



**PROVIDER REPORT  
FOR**

**Aspire Living and Learning  
80 Erdman Way, Suite 103A  
Leominster, MA 01453**

**October 10, 2023**

**Version**

**Public Provider Report**

**Prepared by the Department of Developmental Services  
OFFICE OF QUALITY ENHANCEMENT**

## **SUMMARY OF OVERALL FINDINGS**

**Provider** Aspire Living and Learning

**Review Dates** 9/6/2023 - 9/12/2023

**Service Enhancement Meeting Date** 9/25/2023

**Survey Team**

Elsa Adorno  
Carole Black  
Andrea Comeau (TL)  
Melanie Hutchison  
Eric Lunden  
Danielle Chiaravallotti

**Citizen Volunteers**

<b><u>Survey scope and findings for Residential and Individual Home Supports</u></b>					
<b>Service Group Type</b>	<b>Sample Size</b>	<b>Licensure Scope</b>	<b>Licensure Level</b>	<b>Certification Scope</b>	<b>Certification Level</b>
<b>Residential and Individual Home Supports</b>	14 location(s) 18 audit (s)	Targeted Review	DDS 16/24 Provider 63 / 68  79 / 92 Defer Licensure		DDS 21 / 22 Provider 58 / 64  79 / 86 Certified
Residential Services	4 location(s) 6 audit (s)			DDS Targeted Review	16 / 20
ABI-MFP Residential Services	1 location(s) 3 audit (s)			DDS Targeted Review	20 / 20
Placement Services	8 location(s) 8 audit (s)			DDS Targeted Review	18 / 20
ABI-MFP Placement Services	1 location(s) 1 audit (s)			DDS Targeted Review	20 / 20
Planning and Quality Management (For all service groupings)				DDS Targeted Review	5 / 6
<b><u>Survey scope and findings for Employment and Day Supports</u></b>					
<b>Service Group Type</b>	<b>Sample Size</b>	<b>Licensure Scope</b>	<b>Licensure Level</b>	<b>Certification Scope</b>	<b>Certification Level</b>
<b>Employment and Day Supports</b>	2 location(s) 15 audit (s)	Targeted Review	DDS 16/18 Provider 51 / 54  67 / 72 2 Year License 09/25/2023-09/25/2025		DDS 2 / 3 Provider 35 / 38  37 / 41 Certified 09/25/2023 - 09/25/2025
Community Based Day Services	1 location(s) 9 audit (s)			DDS Targeted Review	13 / 14
Employment Support Services	1 location(s) 6 audit (s)			DDS Targeted Review	19 / 21
Planning and Quality Management (For all service groupings)				DDS Targeted Review	5 / 6

## **EXECUTIVE SUMMARY :**

Aspire Living and Learning is a private, nonprofit human service and educational organization based in Berlin, VT. Founded in 1981 as The Institute of Professional Practice (IPPI), Aspire provides a range of services and supports to adults and children in four New England states and in Maryland. In Massachusetts, Aspire supports adults with DD/ID as well as adults with acquired brain injury (ABI) in a range of residential, day, and employment models. Services that were subject to the current Department of Developmental Services (DDS) licensing and certification review included 24-hour residential services, residential services for acquired brain injury (ABI), placement services, placement services for ABI, community-based day supports (CBDS), and employment services.

The agency was eligible and received approval from the DDS Regional Office to conduct a self-assessment of its quality management processes for the current licensing and certification cycle. This occurred in conjunction with a targeted licensing review completed by the Office of Quality Enhancement (OQE). The targeted review focused on eight critical licensing indicators applied to residential supports, six licensing indicators and two certification indicators that were not met during the previous cycle, along with nine licensing indicators that were added or revised since Aspire's last survey. Additionally, a full review of certification indicators within the ABI placement service was conducted as this was a new service since their last survey. With regards to Employment and Day Supports, this review focused on the eight critical licensing indicators and one certification indicator that was not met during the previous cycle, along with nine licensing indicators and two certification indicators that were added or revised since last survey. The final survey results reflect a combination of ratings from the self-assessment process conducted by Aspire and the targeted review conducted by DDS, with ratings from DDS prevailing where indicators were rated by both entities.

Positive findings from the targeted review noted locations to be clean, required inspections had been conducted and emergency backup plans were in place for each individual reviewed. Communication was noted to be respectful, and individuals were afforded privacy when dealing with personal matters across all service types. Additionally, individuals requiring medical monitoring devices had the required components in place, staff had been trained, and were knowledgeable of the device.

In addition to the positive findings noted, there are several areas of licensure that would benefit from further attention by the agency. Within residential and placement services, the agency needs to strengthen safeguards related to environmental safety. This includes ensuring there is a current approved safety plan at each location and confirmation that all homes are equipped with smoke and carbon monoxide detectors, located where required and are operational. Stronger oversight of medication administration is also needed to ensure all physicians' orders are current and onsite, and medications are administered in accordance with the written orders. For individuals requiring assistance with their finances, the agency needs to ensure that funds management plans are in place, address all aspects of the supports provided to individuals and are subject to annual agreement. Additionally, medication treatment plans must be written to include all required components for individuals prescribed behavior modifying medications.

Further findings noted individuals had not been assessed across all service types, to identify any assistive technology that may be of benefit in maximizing their independence. The agency also needs to ensure the timely submission of required ISP assessments, as well as restraint reports, to the DDS area office.

Within areas subject to certification, the agency needs to ensure each individual has the opportunity to provide formal input into the hiring and ongoing performance evaluation of the staff who support them. Additionally, the agency needs to ensure each individual is assessed and supported in the area of human sexuality and intimacy and their needs are fully addressed.

As a result of the agency's self-assessment findings and the targeted review conducted by OQE, the Residential and Individual Home Supports service group operated by Aspire Living and Learning will receive an overall score of 86% of licensure indicators met. This service group's level of licensure will be Deferred, pending follow-up conducted by OQE within sixty days on seven licensing indicators, including two critical indicators, that received a rating of Not Met. This service group is Certified with an overall score of 92%. Additionally, Aspire will receive a Two-Year License for Employment and Day Supports, with a service group score of 93%. This service group is Certified with an overall score of 90%. Follow-up will be conducted by the agency and reported to OQE within sixty days on all licensing indicators that received a rating of Not Met for this service group.

Aspire Living and Learning presented the following self-assessment report describing the organization's ongoing quality assurance systems and the agency's current evaluation of compliance with DDS licensing.

