

Provider Name:

Location Audited:

Individual Names:

Service Type Audited:

Location owned or leased by Provider:

Surveyor:

Audit Date:

This sheet is organized by topic/ process. The worksheet outlines the standard process for review and includes space to note evidence (+ or -) for rating. Note: as referenced, many indicators have more than one source of information. Please refer to the Tool for more detailed information on sources, how measured, and criteria for standard met.

(§ - pertains when location is owned or leased by provider) (The shaded areas represent processes where evidence should be obtained in accordance with manual)

Highlighted sections reflect changes as of 3/21

Highlighted sections reflect implementation as of 7/21


LOCATION INDICATORS – Rate these indicators for Site Based Day Service Locations (not sub-locations)

GENERAL OVERVIEW– Process Guidelines with Sample Interview Questions

Indicator	Individual interview (possible questions)	Staff interview (possible questions)	Observation	Documentation/ Additional items
L5/ L6	Interview individual about ability to evacuate	What are the evacuation procedures? Frequency of fire drills?	During observation assess mobility, egresses, individuals' ability to navigate the site and evacuate.	Safety Plan Fire drill logs Evaluate the drills to determine if strategies outlined in EESP match what are being used.

FINDINGS:

EVIDENCE

L5:	There is an approved Safety Plan which has the Provider Assurance Form been signed by the provider and DDS Area Office? (<i>Applies to all settings, except site less services – e.g. employment</i>) (<i>Revise every 2 years or when change in composition or individuals' ability to evacuate</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(<i>Note date of signed PAF and if accurate or not</i>)
	Has staff been trained in the safety plan, including strategies for the individual if he or she requires assistance to evacuate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(<i>Use staff training review to note training dates</i>)
	Are staff knowledgeable of how to evacuate individuals in accordance with safety plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
L6: 	Are all individuals able to evacuate the day/work site in a safe, orderly and timely manner with or without assistance from staff? (<i>Are individuals able to evacuate in a safe, orderly and timely manner</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

L7:	Fire drills are conducted as required. <i>(Minimum of 2 fire drills required per year for CBDS sites)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>(Note date of drills for last year)</i>
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Indicator	Individual interview (possible questions)	Staff interview (possible questions)	Observation	Documentation/ Additional items
L50 Rate per indi	Do you like the staff that work with you? Do staff ask your opinion and respect your wishes? Do staff treat you respectfully?		Respectful communication	Staff log and individual documentation reflects positive descriptions of individuals.




FINDINGS:				EVIDENCE
L50: Rate per indi	Written and oral communication with and about individuals is respectful.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Indicator	Individual interview (possible questions)	Staff interview (possible questions)	Observation	Documentation/ Additional items
L54 Rate per indi	If you want to talk to staff about something personal, are you able to do that privately?	Ask about people being supported with privacy in the bathroom or when they want to talk to staff in private.	During observation, watch to see that privacy is observed. Are common/program areas of the site under video surveillance, and if so, are individuals aware/ is posted as being present e.g., cafeteria, program rooms. Check: sharing of personal information; No publicly displayed information about individuals.	Staff log

FINDINGS:				EVIDENCE
L54: Rate per indi	Individuals have privacy when taking care of personal needs and discussing personal matters.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

ENVIROMENTAL REVIEW – Process Guidelines and Sample Interview Questions-Review for Service Site locations						
Indicator	Individual interview (possible questions)	Staff interview (possible questions)	Observation			Documentation/ Additional items
L9: Rate per indi	What appliances and equipment do you use in your day program/work site? Is there any equipment you would like to learn to use?	What appliances and equipment does the person use in their day program/workplace? How do you teach the person to increase their skills or safely use equipment?	Review the individual's independence and skills within their day/work site.			Review the documentation of training in using work-related equipment, cleaning supplies or chemicals.
FINDINGS:			<u>EVIDENCE</u>			
L9: Rate per indi	Individuals are able to utilize equipment and machinery safely.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		

Indicator	Individual interview (possible questions)	Staff interview (possible questions)	Observation	Documentation/ Additional items
L11- L30	Is your day program/workplace clean and safe?	Systems for repairs and maintenance?	Conduct a walk-through of the entire location, both the interior and exterior of the building. Check for cleanliness, safety, maintenance	Inspections, including fire and sprinkler system (as applicable), heating system. Cert of Occupancy for day/work sites and Cert of Inspection from local Board of Health, if site prepares food for sale.
L16	Ask person if there is something they would like to do for themselves or part of the building they cannot use or access to determine if further modifications could be made.	Ask about and observe the person maneuvering and using facilities and amenities of the site.	Location should be accessible to the individuals' sensory and mobility needs.	

