DDS LICENSURE AND CERTIFICATION INTERPRETATIONS

The fifth edition of the DDS Licensure and Certification Procedures Manual was promulgated in July 2010. Revisions to add new and revised indicators were made to the manual in 2021 and 2022.

In order to increase consistency and transparency as well as to further foster a constructive and service enhancing process, the Office of Quality Enhancement has created this set of interpretations to frequently asked questions regarding indicators reviewed during the survey process.

These interpretations will be revised and updated periodically; current interpretations will be added and ones which are no longer relevant will be removed.

Interpretations are not intended to take the place of, but rather to supplement the Manual, Appendices, and Tools.

- As of 8/23, all revisions and additions to the interpretations since the last publication 12/19, have an icon at the end denoting there is a change.
- Additionally, the content text of any revisions and additions are in blue and reflect the date.

The table of contents includes hyperlinks: CTRl + click to follow the link

For your convenience, interpretations are presented in the following format:

I. Interpretations to the Tool

Domain

- Indicator (in order by number)
 - i Date
 - ii. Question: (when the interpretation is applicable to specific service types only, a notation will be made)
 - iii. Answer

II. <u>Interpretations to the ratings</u>

Topic (e.g. When to "not rate")

- Scope (e.g. all indicators; all licensure indicators)
 - i. Date
 - ii. Question
 - iii. Answer

III. Interpretations to the Processes

Sequence of survey activities (in order e.g. Pre-survey; Administrative Review; etc.)

- Process (e.g. individual interview; training review)
 - i. Date
 - ii. Ouestion
 - iii. Answer

Table of Contents

I. INTERPRETATIONS TO THE TOOL

LICENSURE INDICATORS:

DOMAIN: PERSONAL SAFETY (L1 - L10; L91)

- L1: Individuals and guardians are trained in how to report alleged abuse/neglect.
- L2: Allegations of abuse/neglect are reported as mandated by regulation
- L5: There is an approved Safety Plan in home and work locations.
- L6: All individuals are able to evacuate
- L8: Emergency Fact Sheets
- L9: Individuals are able to utilize equipment and machinery safely.
- L91: Incidents are reported as mandated by regulations.

DOMAIN: ENVIRONMENTAL SAFETY (L11 – L30, L92)

- 12 L11: All required annual inspections have been conducted
- 12: 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.
- L15: Hot water temperature tests between 110 and 120 degrees
- L18: All other floors above grade have one means of egress.
- L21: Electrical equipment is safely maintained.
- L27: Swimming pools are safe and secure according to policy.
- L92: The Provider has ensured that all Provider owned/operated 'sub locations' have the required licenses and inspections.

DOMAIN: COMMUNICATION (C31-C32)

DOMAIN: HEALTH (L33 – L47)

- L33: Individuals receive an annual physical exam.
- L34: Individuals receive an annual dental exam
- L36: Recommended tests and appointments with specialists are made and kept.
- L37: Individuals receive prompt treatment for acute and episodic health care conditions.
- 🗗 L38: Physicians' orders and treatment protocols are followed. §
- L39: Special dietary requirements are followed.
- L41: Individuals are supported follow a healthy diet.
- L43: Health Care Records are maintained and updated as required.
- 12 L46: All prescription medications are administered
- L47: Individuals are supported to become self-medicating

DOMAIN: HUMAN RIGHTS (L48 – L77, L89, L 90)

- L48: The agency has an effective Human Rights Committee
- 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.
- L55: Informed consent is obtained from individuals or their guardians.
- 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.
- L60: Data are consistently maintained and used to determine the efficacy of behavioral interventions.
- L61: Supports and health related protections are included in ISPs
- 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 review groups.
- L65: Restraint reports are submitted within the required timelines.
- L66: All restraints are reviewed by the Human Rights Committee
- 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.
- Topic: Review of supports to individuals to manage their monies
- L70: Charges for care are calculated appropriately
- L90: Individuals are able to have privacy in their own personal space.

DOMAIN: COMPETENT WORKFORCE (L74 – L85)

- L76: The agency has and utilizes a system to track required trainings.
- L77: The agency assures that staff are familiar with the unique needs of individuals.
- L78: Staff are trained to safely and consistently implement restrictive interventions
- L80: Support staff are trained to recognize signs and symptoms of illness.
- L84: Staff / home care providers are trained in the correct utilization of health related protections per regulation.
- L85: The agency provides on-going supervision and staff development.

DOMAIN: GOAL DEVELOPMENT AND IMPLEMENTATION (L86 – L88)

- L86: Assessments are submitted on time.
- L87: Support Strategies necessary to assist an individual to meet their goals and objectives.
- L88: Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.

DOMAIN: REMOTE SUPPORTS AND MONITORING (L93 – L101)

L99: Medical monitoring devices needed for health and safety are authorized, agreed to, used, and data collected appropriately.

CERTIFICATION INDICATORS:

DOMAIN: PLANNING AND QUALITY MANAGEMENT (C1-C6)

C1-C6: Certification indicators related to planning and quality management.

DOMAIN: COMMUNICATION (C7 – C8)

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.

DOMAIN: SUPPORTING AND ENHANCING RELATIONSHIPS (C9 – C12)

C12: Individuals are supported to explore, define, and express their need for intimacy and companionship.

DOMAIN: CHOICE, CONTROL AND GROWTH (C13, C14, C15, C18 - C21, C51, C52, C53, C54)

- C20: The provider has emergency back-up plans to assist the individual to plan for emergencies and/or disasters.
- C51: Staff/ Home providers are knowledgeable about individual's satisfactions with services and supports and support individuals to make changes as desired.
- C53: Individuals are supported to have choice and control over what, when, where and with whom to eat.

DOMAIN: CAREER PLANNING, DEVELOPMENT, AND EMPLOYMENT (C22 – C39) Updated

Topic: CBDS and Employment Service Guidance

C26: Career planning includes an analysis of how an individual's benefits/entitlements can be managed in a way that Allows them to work successfully in the community.

DOMAIN: MEANINGFUL AND SATISFYING DAY ACTIVITIES (C40 – C45)

- C37: There is support to develop appropriate work related interpersonal skills.
- C38: Specific habilitative goals necessary to prepare individuals for work are identified.
- C39: There is a plan developed to identify job goals and support needs that would lead to movement into supported employment.

DOMAIN: ACCESS AND INTEGRATION (C16, C17, C46 – C50)

C16: Staff (home providers) support individuals to explore, discover and connect with their interests for cultural, social, recreational, and spiritual activities.

II. INTERPRETATIONS TO THE RATINGS

Topic: Rating indicators that relate to each other
Topic: When Licensure indicators are not applicable
Topic: Licensure administrative review indicators

Topic: <u>Follow-up on Licensure administrative review indicators</u>
Topic: <u>Information about a provider's non-licensed services</u>

III. INTERPRETATIONS TO THE PROCESS

Topic: Selection of alternate individual to rate "specialty indicators"

Topic: Critical indicators - Immediate Jeopardy; rating the standard not met

Topic: <u>Site feasibility</u>; on site surveying
Topic: <u>Review of medication administration</u>

I. INTERPRETATIONS TO THE TOOL

LICENSURE INDICATORS:

DOMAIN: PERSONAL SAFETY

Indicator: L1 – Individuals and guardians are trained in how to report alleged abuse/neglect..

Date: 4/22 Question:

For individuals who are competitively employed, must annual training in abuse/neglect and filing a complaint with DPPC occur in person?

Answer:

The requirement for annual training in abuse/neglect and DPPC reporting does not have to occur through in-person contact for individuals who are competitively employed. These individuals are generally not required to visit agency offices and often meet with job coaches offsite when necessary. Sharing a link to a video recording of training in DPPC reporting is an acceptable alternative, provided that the individual can access the video. Disseminating DPPC reporting information through mailing or emailing would meet training requirements for L1 provided that the following is addressed. Mailing must provide definitions of abuse and neglect that include circumstances that should be reported, along with the DPPC hotline phone number.

Surveyors should also confirm with the agency that this information was shared through email or post through review of a mailing list or other tracking mechanism. If interviewed, surveyors might ask individuals if they received information about DPPC reporting. A return-receipt from individuals acknowledging that mailing or email was received is considered a best practice but not required.

Indicator: L2 [2] – Allegations of abuse/neglect are reported as mandated by regulation.

Date: 10/11 **Question 1:**

How is this indicator assessed? What happens when something is revealed at the organizational level?

Answer:

This indicator is assessed at each location. Incident reports, communication logs, and other documentation are reviewed to assess whether any reference to reportable items were also filed as complaints. Staff are also interviewed to determine their knowledge of reportable allegations.

Information is also reviewed organizationally, through a review of various reports. In the event that incidents are identified organizationally that should have been reported to DPPC these are factored in. For example, 8 locations were found to report abuse and mistreatment allegations appropriately, and showed no evidence of unreported allegations. Each location would be rated as met. Two HCSIS incidents were revealed organizationally that met the reporting threshold, but had not been reported as allegations of abuse/ mistreatment. This would result in a score

of 8 out of 10 standard met. If 80% have met the criteria for reporting as required, the Provider would receive a standard met for this indicator.

Date: 2015

Question 2: Placement Services

How is this reviewed in Placement services?

Answer:

There will typically be less written information available in Placement services 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 record review or discussions with the home care provider or placement coordinator, 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 ongoing monitoring of the home care provider so that allegations are reported as required.

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

Date: 3/12

Question 1: Placement Services

What happens when a placement service safety plan has caretaker 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 care provider or care provider 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 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 using a large window to egress, or waiting for fire department rescue in a specific place.

Date: 3/12

Ouestion 2: Placement Services

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: 4/17

Question 3: When do Safety Plans need to be revised to include locks on bedroom doors?

Safety Plans need to revised every two years, or if changes occur, they need to be refiled within 60 days of the change. The Safety Plans can be within the two year cycle for houses if the only change is that bedroom door locks have been installed. Regarding QE's role to ensure that Safety Plans are accurate and current (L5), QE will not be marking down for not having a current and accurate Safety Plan if the only thing missing from evacuation strategies is the additional step(s) of opening locked doors.

Safety Plans need to be amended relative to the locks, in two places. The Provider needs to revise the section on the sequence for evacuating all individuals and staff's responsibilities, and the provider needs to include the type and level of assistance needed for all individuals. When locks are being used, the Provider needs to outline any new/revised strategies used during awake and asleep hours. In addition, the Safety Plan needs to be revised by marking "correct" relative to the question on whether there are any locks on bedroom doors that do not provide access to an egress:

The provider needs to state "correct" that all bedrooms are:

- a. may be easily opened from the inside without a key and the individual is able to unlock the door from the inside;
- b. staff carry a key to open the door in the event of an emergency.
- ** Regarding b, although the Safety Plan form may still state "staff carry a key", regulations do not require that all staff carry keys, rather they require that the staff have immediate/ ready access to the key to unlock doors. The Provider should note how they access people's locked bedrooms. For example, the provider may state that the key is stored in the staff office or state that the Master key is in a coded lock box in the bedroom hallway or that the pin is above the doorway.
- 2. Within Evacuation strategies during Awake and Asleep hours: Strategies should include the sequence of steps that staff take to evacuate individuals including unlocking all locked bedroom doors.

Some providers are including the contraindication piece in the safety plan rather than the ISP. If the individual does **not** have a lock on their bedroom door because it was determined to be contraindicated, the Safety Plan is **not** where this exception gets noted. When a lock on a person's bedroom door is contraindicated, this gets incorporated into the ISP.

Date: 9/17

Question 4: Placement Services

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 safely should be clearly described in the evacuation plan narrative of the safety plan.

Indicator: 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 1: Placement Services

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 2:**

Can you design a safety plan that calls for re-entering the home to evacuated people in stages?

Answer:

No. The regulations that were promulgated in July 2016 require evacuation time of 2.5 minutes. The regulations continue to state that staffing patterns need to be sufficient to get individuals out without having to re-enter. In other words, the safety plan needs to outline actions for the staff / 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 is 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 waivers which extended evacuation time 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 system 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: L8 – Emergency Fact Sheets are current and accurate and available on site.

Date: 10/11: Revised 5/23

Ouestion 1:

This indicator seems to require that a lot of information be present and current in order to rate standard met. What should be in place?

Answer:

In answering the question, it is important to highlight the purpose of the emergency fact sheet. It is to provide information of use in finding an individual if missing or in an emergency. Information is used to aid in successfully locating the individual by police, to be used by medical personnel as a guide in providing initial treatment in a medical or health care emergency, etc. Therefore, detailed information is needed on a variety of items.

For all site-based residential and day services, Emergency Facts Sheets must be present onsite and be readily accessible to staff who provide supports. For services that focus on outreach and case management such as supported employment, Individual Home Supports, or Remote Supports and Monitoring, service providers must store EFSs in a manner that is accessible to support staff and that can be shared and distributed to emergency personnel.

Key Components – must be present and filled in with current, accurate information for a rating of "standard met"

Emergency fact sheet is present on site and contains the following:

- ➤ Photograph current and accurate photograph (per regulations taken within the last 5 years and after any significant change in the appearance of the individual);
- Name include any nicknames the individual might respond to;
- ➤ Age could include the birth date, but if the age is included it needs to be accurate;
- Language/Ability to Communicate for example, speaks English, Spanish, uses gestures, American sign language;
- ➤ General Physical Characteristics to include gender, weight, height, build, hair color, and any identifying marks or distinguishing items (for example, hearing aids, eyeglasses);
- ➤ General nature of abilities and physical handicaps *travels independently, uses a wheelchair, easily confused, cannot travel safely independently;*
- ➤ Special Medical Problems should include all current medical and psychological diagnoses or conditions that could affect the immediate health or well-being of the individual, including known allergies (including food, drug, or environmental allergies), any significant past medical diagnoses or procedures that could potentially impact emergency care, such as pacemakers, spinal rods or organ transplants;
- List of current medications need to include all medications listed on the current medication treatment chart or all medications that are currently prescribed/ordered/regularly taken. Does not need to include dosage;
- ➤ Pattern of movement, if missing previously are there places the person would tend to frequent if missing;
- ➤ Likely response to search efforts will the person tend to respond to the police, be frightened and hide, etc.;
- Name and phone number for the designated contact person for each provider serving the individual;
- ➤ Legal Competency Status;
- ➤ Guardian name and phone number, if applicable, or name and phone number of family member or friend to be contacted in the event of an emergency.

Other Components – need not be present for a rating of "standard met" but should be filled in with current information

- ➤ Health Insurance Information health insurance status and the name of a person to be contacted about the individual's medical status and needs.
- Name, phone number of service coordinator
- Name, address, and phone number of primary physician
- ➤ Ability to protect self without assistance
- > Significant behavior characteristics
- Former Address
- Training/Work Program, address, and phone number

Indicator: L9 - Individuals are able to utilize equipment and machinery safely.

Date: 10/11; Revised 7/21

Question 1: All Services, except Placement Services

This indicator is rated for residential services as well as employment / day services. This indicator is not rated for Placement Services. What should be in place?

Answer:

As of 7/1/21, this indicator was changed from a location-based indicator to an individual-specific indicator. Safe use of equipment is evaluated for the sampled individual living or working within the location.

This indicator focuses on the provider's ability to promote optimal independence while ensuring that individuals are safe in the process. To the extent possible this indicator should be rated in residential services. Equipment and appliances are defined in the broadest sense such as use of blenders, snow-blowers, etc. In general, providers need to have a written assessment for each individual on the individual's home safety skills including use of equipment and their needs, if any. Evaluation of the individual's skills and needs in relation to home safety, including operation of devices is the first step in working with the individual to gain greater independence safely.

Guidance, supervision, support, review of safety precautions, and training should then be provided to any individual assessed to need support to utilize equipment safely. While promoting optimal independence is desirable, the indicator measures the provider's ability to support safe use of equipment rather than the quality of the provider's training or the speed with which the individual gains independence.

When it is clear from both the perspective of the provider and DDS surveyors that the individual is not now nor will likely ever be able to benefit from further training in safe use of equipment, elimination of unnecessary paperwork is supported. If individuals are not involved in, or participating in using equipment, and due to intensive medical or cognitive needs, this indicator is clearly not applicable to the sampled individual, then a written assessment on the individual's home safety skills may not be present, and this indicator does not need to be rated.

Indicator L91: Incidents are reported and reviewed as mandated by regulation.

Personal Safety Domain

Date: 11/18

Ouestion 1: All Services

How is this new indicator evaluated, measured, and rated?

Answer:

This is a site based indicator, meaning that it is rated for each site sampled. Please see tool for guidelines and criteria for rating. However, there are several sources of information and evidence that need to be collected to evaluate this indicator. There are several items that need to be assured to be successful in incident reporting:

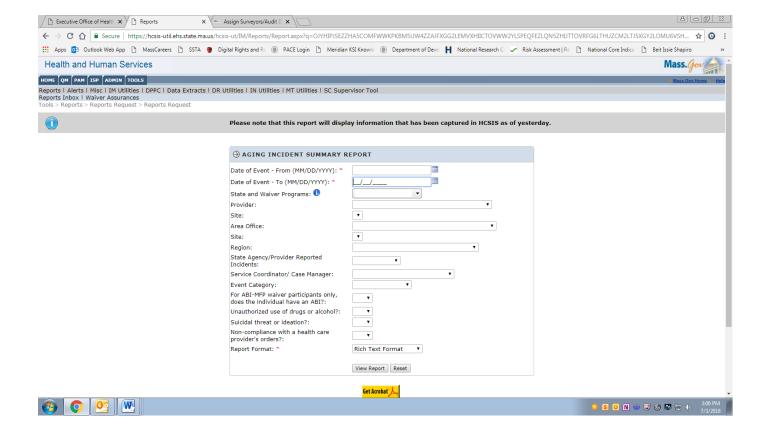
A. Providers are responsible to meet the following required timelines regarding incident reporting:

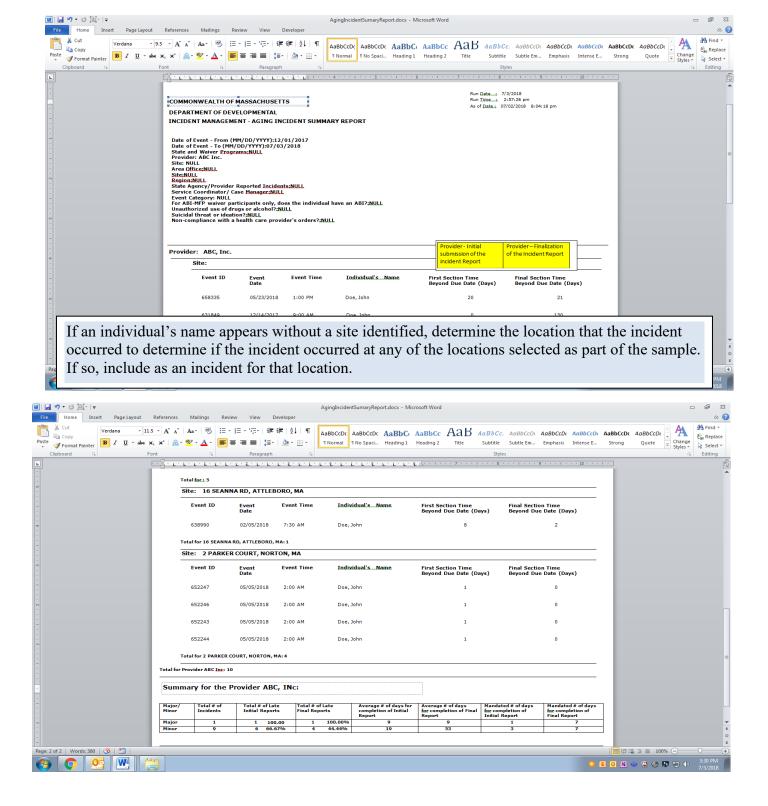
	Major incidents	Minor incidents
Initial	1 business day	3 business days
Final	7 business days	7 business days

Instructions on how to determine:

- 1. Generate Aging Incident Summary Report): To review timelines for submission and finalization of incident reports for those locations selected as part of the survey sample. *** Please note that effective in 10/18, this report was enhanced to allow for the review of all incidents, both open and closed, to be assessed relative to timelines, Review for the last 13 months.
 - **This report only shows incidents that are out of compliance with the timelines**.
 - o If the incident is listed but is noted to be 0 days late in the provider creation and provider finalization sections, then DDS was overdue in their review(s) and the provider's rating should not be impacted by this.
 - Log into Virtual Gateway and Enter HCSIS
 - Click on QM Tab
 - Click on IM
 - Click on Report
 - Click on Incident Management
 - Click on Aging Incident Summary Report

- Enter from date (Start) and To date (date range)
- Select Provider from Drop Down
- Select Report Format
- Click on View Report
 - You can then preview or print report.





2. Off – Site:

- a. For each name that is not associated with a site on Aging Incident Summary report, review the incident to determine the type of service and location that the incident occurred.
 - b. Review submission of incident reports for locations in sample for compliance with required timelines. This report is produced once, and used to determine compliance with timelines for each location sampled. (Generate Aging Incident Summary Report)
 - c. If the location/individual "looks like" timelines are **not met per the Aging report, this is ONLY a starting point**. The surveyor must drill down into each incident to determine whether there was an actual delay in reporting.

- i. If this was an unexpected hospitalization that remained un-finalized at the 7 day mark because the individual was in the hospital, then do not count this as late.
- ii. Surveyors may have to recount by hand. If upon recount, counting from the date of discovery as day 0 to the day of creation or finalization, you find that they are within timelines, do not count this as late.
- **B.** All incidents need to be reported as mandated. Anything meeting the threshold of a reportable incident needs to have a corresponding incident report filed through HCSIS.
- 1. On-Site: Cross check
 - a. Interview staff for knowledge in incident definitions and reporting requirements.
 - b. Review documentation (individual and location) to assess whether reportable items noted within communication log, individual record, or interview were also submitted as incident reports.
 - Examples of reportable incidents that may have occurred and would have required a corresponding incident report:
 - Unexpected hospitalization noted through hospital discharge paperwork
 - Injuries that meet the reportable threshold (communication logs, shift notes)
 - Police involvement to manage a situation referenced in a communication log book
 - Staff report/ describe an incident that occurred more than a week ago
- C. Guardians need to be notified of all major incidents.

Off- Site & During Survey:

- a. Confirm through guardian interview and
 - b. Check the box under notification on incident report (if major incident) that indicates that the guardian has been notified.
 - Involvement with Incident: Person who filled out Paper Incident Report, Eyewitnesses to the Incident, Person who reported the incident, Provider/Agency Staff who discovered or was first made aware of the incident
 - 3. Relation to individual: Reporting Provider Staff

Notification

- 1. Was the provider on-call person notified? Yes
- 2. Name of on-call person notified John Doe
- 3. Has DPPC been notified of the Incident? No
- 4. Has DCF been notified of the incident? (Only applies to individuals less than 18 years old. Choose 'N/A' for all other individuals) N/A
- 5. Has the family/guardian been notified of the Incident? Yes Have Notified
- 6. Was Law Enforcement involved in the Incident? No

Immediate Actions Taken to Protect Health, Safety and Rights

Staff asked housemate to get Will water while staff was comforting him as he vomited. Staff asked $\mathfrak{A}\mathfrak{L}$ he was sick earlier or first time. Staff kept feeling forehead and asking how he was feeling.

Follow-up Action Steps

- a. Follow-up Action Step: Follow up with PCP.
- b. Targeted Completion Date: 05/30/2018
- c. Responsible Party: House Manager

<u>Finalization</u>

- 1. Incident Report finalized by: DOE, JOHN
- 2. Incident Report finalized date: 05/22/2018

DOMAIN: ENVIRONMENTAL SAFETY (L11 – L30, L92)

Indicator: L11 № – All required annual inspections have been conducted.

Date: 10/11

Question 1: Placement Services



How is this indicator assessed for Placement services/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 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 care provider home and ensures that the inspections noted below 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 care provider homes and that the Placement agency is able to describe the system of oversight. The care provider homes must comply with all applicable laws, standards and regulations. For 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 2:**

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 3:**

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.

Date: 3/19 **Question 3:**

What is expected relative to gas furnace inspections?

Answer

The licensure tool was revised in 3/1/2019 and no longer allows for possibility of having gas furnaces be visually inspected by a maintenance worker or potentially even the homeowner annually. Implementation of a visual inspection by individuals who are not equipped to service the furnace is problematic because there is no standard for conducting this type of gas furnace inspection, and even when a problem is revealed, the person conducting the inspection may not be equipped to conduct the service or maintenance needed.

To assure that the proper safeguards are in place, DDS has made the following changes:

- The gas furnace needs to have a service and maintenance inspection annually.
- This inspection must be performed by a qualified service technician to confirm that it is functioning effectively and determine whether any service or maintenance is needed.

*Note: The 15 month allowance between inspections is applicable to gas-fired equipment.

Indicator L12: $\neg D$ – 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.

Date; 2012 Question 1:

Briefly, what are the expectations to meet this indicator?

Answer:

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 2: Placement Services; also applies to Residential Services

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 care provider's 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 battery-operated 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 inside all bedrooms.

Indicator L15: Hot water temperature tests between 110 and 120 degrees.

(Effective January 2014: Hot water temperature tests between 110 and 120 degrees.)

Date: 1/14 (Revised 9/17; Revised 5/22)

Ouestion 1:

What is the expectation for water temperature and what?

