

I. ADMINISTRATIVE/ORGANIZATIONAL INDICATORS:

Licensure indicators: There are eleven indicators that are rated exclusively based on an administrative review of organizational systems. These include such items as Human Rights Committee effectiveness and ensuring that employees have the necessary licenses and qualifications. Two of these licensure indicators are rated based on information gathered from the organization and from locations. (L2 and L65)

- Beginning in July 2021, one of these (L 92) is only rated for Employment/Day Supports when the provider owns/operates social enterprise/business from a physical location, (e.g., farm, thrift store, café, etc)

Certification indicators: There are six indicators that are rated exclusively based on information obtained at the organizational level. These include such items as planning and systems to review program quality. (Rate these items on the Administrative score sheet)

In addition, the Administrative Review process is used to understand the systems and protocols that are expected to be in place at the service locations. This overview is used as background information to help inform the surveys.

How Evaluated: Information is collected through interview and documentation in order to arrive at a rating or inform the rating.

Interview with entire team and the Provider management team

A. General overview - all subject areas, including specific indicators.

Process: See Administrative Interview.

Materials reviewed: none specifically at this juncture, but please refer to items below.

Specific lines of inquiry/ questions: please refer to Administrative Interview.

Items below are not predominantly rated at the organizational level. However, information is collected through interview and documentation on the following topics, in order to gain an understanding of the provider systems that are in place and to set the stage for validation to occur at locations where services are provided:

A. Funds management (L69- 73):

Process:

- Review related materials in conjunction with interviewing key personnel.
- Review overall financial systems, including representative payee systems, auditing and monitoring systems, and safeguards.
- Review the policies and procedures related to monitoring and oversight and the systems to ensure that individuals are not paying for items that are a program expense.

Materials reviewed:

- When located at the Administrative offices, Charges for care documentation is reviewed (Charges for Care notices, calculations, entitlement award letters) to ensure:
 - a. Formula is correct. (Calculations are present)
 - b. The amount is recalculated annually or as circumstances change.
 - c. The notice was sent to the authorizing party.
 - d. The notice contains provision to dispute the Charges.
- Agreements and consents, when present (e.g. for joint purchases or expenses such as vacations, cable television), need to include a description of the purchase/expense to be shared and have the agreement/ signature of the legal decision-maker.
- Policies and procedures regarding the management of individual funds and representative payee responsibilities

Specific lines of inquiry/ questions:

- Provider's overall system for ensuring that individuals are supported to actively plan, budget, and spend money on items and activities of interest
- System to monitor the use of individual funds. If issues identified and how these corrected and verified.

B. All other areas not otherwise noted, including:

- a. Health
- b. Environmental Safety
- c. Communication
- d. Goal development and implementation
- e. Supporting and Enhancing Relationships
- f. Choice, Control and Growth
- g. Access and Integration
- h. Meaningful and Satisfying Day Activities
- i. Career Planning, Development and Employment

Process:

- Review documentation and discuss each topic with relevant management personnel.

Materials reviewed:

- 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 related documentation in topic areas

Specific lines of inquiry/ questions:

- If the provider has nursing oversight, ask what their role is, and discuss health care systems with relevant personnel.
- System for identifying, correcting, and preventing medication errors, and for remediating health care concerns
- System to respond to safety, maintenance issues
- System for ensuring that individuals, families and guardians have a voice, both in relationship to their particular services as well as regarding the provider in general
- System to respond to issues as they are shared
- System for ensuring that individuals are supported to meet their goals and to respond to issues as they occur, e.g. when alternative support strategies need to be implemented because current ones are ineffective

BREAKOUT GROUPS:

A. Planning and Quality Improvement (C1-6) /Executive Director and strategic planning members

Process:

- Administrative Interview
- Review related materials in conjunction with interviewing key management personnel.

Materials reviewed: Refer to 45-day letter.

- Management reports, systems, and information pertaining to incidents
- Strategic Planning information/ Provider planning documents
- Measurements and goals quality of services provided for service types/group
- Provider's measurement of its progress and change related to strategic planning (e.g. updates on Provider and programmatic goals)
- Any external surveys, evaluation materials,
- Satisfaction survey instrument, 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 report/ summary statement on goals/ initiatives that the agency has undertaken in the past year
- Policies and procedures, where relevant

Specific lines of inquiry/ questions:

- See Administrative Interview.

B. Personal Safety (L2, L3 and L4)

Process: Complaints and documentation for the past 24 months will be reviewed

- Review provider documentation, such as HCSIS reports, discuss any incidents that seem to rise to the level of reportable allegations.
- Review documentation and discuss all allegations of mistreatment selected for review to determine what specific immediate action was taken in each situation by the provider.
- Review documentation and discuss the provider's response to action plans for selected complaints.

Materials reviewed:

- Decision and Action letters; Complaints; documentation relative to immediate and corrective actions
- Policies relative to reporting to ensure that it is clear that staff are mandated reporters who are not required to get prior approval to report.

Specific lines of inquiry/ questions:

- System for identifying, correcting, and preventing abuse and mistreatment

C. Human Rights, including training and the HRC (L48, L49, L66, L89)

Process: Review information relative to the Human Rights Committee activities and reviews.

