

**The Commonwealth of Massachusetts**  
**Executive Office of Health & Human Services**  
**Department of Developmental Services**  
**Office of Quality Enhancement**

Address regional QE office  
phone

**SAMPLE 45 DAY LETTER**

**Charles D. Baker**  
**Governor**

**Karyn E. Polito**  
**Lieutenant Governor**

**Marylou Sudders**  
**Secretary**

**Jane F. Ryder**  
**Commissioner**

, 2021

Provider name  
Provider address

Dear \_\_\_\_\_ :

This letter is to inform you that the Office of Quality Management, Office of Quality Enhancement, will be conducting its Licensure and Certification review of your agency. The anticipated dates for the start of the survey are:

Administrative Review start date

Survey anticipated end date

Service Enhancement Meeting

\_\_\_\_\_, Team Leader for the survey, will be contacting you shortly to discuss the details of the upcoming survey. Attached are the names of members of your survey team and the scope of the survey. You have one week in which to request a change in the team composition if you believe that a conflict of interest exists. The number of locations to be visited and the number of individual audits to be conducted is listed by service type. We will be notifying you of the specific locations to be visited at the Administrative Review. In addition, please have information available for any locations in which a Section 8 Site Inspection has been done; if that location is selected for review, a partial review will be conducted in lieu of a full site review.

Just as a reminder, all Waiver Petitions that require approval by the Office of Quality Management, Office of Quality Enhancement, must be ready for submission by the beginning of the survey. The team will review new waivers and waivers up for renewal as a part of the survey process.

We will be relying on you to assist us to obtain the information necessary to efficiently determine your success in meeting the licensure and certification indicators. In preparation for the Administrative Review, we would welcome the participation of key personnel other than yourself whom you feel would be beneficial to speak with the first day. The following information has proven useful in the past, and therefore, we would appreciate it if you could make both relevant personnel and these items available to the survey team for the Administrative Review, and as needed throughout the survey.

Thank you for your cooperation.

Sincerely,

\_\_\_\_\_, Regional Quality Enhancement Director

CC:	, Regional Director -
	, Area Director

**The Team planned for the audit is:**

**TEAM LEADER : name**

**Surveyor names:**

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**The number of locations and individual audits are as follows:**

Type of Service	# Of Locations	# of Individual Audits	Licensure Scope	Certification Scope
Residential Services	5	5 ( 9 )	Full Review	Full Review
Placement Services	3	3 ( 3 )	Full Review	Full Review
Individual Home Supports		3 ( 3 )	Full Review	Full Review
Community Based Day Services	1	1 ( 1 )	Full Review	Full Review
Employment Support Services		2 ( 2 )	Full Review	Full Review
Planning and Quality Management	N/A	N/A	N/A	Full Review

**Attachment A- Information request for submission to OQE within 30 days (e.g. two weeks prior to the start date):**

Please provide a brief overview of your current organization such as by providing your most recent organizational chart as a reference.

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Please note any significant management/ supervisory changes e.g. reporting responsibility/accountability) been adopted since the previous survey.

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Please provide the names of any additional contacts to obtain more specific information on the following topics:

- Quality Assurance 

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- Investigations 

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- Human rights 

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- Training and workforce 

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- Planning 

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- Health care 

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- Environmental safety 

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- Financial oversight 

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Please make the above personnel available to speak with us at the Administrative Review.

Please provide staff lists/ staff rosters and centralized training grid relative to all employees:

1. New hires within the past year – including staff name, position, job title, and start date
2. All employees whose credentials/ license are a requirement of the function/ position – including staff name, applicable license type, and position
3. All employees – including relief and home care providers. Please supply staff name, position, job title, work location, shift and whether the employee has a specific role e.g. designated Human Rights Officer, Formal Fire Safety Officer.