ENVIROMENTAL REVIEW FINDINGS:		EVIDENCE			
L11: 	There has been an inspection of the furnace/boiler and water heater (other than electric) within the past year, which indicates that this equipment is safe and free from leaks, cracks, worn or broken wiring and loose connections.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	(Note dates of what and when inspected; inspections within the past 15 mos.)
	Local official's inspection and approval has been obtained for installation of solid fuel-burning equipment (e.g., wood stove).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
	Where there is a sprinkler system, there is a yearly inspection.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	(Note dates of when inspected in last 15 mos.)
	There is a fire extinguisher (A-B-C Type) which is easily seen and accessible in the kitchen area and which remains in the green zone or an inspection tag that indicates not expired. <i>(Applies to CBDS and Employment when location is owned, rented or leased by provider.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
L12: 	There is a fire alarm and detection system in place in accordance with the building use group and the town. <i>(Must meet applicable Massachusetts State Building Code requirements.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
	The fire alarm system, any adaptive devices (e.g., horn, flashing/strobe light) or automatic emergency lighting are operational.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
L13: 	Location is clean and free of rodent and/or insect infestation. Evidence of frequent cleaning and disinfection practices for infection control.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
L14:	Every porch, balcony, deck or roof used as a porch or deck has a wall or protective railing that is in good repair.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
L15:	There is sufficient water pressure to both hot and cold water fixtures (e.g., kitchen, bathroom, laundry room). Hot water temperature tests no higher than 110°. <i>(This indicator is rated in Day if location is owned, rented or leased by the provider.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
L16:	Bathroom fixtures are operable by and accessible to the person.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
	Kitchen appliances are operable by and accessible to the individual. Including ability to use counters.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
L17:	There are two means of egress from floors at grade level §	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
L18:	All other floors above grade have one means of egress and one escape route on each floor leading to grade. §	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
L20:	Exit doors are easily operable by hand from inside without the use of keys. <i>(Double cylinder dead bolt locks that require a key operation are prohibited).</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

L21:	The agency ensures there are no overloaded wall receptacles. All visible cords are free from cracks or wear. Extension cords or multiple plug adapters are not used on any appliance.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
	The agency ensures there is no electrical wiring passing across frequently traveled floor areas, under floor coverings such as rugs, or extending through doorways or other openings.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
	Circuit breakers are labeled.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
L22:	The propane gas tank is located at least 10 feet away from exterior of the building and is properly maintained. <i>(N/A when not present)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
	The washer and/or dryer are free of visible leaks. Dryer vent and filter are properly maintained. The dryer is lint-free.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
	Portable freestanding heaters are only used in limited circumstances and meet standards for use (see 2004 memo). <i>(N/A when not present)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
	All appliances and equipment are clean, operational and properly maintained. (e.g. dryer vents free of lint, filters clean, appliances work,)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
L25:	Potentially dangerous substances are stored separately from food and are in containers that are accurately labeled	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
L26:	Walkways, driveways, and ramps are in good repair, and kept clear in all seasons.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
L27:	If applicable, swimming pools are safe and secure. <i>(Refer to the DDS Pool Policy)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
	Supervision and provider training.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
	Pool Environment is safe with locks.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
	Individual assessment completed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
L28:	The agency ensures that flammable materials and gas-fired equipment is properly stored. Oxygen is stored properly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
L29:	There is no rubbish or combustibles stored near the heating equipment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
L30:	The exterior of the building, including porches, garages, is in good condition including paint and/or siding trim and shutters, fences, garages and sheds on the property, porch, deck or patio, and roof (free from peeling paint, rotted wood and holes, dents/rusted parts).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
L73	The Provider has a current DOL certificate.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	

L92 Review when at a subloc	Inspections and Certificate of Occupancies are posted. <i>(note that this gets rated at the admin level. However, when doing a visit/ observation at a provider owned/ leased sub-location, please note whether relevant inspections are posted as required at the particular sub-location)</i>	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a	<i>(note type of sublocation visited and presence of inspections)</i>
Notes:					

PERSONAL SAFETY – Process with Sample Interview Questions						
Indicator	Individual questions	Staff questions	Observation		Documentation/ Additional items	
L91:	Ask individual about any accidents or injuries.	Interview staff for knowledge of incident definitions and reporting requirements. Ask if the guardian (as applicable) was notified of major incident)			Review documentation (individual and location) to assess whether reportable items noted within communication log, individual record, or interview were also submitted as incident reports. Cross check to ensure any incident that was reportable to DPPC had been. (Timeline -1 day – Major, 3 day minor – 7 business day finalization)	
PERSONAL SAFETY - FINDINGS			EVIDENCE			
L91:	Incidents are reported and reviewed as mandated by regulation. <i>(Review for last 13 months of incidents in HCSIS))</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	



COMPETENT WORKFORCE – Process with Interview Questions						
Indicator	Individual questions	Staff questions			Observation	Documentation/ Additional items
L85:		Ask about support/supervision- frequency Ask about oversight and monitoring of the location in general				Staff meeting minutes Team meeting documentation Evaluations and ongoing supervision
COMPETENT WORKFORCE		YES	NO	N/A	Evidence	
L78:	Staff are trained to safely and consistently implement restrictive interventions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(use staff training review to note training dates for behavior plan, restrictions)	
L79:	Staff are trained in safe and correct administration of restraint.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(use staff training review to note training dates)	
L80:	Support staff are trained to recognize signs and symptoms of illness. <i>(Observation guidelines & just not right)</i>	<input type="checkbox"/>	<input type="checkbox"/>		(use staff training review to note training dates)	
L81:	Support staff know what to do in a medical emergency. Are first aid supplies maintained at the site?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			
L85:	The agency provides ongoing supervision, oversight and staff development.	<input type="checkbox"/>	<input type="checkbox"/>			
	Ongoing supervision in place; ongoing staff meetings in line with policy	<input type="checkbox"/>	<input type="checkbox"/>			
	Staff consistently instructed when things change; staff consistently implementing change in policies and procedures.	<input type="checkbox"/>	<input type="checkbox"/>			
	Supervision and oversight in place to assure compliance with agency/program guidelines and practices	<input type="checkbox"/>	<input type="checkbox"/>			
	When regular monitoring reveals issues, supervisors work with staff on identified issues to ensure correction.	<input type="checkbox"/>	<input type="checkbox"/>			
C20: Rate per indi	Back up plans are in place and staff and individuals are familiar with what to do in the event of an emergency.	<input type="checkbox"/>	<input type="checkbox"/>		(reflect back up plan and information obtained on knowledge through interview)	