- Discuss the outcome of review of HRC minutes to ensure that applicable behavior and PBS plans are reviewed by HRC.
- Ensure the HRC has reviewed guardian/individual/staff human rights/grievance training material and processes and policies and procedures that impact Human Rights.
- Review Human Rights system and roles- Human Rights Coordinator/Human Rights Officers.
- Review provider's grievance procedures.
- Review of provider's process for informing individuals/guardians of residential agreements. (24-hour services)
- Discuss the outcome of the review of restraint to ensure review by HRC within 120 days.
- Review provider's complaint and resolution processes for ABI service locations

Materials reviewed:

- Human Rights Committee membership list and roles (include past members within last 2 years)
- Human Rights Committee meeting minutes since the last survey (including attendance)
- Human Rights Committee By-Laws
- List of HRC Officers and locations they serve
- Peer Review Composition and minutes, where applicable (if a Provider PRC)
- Guardian/individual/staff human rights/grievance training material and processes
- Attestation of Residency Agreements with roster noting for whom these are in place

Specific lines of inquiry/ questions:

- Human Rights Committee membership/recruitment
- Human Rights Committee follow-up
- Human Rights training systems
- Provider grievance and response systems

D. Training and Competent Workforce – including hiring and recruitment; staff training; supervision and support (L74 - L85)

Process:

- Review the following: New hire recruitment, screening and orientation procedures; Orientation materials for new staff; Job descriptions for essential personnel including direct support staff, and service managers.
- For ABI service providers, review the attestation regarding TB screening, LEIE screening and policy related to driver license checks.
- Review a sample (10%) of new employees hired within the past year. Compare the qualifications for the position (e.g. as referenced in job descriptions) to the new hire's resume/ application for employment.
- Review a sample (10%) of employees with positions that required licensure or certification to ensure that employee's credentials are applicable to their role and current. (e.g. Nursing; Social Work; Psychology).

- Staff Training tracking system:
 - Provider tracking/data systems can serve as a “source document” to use as a means to demonstrate staff have received various training once the accuracy of the system(s) is verified. Surveyors will use when trying to determine if staff at locations have the necessary training.
 - Verification is completed by comparing actual training certificates or documents to the data in the tracking system to ensure the agency has an accurate system.
 - The data on the tracking system is used to determine that staff have the required training.
 - **The sample is also used to directly assess the presence of mandated trainings.**
 - If a provider **does not** have a system to track training, the team will use the list of staff to determine a sample. A **sample** of staff training documentation/certification will be reviewed to ensure that staff have the required training.

The following chart specifies the verification sample size utilized for either process.

TOTAL # STAFF FOR THE AGENCY AS A WHOLE	VERIFICATION SAMPLE/ SAMPLE FOR AGENCIES
1	1
2-5	2
6-10	3
11-40	4
41 and over	10%, maximum of 20

- Primary information on a **sample** of staff will be reviewed to ensure the accuracy of the staff training information.
- When a Provider subcontracts with a **relief agency**, a signed contract in which the relief agency guarantees to provide only staff trained and certified in First aid and CPR is required documentation.
 - The agency’s system(s) still need to ensure that relief agency staff are current in certifications through sampling or "spot checking" the presence of these certifications periodically.
- There are other additional training requirements such as signs and symptoms of illness, or crisis prevention, response and restraint (CPRR) curriculum training or human rights. If this information is tracked organizational, the verified tracking system can be used to demonstrate that staff selected at specific locations have been trained.
- Review policies and procedures to determine the supervisory structure and the frequency of supervision.
- Check the dates of performance evaluations (from the agency’s tracking system) to ensure that staff have been evaluated annually.

Materials reviewed:

- A listing of staff by location, which must include relief staff should be provided. This list also needs to identify the staff by name, appointed to location, and specific roles (e.g. Human Rights Officer, Formal Fire Safety). Most providers have tracking systems in use to monitor staff’s mandated training requirements; please refer to list of required trainings by service type.

- A verification sample is done by comparing actual training certificates or documents to the data in the tracking system to ensure the agency has an accurate system.
- The sample is also used to directly assess the presence of current mandated trainings through primary information.
- The agency’s tracking system or other information will be reviewed to determine whether annual performance evaluations are occurring. E.g. Evaluations –blank forms and dates.

Specific lines of inquiry/ questions:

- The agency’s policy and procedures relative to supervision and evaluation of staff
- Inquire about outside consultants, professionals, and other specialized resources, non-mandated trainings attended by staff such as training in goal development, sexuality, community membership, Information on programs to promote ongoing learning and their utilization by staff, any information on Special Initiatives or ventures that support staff effectiveness, creativity, and morale (e.g. retreat information, diversity information).

Indicator	Required Training & Frequency	Residential 24-hour DD & ABI	Individual Home Supports < 24 hour	Placement Services DD & ABI	Respite	Remote Supports & Monitoring	Work/ Community Support
115 CMR 7:05 (6)- Required Training							
L76	First Aid <i>Expiration on Card</i>	All staff	All staff	Home Provider(s)	All staff	All Provider staff	All staff
L76	CPR <i>Expiration on Card</i>	All staff	N/A	Home Provider(s)	All staff	N/A	All staff
L76	Formal Fire Safety <i>Once</i>	1 staff per home	N/A	N/A	1 staff at location	N/A	1 staff at location
L76	Basic Fire Safety <i>Once</i>	All staff	All staff	Home Provider(s)	All staff	All Provider staff	All staff
L76	Human Rights Officer/Advocate <i>Once</i>	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 <i>Once</i>	All staff	All staff	Home Provider(s)	All staff	All Provider & RSM Vendor staff	All staff
L76	PBS Universal Supports <i>Once</i>	All staff	All staff	Home Provider(s)	All staff	All Provider & RSM Vendor staff	All staff
L76	Universal Precautions <i>Once</i>	All staff	All staff	Home Provider(s)	All staff	All Provider staff	All staff
L76	Transmission Prevention for specific diseases (COVID 19) <i>Once</i>	All staff	All staff	Home Provider(s)	All staff	All Provider staff	All staff
L82	Medication Administration Certification <i>Expiration on Cert</i>	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 <i>Once</i>	All staff	All staff	Home Provider(s)	All staff	All Provider & RSM Vendor staff	All staff
L83	DPPC Reporting <i>Annual</i>	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 <i>Orientation and when updated</i>	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 <i>E.g. (Executive Order 509 training) Orientation</i>	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	All Provider & RSM Vendor 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 <i>Orientation</i>	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