## **Attachment B- Administrative Review items**

### **Materials related to Investigations, decisions, and actions:**

- Decision and Action letters
- Complaints
- Documentation relative to specific immediate and corrective actions

### **Materials related to Human Rights:**

- Human Rights Committee membership list and roles
- Human Rights Committee meeting minutes since the last survey (including attendance)
- Human Rights Committee By-Laws
- List of HRC Officers
- Peer Review Composition and minutes, where applicable (if a Provider PRC)
- Guardian human rights training and grievance information if present
- Individual human rights training and grievance information if present

### **Materials related to staff recruitment, retention, and training:**

- New hire recruitment, screening and orientation procedures
- Orientation materials for new staff
- Job descriptions for essential personnel including direct support staff, and service managers.
- Information on new hires. We will be comparing the qualifications for a sample of positions (e.g. as referenced in job descriptions) to the new hire's resume/ application for employment.
- Information on which positions require applicable licensure or certification. We will check to ensure that employee's credentials are appropriate and current. (e.g. Nursing; Social Work; Psychology).
- A listing of staff by location with specific roles (e.g. Human Rights Officer; Formal Fire Safety Officer).
- Training tracking information for the staff list above outlining the current dates of all mandatory trainings (e.g. first aid, human rights, fire safety).
- Availability of actual training certificates or documents to validate the agency's system.
- Evaluation tracking system e.g. Evaluations –blank forms and list of employees with dates of evaluations.

### **Materials related to planning, oversight and organizational systems:**

- Management reports, systems, and information pertaining to incidents
- Strategic Planning information/ Agency planning documents
- Measurements and goals for program quality for each service type
- Record of the agency's measurement of their growth and change (e.g. updates on Provider and programmatic goals)
- Any external surveys, evaluation materials, program evaluation processes and outcomes.
- Satisfaction survey instrument, how information is collected, results and how information has been used
- Examples of organizational changes that have occurred since the last survey directly linked to stakeholder input and feedback
- Internal/ Program evaluation processes, instrument, results, and utilization of information
- Annual contract reviews/ Annual report/ summary statement on goals/ initiatives that the agency has undertaken in the past year
- Performance Based Objectives

- Policies and procedures, where relevant

**Materials related to funds management when information is located at the Administrative Offices:**

- Charges for care notices, calculations, entitlement award letters
- Agreements and consents, when present (e.g. for joint purchases or expenses such as vacations, cable television)
- Policies and procedures, where relevant

**Materials related to systems in topics which will be validated at the locations:**

- Health care information including policies, procedures, and methods to ensure the promotion of routine, acute, and specialized health care.
- Environmental safety and maintenance information such as policies, procedures
- Any other systems of monitoring or support to locations.

**SAMPLE INFORMATION FORWARDED TO THE PROVIDER BY OQE**  
**PRIOR TO THE ADMINISTRATIVE REVIEW**

**(e.g. about one week prior to the start date):**

1. New hires within the past year – including staff name, position, job title, and start date. The following 10% sample of new hires has been selected. At the Administrative Review we will be comparing these staff's qualifications against the requirements for the job title.

2. All employees whose credentials / license are a requirement of the function/ position – including staff name, applicable license type, and position. The following 10% sample of licensed employees has been selected. At the Administrative Review we will be asking to see the necessary qualifications and certifications for these staff.

3. All employees – The following 10% sample of employees. At the Administrative Review we will be assessing the presence of performance evaluations, and training information for the following staff. Please make their evaluation dates and training records including documents such as certificates of training, available to us for the following trainings:

- ☐ First Aid
- ☐ CPR (one per shift)
- ☐ MAP (all administering medications)
- ☐ Human Rights Officer (one per location)
- ☐ Formal Fire Safety (one per location)
- ☐ Informal Fire Safety
- ☐ Abuse and Mistreatment
- ☐ Human Rights

4. The following Complaints will be discussed at the Administrative Review. Please be prepared to comment on what immediate actions have been taken in each of these situations.

5. The following Action Plans will be reviewed at the Administrative Review. Please be prepared to provide us with information to confirm that each of these actions has been taken.