Answer:

The following guidance for hot water temperature is applicable to all site-based residential services subject to licensure: 24-hour residential and 24-hour ABI/MFP residential services; placement services and ABI/MFP placement services; site-based respite services; and individual home support services (IHS) where the Provider is the owner/landlord of the individual's place of residence.

As of January 2014, the standard for hot water temperature, which is based on the MA Plumbing Code, the State Sanitation code and the Consumer Product Safety Commission's recommendations will be: Deliverable water temperatures should be between 110 degrees and 120 degrees for residential faucets, 110 degrees for lavatory sinks in day program or employment training sites operated by DDS providers, and no more than112 degrees for shower temperatures. The change in the guidelines regarding water temperature for both showers and sink faucets was made after review of the MA State Plumbing Code 248 CMR 10.4 (3) (a) 2, 3, and recommendations from the Consumer Product Safety Commission. The objective in making this change was to best ensure individuals' health and safety and to prevent scalding incidents.

The revised MA State Plumbing Code which has been 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). Some, but not all homes are already equipped with the appropriate anti-scald device ("individual thermostatic / pressure balancing valve complying with ASSE 1016") which limits deliverable water temperature at the shower/ bathtub to 112 degrees, as homes been built or renovated since the plumbing standard went into effect and the device was installed by a licensed plumber.

While retrofitting is not a requirement for existing homes, DDS is **strongly recommending** that providers move towards making the necessary modifications if they currently do not meet this standard. This is due to the obvious risks posed by temperatures that may result in scalding incidents. Surveyors will check water temperatures in both showers and sink faucets when conducting routine surveys and will point out instances where shower/bathtub temperature is not consistent with the applicable Plumbing Code Standards of 112 degrees. Surveyors will **recommend** that temperatures be adjusted to meet the 112 degree standard but will not rate the L15 indicator Not Met, provided that deliverable water from any residential faucet or fixture does not exceed 120 degrees or tests lower than 100 degrees. Note: While hot water heaters can be set slightly higher to ensure that bacteria is killed and dishwashers are accommodated, the delivered water temperature (temperature when it comes out of the faucet) should be at the temperatures referenced above.

In locations where individuals are utilizing water with staff assistance, all necessary precautions must be taken to regulate the water temperature, and to keep the temperatures at safe optimal levels. For example, in locations where individuals are less mobile, water may pool/collect on the individual and is more likely to scald at lower temperatures. In these locations, use of scald protectors, adjustment of the water temperature to lower levels, and ongoing checks of the water temperature is advised.

The Burn Foundation and the American Burn Association outline general bathing precautions in their literature and on-line. They instruct people to fill the tub to desired level and turn water off before getting in. Literature also suggests running cool water first, then adding hot, then turn the hot water off first. This can prevent scalding in the event someone should fall while the bathtub is filling. Further, mix the water thoroughly and check the temperature by moving your elbow, wrist or fingers with spread fingers for several seconds through the water before allowing someone to get in. The water should feel warm to touch. Both groups recommend that the safest temperature for bathing is 100 degrees. While water heaters can be set slightly higher to ensure that bacteria is killed and dishwashers are accommodated, the delivered water temperature (temperature when it comes out of the faucet) should be at the temperatures referenced above.

Date: (9/17) **Question 2:**

How are the expectations for water temperature as outlined below rated and when should an immediate jeopardy be issued?

Answer:

Licensure and Certification staff have been checking residential water temperatures in showers/bathtubs 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 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 Not Met.

A Notice of 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 <u>individuals are not independent in bathing</u>. While the Provider has up to 1 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.

A Notice of Action Required should be issued and the Provider given up to 7 days to correct the situation when the water temperature exceeds 120 degrees, and the individuals can independently adjust water temperature. If the water temperature is below 110 degrees, the Provider will be instructed to seek adjustment. Only when the temperature of the water is significantly low such as an absence of sufficient hot water to bath/shower, will a Notice of Action Required be issued.

Date: revised and replaces 3/12 version; Revised 5/22

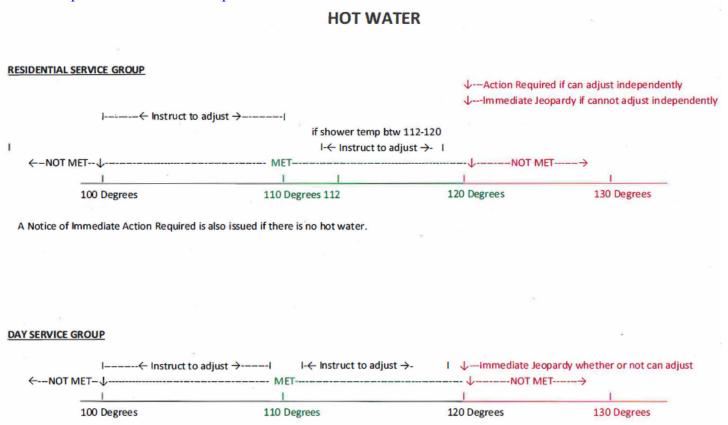
Question 1:

What are the requirements for water temperature at day service locations, how are they rated, and when should a Notice of Action / Immediate Jeopardy be issued?

Answer:

Unlike residential faucets which can range between 110-120 degrees, water temperature at lavatory sinks at day service sites are governed by regulations set for public buildings and is required to be at 110 degrees. For consistency, a **Notice of Immediate Jeopardy** will be issued, and the Provider given 1 day to correct the situation when the water temperature at a day service location exceeds 120 degrees. Regardless of the independence level of the individuals, if the water temperature tests above 120, an IJ will be issued. Regarding the rating of L15 for day program sites, if the faucets test below 100 or above 120 degrees, this will be rated Not Met.

The figure below illustrates guidance for rating hot water (L15) and for issuing Notices of Immediate Jeopardy / Action Required for hot water temperatures.



Indicator: L18 - All other floors above grade have one means of egress and one escape route on each floor leading to grade.

Date: 3/12; revised 12/17

Question 1: Placement Services

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, unless this is a Provider agency owned / leased property.

Date: 3/12 **Question 2:**

The indicator states that floors above grade need one means of egress and one escape route. Is this also true for floors below grade, such as basements?

Answer:

Yes. Any floor above/ below grade utilized by individuals need to have one means of egress and one escape route and be referenced in the Safety Plan. In addition, floor plans need to be included with the Safety Plan. This indicator is rated for all 24 hour, placement service, and employment locations, which are owned or leased by the Provider agency. It is also rated for community based day (CBDS) service sites.

Indicator: L21 - Electrical equipment is safely maintained.

Date: 9/17

Question 1: Placement Services

What is the expectation regarding reviewing this indicator as it pertains to placement services?

Answer:

The surveyors will conduct a brief 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.

Indicator: L27 - Swimming pools are safe and secure according to policy.

Date: 9/17

Question 1: Placement Services

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 <u>document</u>: **DDS Water safety - safeguards at home and within the community- 5/2013.** 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 agency 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.

DOMAIN: COMMUNICATION (L31 – L32)

DOMAIN: HEALTH (L33 – L47)

Indicator: L33- Individuals receive an annual physical exam.

Date: 9/17 Question 1:

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 staff/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.

Date: 1/20

Question 2: How is this indicator assessed?

Answer: Current annual physical examinations should be within 15 months of the previous physical examination. Although physical examinations are required to be annual, surveyors will consider the physical exam current if it falls within 15 months of the previous one to account for scheduling difficulties. Surveyors will be reviewing the past two physical examinations to ensure that they have occurred within a 15 month interval.

Indicator: L34 - Individuals receive an annual dental exam

Date: 9/17 Question 1:

Does Mass Health still pay for dental exams?

Answer

Yes, for individuals who are covered by MassHealth. The Provider has a key role in ensuring success in this indicator. The Provider can assist staff/ home care providers with the documentation and information they need to make sure that the annual dental exams occur.

Date: 1/20

Question 2: How is this indicator assessed?

Answer: Current annual dental examinations should be within 15 months of the previous dental examination. Although dental examinations are required to be annual, surveyors will consider the dental exam current if it falls within 15 months of the previous one to account for scheduling difficulties. Surveyors will be reviewing the past two dental examinations to ensure that they have occurred within a 15 month interval.

Indicator: L36 - Recommended tests and appointments with specialists are made and kept.

Date: 9/17 Question 1:

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.

Date: 7/23
Ouestion 2:

What types of health supports are reviewed for L36?

Answer

Agency efforts to address treatment recommendations made by individuals' healthcare providers are evaluated in L36. Examples of treatment recommendations can include follow-up appointments, scheduled blood work or referrals for specialty care. If a physician requests that specific medical data be collected that is unrelated to administering or holding a medication, this would also be evaluated in L36. Examples of medical data include monthly weights, weekly blood pressure, daily temperature, or tracking fluid intake. All treatment recommendations are expected to be addressed in a timely way in order for the indicator to be met.

Indicator: L37 - Individuals receive prompt treatment for acute and episodic health care conditions.

Date: 9/17

Question 1: Placement services; also applies to all services

What is the expectation within a placement service home to determine whether individuals receive prompt treatment for health care conditions?

Answer:

Home care providers/staff 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/staff 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: Deprision Physicians' orders and treatment protocols are followed. (When agreement for treatment has been reached by the individual/guardian/team).

Date: 1/20; Revised 2/23

The following set of Interpretations incorporates all relevant information from 2011-2023 into one modernized section. This section replaces previous interpretations which have now been deleted from this Interpretations guide.

WHEN IS A MEDICAL PROTOCOL NEEDED?

A medical protocol is needed if a person is diagnosed with a significant medical condition that requires staff to perform specific actions steps to manage, treat, and/or prevent a more serious health condition. A medical protocol is related to a specific medical diagnosis that if ignored would lead to worsening of the condition, and/or risk of a life-threatening situation.

The need for a medical protocol should be discussed with the Health Care Practitioner (HCP) who manages the condition. Part of this discussion should include when the HCP or 911 must be contacted if specific symptoms are observed. If the HCP in charge of treating the condition does not author the protocol, a medical protocol can be developed by a healthcare professional, e.g., SLP, PT, OT, RN, LPN or by staff who have knowledge of the individual's healthcare. The medical protocol can vary in complexity based on the person's support needs. Therefore, it's important that protocols be written in a manner that support staff and care providers can understand and follow instructions necessary to address the medical condition.

There is no exact list of diagnoses or "significant medical conditions" that automatically warrant a medical protocol. Examples of significant medical conditions that may require a protocol include diabetes, epilepsy/seizure disorder, sleep apnea, blood clotting disorders, congestive heart failure (CHF), severe allergies/asthma. Other examples include dysphagia/history of choking or aspiration as well as ostomy care (colostomy/ileostomy/urostomy).

CAN A MEDICAL CONDITION EXIST WITHOUT A MEDICAL PROTOCOL, AND WHEN WOULD A PROTOCOL BE INDICATED?

A medical protocol is not necessary if the HCP who monitors the individual's healthcare does not recommend any staff actions for managing a diagnosis or condition other than the administration of medication. Over time, this may change. If a treating physician recommends specific actions to treat/manage a condition or specifies instructions to contact the HCP or emergency medical response if specific symptoms occur, then a medical protocol would be necessary.

For example, if an individual has a diagnosis of hypertension that requires blood pressure readings along with daily medication and no additional recommendations are made by the HCP, a medical protocol is not necessary. Here, management of the condition does not extend beyond the physician's order and instructions for giving the medication that is addressed in L46. On the other hand, hypertension could be one condition among a larger medical concern such as congestive heart failure. In this case, there could be multiple points of action necessary to manage the diagnosis of CHF and multiple symptomologies to monitor. Here, a consistent set of strategies are necessary to manage CHF within a multi-step medical protocol.

WHAT INFORMATION SHOULD A MEDICAL PROTOCOL INCLUDE?

A written medical protocol should include the following:

- 1. The medical diagnosis for which a protocol is needed.
- 2. A description of the medical condition and/or list of symptoms that require monitoring.
- 3. A series of actions that staff need to implement to treat, manage, and/or prevent a more serious health condition.
- 4. If required by an HCP, instructions on when to contact the person's HCP and/or call 911.

Additional requirements for medical protocols include:

- The protocol should be reviewed by the HCP in charge of managing the condition. If the protocol is not signed by the HCP, verification of review can consist of reference to protocol review within the HCP's narrative summary of the visit, or HCP sign-off on a Health Care Practitioner Encounter Form that lists review of the medical protocol among "Reasons for Visit."
- The agency must ensure that staff/care providers are knowledgeable of how to implement the protocol.
- The agency must monitor the implementation of the protocol to ensure that action steps and treatment procedures are followed consistently and accurately.
- Medical protocols should be reviewed at a frequency determined by the monitoring HCP or when significant change or worsening of a medical condition occurs. It is recommended that the date of last protocol review or revision be included.

HOW DO SURVEYORS ASSESS THE NEED FOR A MEDICAL PROTOCOL?

In assessing the need for a medical protocol, the surveyor conducts the following activities:

- Prior to the audit, the surveyor reviews the ISP, HCR, and site information via the HCSIS system to learn about the individual's needs and the setting(s) where he or she is supported. This helps the surveyor understand what health supports they should expect to see and hear about when they visit. Reference within an HCR or ISP to a medical diagnosis or condition that would typically require a medical protocol is not evidence that a written protocol is required. Rather, it is a point of reference that should drive further discussion with Provider staff in determining whether a medical protocol is necessary.
- When conducting the audit, the surveyor reviews the individual's record, including healthcare encounter forms, progress notes, or communication logs for discussion about the individual's healthcare.
- When a medical protocol is in place, the surveyor reviews any documentation related to the protocol, including training documentation.
- The surveyor will ask if the protocol has been implemented and review supportive documentation, e.g., incident report, progress note, communication log, or follow-up with HCP.

HOW IS THIS INDICATOR EVALUATED AND RATED?

The following items must be in place to render a rating of Met:

• A written protocol must be present for a significant medical condition that requires staff actions to monitor, treat, and/or prevent a more serious health condition in order for the indicator to be Met. Additionally, the written protocol must reflect current practice and current HCP recommendations.

- Staff must be both trained and knowledgeable. To receive a rating of Met, staff must be aware that a protocol is in place, and staff must be knowledgeable in the specific actions they are expected to implement. All staff must be knowledgeable concerning when to call 911.
- If a medical protocol has not been implemented consistently or correctly, the standard is not met, regardless of the presence of training documentation.

QUESTIONS:

Date: 2/23

Question 1: Should a diagnosis of constipation that requires tracking of bowel movements be part of a medical protocol?

Answer:

A diagnosis of constipation might be treated with daily medication, along with PRN order for a laxative based on the results of bowel movement tracking. If the HCP makes no recommendations beyond prescribing medication, a medical protocol is not required. Correct administration of an HCP-ordered medication is reviewed in indictor L46. This review would include accurate tracking of bowel movements to determine when criteria for giving a medication PRN have been met and if the PRN medication was successful. Alternatively, if an individual has a history of bowel obstruction and the HCP makes additional treatment recommendations for managing the condition, such as tracking of fluid intake or instructions on when to seek medical attention for symptoms of abdominal pain or distended abdomen, these actions should be included in a medical protocol that is reviewed in indicator L38.

Date: 12/19 version; revised 2/23

Question 2: When someone has a significant medical condition resulting in the need for a special diet, does the person also need a medical protocol?

Answer:

No, a medical protocol is not always required for a special diet. For example, the HCP may recommend that someone with high blood pressure go on a low-salt diet, with ongoing monitoring by the HCP during regular follow-up appointments and with no other health care management strategies. The support provided to the individual in following a low-salt diet would be rated in indicator L39 (special dietary requirements).

Special diets may be in place for reasons other than a significant medical condition. For example, someone who is on a ground diet because they are edentulous does not meet the threshold for having a significant medical condition and would therefore not automatically need a corresponding medical protocol. Implementation of special diets such as low-salt diets, gluten-free diets, or textured diets such as ground or pureed would be evaluated within indicator L39.

There might be other medical conditions such as diabetes where treatment strategies include following a special diet and other supports. In this scenario, it is expected that management of nutrition and diet is incorporated into a medical protocol for diabetes that includes a broader array of staff actions in managing the condition, including monitoring circulation, skin integrity, and glucose levels, among others. A protocol for diabetes that incorporates special dietary recommendations along with other supports and monitoring is rated in L38.

Date: 9/17; revised 1/20; revised 2/23

Question 3: Placement Services. What is the role of the Provider and the care provider in meeting this indicator? **Answer:**

If an individual in placement services has a significant medical condition that warrants a medical protocol, it is the responsibility of the Provider agency in collaboration with the HCP who manages the condition to ensure that a written medical protocol is developed when indicated. The Provider supports the care provider to implement the medical protocol. Additionally, the care provider is responsible for tracking health-related data per recommendation of the HCP, and for keeping the HCP and the Provider informed of the individual's current status.

It is important that the care provider is accurately implementing all actions outlined in the protocol. The Provider needs to ensure that the medical protocol is present at the home and the care provider is trained and knowledgeable.

The surveyor will interview the care provider about the protocol and about the actions necessary to manage the medical condition, including when to seek medical attention/911.

Date: 2/15; revised 1/20; revised 5/23

Question 4: Day Supports. How is this indicator reviewed in a day service?

Answer:

It is vital that day service support staff be aware of significant medical conditions affecting a person's health and that there be a consistent approach to managing the condition should it become active during day service hours. Further, staff should be knowledgeable of their role and actions to take in supporting the person.

When a medical protocol is needed, the day service provider must obtain or develop a protocol guiding its staff. As a day service provider does not typically coordinate an individual's health care, obtaining timely and accurate medical information can present a challenge. If a person is supported by a residential agency, the residence may have developed a specific medical protocol, a copy of which should be made available to the day service. In situations where the individual does not receive another service, the day service must rely on its own mechanisms for obtaining relevant health information from the individual or his/her family.

When a medical protocol is necessary, the protocol should be commensurate with the severity of the condition and the level of intervention needed by staff. For example, an individual with epilepsy that is inactive or well controlled, a generalized protocol outlining general observational symptoms, action steps in the event of seizures, and criteria for contacting 911 may be sufficient. (For an example of a general protocol, see **DDS Seizure Guidelines**.)

A more severe, active form of epilepsy may require an individualized protocol with defined steps based on identified criteria. For example, giving glucose tablets or orange juice for symptoms of low blood sugar, or administering a medication PRN for seizure activity are examples of actions that should be clearly outlined in an individualized medical protocol that also notes when to contact a medical professional and/or emergency assistance.

When rating L38 for a day service, the following criteria must be met.

If an individual is diagnosed with a significant medical condition that has the potential to become active during day service hours:

- The day service must have a written summary of the steps staff should be prepared to take if needed, including how to recognize signs and symptoms related to the condition to determine when to contact medical professional and/or call 911 if necessary.
- Staff must be knowledgeable of the individual's medical protocol.
- There is evidence of the protocol being implemented correctly when it has been needed.

Date: 2/23

Question 5: When are written protocols required for individuals who receive supports through Individual Home Supports (IHS) or Remote Supports and Monitoring?

Answer:

Medical protocols are generally not required for individuals who live independently with intermittent in-home or remote supports. Individuals who do not require 24-hour supervision are typically responsible for managing their medical conditions, including self-administration of medication. Staff provide back-up support through onsite visits or remote monitoring. Staff who provide back-up support must be aware of significant medical conditions affecting a person's health as well as aspects of managing or treating the conditions which might require assistance and support. This should be reviewed in L77 which addresses the unique needs of individuals.

However, if a medical condition such as diabetes is monitored through remote technology and the individual is prompted to take action, such as drinking juice or taking a glucose tablet in response to a specific glucose level, use of an electronic device to monitor the condition remotely would be reviewed in indicator L99. Similarly, if an individual relies on staff to take glucose levels in person and to take action in response to readings, including notifying the treating physician and/or calling 911, these action steps must be summarized in a medical protocol that is reviewed in L38.

The following is intended to illustrate the applicability and rating process for medical protocols.

Medical Condition: Seizure Disorder/Epilepsy

Scenario 1

- Health Care Record, Emergency Fact Sheet, or ISP documents "history of seizures" (e.g., family reported there had been a seizure when person was a child).
- The person is not prescribed anti-convulsant medication.
- There is not an actual diagnosis documented.
- There has been no known seizure activity.

Protocol Needed: No

Rated: No

Provider is asked to seek verification/correction to this notation on the HCR, ISP, or EFS.

Scenario 2

- Health Care Record, Emergency Fact Sheet, or ISP documents "Epilepsy" as a current diagnosis.
- The person is prescribed anti-convulsant medication
- A medical protocol is present. If a protocol has not been developed, the agency has evidence of its request for instructions related to this condition from the individual's healthcare provider.

Protocol Needed: Yes. (A) The protocol can be general in accordance with **DDS Seizure guidelines**. (B) Staff must be knowledgeable of protocol.

If Yes to both elements, the rating is Met.

If one or both elements are not addressed, the rating is Not Met.

If Protocol has been implemented, was protocol followed: If Yes, rating is Met

If No, rating is Not Met

Scenario 3

- Health Care Record, Emergency Fact Sheet, or ISP documents "Epilepsy" as a current diagnosis.
- The person is prescribed anti-convulsant medication, including PRN Diastat/Valium for seizure lasting greater than 1 minute.

Protocol Needed: Yes. (A) It must be an individual specific protocol. (B) Staff must be knowledgeable of protocol.

If Yes to both elements, the rating is Met.

If one or both elements are not addressed, the rating is Not Met.

If protocol has been implemented, was protocol followed: If Yes, the rating is Met

If No, the rating Not Met

Medical Condition: Diabetes

Scenario 1

- Health Care Record, EFS, or ISP documents "Diabetes."
- Dietary recommendations include low calorie and avoiding sugary foods.
- The person is not prescribed a medication related to this condition.
- The agency has evidence of its request for instructions related to this condition from the individual's HCP or other service providers and there were no instructions given.

Protocol Needed: No

Implementation of dietary recommendations will be rated in L39.

Staff knowledgeable of person's condition will be rated in L77.

Scenario 2

- Health Care Record, EFS, or ISP documents "Diabetes" as a active diagnosis.
- The person is on a strict diet for this condition.

- Written instructions require HCP to be contacted for specific signs and symptoms.
- The person cannot self-administer, and the provider(s) holds a supply of glucose tabs to be administered if needed.

Protocol Needed: Yes. (A) The protocol must include criteria for contacting HCP and parameters for administering glucose tabs. (B) Staff must be knowledgeable of protocol. If Yes to both elements, the rating is Met.

If one or both elements are not addressed, the rating is Not Met.

If protocol has been implemented, was protocol followed: If Yes, the rating is Met

If No, the rating is Not Met

SAMPLE

Individualized Healthcare Protocol for Management of Obstructive Sleep Apnea

Name of Individual: <u>Jane Smith</u>	
Diagnosis: Obstructive Sleep Apnea	
HCP Name: Albert Green, MD	Phone #:

Treatment Plan:

Jane's symptoms of obstructive sleep apnea include daytime napping or sleepiness, snoring while sleeping and morning headaches. Staff will work with Jane to improve her obstructive sleep apnea by:

- Assisting her to use her CPAP machine every night while sleeping
- Encouraging Jane to sleep on her side rather than her back by using positioning bump pillows to discourage rolling onto her back during the night
- Limiting snacks and food 2 hours prior to bedtime
- Providing non-caffeine products after 2pm
- Assist and encourage Jane to adhere to her weight reduction diet
- Documenting CPAP and pillow usage on tracking sheet

Staff will:

Monitor for:

- o Proper use, maintenance and fit of CPAP machine according to CPAP Protective and Supportive Device Plan
- Signs and symptoms of unmanaged sleep apnea (daytime napping or sleepiness, morning headaches, soring)

Report to Supervisor and Health Care Provider:

- Any redness or facial lesions
- Repeated refusals to wear face mask/nasal cushion or to use CPAP/ BiPAP
- Consistent runny nose or cold symptoms
- Changes in sleep patterns, continual waking overnight
- No improvement in Jane's symptoms of sleep apnea: daytime napping or sleepiness, morning headaches, snoring
- o Jane complains of sinus/ear pressure or inability to tolerate treatment

Call 911 for:

- Difficulty Breathing
- o Chest Pain
- Altered mental status or extreme change in behavior or level of consciousness
- o Blue lips, pale or gray skin or other signs of decreased oxygen
- Lethargy or unconsciousness

Indicator: L39- Special dietary requirements are followed.

Date: 9/17

Question 1: Placement Services

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 necessary. **Note:** Supports to individuals in following a healthy diet is rated in indicator L41. It is the responsibility of the Provider to determine and then develop, in collaboration with and under HCP 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 written menus are not documented in a 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 supply 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 and/or there are educational materials on nutrition and low sugar / low carbohydrate foods. Interview with care provider and individual validate that meals are prepared according to this guidance.

Indicator: L41 – Individuals are supported follow a healthy diet.

Date: 9/17

Question 1: Placement Services

How does the survey team evaluate whether the placement service 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 provider 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. 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: L43 – The Health Care Record is maintained and updated as required.

Date: 7/23

Question: When does the Health Care Record need to be updated?

Answer:

While the HCR needs to be updated annually at the time of the ISP, it also needs to be updated within 30 days of significant events. The following events must be reflected in the Health Care Record in HCSIS within 30 days of occurrence: new medical diagnosis (including COVID positive and mental health dx), in-patient hospitalization, and immunizations (including flu shots, pneumovax, Covid vaccines and boosters).

