

**COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF MENTAL HEALTH**

**LICENSING GUIDELINES  
Community Based Residential Sites**

**Effective Date: September 2017**

## **LICENSING GUIDELINES TABLE OF CONTENTS**

### **I. PURPOSE**

### **II. SCOPE**

### **III. REFERENCES**

### **IV. REQUIREMENTS**

#### **A. General**

#### **B. Description of Licensing Process and Procedures**

1. Selection of a Residential Site and Site Feasibility Assessment
2. Application For Licensure and Renewal
3. Agency/Provider Policy and Procedure Review
4. Pre-Placement Survey
5. Licensing Survey
  - A. Correction Order
  - B. Correction and Validation of Deficiencies
6. Waiver Petition Process
7. Appeal Process/ Administrative Reconsideration of findings
8. Issuance of License
9. Annual Review
10. Notification of Change

### **V. GLOSSARY OF TERMS**

### **VI. APPENDIX**

## **I. PURPOSE**

These Licensing guidelines establish and describe the procedures and processes by which the Department of Mental Health (DMH) licenses community based residential sites in accordance with 104 CMR 28.00 and statewide guidelines.

## **II. SCOPE**

104 CMR 28.00 applies to all community mental health residential sites. 104 CMR 28.00 Subpart B requires all residential sites to obtain a license. The licensing process shall ensure that community residential sites operated, funded and/or licensed by the DMH comply with health and safety standards.

The Department may exempt by contract certain provisions of 104 CMR 28.00 that have no practical application to a particular service, such as services purchased for a specific single individual.

The intent of the Department of Mental Health licensing process is not simply to grant or deny a license to a residential site, but also to assist residential sites in meeting the standards. Licensing personnel are available as technical consultants to aid residential sites in this regard.

## **III: REFERENCES**

These guidelines have been established in accordance with the following references. These references may be consulted for additional information.

- Massachusetts General Law's c. 19 s. 19
- Massachusetts General Laws c. 94C
- Massachusetts General Laws c. 30A
- 104 CMR 28.00
- 104 CMR 29.11
- 104 CMR 32.00
- 104 CMR 30.03, 30.07
- DMH Licensing Physical Facility Inspection (2016 survey tools)
- DMH - Rental Subsidy Program, Sponsor- Based Program Guidelines
- 801 CMR 1.00
- The Massachusetts State Building Code
- Article II of the State Sanitary Code (1/26/07)
- Map Policy Manual (Revised 1/01/2015)
- DMH Basic Fire Safety Program (Revised Handbook 4/00)
- Community Residence Tenancy Law
- DMH Community Risk Mitigation Policy

## **IV. REQUIREMENTS**

### **A. General**

1. Adult mental health residential sites are subject to licensure pursuant to Massachusetts General Laws Chapter 19, section 19 and the DMH Regulations 104 CMR 28.00. The Department of Mental Health is the Agency responsible for Certifying state operated and Licensing contracted residential sites and privately funded community based mental health programs and residential sites operating in Massachusetts.
2. The Director of Program Evaluation at DMH Central Office is the designated manager responsible for the implementation of these procedural guidelines. The licensing function is assigned to the Department's team of Licensing Coordinators. The Director of Program Evaluation and the Licensing Coordinators are responsible for the day to day operations. These activities include: site feasibility assessments, license application processing, pre-placement visits, licensing inspection visits, issuing correction orders, validation visits, waiver petition processing, issuing licenses and self-preservation monitoring. Technical support and supervision is provided to the Licensing Coordinators by the Director of Program Evaluation.
3. An Agency (DMH/contracted provider/Private Operated) is required to apply for and obtain a residential site license for each residential site. A residential site is a site at which one or more persons reside, or are provided with sleeping accommodations, and the residential site has direct or indirect ownership interest, or the program leases or co-leases. These sites include all State owned properties. The Licensing Coordinator determines if the residential site is subject to licensure during the application process.
4. If an Agency serves a person (s) in a site either owned by that person, his/her family or solely leased by the person through a private landlord and the person (not the provider/DMH) controls occupancy, these sites will not be licensed.
5. If an Agency/Provider is a guarantor of a person's residential lease, the Provider is not required to obtain a residential site license for the leased property; provided, however, the Director of the service shall provide the Area Director or designee with a letter attesting that the leased property meets applicable health, safety and fire codes. For good cause the Department may require a site inspection to assess the general condition of the leased property.
6. A license is not required for residential sites located outside of the state or licensed by another state agency.
7. All residential sites must comply with applicable sections of the Massachusetts State Building Code.

8. A licensing file containing applications, waiver related documents, correspondence, correction orders, and license is maintained by the Licensing Office in accordance with established procedures.
9. As determined necessary by DMH Central Office, clarification of licensing requirements will be provided in written format or **Inquiry and Response (I&R)**. I&R clarifications are based on regulation and all statewide guidelines for licensing including those found in Section III References.
10. All applicable statewide licensing requirements must be met before a License or Accreditation Certificate is issued. The source documents for these requirements are the 104CMR 28:00, DMH Licensing - Physical Facility Inspection (2016) and DMH Rental Subsidy, Sponsor-Based Program Guidelines (2016). DMH contracted residential sites and privately operated residential sites that meet these requirements will be issued a License. State operated residential sites that meet these requirements will be issued an Accreditation Certificate. A License or Accreditation is issued for a period of two (2) years and is not transferable.

## **B. Description of Licensing Process and Procedures**

Applicants/licensees are required to adhere to all licensing procedures established by these guidelines. These procedures include but are not limited to:

1. Selection of the Residential Site and Site Feasibility Assessment
2. Application for Licensure and Renewal
3. Pre-Placement Survey
4. Agency/Provider Policy and Procedure Review
5. Licensing Survey and annual site survey
6. Waiver Petition Process
7. Data Review/Appeal Process
8. Issuance of License
9. Annual Review
10. Notification of Changes

### **1. Selection of Residential Site and Site Feasibility Assessment**

The following procedures pertain to the site selection process which an Agency shall follow in establishing new residential sites and relocating existing sites.

- The Agency/Applicant shall work closely with the Site/Area Office, the Area Housing Coordinator and the Licensing Coordinator in selecting a site, purchasing or leasing a building, and renovating or constructing a building for a mental health residential site to ensure the building meets all Department requirements.
  - For GLEs (defined as 3 or more persons served by the DMH living under one roof): Once approval from the DMH Area Housing Coordinator has been received, the provider must complete and submit to the appropriate Licensing

Coordinator the "EOHHS New Home Request" form. The Licensing Coordinator forwards this form to the Director of Program Evaluation who submits it to the Director of EOHHS Facilities Office on the following Monday. A decision from EOHHS should be received by the following Friday. If approval is received the process moves on to the Site Feasibility.

