

GUIDELINES AND TOOLS FOR RATINGS
for
Indicators concerning DOL and wages:

While it is the primary role of DOL itself to assure compliance with all aspects of DOL standards, there is a key role for OQE. The role of the OQE surveyor is to assess whether the individuals are paid comparable wages and benefits as other employees, by evaluating general compliance with DOL standards. In most circumstances, OQE will point out any possible inconsistencies and request that the agency seek out further clarification from the Regional Dept of Labor office. There are several indicators which will be rated:

L72: Sub-minimum wages are earned in accordance with the Department of Labor (DOL) requirements for compensation.

L73: The provider has a current DOL certificate.

C32: Wages earned are in accordance with at least minimum wage or prevailing wage rate.

L73: If the agency pays any individual sub-minimum wage, ask to see the **Certificate Authorizing Special Minimum Wage Rates Under Section 14(c) of the Fair Labor Standards Act**. These are identified as Community Rehabilitation Program or Work Center certificates. They must be publicly displayed and are renewed every two years.

L72: Review **prevailing wage** surveys for both piece rate and hourly wage jobs. The prevailing wage is the rate paid to experienced non-disabled workers in the geographical vicinity, performing essentially the same work under the same conditions.

- a) may be equal to minimum or higher
- b) not based on entry level wages
- c) usually based on three sources, which must be documented.
Documentation must include name, address and phone number of firm or other source contacted. Must be reviewed and adjusted at least annually.

The prevailing wage must be used when determining piece rate or hourly rate time study.

1. Ask to see the production records of the individual for at least the last six months.
2. See if individual is being provided work for full day or if engaged in excessive 'down-time'. (Ask staff how they code non-productive time)
3. Review wages and productivity averages.
4. Check that time studies for hourly rated work have been completed semi-annually and that the time study reflects the current duties of the individual. (Not required for piece rate).

Definitions:

The following information is offered for surveyors to become familiar with some of the frequently used DOL terminology. There may be times when surveyors may want to provide some technical assistance to agencies based on the information below. Examples are included in some cases to illustrate common and acceptable practices.

Piece Rate - Usually determined by the provider using stopwatch time study to establish standard production rates or normal productivity of non-disabled workers.

- a) Determined by taking the prevailing industry wage rate divided by the standard number of units per hour. Example: 900 units per hour /5.50hr = 16.3 cents per unit.
- b) Not required to pay for lunch or break times.

Hourly Rate - Used when piece rates cannot be determined (janitorial, cafeteria etc.)

- a) Should be based on a simplified job analysis Example--kitchen worker

Mop/ Sweep - 1.0 hours per day x 25% productivity * = .25
 Dishwashing - 3.0 hours per day x 80% productivity * = 2.40
 Pots and Pans -1.0 hours per day x 25% productivity * = .25

Totals 5 hours 2.90

$2.9 / 5 = 58\%$

* Productivity should be determined by time study comparing the individual’s time to those of experienced workers.

- b) D.O.L. recommends using a 90/10 form (Productivity/Quality), although not required.

Quantity of work	58% x .9	= 52.2%
Quality of work	100% x .1	= <u>10.0%</u>
Total		62.2 %

- c) Hourly rate would be 62.2% of prevailing wage
- d) Initial productivity evaluation should be made within first month of employment.
- e) Productivity must be evaluated and adjusted at least every 6 months.
- f) Break periods need to be paid for when paid on an hourly basis.

Minimum Wage - Minimal wage established by federal or state government primarily for entry-level positions

Prevailing Wage. - The rate paid experienced nondisabled workers in the vicinity, performing essentially the same work under the same conditions.

- a) may be equal to minimum or higher
- b) not based on entry level wages
- c) usually based on three sources which must be documented.

Documentation must include name, address and phone number of firm or other source contacted. Must be reviewed and adjusted at

least annually.

Commensurate Wage - The wage paid to a worker with a disability based on the individual's productivity in proportion to the productivity of an experienced worker.

Worker Certificate - Certificate granted to employers by Department of Labor, authorizing them to pay special minimum wages. Must be publicly displayed and renewed annually.

Compensable Time - Those hours during which an individual is actually performing productive work and those hours when no productive work is performed but the individual is required to remain available for the next assignment. Examples - individual works at car wash, or is part of a work crew which travels from one work site to another (travel time must be paid).