ADMINISTRATIVE REVIEW INTERVIEW GUIDE

Provider		Date	
Person(s) interviewed		Interviewed by	

DATE OF ADMINISTRATIVE REVIEW:

This document contains interview questions and guidance and supplements the Administrative Review process in which documentation is also reviewed. The first sets of questions should be discussed with the provider Executive Director and his/her management team with the entire survey team present. The purpose is for the survey team to learn the expectations so that they are better equipped to evaluate and score at the site-based level. The Executive Director and/or other designated administrative staff should be interviewed by the team leader and/ or other team members as appropriate. For example, the human rights questions can be posed to the Human Rights Coordinator, and training materials and questions can be discussed with someone in Human Resources/ Training.

Relevant Indicator	Line of Inquiry / Topic	Primary Interviewers/ Interviewees	Notes
General/All	<p>Brief opening questions. Remind provider of the scope and purpose of the Administrative Review. Limit conversation to information necessary for surveyors in preparation for further evaluation.</p> <p>Please limit the response to 10 mins: What improvements and changes have occurred within the past two years? What positive practices do you feel that your agency has put in place? How is the agency implementing new systems and monitoring success? Are there any challenges the agency is addressing at this time and can you tell us what is being done to rectify them?</p>		
	COMPETENT WORKFORCE		
L77 – L85 Admin Worksheet	Please describe your orientation and ongoing training system. In addition to the mandated trainings, are there other trainings that you require? If so, how often are these required (e.g., prior to working directly with the individual; annually as needed)? How does the agency		

	ensure that staff at each location are familiar with the individual's unique needs?		
L85	Please discuss your system of ongoing supervision and staff development and a general description/overview of how the organization ensures that staff have the necessary skills, knowledge, and competency to fully support individuals. What resources / consultants do you utilize to promote staff development?		
	COMMUNICATION		
C8	What forums does the organization support that provide opportunities for regular and timely communication between itself and guardians and family members? What is the frequency that each of these forums is available?		
C7	Please describe the various ways in which you support individuals, their families, and guardians (as applicable) to provide feedback on staff who support them. What mechanisms do you employ to ensure their input about prospective staff is included at the time of hire, and for ongoing evaluation of staff who provide services and supports daily? Examples could include pre-hiring interviews, written surveys or contributing information to supervisors for staff performance reviews.		

Other Topics:			
Relevant Indicator(s)	Inquiry	Primary Interviewers/ Interviewees	Notes
	SYSTEMS IN LICENSURE AREAS		
L33 – L47	What oversight systems are used to ensure that individuals' healthcare needs are met? Discussion of different oversight systems for 24-hour residential, placement services, IHS, or respite as applicable. If applicable, what is the role of nursing?		

L33 – L47	System for identifying, correcting, and preventing medication errors, and for remediating health care concerns.		
L11 – L30	System to respond to environmental safety, maintenance issues.		
L92	For Employment/Day Providers, please describe your systems for ensuring that required inspections have occurred for any Provider-owned or leased spaces that are work sites for individuals.		
L67 – L71	Systems to ensure both safety and independence in financial management. Discussion of variation in oversight methods as applicable to placement services, IHS and respite		
L88	System for ensuring that individuals are supported to meet their goals and to respond to issues as they occur, e.g., when alternative support strategies need to be implemented because current ones are ineffective.		
L94, L96	System for ensuring that individuals are assessed and have access to assistive technology and/or modifications to maximize independence. How does the agency ensure that staff are trained and knowledgeable of the various assistive technology and devices that individuals use?		
L99	Systems for ensuring that medical monitoring devices needed for health and safety are authorized, agreed to, used as directed, and data is collected on their use. How is staff oriented to the use and care of these devices?		
	SUPPORTING AND ENHANCING RELATIONSHIPS		
C9 – C12	Please describe your systems for promoting relationships, in residential, placement, and individual home support services. For example, what are the agency’s strategies and system for providing sexuality education?		
	CHOICE, CONTROL, AND GROWTH		

C13 – C15 C18 – C21 C51 – C53	Systems for enabling individuals to exercise choice and maximize their independence in their lives. For example, what processes are in place to identify areas in which individuals may exercise control over personal and household routines / personalization of bedrooms and common areas?		
C21 (For IHS only)	Please describe your systems for supporting more independent individuals to access generic resources.		
	ACCESS AND INTEGRATION		
C16 – C17, C46 – C49	Systems for promoting individuals' community involvement. For example, how does the agency proactively support individuals to use generic resources? Explore, discover, and pursue integrated activities in the community? Develop connections with neighbors?		
For Providers of Employ/Day C40 – C42, C46 – C47, C50	What processes are being used to ensure individuals receiving employment and day supports can have a community presence? For example, what procedures are in place that promote individuals' access to transportation resources? Participation in workplace social activities and community events?		
For Providers of Employment / Day Supports	CAREER PLANNING, DEVELOPMENT, AND EMPLOYMENT		
C22 – C37	Please describe your systems for promoting skill building and independence in employment support services. What are your methods to facilitate job development activities? What data do you track and how is it utilized? For example, how many individuals obtained jobs this year? How long does it typically take between an individual desiring employment and procuring employment?		
For Providers of CBDS	MEANINGFUL AND SATISFYING DAY ACTIVITIES		