- Prior to the Agency/Applicant leasing or purchasing property to be used as housing, (see additional requirement for GLEs noted above) the Agency must contact a Licensing Coordinator within 24 hours or as soon as possible to schedule a Site Feasibility Assessment. The purpose of the Site Feasibility Assessment is to determine whether a site is able to meet the requirements of the Department of Mental Health and identify facility deficiencies, if they exist.
- A Licensing Coordinator will schedule the assessment with the Agency within 24 to 36 hours of receiving notice of the new property. If the Licensing Coordinator, assigned to the DMH Area that the facility falls under, is not available within that timeframe, the Director of Program Evaluation can be contacted to ensure that a review of the site is accomplished within the 36-hours of the request for review. This is to ensure the Agency is able to secure property to be used for DMH residential housing.
- The Licensing Coordinator conducts a facility inspection of the proposed site and completes a written assessment. The assessment is then forwarded to the Applicant, the DMH Area Director or Designee for the DMH Area where the site is located, the Area's Director of Housing and the Director of Program Evaluation.
  - If the new unit will be funded through the DMH Rental Subsidy Program (RSP) then the Sponsor-Based Guidelines (2016) for units with DMH Rental subsidy and the applicable Balance of State CoC rental assistance projects administered by Metro Boston Housing Partnership apply. In these cases the Licensing Coordinator will complete the "DMH Rental Subsidy Program: Licensing Physical Facility Inspection Report" (see appendix) which they will submit to the DMH Area Housing Coordinator.
- An **Application for Licensure** and instructions for completion and the **Pre-Placement Survey Requirements** will be forwarded to the Agency with the **Site Feasibility Assessment**. (see appendix)
- Upon preliminary approval of the site granted by the Licensing Department, the Agency submits an Application for Licensure within thirty (30) days prior to the residential site opening. At this time the Agency designates a representative to act as the Liaison or point person for licensing related matters.
- See DMH Rental Subsidy Program, Sponsor-Based Guidelines (2016) for units with DMH Rental Subsidy and the applicable Balance of State CoC rental assistance projects administered by Metro Boston Housing Partnership.

## 2. Application for Licensure or Renewal

### Initial Application

- Upon preliminary approval of the site granted by the Licensing Department, the Agency submits an **Application for Licensure** (see appendix). The application and instructions are provided with the Site Feasibility Assessment for new or relocating sites but the Agency can obtain Applications for Licensure at any time from the Licensing Coordinator or on the DMH internet site. All applications forwarded to applicants will include instructions for completion. Additionally, the Licensing Coordinator can be contacted to answer questions.
- The Agency has thirty (30) days from receipt of the application to return the completed application to the Licensing Coordinator. Noting, however, the Application for Licensure must be returned no later than the date of the client Pre-Placement Survey.
- The Agency will identify in the Application the person who will be designated Licensing Liaison for the Agency. The Licensing Liaison is the point person for licensing related matters.
- All applications must be typed, signed by the Executive Director or Designee, and if applicable, include a facility floor plan and for staffed sites a staffing schedule. Licensing office is required to keep on file the application with original signature.

### Application for License Renewal

- The Application for Licensure must be submitted every two years to the Licensing Coordinator no less than 90 days prior to the anniversary of the previous application for licensure.
- All applications must be typed, signed by the Executive Director or Designee and mailed to Licensing Coordinator with original signature, and if there have been changes in the facility since the last application, a revised floor plan for the facility must be included.
- All waiver renewals should also be submitted with license renewal applications.

***Failure to apply for a license may be grounds for suspension of the Licensee's right to operate a residential site.***

### 3. **Agency/Provider Policy and Procedure Review**

- All agencies/providers with residential sites licensed by the DMH will be subject to a review to determine compliance with 104 CMR 28:00 Subpart A; Standards for Community Services. See appendix for "Agency/Provider Policy and Procedure Review Tool"
- Agency/Provider Policy and Procedure Reviews will be conducted by the Licensing Coordinator (s) every 5 years.
- Agencies/Providers with multiple programs and/or program types will have a combined Agency/Provider Policy and Procedure Review. This combined review will include programs that are licensed by multiple DMH Areas.
- If any deficiencies are noted, a correction order with timelines will be issued. All deficiencies cited will be validated for correction with other site specific deficiencies being tracked for the residential locations.
- If no deficiencies are noted, documentation stating the same will be issued.

### 4. **Site Specific-Pre-Placement Survey**

For GLEs, the Licensing Coordinator conducts a Pre-Placement Survey approximately one (1) to seven (7) days before people move into the site. This is to ensure the specified health and safety requirements have been met.

It is at the discretion of the Licensing Coordinator if a Pre-Placement Survey is needed for an apartment or if the Site Feasibility Assessment is sufficient.

#### **Pre-Placement Survey Procedures:**

- A Licensing Coordinator must conduct a Pre-Placement Survey visit prior to a Person(s) Served's overnight visit or move into a new or relocated site.
- The Agency Licensing Liaison contacts the Licensing Coordinator to schedule a pre-placement visit to occur within seven (7) days of the residential site opening or first overnight visit.
- A list of Pre-Placement survey requirements (see appendix) shall be included with the Site Feasibility Assessment that is forwarded to the Executive Director or Designee. Corrections outlined in the Site Feasibility Assessment and Pre-Placement Survey must be met before the person(s) overnight visit(s) or move into a new or relocated site.
- The Licensing Coordinator will conduct a complete physical site review of the program using the applicable evaluation tools, **DMH Physical Facility Pre-Placement Survey, DMH Physical Facility Inspection (2016)** and for apartment units, *(not all apartments are RSPs)* the **DMH Rental Subsidy Program – Licensing Physical Facility Report, 2016** form. (See appendix). All findings will be reviewed with Agency representatives at the conclusion of the review.



- A statement of Pre-Placement findings will be issued on the Physical Facility Inspection Summary form the day of the visit. The findings will state either that the facility is suitable for people to move in within seven (7) days, or will state what corrections and or adjustments that must be made prior to placement.
- If the Licensing Coordinator finds the site suitable for people to move in, placement, the residential site should open within seven days or another pre-placement visit may be needed to ensure that no changes have occurred.
- Additionally, a Correction Order will be written to identify all physical site findings, if any, and timelines for correction. See page 10 for Correction Order details.
- A residential site license will be processed for issuance after the residential site has opened. A Provisional License will be issued pending the full Licensing Survey (see #5 below).