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 1: Placement Services

While Placement agencies do not need to comply with MAP, what are the expectations for medication administration in care provider locations and what is expected of the Provider agency in terms of oversight?

Answer:

Each 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 care providers that medications are given consistent with Physician's orders, 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 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

Ouestion 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 <u>Medication Issue</u> is defined as missing one of the five "rights" under MAP (right person, medication, dose, time, route), and the presence/administration of expired medication.

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

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.

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

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?
- 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?

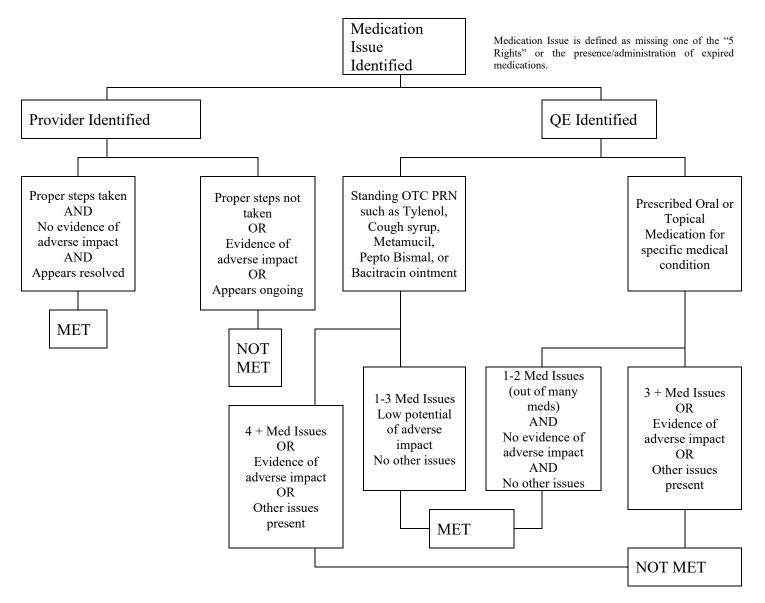
2. **Documentation Issues**

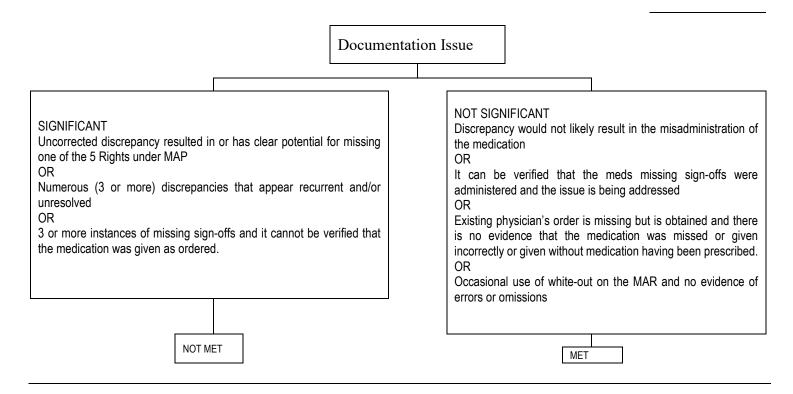
In determining a rating on the basis of documentation issues, the criteria for rating "not met" is that the documentation issue be "significant". To help determine this threshold, the following thought process is outlined.

- a. Is there a discrepancy in the administration instructions that has, or likely would result in missing one of the 5 Rights of MAP? 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 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 documentation system, if Placement Services?
- c. If the discrepancy is missing sign-offs on the MAR / missing notation in Placement Service system, 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.





Indicator: L47 Individuals are supported to become self-medicating when appropriate.

Date: 10/11; Revised 1/20

Ouestion 1:

Who needs a self-administration assessment and who needs to be rated here?

Answer:

This indicator focuses on the Provider's ability to ensure that individuals are safe in the process of self-administering their medications. This indicator should be rated for individuals who are self-administrating, and to the extent possible this indicator should be rated. Therefore if the person selected in the sample is not self-administering their medications, select someone in the location who is.

If someone is noted to be self-administering their medications, and is being served in a MAP site, the following items are required:

- The individual is storing his/ her medications safely and securely.
- The individual is taking medications consistent with physician's orders.
- An assessment should be present noting the individual's skills and needs.
- Any support needs identified in the assessment should be provided and documented through a corresponding medication support plan.
- The individual is assessed regularly to determine whether any changes are needed to the medication support plan.

If someone is noted to be self-administering their medications, and is being served in a non-MAP site, the following items are required:

- The individual is taking medications consistent with physician's orders.
- The individual is assessed regularly to determine whether any changes are needed to the medication support plan.

DOMAIN: HUMAN RIGHTS (L48 – L73, L89, L90)

Indicator: L48 – The agency has an effective Human Rights Committee.

Date: 1/20; Updated 7/23

Ouestion 1:

How is the effectiveness of the agency's Human Rights Committee evaluated and rated?

Answer: The following worksheet is used to evaluate and rate the effectiveness of the HRC in meeting mandated functions and membership.

ADMINISTRATIVE REVIEW

Human Rights Committee

The general responsibility of the committee shall be to assist the provider to affirm, promote, and protect the human and civil rights of individuals served and to monitor and review the activities of the provider or agency with regard to the human and civil rights of those individuals, consistent with the requirements of 115 CMR 3.09.

Agency: Type of Survey: Date:

Team Member(s) Conducting HRC Review:

HRC Meeting Minutes							
Do HRC meeting minutes include discussion/ review of the following							
issues?	Date of Meetings						
Review and Approval of PBS Plans with restrictive procedures and III							
Behavior programs (Required)							
Human Rights Training Material and Processes (Required)							
Complaints/Investigations – Committee should review and discuss initial							
complaint, results, action plan/follow up. (Required)							
(9.18) (1) Responsibilities for Individuals Who Require Assistance.							
(a) The human rights committee shall assist an individual involved in a complaint to							
ensure that his or her rights are adequately protected. Such assistance may include							
arrangements for interpreters, representation by an independent attorney or advocate, and assistive and supportive devices and technologies.							
(b) Where an individual is unable to obtain representation or an advocate, the human							
rights committee may request the assistance of the service coordinator in ascertaining							
the capability of the individual and seeking an attorney or advocate to represent the							
individual.							
(c) The human rights committee shall assist an individual in filing a complaint upon							
request.							
(2) The home an wights committee of a provider shall be a party to all							
(2) The human rights committee of a provider shall be a party to all complaints involving individuals served by the provider, and shall receive							
copies of the documents distributed to the parties as provided in 115 CMR							
9.00.							
7.00.							
• List log numbers for the sample (up to 15) and reference the date the							
HRC reviewed these Complaints and Investigations							
The remember messe complained und investigations							
Review the authorization and use of all emergency restraints and							
limitations on movement (Required)							
Physical Restraints							
Health Related Protective Equipment (for self-injurious behavior)							
Restrictive Interventions - Restrictions on personal possessions, visitation,							
privacy, or other restrictive practices. (Required)							
Visitation restrictions							
5.04 (3) The human rights committee shall be notified of the intention to							
deny or restrict visitation.				-			
Personal Possessions							
5.10 (a) Any restriction on personal possessions or funds shall be							
documented in the individual's record, and a copy sent promptly to the							
provider's human rights committee.							

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Other Restrictive Pr									
Annual review of agenc				liance wit	th the				
Department's regulation									
Research projects, with	approval of	DDS (Re	quired)						
Other Reviews									
Visits – Service Location			. 1 1	1.1 1					
3.09 (1) (b) 7.Visit the loo			e provided w	hile they a	ire				
being provided, with or w			1 1.1						
Incident reports - If raises	s to the manda	ited reporti	ng level ther	in additio	on to				
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13.06: Additional Report			•						
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		HRC	Bylaws						
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8	Membership							$\overline{\Box}$	
	Roles & Resp	onsibilities	S		\Box			П	
			gs/Quorums		\Box			Ħ	
	Terms and El								
	H	RC Memb	pership Req	uirements	s:				
ach human rights committee			least five men	mbers, who	have expe	rience and k	knowledg	ge relev	vant to
uties of the committee; and in		-							
 at least 3 individuals re 	ceiving suppor	ts, and/or pa	rents/ guardia	ıns/ advoca	tes				
• a physician or nurse;									
a psychologist or master				ellectual di	sability and	l developme	ntal disal	oilities,	,
mental illness, or appli		-							
• an attorney, law studen			-				1 .	1	1
3.09 (1) (c) No members may he Department is not the p									
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	Expertise	Member	or						
		?	Admin	Date of M	Teetings				
			Conflict?			T			
	Human Rig	hts Comm	nittee Review	w Results					
• Based on the information	, does the age	ency's HRC	meeting mi	nute reflec	ct practices	s and comp	liance w	ith the	•
regulatory requirements	(i.e., relevant i	items discu	ssed; recom	mendation	s clear, Fo	llow-up on			
recommendations/actions						•			
The Committee meets the	= .			erchin real	iirements?	Vec \square		No [٦
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Based on the above infor			_	-	=	_			
regulatory requirements			gs, quorum	requireme	nts, memb	ers with ne	cessary	experti	ıse
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for content discussed we	re present)?	Yes No	o 🗌						
• Are there any waivers re				as part of	this review	v, and have	the con	ditions	s of a

• Are the meeting minutes submitted to the HR specialist:	Yes 🗌	No 🗌			
Topic Guidance to inform Ratings					

Attendance - MET:

• All attend the majority of the time (75% of the time)

Attendance – NOT MET

• During the last 4 meetings, one people or more missed two or more meetings (attendance at 50% or less).

Membership - MET

- All members in place.
- Vacancies have been filled and the new member(s) have attended at least one meeting in their active role.
- Quorum, defined as a simple majority (eg 4 for a 6 person Committee) occurs for the majority of meetings (75% of the time).
- Meetings occur at least quarterly.
- If a waiver is in place for attorney to be a consultative member and attend once per year, and that occurs.

Membership – NOT MET

- If a waiver is in place for attorney to be a consultative member and attend once per year, and the committee did not meet the conditions of the waiver.
- Vacancies in required membership have not been filled.
- Quorum, defined as a simple majority (eg 4 for a 6 person Committee) is not occurring at two or more meetings (quorum at 50% or less).
- Meetings are not occurring quarterly..

Content - MET

- Restraints are reviewed,
- Complaints, investigations, and actions that occurred are reviewed at the next scheduled meeting.

Content - NOT MET

- Absence of restraint and/or supports which limit movement reviews over time; unaware of their role to review restraints and/or supports which limit movement. (Review of specific restraints on a timely basis is rated in L66)
- One or more new complaints, investigations, and actions have not been reviewed by the HRC.

Indicator: 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 Ouestion 1:

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 or email. Documentation of the letter/email, when and to whom it was sent should be kept. Providers can also inform guardians of human rights in a variety of ways such as through a presentation or training at a family meeting. Regardless as to what mechanism is utilized, there should be documentation to reflect that the guardian was informed of the individuals' human rights.

Date: 4/22 Question 2:

For individuals who are competitively employed, must annual training in human rights occur in person?

Answer:

The requirement for annual training in human rights does not have to occur through in-person contact for individuals who are competitively employed. These individuals are generally not required to visit agency offices and often meet with job coaches offsite when necessary. Sharing a link to a video recording of human rights training is an acceptable alternative, provided that the individual can access the video. Disseminating human rights information through mailing or emailing would meet training requirements for L49 provided that the following is addressed. Human rights mailing must include a summary of the human rights afforded individuals who receive services, along with the name and contact information for the individual's Human Rights Officer.

Surveyors should also confirm with the agency that this information was shared through email or post through review of a mailing list or other tracking mechanism. If interviewed, surveyors might ask individuals if they received information about human rights. A return-receipt from individuals acknowledging that mailing or email was received is considered a best practice but not required.

Indicator: L55 - Informed consent is obtained from individuals or their guardians when required.

Date: 10/11

Ouestion 1: Is this indicator rated for all individuals?

Answer:

If there are no situations requiring informed consent, and no consent is necessary or present, then this indicator is not rated.

Date: 3/12

Question 2: Under what conditions would one expect to see informed consent? What are the requirements for securing consent?

Answer:

According to DDS regulations 115 CMR 5.08, informed consent is required in the following circumstances:

- 1. Prior to admission to a facility;
- 2. Prior to medical or other treatment (informed consent must be obtained annually for routine medical and preventative treatment as well as prior to specific non-routine or preventative medical care, including use of psychotropic medications);
- 3. Prior to involvement of an individual in research activities;
- 4. Prior to the initiation of a Targeted or Intensive PBSP, in accordance with 115 CMR 5.14;
- 5. Prior to initiation of Level III interventions;
- 6. Prior to release of personal information to other agencies, providers or individuals.

When securing informed consent, it is the clinician's responsibility to explain the intended outcome of a procedure/ activity, the risks and side effects of the procedure, and alternatives. The person securing the consent should present the information in a manner that can be easily understood, offer to answer questions and explain that consent can be withheld or withdrawn at any time.

According to DDS regulations, whenever informed consent is required, it must be given freely without coercion or inducements of any kind. The consent should be in writing. It must be dated and will expire after the completion of the specific procedure for which it applies, or after one year for ongoing interventions. The written information should include the process used to obtain the consent, the name, position and affiliation of the person securing the consent, and a summary of the information provided to the individual.

For areas in which the DDS Provider employs the clinician who is securing the consent directly, he/she needs to ensure that the informed consent is obtained and properly documented. Records of informed consent need to be stored in an individual's confidential files, and renewed annually.

When the treating clinician is a private practitioner, not employed by a DDS Provider, securing consent is the responsibility of the community practitioner, and an individual's informed consent document is usually found in the

medical record in the doctor's office. Sometimes, however, this consent is obtained verbally. The Provider should make every effort to facilitate the consent process.

Date: 3/12; revised 11/14

Question 3: What items get rated within L-55?

Answer:

As medical treatment is typically conducted by a community practitioner, and obtaining consent for this treatment is the responsibility of the community practitioner, annual consent for routine medical and preventative health care or consent for surgery or specific treatments, are not usually reviewed here. Informed consent relative to level II behavior intervention plans is evaluated and rated as part of L-59, rather than here.

Therefore, the category noted above requiring consent most often reviewed here is the category release of personal information. Providers may obtain consent from the individual/guardian for several reasons. Consent for the release of personal information must be secured prior to the distribution to others. The consent should be specific and individualized relative to which personal information is being released to which parties for what purpose. Providers must request that the individual consent to release of personal information to other agencies and providers.

Also reviewed within this indicator is whether written authorization is in place for use of photos, videos and the like. Media and photo consent is covered by a different regulation and there are certain requirements that need to be in place to ensure that the individuals "are not exposed to public view" without written agreement. Please refer to question #5 below for specifics.

If there are no circumstances warranting the pursuit of informed consent or if no consents are present, do not rate this indicator.

Date: 3/12; Revised 11/14

Question 4: What are the required components of informed consent? Relative to publication and distribution of publicity materials, how does a provider practically allow for the ability of someone to withdraw consent?

Answer:

This is a summary of the required criteria as noted in DDS regulations 5.08:

- The consent should be in writing and filed in the individual's record;
- The consent shall be dated and expire upon completion of the specific procedure for which it applies; in any event shall expire one year after it is signed;
- The written record should detail the procedures utilized to obtain consent, the name and position of the person securing the consent, and a summary of the information provided to the individual from whom consent is being secured (including items listed below);
- The person securing consent shall explain:
 - 1. The intended outcome and nature of the procedures, treatment, activity;
 - 2. The risks, benefits, and side effects, including the risks of not proceeding;
 - 3. The alternatives to the proposed treatment/ activity, including those offering less risk;
 - 4. That consent may be withheld or withdrawn at any time;
 - 5. Present the foregoing information in a manner which can be easily understood;
 - 6. Offer to answer any questions that the person may have.

Consents to Release of information to others should be specific as what information is being released and to who this information will be released/ distributed to.

Date: 11/14; Revised 2/22

Question 5: What are the requirements for consent for media release, such as consent to have one's photo part of a brochure that gets distributed? Does this type of consent expire after one year?

Answer:

Media and photo consent is addressed in a separate section of the regulations. The regulation governing this is 115 CMR 5.04 (2) which addresses the right to be protected from private and commercial exploitation, and provides that individuals have the right "not to be exposed to public view by photograph, film, videotape, interview, or other means unless prior written consent of the individual or guardian is obtained for each occasion of release, and the right not to be identified publicly by name or address without the prior written consent of the individual or guardian."

Before a Provider can use a photo or video of an individual in agency publications or Provider-sponsored internet sites, consent must be obtained from the individual or their legally-authorized representative. The following are examples of how images or videos of individuals might be used: Provider's website, or social media sites such as Facebook, Instagram, or YouTube; publications such as Provider Annual Report, Placement Service brochure, or quarterly newsletter to families and guardians; materials and advertising for Provider-sponsored conference, annual awards dinner, or fund-raising events.

The individual or their guardian need to be advised of their right to consent or refuse to consent to sharing their image or likeness with others. Individuals may prefer to keep personal photos or videos private or to share them only with their friends or family. Or individuals may choose to post photographs of themselves on personal social media sites like Facebook and Instagram that can limit access to friends and family. Individuals and guardians need to understand that when photos are shared on social media sites, the individual or guardian is giving their "ok" for anyone else who uses these platforms to look at their photos or videos and that any photo shared on social media can in turn be shared again by other people who had access to see it.

A template for obtaining consent for media release was developed by DDS. (https://www.mass.gov/doc/dds-photovideo-release-policy-template-2021/download)

The template was developed to comply with DDS regulation 115 CMR 5.04(2) that ensures the right to be protected from private and commercial exploitation. Although Providers are not required to use this specific form, it represents an example of a format that meets all requirements.

When obtaining consent, it is important to remember that individuals must have choice and control of what and where their image can be used. For example, consent may be given for use of one single photo of the individual for a specific event, such as an awards ceremony or a conference.

Consent may be given to use only one photo for several purposes, such as in a brochure, displayed in agency office space open to the public, and on the provider's website or Facebook, Instagram, or Twitter account. Consent may be given to use multiple images for a specific event or one-time purpose. Or consent may be given to use any photo taken of the individual for any purpose such as multiple public events throughout the year, and in Provider newsletters, brochures, annual reports, and social media sites.

The requirements and Provider responsibilities for obtaining consent for media release are as follows:

- The consent must be in writing and must identify the specific use and purposes for release. For example, if consent is given for multiple purposes, such as publications and internet sites, then the consent must include each use.
- The consent must be signed and dated by the individual or their legally authorized representative.
- The expiration date of the consent must be identified. Note: Consents will expire once the use is finished or one year from the date of consent. For example, consent for ongoing use of images on websites or in brochures used across multiple years will expire one year from the date of consent. The continued use of these images is subject to renewed written consent.

In addition, the Provider must ensure that individuals or guardians are informed of the following:

- Consent is limited to the images and uses specified in the consent and that a new consent must be obtained if a new image or use is identified.
- Consent is voluntary and is not required in order to continue to receive services from the Provider.
- Individuals or guardians have the right to withdraw consent at any time provided that revocation of consent is in writing. Individuals or guardians need to understand that if permission for a previous release is canceled, it will not affect information that has already been released to the public.

For more information on the requirements of informed consent and/or valid authorizations – see 115 CMR 5.08 and HIPAA Regulations: 45 CFR 164.508.

Before giving consent to the use of their photographic or video images, individuals should be advised of the following:

You have the right to consent to the use of your image in a photo or video. What does that mean? When you take photos of yourself or allow others to take a photo of you, you may want to keep them for yourself, or you may decide to share them with others. Sharing happens, for example, when you post pictures on social media sites such as Facebook, Instagram, or Twitter. When you share photos of yourself on Facebook, Instagram, or Twitter, you are consenting, or saying it is "ok," for Facebook, Instagram, or Twitter to allow other people to look at them. You can sometimes limit who can see photos, such as limiting to people who are Facebook Friends. However, once a picture is posted on a social media site, it may be shared by other people.

Sometimes a person who provides services to you may want to use photos of you to share who they are and what they do. A day program or a group home may do this by making a brochure or newsletter, or posting on social media such as Facebook, Instagram, or Twitter. Sometimes this is to show or explain to people what they do and encourage others to consider using their services.

Before a provider can use a picture of you for any purpose, they must get your consent or permission to use it. You decide whether you want to give your permission or not, and you should never feel pressured to share photo or video of yourself.

How to give consent for a provider or others to use a photo or video of you?

If you want to let a Provider use photos of you, you must give your consent in writing. How can you do this? Attached is a form that may be used by DDS or by a provider to give them permission to use and share photos of you. It is your choice to let someone share photos of you.

- You may choose to give your consent to use only one single photo of you for a specific event, such as an awards ceremony or a conference.
- You may choose to give your consent to use only one photo of you for several purposes, such as in a brochure, poster or public display or on the provider's website or on Facebook, Instagram, or Twitter.
- You may choose to give your consent to use many images of you for one specific purpose, such as any photo of you dancing at last year's party to get people excited about this year's party.
- You may choose to give your consent to use any photo taken of you for any purpose, such as for any conference or meeting that comes up, or another event.

Do you have to give Consent for a Provider or others to use your pictures?

No, it is your choice whether you let a photo or video of you be shared. You do not need to sign this consent form to continue to receive your services.

Before giving consent, the individual should be encouraged to talk with their team, guardian, family or a friend who can help the individual make their decision.

Below, please find a Permission for Release of Photographic/Video Images Form prepared by the Department of Developmental Services ("the Department" or "DDS") to permit individuals (or their guardians/legally authorized representatives) to consent to the use of photographic or video images taken of them.

This template was developed to comply with DDS' regulations at 115 CMR 5.04(2) ensuring the right to be protected from private and commercial exploitation. This form is intended to remove perceived barriers to individuals' participation in common social media practices. If authorized by an individual or guardian, the form will allow for the ongoing use or disclosure of photographs or images, and a provider does not have to obtain permission for additional uses of images during the term of the Permission for Release.

PERMISSION FOR RELEASE OF PHOTOGRAPHS/VIDEO IMAGES - 115 CMR 5.04(2)

SECT	ION I.	Personal Information:
Individ	dual's N	ame: Phone:
Addre	ss:	Date of Birth:
use <u>an</u> images You m	y images s of you hay chec	Permission to Use Images: Check Box A. if you wish to give [Provider] ongoing permission to sof you. Check Box B. if you only wish to give [Provider] permission to use one or more specific (and identify the images by digital description/number <i>e.g.</i> JPEG, GIF, PNG, or attach to this form). k both A. and B. if you wish to give [Provider] permission to use both specific images of you and ssion to use any images of you.
A.		I hereby provide my permission to [Provider] to use <u>any</u> photographic image(s) and/or video(s) of me for the following purposes:
B.		I hereby provide my permission to [Provider] to use these <u>specific</u> photographic image(s) and/or video(s) of me (<u>identify here or attach to this form</u>) for the following purposes:
	etc. ack oth	ting to the [Provider] Website and/or Social Media Accounts (e.g. Facebook, Twitter, Instagram,). Note: social media posts may include personal information identifying me by name. I nowledge that image(s) and/or video(s) posted on the internet can be viewed and downloaded by ers and that social media posts may be shared or re-tweeted by other accounts once posted by the ovider] and I hereby consent to the same.
	☐ Info	ormational Brochures or Pamphlets
	☐ Pho	tographic or Video Presentations for Public Display
	☐ Pho	tographic or Video Presentations with Personal Information for Public Display
	☐ Oth	er (Please Specify)
	(or the addition	oviding my permission for the ongoing use or disclosure of photographs, and images taken of me individual for whom I am guardian) and that [Provider] does not have to obtain my permission for nal uses of my image(s) and/or information that I have authorized above during the term of this sion for Release.

SECTION III. Written Consent. I understand that I can change my mind and cancel this permission at any time, but that such cancellation is forward-looking only, and will not affect information I already permitted to be released. If I revoke my permission, I must do so in writing and present it to the [Provider], staff or office authorized to use or disclose my images or information by this Permission for Release. I understand that once

my image(s) or information is voluntary and I do not need to sign this form to continue to receive services from [Provider].

Signature of Individual or Guardian

Date

Print Name (and identify legal authority if signed by Guardian or other Legally-Authorized

Representative) My consent will expire ______ (date or event – must not exceed one year).

the above image(s)/information is/are disclosed, recipient(s) may re-disclose it and the material may not be protected by federal or state privacy laws or regulations. I understand my consent to the use or disclosure of

INSTRUCTIONS:

- 1. This form must be completed in full.
- 2. Ensure that the expiration date or event listed on page 2 is practical.
- 3. Distribution of copies: Original to [Provider]; copy to individual, guardian, or other legally authorized representative.

Indicator: 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: 10/16

Question 1: What are the expectations for the person for whom the restriction is needed, and for those who do not need the restriction?

Answer:

For the one person for whom the restriction is needed:

- Restrictive practices outlined in writing, identifying the rationale, and outlined as the least restrictive alternative. E.g., door chimes for elopement
- A plan and criteria for elimination or fading is included with the rationale as part of the document.
- Agreement is needed from the legal decision maker for the individual is being imposed. For restrictive procedures, all agreements "through the ISP" are considered annual.
- Inclusion in the ISP.
- HRC review of the plan.