INDIVIDUAL INDICATORS Name:

MEDICATION AND HEALTH REVIEW – Process and Sample Interview Questions

Indicator	Individual interview (possible questions)	Staff interview (possible questions)	Observation	Documentation/Additional items
L8 L37- L39 L46 L63- L64	Do staff understand and help you with your medical needs?	Does the individual have a specific health condition that requires a protocol for staff to follow at day program/work site? Do staff administer any medications for the individual? Any behavior modifying medications/sedatives prior to appointments?	Check to see that any necessary equipment outlined in protocol is present and functional.	Copy of EFS on site Training Documentation for medical treatment protocols. Medication review if medications administered to person at day/work site. Review medication treatment plan if behavior modifying medication administered to person at day/work site.




MEDICATION AND HEALTH REVIEW FINDINGS:


Person's Initials:		Evidence (specify if different person)			
	Does the individual have any health concerns? If yes, what are they?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
L8:	Is there an Emergency Fact Sheet, and is it completed accurately? (Compare Health Record's to meds listed on EFS, check medical conditions needed by EMS are listed, accurate contact info)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		(Refer to EFS interpretations)
L37:	Individuals receive prompt treatment for episodic health care conditions. Staff are familiar of what to do if a person is ill.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
L38: 	Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team). (e.g. dysphagia, insulin-dependent diabetes, seizure disorder, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
L39:	Special dietary requirements are followed. (Rate compliance with special diets such as textured diet; low calorie, gluten free; does not include dysphasia diets that are part of a broader Health Care Management Plan rated in L38)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	(Rate if individual required staff support to follow/manage special diet at day program/work site)
L46 	All prescription medications are administered according to the written order of a practitioner and are properly documented on a Medication Treatment Chart. (Refer to Medication Guide; refer to current MAP guidelines and advisories)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	(Refer to Medication Guide – review MARs for three months; list months reviewed)

MEDICATION GUIDE

Day Services: The purpose medication guide to determine if the individual is receiving his or her medication properly; that is if the individual is receiving the right medication, the right dosage, at the right time and by staff who are trained to give medications.

Process: Ask for 12 months of medication administration records. Select the current month and two other months to evaluate that medications are given appropriately.

Indicator/ Svc Apply	Requirement	Guideline	Evidence			
L46:  Day & Employ	All prescription medications are administered according to the written order of a practitioner.	Practitioner can include a physician, dentist, physician's assistant, nurse practitioner).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
L46:  Day & Employ	All prescription medications are documented on a Medication and Treatment chart that specifies: <ul style="list-style-type: none"> Name and dosage; When and how the medication is to be given; If medication ordered is for a set number of days, start and stop dates; and Special instructions for administration. 	<ul style="list-style-type: none"> Documentation of all of the following is consistent: <ul style="list-style-type: none"> -Medication labels on the container -Medication and Treatment form. -Health Care Practitioner's Order. -Where applicable, both generic and brand names are listed. -Documentation on Medication and Treatment chart is in ink (no white out, erasers or mark-overs) 	Yes	No	N/A	
		<ul style="list-style-type: none"> Medication ordered for the "hour of sleep" should be given just before the individual goes to bed or as specified by the practitioner. If Ancillary Practices (ie, vitals, high alert medications, etc) are required for medication administration, there are written parameters from the practitioner. See MAP Policy Manual, 08-1-8. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
L46:  Day & Employ	<u>PRN Medications</u> Medications are not prescribed for restraint purposes, but may be prescribed for treatment purposes only.	<ul style="list-style-type: none"> Medication Administration Policy Manual, Policy 06-2. Example: Tylenol 325mg, 1 tab by mouth every 6 hrs as needed for a fever >101. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicator/ Svc Apply	Requirement	Guideline	Evidence			
	For PRN medications, the prescribing practitioner must provide a statement of specific, observable criteria for determining when the medication is needed.	<ul style="list-style-type: none"> Observable criteria should be specified on the practitioner's order, label, and medication and treatment chart. 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
L46:  Day & Employ	<u>Over-The-Counter-Medications</u> Written approval for over-the-counter (OTC) medications are obtained from the practitioner.	See MAP Policy Manual, 06-9. <ul style="list-style-type: none"> A practitioner's order is required for OTC medications. OTC medications are administered according to the same procedures used to administer prescription medications. * OTC Method A: A label is applied by the pharmacy as prescription medications are labeled; or * OTC Method B: A licensed professional must verify the contents of the OTC medication or preparation (if not labeled by the pharmacy).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
	<u>Medication Occurrences</u> A Medication Occurrence (MOR) form is completed for the following: wrong individual, medications, time, dose, route (e.g., mouth, skin).	See MAP Policy Manual, 9-1.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

MEDICATION	PRACTITIONER'S ORDERS	CONTAINER LABEL	EXPIRATION DATE	MEDICATION AND TREATMENT CHART	EMERGENCY FACT SHEET <i>(Note Errors in EFS in L8)</i>	SIDE EFFECTS