## 5. Licensing Surveys

### License Survey

- For GLEs, an initial Licensing Review will be conducted between three and four months after the GLE has opened and every 2 years thereafter as part of the License renewal process. For apartments the initial License survey will be completed at the time of the preplacement survey and every 2 years thereafter.
- The Licensing Coordinator will inspect the facility and grounds, and determine compliance with policy and procedures at the site level, review external inspections, medication storage, a sample of medical records, first aid supplies, fire safety and self preservation, including testing and training requirements, and emergency site procedures, such as disaster plan. See appendix for evaluation tools; Licensing Site Questionnaire and the DMH Physical Facility Inspection (2016).
  - Medical Record Sample Size: GLE: 50% with a minimum of 3.
  - Licensed Apartment Programs: 10% of the total capacity of the licensed sites with a minimum of 3.
- The Licensing Coordinator will review the findings of the DMH MAP Audits and reports from the DMH Human Rights Coordinator to ensure that the site is in compliance with 104CMR 28.06 and 28.03. Any issues of noncompliance in these areas will be noted in the Licensing reports. For sites that use outside nursing services and are therefore not registered under the MAP Program, the Licensing Coordinator will review how/where medication is stored so that it is not accessible to other residents or staff.
- At the conclusion of this survey the Licensing Coordinator will review any deficiencies found with the Program Director.

## A. Correction Order

- Within ten(10) business days of the licensing survey the assigned Licensing Coordinator will forward a correction order to the Executive Director or his/her Designee and the Licensing Liaison. The correction order includes the residential site location, the identifying Department of Mental Health regulation number or standard, and a description of each deficiency and timelines for correction.
- A copy of the correction order is forwarded to the appropriate Area Director or Designee and the DMH Area Housing Coordinator where the residential site(s) is assigned by address.
- The Applicant has the right to dispute any aspect of the correction order, or may petition the Department for a waiver of the requirement. Objections to a deficiency must be made in writing to the Licensing Coordinator within (7) seven days of receiving the correction order. Upon receipt of a written objection, a formal review of the findings will be conducted through the Administrative Reconsideration of Findings Process.
- If there are no deficiencies, the Licensing Coordinator will forward a letter within fifteen (15) working days stating such to the Executive Director or Designee. A copy will be sent to the DMH Area Director or designee and the DMH Area Housing Coordinator.

The following are the general timelines given for areas of concern or deficiencies found at the time of a licensing review:

<b>Immediate or One Month</b>	
DPH MAP Registration	Immediate
Medication Storage and Security	Immediate/1 Month
Self-Preservation Classification and Staffing Pattern	Immediate/1 Month
Capacity	Immediate/3 Months
Egress Issues	Immediate/1 Month
Emergency (fire, carbon monoxide) Alert System	Immediate
Emergency Procedures (evacuation, fire drills, disaster/relocation plan, staff training)	1 Month
Fire Safety Training for Staff	1 Month
Training for Clients (fire safety, fire drills)	1 Month
<b>Three Months (if no hazard observed)</b>	
External Inspection Certificates (Annual Building, Fire Department or Marshall, Lodging House License (if applicable))	
<b>Six to Twelve Months</b>	
Facility issues considered cosmetic in nature and not a health or safety risk are given a 6 to 12 month timeline for corrective action.	
Policies and Procedures	1-6 months to revise or develop 1-3 months to correct implementation of policy or procedure

All deficiencies with an immediate or one month timeline must be corrected before a license can be issued for a residential site. All other deficiencies with three to twelve month timelines should have plans in place to make the appropriate changes prior to issuance of a license from the Department. At the discretion of the Licensing Coordinator and with consultation with the Director of Program Evaluation, a plan of corrective action may be requested for more complex projects needing extended timelines.

If required, a Plan of Correction should include the following:

- Address and the Correction order cited;
- Give the associated DMH deficiency #;
- State the action already taken with dates, and the action(s) which will be taken with timeframe/person responsible in order to reach and maintain compliance; and,
- Give a date to be in compliance.

Licensee may request timeline extensions for three to twelve month timelines for good cause. Timeline extension requests should be made in writing to the Licensing Coordinator. Written requests should include rationale for extension and Plan of Correction. A written response will be given to a timeline extension request.

## **B. Correction and Validation of Deficiencies**

- The Licensing Coordinator will track all corrective actions by reviewing documentation and conducting validation visits to ascertain that the deficiencies are being corrected according to established timelines.
- Written documentation validating corrections (i.e., work order completion receipts, purchase receipts, photos) may be forwarded to the Licensing Coordinator accompanied with a cover sheet.
- The Licensing Coordinator may return to the residential site to review corrective actions taken that cannot be validated in writing or photos.
- Following correction and validation of all deficiencies which have been given a timeline of one (1) month or less, the Licensing Coordinator forwards to the Director of Program Evaluation the Correction order with the corrective actions taken and recommendation for licensure.
- The Director of Program Evaluation reviews these documents and the recommendation and makes the determination if a license should be issued.
- When deficiencies continue to be unresolved beyond stated timelines, a notice will be sent to the Provider and the Area Director requesting a response to the Corrective Order with outstanding deficiencies.
- If there is no response, or the response is inadequate a second notice will be issued signed by the Director of Program Evaluation and copied to the DMH Legal Office as a 10 day notice to hold an administrative hearing to resolve the

Correction Order in accordance with 104 CMR 28:17 Every effort will be made to develop a plan prior to a hearing to revoke a license.

- In an emergency situation where the failure of the program to comply with any applicable regulation results in an emergency situation which endangers the life, health or safety of persons served or staff, the Department may refuse to issue, renew or may suspend a license without a hearing.

## 6. Waiver Petition Process

These procedures describe both the criteria and the process by which the Applicant/Licensee substitutes a standard for an existing Department of Mental Health Regulation.

### Waiver Criteria

- The substitute standard(s) shall not adversely affect the health, safety or welfare of the persons served and staff.
- The substitute standard(s) will result in comparable services to the persons.
- The Applicant/Licensee is held fully accountable for the substitute standard as she/he would for all DMH Regulations.
- The substitute standard(s) does not contradict any other applicable DMH regulation(s).
- Waiver(s) shall be granted for a specified period of time, not to exceed the duration of a license period and may be renewed upon subsequent petition.
- The granting of a waiver for any residential site or license period shall not mean that a waiver is granted for any other site or license period.
- The Department may determine that one or more of the provisions of 104CMR28.00 is not applicable to a particular service, and may grant a waiver of such provision(s) to all such services.

