are able to have privacy in their own personal space. ♦		

<u>Competent workforce:</u> review of staff knowledge and training in a variety of topics such as health care, restraint usage, human rights that pertains to all individuals at the location and get rated once for the location. If there is no service location, rate once for the service.
Staff/ home provider name_____(interview one staff one per location/ service)

<u>Materials utilized/ sources of information</u>:

- **Location specific documentation**
- **Individual specific individual e.g. identification of individuals with unique needs**
- **Staff training documentation**
- **Staff interview**

	Indicators:	Rating for location-. met (M) or not met (NM) or Not Rated (NR)
L78	Staff are trained to safely and consistently implement restrictive interventions.	
L79	Staff are trained in safe and correct administration of restraint.	
L80	Support staff are trained to recognize signs and symptoms of illness.	
L81	Support staff know what to do in a medical emergency.	
L85	The agency provides on-going supervision and staff development.*	

SAFETY PLAN GUIDELINES FOR PLACEMENT SERVICES – excerpted directly from 2009 Safety Plan Manual

Plans for Shared Living/Home Sharing Supports

COMPONENTS	DDS REGULATORY REQUIREMENTS		
1. Individual Safety Strategies	Derived from Assessments in ISP		
2. Group Interactions	115 CMR 7.08(3)(b)2 Provider Analysis		
3. Environmental Standards	Provider Leased/Owned 115 CMR 7.07(1)-(6)	Individually Leased/Owned N/A	PLANS FOR SHARED LIVING/ HOME SHARE SUPPORTS
4. Adaptive Technology	115 CMR 7.08(3)(b)4 Derived from Assessments in ISP		
5. Staff	115 CMR 7.08(3)(b)5 and 7.10		
6. Evacuation	115 CMR 7.08(3)(b)6 2 1/2 minutes with or without assistance		
7. Fire Drills	No regulatory requirements		
8. Notification to Police/Fire	115 CMR 7.08(3)(b)8 Home provider knowledge of local resources		
9. Transportation/Resettlement	115 CMR 7.08(3)(b)9 Placement service provider responsibility		
10. Continuity of Services & Supports	115 CMR 7.08(3)(b)10 Placement service provider/Area Office collaboration		

Shared Living/Home Sharing Supports

Introduction

The guidelines in this section refer to all 24-hour living situations in which an individual lives with another person in the other person's own home (shared living) or has a roommate providing support in the individual's own home (home sharing). The guidelines for developing the Emergency Evacuation Safety Plan for these homes are somewhat unique since they are a balance between having the least disruption on family life as possible and providing safeguards in the event of an emergency that necessitates the home being evacuated.

The responsibility for developing the Emergency Evacuation Safety Plan rests with the provider agency providing support, with the provider agency working with the shared living or home sharing provider in preparing the plan.

Specific Guidelines for The Plan

GENERAL INFORMATION

Date of Completion – date the plan is developed

Agency – provider agency's full name

Address of Residential Support – address of home for which the plan is developed

Names of Individuals Served At Site – names of all individuals living in the home

Home is owned/rented/leased by – indicate in box provided whether the provider agency (this includes the home sharing provider), or all of the individuals living in the home own/rent/lease the home

Type of Residential Support – put an X in the box for "Shared Living" or "Home Sharing." Fill in the number of hours of staff support and indicate whether this support is per day or per week. Please note definitions for these residential supports are included in Section II: Who Has to File Emergency Evacuation Safety Plans.

Type of Building – put an X in the appropriate box that best describes the home. Only one box should be marked. Fill in as appropriate, the number of floors in the home, including the basement or the floor(s) the home is located on in a multiple family or apartment building.

When identifying the floors that bedrooms are located on, please use the following guide:

Basement – partially below ground floor.
1st floor – ground level floor
2nd floor – floor one story above ground level

ENVIRONMENTAL STANDARDS

Fire Safety Equipment – put an X in as many boxes as apply for this home. Under "other," list any additional equipment that is not included; e.g. fire extinguishers in other parts of the home beyond the kitchen.

Floor Plan – a floor plan should be developed, using page 13 of the EESP form, for each floor of the home used by the individuals living in the home. Add additional pages as needed. Each egress should be clearly marked using the possible egress types provided on the form. These are:

a. Interior Stairs
b. Elevator
c. Door to Exterior Stairs To Grade
d. Door Directly to Grade
e. Handicap Accessible Ramp
f. Basement Interior Stairs
g. Basement Stairs to Grade
h. Door to common hallway to egress(s) – this would typically be
    i. found in a multiple family or high rise apartment/condominium
i. Other (describe)

The floor plan provides important information needed for the DDS Area Office to fully evaluate the Emergency Evacuation Safety Plan. This plan will clearly show the layout of the home, the location of type of egress for each floor, proximity of each egress to bedrooms and distance of egresses from each other.

GENERAL SAFETY REQUIREMENTS

This section is not required for shared living or home sharing settings and should be skipped.

PROPOSED ALTERNATIVES

This section is not required for shared living or home sharing settings and should be skipped.