Noncompensable time - Individual is completely relieved from job duties and is not required to remain available. Alternative programming or activities such as self-help skill training and job interviewing training fall under this category.

D.O.L. Guidelines Related To Work Experience- There are some instances where individuals can do work and not be compensated. For example individuals can work anywhere with support for up to **2 hours** and not be paid. This provides organizations with a strategy to determine both interest and skill level of individuals. (This strategy is often underutilized by the agency.) Longer non-paid work experiences are also possible utilizing the guidelines below:

- 1 Limited to 5 hrs voc exploration, 90 hours voc assessment, 120 hours voc training
2. The training is for the benefit of the individual.
3. Regular employees are not displaced.
4. The employer derives no immediate advantage from the activities of the individual.
5. Individual is not entitled to a job after training.
6. Individual under direct supervision from rehabilitation staff or employees of business.
7. Placement written into rehabilitation plan.

The key to compliance is often the existence of #7, a written plan outlining the purpose of the experience with agreement by all parties.

D.O.L. Guidelines Related To Volunteer Work

1. Position should be open to the general public plus 2-6 above.

The key issue to check on is who performs the job when the individual is not there. If other volunteers are used then it is likely a true volunteer position; if paid employees are being used then it is not a purely volunteer position.

Worksheet for rating comparable treatment, wages and benefits:

Individual performs paid work? Yes No If no, stop here.

Individual is paid a sub-minimum wage? Yes If yes, complete all sections No

Individual is paid at least state minimum wage? Yes If yes, move to section 3. No

SECTION 1: Organizational considerations *(This section need only be completed by one team member designated to collect this information for the team.)*

Provider has Federal DOL Certificate for Authorizing Special Minimum Wage Rates? Yes No Provider has State DOL Certificate? Yes No

Provider has conducted **Prevailing Wage Surveys** for:

Piece Rate Wages Yes No N/A (These types of jobs not offered.)

Hourly Rate Wages Yes No N/A (These types of jobs not offered.)

Prevailing Wage Surveys are in line with the guideline definitions (see below): Yes No

- a. Equal to state minimum wage or higher
- b. Not based on entry-level wages
- c. Based on three sources, which must be documented.
- d. Reviewed and adjusted at least annually

SECTION 2: Individual considerations for sub-minimum wages. *(Review production records, including wage and productivity averages for past six months)*

Individual performs: Piece work* Hourly wage jobs

Individual participates in: Employment Supports (Day support's primary focus is on employment)
 Combination of work and non-work activities (e.g., CBDS)

Individual's wage is calculated using prevailing wage as determined by the Prevailing Wage Surveys? Yes No

Is the work performed in the manner upon which the time study was determined? Yes No

Have time studies for hourly wage been completed semi-annually? ** Not required for piece rate* Yes No

SECTION 3: Individual Considerations for equitable treatment and benefits.

Wages are comparable to other company employees performing the same work? Yes No
(If individual is paid a sub-minimum wage, this question would be answered to correspond with the findings of section 2.)

Individual is eligible for comparable benefits (holiday, sick, vacation leave, raises, bonuses, overtime, etc.) to those offered other company employees?

Yes No

Does the individual participate in any volunteer activities?

Yes No

If so, this position meets the criteria for volunteering outlined in the guidelines?

Yes No

Comments: _____

DDS REG. #	Requirement	Guideline	<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>COMMENTS</u>
5.15(5)	Department of Public Health (DPH) Registration (105 CMR 700.003) Medications are only given by licensed professional staff or by staff who have completed the Medication Administration Training Program and are certified by DDS to administer medications.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.15(6)	The location where the medication is being stored by certified staff is registered by DPH.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.15 (11)	Programs shall permit and encourage self-medication by individuals capable of self medicating, provided that: (a) the risks of misuse or abuse to the individual and others within the program are minimal, and (b) the program provides the individual with adequate training and assistance.	A self-medication assessment is on file that indicates that the individual has been assessed as having the skills necessary to administer their own medications. The self-medication assessment has been referenced in the ISP and reviewed annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.15 (7)(a)	<p style="text-align: center;"><u>Storage</u></p> 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). 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.15 (7)(d)	Medications or ointments used externally are stored separately from medications taken internally.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