### Waiver Process

- Within seven (7) business days of receiving the Correction Order, the Agency notifies the Licensing Coordinator of the intent to petition for a waiver. Within fifteen (15) business days the Agency submits the prepared **Waiver Petition** (see appendix).
- The waiver petition is reviewed by the Licensing Coordinator and is forwarded to the Area Director or Designee. The Area Director or Designee will document a written recommendation of approval or denial of the petition and will send the petition back to the Licensing Coordinator.
- The Licensing Coordinator then submits the waiver petition and recommendations to the Director of Program Evaluation. The Director of Program Evaluation reviews the petition and recommendations, and after consultation with the Area Director or Designee, the Licensing Coordinator, and other parties as needed, either approves or denies the waiver petition.

- The Licensing Coordinator sends the Applicant/Licensee a decision letter. If the waiver petition is denied, the Licensing Coordinator may ask for additional information or require the Applicant/Licensee to comply with the regulation the waiver petition pertains to. The Applicant/Licensee will receive a response from DMH within fifteen (15) business days of receipt of the waiver petition.

## **7. Appeal Process/ Administrative Reconsideration of findings**

- If the Applicant/Licensee does not agree with a deficiency cited at the time of the licensing survey or annual review, the Applicant/Licensee has the right to request an informal review with the Licensing Coordinator at the close of the review and by telephone soon after the review. The Applicant/Licensee may also contact the Director of Program Evaluation.
- If objections to the correction order still exist after informal consultation with the Licensing Coordinator other objections should be made in writing to the Licensing Coordinator within seven (7) days of receiving the deficiency statement.
- The written objections to deficiencies will be reviewed by the Licensing Coordinator and the Director of Program Evaluation in consultation with the Area Director or Designee for that residential site. The Licensing Department will give a written and verbal response to the appeal. If an Applicant/Licensee is not satisfied with the response given by the Licensing Department they will be afforded the opportunity to appeal the decision with the Assistant Commissioner of Mental Health Services in writing seven (7) days from receiving the decision.

## **8. Issuance of License**

- The Licensing Coordinator submits their recommendation for licensure with the licensing documents to the Director of Program Evaluation for a decision on license issuance.
- The Director of Program Evaluation decides to either grant/renew a license or issues a refusal to grant/renew a license in accordance with 104 CMR 28.00.
- The Applicant is issued a license contingent upon the correction of any health and safety deficiencies in accordance with timelines specified in the correction order. Failure of the Licensee to correct health and safety deficiencies within the prescribed timelines may be grounds for a decision by the Director of Program Evaluation to revoke or suspend a license. License revocation or suspensions procedures shall comply with 104 CMR 28.00.
- A **Provisional License** is a temporary license for a residential site subject to licensure under 104 CMR 28.00 which is not currently in operation or for which compliance cannot fully be determined without an evaluation of the site or program in operation. After the granting of a provisional license DMH will conduct a timely evaluation to determine what action regarding licensure should be taken.

## 9. Annual Review

In accordance with DMH Regulations, approximately one (1) year after the license is issued or renewed; a Licensing Coordinator conducts an annual physical site review to ensure compliance. The Licensing Coordinator assigned to the residential site will contact the Licensing Liaison to schedule the annual review. This inspection/survey should be conducted 10 to 14 months from the date of the License issuance.

At the time of the annual review, the Licensing Coordinator will survey and do the following:

- Interview the Program Director to determine if there have been any changes to the site that would alter the license status.
- Conduct a physical site inspection, review Annual Building Inspection Certificate, and review Fire and Health Inspection Certificates as required, and inspects first aid kit(s).
- Review self-preservation classifications and staffing pattern, fire drill records, disaster plan.
- Review annual documents, as applicable (Building, Fire, Health, DPH Registration, heating and hot water, sprinkler, fire alarm) if applicable depending on building type i.e. apartment complex etc.
- Review the specific areas cited from the last full licensing survey.
- Review regulatory compliance in a specific area as identified by the Area Office.
- Validate correction of deficiencies with 12-month timelines.

If the residential site is found to have no additional deficiencies, the Licensing Coordinator notifies the Applicant/Licensee that there is no change in its licensing status with a Correction Order that reflects no new deficiencies being issued for the site.

If the residential site is found to have additional deficiencies, the Licensing Coordinator will send a written Correction Order to the Applicant/Licensee containing following information:

- The identifying regulation number or standard, and description of each deficiency and timelines for correction.
- The potential impact the additional deficiencies may have on the licensing status of the residential site.
- The fact that the Applicant/Licensee will have the right to administrative reconsideration of the additional deficiencies (i.e. waiver or data review/appeal process).
- The fact that the Applicant/Licensee is responsible to correct the deficiencies within the assigned timeline.

The Licensing Coordinator through the validation correction system will verify the correction of any deficiency.

Ninety (90) days before a license is to expire, the Licensee must submit an Application for Licensure/Renewal. Within ninety (90) days, the residential site is subject to a Licensing Survey as outlined above.

## **10. Notification of Change**

The Licensee/Provider Agency is responsible for providing the following notifications to the Licensing Coordinator.

- The Licensee shall provide prior notification in writing of any change of ownership of the residential site, or any change in the financial interest of persons associated with the Provider Agency or residential site.
- The Licensee shall provide notification in writing of any changes to the physical plant, in quality of services provided must also be reported to the Department and any other changes in the residential site which place the licensee out of compliance with any regulation under 104 CMR 28.00 within ten (10) days of the change. This to include notification when a residential site is no longer being used.
- The Licensee is responsible for reporting self-preservation problems (ability of persons to safely evacuate in the event of a fire) within three working days of identification. This can be a telephone report. The Licensing Coordinator assigned to the residential site from which the person receives services, along with the Area Director or Designee affiliated with the site will determine the appropriate course of action. This will be done in consultation with the Provider/ Agency and DMH Site Office that is applicable and with the Director of Program Evaluation. This may include but is not limited to development of corrective action plan, assessment (i.e., auditory and medication), training, fire drills, and the purchase of adaptive equipment.
- The Licensee is responsible for reporting emergency evacuation/relocation of persons to the Licensing Coordinator and all appropriate parties.
- According to DMH Regulations, failure of the Licensee to notify the Department of any change of ownership, name, location, or services under this section, shall be grounds for suspension or termination of the license.