### **Description of Self Assessment Process:**

Based on the information provided by OQE when Aspire inquired about the sample size, the agency assessed 22% of Placement services, 13% of 24-hour residential, 12% of CBDS Services, and 31% in Employment Services:

- 24-hour residential, 4 DDS homes and 1 ABI home (9 individuals)
- CBDS, 7 locations (9 individuals)
- Placement/shared living, 8 locations (8 individuals)
- Employment/day supports (5 individuals)

A total of 31 assessments were completed at 20 different locations. The individuals/programs were randomly chosen by the Quality Training Enhancement and Training Manager, Director of Clinical Services, and the Quality Assurance Specialist, and were given 5 business days' notice of the audit. The corresponding DDS Self-Assessment worksheet was utilized and a minimum score of 80% was determined to be passing.

Utilizing the census reports for each service line, all supported individuals' names were listed in an Excel Spreadsheet and assigned a number. The upper and lower limits were entered into calculator.net and random numbers were generated in accordance with the sample size provided. For 24/7 Residential Group Homes, each group home was assigned a number and three were randomly generated using the same process outlined above. Aspire Living & Learning then assigned each person residing in those homes a number and entered those upper and lower limits into calculator.net to obtain our sample.

When Aspire Living & Learning made the decision to embark on this unique opportunity, Aspire Living & Learning asked for volunteers to see who would like to be a part of the process. Aspire Living & Learning had 18 volunteers! This group was comprised of the Director of Adult Services, the Director of Clinical Services, the Manager of Quality Enhancement and Training, a nurse, several members of the clinical team, several Program Directors, and several Program Managers. The diversity of the skill set of each group helped to bring a really nice balance to each team.

The agency identified 4 team leaders, Jessica Primo, Hannah Durepo, Rachelle Asante, and Renee Farrah. The agency then created 4 groups and assigned them to a team leader, as well as assigned the service areas to be reviewed.

Aspire Living & Learning had a large group meeting on June 29th, 2023. During this meeting the agency reviewed the tool, discussed the timeline for the process, and allowed for each team to work together to come up with a schedule that worked for them to get the audit completed.

From there, over the course of the next 4 weeks, each group worked in various ways to complete the audit. Some teams worked on each audit together, while others divvied up the work and broke out into smaller groups. The process included reviews of HCSIS and our EHR Therap, as well as interviews and in-person visits with Program Managers, Shared Living Coordinators, Shared Living Providers, and individuals Aspire Living & Learning support.

In addition, the team leaders met to complete the Administrative Review Worksheet. This again included reviews of HCSIS and Therap, as well as interviews with the Strategic HR Partner and the Human Rights Specialist.

Once all teams had completed their audit tools, the team leaders again met to review and analyze the information that was collected. The agency analyzed all notes and evidence from each survey worksheet to determine if the individuals reviewed fully met or did not meet standards. The agency then compiled the data from all completed worksheets to assess the portion of our sample that met the indicator over the full sample size for each service area. If 80% or greater of our combined sample met, Aspire Living & Learning noted the indicator as met for the agency.

See below a summary of Aspire Living & Learning's quality assurance and compliance processes:

A long-standing process of our Agency is the Research and Outcomes committee. This committee serves as the data-driving group to establish, review and enhance outcomes measures annually. Each PBS committee, service area, group, etc. has annual objectives to measure progress and ensure compliance to new initiatives. The committee meets quarterly to report on progress thus far and seek support from others. This information is shared with our PBS Leadership Team and Senior Managers.

Over the course of the last year, Aspire Living & Learning has been working diligently to restructure and enhance our quality assurance practices with a focus on data collection and accountability. Aspire Living & Learning have implemented several processes to monitor and ensure continuous quality assurance and adherence to DDS licensing and certification standards. All residential programs, shared living placements, and CBDS services are audited on a regular basis by multiple levels and departments within the organization. Aspire has created a system of JotForms that are used to capture results of each audit. These JotForms come complete with required action items as well as a timeline for completion. It is also required that a 2nd level manager review the work for completion before giving the official approval of the action items. Information from the JotForms is then stored within a tracking system, Domo, which allows for all levels of the organization to review the data to drive new initiatives or reiterate usage of existing systems.

Program visits occur by a variety of staff at regular intervals and include physical plant check, PBS evaluation/assessments, and financial and medication audits.

Outside of this self-assessment process, quality and compliance audits occur monthly. Aspire Living & Learning has created a calendar which includes the items to be audited each month. These audits are completed by various departments within the agency. In addition to this audit schedule, Aspire Living & Learning have created a peer audit process. This process pairs up managers across CBDS, Shared Living, and Residential Services to audit each other's records. Similarly, to the audit referenced above, there is a calendar which notes what audits are to be completed during a particular month. Scoring for these audits is collected in Domo and reviewed monthly at the Senior Management Team meeting. Over the course of the last year, Aspire Living & Learning has implemented an online ticketing system for facilities requests, via UpKeep. When completing a request, the person submitting the ticket identifies the program, the issue that needs to be resolved as well as has the ability to upload pictures. There is also a member of the maintenance department available on nights, weekends, and holidays should an acute issue arise. This system is checked on a routine basis by staff from the maintenance department and also allows the person who put in the ticket to log and track the ticket's progress. MAP audits are completed on an as needed basis particularly if a program has been noted as having an increase in frequency of medication occurrences. The results of these audits are shared with the manager and program director for follow up.

In addition to this self-assessment and the on-going processes described above, the Aspire Living & Learning Senior Management Team is working to identify agency-wide trends, strengths, and challenges in an effort to continually increase accountability and enhance our services.

## **LICENSURE FINDINGS**

	<b>Met / Rated</b>	<b>Not Met / Rated</b>	<b>% Met</b>
<b>Organizational</b>	<b>7/10</b>	<b>3/10</b>	
<b>Residential and Individual Home Supports</b>	<b>72/82</b>	<b>10/82</b>	
ABI-MFP Residential Services Residential Services ABI-MFP Placement Services Placement Services			
<b>Critical Indicators</b>	<b>6/8</b>	<b>2/8</b>	
<b>Total</b>	<b>79/92</b>	<b>13/92</b>	<b>86%</b>
<b>Defer Licensure</b>			
<b># indicators for 60 Day Follow-up</b>		<b>13</b>	

	<b>Met / Rated</b>	<b>Not Met / Rated</b>	<b>% Met</b>
<b>Organizational</b>	<b>7/10</b>	<b>3/10</b>	
<b>Employment and Day Supports</b>	<b>60/62</b>	<b>2/62</b>	
Community Based Day Services Employment Support Services			
<b>Critical Indicators</b>	<b>8/8</b>	<b>0/8</b>	
<b>Total</b>	<b>67/72</b>	<b>5/72</b>	<b>93%</b>
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		<b>5</b>	

**Organizational Areas Needing Improvement on Standards not met/Follow-up to occur:  
From DDS review:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L65	Restraint reports are submitted within required timelines.	Of twenty-three restraint reports reviewed, six were not submitted within the required timelines. The agency needs to ensure restraint reports are written and submitted to DDS within the required timelines.