For the other individuals in the location for whom the restriction is not needed:

- The provider needs to develop provisions for these individuals so as to not unduly restrict them (a mitigation plan; mitigation practices) E.g., door chimes only used when X is home; arrangement with staff to come /go; passcode for chime. Sometimes these provisions are written right into the above plan, and not as a separate document.
- Guardians/ individuals are informed of the restriction which is in place at the location and understand the mitigation plan for their son/ daughter / ward (e.g., the plan for their person to use the door and go outside). QE will **not** be looking for an annual consent or agreement from the guardians of individuals

not requiring the restriction. QE will be looking for some sort of information that the provider has informed the individuals / guardians of this practice in the home, and of the mitigation plan/ procedures. This information can be in various forms—a signed acknowledgement, a signed understanding of the mitigation plan (e.g., that my ward carries a key to a locked cabinet so that she can use the scissors whenever she wants) or included with intake information notifying the individual/guardian (e.g., this home is equipped with door chimes, and comings/ goings are handled in the following ways…).

Date: 9/17

Question 2: Is a home security system considered a restrictive practice?

Answer:

Individual home care providers/ residential homes 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.

Date: 11/18

Question 3: Are locked thermostats considered a restrictive practice?

Answer:

Locked thermostats are not in and of themselves restrictive. Therefore, as long as room temperature was maintained within the range required by the MA Sanitary Code and the sufficient to meet the needs of the individuals, and each individual could raise or lower temperatures upon request, it would be acceptable to have locked thermostat covers.

Details:

Given that Chapter 7 states that:

- (5) The following environmental requirements shall apply to sites owned or leased by providers of residential supports, individualized home supports and 24 hour site based respite supports, and the homes of care providers.
- (a) The site shall include complete living accommodations, including its own kitchen, living room, dining area, bedrooms, and bathrooms of typical residential design. The site shall provide for group and individual needs, including opportunities for privacy n clearly defined living, sleeping, and personal care spaces and areas that are accessible and available according to individual needs to enable personal development, the development of personal relationships, and engagement in leisure activities.
- (b) The site shall provide physical comfort as well as a pleasing style of decor and an external appearance that is typical of other homes in the vicinity, except for accommodations that enhance accessibility for individuals.
- (c) The layout of rooms shall permit ready access to common areas, with no intrusion into private bedroom areas.

- (d) The site shall provide conveniently located common storage adequate for a reasonable amount of individual and group possessions.
- (e) Major environmental controls, including those for lighting, appliances, plumbing, windows, and shades **shall** be operable by and accessible to individuals.
- (f) Heating and plumbing systems shall be installed and maintained for safe, healthy, and comfortable use by the individuals supported by the provider.
- (g) Heating and ventilation systems shall be adequate to maintain comfortable levels throughout the year.

The following guidance is offered:

- Locked thermostats are not in and of themselves restrictive. There are many places, such as rental units where heat is supplied by the landlord, or in locations where multiple individuals live where locked thermostats are present. While the regulations do require that individuals be able to control and access major environmental controls such as lighting, the regulation does not require direct control to operate adjustments to temperature.
- Therefore as long as room temperature was maintained within the range required by the State sanitary code and the sufficient to meet the needs of the individuals, and each individual could raise or lower temperatures upon request, it would be acceptable to have locked thermostat covers.
- The MA Sanitary Code has certain requirements for when landlords need to turn on the heat in winter (E.g., November 15), and also how hot / or cold. For example, there is a requirement that room temperature be no lower than 68 degrees during the day, no lower than 64 degrees overnight and no higher than 78 degrees in summer.
- Sometimes older less mobile individuals are more comfortable with the home warmer than the legal requirements. The provider needs to ensure that the health care needs, comfort and mobility of the individuals are taken into consideration when setting the temperatures of the home. Once set, all individuals need to be educated and informed that they can have the temperatures raised or lowered upon request.
- If however, the thermostat was locked and the temperature controls restricted for a particular individual due to their particular needs, then it would be considered an individual restriction, which would require a rationale as the least restrictive alternative, and also require all the thoughtful safeguards and approvals. If done for one individual, there needs to be mitigation for the others not needing the restriction. In this case, mitigation simply means that the **other individuals could be educated and informed that they can have the temperatures raised or lowered upon request**.

Indicator: L60 - Data are consistently maintained and used to determine the efficacy of behavioral interventions.

Date: 6/17

Question 1: Placement services, and also all services

How much data needs to be collected in a placement service/ other services, 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/ direct support staff 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.

Indicator L61: Supports and health related protections are included in ISP assessments and the continued need is outlined.

Date: 10/11; Revised 4/22

Question 1: What types of equipment and devices are defined as health-related supports, and what are the requirements for their authorization?

Question 2: What are the Provider's responsibilities for their ongoing use and monitoring?

Answer:

Section 5:12 of the DDS Regulations were revised in February 2020 to reflect new terminology and requirements for health-related supports and protective equipment. There are two broad categories of items that are discussed here: equipment and devices that address health and therapeutic objectives for individuals, and devices designed to prevent harm from self-injurious behavior. These categories are further defined by types of equipment, purpose, and requirements for authorization and oversight.

I. Health-related Supports

Health-related supports are devices and equipment that have a range of purpose. These supports are used to achieve proper body position, balance, or alignment; to prevent reinjury or infection during healing; to permit active participation in activities without risk of harm; or to enable evacuation of an individual. These devices and equipment require authorization by a licensed medical professional. **Note:** Licensed medical professionals include a physician, physician's assistant, nurse practitioner, registered nurse, assistive technology professional, rehabilitation engineer, and registered physical and occupational therapists.

The following categories include examples of various devices and equipment and do not represent a complete list of health-related supports. **Note:** Communication devices, adaptive equipment, and assistive technology are not reviewed in indicator L61 or L62. Medical equipment and devices used in treating or monitoring medical conditions are rated in indicator L99.

Devices and equipment used to achieve proper body position, balance or alignment

Ambulation Devices and Accessories: Wheelchairs, shower chairs, commodes, walkers, canes, crutches, gait belt, wheelchair accessories, including seatbelt, harness, lap tray, foot strap, head immobilizer.

Orthopedically Prescribed Appliances Braces with straps for back, neck, hip, knee, wrist, ankle (AFOs); elastic supports for knee, wrist, elbow, ankle.

Prosthetics: Artificial limbs, dentures.

Sensory Aids: Hearing aids, eyeglasses, canes for visually impaired, cochlear implant equipment. **Therapeutic Footwear (Orthotics):** Shoes manufactured for foot deformities, or conditions; shoes with lifts, built-up heels, or cushioned insoles to prevent skin breakdown, e.g., diabetic shoes.

Devices and equipment to prevent reinjury/infection during healing

Surgical dressings, bandages, protective sleeves and gloves, casts, walking boot.

Devices and equipment to permit active participation in activities without risk of harm:

Protective Gear: Helmet for seizure disorder. Hospital bed and Accessories: Bedrails

Transfer Lifts: Hoyer lift

Other: Medically-ordered compression stockings (TEDs, Jobst stockings).

Devises and equipment to enable evacuation of an individual:

Emergency evacuation equipment such as a stair chair, Evacu-Trac.

**Requirements for using and monitoring health-related supports

- These devices require annual authorization from a licensed medical professional. The authorization must outline the purpose for using the equipment or device.
- The Provider is responsible for ensuring that criteria for applying and removing the device/equipment are developed, including the time(s) of day or activities during which it should be used.
- The Provider is responsible for ensuring that safety checks of the individual and of the device are conducted as needed.
- The Provider is responsible for ensuring that the device is maintained and regularly cleaned.
- Evidence of staff training and knowledge in use and care.

II. Health-related Protective Equipment

Health-related Protective Equipment are devices and equipment proposed for use with an individual to prevent risk of harm from self-injury. These devices require authorization through an Intensive PBS plan developed by a PBS Qualified Clinician. A PBS Qualified Clinician must be currently licensed in Massachusetts. (**Note:** See Section 5:14(10) of the DDS Regulations for a full list of qualified clinicians.)

Protective equipment to prevent self-injury

Helmet for self-injurious behavior, protective mitts, gloves, protective sleeve, arm splint to prevent SIB or aggression; weighted blankets; smock/wrap.

**Requirements for using and monitoring health-related protective equipment

- These devices may only be used as part of an Intensive PBS plan developed by a PBS Qualified Clinician.
- The Provider is responsible for ensuring that criteria for applying and removing the device/equipment are developed.
- The Provider is responsible for ensuring that safety checks of the individual and of the device are conducted as needed.
- The Provider is responsible for ensuring that the device is maintained and regularly cleaned.
- Evidence of staff training and knowledge in use and care.

Date: 4/22

Question 3: Are normative devices such as eyeglasses and hearing aids considered supportive devices and equipment subject to authorization and requirement for staff knowledge and training?

Answer:

Yes. In previous Interpretations, eyeglasses and hearing aids were defined as "normative devices" and as such there was no responsibility assigned to support and oversee their use. Eyeglasses and hearing aides were added as a category of Health-related Supports in the current interpretive guidance for L61. Hearing aids and glasses are often necessary to daily functioning but are frequently unused as prescribed because of a lack of awareness of their importance. Documenting them as supportive sensory aids enables the agency to better ensure that individuals are using them as prescribed and that hearing aids and glasses are maintained properly.

The prescription for glasses or hearing aids is the authorization. Providers are not required to use an S&P form for their authorization, but the information included on an authorization form should be documented. In the case of glasses, for example, it should be documented somewhere that Mary Smith is prescribed glasses for distance vision and should wear them daily or for xx activities, or Thomas Jones is prescribed glasses for close vison and should wear them for reading, hobbies, puzzles, etc.

Some individuals might refuse to wear glasses or hearing aids and documenting the need and intended use might lead to an incentive program or reinforcement strategy to encourage the person to use them.

Indicator L62: Supports and health related protections receive the required reviews.

Date: 10/11: Revised 4/22

Question: What additional reviews are required for health-related protective devices and equipment?

Answer:

Additional reviews for Health-related Protective Equipment used to prevent harm from self-injurious behavior are as follows:

- The device or equipment reflected in the Intensive PBS plan must be reviewed by the human rights committee when implemented and at least annually thereafter, or when a new protective device or equipment is introduced.
- An Intensive PBS plan that incorporates use of health-related protective equipment must be outlined within the individual's ISP.

For further guidance, see DDS Regulations:115 CMR Section 5:12 Supports and Health-related Protections and Section 5:14 Positive Behavior Supports.

Indicator L63: Medication Treatment Plans are in written format with required components.

Date: 9/17

Question 1: What are the required components and what needs to be included to rate MET? 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 measurable 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 measurable 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. This plan should be discussed with the prescriber and represent a projected plan for treatment. 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 medication thought to work for his/her specific symptoms / 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, (AIMS testing) for example. As noted above, if this information is located elsewhere, the 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 will be weighted weekly.

C. Clinical indications for terminating the drug:

- Clinical indications for terminating this medication When addressing this section the team / prescriber 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 prescriber not the team who is responsible for reducing or terminating the medication, the team 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.

Indicator: L64 - Medication treatment Plans are reviewed by the required review groups.

Date: 9/17

Question 1: The Medication Treatment Plan needs to be included within the ISP. How can this be demonstrated? Given that inclusion within the ISP is a shared responsibility with Service Coordination, what is the provider's role and expectations?

Answer:

Demonstration that the Medication Treatment Plan is included in the ISP can occur in a few different ways:

- The SC notes the presence of a MTP for example, in the Clinical Section.
- The MTP is referenced in the ISP. For example, the provider can reference that a MTP exists in the Health Care Assessment and note that it has been forwarded to the SC/ is attached.
- When the full ISP is returned to the Provider, the Provider preserves the package in its entirety, noting all attachments that have been incorporated into the ISP, including the MTP. (The full ISP consists of more than what is in HCSIS).
- Medication treatment plans can be uploaded by the provider into HCSIS, when service coordinators request assessments for the ISP. This is another means by which a provider may demonstrate that the plan is included in the ISP.

Presence of the MTP within the ISP through any of the above methods would result in a rating of Met.

In the event that none of these methods were used, the provider must share evidence that they have done their due diligence to forward the MTP to the SC to be included in the ISP. If the provider can demonstrate that the MTP has been sent to the SC (electronically or via mail), this indicator would be rated as not included within the ISP, however the provider would not be penalized as the rating would not be included in scoring, rather it would be listed in the addendum section for issues beyond the control of the provider.

Date: 10/17

Question 2: Individual Home Supports

Is a Medication Treatment Plan required for people served within Individual Home Supports?

Answer:

For instances in which individuals receive Individual Home Supports, medication treatment plans would not be needed when an individual does not receive support for health care. However, if the provider is administering medications there would need to be a medication treatment plan in place. A medication treatment plan may also be necessary when support is provided to individuals to manage behavior, as medication treatment plans generally tie in with behavioral interventions and call for data collection, communication with a psychiatrist or other HCP.

- If an individual in DDS licensed residential services does not receive any support for their health care in less than 24 hour services (Activity Code 3798), then, by agreement with the Area Director (see FAQ #3 issued 4/8/2103), a HCR and H&D Assessment is not required.
- If an individual in DDS licensed 24 hour residential services DOES require support with their health care, then a HCR and H&D Assessment **is** required as is a Behavior Modifying Medication Treatment plan.
- In all instances, if the individual is NOT Self-Medicating and staff are administering their medication, including behavior modifying and antipsychotic medication and, medications that are necessary to allow and individual to receive medical or dental care, then medication treatment plans are required..

Date: 4/23

Question 3: Day Services How are this indicator reviewed in a day service?

Answer:

When an individual takes behavior modifying medication during day service hours and day support staff administer the medication, the day service provider must develop or obtain a medication treatment plan for the medication it administers.

If a person is supported residentially, the residential provider may have developed a medication treatment plan, a copy of which can made available to the day service. If the individual lives with family, or the day provider does

not want to use the plan from the residential provider, the day service must develop a medication treatment plan. In both scenarios, the medication treatment plan must address all required components, and data must be collected as it relates to the medication that is being administered and to the target behaviors observed at the day service.

As a day service provider does not typically coordinate an individual's health care, the medication treatment plan may be be limited to those elements for which the day service has responsibility such as monitoring adverse effects and collecting data used to determine the medication's efficacy. The day service must have a mechanism for ensuring that data is shared with the residential provider, family or whoever is responsible for collecting the data for the prescribing physician.

When the day service is the single and only provider responsible for administering behavior modifying medication, the day service is responsible for sharing the medication treatment plan with the individual's DDS Service Coordinator for incorporation into the ISP. If the day service adopts the medication treatment plan developed by the individual's residential provider, responsibility for sharing the plan with DDS belongs to the residential provider, and L64 will not be rated for the day service.

Indicator: L64 - Medication treatment Plans are reviewed by the required review groups.

Date: 10/17

Question 4: How does Rogers guardianship and Rogers review of Psychotropic Treatment Plans get factored into the rating for this indicator?

Answer:

When a competent individual is prescribed antipsychotic medications, informed consent is secured from the individual by the treating clinician. However, when an individual is incompetent, a court must approve the physician's proposed plan for administration of antipsychotic medication. Therefore, it is expected that a Rogers plan will be present for any individual on antipsychotic medication who is not competent, and that this approval will be reviewed in the context of L64 that all necessary reviews have occurred. **Note:** A MTP is not required when the individual is presumed competent and self-medicating.

Any individual who is prescribed antipsychotic medication who is under guardianship should be referred to the service coordinator who will assure that the physician's treatment plan is properly brought to the legal office for approval by the probate court.

In the event that the individual was referred to the area office, but does not yet have a Rogers plan, this will be rated as not met, but do not include in scoring, as it is the responsibility of DDS to pursue.

Checklist for Rating Medication Treatment Plan (L 63 & L 64)

Note: A MTP is not required when the individual is presumed competent and self-medicating.

Medication treatment plans are in written format with required	Yes/No	Comments
components. (L 63)		
Person's name and date of Plan are present. Not older than 1 year.		
Medication : Is the medication name and reason or diagnosis for each medication		
included in the plan? Matches MD order?		
Description of Behavior to be Controlled. For each medication, are the observable		
symptoms/behavior(s) to be controlled or modified concrete and measurable and		
specific to the individual (unique signs and symptoms) 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.		

Medication treatment plans are in written format with required	Yes/No	Comments
	1 65/110	Comments
components. (L 63)		
Data:		
• 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 this 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 how the data collected is presented and reviewed with the		
prescribing physician at those times.		
Intended Effects/Benefits of Medication. For each medication, what are the intended benefits or effects of the medication? What is the ideal impact on the person's quality of		
life		
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. For example, someone who is underweight taking		
a medication which causes a loss of appetite, but is the best medication thought to work		
for his/her specific behaviors		
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.		
Indicators for Suspension or Termination:		
When addressing this section, the team/ prescriber 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 who is responsible for		
reducing or terminating the medication, the team should assist in outlining the		
indications that should be considered. Indications to consider discontinuing or fading		
the medication include both 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		

Medication treatment plans are in written format with required components. (L 63)	Yes/No	Comments
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.		
Chemical Relaxation for Medical or Dental Treatment. For any dental or medical pre-sedation medication, is there a plan to assist the individual to learn how to cope with medical treatments and that lead to the decrease or elimination of medication for chemical relaxation.		
Medication treatment plans are reviewed by the required groups. (L 64)		
Is the Medication Treatment Plan identified in the ISP ISP should state more than just the name of the medications that the person is prescribed. The MTP should be submitted for inclusion in the ISP as an "other assessment". **The Clinical section should note that the individual has a MTP briefly mentioning for which symptoms/behaviors with which meds or referring to an attachment. Court approved plan and Rogers Monitor:		
When a competent individual is prescribed antipsychotic medications, informed consent is secured from the individual by the treating clinician. However, when an individual is incompetent, a court must approve the physician's proposed plan for administration of antipsychotic medication. Therefore it is expected that a court approved plan and a Rogers Monitor is in place for any individual on antipsychotic medication who is not competent.		

DOMAIN: HUMAN RIGHTS (L48 – L73, L89, L90)

Indicator: L65- Restraint reports are submitted within the required timelines.

Date: 10/11 **Question:**

Must this indicator be rated for all providers and for all locations? How is this indicator rated?

Answer:

If the provider does not serve individuals requiring restraints, there were no restraints submitted for the past year and there were no identified restraints applied but not reported, do not rate this indicator.

Rating this indicator starts with a report of information pulled from HCSIS to review all the restraints filed in the past year. The report outlines four dates: the event date; the date the report was created; the date the report was submitted to the Area Office; the Human Rights Committee review date. This report is used to rate L65 and L66. In L65 an assessment of the submission and finalization timeliness occurs, while an assessment of HRC review occurs in L66.

Each restraint report must be created in 3 calendar days and finalized for area office review in 5 calendar days to be considered met. To arrive at the overall rating for the agency, the number of restraint reports where standard was met is divided by the number of restraints which occurred during the past year. Information is also collected at the locations. For example, when each location is visited, if there were restraints identified at the location as occurring but these had not been filed at all, these should be added in. For example, 100 restraints were pulled from HCSIS, 90 of which were submitted on time according to the report, and 5 additional restraints were revealed in the field and had not been reported. This would result in a score of 90 out of 105 restraints standard met. If 80% of restraints have been submitted within required timelines, the Provider would receive a standard met for this indicator.

Indicator: L66 - All restraints are reviewed by the Human Rights Committee.

Date: 10/11

Question:

Must this indicator be rated for all providers and for all locations? How is this indicator rated?

Answer:

Rating this indicator starts with a report of information pulled from HCSIS to review all the restraint reports filed in the past year. The report outlines four dates: the event date; the date created; the date to the Area Office; the Human Rights Committee review date.

For L66, the date of HRC review is compared to the event date. As the HRC is expected to meet quarterly, but there needs to be time built in for forwarding the restraint reports, each restraint report should be reviewed by the HRC within 120 calendar days of the event date. The information received through this report can be validated at the Administrative Review when reviewing Human Rights Committee minutes. If 80% of restraint reports have been reviewed by the Human Rights Committee within required timelines, the Provider would receive a standard met for this indicator.

Indicator: L67 - There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.

Date: 12/12 revised 1/20

Question 1:

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:

Documentation requirements-

The <u>three components</u> discussed 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)
 - Assessment matches the skills and ability of the person
 - Information/ explanation on individual's abilities and needs
 - Identifies when prompts are needed and when an individual is dependent on staff
 - If cannot benefit from a training plan is checked, sufficient information on why this is the case.

2. Shared/ Delegated Money Management Plan

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 of individuals' funds. Unrestricted access to one's own funds is presumed unless this document indicates otherwise. The plan should include:

- 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

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

- Address / focus on areas noted in the assessment where the individual is not determined independent (e.g., budgeting, learning denominations, cashing a check, withdrawing funds from a back account, carrying a wallet, paying for a purchase, accepting change and receipt from a purchase, etc.)
- Include learning objectives to promote independence to the fullest extent possible.
- Match the information in the ISP.
- Outline teaching strategies, prompts, and steps that will be used to promote further independence.
- Be designed to decrease the individual's need for assistance over time.
- While a formal ISP goal is often not identified, the training plan should identify a desired outcome of training/an informal goal.

Further clarification on rating, 12/19

Further clarification on rating, 12/19	
CRITERIA FOR MET	CRITERIA FOR NOT MET
Training plan is present <u>and</u> there is a plan to reduce	Training plan not present and/or no plan to reduce or
or eliminate assistance or clinical evaluation and	eliminate without clinical confirmation and/or
agreement is present as required.	agreement has not been obtained.
Training plan fully addresses bullets above AND is	Training plan does not fully address bullets above
being implemented OR	AND/OR
Evaluation that plan would not benefit individual	Training plan is not being implemented AND/OR
AND	Shared or delegated money management plan does
Shared or delegated money management fully	not fully address bullets above
addresses bullets above	

Date: 1//20 **Ouestion 2:**

Under what conditions do we evaluate the presence of a training plan?

Answer:

- Per 3.08 The provider needs to develop a plan to teach or assist the individual to manage all or a portion of his or her own funds according to his or her capabilities and the levels of support provided to him or her unless the evaluation establishes that the individual cannot beneficially use his or her money to satisfy his or her needs and desires, even with teaching and support.
- The issue of inappropriately checking off that a training plan is not needed will be set aside and addressed with DDS Operations and Service Coordination.
- Sometimes the "no plan needed" box is checked but the assessment notes areas for growth, such as areas
 where prompts are needed could be used to develop a training plan to focus on training in these specific
 areas. *

This section completed by the SC:

Legal/Benefits/Financial Status

(Full Year)

Has the ISP Team recommended that the individual would benefit from a	No*
financial training plan?	

Financial Comments:

This is completed by the Provider:

The Commonwealth of Massachusetts Department of Developmental Services



Individual's Name:	John, John
Date of Meeting:	
Submitted to DDS by:	
Agency Responsible:	Agency

Part III - (Shared or delegated Management of Funds)

Does your agency assist this individual with Financial Management? If yes, please complete the following questions. If not, stop here.	Yes
Does the individual have a funds management plan? (If yes, please submit to DDS Area Office)	No
If yes, please indicate most recent review date:	
If the individual is determined to be able to participate and learn how to manage his/her funds more independently is there training plan in place? (If yes, please submit to DDS Area Office)	No

A decision tree has been established to determine what to do:

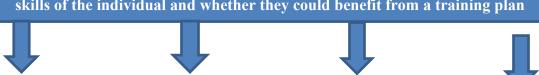
If NO plan needed is checked by the Service Coordinator: Look for reason/ comments as to why it would not be of benefit. If YES a plan is needed per Service Coordinator:

Financial Assessment completed by the Provider

Review the entire assessment to see whether the assessment indicates that a training plan might be beneficial eg prompts needed; references in comments



Observe and assess when surveying to determine whether the assessment matches the skills of the individual and whether they could benefit from a training plan



Observation indicates that a Training Plan might be of value but a Training Plan is not required per SC nor is it present. Do not factor in the absence of a Training plan into L67. Review Shared or delegatedMoney Management Plan only. Share possible need for **Training Plan with** SC.

Training Plan is present and observation indicates that a Training Plan is of benefit. however SC did not require a Training Plan. Do not factor in the presence of a Training plan into L67. Review Shared or delegatedMoney Management Plan only.

Training plan is

NOT present
although
required.

When rating L67 information on shared or delegatedmoney management plan and training plan will be rated. Lack of training plan when needed will be a negative finding; likely to meet Criteria for NOT MET

Training plan <u>IS</u> present as required.

Use both training plan and shared or delegatedinformat ion to rate the indicator. Assess the content quality of the training plan. Refer to Interpretations regarding training plan standards. Poor quality can lead to a NOT MET.

Indicator: L68 - Expenditures of individual's funds are made only for purposes that directly benefit the individual.

Please refer to Personal Expenses (vs Provider Expenses)- Guidance summary – 8/15/13.

Requirements for Agreements

1. Agreement to the Shared or delegated money management plan [115 CMR 5.10(3) Possessions and Funds] 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 or delegated money management plan. The ISP includes a financial assessment and may contain an ISP goal related to money management. But the shared or 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 or delegatedFunds 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.

L69 – Individual expenditures are documented and tracked.

Date: 12/12

Question 1: Placement Services; all services

Do shared living homes need receipts?