DDS REG. #	Requirement	Guideline	<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>COMMENTS</u>
5.15 (7)(a)	Medications requiring refrigeration are stored in a locked container in the refrigerator.	<ul style="list-style-type: none"> Controlled substances are double locked in the refrigerator. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.15 (7)(b)	<p style="text-align: center;"><u>Storage</u>, cont.</p> <p>Individuals who are self-medicating have their prescription medication stored in such a way as to be inaccessible to other individuals.</p>	<ul style="list-style-type: none"> Medications may be unlocked if they pose no risk to the individual and other individuals; <u>but</u> all narcotics, barbiturates and tranquilizers must be in a locked container or area when living with others. At work, medications are kept on the person or in a locked container (e.g., locker). 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.15 (9)(a)	<p style="text-align: center;"><u>Medication Administration</u> (Prescription medications)</p> <p>All prescription medications are administered according to the written order of a practitioner.</p>	<p>Practitioner can include a physician, dentist, physician's assistant, nurse practitioner).</p> <p>Homeopathic treatments also required a written order of a practitioner to be administered.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.15 (10)(a)	<p>All prescription medications are documented on a Medication and Treatment chart that specifies:</p> <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 	<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 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

DDS REG. #	Requirement	Guideline	<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>COMMENTS</u>
	number of days, start and stop dates; and • Special instructions for administration.	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).	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
	<u>Medication Administration</u> , cont.	<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 vital signs are required for medication administration, there are written parameters from the practitioner. See MAP Policy Manual, 06-6. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.15 (10)(a)	Staff are aware of the potential side effects of the medication.	Must have drug information sheets, drug book, or on-line access at the location. Staff must know to recognize when something unusual occurs, to check for side effects at this time, and to know where side effect information is kept Staff must know that certain medications have a small therapeutic dosage window (e.g. Lithium, Warfarin, Insulin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.15 (8)(a)	Where the individual routinely takes medication at more than one location, the medication is packaged and labeled by the pharmacist or the HCP.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

DDS REG. #	Requirement	Guideline	<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>COMMENTS</u>
5.15 (8)(b)	For non-routine situations of less than 72 hours, dose(s) may be re-packaged, but must contain the same information as the pharmacist's label (e.g., Leave of Absence).	See MAP Policy Manual, 11-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	There should be an adequate supply of all ongoing medications.	Medications are ordered and obtained in a timely manner in order to maintain an adequate supply of medications at all times. It is recommended that there always be a 7-10 day supply on hand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.15 (9)(h)	<p style="text-align: center;"><u>PRN Medications</u></p> <p>Medications are not prescribed for restraint purposes, but may be prescribed for treatment purposes only.</p> <p>For PRN medications, the prescribing practitioner must provide a statement of specific, observable criteria for determining when the medication is needed.</p>	<ul style="list-style-type: none"> • Medication Administration Policy Manual, Policy 06-2. Example: Tylenol ii tabs po q6 hrs prn for a fever >101. • Observable criteria should be specified on the practitioner's order, label, and medication and treatment chart. • The agency should have a protocol for notification to the health care professional when prn orders are being administered. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.15 (9)(g)	<p style="text-align: center;"><u>Over-The-Counter-Medications</u></p> <p>Written approval for over-the-counter (OTC) medications are obtained from the practitioner.</p>	<ul style="list-style-type: none"> • See MAP Policy Manual, 06-9. • A practitioner's order is required for OTC medications. • OTC medications are administered according to the same procedures used to administer prescription 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

DDS REG. #	Requirement	Guideline	<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>COMMENTS</u>
		medications. <ul style="list-style-type: none"> OTC need to be labeled in accordance with MAP policy 06-9. 				
5.15 (10)(a)	<p align="center"><u>Medication Occurrences</u></p> <p>A Medication Occurrence (MOR) form is completed for the following: wrong individual, medications, time, dose, route (e.g., mouth, skin).</p>	<p>See MAP Policy Manual, 9-1 and 9-2.</p> <p>Staff must be aware of when to call the MAP consultant and who the MAP consultant is.</p> <p>Staff need to be aware of the process for reporting a medication occurrence.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	