HEALTH AND MEDICATION REVIEW –General / location specific			Evidence	
L44 The location where the medication is being administered by certified staff is registered by DPH	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	(Note # and Exp. Date)
L45 Medications are stored in a locked container or area in which nothing except such medications are stored. <ul style="list-style-type: none"> Controlled Substances (Schedule II – V) are double locked. Example: Locked box within a locked cabinet. Only authorized staff have access to the key to the locked container or area (MAP Policy, 10-2). Controlled substances are double locked in the refrigerator. Medications or ointments used externally are stored separately from medications taken internally. 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
L82 Medications are administered by licensed professional staff or by MAP certified staff for individuals unable to administer their own medications. (See current MAP training, testing and certification information)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	(Use staff training review to note training dates)

Behavior Modifying Medications: 115 CMR 5.15(4)				
Rate this for sampled individual. Rate for the person, only if the day service is administering behavior modifying medication.				
Person's Initials:	YES	NO	N/A	Evidence
L63 Does the ISP or Medication Treatment Plan (MTP) contain the following? <ul style="list-style-type: none"> A description of the behavior to be controlled/modified? Data on the behavior prior to the medication forming a basis from which the clinical course is evaluated? Information about side effects, procedures to minimize risks and clinical indications for terminating the drug? 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 		
L 64: Is the Medication Treatment Plan identified in the ISP If the drug is an anti-psychotic medication: <ul style="list-style-type: none"> Is the individual capable in fact of consenting? If not, is there court approved treatment plan and Rogers Monitor in place? 	<input type="checkbox"/> <input type="checkbox"/> 	<input type="checkbox"/> <input type="checkbox"/> 	<input type="checkbox"/> 	
Notes:				

FUNDS MANAGEMENT AND COMMUNITY REVIEW – Process and Sample Interview Questions

Rate this for sampled individual. If the individual is independent in managing his/her funds, rate the indicators for another person receiving the service.

1. **Process: Review if the agency controls the individual's spending money. Ask for one year worth of financial transaction records.**
2. **Review 3 months' worth of information (FTR, receipts) to determine whether money is tracked appropriately and spent for items that benefit the individual. Check purchases to see that they make sense for the person**
3. **Check that the beginning balances of each month match the ending balance of the previous month. Check that receipts are available for denominations => than the agency policy.**

Indicator	Individual interview (possible questions)	Staff interview (possible questions)	Observation	Documentation/ Additional items
L67-69	Do you hold your own money? Do staff help you with spending your money?	Inquire about access, security and general pattern of financial activities and support. Ask about the oversight, monitoring, and auditing practices of this location. Ask how joint purchases are made and tracked. Ask about the education and guidance that is offered to individuals to make purchases and spend money on an ongoing basis.	Assess individual's interest in managing their spending money, the value of money, and current practices regarding training and increased independence. Where money is kept?	FTRs Receipts ISP – Training plan when applicable

FUNDS MANAGEMENT AND COMMUNITY REVIEW FINDINGS:

Person's Initials:		YES	NO	N/A	Evidence Specify if different person from sampled
L67:	Does the agency have management responsibilities for the individual's funds? If yes, is there: <ul style="list-style-type: none"> A written plan of the shared or delegated management responsibilities? Agreement of the individual, guardian or conservator to the plan? A training plan to eliminate or reduce the need for assistance (unless there is a clinical evaluation that the individual cannot learn how to manage or spend his or her funds or the ISP indicates no)? 	<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"/>	<input type="checkbox"/>	

L68:	Are expenditures only made for purposes that directly benefit the individual? There is <u>no</u> borrowing or lending of the person's funds by provider? The individual is <u>not</u> paying for goods or services that should be covered by the provider (e.g., staff expenses, gas)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(note examples of expenses made with dates)
L69:	If there is funds management responsibilities does the provider assist the individual to manage his or her funds including: <ul style="list-style-type: none"> Having a record of each transaction (including date, amount received or spent, on what the funds were spent, who was involved, and receipts for expenditures over \$25 or in accordance with agency policy)? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Note the three months of transactions reviewed)

GOAL ACCOMPLISHMENT, SKILL ACQUISITION REVIEW: Process and Sample Interview Questions

Indicator	Individual interview (possible questions)	Staff interview (possible questions)	Observation	Documentation/ Additional items
L77		Does the person have any unique physical, sensory, medical or emotional support needs? (ex. cerebral palsy, Prader-Willi, Williams Syndrome, Bi-polar disorder, blind or hearing impaired) What is the person's unique preferences in areas such as interaction style, routines, etc?	Observe if staff are knowledgeable and sensitive to the individual's unique support needs.	Training Documentation in unique diagnoses
L88:	Do you get enough support to work on your goals?	What goals are you assisting the person to works towards and how are you assisting them? How do you monitor that individuals are being supported to work on goals and are achieving success?		Documentation at a minimum should identify what goals are being worked on, when the goals are being addressed, and the results of the support. Data on goal accomplishment Support strategies
C13 (CBDS only)	Ask about things that the person does for themselves, and what they would like to do more independently.	Ask/ observe staff support to increase independence.	Staff interactions to determine whether time,	

		Ask what the person is able to do for themselves. What does staff do for them?	space, support is given to increase independence.	
C44: (CBDS only)	Ask if the individual is interested in working / getting a job.	Ask if individual is supported to explore their work interests and work options.		Applicable assessments of work interests and work opportunities.
C45: (CBDS only)	Ask if the individual can change their routines and schedules, if they wish to.	Are individuals able to change their daily routines and schedules, if requested?	Observe if individuals are supported to change their routines.	
C54: (all services)	Ask person if there is something that they need in order to work or accomplish something more independently to determine if Assistive Technology may be beneficial.	If assistive tech is in place, ask the staff how the person uses it and if they need to provide any support to use. What training was provided to you regarding the individual's Assistive Technology?	Observe for assistive tech or adaptive equipment (i.e., auditory alerts, low vision modifications, automated devices).	Look for an assessment – formal/informal to identify what assistive tech might be beneficial. Is there an AT support plan in place? If so, is it followed?