Answer: Receipts for purchases over \$25 are necessary, with many providers also expecting receipts for any purchases over a specific set amount. 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; revised 9/17

Question 2: Placement Services; all services

What sort of system is needed in shared living homes?

Answer:

For every individual where there is shared or delegated money management support, (i.e., when a care provider controls all or some portion of an individual's spending money) 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 end of the day for Placement services and at the time of the transaction for all other services. 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 oversight 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: 9/17

Question 3: Placement Services

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 above:

As with many indicators, the development of a systemic approach is necessary. For every individual where there is shared or 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 oversight 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).
- O A cross-check of each item to ensure that they interconnect and relate (E.g. COH matches what FTR/ log states is present).
- o 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.
- o 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.
- o 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 4: (Placement services and for all services)

How is the rating 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, <u>and /or</u> receipts are not available <u>and /or</u> 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

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

NOT SIGNIFICANT

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: L70 - Charges for care are calculated appropriately.

Date: 12/12

Question: What are the specific requirements?

Answer:

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
 - o Changes in recurrent income
 - o 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 notification which are either an arrangement with the Placement provider or with the individual care provider as a subcontracted entity. Room and board notifications should:
 - o Be sent to the individual/ guardian
 - o Be updated annually
 - o 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

Process: Review of supports to individuals to manage their monies (moved up from process section)

Date: 10/11 **Question 1:**

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 for the survey 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: 12/12 **Question 2:**

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:

- 1. The surveyor reviews documentation and agreements (A and B above) as part of the review for the applicable indicators.
- 2. 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.
- 3. Within the past year, Financial Transaction Records (FTRs) for three months will be more closely audited. The review for these three months includes:
 - a. Review of FTRs, Cash-on-hand (COH), bankbooks, receipts held (e.g., for purchases >\$25).

- b. A cross-check of each item to ensure that they interconnect and relate (e.g., COH matches what FTR states is present).
- c. Review of information concerning incoming monies such as entitlements, wages, gift checks, interest on accounts, savings bonds, gift certificates, gift cards, and cash received from families or friends.
- d. 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.
- e. 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.
- f. 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.
- g. An assessment of storage and security measures that are being taken including those in place for ATM cards, credit cards, gift cards and gift certificates, store credits, and signature stamps.
- h. 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?
- i. 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.)
- j. Review to ensure that there are no out-of-sequence checks or transactions.
- k. An assessment to ensure that there are no borrowing processes in place. (For example, practices should not involve reimbursement to staff, care provider, or a housemate for purchases made on his/her behalf)
- 1. 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.
- 2. 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.
- 3. Ensure that what is written in the Assessment, Training Plan, and Shared or delegated Money Management Plan is consistent with specific practices in the home.
- 4. 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.
- 5. When the individual is paying for additional expenses, does the agency know and have they pursued an Adjustment to the Charges for Care?
- 8. 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:

- 1. Check the agency policies and practices around auditing and monitoring and assess the effectiveness of these systems. For example, how frequent is the oversight? 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.
- 2. Inquire about agency procedures as Rep payees. How are staff trained and knowledgeable in rep payee information?

- 3. 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?
- 4. 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:

- 1. Inquire about access, security and general pattern of financial activities and support.
- 2. Ask about the oversight, monitoring, and auditing practices of the agency. What is the practice for this location?
- 3. Ask how joint purchases are made and tracked.
- 4. 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.
- 5. 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?
- 6. 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.

Date: 9/17

Ouestion 3: Placement Services

How should the financial review occur when the individual is served in a Placement Service? Sometimes the Provider agency 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 agency 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.

Personal Expenses- Guidance summary – 8/15/13; Revised 1/20

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 versus 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

Expenses that are the responsibility of the Provider

1. Upkeep and maintenance of the household.

Examples include:

- a. Cleaning services
- b. Yard services
- c. Trash removal
- d. General household supplies

2. Basic household furnishings

Examples include:

- a. Furnishings for common spaces
- b. Dishes, flatware, utensils, cooking equipment
- c. Floor Coverings
- d. Adaptive equipment (typically covered by the individual's health insurance)

3. Food

4. Communication systems

Examples include:

- a. House phone service
- b. Basic Internet access for the home

5. Transportation

Examples include:

- a. Transportation to medical/dental appointments
- b. Transportation for community outings
- c. Parking for appointments and community outings

6. Community Outings

Examples include:

a. Staff meals and entertainment when engaging in routine community activities

7. Services and supports

Examples include:

- a. Staffing pattern as outlined in the current site specific safety plan
- b. Services and supports to implement the individual's ISP
- c. 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)**If there is a "bundled" internet, phone and cable television bill, only the portion related to cable television should be considered an individual expense.(1/20)
- 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 <u>extra</u> 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.

DOMAIN: COMPETENT WORKFORCE (L74 – L85)

Indicator: L76 The agency has and utilizes a system to track required trainings.

Date: 10/11

Question 1: How is the indicator rated? Is it necessary to double check location-specific training (e.g. Formal Fire Safety –one per home) at each of the locations as well? What happens when different information is found in the field?

Answer:

About one month prior to the Administrative Review the Provider is asked to provide a staff roster to the team which lists all employees including relief and care providers, specifying staff name, position, job title, work location, shift, and whether the employee has a specific role e.g., Formal Fire Safety Officer. The Provider is expected to return this information to the team within two weeks.

A 10% sample of staff is randomly selected from this roster (up to 20 staff) and submitted to the Provider about one week in advance of the Administrative Review. This sample should include both staff with key roles (e.g. the Human Rights Officer) as well as staff that do not have a specific role. The Provider has one week to compile the direct training information on all trainings as listed below and make that available to the team at the Administrative Review. For example, if an agency has 200 employees, 20 staff names will be given to the agency, and the review includes the following:

TRAINING REQUIREMENTS CHART

		1:	15 CMR 7:05 (6)	Required Train	ning		
L76	First Aid Expiration on Card	All staff	All staff	Home Provider(s)	All staff	All Provider staff	All staff
L76	CPR Expiration on Card	All staff	N/A	Home Provider(s)	All staff	N/A	All staff
L76	Formal Fire Safety Once	1 staff per home	N/A	N/A	1 staff at location	N/A	1 staff at location
L76	Basic Fire Safety Once	All staff	All staff	Home Provider(s)	All staff	All Provider staff	All staff
L76	Human Rights Officer/Advocate Once	1 staff per home	At least 1 staff for the service	At least 1 agency staff for all the homes	1 staff at location	At least 1 Provider staff for the service	1 staff at location
L76	Incident Reporting Once	All staff	All staff	Home Provider(s)	All staff	All Provider & RSM Vendor staff	All staff
L76	PBS Universal Supports Once	All staff	All staff	Home Provider(s)	All staff	All Provider & RSM Vendor staff	All staff
L76	Universal Precautions Once	All staff	All staff	Home Provider(s)	All staff	All Provider staff	All staff
L76	Transmission Prevention for specific diseases (COVID 19) Once	All staff	All staff	Home Provider(s)	All staff	All Provider staff	All staff
L82	Medication Administration Certification Expiration on Cert	All staff administering medication	All staff administering medication	N/A	All staff administering medication	All Provider staff administering medication	All staff administering medication
L83	Human Rights Once	All staff	All staff	Home Provider(s)	All staff	All Provider & RSM Vendor staff	All staff
L83	DPPC Reporting Annual	All staff	All staff	Home Provider(s)	All staff	All Provider & RSM Vendor staff	All staff
	Additional trainings and competencies evaluated at location **	Residential 24 hour	Individual Home Supports < 24 hour	Placement Services	Respite	Remote Supports & Monitoring	Work/ Community Support
L5	Safety Plan Orientation and when updated	All staff	All staff if safety plan needed	Home Provider(s)	All staff	All Provider staff if safety plan needed	All staff
L41	Healthy diets E.g. (Executive Order509 training) Orientation	All relevant staff	All relevant staff	Home Provider(s)	All relevant staff	All relevant Provider Staff	N/A
L77	Unique needs of individuals (e.g. diabetes; ASL)	All relevant staff	All relevant staff	Home Provider(s)	All relevant staff	staff	All relevant staff
L78	Restrictive interventions	All staff implementing restrictive interventions	All staff implementing restrictive interventions	All Home Providers implementing restrictive interventions	All staff implementing restrictive interventions	All Provider & RSM Vendor staff implementing restrictive interventions	All staff implementing restrictive interventions

L79	Restraint - implementers	All implementing restraint	All implementing restraint	All implementing restraint	All implementing restraint	N/A	All implementing restraint
L80	Signs and symptoms of illness Orientation	All staff	All relevant staff	Home Provider(s)	All staff	All Provider and RSM Vendor staff	All staff
L81	Handling medical emergencies	All staff	All relevant staff	Home Provider(s)	All staff	All Provider & RSM Vendor staff	All staff
L82	MAP Ancillary Procedures	All staff providing ancillary supports	All staff providing ancillary supports	N/A	All staff providing ancillary supports	All Provider staff providing ancillary supports	All staff providing ancillary supports
L84	Health-related supports and protective equipment	All staff implementing	All staff implementing	Home Provider(s)	All staff implementing	All Provider staff implementing	All staff implementing
L99	Medical Monitoring Devices	All staff implementing	All staff implementing	Home Provider(s)	All staff implementing	All Provider staff implementing	All staff implementing

At the Administrative Review, the team assesses the presence of all trainings for all staff in the sample. The scores for the indicator are: # met / # rated. For example, 20 staff's training information was reviewed and 16 had been trained in mandated topics. Of the four staff that were not trained in everything necessary, two were missing First Aid, and two were missing fire safety. This would be scored as 16/20. If 80% or more have received all required trainings, it would be rated as standard met for the indicator.

There is no need to validate location information is identified earlier and reviewed at the Administrative Review. For example, when selecting staff to sample, if the designated Human Rights Officer, Formal Fire Safety Officer are not trained in that topic, this would be reflected as a not met for this person's training.

Indicator: L77 - The agency assures that staff are familiar with and trained to support the unique needs of individuals.

Date: 10/11; revised 9/17

Ouestion 1:

Indicator L38, "Physicians' orders and treatment protocols are followed." 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 assessment of knowledge and training in 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: L78 - Staff are trained to safely and consistently implement restrictive interventions.

Date: 10/11 **Ouestion 1:**

Mandated training is reviewed organizationally through a 10% training sample. For training indicators which are reviewed at the various locations, how does the training review occur and how many staff are reviewed to ensure that staff are adequately trained?

Answer:

These indicators require the surveyor to review training for staff working at the location but not through a review of each staff person's separate training certificates in each of his/her record. Typically, training relative to the unique needs of each person, is maintained in a retrievable format within the confidential file such as through sign-offs on the specific plans and protocols, e.g. social skills plan or behavior intervention plan. In addition, staff meeting minutes, staff logs, clinical meeting notes, with attendance noted, and other such forums, are documentation that can be utilized to assess staff training. Given this, the surveyor would look for documentation that all staff have been trained in these areas through documentation which is maintained either at the individual and/or the site level. In addition to assessment of staff training, one staff is required to be interviewed to answer several of the indicators within this competent workforce section. The interview is conducted to assess that staff are able to communicate and demonstrate knowledge and familiarity with the interventions that they have been trained in.

Indicator: L80: Support staff are trained to recognize signs and symptoms of illness.

Date: 9/17

Ouestion 1: All services

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 staff/ 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.

Date: 1/20

Question 2: All services

How is this indicator now assessed given that there are multiple items listed on Guidelines for Observable Signs and Symptoms web link?

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 staff/ home care provider is knowledgeable about general signs and symptoms of illness. Guidelines for Observable Signs & Symptoms of Illness can be found at the link: https://www.mass.gov/lists/health-and-safety-guidelines#guidelines-for-

<u>observable-signs-&-symptoms-of-illness-</u> In order to successfully meet this indicator staff need to be trained in two particular topics: "Health Observation Guidelines" and "Just Not Right". Providers are free to use their own curriculum provided that it covers these two topics.

Indicator: L84 - Staff / home care providers are trained in the correct utilization of health related protections per regulation.

Date: 9/17

Question 1: Placement Services

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 agency 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 on-going supervision and staff development.

Date: 3/12 **Question 1:**

How is this indicator assessed for locations in general and for 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 oversight in place. For example, staff meetings, routine medication, maintenance, and financial oversight 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.

Placement Services: The Placement Service is expected to visit each 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 oversight, 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 care provider is trained in mandated areas, and is supported on an ongoing basis through supervision, guidance, and communication. Monthly visits, and adequate oversight, 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
- 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

Ouestion 2: Placement Services

How does the Provider ensure that each placement home is meeting all contractual and regulatory obligations?

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.

DOMAIN: GOAL DEVELOPMENT AND IMPLEMENTATION (L86 – L88)

Indicator: L86 - Assessments are submitted on time.

Date: 10/11; replaced 10/14

Question 1: How is the determination made that assessments were completed and sent on time?

Answer:

Notification of the ISP is completed no later than 30 days in advance of the ISP. This allows the Provider at least 15 days to complete the assessments, which must be submitted at least 15 days prior to the ISP meeting. Surveyors will review the notification date, the date that the assessments were submitted, and the ISP date. If there is evidence that the assessments were submitted at least fifteen (15) days prior to the ISP, then the indicator is rated "standard met." Rating on this indicator is based on information obtained from HCSIS for all ISPs performed after February 2, 2014.

In the event that notification of the ISP is not shared by the Service Coordinator at least 30 days in advance of the ISP date, and as a result the provider completes the assessments less than 15 days prior to the ISP, the provider will not be penalized for this.

This has been the practice since 2011 and will continue to be the practice. In the event that the Notification (letter) was either not present or provided less than 30 days notification of the ISP, the Provider would not have been able to submit any assessments because the Service Coordinators must send the request before providers can begin the assessment. Therefore, in this situation, the surveyor should "not include in scoring". While reference will be made that the assessment was not on time, this score will not be included in the provider report, and the issue of late notification will be referred back to DDS to resolve.

Indicator: L87- Support Strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.

Date: 10/14

Question 1: How is the determination made that the proposed objectives and support strategies were completed and sent on time?

Answer:

Notification of the ISP is completed no later than 30 days in advance of the ISP. This allows the Provider at least 15 days to complete the proposed objectives and support strategies, which must be submitted 15 days prior to the ISP meeting. Surveyors will review the notification date, the date that the proposed objectives and support strategies were submitted, and the ISP date. If there is evidence that the proposed objectives and support strategies were submitted at least fifteen (15) days prior to the ISP, then the indicator is rated "standard met." Rating on this indicator is based on information obtained from HCSIS for all ISPs performed after February 2, 2014.

In the event that notification of the ISP is not on time, and as a result the provider completes the proposed support strategies less than 15 days prior to the ISP, the provider will not be penalized for this.

Although Providers are not dependent on the notification to begin creating the proposed objectives as HCSIS allows support strategies to be entered 90 days in advance of the meeting, consistent with past practice the provider will not be penalized in the event that the Notification (letter) was either not present or provided less than 30 days notification of the ISP. Reference will be made that the proposed support strategies were not on time, and this score will not be included in the provider report.

Indicator: L88 – Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.

Date: 9/17

Question 1: Placement Services

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 agency 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 ISP objectives 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.

DOMAIN: Human Rights (L48 – L73, L89, L90)

Indicator L90: Individuals are able to have privacy in their own personal space.

Date: 8/16

Applicability: Residential Services, including Placement Services

The CMS HCBS Community Rule requires that each individual has privacy in their sleeping or living unit:

(1) Units have entrance doors lockable by the individual, with <u>only appropriate staff having keys to doors.</u> (§ 441.301)

Privacy applies primarily to the individual when in his/her room as well as secondarily to the assurance that an individual's possessions can be safeguarded when they are away from the home. This is important as it affects the decision as to what kind of lock is installed. There are locks that only work from the "inside", such as the push button locks present on most typical bedrooms and bathrooms. At a minimum, all individuals need to be provided with a means to lock their door from the inside.

While affording individuals privacy in their living space is a principle that we all support, several questions have arisen with respect to implementation of this requirement which are clarified below:

- 1) The requirement that individuals have a lock on their bedroom doors, does not mean that it be used at all times. It simply provides individuals with an additional measure of privacy should they choose to use it.
- 2) There cannot be a lock on a bedroom door that leads to an egress. For these doors, individuals / guardians need to understand and agree to accept a bedroom which cannot have a lock on the door as it serves as an egress in the event of a fire emergency.
- 3) Locks that are on doors should be able to be easily opened by the individual. Many such types of locks are available.
- 4) Relative to licensure and certification, the inclusion of the requirement for locks on bedroom doors is not intended to be the sole determinant of whether an individual has privacy. It is in addition to all of the other elements such as asking for permission prior to entering personal space, promoting use of personal space, and fostering privacy that are also in the indicator "Individuals are able to have privacy in their own personal space".

In terms of implementation and application of these new CMS requirements, DDS suggests the following sequential process:

- 1) Providers should determine whether the individual would like to lock their door when they leave for work/day service and based on discussion with each individual, determine what type of lock needs to be installed. Individuals who prefer to lock their possessions when outside their bedroom will need to have a key lock installed on their bedroom door and be provided with a key.
- 2) Providers that have not already done so should begin to install locks on all bedroom doors (unless there is an egress from the bedroom). Appropriate staff can have a key to each bedroom or a master key or master pin which opens all bedroom doors. So, individuals do not need to be the only people with keys to their doors.

- 3) Once the locks are in place, individuals' patterns of door use should then be reviewed. eg Does the individual choose to lock or merely close their door when they are out of the bedroom? In of the bedroom?
- 4) It is important to note that the requirement is around having a door that is lockable, not necessarily that the door is locked at all times. There will be many individuals who will choose NOT to lock their doors. The individual may close their door, but never lock it when they are in his/her room. Having a lock on their bedroom door, and choosing not to use it, satisfies the individual's need for privacy and, as long as the door is lockable (whether or not an individual locks it), satisfies CMS requirements.
- 5) There will be those individuals that choose to lock their doors when they are inside the bedroom as an addition assurance of privacy.
- 6) There will be those individuals for whom choosing to use the lock may be contraindicated. In these circumstances, the determination as to whether it is contraindicated needs to be discussed, agreed to and documented in the ISP. For example, locking a bedroom door by an individual who needs increased supervision by staff due to risk of pica may be contraindicated.
- 7) For those that choose to lock their doors and for whom it is not contra-indicated, the provider needs to plan and thoughtfully consider safety in general, balancing the need for privacy and safety, including fire safety. In relation to the need for privacy, if an individual who chooses to lock their door at night requires night-time checks for incontinence, the provider should have a conversation with the individual to discuss and agree on the least intrusive way to assure that the check occurs. For safety, if individuals choose to lock their doors at night when in bed, fire drills would need to be practiced with the additional nighttime steps that would need to be taken to evacuate such as unlocking doors.

DOMAIN: Environmental Safety (L11 – L30, L92)

Indicator: L92 – The Provider has ensured that all Provider owned/operated 'sub locations' have the required licenses and inspections.

Indicator: L92 – The Provider has assured that all Provider owned/operated sublocations have the required licenses and inspections.

Date: 8/22

Question: What are the expectations for approving a Provider location or sublocation and how are they reviewed during a survey?

Answer:

Day and Employment services can support individuals in a variety of settings including site-based and site-less options. For example, Community Based Day Supports (CBDS) services can be provided at a site where individuals spend most of their time, or services can be fully site-less, and individuals are transported directly from home to activities based within the local community. Services can also be provided within satellite or "sub-locations" which are managed by the Provider agency and offer supported employment, training, or specific activities to individuals. QE requirements for approving and reviewing these locations vary depending on how the site is used and who has primary responsibility for it.

Community Based Day Support service location

Definition: A provider owned, or operated site used on a routine and ongoing basis to provide CBDS services to individuals during the day, with some attending full-time and many attending part-time. This location provides some level of programming within the building to a group of individuals, as well as serves as a drop off location prior to and between community activities. From this starting point, individuals are transported to other activities and destinations in the community.

Site Requirements:

- Site feasibility and occupancy approval processes must be followed.
- At least one egress must be accessible, i.e., exit at grade or ramped to grade.

- Programing must be limited to a floor with horizontal exit to grade.
- At least one bathroom must be accessible
- The site must file and obtain Area Office approval for a written Safety Plan, assuring the safety of individuals in the event of an emergency such as fire, loss of heat or electricity, interior flooding, or other circumstances requiring emergency evacuation.
- Fire drills occur at least every six months
- These sites are tracked by DDS. A unique site id is assigned to each site-based location.
- QE will visit and conduct an environmental inspection of the location during a survey if used by sampled individuals.

Agency Corporate Offices from which CBDS and/or Employment services are managed

Definition: These sites represent a corporate office, administrative hub, or other center where staff are housed and/or confidential records are stored. This corporate base does not provide any direct services within the building but may serve as a starting point for staff who transport individuals to activities within the community. For Employment Services, this location may serve as office space for job coaches. These sites are not tracked by DDS; however, a site id might be issued for the service under the agency's corporate address.

Site Requirements:

- QE confirms that no services are occurring at these locations, and no site review requirements are necessary.
- Training information or confidential files can be reviewed at these sites as applicable.
- If medications stored at these locations, the site would require MAP registration.

Provider owned, leased, or operated CBDS or Employment Satellite or "Sub-location"

Definition: Satellite locations include provider owned, leased, or operated buildings/spaces used for day activities or as worksites supporting a group of individuals. These sites are tracked by DDS as "sub-locations" and are listed under the site id assigned to the agency's day or employment service. Sub-locations used for CBDS or employment are not "full locations" for several reasons. A Provider sub-location may be used as an employment or day support site for some portion of programming such as training or classes. The sub-location may be used for some but not all individuals on a routine basis, or the sub-location may be a service option for a particular group of individuals. These spaces are operated and managed by the Provider. These locations generally interface with the community and are buildings, businesses or spaces reviewed by other city/state entities when established and ongoing. For example, a café or catering business may need inspection by the Board of Health, or a thrift shop may be subject to Certificate of Occupancy from the city/town.

Examples:

- Group employment location where social enterprise or other business is housed.
- Retail shops
- Recycling centers
- Office space or business used as a setting for specific activities or training.

Site Requirements:

- No requirements for site feasibility or occupancy approval from DDS,
- No requirement for Safety Plans or fire drills.
- The site must meet the needs of the individuals served, but there is no expectation of full accessibility.
- QE confirms that all necessary inspections have been obtained by the Provider for any sub-location, i.e., provider-owned or leased space and/or space operated and managed by the Provider for employment, training, or other specific activities. (Follow instructions for Licensing indicator L92).
- Assessments and training for individuals may be required for specific machinery, equipment, and supplies.

- Emergency Back-up plans for individuals using these locations will be reviewed for the individuals sampled. (See Licensing Indicator L93)
- QE will visit the sub-location during a survey, if used by sampled individuals, but will not conduct an environmental inspection.

Community spaces and locations

Definition: These locations are open to the public and used by all. Day service providers are encouraged to freely utilize public spaces for activities as much as possible. As these places are used by the general public and not owned, leased or managed by the provider, there is no need to identify them as sub-locations, conduct a site review prior to use, or visit the location during a survey when used by a sampled individual.

Examples:

- Public buildings, town hall
- College classes/campus
- Churches
- Elks Club kitchens and community spaces
- Libraries
- Malls

Site Requirements:

• No tracking by DDS or any additional site requirements.

Community-based businesses that employ individuals through group-supported employment

Definition: These locations represent local companies/business that offer work to a group of individuals that are generally supervised by agency staff. The business owner is responsible for the site, not the provider agency. This category does not include provider owned or leased locations. These locations are not tracked by DDS.

Examples:

• Factories that feature light assembly and packaging work that utilize an enclave/group of individuals generally supervised by the provider agency.

Site Requirements:

- No tracking by DDS or any additional site requirements.
- Emergency Back-up plans for individuals using these locations will be reviewed for the individuals sampled. (See Licensing Indicator L93)

Further definition of spaces subject to L92.

If space used for paid work is located within the agency's corporate/administrative/satellite office that the agency owns, leases or rents, then all relevant inspections for that site or occupation would be reviewed under L92.

If individuals in supported employment (3180) or group supported employment (3180) use corporate/administrative/satellite offices for irregular use such as resume building, check-ins with job coaches, or classes related to employment, this type of irregular, intermittent use should NOT warrant designation as a sublocation.

DOMAIN: REMOTE SUPPORTS AND MONTORING (L93-101)

Indicator: L99 – Medical monitoring devices needed for health and safety are authorized, agreed to, used and data collected appropriately.

Date: 7/23

Question: What types of equipment and devices are reviewed by this indicator and what is required for their use?

Answer:

Electronic equipment and devices needed for health or safety reasons are evaluated in this indicator. These devices have certain elements in common. They represent equipment needed for medical treatment, devices that monitor the status of a medical diagnosis, and devices that monitor an individual's safety and well-being related to a medical condition. These devices are authorized for medical reasons, not for behavioral/clinical reasons. They operate electronically and can have the capacity for remote monitoring, including the ability to measure and/or transmit data electronically. Generally, the Provider has a role in managing the equipment or device, i.e., agency staff are involved in applying and using the device and/or staff are monitoring data produced by it.

When equipment and devices are used to treat or monitor a health condition or health concern, there must be written authorization for the equipment from a licensed medical professional that explains its purpose. Further, where staff assist in applying the equipment or device, written instructions for using the device as well as for its maintenance and care must be in place to ensure consistency of practice. For devices that impact privacy, incorporation into the ISP, and human rights committee review are necessary. Additionally, use of cameras for medical monitoring requires written informed consent.