**Organizational Areas Needing Improvement on Standards not met/Follow-up to occur:  
From Provider review:**

Indicator #	Indicator	Issue identified	Action planned to address
L76	The agency has and utilizes a system to track required trainings.	7 of 20 employees sampled fully met the standard with complete training records.	<p>A new mandatory training tracking grid has been developed for managers to monitor all staff's trainings, with an implementation date of July 7th. We will audit for compliance with this tool by the end of September 2023.</p> <p>Staff training records are audited by our quality team 2x/year in July and December. The auditing process includes the use of a JotForm, which has been developed for this purpose. The JotForm is emailed to the Program Manager, Program Director, and Director of Adult Services. Action items are outlined in the JotForm with a deadline for completion. Once completed, the 2nd level manager must spot check for accuracy and approve the completion of the action items. All of these steps are tracked within the JotForm. Action Plans are created for necessary areas of need with identified timelines.</p>
L83	Support staff are trained in human rights.	13 of 20 employees sampled met this standard; the majority of those that did not meet the standard were recently expired in July 2023.	<p>A new mandatory training tracking grid has been developed for managers to monitor all staff's trainings, with an implementation date of July 7th. We will audit for compliance with this tool by the end of September 2023.</p> <p>Staff training records are audited by our quality team 2x/year in July and December. The auditing process includes the use</p>



			<p>of a JotForm, which has been developed for this purpose. The JotForm is emailed to the Program Manager, Program Director, and Director of Adult Services. Action items are outlined in the JotForm with a deadline for completion. Once completed, the 2nd level manager must spot check for accuracy and approve the completion of the action items. All of these steps are tracked within the JotForm. Action Plans are created for necessary areas of need with identified timelines.</p>
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**Residential Areas Needing Improvement on Standards not met/Follow-up to occur:  
From DDS review:**

Indicator #	Indicator	Area Needing Improvement
L5	There is an approved safety plan in home and work locations.	In three locations, current signed Emergency Evacuation Safety Plans were not onsite. The agency needs to ensure that Emergency Evacuation Safety Plans reflecting the evacuation support needs of the current occupants, are current, are approved by the DDS Area Office and are located onsite.
Ⓜ L12	Smoke detectors and carbon monoxide detectors, and other essential elements of the fire alarm system required for evacuation are located where required and are operational.	In one placement location a smoke detector was not located outside the sleeping area. Additionally, at two placement locations carbon monoxide detectors were not located within ten feet of the individuals' bedrooms. The agency needs to ensure that smoke and carbon monoxide detectors are located where required and are operational.
Ⓜ L46	All prescription medications are administered according to the written order of a practitioner and are properly documented on a Medication Treatment Chart.	For one individual in 24-hr. residential services, who required support in taking medication, Medication Administration Procedures (MAP) were not being consistently followed. The agency needs to ensure that MAP procedures are consistently followed within 24-hr residential services, for individuals who require support in taking their medication. Additionally, for four individuals in placement services who receive assistance from care providers with medication administration, current, signed medication orders were not present in the home. The agency needs to strengthen its oversight of medication

		administration in placement services to ensure that current, signed medication orders are present at the home and care providers administer medications consistent with physicians' orders.
L63	Medication treatment plans are in written format with required components.	For four individuals, medication treatment plans did not include all required elements. The agency needs to ensure that for individuals who are prescribed behavior modifying medications, a medication treatment plan is developed to include observable and measurable descriptions of each behavior targeted for treatment; clinical indications for adjusting medications; and specific procedures necessary to minimize risks.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	For four individuals, funds management plans did not address all required elements. Additionally, for one individual requiring assistance with money management, there was no funds management plan in place. When the agency assumes shared or delegated responsibility for managing an individual's funds, the agency needs to develop funds management plans that outline the roles and responsibilities of the agency in supporting individuals to manage and spend their personal funds to include how money is safeguarded within the home. These plans must be individualized and are subject to annual written agreement from the individual or his/her guardian.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For four individuals, ISP assessments were not submitted to DDS within 15 days prior to the ISP. The agency needs to ensure that ISP assessments are submitted to DDS within 15 days prior to the ISP.
L94 (05/22)	Individuals have assistive technology to maximize independence.	For twelve individuals, support needs and the potential benefits of assistive technology had not been assessed. The agency needs to ensure that all individuals are assessed to identify assistive technology to maximize independence and provide these supports when a need is identified.

**Residential Areas Needing Improvement on Standards not met/Follow-up to occur:  
From Provider review:**

Indicator #	Indicator	Issue identified	Action planned to address
L36	Recommended tests and appointments with specialists are made and kept.	2/8 Met SL In multiple locations, individuals did not have documented follow-up appointments with various providers and/or requested lab work completed 3/3 Met ABI 5/6 Met in Res JMC - 21 Redemption Rock Trail Princeton no follow up with Podiatrist within timeframe recommended.	Aspire will use our existing supervisory process and internal audit structure to improve compliance around scheduling all recommended appointments and/or tests. The supervision process includes review of any action steps identified by internal audits, to include follow-up with recommended medical tests & appointments. In