C38 – C39 C43 – C45	Please describe systems and practices in place that support individuals receiving community-based day services to pursue activities consistent with their interests. For example, how do CBDS services support individuals to develop personal relationships with others? Explore job interests? Choose how they spend their time?		
	REMOTE SUPPORTS AND MONITORING SERVICE		
For Providers of RSM L95 L97 – L98 L100-L101	Discuss your policies and procedures for the Remote Support and Monitoring Service. What are the systems for ensuring that technology for providing remote support is effective and operational at all times? How is the RSM system tested? How do you ensure that the alert and backup systems are working? How do you ensure that the RSM systems and procedures are HIPAA compliant?		

During Review of Investigations/Action Plans L2-4

Relevant Indicator(s)	Inquiry	Primary Interviewers/ Interviewees	Notes
L2	How does the organization ensure that allegations of abuse, neglect or mistreatment are reported as mandated by regulation? Please describe how responsibility for monitoring/review/oversight for this area is managed.		
L3	Does the organization have an internal system for reporting potential abuse and mistreatment? How are immediate actions determined and implemented? Is there an internal reporting system for critical incidents? If so, does this system also examine incidents deemed non-reportable as abuse, neglect, or mistreatment? If so, how is that information used?		

L3, L4	Using a hypothetical scenario for a “reportable event” please walk us through how the event is managed by the organization from start to finish?		
L3, L4	Frequently, the mandated investigatory process may take a significant amount of time to complete. In those cases you’ve experienced, how does the organization respond in the interim in the absence of official findings?		

During Review of HRC Minutes L48-49 w/ HR Coordinator

L48, L49	How frequently does your HRC meet as a group? How is input from the committee obtained on matters that relate to mandated responsibilities such as allegations of abuse or mistreatment, restraint, etc.? What is your process for ensuring that individuals and guardians are familiar with who to talk to in the event of a concern?		
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During Training Review w/ Human Resources

L74, L75, L76	Please discuss your process for recruiting, screening, and hiring prospective employees that meet necessary qualifications.		
L77 – L85	How frequently does the agency require staff to participate in refresher trainings for areas that do not have a specific regulatory mandate such as First Aid or CPR?		

During Review of Strategic Plan and Agency’s Analysis of performance, incidents, etc.

C1 Admin Worksheet	Please describe the organization’s process for managing information and collecting data. How and what data is collected, maintained, and analyzed and for what purposes? We are particularly interested in information obtained on individual health and safety, staff competency, and continuous quality improvement. For each area, how is information/data collected and how often compiled and analyzed.		
C2	Please describe how your organization analyzes data/information gathered from various sources. Please		

Admin Worksheet	describe how your organization identifies patterns and trends.		
C3 Admin Worksheet	Please describe your current practices regarding solicitation of feedback from individuals, guardians, and involved families regarding the quality of services provided. How do you respond to issues as they are shared? Examples could include written surveys, discussion forums such as a self-advocates meeting or family forums?		
C3 C4 Admin Worksheet	How do you solicit information obtained from external sources? How is input from internal evaluations, DDS, CMS and other major stakeholders used to develop service improvement goals? CMS has requirements regarding residential agreements and locks on bedroom doors. Can you tell us the status of implementation within the agency? What processes do you use to ensure that individuals' homes are a natural part of the neighborhood and community?		
C5 Admin Worksheet	How do you set benchmarks on service improvement goals? What is the process for making mid-course corrections if necessary?		
C6 Admin Worksheet	Does the organization have a strategic plan under which it is currently operating? Please discuss the rationale for selecting current goals and objectives. How are the plan's objectives and goals measured? With whom does responsibility lie regarding evaluating progress towards these objectives and goals and with what frequency is progress measured?		

Administrative Review Worksheet SAMPLE

Provider:		Date of Admin Review	
Person(s) interviewed:			
Interviewed by:			

This document contains administrative indicators which are rated in part or in total based on the Administrative Review. Implementation as of 7/1/2021

	Licensure Organizational Indicators	Where/ how rated
L2:	Abuse/neglect reporting	Combination of each location's M or NM and anything derived from organizational review (surveys report info from field at consensus with admin info added in)
L3	Immediate Action	Number of successful IA over number of Complaints with Immediate Actions reviewed (validation in the field when indicated)
L4	Action taken	Number of successful Actions Plans over number of completed investigations with Action Plans reviewed (validation in the field when indicated)
L48	HRC	Number of successful HRC over number of Provider HRCs
L65	Restraint report submit	Number of timely restraints over number of restraints which occurred over past 13 months
L66	HRC restraint review	Number of restraints reviewed by the HRC 120 Days from event date over number of restraints which occurred over past 13 months
L74	Screen employees	Number of new employees successfully screened over the number of new employees sampled/ reviewed (10%)
L75	Qualified staff	Number of employees qualified over the number of employees sampled/ reviewed for qualifications/ licenses (eg Nursing; SW)
L76	Track trainings	Number of employees trained in all matters over the number of employees sampled/ reviewed
L83	HR training	Number of employees trained in human rights over the number of employees sampled/ reviewed
L92 (for E/Day service grouping)	Sub-locations are licensed, certified and inspected as required	Number of successful sub-locations over number of Provider owned / operated sub-locations
Certification Organizational Indicators		Where/ how rated
C1	Collects data regarding program quality including but not limited to incidents, investigations, restraints, and medication occurrences.	One score for provider