GOAL ACCOMPLISHMENT, SKILL ACQUISITION REVIEW FINDINGS:					
Person's Initials:			Evidence		
L77:	The agency assures that staff are familiar with and trained to support the unique needs of individuals.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
L86:	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	(note date due and date submitted)
L87:	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	(note date due and date submitted)
L88:	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
C13:	Staff provide support for individuals to develop skills to enable them to maximize independence and participation in typical activities and routines. (applicable to CBDS only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
C44	As appropriate, individuals are supported to explore job interests. (applicable to CBDS only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
C45	Individuals' routines and schedules are revisited regularly. (applicable to CBDS only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
C54:	Individuals have the assistive technology and/or modifications to maximize independence. (applicable to CBDS and employment)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

Notes:

INDIVIDUAL INDICATORS cont. Name:

MEANINGFUL AND SATISFYING DAY ACTIVITIES:

Process and Sample Interview Questions

Indicator	Individual interview (possible questions)	Staff interview (possible questions)	Observation	Documentation/ Additional items
C40-C43 (CBDS only)	Ask about interests in community activities. Ask about frequency and type of community activities they are involved in. How does staff help you to meet new people?	Ask about support for individuals to realize their preferences in community activities. How often does individual engage in preferred community-based activities?	Are individuals interested in and engaged in community-based activities?	Schedules Calendars Receipts for community activities

MEANINGFUL AND SATISFYING DAY ACTIVITIES:

Person's Initials:		Evidence		
C40	Individuals are supported to explore interests for community involvement.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
C41	Individual is supported to participate in community activities of interest.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
C42	Individuals are involved in activities that connect them with other people.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
C43	Individuals are supported to develop and sustain contacts and relationships.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

ACCESS AND INTEGRATION:

Process and Sample Interview Questions

Indicator	Individual interview (possible questions)	Staff interview (possible questions)	Observation	Documentation/ Additional items
C46, C47	Ask about familiarity with generic resources. Ask how the individual gets to work/day service. Use of public transportation?	Familiarity with generic community resources, including public transportation services.	Observe if individuals are learning to use generic community resources.	Applicable assessments

C50 (Employment)	Ask about the individual's participation in workplace events, e.g., holiday parties, summer picnics, volunteer activities.	Is the individual invited to workplace events, along with co-workers?		
ACCESS AND INTEGRATION				
Person's Initials:		Evidence		
C46:	Staff support individuals to learn about and use generic community resources (<i>applicable to CBDS only</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
C47:	Individuals have full access to the community through transportation available and/or provided (<i>applicable to CBDS and employment</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
C50	Individuals are supported understand and become a part of the culture of the workplace (including workplace social activities and events). (<i>applicable to employment only</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Notes:				

CAREER PLANNING, DEVELOPMENT, AND EMPLOYMENT:			Process and Sample Interview Questions	
Indicator	Individual interview (possible questions)	Staff interview (possible questions)	Observation	Documentation/ Additional items
C22-C37(Applicable to Employment only); C38-C39 applies to CBDS if on a pathway to employment	<p>Ask about employment interests, goals, and skills.</p> <p>If employed, ask about the person's job, days/hours worked. Do they like their job?</p> <p>Are they able to complete the job independently? Do they work in a team?</p>	<p>How are individuals supported to find jobs? How is agency connected with local businesses and employers?</p> <p>What is the agency's process for assessing work interests, work skills, needs for accommodations?</p> <p>Does the individual have a career plan? How often is it reviewed?</p>	<p>Observation of individual at work might not be possible.</p> <p>Interview/observation of individual could occur at worksite during lunch or break, with prior agreement</p>	<p>Career Plan</p> <p>Work interest and skills assessments</p> <p>Information on wages/benefits, performance reviews.</p> <p>Review job coach/case manager contact notes.</p>

	<p>Are they satisfied with their hours? Do they wish to do something different?</p> <p>Who do they call or turn to if they have problems at work? Supervisor? How often do they talk to or see their job coach?</p> <p>Ask about their current wages. Can they take sick days or vacation time? How does employer conduct performance reviews with the person?</p>	<p>Is the individual working? # of hours? What is the frequency of contact with the individual? The individual's supervisor/employer?</p> <p>How did the individual learn about their rights as an employee? Learn about job benefits? Employer's process for performance reviews? Wages and raises? Opportunities for advancement?</p>	of individual and employer/job coach.	
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CAREER PLANNING, DEVELOPMENT, AND EMPLOYMENT:					
Person's Initials:			Evidence		
C22	Individuals are supported to explore job interests.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
C23	Provider used variety of methods to assess individual's skills and interests.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
C24	Provider has developed a plan that identifies job goals and support needs.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
C25	Individuals receive support to develop job skills to reach goals.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
C26	Career plan addresses how entitlements can be managed while employed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
C27	Provider supports individual to understand the benefits of integrated employment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
C28	Provider develops connections with local businesses for job development.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
C29	Individuals are supported to obtain work that matches their skills and interests.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
C30	Individuals are supported to work in integrated settings.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
C31	Individuals receive needed job accommodations and supports.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