			Shared Living, Coordinators were given a deadline to upload the monthly visit form to Therap. The Program Director will be completing monthly audits to ensure compliance.
L43	The health care record is maintained and updated as required.	<p>0/3 Met ABI GB - supportive devices section incomplete SE - emergency contact is outdated TD - No mammogram date recorded on HCR 7/8 Met SL 242 Rollstone Rd., Fitchburg - 2022 &amp; 2023 Hospital visits are not documented. 6/6 Met Res</p>	<p>Aspire will be modifying two JotForms already in use so that we can incorporate, within our existing systems, additional reminders and prompts for staff to update Health Care Records when necessary.</p> <p>Our Medical Audit tool will be updated by October 1st to include a section specifically outlining missing components of the HCR. Staff will then be held accountable for promptly addressing these missing components through our supervisory process.</p> <p>Aspire conducts an internal review process for all incidents that we deem critical. As these Critical Incidents include events that would require HCR updates (emergency room visits, etc), we will add a question, by October 1st, about whether the HCR needs to be updated to the JotForm used in this review process.</p>
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	<p>3/3 Met ABI 6/8 Met SL 133 Betty Springs Rd., Gardner - provider is not aware of the goal 60 Thomas St., Fitchburg - provider is not aware of the goal 4/6 Met Res For two individuals at 26 James Road, Sterling (RT &amp; SL), data is not being taken for ISP goal.</p>	<p>Shared Living Coordinators use a monthly visit form to document conversations with Shared Living Providers. The section on this form pertaining to ISP Progress Note / Data has been revised to facilitate more thorough discussion and review of ISP goals and data collected.</p> <p>As described above, Aspire is actively working to increase data collection across residential programs. We anticipate that the monthly report of each program's data collection rates and Adult Services Leadership goal of</p>

			<p>5% increase in behavioral data collection quarterly will lead to an increase in data collected for ISP goals. In addition, beginning in October, we plan to begin internally auditing staff meeting agendas, as there is an agency expectation that data review is included in staff meetings. Staff meeting attendance forms are uploaded into our Training Management System along with the staff meeting agendas. This will allow for easy auditing to take place at any time, from any location. A training will be conducted in September 2023, showing Program Managers how to run a report from Therap on ISP data collection. This will also be added to as a standing agenda item to monthly staff meetings. By 12.31.23 Program Managers will be required to add the semi-annual progress summary due date to their Outlook calendars which will be verified by the Program Director.</p>
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**Employment/Day Areas Needing Improvement on Standards not met/Follow-up to occur:  
From DDS review:**

Indicator #	Indicator	Area Needing Improvement
L94 (05/22)	Individuals have assistive technology to maximize independence.	For fifteen individuals, support needs and the potential benefits of assistive technology had not been assessed. The agency needs to ensure that all individuals are assessed to identify assistive technology to maximize independence and provide these supports when a need is identified.

**Employment/Day Areas Needing Improvement on Standards not met/Follow-up to occur:  
From Provider review:**

Indicator #	Indicator	Issue identified	Action planned to address
L88	Services and support strategies identified and	<p>5/5 Met Employment</p> <p>5/9 Met CBDS</p> <p>For multiple individuals, there is no</p>	As described in a previous section of the report, Aspire is actively working to increase

	<p>agreed upon in the ISP for which the provider has designated responsibility are being implemented.</p>	<p>data to support goal or no progress summaries in HCSIS</p>	<p>data collection across residential programs. We anticipate that the monthly report of each program's data collection rates and Adult Services Leadership goal of 5% increase in behavioral data collection quarterly will lead to an increase in data collected for ISP goals. In addition, beginning in October, we plan to begin internally auditing staff meeting agendas, as there is an agency expectation that data review is included in staff meetings. Staff meeting attendance forms are uploaded into our Training Management System along with the staff meeting agendas. This will allow for easy auditing to take place at any time, from any location. A training will be conducted in September 2023, showing Program Managers how to run a report from Therap on ISP data collection. This will also be added to as a standing agenda item to monthly staff meetings. By 12.31.23 Program Managers will be required to add the semi-annual progress summary due date to their Outlook calendars which will be verified by the Program Director.</p>
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## **CERTIFICATION FINDINGS**

	<b>Reviewed By</b>	<b>Met / Rated</b>	<b>Not Met / Rated</b>	<b>% Met</b>
<b>Certification - Planning and Quality Management</b>	<b>DDS 0/0 Provider 5/6</b>	<b>5/6</b>	<b>1/6</b>	
<b>Residential and Individual Home Supports</b>	<b>DDS 21/22 Provider 53/58</b>	<b>74/80</b>	<b>6/80</b>	
ABI-MFP Placement Services	DDS 20/20 Provider 0/0	20/20	0/20	
ABI-MFP Residential Services	DDS 0/0 Provider 20/20	20/20	0/20	
Placement Services	DDS 1/2 Provider 17/18	18/20	2/20	
Residential Services	DDS 0/0 Provider 16/20	16/20	4/20	
<b>Total</b>		<b>79/86</b>	<b>7/86</b>	<b>92%</b>
<b>Certified</b>				

	<b>Reviewed By</b>	<b>Met / Rated</b>	<b>Not Met / Rated</b>	<b>% Met</b>
<b>Certification - Planning and Quality Management</b>	<b>DDS 0/0 Provider 5/6</b>	<b>5/6</b>	<b>1/6</b>	
<b>Employment and Day Supports</b>	<b>DDS 2/3 Provider 30/32</b>	<b>32/35</b>	<b>3/35</b>	
Community Based Day Services	DDS 2/3 Provider 11/11	13/14	1/14	
Employment Support Services	DDS 0/0 Provider 19/21	19/21	2/21	
<b>Total</b>		<b>37/41</b>	<b>4/41</b>	<b>90%</b>
<b>Certified</b>				

### **Planning and Quality Management Areas Needing Improvement on Standards not met From Provider review:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Issue identified</b>	<b>Action planned to address</b>
C3	The provider actively solicits and utilizes input from the	The agency did not send a satisfaction survey to	As Aspire continues to standardize our practices

	individuals and families regarding satisfaction with services.	parents/guardians & other stakeholders in 2021 and 2022.	across states, we have created a corporate-wide process for completing satisfaction surveys via JotForm. At the inception of this new process, we focused on gathering feedback from supported individuals only. Currently, standardized forms are being created in an effort to gather feedback from parents, guardians, and other stakeholders and we anticipate they will be ready for us by end of fiscal year.
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**Placement Services- Areas Needing Improvement on Standards not met From DDS Review:**

Indicator #	Indicator	Area Needing Improvement
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	For two individuals in placement services, interests and need for supports and education in the areas of intimacy, sexuality, or companionship had not been assessed. The agency needs to ensure that all individuals have been assessed for their support needs in the areas of intimacy, sexuality, and companionship, and that support, education, and training is provided based on these assessments.