C2	Analyzes information gathered from all sources and identifies patterns and trends.	One score for provider
C3	Actively solicits and utilizes input from individuals and families regarding satisfaction with services.	One score for provider
C4	Receives and utilizes input received from DDS and other stakeholders to inform service improvement efforts.	One score for provider
C5	Has a process to measure progress towards achieving service improvement goals.	One score for provider
C6	Has mechanisms to plan for future directions in service delivery and implements strategies to actualize these plans.	One score for provider

Restraint indicators	General Process	Interview Questions	Documentation
L65	<p>Reflect on the listing whether each restraint reported within timelines:</p> <p>3 Days to Create: Review the event date and assess the “Restraint Report Created”. This report created date should be within 72 hours (3 calendar days of event), of the event date.</p> <p>5 Days for Managerial Review: The Restraint Manager Review Finalized column denotes the date the restraint report was reviewed and finalized by the provider’s restraint manager. This signifies the date the review responsibilities are passed to service coordination and should occur within 5 calendar days of the date of incident. **This date also presumes that the individual comment has occurred.</p> <p>If the Service Coordinator asks for the restraint report to be redone, the re-submitted date populates this field. Therefore, restraint timelines could appear to be not met, when in fact the provider initially finalized on time. Therefore, once the date is obtained, the team leader will need to drill down to determine whether or not these were initially submitted on time.</p>		<p>The listing of restraint events by the provider for the past 13 months</p>
L66	<p>Reflect on the listing whether the restraint was reviewed by the HRC 120 Days from event date.</p> <p>***If the agency can verify through a review of the Human Rights Committee Meeting minutes that restraint reports were reviewed within required timeframes, the Team Leader may accept this finding to assign a rating of MET for L66.</p>		<p>The listing of restraint events by the provider for the past 13 months</p> <p>HRC minutes reflecting review of restraints</p>

Restraint indicators	EVIDENCE
L65	<i>(list # restraints reviewed and time interval; note dates and instances where 3 or 5 day timeline was impacted)</i>
L66	<i>(list # restraints reviewed and time interval; note dates and instances where 120 day timeline was impacted)</i>

E/ Day sub-location indicator	General Process	Interview Questions	Documentation
L92	Review both CBDS and Employment service sub-locations and check for inspections.	Please provide a list of all provider owned / leased / operated sub-locations, the type of service offered there (to determine the type of inspections needed).	Certificates of Inspection for each sub-location.
L92	<i>(list # of sublocations with current inspections over number of sub-locations)</i>		

Abuse and Mistreatment	General process	Interview questions	Documentation
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<p>L1-L4</p>	<p>Refer to Survey Prep Manual and bring materials as collected on Incidents, Complaints and Investigations from HCSIS.</p> <p>Review documentation and discuss all allegations of mistreatment selected for review to determine what specific Immediate Actions were taken in each situation.</p> <p>Review documentation and discuss all selected substantiated complaints to determine what specific Actions were taken in each situation.</p> <p>In review of provider documentation, such as HCSIS reports, discuss any incidents that seem to rise to the level of reportable allegations.</p>	<p>System for identifying, correcting, and preventing abuse and mistreatment</p> <p>Policies relative to reporting to ensure that it is clear that staff are mandated reporters who are not required to get prior approval to report</p> <p>How does the agency ensure that Individuals and guardians are trained in how to report alleged abuse/neglect?</p> <p>Does the organization have an internal system for reporting potential abuse and mistreatment? How are immediate actions determined and implemented? Is there an internal reporting system for critical incidents? If so, does this system also examine incidents deemed non-reportable as abuse, neglect, or mistreatment? If so, how is that information used?</p> <p>Using a hypothetical scenario for a “reportable event” please walk us through how the event is managed by the organization from start to finish?</p> <p>Frequently, the mandated investigatory process may take a significant amount of time to complete. In those cases you’ve experienced, how does the organization respond in the interim in the absence of official findings?</p>	<p>Decision and Action letters; Complaints; documentation relative to immediate and corrective actions</p>
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	General Process	Documentation	Evidence
<p>☞ L2</p>	<p>Abuse/neglect reporting</p> <p>Reviewed organizationally; then assessed at each location and scored organizationally as the total number of locations plus anything organizationally</p>	<p>Generate Incident Report for the provider 13 months prior to current survey date.</p>	<p><i>(List each incident that meets/ or seems to meet the criteria for DPPC reporting but which was not reported, and note agency response):</i></p>

	<p>revealed) Note: This is rated as an organizational indicator.</p> <p>At each location, surveyors need to cross check incidents and communication logs with what has been reported to determine whether staff at the location are reporting correctly.</p> <p>L2 is a combination of ratings derived from each location and information obtained based on this organizational cross-check presented to the team leader.</p>	<p>Generate Investigation Report for 2 years prior to current survey date to review number and scope of cases.</p> <p>Review incidents that meets the criteria for reportable per mandated reporting/DPPC and assess if reportable incidents had been reported.</p> <p>Identify those incidents that require further follow to ask provider why not reported.</p>	
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L3: Immediate Actions Taken to Protect Health and Safety of Individual(s)

Take the sample of up to 15 complaints for the two-year period from HCSIS. Complaints will be discussed at the Administrative Review. The **actions column** should be used to list what actions were prescribed or noted to be immediately taken. Provider will be asked about what immediate actions have been taken in each of these situations. Review to ensure actions remain in place pending investigation outcome.