<b>Agency/Provider Review</b>	<b>Licensing Review: Initial and Renewal</b>	<b>Annual Review</b>
Provider philosophy and objectives	Application has been received	Review changes/updates to program/site
Policy and Procedures	New and/or changes to policies and procedures are reviewed	Physical site inspection
Job descriptions, staff qualifications, supervision and training	Policies + Procedures are available to staff, who have received orientation to them	Fire drill/ self-preservation/ Fire Safety and emergency plans
	Residential Site Licensing Review Tool	
	Physical site inspection	
	Sample of medical records	
	Fire drill/ self-preservation/ Fire Safety and emergency plans	
	Client funds (if applicable)	
	Input from MAP and Human Rights Coordinator	



## V. GLOSSARY OF TERMS

**Accreditation Certificate:** A Department of Mental Health document issued by the Director of Program Evaluation to a DMH Area or Site office, as applicable, that indicates the statewide licensing requirements have been met for the identified residential site(s)

**Administrative Reconsideration of Findings:** Process by which the applicant, in writing, requests a reconsideration of the findings noted in a correction order.

**Affidavit:** A letter submitted to the Area Director or designee attesting that a residence or unit meets all applicable health, safety and fire codes.

**Agency or Provider:** The entity responsible for the provision of a service, including without limitation the operation of a residential site.

**Applicant:** The Agency or person with principal legal responsibility for the administration and conduct of the residential site. If an Agency or individual runs more than one residential site, such Agency or individual shall apply for a separate license as appropriate for each site.

**Correction Order:** A list of deficiencies, identified at the time of a site visit or review, numbered according to the DMH regulation to which they relate, and includes the assigned timelines by which the deficiency must be corrected.

**Director:** The senior administrator(s) for an Agency/Provider who has overall responsibility for a service. Except where otherwise specified, a Director's responsibilities under 104 CMR 28.00 may be delegated by the Director to appropriate designated administrator(s) within the service.

**DMH Rental Subsidy Program (DMH-RSP):** Sponsor-Based program providing rental subsidy to units occupied by low-income persons who receive supportive services through a DMH contracted service provider. The program is collaboration between DHCD's Bureau of State Rental Assistance, which is responsible for regulatory and administrative oversight of the program, and DMH which is responsible for selecting Service Provider Agencies, assigning the DMH-RSP and performing annual inspections of eligible units.

**Emergency Suspension:** Action taken where the Director of Program Evaluation suspends a license when there is a documented situation in a residential site which indicates that the life, health, safety, or welfare of persons served and/or staff are endangered, or that the residential site is out of compliance with certain applicable regulations.

**Group Dwelling Unit-Category A&B:** A residential site serving four (4) or fewer persons with any of the persons classified as not capable of self-preservation (impaired or partially impaired). Staffing patterns must be adequate to evacuate all persons within 2 ½ minutes.

**Group Dwelling Unit-Category C:** A residence serving four (4) or fewer persons; with all of the persons classified as capable of self-preservation (unimpaired). This group dwelling category is exempt from quarterly fire drills.

**GLE:** A residence serving more than three (3) persons and all are capable of self-preservation (unimpaired).

**Inquiry and Response (I&R):** These are clarifications of current Licensing requirements provided by DMH Central Office. They are based on regulation and all statewide guidelines for licensing including those found in Section III References.

**License:** A document issued by the Director of Program Evaluation to an applicant that indicates the residential site has met the statewide requirement for licensure.

**Licensee:** The Agency/Provider operating a community based residential site that has been issued a license by the Department in accordance with the DMH regulations.

**Licensing Liaison:** One (1) person designated by the applicant/ licensee/agency/provider that the Licensing Office can contact regarding licensing issues.

**Limited Group Residence:** A residential site serving more than four (4) persons and any of these persons are classified as not capable of self preservation (impaired or partially impaired). Staffing pattern must be adequate to evacuate all persons within 2 ½ minutes.

**Office of Community Licensing:** The Departmental unit charged with issuing of licenses pursuant to and oversight and enforcement of 104 CMR 28.00.

**Person:** A person who receives mental health services from a residential site subject to 104 CMR 28.00.

**Petition:** A special request to waive a DMH regulation or requirement for a substitute standard.

**Pre-Placement Survey:** A site visit conducted by the Licensing Office prior to the residential site opening to ensure health and safety requirements have been met.

**Provider:** The entity responsible for the provision of a service, including without limitation the operation of a residential site.

**Provisional License:** A provisional license is issued to residential site(s) for a limited period of time prior to a full license being issued. Provisional (temporary) licenses are issued at the discretion of DMH Central Office. After a provisional license has been granted the Department shall conduct a timely evaluation of the residential site to determine what action regarding licensure should be taken.

**Residential Site:** A community based residential site at which one or more persons reside or are provided with sleeping accommodations, and in which the program has direct or indirect ownership interest, or which the program leases or co-leases.

**Self-preservation:** Capability both mentally and physically, to take action to preserve one's own life, particularly to egress the building in which one resides unassisted within two and one-half (2 1/2) minutes.

**Service:** A community mental health service that is operated, licensed or contracted for by the Department.

**Service Site:** The location where services are provided, including residential sites. The term shall include the Provider's administrative offices where applicable.

**Site Feasibility Assessment:** A study of a proposed residential site conducted by the Licensing Office to determine if the site is able to meet the requirements of the DMH.

**Site Visit:** A licensing visit to the residential site for the purpose of documenting compliance with the licensing standards or progress in completing corrective actions.

**Validation Visit:** A Licensing visit to the residential site for purposes of documenting the progress in completing corrective actions.

**Waiver:** Process by which the applicant is authorized in writing to substitute a different standard for an existing DMH regulation or requirement.

#### **IV. APPENDIX**

- A. DMH Licensing Physical Facility Inspection (2016)
- B. DMH Rental Subsidy Program – Licensing Physical Facility Inspection Report (Single Inspection/apartment tool 2016)
- C. Agency/Provider Policy and Procedure Review
- D. Residential Site Review Tool 2017
- E. EOHH New Home Request Form
- F. Site Feasibility Assessment
- G. Pre-Placement Survey Requirements
- H. Physical Facility Pre-Placement Inspection Summary
- I. Capability of Self-preservation Test (optional form)
- J. Instructions for Completing the Application for Licensure/Certification
- K. Application for Licensure/Renewal Licensure/Certification
- L. Waiver Petition
- M. Pool Policy
- N. Current I&Rs