**Placement Services- Areas Needing Improvement on Standards not met From Provider review:**

Indicator #	Indicator	Issues identified	Action planned to address
C7	Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff	5/8 Met SL Multiple Locations - While we solicit ongoing feedback, we have not documented opportunities for individuals to provide feedback at the	There is a process in place for individuals to provide feedback during the Shared Living Providers annual contract review. In some reviews, this feedback was not present.

	/ care providers that support them.	time of contract signing / move-in.	We will ensure that the feedback form is filled out, even if it is to indicate that the individual did not have feedback to provide. We will also create a form that can be completed by the Shared Living Coordinator in conjunction with the individual after the initial meeting of a new Shared Living Provider. This will allow for a documented review both prior to the placement and annually thereafter. This will be tracked by the Program Director who oversees Shared Living.
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**Residential Services- Areas Needing Improvement on Standards not met From Provider review:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Issues identified</b>	<b>Action planned to address</b>
C7	Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them.	4/6 Met Res Two individuals (SI at 26 James Road, Sterling and JMC at 21 Redemption Rock Trail, Sterling) do not participate in providing feedback.	There is a process in place for individuals to give feedback on staff both prior to being hired and during the annual evaluation process. However, we have noticed that it seems to be the same individuals that are repeatedly chosen, or who offer, to give the feedback. Moving forward, we will work to solicit feedback from all individuals, and not just ones that may have the easiest time expressing their opinions. We are going to explore eliciting feedback in a similar way to our new adapted Satisfaction Survey with visuals, as it provided meaningful feedback from a larger sample of supported individuals.
C9	Staff (Home Providers) act as bridge builders and provide opportunities to	4/6 Met Res Two individuals at 26 James Road, Sterling (RT & SL) do	We will continue to offer opportunities and will remind managers to



	develop, and/or increase personal relationships and social contacts.	not participate in opportunities to develop their social contacts outside of the home.	document both the opportunities offered and individuals' responses.
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	4/6 Met Res RT - 26 James Road KO - 21 Redemption Rock Trail	Using the range of resources we have available to support individuals in this area, we will continue to discuss intimacy as it arises within natural conversation/situations. All staff receive a one-time training on Human Awareness and relationships are included in that training. There have been times when we have brought in the Human Rights Specialist/Sexuality Educator to discuss specifics of a situation, provide education, etc. We are also sending another Aspire clinical staff through the DDS Sexuality training so as to have more resources available. There are Companionship, Intimacy and Human Awareness binders in every program. Staff are instructed to utilize these on an as-needed basis to address any needs in this area as they arise. Additionally, the clinician who is becoming a DDS Sexuality trainer aspires to host a sexuality group during CBDS.
C48	Individuals are a part of the neighborhood.	4/6 Met Res Two individuals at 26 James Rd, Sterling (RT & SL) have a history of a challenging relationship with 1 next-door neighbor.	As an agency, we will continue to educate staff and individuals about being a connected part of the community. We will continue to reiterate how to act in social situations such as greeting our neighbors and inquiring about how they are doing.

**Community Based Day Services- Areas Needing Improvement on Standards not met From DDS Review:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
C7	Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them.	Two individuals within CBDS services did not have the opportunity to provide formal input into the hiring or ongoing performance evaluation of the staff who support them. The agency needs to develop mechanisms for incorporating individuals' input into the process of hiring and evaluating the staff who support them.

**Employment Support Services- Areas Needing Improvement on Standards not met From Provider review:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Issues identified</b>	<b>Action planned to address</b>
C37	There is support to develop appropriate work related interpersonal skills.	3/5 Met Employment This was not documented for two individuals (JN & FN)	The Employment Specialist will meet to review this annually and will document the conversation in a t-log located within the Therap system. This will be a conversation between the Employment Specialist and the person supported where they discuss what it means to have social relationships with people at work, what social skills are displayed at work and what do those look like I.e.: greeting co-workers with a smile and a Hello, offering a handshake instead of a hug, reviewing what information from your personal life is appropriate to share, etc.
C50	Individuals are supported to understand and become a part of the culture of the workplace (including workplace social activities and events).	3/5 Met Employment JN & FN are not happy with current job	Employment Specialist will continue to assist them in exploring different work opportunities.

## MASTER SCORE SHEET LICENSURE


### Organizational: Aspire Living and Learning


Indicator #	Indicator	Reviewed by	Met/Rated	Rating(Met,Not Met,NotRated)
P L2	Abuse/neglect reporting	DDS	15/15	Met
L3	Immediate Action	Provider	-	Met
L4	Action taken	Provider	-	Met
L48	HRC	Provider	-	Met
L65	Restraint report submit	DDS	17/23	Not Met(73.91 % )
L66	HRC restraint review	Provider	-	Met
L74	Screen employees	Provider	-	Met
L75	Qualified staff	Provider	-	Met
L76	Track trainings	Provider	-	Not Met
L83	HR training	Provider	-	Not Met

### Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I	Provider	-		-				-	Met
L5	Safety Plan	L	DDS	3/4		6/8		1/1	1/1	11/14	Not Met (78.57 %)
P L6	Evacuation	L	DDS	4/4		8/8		1/1	1/1	14/14	Met
L7	Fire Drills	L	Provider	-		-				-	Met
L8	Emergency Fact Sheets	I	Provider	-		-				-	Met
L9 (07/21)	Safe use of equipment	I	DDS	6/6				3/3		9/9	Met
L10	Reduce risk interventions	I	Provider	-		-				-	Met
P L11	Required inspections	L	DDS	4/4		6/6		1/1	1/1	12/12	Met
P L12	Smoke detectors	L	DDS	4/4		5/8		1/1	1/1	11/14	Not Met (78.57 %)