C32	Individuals receive at least minimum wage or wages based on prevailing wage.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
C33	Provider supports individuals to understand worker rights and benefits.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
C34	Provider has plan for optimal level of ongoing job support.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
C35	Individuals receive feedback on job performance.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
C36	Individuals are supported to retain or advance in their jobs.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
C37	Individuals are supported to develop appropriate interpersonal skills at work. <i>(Applies to CBDS & Employment)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
C38 (rate in CBDS for those on pathway)	Specific habilitative and behavioral goals necessary to prepare individuals for work are identified.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
C39 (rate in CBDS for those on pathway)	There is a plan developed to identify job goals and support needs that would lead to movement into supported employment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

HUMAN RIGHTS, COMMUNICATION, CHOICE AND CONTROL REVIEW – Process and Sample Interview Questions

Indicator	Individual interview (possible questions)	Staff interview (possible questions)	Observation	Documentation / Additional items
L 1	<p>What would you do if you were being mistreated by someone? If someone hurt you or was unkind to you?</p> <p>What would you do if you saw someone else being mistreated?</p> <p>Have you heard of the Disabled Persons Protection Commission (DPPC)?</p> <p>Has someone spoke to you about how to report something to DPPC? If you needed help to contact DPPC, is there someone you could turn to for help?</p>	<p>How are guardians informed of DPPC and how to recognize abuse, neglect and mistreatment?</p> <p>How are individuals informed?</p>	Posting of DPPC info	<p>Training docs</p> <p>Guardian info docs</p>
Findings: Person's Initials:			EVIDENCE	
L1:	Individuals have been trained and guardians are provided with information in how to report alleged abuse/neglect.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Indicator	Individual interview (possible questions)	Staff interview (possible questions)	Observation	Documentation / Additional items
L31-L32	<p>Ask about the person's primary language and if they can communicate with their staff and co-workers.</p> <p>Ask if the person uses telephone or cell phone to communicate with supervisor or co-workers. Or text? Use Skype or Facetime?</p> <p>Does the person need help making a call? Or texting?</p>	<p>What is the person's primary communication method? (Spoken, Assistive Tech, gestures)</p> <p>What language do they use? (English, ASL, Portuguese, Spanish, etc).</p> <p>Ask if staff who are fluent in the person's primary language are available. What is their schedule and availability?</p> <p>Does this person need assistance to read/understand written instructions or correspondence? If so, describe the supports provided.</p>	<p>Observe to determine if staff demonstrate an ability to effectively communicate with the person.</p> <p>If the person uses an augmentative communication devices, ask to see that it is operational.</p> <p>Ask about and look for operational necessary communication devices</p>	Communication Assessment
L49	If you are not happy with something, is there someone you can go to? (Assess if the person feels free to seek out someone who will assist him	Who is the HR advocate/officer?		Review documentation of

	<p>or her with a problem or if he or she does not feel safe.)</p> <p>Do you know your human rights advocate?</p>	<p>How did the person receive training in human rights? Training on how to file a grievance?</p> <p>What is the process for the person to file a grievance?</p>		<p>annual HR training to the person.</p> <p>Assess the adequacy of materials used to train individuals in human rights. Review information shared with guardians.</p> <p>Review agency grievance procedure</p>
<p>L51-</p> <p>L52</p> <p>L55</p>	<p>Can you use the telephone or a cellphone during lunch and breaks?</p> <p>Do you have enough privacy when using a phone or other communication technology?</p>	<p>Are there rules and guidelines for individuals about using cell phones or keeping other personal possessions while at day program/worksites?</p> <p>What is the agency's process for obtaining consent to use images/photographs or biographical information about individuals on the agency's website? Newsletter or marketing materials?</p>	<p>Observe that people can use cell phones during breaks and in private, if needed.</p>	<p>Review agency website and publications for images of individuals and review documentation of consent to use these images.</p>
<p>C7</p> <p>C8</p>	<p>Ask about input into staff hiring and evaluation.</p> <p>Ask about staff characteristics preferences.</p>	<p>Ask about recent hiring and the process for including individual input into hiring. Ask about knowledge of individuals preferred staff, non-preferred staff and how ongoing feedback on staff is collected and used (eg supervision, evaluations)</p> <p>What is the process for including individuals that are unable to communicate?</p> <p>What is agency process for communicating with guardians and involved families? Frequency and purpose.</p>		<p>Documentation of feedback from hiring interviews</p> <p>Staff feedback forms</p> <p>Assesses feedback on staffing at two separate and distinct intervals – prior to hire and as part of the ongoing evaluation process)</p>
C51	<p>Satisfaction with services and supports. Ability to make changes when problems arise.</p>	<p>Ask about the person's decision making and support. Advocacy for individual when change is desired.</p>		