# **DMH LICENSING PHYSICAL FACILITY INSPECTION**

A

Regulation/ Code/Safety	Requirement	Comment
28.13	<b>General Requirements</b> - A residential site shall be located in a residential neighborhood or among other buildings which are appropriate to the services provided, the general design of which does not emphasize the site's separateness or differences from the surrounding community in such a way as to stigmatize or devalue client.	Initially evaluated as part of the Site Feasibility Assessment completed by the Licensing Coordinator.
28.13	A residential site shall provide space for all residential functions characteristic of a comfortable and homelike environment.	
28.13	A residential site shall meet all applicable building, sanitary and safety requirements.	
28.13	<b>External Inspections</b> - The program has documentation for the following: Annual building inspection for group residence and limited group residences;	See Building Code 780 CMR 421 and 425 Respite capacity should be reflected in building inspection/occupancy permit.
28.13	Certificate of Occupancy for group dwelling units, category A, B, C; and annual building inspection if the occupancy permit has an expiration date;	See Building Code 780 CMR 427. Each group dwelling units have 4 or less occupants.
28.13	Annual Fire Inspection;	Inspection by local Fire Dept. or Fire Marshall. Required for staffed sites. At the discretion of the licensing reviewer for non-staffed sites.
28.13	Health Inspection;	At the discretion of the licensing reviewer
28.13	Lodging Houses must have documentation of building inspection certificate, fire inspection, health inspection within the last twelve months and a current Lodging House License from the City.	See Building Code 780 CMR 310
28.06	<b>Medication Storage</b> - Shall comply with DMH and DPH regulations and MAP Policies and Procedures:	
28.06	The program has registered with DPH if non-self-medicating clients are being served and medication(s) are stored at the site.	
28.06	Medication shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security.	Policy on who has access to medications is needed.
28.06	External medications shall be stored separately from medications taken internally.	
28.06	Medication for non self-medicating clients shall be stored in a locked container or area, in which nothing but medication is stored.	Medication needing refrigeration must be stored in locked container within a refrigerator or locked refrigerator.

# **DMH LICENSING PHYSICAL FACILITY INSPECTION**

Regulation/ Code/Safety	Requirement	Comment
28.06	<b>Medication Storage (continued)</b> - Medications for self medicating clients shall be stored in a way to make them inaccessible to all other clients.	For client's holding their own medication they should be in private storage accessible only to the client unless the program director determines that it is safe for clients residing in the same program to have the client store his/her medication in an unlocked private storage.
28.13	<b>Bedroom</b> - Each individual's bedroom space is adequate for sleeping, dressing, personal care, and caring for personal possessions.	
28.13	No more than two persons shall occupy one bedroom.	
28.13	Square footage of bedroom not including closets is at least 100 square feet for single occupancy, and 120 square feet for double occupancy.	
28.13	Each individual's bedroom is located so that other residents do not have to trespass that bedroom to reach common areas within the residence.	
28.13	Each bedroom contains at least the following for each resident: a free standing bed and bed-frame; a mattress in good repair and in sanitary condition; a dresser; a closet or armoire.	
28.13	All furniture is in good repair.	
s410.602 (B)	Each bedroom is in sanitary condition, free of accumulated dust, rubbish and cobwebs.	
s410.256	There is no electrical wiring passing across frequently traveled floor areas, passing under floor coverings such as rugs or mats, or extending through doorways or other openings.	
s410.351	All visible cords and wires are free from cracks and wear. There are no overloaded wall receptacles.	
s410.250(b)	Each bedroom contains at least the following: two separate wall outlets in good repair; or, one wall outlet and one ceiling electrical light fixture in good repair.	
s410.750	Lighting is adequate.	
28.13	Fixtures for lighting are operable by and accessible to residents.	
28.13	Windows are operable and accessible to all residents.	
s410.480(e)	Operational locking devices are provided on all exterior windows that are designed to open.	

# DMH LICENSING PHYSICAL FACILITY INSPECTION

Regulation/ Code/Safety	Requirement	Comment
s410.500	<b>Bedroom (continued)</b> - The following structural elements are maintained in good repair and are weather tight: windows, walls, doors, floor, ceiling.	
s410.553	Screens are provided between April 1 and October 30	
s410.551	on windows used for ventilation; and,	
s410.552	doors used for ventilation which lead directly to the outside.	
s410.551(A)/ 552(A)	Screens are in good repair.	
28.13	Curtains and/or shades are sufficient to provide privacy.	
28.13	There is no evidence of smoking in sleeping rooms.	
B427.3.3	There are no locks on bedroom doors of impaired and partially impaired residents.	
B427.3.3	Doors leading to a fire escape or exit are useable (not locked or blocked).	
s410.352(B)	<b>Bathroom</b> - Toilet, toilet seat, washbasin, shower and/or bathtub and the room in general is in sanitary condition and are functional.	
s410.180/190	There is sufficient water pressure to both hot and cold water fixtures.	
s410.190	Hot water temperature is no less than 110 degrees and does not exceed 130 degrees (43-54C) regardless of source. If the shower has a temperature regulator, it tests between 110 degrees and 130 degrees.	
s410.256	There is no electrical wiring passing across frequently traveled floor areas, passing under floor coverings such as rugs or mats, or extending through doorways or other openings.	
s410.351	There are no overloaded wall receptacles. All visible cords and wires are free from cracks and wear.	
s410.351(A)	The following are free from visible leaks, clogging and loose or cracked pipes: sinks; washbasin; shower; bathtub; toilet; tub and sink drain freely.	
s410.500	The following structural elements are maintained in good repair and are weather tight: windows; walls; doors; floor; ceiling.	
28.13	Outlets and fixtures for lighting are operable by and accessible to residents. In new construction, ground fault plugs are provided in each electrical outlet located within 10 feet of water. Power strips ("power surge strips") have circuit breakers.	Recommended for "old" construction, as well.

# **DMH LICENSING PHYSICAL FACILITY INSPECTION**

Regulation/ Code/Safety	Requirement	Comment
s410.352(B)	<b>Bathroom (continued)</b> - Plumbing fixtures are operable by and accessible to residents.	
s410.551/552/553	Screens are provided (April 1 - October 30) on windows used for ventilation. Ventilation is provided through mechanical means or by the use of screened windows.	
s410.551	Screens are in good repair.	
s410.100(A)	<b>Kitchen and Pantry</b> - Kitchen contains at least the following: 1 sink suitable for washing dishes and utensils; (If dishwasher is used, a temperature booster is acceptable.); 1 operable stove; 1 operable oven; 1 operable refrigerator.	
s410.352	The dishwasher, stove and microwave oven (if available) are properly installed and vented, as necessary.	
s410.352(B)	Kitchen facilities are in sanitary condition.	
28.13	All furniture and equipment are in good repair.	
28.13	There is at least 1 place setting of dishes and 1 set of silverware for each resident and staff on duty.	
s410.251(A)	The kitchen contains at least the following: 1 electric light fixture in good repair.	
s410.251(B)	2 electric wall outlets in good repair. In new construction, ground fault plugs are provided in each electrical outlet located within 10 feet of water. Power strips ("power surge strips") have circuit breakers.	
s410.351	There are no overloaded wall receptacles. All visible cords and wires are free from cracks and wear.	
s410.256	There is no electrical wiring passing across frequently traveled floor areas, passing under floor coverings such as rugs and mats, or extending through doorways or other openings.	
F	There are no extension cords used on cooking equipment or other kitchen appliances. Outlets and fixtures for lighting are in good repair and are accessible to residents.	
F	Only non-combustible items are stored above the stove.	



