

**DEPARTMENT OF DEVELOPMENTAL SERVICES  
OFFICE OF QUALITY MANAGEMENT  
LICENSURE AND CERTIFICATION  
SELF ASSESSMENT AND TARGETED REVIEW PROCESS  
FOR AGENCIES RECEIVING A FULL 2 YEAR LICENSE**

**Appendix W**

**Revision  
2021**

## **Introduction**

Agencies that receive a full two- year license are eligible for a self- assessment and targeted review. The self- assessment and targeted review processes are seen as a mechanism to recognize providers that achieve a full two- year license. Providers that receive a full two- year license are typically those that are already invested in quality management and improvement activities. They are concentrating their efforts on a continuous approach to identifying and correcting issues as an integral and imbedded component of their service and support system. The self-assessment and targeted review process is a recognition of this focus and builds upon the work providers are doing to support continuous quality improvement.

The following description outlines the general framework for a self-assessment and targeted review process.

### **I. Pre-Survey Preparation**

Survey planning begins 60 to 90 days prior to the expiration date of the provider's license after the provider submits the completed Application. While in most instances, providers that received a full two- year license will have maintained the quality of their supports, there may be situations that suggest that conducting a full review would be in order. As such, QE will consult with Operations staff and jointly make a determination regarding whether a full or targeted review will be conducted. In addition, a Provider can elect to have a full licensure review.

Factors to consider for doing a full review include but are not necessarily limited to the following:

- Major changes in the leadership of the provider agency,
- Consolidation of the agency with other providers
- Significant rise in incidents, restraints, or substantiated investigations
- Significant performance issues that have been documented (For example, as part of the Annual Standard Contract Review process)
- Significant growth and/or the addition of new services

Prior to the survey, the provider and the applicable Area and Regional Offices should have a dialogue regarding the provider's current status, including a discussion of information relative to the above factors. This is a time to discuss with the Regional Director their potential recommendation for the Self-assessment / targeted review or a full licensure survey.

### **II. The Survey Process**

The Licensure and certification survey process consists of two components: the self-assessment process conducted by the provider and the targeted licensure and certification review process conducted by licensure and certification staff.

Regarding both licensure and certification, the Provider alternates between receiving a full licensure and certification review and a targeted review of licensure and certification indicators, receiving the full licensure and certification review every four years. DDS conducts the full licensure and certification review. Targeted reviews include a review of all licensure indicators not met in the previous cycle, a review of critical indicators, and a review of all certification indicators which were not met in the previous cycle. If the Provider is conducting the Self-assessment Review, the Provider will as part of this process conduct both licensure and certification reviews. If OQE is conducting a full Review, DDS will as part of that process conduct a review of both licensure and certification.

**a) Provider Self Assessment:**

**Scope of Review:**

- The provider conducts a review of all applicable licensure and certification indicators including all critical indicators and all indicators which were not met in the previous survey.

**Process:**

- The process will include assessment of all of the applicable licensure and certification indicators. The provider will complete information describing their self-assessment and quality improvement processes. For each indicator, the provider will assign a rating, and for all indicators rated Not Met, will note any issues identified, status of the indicator at this point in time, and corrective actions to be taken.

**b) DDS Targeted Review and Self-assessment validation process**

**Scope of Review:**

- DDS conducts a review of the 8 critical indicators and all the licensure and certification indicators where the standard was not met during the previous cycle.

**Process:**

- The review of the indicators referenced above is conducted by a combination of processes including:
  - Administrative review,
  - auditing and on-site/virtual review processes

**III. Determination of Licensure level**

Scores from the two components: the self-assessment process conducted by the provider and the targeted review process conducted by DDS are combined and a determination made on the licensure and certification levels. Where both the Provider and DDS is assessing the presence of an indicator, for example, review of critical

indicators, the determination as to whether the standard is met will be made by DDS using the audit process. The levels of licensure as a result of the self-assessment and targeted review process are the same as those determined as a result of a full survey.