Investigation Log #	Immediate Action Taken	Evidence to Support
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
	TOTAL SCORE	

L4: Action is taken when an individual is subject to abuse or neglect

Take a sample of up to 15 Action Plans/Resolutions for a two-year period from HCSIS. Information/Documentation will be reviewed to confirm that actions, as outlined in the report, have occurred. For example, has the re-training, suspension, development of a plan, etc occurred. The **actions column** should be used to list what actions were prescribed by the Action Plan. The **Evidence of Implementation column** should include how we confirmed the actions were completed, and supporting evidence (e.g., or training doc noted staff retrained on 1/13/2020, etc.)

Case Log #	Action(s)	Evidence of Implementation
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

9.		
10.		
11.		
12.		
13.		
14.		
15.		
	TOTAL SCORE	

COMPETENT WORKFORCE	General process	Interview questions	Documentation
L74- L76	<p>Review the following: New hire recruitment, screening and orientation procedures; Orientation materials for new staff; Job descriptions for essential personnel including direct support staff, and service managers.</p> <p>For ABI service providers, review the attestation regarding TB and LEIE screening and review of attestation/ policy on receipt of driver’s licenses.</p> <p>Review a sample (10%) of new employees hired within the past year. Compare the qualifications for the position (e.g. as referenced in job descriptions) to the new hire’s resume/ application for employment.</p> <p>A sample of employee’s applicable licensure or certification is checked to ensure that employee’s credentials are appropriate and current. (e.g. Nursing; Social Work; Psychology).</p> <p>The Team Leader will accept tracking/data systems as “source</p>	<p>Please describe your orientation and ongoing training system. In addition to the mandated trainings, are there other trainings that you require? If so, how often are these required (e.g. prior to working directly with the individual; annually; as needed). How does the agency ensure that staff at each location are familiar with the individual’s unique needs?</p> <p>The agency’s policy and procedures relative to supervision and evaluation of staff</p> <p>Inquire about outside consultants, professionals, and other specialized resources, non-mandated trainings attended by staff such as training in goal development, sexuality, community membership, Information on programs to promote ongoing learning and their utilization by staff , any information on Special Initiatives or ventures that support staff effectiveness, creativity, and morale (e.g. retreat information, diversity information).</p>	<p>Tracking documentation</p> <p>Job descriptions</p> <p>Qualifications from posting</p> <p>Licenses</p> <p>Certificates</p> <p>Training evidence</p> <p>A listing of staff by location, which must include relief staff should be provided. This list also needs to identify the staff by name, appointed to location, and specific roles (e.g. Human Rights Officer, Formal Fire Safety). Most providers have tracking systems in use to monitor staff’s mandated training requirements; please refer to list of required trainings by service type.</p> <p>A verification sample is done by comparing actual training certificates or documents to the data in the tracking</p>

	<p>documents” if a verification sample demonstrates the accuracy of the staff training information that is tracked by the system(s). A verification sample is done by comparing actual training certificates or documents to the data in the tracking system to ensure the agency has an accurate system. The following chart specifies the verification sample size utilized for this process.</p> <p>The sample is also used to directly assess the presence of mandated trainings. When a Provider subcontracts with a relief agency, a signed contract in which the relief agency guarantees to provide only staff trained and certified in First aid and CPR is required documentation. The agency’s system(s) still need to ensure that relief agency staff are current in certifications through sampling or "spot checking" the presence of these certifications periodically.</p> <p>In the event that a provider does not have a tracking system for training, the team will obtain a list of employees and their roles, and primary information on a sample of staff will be reviewed to ensure the accuracy of the staff training information.</p>		<p>system to ensure the agency has an accurate system.</p> <p>The sample is also used to directly assess the presence of current mandated trainings through primary information.</p> <p>The agency’s tracking system or other information will be reviewed to determine whether annual performance evaluations are occurring. E.g. Evaluations –blank forms and dates.</p>
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		Evidence
L74	Screen employees	<p>List the number of employees that met qualifications over the number reviewed.</p> <p>Check system for verifying driver's licenses for ABI employees who drive.</p> <p>List name/ initials and Note date / copy of attestation.</p>
L75	Qualified staff	List the number of employees that met qualifications over the number reviewed.
L76	Track Trainings	List the number staff with all required trainings (L76 – Human Rights Advocate/formal fire for those designated) over the number of staff reviewed.

TRAINING REQUIREMENTS CHART

Indicator	Required Training & Frequency	Residential 24-hour DD & ABI	Individual Home Supports < 24 hour	Placement Services DD & ABI	Respite	Remote Supports & Monitoring	Work/ Community Support
115 CMR 7:05 (6)- Required Training							
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

CENTRALIZED TRAINING REVIEW CHECKLIST - If the provider has a centralized tracking system, select 10% of the total number of employees (If less than 41 employees, use training sample grid to determine sample for each category.)