Ⓡ L13	Clean location	L	<b>DDS</b>	4/4		8/8		1/1	1/1	<b>14/14</b>	<b>Met</b>
L14	Site in good repair	L	<b>Provider</b>	-		-				-	<b>Met</b>
L15	Hot water	L	<b>Provider</b>	-		-				-	<b>Met</b>
L16	Accessibility	L	<b>Provider</b>	-		-				-	<b>Met</b>
L17	Egress at grade	L	<b>Provider</b>	-		-				-	<b>Met</b>
L18	Above grade egress	L	<b>Provider</b>	-		-				-	<b>Met</b>
L19	Bedroom location	L	<b>DDS</b>			8/8				<b>8/8</b>	<b>Met</b>
L20	Exit doors	L	<b>Provider</b>	-		-				-	<b>Met</b>
L21	Safe electrical equipment	L	<b>Provider</b>	-		-				-	<b>Met</b>
L22	Well-maintained appliances	L	<b>Provider</b>	-		-				-	<b>Met</b>
L23	Egress door locks	L	<b>Provider</b>	-		-				-	<b>Met</b>
L24	Locked door access	L	<b>DDS</b>			8/8				<b>8/8</b>	<b>Met</b>
L25	Dangerous substances	L	<b>Provider</b>	-		-				-	<b>Met</b>
L26	Walkway safety	L	<b>Provider</b>	-		-				-	<b>Met</b>
L28	Flammables	L	<b>Provider</b>	-		-				-	<b>Met</b>
L29	Rubbish/combustibles	L	<b>Provider</b>	-		-				-	<b>Met</b>
L30	Protective railings	L	<b>Provider</b>	-		-				-	<b>Met</b>
L31	Communication method	I	<b>Provider</b>	-		-				-	<b>Met</b>
L32	Verbal & written	I	<b>Provider</b>	-		-				-	<b>Met</b>
L33	Physical exam	I	<b>Provider</b>	-		-				-	<b>Met</b>
L34	Dental exam	I	<b>Provider</b>	-		-				-	<b>Met</b>
L35	Preventive screenings	I	<b>Provider</b>	-		-				-	<b>Met</b>
L36	Recommended tests	I	<b>Provider</b>	-		-				-	<b>Not Met</b>
L37	Prompt treatment	I	<b>Provider</b>	-		-				-	<b>Met</b>
Ⓡ L38	Physician's orders	I	<b>DDS</b>	4/5		4/5		2/2	1/1	<b>11/13</b>	<b>Met (84.62 %)</b>
L39	Dietary requirements	I	<b>Provider</b>	-		-				-	<b>Met</b>
L40	Nutritional food	L	<b>Provider</b>	-		-				-	<b>Met</b>
L41	Healthy diet	L	<b>Provider</b>	-		-				-	<b>Met</b>
L42	Physical activity	L	<b>Provider</b>	-		-				-	<b>Met</b>

L43	Health Care Record	I	Provider	-		-				-	Not Met
L44	MAP registration	L	Provider	-		-				-	Met
L45	Medication storage	L	Provider	-		-				-	Met
 L46	Med. Administration	I	DDS	5/6		4/8		3/3	1/1	13/18	Not Met (72.22 %)
L47	Self medication	I	Provider	-		-				-	Met
L49	Informed of human rights	I	Provider	-		-				-	Met
L50 (07/21)	Respectful Comm.	I	DDS	6/6		8/8		3/3	1/1	18/18	Met
L51	Possessions	I	Provider	-		-				-	Met
L52	Phone calls	I	Provider	-		-				-	Met
L53	Visitation	I	Provider	-		-				-	Met
L54 (07/21)	Privacy	I	DDS	6/6		8/8		3/3	1/1	18/18	Met
L55	Informed consent	I	Provider	-		-				-	Met
L56	Restrictive practices	I	DDS	3/3		1/1		3/3	1/1	8/8	Met
L57	Written behavior plans	I	Provider	-		-				-	Met
L58	Behavior plan component	I	Provider	-		-				-	Met
L59	Behavior plan review	I	Provider	-		-				-	Met
L60	Data maintenance	I	Provider	-		-				-	Met
L61	Health protection in ISP	I	Provider	-		-				-	Met
L62	Health protection review	I	Provider	-		-				-	Met
L63	Med. treatment plan form	I	DDS	5/6		4/6		3/3	0/1	12/16	Not Met (75.00 %)
L64	Med. treatment plan rev.	I	Provider	-		-				-	Met
L67	Money mgmt. plan	I	DDS	5/6		5/8		3/3	0/1	13/18	Not Met (72.22 %)
L68	Funds expenditure	I	Provider	-		-				-	Met
L69	Expenditure tracking	I	Provider	-		-				-	Met

L70	Charges for care calc.	I	Provider	-		-				-	Met
L71	Charges for care appeal	I	Provider	-		-				-	Met
L77	Unique needs training	I	Provider	-		-				-	Met
L78	Restrictive Int. Training	L	Provider	-		-				-	Met
L79	Restraint training	L	Provider	-		-				-	Met
L80	Symptoms of illness	L	Provider	-		-				-	Met
L81	Medical emergency	L	Provider	-		-				-	Met
 L82	Medication admin.	L	DDS	4/4				1/1		5/5	Met
L84	Health protect. Training	I	Provider	-		-				-	Met
L85	Supervision	L	Provider	-		-				-	Met
L86	Required assessments	I	DDS	6/6		3/6		2/3	1/1	12/16	Not Met (75.00 %)
L87	Support strategies	I	Provider	-		-				-	Met
L88	Strategies implemented	I	Provider	-		-				-	Not Met
L89	Complaint and resolution process	L	Provider	-		-				-	Met
L90	Personal space/ bedroom privacy	I	Provider	-		-				-	Met
L91	Incident management	L	DDS						1/1	1/1	Met
L93 (05/22)	Emergency back-up plans	I	DDS	6/6		8/8		3/3	1/1	18/18	Met
L94 (05/22)	Assistive technology	I	DDS	2/6		1/8		3/3	0/1	6/18	Not Met (33.33 %)
L96 (05/22)	Staff training in devices and applications	I	DDS	4/4		3/3		3/3		10/10	Met
L99 (05/22)	Medical monitoring devices	I	DDS	1/1		2/2		2/2	1/1	6/6	Met
<b>#Std. Met/# 82 Indicator</b>										<b>72/82</b>	
<b>Total Score</b>										<b>79/92</b>	
										<b>85.87%</b>	