<b>Licensure levels</b> Licensure levels and certification results are issued separately. Certification results are noted by service type and reflect the number of indicators met over the number rated Licensure Designations by Service Grouping: Service Grouping: <b>Residential and Individual Home Supports</b> including: 24 hour residential, placement, respite and individualized home supports Service Grouping: <b>Employment and Day Supports</b> including: Integrated employment, supported employment, center based work, and community based day supports.				
Cycle one	2 Year License	2 Year License with Mid-cycle Review	Defer Licensure	Recommendation to De-license
<b>Criteria for Licensure Levels</b>	Service Grouping meets <b>at least 80% of all indicators including all 8 critical indicators</b>	Service Grouping meets <b>60% - 79% of all indicators including all 8 critical indicators</b>	Service Grouping meets <b>60% or more of all indicators, but does not meet one or more of the 8 critical indicators.</b>  <b>Defer Licensure decision pending results of follow-up.</b>	Service Grouping meets <b>59% or less of the indicators.</b>  <b>Recommendation to de-license</b> → Operations either accepts this recommendation or develops and implements a 60 day corrective action work plan with the Provider

#### IV. Specific Procedures:

##### Pre-survey preparation:

Provider received a Two- Year License at the previous full survey, and as a result,

- QE sends the Application with information on the self-assessment process

##### 120-150 days prior to expiration date-**Application** goes out with **APPLICATION LETTER**

- The provider is informed that they are **eligible** for a self assessment/ targeted review, but can choose to have a full review.
- The Provider is informed that Operations and QE will review to determine whether there are major changes in the organization, consolidation, rise in incidents, or performance issues, and will render a decision on whether a targeted review or a full survey will be conducted.
- Upon receipt of the Application, the provider should plan to speak with the Regional Director(s) to begin the discussion of review of their current status and the Regional Director's potential determination.

##### 90-120 days prior to expiration date- **LETTER / EMAIL TO REGIONAL DIRECTOR(S)**

- A letter is sent to the Regional Director asking for their determination regarding the conduct of a full vs. self-assessment.

- Data on incidents, restraints, and investigations for the two year period since the last survey is included.
- The QE Director will check whether any Initial Reviews on new services have been conducted since the last survey and provide this information as well.

**90 days prior** to expiration date-

- Application is returned by provider.
- Decision is received from the Regional Director(s) on whether to conduct a full vs. self assessment.
- Regional Director and QE consult and render a joint decision regarding the scope of review.
- If the decision is made to proceed with a full survey, the Regional Director will meet with the Provider to review the factors resulting in this determination.

**45 days prior to start date** (start date is between 75 days prior to the expiration date to 15 days following the expiration date) – **45 DAY LETTER**

- The 45 day letter is sent to the Provider, with copies to region, outlining the scope of the review, and describing DDS and Provider roles.
- For self-assessment and targeted review, the letter spells out expectations for the self assessment, including expectations for content and timelines for completion.
- **GUIDELINES ON SELF ASSESSMENT (Attachment 1)**
- **BLANK SELF ASSESSMENT FORM (Attachment 2)**

**On Site for the Survey:**

- **Provider** submits the completed self-assessment form to DDS by the survey start date (day one). QE provides technical assistance and instruction regarding the quality and completion of the self-assessment.
- **DDS** conducts a targeted survey with review of all critical indicators and all licensure and certification indicators previously not met. The survey begins with an initial meeting to receive updated information since the last survey.

**End of Survey:**

- **COMPLETED SELF ASSESSMENT FORM** is reviewed by DDS and provider information and scores entered into the data base.
- **COMPLETED DDS TARGETED REVIEW** on critical and indicators not met in the previous survey is completed by OQE.
- Service Enhancement Meeting is held; the licensure level is determined based on the combined results from DDS and the Provider.
- **PROVIDER REPORT**– The final Provider report is issued, incorporating the findings and ratings from both the provider and DDS into one report.