INDIVIDUAL ABILITIES AND SAFETY STRATEGIES

The first section of this area gives a snapshot of the needs of individuals supported at this location. Answer each of the following questions as they apply:

1. *Does the level of ability (cognitive) of any individual prevent or limit their ability to evacuate independently in 2.5 minutes?*
2. *Does any individual have mobility issues that would prevent or limit their ability to evacuate independently in 2.5 minutes?*
3. *Does any individual have health related issues that would prevent or limit their ability to evacuate independently in 2.5 minutes?*
4. *Does any individual have social or behavioral issues that would prevent or limit their ability to evacuate independently in 2.5 minutes?*
5. *Does any individual need adaptive devices or equipment to ensure safe and timely evacuation?*

If the answer to all of the questions above is no, skip the rest of this section and go to the section on group interactions. If the answer to any of the questions above is yes, the following information needs to be completed on the chart provided for each individual supported in the home.

Instructions for completing the individual chart

If any individual living in the home has needs that affect safe evacuation, the individual chart should be completed for every individual living in the home even if an individual is independent in evacuation. This gives the DDS Area Office a comprehensive picture of everyone living in the home. Instructions for the specific elements of the chart are as follows:

Ability to Evacuate – this section should include a comprehensive description of each individual's ability to evacuate and those individual characteristics that could affect timely evacuation.

Staff Assistance Provided – this section should include the most extensive home provider assistance required to evacuate as outlined in the following list.

A. Independent – individual requires no assistance to evacuate.
B. Verbal Prompt – individual requires only verbal direction to evacuate.
C. Physical Prompt – individual requires only light physical prompt to evacuate, such as a
D. Light directional touch on the arm, after which the individual evacuates independently.
E. Physical Escort – individual requires actual physical assistance to evacuate, such as
F. Staff physically guiding the individual out of the home.
G. Full Physical Assistance – individual is totally dependent on staff for evacuation, such as physical transfer to a wheelchair needed for evacuation.

Adaptive Devices/Equipment Needed – this section should identify any supportive devices needed by an individual including wheelchair, walker, bed shaker, etc.

GROUP INTERACTIONS

This section addresses any interactions between the individuals in the home that could positively or negatively affect any individual's ability to evacuate. For example, one individual could push a housemate, affecting evacuation. In another example, one individual could verbally encourage a housemate, enhancing evacuation.

EVACUATION PLAN

All of the information previously provided in this document culminates in the actual development of the evacuation plan. Before developing the plan, the following information should be provided:

The section on minimum staffing should address the support needs of the individual(s) living in the home in order to evacuate safely. If there needs to be two supporters in the home during asleep hours, this would be important to identify and assure.

Evacuation Plans

A separate plan needs to be developed for awake and asleep hours.

Each evacuation plan should be presented in a bullet point format.

Each evacuation plan needs to clearly articulate the sequencing of individual evacuation, using the information provided in the Individual Abilities and Safety Strategies section of the plan.

Each evacuation plan needs to clearly describe the support provided for safe evacuation, again using the information provided in the Individual Abilities and Safety Strategies section of the plan.
If the use of any adaptive device or equipment affects safe, timely evacuation, the specific staff assistance needed to address this should be outlined here, e.g., staff needs to lower a bed rail or put on an individual's brace. If more than one supporter is needed for safe evacuation or the home care provider might need to go out for a period of time during the day or evening and other members of the family assume temporary responsibility for supporting the individual during that time, the evacuation plan should include assurances that those family members are trained in all procedures to assist the individual to evacuate in an emergency.

If more than one individual lives in the home, the evacuation plan should outline the sequence for each person to be approached and evacuated and by whom.

Amount of time needed for safe evacuation

This should be the maximum time needed to evacuate all individuals safely. For existing homes, this amount should be based on the results of any fire drills or assessments completed during the previous year. For new homes the time should be based on individual assessments. The amount of time should never be more than 2 ½ minutes.

Primary Escape Route

This should be the exit(s) that would typically be used during an evacuation unless it is blocked.

Secondary Escape Route

This should be the exit(s) that would typically be used if the primary escape route was blocked.

Central Meeting Place

This should be the place where everyone will meet when all have safely evacuated the home.

FIRE DRILLS

There are no requirements in the DDS regulations for shared living and home sharing providers to conduct fire drills. An initial drill may need to be conducted by the provider in order to assess the individual's capabilities and needs to evacuate in an emergency. After that, the provider could periodically review the evacuation plan

with the individual(s) and other family members to make sure that everyone continues to understand what to do in an emergency.

Should the home provider feel that it is necessary, he or she may conduct fire drills or "mock" drills. This should be done only if more practice is needed or if a re-assessment of the individual's capability for evacuation is needed. This information should be incorporated into the evacuation plan and should be described in the second component of the Fire Drill Section of the plan (proposed changes to 24-hour fire drill requirements and information about fire drills for individuals in other residential settings).

METHODS TO NOTIFY POLICE, FIRE, EMERGENCY PERSONNEL, FAMILIES, DDS

It is important to have clear procedures for notifying others of an emergency. Protocols for notification should be known to all family members and the individual. This should be described in this section. Additionally there needs to be a description of how other key people would be contacted.

Key people to be contacted should include the Area Offices for each individual supported at the site as well as the Area office in which the site is located even if that Area Office does not support any individuals at the site.

TRANSPORTATION AND IMMEDIATE/TEMPORARY RESETTLEMENT

It is also important that the provider agency in conjunction with the home provider have a well thought out plan of how to support individuals after an emergency. Therefore, provider agencies need to describe the plans for immediate shelter; temporary resettlement if needed including transportation plans; staff knowledge of these plans; and plans for the continuity of services and supports.

PROVIDER ASSURANCE FORM

This form needs to be completed by the provider and signed by the provider and submitted with the EESP to the appropriate Area Office. This form must be signed by the Area Director or his/her designee, signifying approval of the EESP as submitted.