L72 (for indi paid sub-min wage)		What job(s) is the individual being paid at sub-minimum wages? Ask about frequency of time studies for individuals paid hourly. How are wages calculated for piece-rated jobs?		Review process for calculating sub-minimum wages for piece rate and hourly wage jobs. Production records and pay stubs for up to last 6 months. Time studies for hourly rated work semi-annually.
Person's Initials:			EVIDENCE	
L31:	Staff understand and can communicate with individuals in their primary language and method of communicating.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
L32:	Individuals receive support to understand verbal and written communication.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
L51:	Individuals can access and keep their own possessions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
L52	Individuals can make and receive phone calls and use other communication technology.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
L55:	Informed consent is obtained from individuals or their guardians when required; Individuals or their guardians know that they have the right to withdraw consent. Media consent is obtained per new guidance.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
C7:	Individuals have opportunities to provide feedback at the time of hire and on an ongoing basis on the performance/actions of staff.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
C8:	There are opportunities for communication between guardians, family members, and staff on a regular and timely basis.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
C51	Staff are knowledgeable about individual satisfaction and support desired change.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
L72	Sub-minimum wages earned are paid in accordance with Department of Labor (DOL) requirements for compensation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

(note media consent parameters and date)

(Use DOL worksheet for guidance)

HUMAN RIGHTS REVIEW, SPECIFIC INDICATORS

Indicator	Individual interview (possible questions)	Staff interview (possible questions)	Observation	Documentation / Additional items
L10 L56 L57-60	Ask individual if any areas of the building or general supplies (e.g. food, scissors, tools) are locked.	Does the individual have any concerns that may put them or others at risk (e.g. medical, behavioral)?	Observe how risk plan / behavior plan is implemented.	Risk Plan; Behavior Plan/PBS Plan Staff training Data collection system
L61-62 L84	Ask if individual needs/receives help with any supportive equipment or devices	Are there areas of the building or general supplies that are locked and inaccessible to individuals, e.g., Does the individual have a behavior plan / PBS plan? Assess staff's knowledge of the plan. Does the individual use any supportive/protective equipment at the site? Does the person need assistance from staff in applying or using the equipment/devices?		Written plan that outlines restriction, including plan to fade over time. Written authorization for supportive equipment/devices. Log for monitoring/cleaning, as applicable HRC approval for devices that limit movement

Person's Initials:				Evidence		
L10:	The provider implements interventions to reduce risk for individuals whose behaviors may pose a risk to themselves or others. <i>(Check HCSIS to see if person selected has a risk plan)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<i>(note the risk, the interventions used, and any gaps)</i>	

L56:	Interventions or restrictive practices						
If restrictive practice exists, rate the circumstances for the person— as either the individual who requires the restriction or a person who is impacted by it.							
Are any individuals being supported with restrictive Practices? If no, STOP HERE.				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Evidence
Person's Initials:							

<p>For the one person for whom the restriction is needed:</p> <ol style="list-style-type: none"> 1. Restrictive practices outlined in writing, identifying the rationale, and outlined as the least restrictive alternative. Eg door chimes for elopement, locked knives, auditory monitors 2. A plan for elimination or fading is included with the rationale as part of the document 3. Agreement is needed from the legal decision maker for the individual is being imposed. Restrictive procedures- all agreements “through the ISP” are considered annual. 4. Inclusion in the ISP 5. HRC review of the plan. 	<p>YES</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>NO</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>		
<p>For the other individuals at the location for whom the restriction is not needed:</p> <ol style="list-style-type: none"> 1. The provider needs to develop provisions for these individuals so as to not unduly restrict them (a mitigation plan; mitigation practices) Eg. providing key or access to key for locked equipment or supplies such as knives, scissors. Sometimes these provisions are written into the above plan, and not as a separate document. 2. Guardians/ individuals are informed of the restriction which is in place at the location and understand the mitigation plan for the person. 	<p>YES</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>NO</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>N/A</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	


<p>Behavior Plans, Guidelines or other Interventions [115 CMR 5.14] Please note: <i>Italicized items are specifically required for behavior plans containing any Level II or III interventions.</i> If Level III interventions are being implemented, please refer to the DDS regulations for additional special requirements.</p>						
<p>Rate this for sampled individual. If the individual does not require a behavior plan, rate the indicator for the Cluster A person. If not relevant to A person, ask if anyone is supported with a behavior plan. If so, apply indicator to that person.</p>			<p>YES</p>	<p>NO</p>	<p>N/A</p>	<p>EVIDENCE</p>
<p>Are any behavior plans, guidelines or interventions with negative components or restrictive elements being implemented with any individual? If no, STOP HERE.</p>			<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>		<p><i>(If a PBS plan has a restrictive component in it, then we are not rating L 58 and L59.)</i></p>
<p>Person's Initials:</p>						
<p>L57:</p>	<p>Is the intervention part of a written plan?</p>		<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>		
<p>L58:</p>	<p>Is the intervention based on an identified, individual need?</p>		<p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>		

	<i>The desired positive replacement behavior(s)?</i>	<input type="checkbox"/>	<input type="checkbox"/>		
	<i>The Level(s) of the intervention(s)?</i>	<input type="checkbox"/>	<input type="checkbox"/>		
	<i>The target behavior(s) to decrease</i>	<input type="checkbox"/>	<input type="checkbox"/>		
	<i>A rationale based on a functional analysis of the target behavior(s) and antecedents?(Level II or III)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
	<i>Less restrictive alternatives/measures tried and that this is the least intrusive intervention possible?</i>	<input type="checkbox"/>	<input type="checkbox"/>		
	<i>Who will provide clinical oversight?(Level II or III)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<i>Outline procedures for monitoring, documenting and clinical oversight of the plan?(Level II or III)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
	<i>Criteria for eliminating or revising the plan?</i>	<input type="checkbox"/>	<input type="checkbox"/>		
L59:	Was the intervention reviewed and approved by: * Is the plan incorporated into the ISP? * Human rights committee? (if restrictive component) * Peer review (Level 2 Plans) committee? * Physician or qualified health care professional working under a Physician's supervision? (Level 2 or 3 Plans)	<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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
L60:	Data is maintained regularly and reviewed as required to determine the plan's efficacy. Plans are revised when indicated by data shows effect or when it is not effective?	<input type="checkbox"/>	<input type="checkbox"/>		