**Guidelines for completion of Provider Self-assessment form (section 1)**

The guidelines below are to be used for providers that will be undergoing a targeted review and self-assessment process. Please begin completing this form forty- five days prior to the survey and return the completed form to the survey team by the first date of the survey. The following describes how to complete the self-assessment form.

In addition, it is anticipated that providers will engage in various quality assurance activities on an ongoing basis, long before this survey. You may find this tool helpful to utilize for ongoing quality improvement efforts.

Please see sample Provider self- assessment form attached. Please follow the instructions below relative to the following sections of the attached report:

**Section 1 - Cover page:**

- **Please describe your self-assessment process.** How have you determined that the indicators are being met for individuals? While the provider is not required to utilize an audit process to review the status, there needs to be some mechanism by which the agency evaluates its performance on an ongoing basis and at this point in time. Please describe your system/ strategy for assuring that the standards are met. These strategies should provide you with sufficient information to rate each of the indicators. To take one indicator as an example, the agency needs to determine whether water temperature continues to remain within appropriate limits. If water temperature is recorded as part of a monthly maintenance check, an assessment could be made through a review of water temperature numbers as indicated on the maintenance check lists. An assessment could also be made through a direct review “spot check” of water temperature at the homes. Please briefly summarize all mechanisms used to self-assess. For example, a sample of individual (confidential file) and location documentation (fire drills), and systems documentation (monthly maintenance records) was reviewed by the Director of Quality Assurance and summary data forwarded to the Executive Director. Another example, residential director conducts a -visit to a sample of homes utilizing the tool and reports findings to the Executive Director. Lastly, some providers engage in several different quality assurance activities by topics, for instance having separate systems of oversight for human rights, maintenance, and health care promotion. If this describes your agency, please outline each system. For example, note that the maintenance system involves the maintenance department traveling to each location and completing a 30 point monthly checklist of each location, and the health care system involves monthly visits by Nursing staff who review individual’s medications, health care needs, recommendations from clinicians, diet, screenings and specific treatment protocols.

**Section 2 - Self-assessment Rating pages:**

- The provider will be given a pre-populated form, listing all applicable indicators for the Service Grouping which is being self-assessed. The Prior DDS rating assigned at the previous cycle will also be noted.
- **Provider Self Assessment Rating** – For each indicator listed, the provider completes their rating in the right hand column. The provider should rate Met if the indicator is systemically in place, as substantial compliance is the standard for “met”. OQE utilizes an audit approach with 80% threshold considered substantial compliance. A rating of “not met” is appropriate if the self-assessment reveals that the indicator is not consistently in place across the agency’s services and/or if corrections have not been fully realized at this time. For example, while the agency developed tighter systems six months ago, the review of current information notes that overnight fire drills are not consistently occurring across locations. The provider should rate “not met” for any indicator where there is not substantial compliance yet, but there are ongoing and /or future plans to correct the items. For example, a rating of “not met” in the Human Rights Committee indicator would be appropriate if in the past year the Human Rights Committee has met three times and not had an attorney, and the provider has scheduled quarterly meetings for the future and recently recruited an attorney for the Human Rights Committee.

**Section 3 - Supplemental information to be completed for each indicator that the provider rates as “Not Met”**

- **Issues identified** – The provider should outline what specific issues were identified. Please complete for any rating of Not Met. The provider may find that the indicator is not substantially met and has identified an issue. For example, mandated trainings were tracked and many long term staff were trained in first aid, CPR, MAP and fire safety, however, most new employees were delayed in obtaining first aid training, due to the absence of a trainer for a significant period of time.
- **Actions planned to address issues** – The provider needs to outline steps that are planned to correct the issue identified. The agency should also note the timeline for these actions, and when they anticipate this indicator being systemically met.
- **Comments, such as any changes or plans for systems improvements** – This section is optional, and can be completed in the event that the provider has additional comments that they would like to note. It can also be utilized to convey additional information on an indicator which was met. For example, there are plans for systemic enhancement in an area that the provider elects to share.