## Employment and Day Supports:

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L1	Abuse/neglect training	I	Provider		-	-	-	Met
L5	Safety Plan	L	DDS			1/1	1/1	Met
Ⓡ L6	Evacuation	L	DDS			1/1	1/1	Met
L7	Fire Drills	L	Provider		-	-	-	Met
L8	Emergency Fact Sheets	I	Provider		-	-	-	Met
L9 (07/21)	Safe use of equipment	I	DDS	6/6		9/9	15/15	Met
L10	Reduce risk interventions	I	Provider		-	-	-	Met
Ⓡ L11	Required inspections	L	DDS			1/1	1/1	Met
Ⓡ L12	Smoke detectors	L	DDS			1/1	1/1	Met
Ⓡ L13	Clean location	L	DDS			1/1	1/1	Met
L14	Site in good repair	L	Provider		-	-	-	Met
L15	Hot water	L	Provider		-	-	-	Met
L16	Accessibility	L	Provider		-	-	-	Met
L17	Egress at grade	L	Provider		-	-	-	Met
L18	Above grade egress	L	Provider		-	-	-	Met
L20	Exit doors	L	Provider		-	-	-	Met
L21	Safe electrical equipment	L	Provider		-	-	-	Met
L22	Well-maintained appliances	L	Provider		-	-	-	Met
L25	Dangerous substances	L	Provider		-	-	-	Met
L26	Walkway safety	L	Provider		-	-	-	Met
L27	Pools, hot tubs, etc.	L	Provider		-	-	-	Met
L28	Flammables	L	Provider		-	-	-	Met
L29	Rubbish/combustibles	L	Provider		-	-	-	Met
L30	Protective railings	L	Provider		-	-	-	Met

L31	Communication method	I	Provider		-	-	-	Met
L32	Verbal & written	I	Provider		-	-	-	Met
L37	Prompt treatment	I	Provider		-	-	-	Met
Ⓟ L38	Physician's orders	I	DDS			5/5	5/5	Met
L39	Dietary requirements	I	Provider		-	-	-	Met
L44	MAP registration	L	Provider		-	-	-	Met
L45	Medication storage	L	Provider		-	-	-	Met
Ⓟ L46	Med. Administration	I	DDS			3/3	3/3	Met
L49	Informed of human rights	I	Provider		-	-	-	Met
L50 (07/21)	Respectful Comm.	I	DDS	6/6		9/9	15/15	Met
L51	Possessions	I	Provider		-	-	-	Met
L52	Phone calls	I	Provider		-	-	-	Met
L54 (07/21)	Privacy	I	DDS	6/6		9/9	15/15	Met
L55	Informed consent	I	Provider		-	-	-	Met
L56	Restrictive practices	I	Provider		-	-	-	Met
L57	Written behavior plans	I	Provider		-	-	-	Met
L58	Behavior plan component	I	Provider		-	-	-	Met
L59	Behavior plan review	I	Provider		-	-	-	Met
L60	Data maintenance	I	Provider		-	-	-	Met
L61	Health protection in ISP	I	Provider		-	-	-	Met
L62	Health protection review	I	Provider		-	-	-	Met
L63	Med. treatment plan form	I	Provider		-	-	-	Met
L64	Med. treatment plan rev.	I	Provider		-	-	-	Met
L68	Funds expenditure	I	Provider		-	-	-	Met
L69	Expenditure tracking	I	Provider		-	-	-	Met
L77	Unique needs training	I	Provider		-	-	-	Met
L78	Restrictive Int. Training	L	DDS			1/1	1/1	Met
L79	Restraint training	L	Provider		-	-	-	Met



L80	Symptoms of illness	L	Provider		-	-	-	Met
L81	Medical emergency	L	Provider		-	-	-	Met
Ⓟ L82	Medication admin.	L	DDS			1/1	1/1	Met
L84	Health protect. Training	I	Provider		-	-	-	Met
L85	Supervision	L	Provider		-	-	-	Met
L86	Required assessments	I	Provider		-	-	-	Met
L87	Support strategies	I	Provider		-	-	-	Met
L88	Strategies implemented	I	Provider		-	-	-	Not Met
L91	Incident management	L	DDS	1/1			1/1	Met
L93 (05/22)	Emergency back-up plans	I	DDS	6/6		9/9	15/15	Met
L94 (05/22)	Assistive technology	I	DDS	0/6		0/9	0/15	Not Met (0 %)
L96 (05/22)	Staff training in devices and applications	I	DDS	1/1			1/1	Met
L99 (05/22)	Medical monitoring devices	I	Provider		-	-	-	Met
#Std. Met/# 62 Indicator							60/62	
Total Score							67/72	
							93.06%	

## MASTER SCORE SHEET CERTIFICATION

### Certification - Planning and Quality Management

	Indicator #	Indicator	Reviewed By	Met/Rated	Rating
	C1	Provider data collection	Provider	-	Met
	C2	Data analysis	Provider	-	Met
	C3	Service satisfaction	Provider	-	Not Met (0 %)
	C4	Utilizes input from stakeholders	Provider	-	Met
	C5	Measure progress	Provider	-	Met
	C6	Future directions planning	Provider	-	Met

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### Residential Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	<b>Not Met (0 %)</b>
C8	Family/guardian communication	Provider	-	<b>Met</b>
C9	Personal relationships	Provider	-	<b>Not Met (0 %)</b>
C10	Social skill development	Provider	-	<b>Met</b>
C11	Get together w/family & friends	Provider	-	<b>Met</b>
C12	Intimacy	Provider	-	<b>Not Met (0 %)</b>
C13	Skills to maximize independence	Provider	-	<b>Met</b>
C14	Choices in routines & schedules	Provider	-	<b>Met</b>
C15	Personalize living space	Provider	-	<b>Met</b>
C16	Explore interests	Provider	-	<b>Met</b>
C17	Community activities	Provider	-	<b>Met</b>
C18	Purchase personal belongings	Provider	-	<b>Met</b>
C19	Knowledgeable decisions	Provider	-	<b>Met</b>
C46	Use of generic resources	Provider	-	<b>Met</b>
C47	Transportation to/ from community	Provider	-	<b>Met</b>
C48	Neighborhood connections	Provider	-	<b>Not Met (0 %)</b>
C49	Physical setting is consistent	Provider	-	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	Provider	-	<b>Met</b>
C52	Leisure activities and free-time choices /control	Provider	-	<b>Met</b>
C53	Food/ dining choices	Provider	-	<b>Met</b>

### ABI-MFP Residential Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	<b>Met</b>
C8	Family/guardian communication	Provider	-	<b>Met</b>
C9	Personal relationships	Provider	-	<b>Met</b>