Examples of devices that are vehicles for medical treatment and/or monitoring include but are not limited to:

- CPAP and BIPAP equipment used to treat sleep apnea.
- Oxygen concentrators and accessories.
- Nebulizer compressor and accessories used to treat asthma and COPD.
- Baclofen pump used to treat spasticity.
- Portable ECG/EKG heart monitoring equipment
- VNS magnet. A vagus nerve stimulator (VNS) is a device that is implanted and can control seizures or heart rates.
- Remote patient monitoring equipment for pacemakers.
- Pulse oximeter that monitors oxygen levels
- Continuous glucose monitoring devices (CGM) are hand-held devices or sensors affixed to the skin that can read blood sugar levels on demand.

A second category represents devices and sensors that monitor individuals for their health or safety related to a medical condition. These alert devices can be wearable or placed in an individual's immediate environment to detect sound or movement and send auditory, visual, or electronic signals to alert staff. Examples of devices that monitor an individual's safety and well-being related to a medical condition include:

- Wearable medical alert devices that detect falls or seizure activity, including devices with active GPS capability that send GPS coordinates of an individual's location.
- Motion sensors affixed to chairs or beds to detect movement of individuals who are at high risk for falls.
- Audio or video monitors (cameras) authorized by a licensed medical professional to monitor a person for specific health/medical reason, not to monitor challenging behaviors.
- Specialized monitors for dementia and Parkinson's disease.

Individuals have a reasonable expectation of privacy in their home environment and personal space. When a medical monitoring device is used in a manner that impacts an individual's expectation of privacy, such as monitors and sensors placed in a person's bedroom or devices used to monitor seizure activity <u>and</u> track a

person's location via GPS, there are additional requirements for review and approval. First, there must be an assessment of need and written authorization from a licensed medical professional that explains its use and purpose. Where staff assist in employing the device, written instructions for using and maintaining the device must be in place.

In addition, the use of devices that impact on privacy must be reviewed by the agency's human rights committee and be incorporated into the individual's ISP for review and agreement of the individual or his/her guardian. Video cameras used as a medical monitoring device in bedrooms, bathrooms, or other areas of the home are subject to written informed consent of the individual or guardian and approval by the agency's human rights committee <u>and</u> the DDS Human Rights Committee.

Date: 7/23

Question 1: What types of medical devices are not reviewed for L99 or are addressed in other indicators? **Answer:**

Medical devices such as cardiac monitors that transmit data directly to the individual's healthcare practitioner with no role for the Provider are not evaluated here. Electronic medical devices that are controlled by the individual and used independently are exempt from L99 if staff have no role in device maintenance or data monitoring; this includes medical monitoring devices used by individuals receiving Individual Home Supports (IHS) or a Remote Supports and Monitoring (RSM) service. Devices and sensors used to address behavior for purposes of risk management are also not included in L99.

There are additional types of medical devices that are reviewed within other licensing indicators and are not evaluated here. The following devices are reviewed within the context of L46 (medication administration) and L82 (MAP certification and specialized MAP trainings).

- Use of blood pressure equipment for obtaining vital signs required for giving a medication (MAP 08-1).
- Electronic glucose monitoring devices used to determine medication dosage or frequency (MAP 08-03).
- Use of equipment that supplies oxygen in accordance with a physician's order (MAP 08-04).

Note: Care and maintenance of these medical devices are addressed within staff competency trainings required by MAP policies.

Date: 7/23

Question 2: Medical monitoring devices can be identified in medical protocols or remote support and monitoring plans that are addressed in other indicators. Does L99 apply in these circumstances? **Answer:**

Medical protocols developed for significant medical conditions might include criteria for using a device such as a nebulizer, oxygen concentrator, or VNS magnet for seizures, among others. Proper use of these devices within the context of a medical protocol is evaluated in L38. However, authorization for the device as well as instructions for its care and maintenance would be reviewed in L99. Remote Support and Monitoring (RSM) plans often include use of medical monitoring devices and sensors. The use of medical monitoring devices described within a RSM plan is reviewed in L97.

CERTIFICATION INDICATORS

DOMAIN: PLANNING AND QUALITY MANAGEMENT (C1-C6)

Indicators:

- 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 the individuals and families regarding satisfaction with services.
- C4 The provider receives and utilizes input received from internal systems, 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.

Date: 10/11 **Question 1:**

How are these organizational indicators which are based on one standard met vs. standard not met evaluated for the organization? Unlike the past organizational rating where a score of partially achieved could be given, scoring is now either met or not met. It is therefore hard to rate for providers in situations when some aspects are in place while others are not. Also, it is hard to assess these indicators for smaller agencies who may demonstrate positive outcomes but do not always have established planning activities, have not formally identified patterns and trends, and/or have not clearly documented service improvement goals and strategies to actualize these goals.

Answer:

The planning and quality management indicators follow a general service improvement cycle in which data is collected on quality, standards and goals are set for improvement (design), an assessment is performed to compare performance with goals and standards (discovery), actions are taken to improve quality (remediation), and reassessment to compare new performance with standards occurs (improvement). The cycle then repeats, such that new data might prompt new quality goals and actions. For the most part, each of the certification indicators assesses the provider's ability to take actions on each of these various aspects of the quality cycle. While there is currently no partially achieved rating, the discrete nature of the indicators makes it possible to rate some indicators standard met, while others are not met, when some aspects are in place while others are not.

Many of these indicators rely on documentation, for example the criterion for standard met in C6 is "There are **documented** mechanisms in place to plan for future directions in service delivery and strategies are in place to actualize plans". Documentation does not have to be in a specific form nor does it need to be particularly elaborate. However items such as future goals and current strategies to meet these goals should be outlined and clearly delineated in writing. In addition, there should be some sort of information loop and process, in other words the agency needs to measure progress towards service improvement goals, and then utilize this information. Strategies can then be altered as needed to improve effectiveness in meeting goals. This should not adversely impact smaller agencies as long as the agency has established planning activities, identified patterns and trends in writing, and has clearly documented service improvement goals and strategies to actualize these goals.

Date: 10/11 **Question 2:**

There seems to be tremendous overlap between each of these indicators. Can you summarize what each indicator is intending to measure? In particular, some indicators focus on the provider's internal quality improvement process, while others focus on long-term strategic planning. Both are recognized as important and should be measured. For example, there are agencies who make exceptional improvements to systems subsequent to a problem but have not established formal goals, developed planning activities, and/or have not clearly documented strategies to actualize these goals.

Answer:

Recognizing that there is some overlap, the following is a brief summary of the focus for each indicator:

- C1 Internal data collection including data on program quality. As noted above, the provider needs to have some mechanism to collect information on service quality. The tool notes that there is no specific requirement for the type or format of programmatic data that needs to be collected, but that this should be additional information beyond that which is collected through the incident management process.
- C2 Provider analyzes information gathered from all sources. This indicator begins where C1 leaves off and is not about gathering data, but rather this indicator focuses on the Provider's ability to analyze the information and to identify patterns and themes. This indicator measures the provider's ability to prioritize areas and design service improvement goals. For example, as a result of determining that individuals were using the community only once per month, the agency reviewed community activity systems, identified several gaps, designed a service improvement goal to increase the number of community activities that individuals were offered in the future through increases in training and oversight.
- C3 This indicator appears similar to C1 and C2, as it is both about gathering and about utilizing information. However, the focus for C3 is on how the Provider receives and uses input from their primary stakeholders the individuals and families. For instance, is the provider actively soliciting input from the individuals and families through use of satisfaction surveys, family forums, self-advocacy initiatives and /or other informal mechanisms, to learn about and improve their satisfaction with services? In addition, once information is collected does the provider utilize this family/ guardian feedback to identify patterns and then to establish service improvement goals based on guardian feedback. It is important to note that the provider needs to make efforts to obtain information regarding satisfaction with **each type of services** from all individuals and guardians.
- C4 This indicator appears to overlap with both C1 and C2, as it is both about gathering and about utilizing information. However, the focus for C4 is on how the Provider gathers and uses input from external sources such as DDS and other stakeholders to inform service improvement efforts. The provider is evaluated to determine whether it uses the information shared in annual contract reviews, feedback from site visits and development of performance based objectives in on-going service improvement efforts. For example, DDS often provides input to providers to expand service improvement efforts in the areas of increasing employment opportunities and community activities. An assessment of the how the provider is acting on this information is made here.
- C5 Once information is obtained from the analysis done within C2 through C4, (through utilization of internal information, and guardian and DDS input), this indicator looks at whether the provider has a process to set specific service improvement targets and to measure progress towards achieving these goals. An agency need not address all areas identified at once, but need to focus their efforts on those they consider priorities. The agency should have a process for determining service improvement targets. Regardless which service improvement targets have been selected, the provider's ability to improve quality over time and across the provider's entire compliment of services is evaluated within this indicator. For example, once the provider has identified issues with the management of people's money, targeted a decrease in financial incidents, and set up better systems, how does the provider measure their success, for instance, is the provider tracking progress to ensure that there is a decrease in the number of thefts? In another example, the provider develops and implements fall prevention strategies and measures the number of falls as a result of this continuous quality improvement efforts. Also reviewed within this indicator is the provider's ability to make mid-course corrections should the necessity arise.
- C6 The provider has mechanisms to plan for future directions in service delivery and implements strategies to actualize these plans. This indicator assesses the provider's ability to and conduct long range planning by setting and following a strategic plan. For example, a provider may establish and implement a five year plan to close their sheltered workshops and provide a greater focus on competitive employment. This indicator stands separate from the continuous improvement cycle, and measures the provider's ability to engage in long range planning activities, project a future vision to improve service quality, and implement a strategic plan which includes programmatic improvements.

The following summarized example is offered to assist in decreasing confusion concerning the overlap of indicators. The provider gathers MORs from the HCSIS system (C1). The provider reviews the MOR data, analyzes it, and discovers that most MORs occur at 3pm to 4pm when individuals return from work and are very busy (C2). In C5, the provider sets a goal of reducing the occurrence of MORs and measures progress in reaching the goal after 6 months. After 6 months, the provider reviews the data and discovers that MORs have been reduced by 30%.

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: 1/20

Question 1: All Services

Please explain how agencies can be successful in meeting this indicator.

Answer:

This is an indicator applied to the sampled individual and assesses feedback on staffing at two separate and distinct intervals – prior to hire and as part of the ongoing evaluation process. In addition to two separate levels of input, information to inform the rating on this indicator comes from two different places – the administrative offices as well as the site. Questions should focus on opportunities afforded the individual to provide feedback on his/her support staff as well as opportunities for input into hiring staff who will support the person.

Information on ways the organization supports individuals in this area should be obtained during the administrative overview so that team members have a broad understanding of agency supports in the areas of hiring and evaluating staff. The agency needs to have a formal process for documenting individual feedback on staff performance. Guidelines and regulations also require that staff evaluations include comments from individuals. Therefore, when at the administration offices, surveyors should review the agency's process, including forms used to document individual feedback as well as methods used to incorporate this feedback into employee's performance reviews. At the administrative office or at the locations, we need to ensure that that this system/ forms are being used and implemented. Note: Review of staff evaluations will be confined to review and validate individual input only, and any copies of staff evaluations retained by surveyors should be redacted.

Agency methods of gaining input from individuals into the hiring process should be determined during the administrative overview. The agency's process and forms used to document this input should be reviewed. When at the sites, surveyors need to confirm and validate that these practices were in place and occurred with input. There might be a variety of methods that can be employed to succeed in this area. Direct participation of an individual on an interview committee evaluating and selecting between several candidates is one way. Meeting the candidates during a tour of the home/ service location and providing formal input is another way. Staff and the individual themselves should be able to confirm that this observation visit occurred and staff should describe how input from individuals was obtained and used in the hiring process. Information on hiring is reliant on information obtained through staff and individual interviews as well as any documentation the agency might use to document individual participation. Ask about recent hires and what the process was for obtaining input. If the staffing has been stable with no hiring, the surveyor would only factor the individual's ongoing input on staff performance into the rating.

Although direct involvement of the individual in the agency's hiring and performance review processes is ideal, this might not be feasible for individuals who cannot readily communicate or identify their preferences. In other situations, direct participation of each person might not be practical for services where staff are responsible for larger numbers of individuals such as Individual Home Supports, Community-Based Day Supports or Employment Support services. In these situations, surveyors must assess how the individual's input and

preferences are gathered and used. Look for methods of soliciting feedback that accommodate the individual's style of learning or communicating such as use of pictures or direct observation for individuals who are not verbal. Other methods can be employed to succeed in gaining individual input into the hiring when staff is intended to be hired for multiple individuals. For instance, an individual representative can be designated to collect preferences from other individuals and to vet candidates for these preferences, providing formal input to the provider as to the preferred candidate(s).

For IHS and day services, one or more individuals might serve as a proxy representative for a larger group, provided there is a mechanism for gathering input from each person for hiring and feedback on staff performance that is made available to the proxy representative(s). Regarding obtaining on-going feedback on staff performance, an agency might choose to interview a certain percentage of a staff person's caseload for feedback and rotate those interviewed so that all are included at a certain point in time. Whatever strategy is employed, it should have a mechanism to account for everyone's direct or indirect participation.

Date: 9/17

Question 2: Placement Services

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.

DOMAIN: SUPPORTING AND ENHANCING RELATIONSHIPS (C9 – C12)

Indicator: C12 – Individuals are supported to explore, define, and express their need for intimacy and companionship

Date: 1/20

Question 2: Residential Services

Please provide great detail as to what to look for and how agencies successfully meet and demonstrate their work in supporting individuals in this indicator.

Answer:

CRITERIA FOR MET	CRITERIA FOR NOT MET
There is evidence that the needs and/or desires of the individual	There is no evidence that an individual's needs and/or desires in
in the area of sexuality/ romantic relationship development have	the area of sexuality/ romantic relationship development have
been reviewed (formal or informal evaluation process), that staff	been reviewed and/or there is an identified need in this area with
are aware of and can describe individual's needs and interests, in	no support provided and/or that support and education geared to
the areas noted above, that support is given to the individual, and	the individual's learning style has not been provided. The
that support and education is geared to the individual's learning	provider does not have a preferred curriculum or access to
style. The provider utilizes a curriculum and has appropriately	resources that it utilizes.
trained staff or has access to resources that supports learning in	
this area.	

C 12 – Additional Guidance on Process for review and determination of rating (12/19)

Regulations 7.03 (1) (d): Relationships ... Included is support and education to individuals in expressing intimacy and sexuality in an appropriate and safe manner.

The perspective is that all adults are sexual beings, and while not always verbally expressing a specific need, often need support in this area. The provider must review the individual's interest and need for support in the area of intimacy and companionship, and then design and implement actions to support these identified interests and needs. As needs are expressed to have specific close relationships (such as romantic/companionship relationships) including the need and desire for privacy to conduct relationships, staff/home providers should support individuals relative to these needs.

If individuals have an identified ISP objective or an identified training need relative to intimacy, the provider must develop and implement support strategies and/or provide training.

For others while an annual objective or formal training may not be necessary, individuals may still require ongoing support and education on some aspect of the very broad topic of intimacy. This could include guidance, support and/or education on matters related to recognizing and preventing sexual abuse, gender identity, health, safety, self-expression, physical and romantic relationships, and appropriate boundaries. For example, as necessary, education/training/skills and support may be needed related to how to proceed when an individual wishes to take a relationship to a different level, to formally pursue or date another individual or when an individual wishes

Staff Interview – on site

Staff log/individual record – on site

Individual Interview

Sexuality curriculum for staff and individuals; documentation regarding training to both staff and individuals. (if present) Review staff knowledge in this area and how individuals needs/desires are being explored and/or supported.

Review individual record and staff log to identify needs in this area, which must then be reviewed with staff during staff interview.

Review if individual feels that s/he is being supported by staff in this area. Inquire as to whether there are concerns/ questions/ interest in this area that are/are not being addressed.

Review of organizational systems including curriculum, resources utilized, and support in the area of intimacy.

to embark on a more romantic relationship with a person who is a friend. Any education/training must be geared to the learning style and needs of the individual.

While not required, having a Sexuality Educator(s) on staff or being familiar with one that is available to consult can assist the provider to promote training to individuals and staff (home providers) in this area. In addition, there are a number of curriculums available that can be utilized to train staff (home providers) and individuals in this topic.

At a minimum, basic education needs to be offered to staff/ home providers to ensure that staff / home providers are supporting and recognizing individuals as sexual beings who have a basic human right to engage in relationships of their own choosing. Staff/ home providers need to be able to evaluate and articulate each individual's needs and interests in this area and not merely automatically conclude that the individual is "not interested".

	Process: Items to check for; Lines of inquiry; Documentation to Review				
	Please refer to Admin Interview guide for overall admin interview questions where we may want to				
	reference a question specific for C12				
Documentati	Does that agency have a training curriculum for staff and individual? Is the curriculum applicable to staff AND				
on And	individual?				
Interview	Does the curriculum accommodate different communication, learning styles?				
with	If so, what is the curriculum(s)? Evaluate to ensure that it goes beyond sex and includes intimacy/companionship				
Administrativ	Curriculum addresses sex, intimacy, companionship and risk.				
e Staff	Does the agency have sexuality educators? What other resources such as consultants are accessed?				
	Who receives sexuality/intimacy training and how is this tracked?				
	Any education/training around Social Media? How monitor for safety or appropriate use.				
	Does the agency have a policy or practices in this area? Has this been shared with guardians?				
	Are individual's interests assessed and/or addressed regarding sexuality/intimacy? If so, who administers? How				
	frequently revisited? Are formats of assessment tool available for review? (If yes, where is the assessment				
	available for an individual?)				
	What are training/supervision requirements + structures within each of the services eg placement services?				
Training	Review staff training records + staff meeting minutes				
documentati					
on					
Documentati	Individual assessment in this area				
on (on-site;	Has there been an assessment of Risk?				
sometimes at	Progress Notes				
admin.)					
Interview	How do you address the C12 indicator about sexuality and intimacy?				
with staff	What are the person's intimacy and companionship needs and interests? What about sexual interests and needs?				
	Have you assessed his interests/needs in the area of sexuality/intimacy? How do they make their preferences				
	known to you if not verbal? How acted upon?				
	How do you support individuals to express their identities, what form does their self-expression take?				
	Start by asking about friendships and preferences of the individual and then drill down to companion.				
	Who does the individual gravitate to?				
	Have you had training in this area? Do you feel comfortable supporting /him/her?				
	What type of support does she/he need to address sexuality issues?				
	What strategies are in place to enable him/her to participate in intimate relationships? What are his/her intimacy				
	needs and current relationships? Is there anyone in their life?				
	What is their risk? Knowledge of any risk management strategies or plan? (behavior plan)				
	+ questions unique to person				
	Would you like to spend more time with anyone?				
OF L	- Adopted 10/11, Revised 3/12, 12/12, 2/15, 2/18; 5/19; 8/23 Page 79 of 106				

Interview	Are you interested in a relationship with anybody? Interested in dating? Interested in continuing previous			
with the	relationships (i.e., ABI)?			
individual	Do staff help you get together with people you want to spend time with?			
	Do you have private time in your bedroom?			
	Are staff respectful of you preferences regarding your relationships?			
	Can you talk with staff about your sexual preferences?			
	How has staff helped you make connections?			
	+ questions unique to person			
Observation	Collateral information not primary information			
	Observe whether the individual is social and engaged.			
	Observe whether the individual's observed skills and interests "jive with" the staff report of individual.			
	Observe whether the individual has privacy.			

The criteria for met and not met noted above remain in effect. The following additional guidance helps define the findings that should be present to derive at a particular rating. The presence of staff's knowledge regarding a person's unique interest and needs and the provision of support/resources in this area should be the primary focus. Whether or not an agency has a curriculum/training materials is not sufficient to determine a rating, but rather should be seen as a potential resource and lays a foundation to assist in success. Ultimately, the surveyor needs to assess what supports are in place for the individual.

	Met	Not met	
	Individual and/or staff have Resources (other knowledgeable staff, training, practice, external counselor, etc.) Agency culture promotes all types of relationships		No agency policy and/or practices and/or curriculum for training of staff or individuals
Training documentation	The provider utilizes a curriculum and has appropriately trained staff OR has access to resources that supports learning in this area.	Training documentation	No curriculum or no curriculum that meets the person's style of learning
Documentation (on-site)	A general (formal or informal) assessment/information around interests and preferences in this area.	Documentation (on-site)	
Interview with staff	Demonstrated Support and Education provided for the person based on assessments and information (unique learning style).	Interview with staff	The individual's interests or preferences are not known or are known but have not been explored or supported.
	Support to work with family and help person to discover self and express preferences in identity and relationships.		
	Demonstrated ongoing support and progress based on ongoing evaluation process		
Interview with the individual	Person is satisfied with the support he/she has received in this area.	Interview with the individual	Person identifies an unmet need

Date: 9/17

Question 1: Placement Services

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.

DOMAIN: CHOICE, CONTROL AND GROWTH (C13, C14, C15, C18 – C21, C51, C52, C53, C54)

C16 – Staff (home providers) support individuals to explore, discover and connect with their interests for cultural, social, recreational, and spiritual activities.

Date: 9/17

Ouestion 1: Placement Services

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.

Indicator: C51 - Staff/ Home providers are knowledgeable about individual's satisfactions with services and supports and support individuals to make changes as desired.

Date: 9/17

Ouestion 1: Placement Services

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.

Indicator: C53 – Individuals are supported to have choice and control over what, when, where and with whom to eat.

Date: 9/17

Question 1: Placement Services

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.

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.

CBDS and EMPLOYMENT SERVICE GUIDANCE

Date: 7/21

Question: With revised definitions of day/employment service types, what are the core service elements of each service code and which certification indicators apply to each?

Answer:

<u>Community-Based Day Supports 3163 (CBDS)</u> – This service provides a range of options for structured day activities. The service can focus on skill development for individuals who have goals for future employment or provide socialization and enrichment activities for individuals who are retired. It can also supplement an individual's employment with structured day activities during times during time of the day or week when they are not working.

This service is intended for:

- Individuals of working-age who may be on a 'pathway' to employment, or who need a structured program to develop skills and behaviors necessary to create a pathway to employment.
- A supplemental service for individuals who are employed part-time and need a structured and supervised program during the day when they are not working, which may include opportunities for socialization and peer support.
- Individuals who are of retirement-age and who need and want to participate in a structured and supervised program of services in a group setting.

3163 CBDS to individuals of retirement age

Services for individuals who are of retirement-age and who need and want to participate in a structured and supervised program of services in a group setting, include:

- Community integration experiences to support fuller participation in community life
- Skill development and training
- Socialization experiences and support to enhance interpersonal skills
- Pursuit of personal interests and enrichment activities

3163 CBDS to those of working age who need a structured program to develop skills and behaviors or who are on a Pathway to Employment

Services to these individuals include:

- Career and work exploration including assessing interests through volunteer experiences or situational assessments.
- Community integration experiences to support fuller participation in community life.
- Skill development and training.
- Socialization experiences and support to enhance interpersonal skills.

• Pursuit of personal interests and enrichment activities.

CBDS serves a variety of individuals, some with complex behavioral, medical, forensic, cognitive or mental health support needs. Therefore, the program may be serving individuals who need a structured program to develop skills and behaviors necessary to create a pathway, for whom employment is not yet an envisioned goal. The intent is to keep movement toward employment as a possibility by ensuring services and supports are purposeful and linked to the development of goals and skills that will facilitate movement toward employment. Community integration, skill development and training, and enhancement of interpersonal skills are expectations for this service.

Employment Supports 3168- There are several different services offered as employment supports including individual and group supported employment. There are two separate services with individual employment supports: 3168A services -active planning, development initial training, and ongoing supports; and, 3168B services for when the supports are exclusively ongoing maintenance supports.

3168A Employment Supports: Typically, indicators focus on all activity over the past 2 years.

Employment supports covers four distinct core service elements, and are in a continuum dependent on where the individual is in the cycle:

- Person-centered career planning
- Assistance to individuals to locate jobs/ developing jobs for individuals
- Initial employment supports
- Ongoing employment supports

The following elements apply to the situations as follows:

A. When the individual has a job of interest to them:

- Person-centered career planning (career and job interests and skills are assessed on an ongoing basis)
- Assistance to individuals to locate jobs/ developing jobs for individuals (if done recently; if looking for advancement)
- Initial employment supports
- Ongoing employment supports

B. When the individual has a job, but it is not a full match within their area of interest or magnitude desired:

- Person-centered career planning (career and job interests and skills are fully assessed)
- Assistance to individuals to locate jobs/ developing jobs for individuals (assess efforts to develop job in area of interest)
- Initial employment supports (support to do existing job; support to learn skills for new job)
- Ongoing employment supports

C. When the individual does not have a job:

- Person-centered career planning (career and job interests and skills are fully assessed)
- Assistance to individuals to locate jobs/ developing jobs for individuals (assess efforts to develop job in area of interest)
- Initial employment supports through job trials, skill building, training

D. When an individual is new to the agency, less than 4 months;

- Person-centered career planning (career and job interests and skills are fully assessed)
- Assistance to individuals to locate jobs/ developing jobs for individuals (assess efforts to develop job in area of interest)
- Initial employment supports (if the individual has a job)

3168 Ongoing (Maintenance) Employment Supports: Individuals in this category have typically been determined independent in their preferred job. The primary focus of ongoing supports should be in maintaining and/or increasing independence on the job or with new tasks as they arise. Job coaching would typically be intermittent and include periodic check-ins with the individuals and their employer to assist in resolving issues or changes in job responsibilities or the workplace, as needed. Other key elements of staff support include:

- Supporters should continue to be developed and strengthen the use of natural supports.
- Transportation services, including transportation training, may be key components.
- Supporters need to be familiar with employee benefits and support individuals to utilize them responsibly, such as sick and vacation time.
- Supporters must be familiar with the employer's supervision and/or performance review policy.
- Supporters must maintain expertise in public benefit programs and provide training to individuals and families. This would include information on current minimum wage laws and the potential impact on benefits.