**Section 2 – SAMPLE FORM**  
**Provider Self-Assessment Report**  
**Completed by Provider**

Provider:

Provider Address:

Executive Director/President completing the form

Date(s) of assessment:

Executive Director/President signature

Self-Assessment Scope and results:		
Service Grouping	# Licensure Indicators std. met/ reviewed	# Certification Indicators std. met/ reviewed
Residential and Individual Home Supports		


**Description of Self-Assessment  
Process**

Please self-assess and rate all indicators listed.




**Licensure Indicators to be self-assessed:**

**Residential and Individual Home Supports indicators:**

**Personal Safety**

Indicator number	Indicator description	Prior DDS Rating	Provider self-assessment rating
L1	Abuse/neglect training	MET	
L5	Safety Plan	MET	
 L6	Evacuation	MET	
L8	Emergency Fact Sheets	MET	
L9	Safe use of equipment	MET	
L10	Reduce risk interventions	MET	Met

### Environmental Safety

Indicator number	Indicator description	Prior DDS Rating	Provider self-assessment rating
 L11	Required inspections	MET	
 L12	Smoke detectors	MET	
 L13	Clean location	NOT RATED	
L14	Site in good repair	NOT RATED	
L15	Hot water	NOT RATED	
L16	Accessibility	MET	
L17	Egress at grade	MET	
L18	Above grade egress	MET	
L19	Bedroom location	NOT RATED	
L20	Exit doors	MET	
L21	Safe electrical equipment	NOT RATED	
L22	Well-maintained appliances	NOT RATED	
L25	Dangerous substances	NOT RATED	
L26	Walkway safety	NOT RATED	
L27	Pools, hot tubs, etc.	NOT RATED	
L28	Flammables	NOT RATED	
L29	Rubbish/combustibles	NOT RATED	
L30	Protective railings	MET	



### Communication

Indicator number	Indicator description	Prior DDS Rating	Provider self-assessment rating
L31	Communication method	MET	
L32	Verbal & written	MET	

### Health

Indicator number	Indicator description	Prior DDS Rating	Provider self-assessment rating
L33	Physical exam	MET	
L34	Dental exam	MET	
L35	Preventive screenings	MET	



L36	Recommended tests	MET	
L37	Prompt treatment	MET	
 L38	Physician's orders	NOT RATED	
L39	Dietary requirements	NOT RATED	
L40	Nutritional food	MET	
L41	Healthy diet	MET	
L42	Physical activity	MET	
L43	Health Care Record	MET	
L44	MAP registration	NOT RATED	
L45	Medication storage	NOT RATED	
 L46	Med. Administration	NOT RATED	
L47	Self medication	MET	

#### Human Rights

Indicator number	Indicator description	Prior DDS Rating	Provider self-assessment rating
L49	Informed of human rights	MET	
L50	Respectful Comm.	MET	
L51	Possessions	MET	
L52	Phone calls	MET	
L53	Visitation	MET	
L54	Privacy	MET	
L55	Informed consent	NOT RATED	
L56	Restrictive practices	NOT MET	
L57	Written behavior plans	NOT RATED	
L58	Behavior plan component	NOT RATED	
L59	Behavior plan review	NOT RATED	
L60	Data maintenance	NOT RATED	
L61	Health protection in ISP	NOT RATED	
L62	Health protection review	NOT RATED	
L63	Med. treatment plan form	NOT RATED	
L64	Med. treatment plan rev.	NOT RATED	
L67	Money mgmt. plan	MET	

L68	Funds expenditure	MET	
L69	Expenditure tracking	NOT MET	
L70	Charges for care calc.	MET	
L71	Charges for care appeal	NOT MET	
L90	Personal space/ bedroom privacy	NOT MET	