Supports and Health Related Protections				
Rate this for sampled individual. If the individual does not utilize an S&P, rate the indicator for another person. Ask if ask S&Ps are applicable to anyone else at the location. If so, apply indicators to that person.				EVIDENCE
Person's Initials:				
L61:	Does the individual's record demonstrate that the provider has assured that all Health-related supports and protective equipment are: a. Described with specificity in the order authorizing their use OR within an intensive PBSP authorized by a qualified PBS clinician; b. In accordance with principles of good body alignment, concern for circulation, and allowance for change of position; c. Are in good repair and properly applied; and d. In accordance with safety checks and opportunities for exercise as specified by the order authorizing their use? e. With documentation as to the frequency and duration of use. Written protocol for use including items such as when to use, cleaning and care of device; documentation of use and safety.	<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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

L62:	<i>Supports or Health Related Protections used for preventing harm during self-injurious behaviors (behavioral purposes):</i> <i>a. The continued need is outlined in the ISP</i> <i>b. Reviewed by the Human Rights Committee</i>	<input type="checkbox"/>	<input type="checkbox"/>	
L84:	Evidence of staff training and knowledge including demonstration of proper use Supports & HRP	<input type="checkbox"/>	<input type="checkbox"/>	<i>(use staff training review to note training dates)</i>

ADMINISTRATIVE INDICATORS – Process with Sample Interview Questions

Indicator	Individual questions	Staff questions	Observation	Documentation/ Additional items
L2:	.	What is the agency policy on reporting to the DPPC? Have you received training? Please give an example of a reportable event	Posting of info	Review communication logs and incident reports for events that should have been reported and cross check with investigations.
ADMINISTRATIVE INDICATORS FINDINGS: Validation at location for admin scoring			EVIDENCE	
L2: 	Allegations of abuse/neglect are reported as mandated by regulation.		<i>(Note incident report or event that was not reported & any staff not knowledge of reporting)</i>	
L4:	Action is taken when an individual is subject to abuse or neglect. <i>(If completing an audit at a location that is included in the sample of action plans selected then the double validation rule applies. If none, note a preliminary Not Rated (N/R) and validate there are no action plans identified during audits).</i>			
L65:	Restraint reports are submitted within required timelines. <i>(Cross check records to ensure that all instances of restraint have been reported)</i>			

Staff Training Review for Location and/or Individual

L 82: MAP requirement - Should be at main office and on-site ** If note a change in protocols in the MAR ask about re-training.

Training Specific to the individual:

Type	Who Can Train
Glucose Monitoring	Nurse, PCP, Pharmacist
Oxygen <i>Must have Vital Sign too</i>	Nurse, Rep Therapist or Vendor Company - LPN cannot train and a competency review
Warfarin (Coumadin)	RN, NP, PA, RPH or MD. LPN can do a competency review. Haven't admin in 12 months have to be retrained
Clozapine <i>Must have Vital Sign too</i>	RN, NP, PA, RPH or MD. LPN can do a competency review. Haven't admin in 12 months have to be retrained
Epi-Pen Vitals, CPR and First Aid	RN, NP, PA, RPH or MD. Recommended annually
G-Tube; J-Tube Vitals, CPR, First Aid	RN, PCP, NP Every two years & Haven't admin in 6 months have to be retrained. Training material should be on-site
Transcription Training	MAP Trainer Anyone who is responsible for transcription needs Provider specific training on provider specific process and protocols

General Training:

Type	Who Can Train
Vitals	RN or LPN

Behavior Plans— L78

Health Related Supports and Protective Equip – L84

Health-Management Protocols – L38

Special Diets – L39

Restrictive Interventions – L78

Specialized MAP Training – L82 (Epi-Pen, G-Tube, Vital signs, etc.)

Risk/PICA Plans – L10

** Use the completed schedules to establish list of current staff, **which may include new staff and relief staff as well as regular staff.**

*** For MAP training review – Use Medication Administration Records to determine who administered medications during the month(s) selected for MAP review. Use records to determine who transcribed medications.

For location-based trainings, review all staff who are on the current two-week schedules. If the following information is available on the agency's Tracking System, which has been verified as accurate, use that information. If this information is not outlined in the tracking system, assess all staff's receipt of training at the site. Criteria for met: Minimum of at least

one person per shift must be trained, and no one without training should be working alone. (Shaded areas are always rated).

Staff's Name / Employment Status: Full-time, Part-time or Relief	Safety Plan(L 5)	Signs &Sym(L80)	Health Related(L84)	MAP Cert (L82)					
1.									
2.									
3.									
4.									
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** Do not apply training requirements to staff who are new and currently in Location Orientation. (Establish that the staff never works alone.)

**Evidence of staff knowledge of strategies and protocols can be reflected through interview or observation in the absence of training documentation.