Agency Name:		Date:	
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TOTAL # OF AGENCY STAFF, NEW HIRES AND LICENSED STAFF	VERIFICATION SAMPLE SIZE FOR AGENCIES
1	1
2-5	2
6-10	3
11-40	4
41 and over	10%, max of 20

Mandated Training –Enter expiration date in corresponding blocks. Compare dates of certifications or documentation of training identified above with the agency printout/list of training for each of the staff in the training sample. **Greyed out columns are location indicators. If tracking system is verified as accurate, surveyors may use tracking system to review the trainings for each location surveyed. * Is required for those staff in the designated roles.**

Staff's Name/ title/location	Date of Hire	*Formal Fire DDS/Fire Dept. (L76)	Fire Safety (L76)	First Aid (L76)	CPR (L76)	PBS (L76)	Incident Rptng (L76)	Universal Precautions (L76)	Transmission Prevention (L76)	DPPC Rptng (L83)	*Human Rights & HRO (L83)	Restraint (L79)	Signs and Symptom of Illness (L80)	MAP (L82)
												Location Indicators		
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														
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18.														
19.														
20.														

Licensed Staff: <u>Staff Name/ Title</u>	<u>Current License</u>	
	<u>Yes</u>	<u>No</u>
1.	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>

New Hires: <u>Staff Name/ Job Title</u>	<u>Qualifications match resume/app</u>	
	<u>Yes</u>	<u>No</u>
		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

HUMAN RIGHTS	General process	Interview Questions	Documentation
L49 Not rated organizationally but info collected here			<p>Grievance procedures for ABI</p> <p>Attestation of Residency agreements with a current roster of individuals / guardians with current agreement</p>
<p>L-48</p> <p>L - 89</p> <p>L-49</p> <p>L1</p>	<p>Review Grievance procedures and for ABI locations, Complaint and resolution processes.</p> <p>Review Human Rights system and roles- Human Rights Coordinator and Human Rights Officers.</p> <p>Review information relative to the Human Rights Committee activities and reviews.</p> <p>Review restraints to ensure review by HRC.</p> <p>Review behavior plans to ensure review by HRC.</p> <p>If the agency has a systemic mechanism for tracking and training individuals and guardians on abuse and mistreatment/ DPPC reporting, each surveyor should verify the training for their individuals/guardians.</p>	<p>How frequently does your HRC meet as a group? How is input from the committee obtained on matters that relate to mandated responsibilities such as allegations of abuse or mistreatment, restraint, etc?</p> <p>What is your process for ensuring that individuals and guardians are familiar with who to talk to in the event of a concern?</p> <p>If the agency has a systemic mechanism for tracking and training individuals and guardians on their human rights and grievance procedures, each surveyor should verify for their individuals/ guardians.</p>	<p>Human Rights Committee membership list and roles</p> <p>Human Rights Committee meeting minutes since the last survey (including attendance)</p> <p>Human Rights Committee By-Laws List of HRC Officers</p> <p>Peer Review Composition and minutes, where applicable (if a Provider PRC)</p> <p>Guardian human rights and grievance information if present</p> <p>Individual human rights and grievance information if present</p>

Provider:

Date:

Human Rights Committee - Worksheet

HRC Membership Requirements:

Each human rights committee shall be composed of: at least five members, who have experience and knowledge relevant to duties of the committee; and include the following:

- at least 3 individuals receiving supports, and/or parents/ guardians/ advocates
- a physician or nurse;
- a psychologist or masters level practitioner with expertise in intellectual disability and developmental disabilities, mental illness, or applied behavioral analysis; and
- an attorney, law student, or paralegal with relevant expertise.

3.09 (1) (c) No members may have a direct or indirect financial interest or administrative interest in the provider; and, where the Department is not the provider, not more than one of the members shall have any direct or indirect financial or administrative interest in the Department.

Member Name	Role/ Expertise	Voting Member?	Financial or Admin Conflict?	Meeting Dates Member Attendance							

Human Rights Committee Review Requirements								
Do HRC meeting minutes include discussion/ review of the following issues?	Dates of Meetings							
Review and Approval of Level II 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) <i>(9.18) (1) Responsibilities for Individuals Who Require Assistance.</i> <i>(a) The human rights committee shall assist an individual involved in a complaint to ensure that his or her rights are adequately protected.</i> <i>(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.</i> <ul style="list-style-type: none"> List log numbers for the 15 Complaints reviewed for L 3, and reference the date the HRC reviewed these Complaints and Investigations 								
Review the authorization and use of all emergency restraints and limitations on movement (Required)								
Physical Restraints (Required)								
Health Related Supports & Protective Equipment (HRC review required for equipment/devices used to address behavior) (Reflected in PBS plans)								
Restrictive Interventions - Restrictions on personal possessions, visitation, privacy, or other restrictive practices. (Required)								
Visitation restrictions <i>5.04 (3): The human rights committee shall be notified of the intention to deny or restrict visitation.</i>								
Personal Possessions <i>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.</i>								
Other Restrictive Practices/Devices (ex. door alarms, locked knives, etc)								

Annual review of agency policies and procedures for compliance with the Department's regulations on human rights (Required)								
Research projects, with approval of DDS (Required)								
Other Reviews								
Visits – Service Locations <i>3.09 (1) (b) 7. - Visit the location where services are provided while they are being provided, with or without prior notice.</i>								
Positive Behavior Supports (For future implementation) 5.14 (13) (a) – (c) 1. HRC review of new PBS plans containing restrictive procedures, e.g., Time Out; Overcorrection; Response Cost; Response Blocking; and Protective Devices & Equipment. 2. Annual HRC review of existing PBS plans with restrictive procedures; or when a new restrictive procedure is introduced.								
Incident reports - If raises to the mandated reporting level then in addition to incident report. <i>13.06: Additional Reporting Responsibilities: Refer the matter to the provider's human rights committee when the incident affects the rights and dignity of an individual who is 18 years of age or older</i>								