Only those indicators related to **ongoing employment supports** should be evaluated. The provider is responsible to:

- Maintain periodic check-ins with individual and respond to issues as they occur
- Provide ongoing training to facilitate job retention
- Respond to issues raised by employer
- Continue to develop natural supports and independence within the workplace
- Fading of job coaching and direct assistance

Group Supported Employment 3181: Individuals receiving this service are typically supported in discrete groups of 2 to 8 at any given time. Individuals may be employed in community businesses or in a provider business enterprise. They may be completing a specific set of tasks for the employer, be employed in an enclave (at a community business or an agency owned/ operated business), or as part of a mobile work crew at multiple locations in the community. They may be employees of the provider agency or hired directly by the business. Key elements include:

- Individuals are working in the community under the supervision of agency staff
- Individuals work in an integrated environment
- Individuals have opportunities for contact with co-workers, customers, supervisors and others without disabilities

Core service elements of this support include:

- Person-centered planning including the identification of career goals.
- Skill assessment and the identification of support needs.
- The agency displays expertise in developing opportunities for group employment in the community, and/or in the operation of small business or social enterprise.
- Job coaches need to display competencies in the following areas:

- Skill building and the development of competencies.
- O Ability to assist individuals to maximize productivity and move toward independence.
- o Identify/develop natural supports.
- o Facilitate contact with people without disabilities.
- o Assist individuals to develop appropriate social interactions.
- o Maximize training opportunities.
- o Be knowledgeable and train individuals/families on the potential impact of earnings on benefits.

Best practices regarding Group Supported Employment include:

- Small group placements (2-5) with opportunities for individuals to be integrated or dispersed into the work placement.
- Individuals are hired and paid directly by the employer.
- Individuals are paid minimum wage or higher.

The following chart reflects the applicability of certification indicators to specific day/employment service types and service codes:

Certification Indicator Chart for CBDS and Employment status of individuals.

- B. When the individual has a job, but it is not a full match within their area of interest or magnitude desired.
- C. When the individual does not have a job.
- D. When an individual is new to the agency, less than 4 months.
- * Indicators noted with asterisk should only be rated when someone is working (group employment or supported employment).

Employment / Day applicability chart

Indicator	CBD	CBDS	Supported	Individual	Individual
	Retirees	Pathway to	employment	Employment	Employment –
		employment			ongoing
	(3163)	(3163)	(3181)	(3168 A)	maintenance
					only
					(3168 B)
C13	Х	Х			
Develop skills and maximize					
independence					
C22			X	X	
Explore job interests				(B, C, D)	
C23			X	X	
Assess skills				(B, C, D)	
C24			X	X	
Plan to id job goals					
C25			x	X	
Skill dev for job attainment					
C26 Career			Х	Х	X
planning/benefits impact on					
entitlements					
C27			Х	X	

Lindonstand banefite of				1		
Understand benefits of						
integrated employment						
C28 Location Indicator			X	Х		
Relationships w local						
businesses						
C29			X	X		
Employment that matches						
skills and interests						
C30			X	X	X	
Integrated employment						
C31*			X	X	X	
Accommodations made						
C32*			Х	Х	Х	
Wages earned per min or						
prevailing wage						
C33*			Х	Х	Х	
Employment benefits and						
rights						
C34*			Х	Х	X	
Optimal level of support				^		
C35*			Х	Х	X	
Feedback on job			^	^		
performance						
C36*			Х	Х	X	
			^	^	^	
Job retention and						
advancement support			.,			
C37		X	Х	X		
Work related interpersonal						
skills						
C38 New 7/1/21		Х				
Habilitative and behavioral						
goals						
C39 New 7/1/21		X				
Plan to id job goals and						
support needs						
MEANINGFUL AND SATISFYII	MEANINGFUL AND SATISFYING DAY ACTVITIES (C40 – C46)					
C40	X	Х				
Discover interests in						
community involvement						
C41	Х	Х				
Participate in community						
interests						
C42	Х	Х				
Connect with others in						
community						
C43	Х	х				
Staff as bridge builders to		_				
connect to others						
C44	Х	Х				
C1 f						

Explore job interests					
C45	Х	Х			
choices re interests are					
revisited					
C46	х	X			
Use of generic resources					
C47	X	Х	Х	Х	X
Transportation					
C50*			х	X	X
Culture of the workplace					
C51	Х	Х	Х	Х	X
Satisfaction with services					

See further guidance on employment and CBDS indicators below:

DOMAIN: CAREER PLANNING, DEVELOPMENT, AND EMPLOYMENT (C22 – C39)

Indicators: C22 – C39: Career Planning, Development and Employment

Date: 3/12; Revised 4/22

Question 1: How are these indicators further defined as they relate to specific elements of vocational assessment, career plan development, and job acquisition?

Answer:

Providers of employment services are expected to provide a broad range of supports as outlined in Indicators C22 – C39. Each indicator outlines expectations for the provider to meet. For instance, there are separate standards relative to job assessment, acquisition, and retention. An individual's position on the continuum of having a job of interest will determine which of the indicators apply to a specific individual's situation. (Note: There is no additional guidance on indicators C26, C28, C31 and C33 beyond that which is outlined in the tool.)

Indicator C22 – Staff have effective methods to assist individuals to explore their job interests.

This indicator focuses on assessment of job/employment interests.

It applies to Group Supported Employment (3181) and Individual Employment (3168A).

- 1. Interest assessments completed or updated within the past year.
- 2. Discovery process to help person get to know herself/himself in terms of job interests
- 3. Use variety of means to explore job interests including interest inventories, job tours, informational interviews, job shadows, etc.
- 4. The exploration process needs to be purposely broad so that the process truly identifies the person's strongest job interest. Assessments should go beyond an agency's available job options. If the assessment is not comprehensive, it would affect the ratings in C22, C23 and C24.
- 5. Methods of exploration must be customized to the specific needs of the individual, such as communication style and preferences.
- 6. A wide array of possible jobs and careers must be explored based on the person's interest.

Indicator C23 - Staff utilize a variety of methods to assess an individual's skills, interests, career goals and training and support needs in employment.

This indicator focuses on assessment of skills and training needs

It applies to Group Supported Employment (3181) and Individual Employment (3168A).

- 1. Skill assessments completed or updated within the past year.
- 2. Discovery process to determine individual's strengths and abilities
- 3. Skills assessments must focus on both what a person can do and not only on what they cannot do.

- 4. Must assess both skills and support needs.
- 5. Need to use a variety of means, which could include assessments, discussions with the individual, behavioral observations, results of any testing, previous performance history, assistive technology information, etc.
- 6. Assessments must accommodate person's unique learning and communication styles
- 7. Assessments must identify both work skills and training needs as well as identify settings that the individual is more competent in and therefore be settings that would further promote learning and skill development.

Indicator C24 – There is a plan developed to identify job goals and support needs.

This indicator focuses on <u>development of a plan based on skills</u>, needs and employment interests. It applies to Group Supported Employment (3181) and Individual Employment (3168A).

- 1. A well thought out plan is the foundation to success in finding and obtaining employment.
- 2. The plan must be based on the assessments of job/employment interests and of skills and training needs.
- 3. The plan should identify job goals and support needs.
- 4. The plan must be tailored to the skill set of the job/career interest.
- 5. Employment goals addressed in the plan must be congruent with the individual's ISP.

Indicator C25 – Staff assist individuals to work on skills development for job attainment and success.

This indicator focuses on plan implementation.

It applies to Group Supported Employment (3181) and Individual Employment (3168A).

- 1. Focuses on skill acquisition occurring within the program site, such as practicing/improving skills to obtain employment of choice.
- 2. Strategies need to be put in place to implement the plan and meet the identified goals.
- 3. Strategies should include guidance and education to learn, master and refine job skills.
- 4. There needs to be evidence that strategies are consistently being implemented on a regular and ongoing basis.

Indicator C26 – Career planning includes an analysis of how an individual's benefits/ entitlements can be managed in a way that allows them to work successfully in the community.

This indicator applies to Employment This indicator emphasizes the importance of individuals being aware of how their current and future earnings may impact their benefits and entitlements, particularly when receiving Supplemental Security Income (SSI) and/or Social Security Disability Insurance (SSDI). This knowledge is crucial for individuals and their families, as it allows them to comprehend the impact of going to work or increasing their earnings.

To assist individuals and their families in understanding the complexities of benefits and entitlements in relation to career planning, agencies should have personnel who can provide guidance and referrals to benefits counseling. This counseling is meant to offer specific information on how employment and change in income may affect their benefits.

Through access to benefits counseling and expert guidance, individuals can make informed choices about their careers, earnings, and how they can continue to receive essential supports while contributing to their community.

Two online resources are available to further inform individuals on this area; the first is a website https://www.mass.gov/service-details/statewide-employment-services) that offers statewide employment services, including benefits counseling. The second is a platform that specializes in benefits counseling to help individuals navigate their entitlements effectively. https://workwithoutlimits.org/benefits-counseling/

When rating C26 for employment supports, the following criteria must be met.

- Agencies must have knowledgeable personnel who can provide guidance and referrals to benefits counseling to assist individuals in navigating their entitlements effectively.
- Individuals and their families should receive information on how their earnings impact their benefits, helping them understand the consequences of working or increasing earnings.
- Information should be shared annually at ISP, or when a new job or raise may impact entitlements.

Indicator C27 – Individuals and families are encouraged and supported to understand the benefits of integrated employment.

This indicator focuses on support to understand the benefits of integrated employment.

It applies to Group Supported Employment (3181) and Individual Employment (3168A).

- 1. Both individuals and families should receive basic education about the benefits.
- 2. If concern is noted, a variety of methods for discussion should be utilized, such as ongoing conversations, presentations, talking with other individuals successfully employed, etc.
- 3. Efforts should be made to address any issues raised.
- 4. If the family remains opposed to an individual working, there must be ongoing efforts to address their concerns, as opinions may change over time. Efforts should not cease just because the family says they are opposed.

Indicator C29 – Individuals are supported to obtain employment that matches their skills and interests. This indicator focuses on obtaining employment.

It applies to Group Supported Employment (3181) and Individual Employment (3168A).

- 1. Typically one would hope to see an individual actively pursuing employment after 3-4 months of beginning an employment service.
- 2. If the individual has previously been employed but is now unemployed, the provider may need to quickly reassess the person's skills and interests at this point in time and then based on current information, renew the employment search.
- 3. Individual is supported to pursue actual job acquisition. This includes researching the types of jobs that would be in line with the person's interests, going on job interviews, distributing resumes and applications, making phone calls, etc. Although some activities might occur in-house, such as looking for job postings. the focus is on what is occurring toward obtaining outside employment and should include outreach and networking efforts.
- 4. Support job acquisition in line with each individual's interests and talents. Job exploration should also include the individual's desired amount of time to work (2 hours a day or 2 days per week vs a 40 hour week), how far they want to travel, and the times they want to work (mornings vs. afternoons, etc.).

Indicator C30 – Individuals are supported to work in integrated job settings.

This indicator focuses on <u>support to work in integrated settings</u>. It applies to Group Supported Employment (3181), Individual Employment (3168A) and Individual Employment (ongoing maintenance, 3168B).

- 1. Evidence of individual being supported to work in an integrated setting. If the individual is not yet working in an integrated setting this would be rated "Not Met."
- 2. Should include regular contact with co-workers who are not disabled in line with the same opportunities of others employed in a similar position.
- 3. Should include social interactions with co-workers at the work site in line with others in a similar position.

Indicator C32 – Wages earned are in accordance with at least minimum wage or the prevailing wage rate.

This indicator focuses on <u>support to be paid at least minimum wage or the prevailing pay rate, following DOL guidelines for subminimum wages.</u> It applies to Group Supported Employment (3181), Individual Employment (3168A) and Individual Employment (ongoing maintenance, 3168B).

- 1. If the individual is doing 100% of the job they should be paid a comparable wage as others doing the same job, in line with the company's pay scale; e.g. entry level pay vs. 5 years in the job. Providers should be knowledgeable about the salaries of others in a comparable position in the company and the schedule for pay raises.
- 2. If the individual is not able to do 100% of the job and is paid less than minimum wage, wages must be determined according to DOL requirements for paying subminimum wages.

Indicator C34 – The agency provides the optimal level of support to promote success with a specific plan for minimizing supports.

This indicator focuses on <u>promoting success in least intrusive manner possible</u>. It applies to Group Supported Employment (3181), Individual Employment (3168A) and Individual Employment (ongoing maintenance, 3168B).

- 1. Individual is receiving the necessary support to be successful at this time.
- 2. There is a plan for how support can be reduced while maintaining success. There must be a well thought out plan for fading job supports developed from the beginning of employment so that the individual can perform the current job with greater independence.
- 3. The plan is being implemented as needed.
- 4. The individual is a partner in determining the level of support needed.

Indicator C35 – Individuals are given feedback on job performance by their employer.

This indicator focuses on the provision of timely, documented feedback to the individual on their performance. It applies to Group Supported Employment (3181), Individual Employment (3168A) and Individual Employment (ongoing maintenance, 3168B).

- 1. Feedback should be given at a minimum, annually, and more frequently if this is consistent with feedback to other employees.
- 2. Feedback should be clearly documented.
- 3. If the provider is the employer, they are responsible for providing the feedback.
- 4. If the provider is not the employer, there should be evidence of an evaluation by that employer or evidence of advocacy on the part of the agency that a job performance evaluation be conducted on the same timeline as for other employees of that employer.

Indicator C36 – Ongoing supports are provided to enhance job retention and advancement.

This indicator focuses on ongoing support to enhance job retention and advancement.

It applies to Group Supported Employment (3181), Individual Employment (3168A) and Individual Employment (ongoing maintenance, 3168B).

- 1. Focuses on security and movement within the place of employment.
- 2. Employer needs to know how to contact the agency if additional or renewed supports are needed.
- 3. There must be a schedule of ongoing check-ins with the employer and individual to monitor status and performance issues in a timely manner.
- 4. At a minimum, the provider should have periodic discussions with the individual as to whether the job is still of interest, the number of hours of employment meets the individual's needs, the work schedule is satisfactory, and whether the individual wants to work in a different type of job at the company or with another company, should the opportunity arise. This should occur at least

- annually, such as through an annual evaluation or feedback on performance or vetted through the ISP.
- 5. This indicator also focuses on issues like seniority, pay increases, increase in hours and/or promotions. There should be documented evidence that these areas are reviewed. The agency needs to be knowledgeable about the company's schedule and requirements for pay raises and possible advancement.

Indicator C37 – There is support to develop appropriate work related interpersonal skills.

This indicator focuses on support to develop appropriate work related interpersonal skills.

It applies to Group Supported Employment (3181), Individual Employment (3168A) and CBDS Pathways to Employment (3163).

- 1. Interpersonal/social skills may have been evaluated. (See C23)
- 2. When needs are identified, there are clear strategies for supporting the individual to develop appropriate interpersonal skills.
- 3. If there is a specific ISP objective relative to social skills, the provider must develop and implement support strategies to meet that objective.
- 4. For others, while an annual objective may not be necessary, support should be provided on the development of social skills on a routine and ongoing basis.

 For example, day-to-day interactions such as greetings, manners, interactions with others at the day site, the conduct of commercial transactions, and interface with the public are all opportunities that can be used as "teachable moments" to prompt appropriate skills.
- 5. If an individual is employed or in the process of being employed, the agency should be cognizant of the specific social culture and climate of that workplace
- 6. If the employer indicates difficulties in interpersonal interactions, the agency develops and implements strategies to address.
- 7. Areas of support may include, but not be limited to appropriate attire for work, interpersonal skills with co-workers/supervisors, discrimination and sexual harassment.

Indicators:

- C-22 Staff have effective methods to assist individuals to explore their job interest.
- C-23 Staff utilize a variety of methods to assess an individual's skills, interests, career goals and training and support needs in employment.
- C-24 There is a plan developed to identify job goals and support needs.
- C-25 Staff assist individuals to work on skill development for job attainment and success.

Date: 3/12

Question 2: These indicators seem integrally related such that if one is not in place, the others are also likely to be not met. Can you explain?

Answer:

Rating Hierarchy

When an individual does not yet have employment in a job of choice, the series of work indicators (C22 - C25) are interdependent.

C22 and C23 provide the foundation for developing a good plan and strategy implementation for employment success. Therefore, if either of these indicators are rated "Not Met" the indicators following them (C24 and C25) will typically be rated "Not Met."

Indicators C22 – C37

Date: 3/12 Question 3: These indicators seem to reflect various components in the hierarchy from job assessment, to job attainment, to job independence and growth. Are all indicators rated for all individuals?

Answer:

The employment indicators in the tool are generally outlined in sequential order going from assessment indicators to job pursuit activities and to job placement in a job of interest followed by job retention and advancement indicators. An employment service must be able to provide support in all these areas. However, every indicator may not apply to every individual. Where a particular individual is in the job placement continuum will affect which indicators apply.

Where an individual is on the continuum will determine which of the indicators apply as services to individuals who are just beginning to develop job skills and explore their job interests will differ from services to those who are competitively employed but need additional support to acquire a better job. Therefore, several scenarios were developed to describe typical situations and offer guidance on considerations for rating and the indicators that may be applicable.

Scenario #1

The individual is currently in a job in his/her area of interest and has been in the job more than 2 years.

Indicators in this scenario focus on job retention and advancement. If the individual has been in a job for over 2 years surveyors would not necessarily need or expect to see the assessments when evaluating this scenario. However, it would be important for providers to proactively check in, through their on-going follow-up to determine whether an individual remains content with their job or is interested in something else such as a change in their job the job location, number of hours, work hours, etc. This should be done at least annually, possibly through the annual review, although a provider may have other mechanisms for obtaining this information such as vetting through the ISP.

Relevant indicators are:

- ➤ C28 Staff maintain and develop relationships with local businesses in order to facilitate job development opportunities.
- > C30 Individuals are supported to work in integrated job settings.
- ➤ C31 Accommodations and adjustments are made to enable an individual to perform his/her job functions.
- > C32 Wages earned are in accordance at least minimum wage or the prevailing wage rate.
- > C33 Employee benefits and rights are clearly explained to the individual.
- ➤ C34 The agency provides the optimal level of support to promote success with a specific plan for minimizing supports.
- ➤ C35 Individuals are given feedback on job performance by their employer.
- ➤ C36 Ongoing supports are provided to enhance job retention and advancement. This should include determining whether an individual remains happy with the various aspects in their employment and/or current career.
- > C37 There is support to develop appropriate work related interpersonal skills.

Scenario #2

The individual is currently in a job in his/her area of interest and has been in the job less than 2 years.

Indicators for this scenario focus on all of the activities on the continuum of successfully having a job of interest.

Relevant indicators are:

- ➤ C22 Staff have effective methods to assist individuals to explore their job interests.
- ➤ C23 Staff utilize a variety of methods to assess an individual's skills, interests, career goals and training and support needs in employment.
- ➤ C24 There is a plan developed to identify job goals and support needs.

- > C25 Staff assist individuals to work on skills development for job attainment and success.
- ➤ C28 Staff maintain and develop relationships with local businesses in order to facilitate job development opportunities.
- > C29 Individuals are supported to obtain employment that matches their skills and interests.
- > C30– Individuals are supported to work in integrated job settings.
- ➤ C31 Accommodations and adjustments are made to enable an individual to perform his/her job functions.
- ➤ C32 Wages earned are in accordance at least minimum wage or the prevailing wage rate.
- > C33 Employee benefits and rights are clearly explained to the individual.
- > C34 The agency provides the optimal level of support to promote success with a specific plan for minimizing supports.
- > C35 Individuals are given feedback on job performance by their employer.
- > C36 Ongoing supports are provided to enhance job retention and advancement.
- > C37 There is support to develop appropriate work related interpersonal skills.

Scenario #3

The individual is in a job, but not in his/her area of interest, the area of interest is not known by the agency, or the job does not meet the individual's interests in other aspects, such as number of hours employed.

Staff should be knowledgeable or learning (if the individual recently came to the agency with their job) about the individual's specific job interests and skills and actively working towards moving the individual into a job of interest. There should be evidence that the person is not dead ended in a job just because it is a job, although not one that meets the individual's specific interests.

Relevant indicators are:

- > C22 Staff have effective methods to assist individuals to explore their job interests.
- ➤ C23 Staff utilize a variety of methods to assess an individual's skills, interests, career goals and training and support needs in employment.
- > C24 There is a plan developed to identify job goals and support needs.
- > C25 Staff assist individuals to work on skills development for job attainment and success.
- > C28 Staff maintain and develop relationships with local businesses in order to facilitate job development opportunities.
- > C29 Individuals are supported to obtain employment that matches their skills and interests.
- > C30– Individuals are supported to work in integrated job settings.
- > C31 Accommodations and adjustments are made to enable an individual to perform his/her job functions.
- > C32 Wages earned are in accordance at least minimum wage or the prevailing wage rate.
- > C33 Employee benefits and rights are clearly explained to the individual.
- ➤ C34 The agency provides the optimal level of support to promote success with a specific plan for minimizing supports.
- > C35 Individuals are given feedback on job performance by their employer.
- > C36 Ongoing supports are provided to enhance job retention and advancement.
- > C37 There is support to develop appropriate work related interpersonal skills.

Scenario #4

The individual is not yet in a job as he/she is new and has been with the agency for less than 3-4 months and is in the initial process of assessment and job exploration.

This would be the time when the provider should be focusing on getting to know the individual, their interests, skills and support needs.

Applicable indicators are:

- > C22 Staff have effective methods to assist individuals to explore their job interests.
- > C23 Staff utilize a variety of methods to assess an individual's skills, interests, career goals and training and support needs in employment.
- ➤ C24 There is a plan developed to identify job goals and support needs.
- > C25 Staff assist individuals to work on skills development for job attainment and success
- > C26 Career planning includes an analysis of how an individual's entitlements can be managed in a way that allows them to work successfully in the community.
- > C27 Individuals and families are encouraged and supported to understand the benefits of integrated employment.
- ➤ C28 Staff maintain and develop relationships with local businesses in order to facilitate job development opportunities.
- > C37 There is support to develop appropriate work related interpersonal skills.

Scenario #5

The individual has been with the provider longer than 3-4 months but is not yet employed or is again unemployed. Indicators focus on all activity over the past 2 years. The provider should have well developed assessments for the individual (or reassessments if the individual previously had a job), and clear evidence of activity to find the person a job that meets their interest. If the original assessments occurred prior to one year, this should have been revisited within the past year, in line with the ISP timeline, to ensure support is based on current information. The extent of the job procurement activity would depend on how long the person has been out of the assessment and planning stage. Indicator C30 would always be rated "not met" since the individual is not working in an integrated setting.

Applicable indicators are:

- ➤ C22 Staff have effective methods to assist individuals to explore their job interests.
- ➤ C23 Staff utilize a variety of methods to assess an individual's skills, interests, career goals and training and support needs in employment.
- ➤ C24 There is a plan developed to identify job goals and support needs.
- > C25 Staff assist individuals to work on skills development for job attainment and success
- ➤ C26 Career planning includes an analysis of how an individual's entitlements can be managed in a way that allows them to work successfully in the community.
- > C27 Individuals and families are encouraged and supported to understand the benefits of integrated employment.
- > C28 Staff maintain and develop relationships with local businesses in order to facilitate job development opportunities.
- > C29 Individuals are supported to obtain employment that matches their skills and interests.
- > C30- Individuals are supported to work in integrated job settings.
- ➤ C31 Accommodations and adjustments are made to enable an individual to perform his/her job functions.
- > C32 Wages earned are in accordance at least minimum wage or the prevailing wage rate.
- > C33 Employee benefits and rights are clearly explained to the individual.
- > C34 The agency provides the optimal level of support to promote success with a specific plan for minimizing supports.
- > C35 Individuals are given feedback on job performance by their employer.

Scenario #6

The individual graduates out of the school system and comes to the agency with a job for which they need support.

Indicators in this scenario focus on both assessment and job support. Even though the agency's job is to support the individual in their current employment, it is important that the agency have a good understanding of the individual and whether this job meets their interests. The individual may come with comprehensive assessments done within the past year, so that additional comprehensive assessments are not needed. However, if they do not come with timely comprehensive information, the agency should complete new assessments so they can best support the individual in employment of interest.