#### **Competent Workforce**

Indicator number	Indicator description	Prior DDS Rating	Provider self-assessment rating
L77	Unique needs training	MET	
L78	Restrictive Int. Training	MET	
L79	Restraint training	NOT RATED	
L80	Symptoms of illness	MET	
L81	Medical emergency	MET	
Ⓟ L82	Medication admin.	NOT RATED	
L84	Health protect. Training	NOT RATED	
L85	Supervision	MET	

#### **Goal Development and Implementation**

Indicator number	Indicator description	Prior DDS Rating	Provider self-assessment rating
L86	Required assessments	NOT MET	
L87	Support strategies	NOT MET	
L88	Strategies implemented	MET	

#### **Organizational indicators:**

##### **Personal Safety**

Indicator number	Indicator description	Prior DDS Rating	Provider self-assessment rating
Ⓟ L2	Abuse/neglect reporting	MET	
L3	Immediate Action	MET	
L4	Action taken	NOT RATED	

##### **Human Rights**

Indicator number	Indicator description	Prior DDS Rating	Provider self-assessment rating
L48	HRC	NOT MET	
L65	Restraint report submit	NOT RATED	
L66	HRC restraint review	NOT RATED	

**Competent Workforce**

Indicator number	Indicator description	Prior DDS Rating	Provider self-assessment rating
L74	Screen employees	MET	
L75	Qualified staff	MET	
L76	Track trainings	MET	
L83	HR training	NOT MET	

<b><u>Certification Indicators to be self-assessed:</u></b>
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**Planning and Quality Management indicators:**

**Planning and Quality Improvement**

Indicator number	Indicator description	Prior DDS Rating	Provider self-assessment rating
C1	Provider data collection	MET	
C2	Data analysis	MET	
C3	Service satisfaction	MET	
C4	Utilizes input from stakeholders	MET	
C5	Measure progress	MET	
C6	Future directions planning	MET	

**Individual Home Supports indicators:**

**Communication**

Indicator number	Indicator description	Prior DDS Rating	Provider self-assessment rating
C7	Feedback on staff / care provider performance	Not Met	
C8	Family/guardian communication	MET	

**Supporting and Enhancing Relationships**

Indicator number	Indicator description	Prior DDS Rating	Provider self-assessment rating
C9	Personal relationships	MET	
C10	Social skill development	MET	
C11	Get together w/family & friends	MET	
C12	Intimacy	Not Met	

**Choice, Control and Growth**

Indicator number	Indicator description	Prior DDS Rating	Provider self-assessment rating

C13	Skills to maximize independence	MET	
C14	Choices in routines & schedules	MET	
C15	Personalize living space	MET	
C18	Purchase personal belongings	MET	
C19	Knowledgeable decisions	MET	
C20	Emergency back-up plans	MET	
C21	Coordinate outreach	MET	
C51	Ongoing satisfaction with services/ supports	MET	
C52	Leisure activities and free-time choices /control	MET	
C53	Food/ dining choices	MET	
C54	Assistive technology	Not Met	

#### **Access and Integration**

<b>Indicator number</b>	<b>Indicator description</b>	<b>Prior DDS Rating</b>	<b>Provider self-assessment rating</b>
C16	Explore interests	MET	
C17	Community activities	MET	
C46	Use of generic resources	MET	
C47	Transportation to/ from community	MET	
C48	Neighborhood connections	MET	
C49	Physical setting is consistent	MET	

**Details of Provider NOTMET Licensure**  
**Indicators:**

(Please complete the section below for any indicator in which a Provider self-assessment rating of NOT MET was given)

**Residential/ Individual Home Support indicators:**

<b>Indicator and DDS Rating</b>				
<b>Provider rating</b>				
<b>Issue Identified</b>				
<b>Actions occurred/ planned to address issues</b>				
<b>Comments</b>				

<b>Indicator and DDS Rating</b>				
<b>Provider rating</b>				
<b>Issue Identified</b>				
<b>Actions occurred/ planned to address issues</b>				
<b>Comments</b>				