HRC Bylaws

The Committee has a governing set of By-Laws which address the following areas:	<u>Yes</u>	<u>No</u>
Membership	<input type="checkbox"/>	<input type="checkbox"/>
Roles & Responsibilities	<input type="checkbox"/>	<input type="checkbox"/>
Frequency of Meetings/Quorums	<input type="checkbox"/>	<input type="checkbox"/>
Terms and Election of Officers	<input type="checkbox"/>	<input type="checkbox"/>

Human Rights Committee Review Results

- Based on the information, does the agency's HRC meeting minute reflect practices and compliance with the regulatory requirements (i.e., relevant items discussed; recommendations clear, Follow-up on recommendations/actions requested)? Yes No
- The Committee meets the following 115.CMR 3.09(c) membership requirements? Yes No
- Based on the above information, do the HRC's meeting minutes reflect practices and compliance with the regulatory requirements (i.e., frequency of meetings, quorum requirements, members with necessary expertise for content discussed were present)? Yes No
- Are there any waivers regarding the agency's HRC submitted as part of this review, and have the conditions of a current waiver been met: Yes No
- 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 if meeting quarterly, 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 (e.g., 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 (e.g., 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 reviews over time; unaware of their role to review restraints. (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.

Planning and Quality Management	General process	Interview Questions	Documentation
C1-C6	<p>Administrative Interview</p> <p>Review related materials in conjunction with interviewing key management personnel.</p>	<p>C-1 Please describe the organization’s process for managing information and collecting data. How and what data is collected, maintained, and analyzed and for what purposes? We are particularly interested in information obtained on individual health and safety, staff competency, and continuous quality improvement. For each, how is data collected and how often compiled and analyzed?</p> <p>C-2 Please describe how your organization analyzes information gathered from various sources. Please describe how your organization identifies patterns and trends.</p> <p>C-3 Please describe your current practices regarding solicitation of feedback from external stakeholders regarding the quality of services provided? Examples could include written surveys, discussion forums such as a self-advocates meeting or family picnic?</p> <p>C-4 How do you solicit information obtained from external sources? How have you addressed CMS requirements through your service improvement planning efforts? How is this information used to create and measure progress toward service improvement goals? How valuable has this</p>	<p>Management reports, systems, and information pertaining to incidents</p> <p>Strategic Planning information/ Agency planning documents</p> <p>Measurements and goals for program quality for each service type</p> <p>Record of the agency’s measurement of their growth and change (e.g. updates on Provider and programmatic goals)</p> <p>Any external surveys, evaluation materials, program evaluation processes and outcomes</p> <p>Satisfaction survey instrument, results and how information has been used</p> <p>Status of changes made as a result of and since the last survey</p> <p>Examples of organizational changes that have occurred since the last survey directly linked to stakeholder input and feedback</p> <p>Internal/ Program evaluation processes, instrument, results, and utilization of information</p> <p>Policies and procedures, where relevant</p>

		<p>information been in identifying/confirming areas for enhancement/improvement? What processes do you use to ensure that individuals' homes are a natural part of the neighborhood and community?</p> <p>CMS now has requirements regarding residential agreements and locks on bedroom doors. Can you tell us the status of implementation with the agency?</p> <p>C – 5 How do you set benchmarks on service improvement goals? What is the process for making mid-course corrections if necessary?</p> <p>C – 6 Does the organization have a strategic plan under which it is currently operating? Please discuss the rationale for selecting current goals and objectives. How are the plan's objectives and goals measured? With whom does responsibility lie regarding evaluating progress towards these objectives and goals and with what frequency is progress measured?</p>	
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Planning and Quality mgmt		Indicators- Yes / No	Evidence <i>(list supporting documents and process, frequency, and outcomes)</i>
C-1	Collects data regarding program quality including but not limited to incidents, investigations, restraints, and medication occurrences.		<i>(List evidence of internal data collection processes including data processes for program quality and incident management.)</i>

C-2	Analyzes information gathered from all sources and identifies patterns and trends.		<i>(List evidence of Provider’s actions to analyze the information above and to identify patterns and themes. Evidence that the provider has analyzed data and prioritized areas for further work.)</i>
C-3	Actively solicits and utilizes input from individuals and families regarding satisfaction with services.		<i>(List how the Provider receives and uses input from the individuals and families. Eg use of satisfaction surveys, family forums, self-advocacy initiatives and /or other informal mechanisms. Outline how the provider utilizes family/ guardian feedback to establish service improvement goals.)</i>
C-4	Receives and utilizes input received from DDS and other stakeholders to inform service improvement efforts.		<i>(List evidence on how the Provider gathers and uses input from external sources such as DDS and other stakeholders to inform service improvement efforts. Eg how feedback from SC site visits and meetings with the AOs is used in on-going service improvement efforts.)</i>
C-5	Has a process to measure progress towards achieving service improvement goals.		<i>(List evidence of specific service improvement targets established and the measurement of progress towards achieving these goals. The provider’s ability to improve quality over time is evaluated within this indicator)</i>
C-6	Has mechanisms to plan for future directions in service delivery and implements strategies to actualize these plans.		<i>(Evidence concerning the provider’s engagement in long range planning activities, project a future vision to improve service quality, and implement a strategic plan which includes programmatic improvements)</i>