**DMH LICENSING PHYSICAL FACILITY INSPECTION**

Regulation/ Code/Safety	Requirement	Comment
s410.351	<b>Kitchen and Pantry (continued)</b> - The sink is free from visible leaks, clogging and loose or cracked pipes.	
s410.190	Hot water temperature is no less than 110 degrees and does not exceed 130 degrees (43-54C) regardless of source.	
s410.100(A)	Foods are stored in the refrigerator, cupboards and freezer under proper conditions or sanitation.	
28.13	Substances which are potentially dangerous are stored separately from food in accurately labeled containers.	
s410.550(A)(B)	Appropriate pest control measures are taken as necessary.	
s410.500	The following structural elements are maintained in good repair and are weather tight: windows; walls; doors; floors.	
s410.480E	Every window that opens has an operable locking device.	
s410.553/551/552	Screens are provided (April 1 - October 30) on: windows used for ventilation; and, door used for ventilation which lead directly to the outside.	
s410.551/552	Screens are in good repair.	
s410.602(B)	There are no rubbish or other combustible products accumulated in the pantry or kitchen.	
s410.600(A)	There is a wastebasket (cover is recommended) in the kitchen or pantry.	
28.13	<b>Living Room, Den or Other Activity Room</b> - Furniture is in good repair and of sufficient quantity to serve the residents and staff.	
s410.602(B)	The room is in sanitary condition (free of accumulated dust, rubbish or cobwebs).	
s410.256	There is no electrical wiring passing across frequently traveled floor areas, passing under floor coverings such as rugs or mats, or extending through doorways or other openings.	
28.13	Outlets and fixtures are in good repair and operable by residents.	
s410.250	Lighting is adequate.	
s410.351	There are no overloaded wall receptacles. All visible cords and wires are free from cracks and wear.	
28.13	Windows (that open) are operable by and accessible to residents.	
s410.480(E)	Locking devices on every window designed to open are operational.	
s410.500	The following structural elements are maintained in good repair and are weather tight: windows; walls; floor; doors; ceiling.	

# **DMH LICENSING PHYSICAL FACILITY INSPECTION**

Regulation/ Code/Safety	Requirement	Comment
s410.553	<b>Dining Area</b> - Screens are provided (April 1 - October 30) on windows designed to open; and	
s410.552	doors used for ventilation which lead directly to the outside.	
s.410.551/552	Screens are in good repair.	
28.13	Shades or curtains are provided to ensure privacy.	
F	If fireplace is used, it is inspected and cleaned annually (Documentation required.)	
28.13	Furniture is in good repair.	
28.13	There is enough dining room furniture so that all consumers and staff on duty can eat their meals together.	
s410.602(B)	The dining area is in sanitary condition, free of accumulated dust, rubbish and cobwebs.	
s410.250(B)	If there is an independent dining room, it contains at least the following: 2 separate wall outlets; or, 1 wall outlet and 1 electric light fixture.	
s410.750(D)	Lighting is adequate for residents' use.	
s410.256	There is no electrical wiring passing across frequently traveled floor areas, passing under floor coverings such as rugs or mats, or extending through doorways or other openings.	
s410.351	There are no overloaded wall receptacles.	
s410.351	All visible cords and wires are free from cracks and wear.	
28.13	Outlets and fixtures are in good repair and operable by residents.	
s410.480(E)	Windows (that open) are operational and accessible to all residents.	
s410.500	The following structural elements are maintained in good repair and are weather tight: windows; walls; doors; floors; ceiling.	
s410.553	<b>Hallways, Passageways, Foyers</b> - Screens are provided (April 1 - October 30) on: windows used for ventilation; and, doors used for ventilation which lead directly to the outside.	
s410.551/552	Screens are in good repair.	
s410.254	All hallways, passageways, and foyers are provided with operable electric light fixtures in good repair and sufficient to allow for their safe and reasonable use by residents.	
s410.451	All hallways and passageways are unobstructed.	

**DMH LICENSING PHYSICAL FACILITY INSPECTION**

Regulation/ Code/Safety	Requirement	Comment
s410.602(A,C ,D)	<u>Hallways, Passageways, Foyers (continued)</u> - Rubbish or other combustible products are not allowed to accumulate in any hallway, passageway or foyer.	
s410.500	The following structural elements are maintained in good repair and are weather tight: windows, walls, doors, floor, ceiling.	
28.14(2)(b)	<u>Stairways</u> - Neither hazardous nor flammable materials are stored under the stairway.	
s410.452	All stairways are in good repair, treads, risers and railings are safe.	
s410.451	All stairways are unobstructed.	
s410.503	Each stairway has a secure handrail at least 36 inches high on one side that is in good repair. Handrails replaced or constructed after 8/28/97 must be at least 34 inches high.	
s410.254(A,B )	All stairways not enclosed by a wall on both sides have a protective rail in good repair at least 36 inches high on any open side. Guardrails replaced or constructed after 8/28/97 must be at least 34 inches high.	
s410.254(A,B )	Each stairway is provided with at least 1 electric light fixture in good repair, operable from top and bottom.	
s410.503	All handrails on the open side of the stairway (no wall) have balusters (the centers of which are placed no more than 6 inches apart). Balusters or ornamental work constructed or replaced after 8/28/97 shall have no space greater than 4 and 1/2 inches.	
s410.500	The following structural elements are maintained in good repair and are weather tight: windows, walls, doors, floor, ceiling.	
s410.351	<u>Air Conditioners, Humidifiers, Dehumidifiers</u> - If an extension cord is to be used on an air conditioner, it shall be a heavy duty cord.	
28.13	Air conditioners, humidifiers and dehumidifiers are properly installed, maintained and in good repair (i.e., filters).	
s410.550	<u>Insects and Rodents</u> - The residence is free from rodents, cockroaches and insect infestation.	Vermis - free
28.13	<u>Pet Care</u> - Care given to pets ensures that sanitary conditions are maintained.	Sanitary conditions and documentation of vaccinations required by law are maintained.