C10	Social skill development	Provider	-	<b>Met</b>
C11	Get together w/family & friends	Provider	-	<b>Met</b>
C12	Intimacy	Provider	-	<b>Met</b>
C13	Skills to maximize independence	Provider	-	<b>Met</b>
C14	Choices in routines & schedules	Provider	-	<b>Met</b>
C15	Personalize living space	Provider	-	<b>Met</b>
C16	Explore interests	Provider	-	<b>Met</b>
C17	Community activities	Provider	-	<b>Met</b>
C18	Purchase personal belongings	Provider	-	<b>Met</b>
C19	Knowledgeable decisions	Provider	-	<b>Met</b>
C46	Use of generic resources	Provider	-	<b>Met</b>
C47	Transportation to/ from community	Provider	-	<b>Met</b>
C48	Neighborhood connections	Provider	-	<b>Met</b>
C49	Physical setting is consistent	Provider	-	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	Provider	-	<b>Met</b>
C52	Leisure activities and free-time choices /control	Provider	-	<b>Met</b>
C53	Food/ dining choices	Provider	-	<b>Met</b>

#### Placement Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	<b>Not Met (0 %)</b>
C8	Family/guardian communication	Provider	-	<b>Met</b>
C9	Personal relationships	Provider	-	<b>Met</b>
C10	Social skill development	Provider	-	<b>Met</b>
C11	Get together w/family & friends	Provider	-	<b>Met</b>
C12	Intimacy	DDS	6/8	<b>Not Met (75.00 %)</b>
C13	Skills to maximize independence	Provider	-	<b>Met</b>
C14	Choices in routines & schedules	Provider	-	<b>Met</b>

C15	Personalize living space	DDS	8/8	<b>Met</b>
C16	Explore interests	Provider	-	<b>Met</b>
C17	Community activities	Provider	-	<b>Met</b>
C18	Purchase personal belongings	Provider	-	<b>Met</b>
C19	Knowledgeable decisions	Provider	-	<b>Met</b>
C46	Use of generic resources	Provider	-	<b>Met</b>
C47	Transportation to/ from community	Provider	-	<b>Met</b>
C48	Neighborhood connections	Provider	-	<b>Met</b>
C49	Physical setting is consistent	Provider	-	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	Provider	-	<b>Met</b>
C52	Leisure activities and free-time choices /control	Provider	-	<b>Met</b>
C53	Food/ dining choices	Provider	-	<b>Met</b>

#### **ABI-MFP Placement Services**

<b>Indicator #</b>	<b>Indicator</b>	<b>Reviewed By</b>	<b>Met/Rated</b>	<b>Rating</b>
C7	Feedback on staff / care provider performance	DDS	1/1	<b>Met</b>
C8	Family/guardian communication	DDS	1/1	<b>Met</b>
C9	Personal relationships	DDS	1/1	<b>Met</b>
C10	Social skill development	DDS	1/1	<b>Met</b>
C11	Get together w/family & friends	DDS	1/1	<b>Met</b>
C12	Intimacy	DDS	1/1	<b>Met</b>
C13	Skills to maximize independence	DDS	1/1	<b>Met</b>
C14	Choices in routines & schedules	DDS	1/1	<b>Met</b>
C15	Personalize living space	DDS	1/1	<b>Met</b>
C16	Explore interests	DDS	1/1	<b>Met</b>
C17	Community activities	DDS	1/1	<b>Met</b>
C18	Purchase personal belongings	DDS	1/1	<b>Met</b>
C19	Knowledgeable decisions	DDS	1/1	<b>Met</b>

C46	Use of generic resources	DDS	1/1	<b>Met</b>
C47	Transportation to/ from community	DDS	1/1	<b>Met</b>
C48	Neighborhood connections	DDS	1/1	<b>Met</b>
C49	Physical setting is consistent	DDS	1/1	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	DDS	1/1	<b>Met</b>
C52	Leisure activities and free-time choices /control	DDS	1/1	<b>Met</b>
C53	Food/ dining choices	DDS	1/1	<b>Met</b>

### **Community Based Day Services**

<b>Indicator #</b>	<b>Indicator</b>	<b>Reviewed By</b>	<b>Met/Rated</b>	<b>Rating</b>
C7	Feedback on staff / care provider performance	DDS	7/9	<b>Not Met (77.78 %)</b>
C8	Family/guardian communication	Provider	-	<b>Met</b>
C13	Skills to maximize independence	Provider	-	<b>Met</b>
C38 (07/21)	Habilitative & behavioral goals	DDS	6/6	<b>Met</b>
C39 (07/21)	Support needs for employment	DDS	6/6	<b>Met</b>
C40	Community involvement interest	Provider	-	<b>Met</b>
C41	Activities participation	Provider	-	<b>Met</b>
C42	Connection to others	Provider	-	<b>Met</b>
C43	Maintain & enhance relationship	Provider	-	<b>Met</b>
C44	Job exploration	Provider	-	<b>Met</b>
C45	Revisit decisions	Provider	-	<b>Met</b>
C46	Use of generic resources	Provider	-	<b>Met</b>
C47	Transportation to/ from community	Provider	-	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	Provider	-	<b>Met</b>

### **Employment Support Services**

<b>Indicator #</b>	<b>Indicator</b>	<b>Reviewed By</b>	<b>Met/Rated</b>	<b>Rating</b>
C7	Feedback on staff / care provider performance	Provider	-	<b>Met</b>
C8	Family/guardian communication	Provider	-	<b>Met</b>
C22	Explore job interests	Provider	-	<b>Met</b>
C23	Assess skills & training needs	Provider	-	<b>Met</b>
C24	Job goals & support needs plan	Provider	-	<b>Met</b>
C25	Skill development	Provider	-	<b>Met</b>
C26	Benefits analysis	Provider	-	<b>Met</b>
C27	Job benefit education	Provider	-	<b>Met</b>
C28	Relationships w/businesses	Provider	-	<b>Met</b>
C29	Support to obtain employment	Provider	-	<b>Met</b>
C30	Work in integrated settings	Provider	-	<b>Met</b>
C31	Job accommodations	Provider	-	<b>Met</b>
C32	At least minimum wages earned	Provider	-	<b>Met</b>
C33	Employee benefits explained	Provider	-	<b>Met</b>
C34	Support to promote success	Provider	-	<b>Met</b>
C35	Feedback on job performance	Provider	-	<b>Met</b>
C36	Supports to enhance retention	Provider	-	<b>Met</b>
C37	Interpersonal skills for work	Provider	-	<b>Not Met (0 %)</b>
C47	Transportation to/ from community	Provider	-	<b>Met</b>
C50	Involvement/ part of the Workplace culture	Provider	-	<b>Not Met (0 %)</b>
C51	Ongoing satisfaction with services/ supports	Provider	-	<b>Met</b>