Applicable indicators are:

- > C22 Staff have effective methods to assist individuals to explore their job interests. (Indicators C22 C23 should be rated and could receive a rating of "meets" even if the assessments were done by the school system.
- ➤ C23 Staff utilize a variety of methods to assess an individual's skills, interests, career goals and training and support needs in employment.
- ➤ C28 Staff maintain and develop relationships with local businesses in order to facilitate job development opportunities.
- ➤ C29 Individuals are supported to obtain employment that matches their skills and interests.
- > C30– Individuals are supported to work in integrated job settings.
- > C31 Accommodations and adjustments are made to enable an individual to perform his/her job functions.
- ➤ C32 Wages earned are in accordance at least minimum wage or the prevailing wage rate.
- > C33 Employee benefits and rights are clearly explained to the individual.
- ➤ C34 The agency provides the optimal level of support to promote success with a specific plan for minimizing supports.
- ➤ C35 Individuals are given feedback on job performance by their employer.
- > C36 Ongoing supports are provided to enhance job retention and advancement.
- > C37 There is support to develop appropriate work related interpersonal skills.

DOMAIN: MEANINGFUL AND SATISFYING DAY ACTIVITIES (C37 – C45)

Date: 7/21

Question: Certification indicators that were once applied to center-based work services have been revised to address supports to individuals in CBDS services who are on a pathway to employment. How are these indicators applied?

Answer:

There are three Certification indicators which are applicable to individuals who receive CBDS services and who are not of retirement age and either need a structured program to create a pathway or who are on a pathway to employment. For individuals who are not yet on a defined pathway to employment, these indicators are still applicable as social skills, habilitative and behavioral goals, and long-range planning remain relevant.

Indicator C37 – There is support to develop appropriate work related interpersonal skills.

This indicator focuses on support to develop appropriate work related interpersonal skills.

It applies to CBDS Pathways to Employment (3163), Group Supported Employment (3181), and to Individual Employment (3168A).

- 1. Interpersonal/social skills may have been evaluated. (See C23)
- 2. When needs are identified, there are clear strategies for supporting the individual to develop appropriate interpersonal skills.
- 3. If there is a specific ISP objective relative to social skills, the provider must develop and implement support strategies to meet that objective.

- 4. For others, while an annual objective may not be necessary, support should be provided on the development of social skills on a routine and ongoing basis.
 - For example, day-to-day interactions such as greetings, manners, interactions with others at the day site, the conduct of commercial transactions, and interface with the public are all opportunities that can be used as "teachable moments" to prompt appropriate skills.
- 5. If an individual is employed or in the process of being employed, the agency should be cognizant of the specific social culture and climate of that workplace
- 6. If the employer indicates difficulties in interpersonal interactions, the agency develops and implements strategies to address.

Areas of support may include, but not be limited to appropriate attire for work, interpersonal skills with coworkers/supervisors, discrimination and sexual harassment

Indicator C38 – Specific habilitative and behavioral goals necessary to prepare individuals for work are identified.

This indicator addresses the process of <u>identifying goals to prepare individuals for future employment</u>. It applies to CBDS Pathways to Employment (3163).

- 1. <u>Assessments</u> must be completed to determine general goals such as increasing attention span, completing assigned tasks, and addressing needs such as interfering behaviors than could impact future employment.
- 2. Support strategies must be developed to address habilitative goals.

Indicator C39 – There is a plan developed to identify job goals and support needs that would lead to movement into supported employment.

Plans addressed in this indicator must be individualized with a person-centered process so the individual can build an awareness and understanding of pursuing job possibilities as distinct from other goals and interests. Assessing an individual's work-related abilities, desire for work, and the barriers to achieving it are critical to the process. It applies to CBDS Pathways to Employment (3163).

- 1. Assessment should occur on an ongoing basis as the individual explores their interests and develops skills. Assessments should also occur for individuals for whom employment is not envisioned as a long-term goal at this time.
- 2. Staff activities should seek to guide and inform the individual's evolving interests and decisions about employment options and the types of jobs to pursue.
- 3. Based upon the results of exploration activities and skill development, the program must continually identify the barriers to achieving the employment desired and develop approaches toward removing barriers.
- 4. It should be clear how various activities support the individual's personal desires for employment.

II. INTERPRETATIONS TO THE RATINGS

TOPIC: RATING INDICATORS THAT RELATE TO EACH OTHER

Date: 10/11 **Ouestion 1:**

Sometimes information can be rated in more than one place. Is information rated every place it applies? Alternatively, if rated only once, how is a determination made as to where something should be rated?

Answer:

Information typically is utilized once in rating by selecting the relevant indicator to rate. However, at times information collected in one area may affect the rating of several indicators. For example, there are some

indicators that are foundational from which, if that indicator is not met it, more than likely it will mean that the standard will not be met for other subsequent indicators. Indicator L57 states that "All behavior plans are in a written plan." Other indicators relating to behavior plans and restrictive interventions include: L58 (all behavior plans contain the required components), L59 (behavior plans have received all the required reviews), and L60 (data are consistently maintained and used to determine the efficacy of behavioral interventions). Of these, L57 (all behavior plans are in a written plan) is the foundational indicator from which other indicators are built upon. If evidence is discovered that a behavior plan has not been developed as required, L57 would be rated "standard not met". Chances are strong that the other indicators would not be present (e.g. no review by the HRC) and as such should also be rated not met. When scoring, comments should reflect that the standard was not met on these other indicators as a result of the plan not being present.

The same interpretation holds when evaluating and rating indicators such as supports and health related protections and medication treatment plans.

It is also possible that information will be obtained once but utilized in rating more than one indicator, each of which gets rated independently. For example, if an individual has a feeding tube used for both medication and nutrition, information collected on the use of this device might be factored into rating separate items, such as rating L39 (special dietary requirements are followed) when the feeding tube is used for nutrition, and rating L82 (medications are administered by licensed professional staff, MAP certified staff ... for individuals unable to administer their own medication) when indicating whether staff have the proper training to administer the medication, and rating L46 (all prescription medications are administered according to the written order of a practitioner and are properly documented on a Medication Treatment Sheet) when assessing whether the medication was administered properly.

TOPIC: WHEN LICENSURE INDICATORS ARE NOT APPLICABLE

Date: 10/11 **Question 1:**

When is it appropriate not to rate a licensure indicator?

Answer:

Many indicators are designated for specific services. Indicators and service applicability are clearly outlined on the "Indicator with Applicability by Service Type" chart. However, there has been confusion as to whether some indicators could be rated "not applicable." There are times when an indicator that applies to all services or within a specific service type could potentially be rated as "not applicable." To the extent possible, every effort must be made to collect information and rate the indicator. The following is a list of indicators that potentially could be "not rated", when the indicator does not apply and/ or when there is not sufficient information to assess the indicator.

<u>L3</u> – Immediate action is taken to protect the health and safety of individuals when potential abuse/neglect is reported. – (organizational indicator). This indicator is only rated when there are Complaints that have been filed in the past year. If there were no complaints filed, this indicator would not be rated. All Immediate Actions on Complaints filed in the past year are reviewed organizationally up to a cap of 15.

<u>L4 – Action is taken when an individual is subject to abuse or neglect.</u> – (organizational indicator) This indicator is rated when Actions on Complaints filed have been issued in the past year, up to a cap of 15. Complaints with Action Plans are reviewed to ensure that Actions are carried out. In the event that there were no Complaints for the past year, or no Action Plans issued, this indicator would not be rated.

- <u>L19</u> Bedrooms for individuals requiring hands on physical assistance to evacuate or who have mobility impairments are on a floor at grade or with a horizontal exit. This indicator is only rated when the location supports individuals who require physical assistance to evacuate or who have mobility impairments.
- <u>L27 Swimming pools are safe and secure according to policy</u> This indicator is only rated when the location has a swimming pool.
- <u>L36</u> Recommended tests and appointments with specialists are made and kept This indicator is rated when specialty test, lab work, and appointments and follow-up appointments have been recommended. It is not rated when there have been no recommendations made.
- <u>L38 Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team</u> This indicator is rated when there are no treatment protocols to be followed or there is evidence that there should be a written protocol in place.
- <u>L39 Special dietary requirements are followed</u> This indicator is rated when an individual supported at a site has special dietary requirements.
- <u>L56</u> 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 This indicator is rated when there is a restrictive practice in place affecting more than one individual.
- $\underline{L57 All\ behavior\ plans}$ are in a written plan This indicator is rated when there is a behavior plan or there is evidence that there should be a behavior plan.
- <u>L61 Supports and health related protections are included in ISP assessments and the continued need is outlined.</u> This indicator is rated when there is an identified support and/or health related protection or one that should have been identified.
- <u>L63 Medication treatment plans are in written format with required components</u> This indicator is rated when there is a medication treatment plan or evidence that there should be one.
- <u>L65 Restraint reports are submitted within required timelines</u> (organizational indicator) This indicator is rated when restraint reports have been completed or should have been completed in the past year.
- <u>L66 All restraints are reviewed by the Human Rights Committee</u> (organizational indicator) This indicator is rated when restraint reports has been completed or should have been completed.
- L67 There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility This indicator is rated when there is or should be a written money management plan.
- <u>L72</u> Sub-minimum wages are earned in accordance with Department of Labor (DOL) requirements for <u>compensation</u> This indicator is rated when individuals are earning sub-minimum wages.
- <u>L73 The provider has a current DOL certificate</u> This indicator is rated when individuals are earning subminimum wages.

<u>L82 – Medications are administered by licensed professional staff or by MAP certified staff (or by authorized PCA staff) for individuals unable to administer their own medications</u> – This indicator is rated when individuals are unable to administer their own medications.

<u>L84 – Staff are trained in the correct utilization of health related protections per regulation</u> – This indicator is rated when there is an identified health related protection.

TOPIC: LICENSURE ADMINISTRATIVE REVIEW INDICATORS

Date: 10/11 **Question 1:**

Sometimes information is collected in one place, but rated in another. For instance, sometimes information is collected at the corporate address but used to inform a rating for each of the locations audited. Sometimes the reverse is true such that the information is collected at the various locations but rated once for the organization. Can this be explained more simply?

Answer:

The following indicators are the only ones rated administratively. All other indicators are rated either for the location or the individual audited. Often information is collected and/ or validated in several places before rating it once for the organization, therefore specific instructions for collection of information is noted below.

Organizational:

		Specific instructions
Abuse /neglect reporting		Collect info. On site
		Review organizational info. To determine whether any unreported complaints
		Rate: no. of sites and situations met/ no. of sites and situations reviewed
L3	Immediate action	Collect info. On the allegations reported and immediate actions taken
		Rate: no. where immediate actions met/ no. reviewed
L4	Action taken	Collect info. On the no. action plans issued and taken
		Rate: no. actions met/ no. reviewed
L48	HRC	Rate: no. HRCs met/ no. reviewed
		(some providers have more than one HRC)
L65	Restraint report submission	Collect HCSIS info. On the no. of restraints reported to date
		Review sites to determine whether there are any unreported restraints
		Rate: no. timely restraints/ no. restraints and situations reviewed
L66	HRC restraint review	Collect HCSIS info. On the no. of restraints reported up to 120 days prior
		Rate: no. timely restraints/ no. restraints reviewed
L74	Screen employees	Take 10% sample of new employees
		Rate: no. of people met/ no. people reviewed
L75	Qualified staff	Take 10% sample of credentialed/ licensed employees
		Rate: no. of people met/ no. people reviewed
L76	Track trainings	Take: 10% sample of employees
		Rate: Here: no. of people met/ no. people reviewed
L83	HR training	Take: 10% sample of employees
		Rate: no. of people met/ no. people reviewed
L92	Sub-locations are licensed,	Rate: Number of successful sub-locations over number of Provider owned / operated sub-
	certified, and inspected as required	locations
Ъ	Remote Supports and	Rate: Number of successful Remote Supports and Monitoring Technology stations /Remote
L95	Monitoring Technology	Supports and Monitoring Stations.
	system requirements have	
	been met.	

TOPIC: FOLLOW-UP ON LICENSURE ADMINISTRATIVE REVIEW INDICATORS

Date: 10/11; Updated 7/23

Question 1:

The twelve (12) indicators above are rated once and then used to determine the licensure level for each service grouping (e.g., Residential / Individual Home Supports, Employment / Day Supports and Remote Supports and Monitoring). The Provider conducts follow-up if the Service Grouping receives 90% or more indicators standard met, while DDS conducts follow-up in all other situations. When follow-up is being conducted for one service grouping by QE and for another service grouping by the Provider, who performs follow-up on the administrative indicators and how is this rated at follow-up?

Answer:

When follow-up is conducted by both QE and the Provider, QE will assess the progress and rate the organizational indicators. For example, if the indicator related to staff training (L76) required follow-up, QE would re-sample staff across the entire provider to ensure that staff were now adequately trained. The provider, in conducting follow-up should also note their progress on meeting the organizational indicators and make note of activities performed subsequent to the Service Enhancement meeting within the section "process utilized to correct and review indicator", but do not need to rate the indicator.

TOPIC: INFORMATION ABOUT A PROVIDER'S NON-LICENSED SERVICES

Date: 10/11 **Question 1:**

When reviewing information from HCSIS (Incident Reports, MORs) events associated with a Provider's Day Habilitation program is also included. Sometimes the incident report, investigation, MOR, etc. pertains to individuals also served within other licensed services; however, sometimes it does not. Should information derived from non-licensed services be included in the review?

Answer:

If the service is not licensed, surveyors have no authority to review information pertaining to that service. Should there be a question about this delineation, e.g., incidents for individuals at Day Hab who also spend time in CBDS, the surveyor would look for information from the Provider to demonstrate that these occurred within the non-licensed program. Alternatively, if it is clear that these occurred at / during a licensed service, or if some ambiguity still remains that these occurred within a licensed service, the information would be incorporated in the review.

III. INTERPRETATIONS TO THE PROCESS

SEQUENCE: ON-SITE

Process: Selection of alternate individual to rate "specialty indicators"

Date: 10/11; Updated 7/23

Ouestion 1:

What should occur when the individual whose services are being audited does not contain information to answer the indicator or the set of indicators? For example, if auditing one person's health care and the individual selected is not on a special diet (as measured in L39).

Answer:

Most indicators will relate to anyone randomly selected, while there are several indicators in which selection will need to be made from a subset of individuals served. When the surveyor arrives at the location, surveyor should ask for a list of individuals, with references to who is on a special diet, behavior treatment plan, restrictive practice, medication treatment plan, and/or support and health related protections. In this example, the surveyor should ask the Provider who in this location is on a special diet, and randomly select an alternative individual to evaluate this indicator. When entering a day service location serving a large number of individuals, for example, it would be important to obtain a list of individuals receiving medication and money support when arriving on-site. One can

then easily and efficiently randomly select an additional individual to inform these particular indicators when needed.

The following chart outlines that indicators that can be subject to sample substitution:

Specialized supports subject to sample substitution—When to replace sampled individual.

Date: 7/22

Replace sampled person for another individual who is receiving a site-based service when the sampled Cluster A or B person does not require specialized supports. For example, if the Cluster B person does not require a medical monitoring device or health-related supports and protective equipment, rate these indicators for the Cluster A person, if they're applicable. If these specialty indicators are not applicable to either the A or B person, rate them for another person within the home. Whenever possible rate all indicators relevant for the service type; however, do not expand beyond the home or service to select people from another home or separate service for rating. Note that making sample substitutions for specialty indicators does not apply to Employment Supports.

Indicators	Topic	For site-based residential services, replace the A or B person with another individual within the site for whom the indicator is applicable. (Sample replacements can be made up to the total number of audits for the location.) For community-based day services (CBDS), replace the sampled person with another individual within the same service site.
L10 Cluster B	Reduction of risk for individuals whose behaviors may pose a risk to themselves or others	Rate this for sampled individual (Cluster B person). If not relevant, rate the indicator for the Cluster A person. If not relevant to A person, ask if it is applicable to anyone else at the location. If so, apply indicator to that person.
L38 Cluster A	Physicians' orders and treatment protocols are followed.	Rate this for sampled individual (Cluster A person). If not relevant, rate the indicator for the Cluster B person. If not relevant to B person, ask if it is applicable to anyone else at the location. If so, apply indicator to that person. For CBDS, if sampled individual does not require a healthcare protocol, ask if anyone within the audited service site requires a healthcare protocol to manage a significant medical condition. If so, rate L38 for that individual as a sample substitution for that indicator.
L39 Cluster A	Specialty dietary requirements are followed.	Rate this for sampled individual (Cluster A person). If not relevant, rate the indicator for the Cluster B person. If not relevant to B person, ask if it is applicable to anyone else at the location. If so, apply indicator to that person.

L46 Cluster A	Medication Administration for non- self-medicating individuals.	Rate this for sampled individual (Cluster A person). If the individual is not prescribed any medication, rate the indicator for the Cluster B person. If not relevant to B person, ask if it is applicable to anyone else at the location. If so, apply indicator to that person. For CBDS, if sampled individual does not take medication administered by staff, ask if anyone within the audited service site is administered medications by staff. If so, rate L46 for that individual as a sample substitution for that indicator.
L47 Cluster A	Self-Medication	Rate this for sampled individual (Cluster A person). If the individual is not self-medicating, rate the indicator for the Cluster B person. If not relevant to B person, ask if it is applicable to anyone else at the location. If so, apply indicator to that person.
L56 Cluster B	Restrictive practices for one individual that affect all individuals served at a location need to have a written rationale and have provisions so as to not unduly restrict the rights of others.	There is no need to replace the sampled individual with another individual for this indicator. If restrictive practice exists, rate the circumstances for the Cluster B person—the individual who requires the restriction or a person who is impacted by it. If the Cluster B person is an impacted individual, this must be rated for the restricted party too.
L57-L60 Cluster B	Behavior intervention plans are in writing and have the necessary reviews and approvals.	Rate this for sampled individual (Cluster B person). If the individual does not require a PBS Targeted or Intensive plan, rate the indicators for the Cluster A person. If not relevant to A person, ask if PBS Targeted or Intensive plan is applicable to anyone else at the location. If so, apply indicator to that person. For CBDS, if sampled individual is not supported by a PBS Targeted or Intensive plan, ask if anyone within the audited service site has a Targeted or Intensive plan. If so, rate L57-60 for that individual as a sample substitution for those indicators.
L61-L62, L84 Cluster B	Supports and health related protections have the necessary reviews and approvals.	Rate this for sampled individual (Cluster B person). If the individual does not utilize supportive or protective equipment, rate the indicator for the Cluster A person. If not relevant to A person, ask if these supports are applicable to anyone else at the location. If so, apply indicators to that person. For CBDS, if sampled individual does not use supportive or protective equipment, ask if anyone within the audited service site uses supportive/protective devices. If so, rate L61, L62, L84 for that individual as a sample substitution for those indicators.
L63-L64 Cluster A	Medication Treatment Plans.	Rate this for sampled individual (Cluster A person). If the individual is not prescribed behavior modifying medication or is self-medicating AND competent,

		rate the indicator for the Cluster B person. If not relevant to B person, ask if it is applicable to anyone else at the location. If so, apply indicator to that person. For CBDS, if sampled individual does not take a behavior modifying medication administered by staff, ask if anyone within the audited service site takes a behavior modifying medication administered by staff. If so, rate L63-L64 for that individual as a
L99 Cluster B	Medical Monitoring and Treatment Devices	sample substitution for those indicators. Rate this for sampled individual (Cluster B person). If the individual does not utilize a medical monitoring or treatment device, rate the indicator for the Cluster A person. If not relevant to A person, ask if these supports are applicable to anyone else at the location. If so, apply indicator to that person. For CBDS, if sampled individual does not utilize a medical monitoring or treatment device, ask if anyone within the audited service site requires these devices. If so, rate L99 for that individual as a sample substitution for that indicator.

SEQUENCE: ON-SITE

Process: Critical indicators - Immediate Jeopardy; rating the standard not met

Date: 10/11 **Ouestion 1:**

When does a Notice of Immediate Jeopardy get issued and how does this relate to also rating the standard not met? Should corrected issues be changed to standard met?

Answer:

When reviewing indicator information, each situation needs to be evaluated to determine whether to issue an a Notice of Immediate Jeopardy, to rate the standard as not met, or take to both actions. An Immediate Jeopardy notice is issued when a team member encounters a situation that poses an immediate and serious threat to the health and safety of the individual, or could place an individual in harm's way if actions are not taken in a timely manner (within 24 - 48 hours for an immediate jeopardy; within 30 days for a Notice of Action Required). Criteria to rate the indicator as standard met is outlined in the tool and is specific to each indicator. When there is a preponderance of evidence that the indicator is not in place, a rating of standard not met is issued. In addition, rating the indicator as standard not met is not sufficient to warrant issuance of an Immediate Jeopardy. For example, the lack of a heating / boiler inspection would result in a not met rating (indicator L11), but does not in and of itself constitute sufficient information to issue an immediate jeopardy.

If a situation is corrected after the surveyor's visit, the score should remain not met, but noting parenthetically that it has been corrected, and listing the date corrected. For example, the fire alarm system which was not operational has been corrected and was inspected subsequent to the survey visit. A rating of not met should be made, as mentioned above, when the evidence indicates that the criterion was not met, at the time of the survey visit. If however, the indicator appears to have been met, but there is not sufficient documentary evidence to support a rating of met, the provider may be offered one to two days to produce and forward the documentation supporting a met rating. For example, the location is receiving regular insect control services, but information on service visits is stored at the corporate address.

SEQUENCE: ON SITE

Process: Site feasibility; on site surveying

Date: 3/12 Question 1:

Several years ago, the standards for interconnected smoke detection systems changed. For homes built or renovated after 1996, interconnected smoke detectors must be inside each bedroom. Under what conditions would a location need a new interconnected smoke detection system?

Answer:

Existing interconnected smoke detections systems installed in a home built prior to 1997 are sufficient and acceptable. build to an older building code (e.g., smoke detectors located on each level and outside bedrooms). If the home was built after 1997 or when an existing home undergoes extensive renovations, such as the addition of a new bedroom, the smoke detection system needs to be upgraded to meet current code (smoke detectors inside and outside bedroom areas).

SEQUENCE: ON SITE:

Process: Review of medication administration

Date 2/15

Question: What is the process for reviewing indicators L44 – L47 and L82?

Answer:

These indicators are related and can be reviewed through one process. The process begins with review of the DPH registration certificate (L44) to ensure that it is present in the home and current. The area where medications are stored (L45) must be lockable with a double locking system for countable medications. An audit of a person's medications will be completed up to the number of audits identified for that home or workplace. In other words, if there is one audit, then the surveyor will review one person's medications. If there are two audits, then two sets of medication records will occur, and so on. Typically, this review will be conducted on the person identified for Cluster A. If, however, that individual is not administered medications, another individual who receives support to take medication will be selected for this purpose.

This may also be the time that the surveyor asks about the provider's mechanism for assuring only MAP certified staff administer meds (e.g., whether there a list of MAP certified staff available on site or copies of MAP certificates are present).

The surveyor will ask about any MORs that were reported in HCSIS and if the provider staff understand the reporting requirements and process for a medication error. The surveyor may identify MORs that have not been closed and inquire if the provider has taken steps to resolve these.

The medication audit involves the following steps (although these may not always occur in this order), and the provider is asked to have the following items:

- Medications
- Physician's Orders
- Medication Administration Records (The provider is expected to have available one year's worth of MARs.)
- Emergency Fact Sheet (Note: Reviewed as part of this activity but rated in L8)
- Side Effect information

In a MAP home or workplace, a survey worksheet* is utilized in which the surveyor will list the medications and note whether the information is correct across the physician's order, the container label, and the medication administration record (MAR). The surveyor also checks that the correct medications are listed on the current

Emergency Fact Sheet, that the medication is not expired, and that there is side effect information for these medications available at the home or workplace.

* Alternate documentation may also be used, so long as the verification of the requisite information is completed and documented. For instance, a provider may generate a med list against which the required elements can be verified.

Once that is completed, the surveyor will visually scan the MARs for a general sense that the medications have been given correctly across the year. Should there be no obvious problems evident; the surveyor will then randomly select 3 months (the current month and two others) to more thoroughly audit the medication administration records for accuracy. This detailed review looks for such things as missing sign offs, that any PRN medication administered was properly documented, and that if an error occurred the provider identified and addressed the issue.

The review for these three months includes:

- a. A cross-check of each medication to ensure that there are current corresponding physician's orders
- b. A cross-check of each medication to ensure that the administration information is consistent across physician's orders, MARs, Container Labels.
- c. The storage of medications and that all medications are properly stored and current (not expired).
- d. Review of daily and PRN medication administration
- e. An assessment of procedures for administration and for auditing the administration
- f. An assessment of the accuracy of administration e.g. medications were given at the intended time; medication were given at the correct dosage and frequency.
- g. An assessment to determine that there are no gaps due to medications not being re-filled in a timely manner.
- h. An assessment of clear parameters for any medication to be administered PRN and that any special instructions are followed (e.g., taking pulse or blood pressure before administering or crushing medication, etc.).

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, the surveyor's review will then assess whether these additional expectations are in place at this location. These protocols may be evaluated as part of the medication review but rated elsewhere. For example, seizure protocols, and medication treatment plans.

Ensure that what is written about an individual's health care status, medication needs, side effects to be aware of, is consistent with specific practices in the home.

For the purpose of evaluating L47, the surveyor will ask the provider how it supports the person to be involved in taking his or her medication with the ultimate goal of becoming self-adminitrating. Please refer to additional interpretation of this indicator within the Interpretive Guidelines.

Upon the completion of these tasks, the surveyor will then begin determining the rating for each applicable indicator. As the most complex decision rests with the assessment of any issues noted within L46, more specific guidance is offered relative to that indicator.