# **DMH LICENSING PHYSICAL FACILITY INSPECTION**

Regulation/ Code/Safety	Requirement	Comment
28.14(2)(c)	<b>Storage Areas</b> - There is a conveniently located common storage area within the residence which is adequate in size to properly store a reasonable amount of individual and group possessions.	Lock sets on storage areas including basements and closets must open from the inside without the use of a key.
s410.253 (A)	If there is an independent storage room, it has at least 1 operable electric light fixture in good repair.	
s410.500	If there is an independent storage room, the following structural elements are maintained in good repair, and are weather tight: windows; walls; doors; floor; ceiling.	
s410.602	There is no rubbish such as cardboard, newspapers, wood, discarded clothes, furniture, or other combustible products accumulated in storage areas.	
s410.602	Rags soaked with oil, grease, paint brushes, charcoal lighter fluid are stored in approved metal cabinets.	
F.	There are no flammable materials either liquid (i.e., kerosene or gasoline) or solid, stored in the house.	
B421.5	Storage above the second floor is not allowed above the second floor in a Group Residence.	
F.	<b>Laundry Area</b> - All visible cords and wires are free from cracks and wear. There are no overloaded wall receptacles.	
s410.253(A)	Laundry room is provided with at least 1 operable electric light fixture in good repair.	
s410.351(B)	Neither extension cords nor multi-plug adapters are used on major appliances.	
s410.256	There is no electrical wiring passing across frequently traveled floor areas, passing under floor coverings such as rugs and mats, nor does it extend through doorway or other openings.	
s410.352(A)	Washer and dryer are free from visible leaks. Dryer vent and filter are properly installed and maintained. Dryer area is kept lint free, and lint filter is cleaned after each usage.	
s410.500	The following structural elements are maintained in good repair and are weather tight: windows; walls; doors; floor; ceiling.	
s410.602	There are no rubbish or other combustible products accumulated in the laundry room.	
s410.602	The laundry room is in a sanitary condition.	
s410.180/s410.190	There is sufficient water in quantity and pressure to both hot and cold water fixtures.	

# **DMH LICENSING PHYSICAL FACILITY INSPECTION**

Regulation/ Code/Safety	Requirement	Comment
s410.600(A)	<b>Garbage and Rubbish Disposal</b> - Garbage and Rubbish are stored in an adequate number of rodent-proof, water-tight receptacles with tight-fitting covers.	
s410.602	No combustible rubbish such as: cardboard; paint brushes; newspapers; wood; discarded clothes or furniture; rags soaked with oil; grease; paint; etc., accumulated against or near the outside of the residence.	An adequate number of rodent-proof and water-tight receptacles, with tight fitting covers, are available.
s410.602	No flammable materials (solids, liquids or gas) near ignition sources such as: furniture; stoves; radiators; heating ducts.	
s410.353(A)	<b>Asbestos</b> - All asbestos material is maintained according to the State Sanitary Code. (Consult local health inspector.)	Material is in good repair, no tears, rips, cracks, etc.
B427.3.3/B425/B421	<b>Attic, Cellar or Basement</b> - If attic, cellar or basement are used by clients, there are two accessible means of egress.	
F.	Fuses and circuit breakers must be labeled. Shunts such as pennies or copper plates are not substituted for fuses. A supply of fuses is kept nearby unless circuit breakers are used.	
F.	Rags soaked with oil, grease or paint are stored in tight-fitting metal containers. There are no flammable materials, either liquid or solid, stored in the basement in close proximity to heat sources.	
s410.602	There is no rubbish such as cardboard, paint brushes, newspapers, wood, discarded clothes or furniture, nor other combustible products accumulated in this space.	
s410.253(A)	This space is provided with at least 1 operable electric light fixture in good repair and sufficient illumination.	
s410.500	The following structural elements are maintained in good repair and are weather tight: windows; walls; doors; floors; and, ceiling.	
28.13	All doors leading to areas where clients are not allowed under applicable building codes are maintained locked.	

# **DMH LICENSING PHYSICAL FACILITY INSPECTION**

Regulation/ Code/Safety	Requirement	Comment
28.14(2)(b)	<b>Heating Equipment</b> - There has been an inspection within the past twelve months which indicates that the following equipment is safe and free from leaks, cracks, worn or broken wiring and loose connections:	See inspection documentation/service record.
28.13	Furnaces/boilers other than electric furnaces have been inspected within the past twelve months.	
s410.190	Water heaters other than electric have been inspected within the past twelve months.	
28.13	A visual inspection by reviewer indicates that the following equipment is safe and free from leaks, cracks, worn or broken wiring and loose connections: radiators; ducts; masonry chimneys; and, smoke pipes.	
F.	Chimneys for wood or coal burning stoves or fireplaces are inspected and in accordance with local fire regulations (documentation required).	
s410.200	There are no <u>portable</u> free-standing burning heaters in the residence.	
s410.201	Sanitary Code requires that each room be provided with heat to a temperature of at least 68 degrees between 7:00 a.m. and 11:00 p.m. and at least 64 degrees between 11:01 p.m. and 6:59 a.m. every day	
s410.201	Other than the period from 6/15 to 9/15, both inclusive, room temperature shall not exceed 78 degrees during the heating season.	
28.13	<b>Fire Protection/Safety Features</b> - There is at least one approved smoke detector on each habitable level including basements and cellars.	
28.13	On any floor, level or story exceeding twelve hundred (1200) square feet in area, one (1) approved smoke detector is provided for each twelve hundred (1200) square feet or part thereof.	
28.13	Smoke detectors are located outside sleeping areas on every floor of the residence.	

# **DMH LICENSING PHYSICAL FACILITY INSPECTION**

Regulation/ Code/Safety	Requirement	Comment
B423.7.2/B427.3.6	<b>Fire Protection/Safety Features (continued)</b> - For those floors, levels or stories exceeding twelve hundred (1200) square feet, all required smoke detectors are inter-connected so that when one activates, all will sound.	
B425.3.6	The fire alarm is operational. All features of the fire alarm or safety system are operational. Where there is automatic emergency lighting, it is operational. Where there are door closures, all are operational.	Documentation of annual inspection of fire alarm system for interconnected fire alarm system with control or annunciation panel.
B425.3.6	The fire alarm is operational. All features of the fire alarm or safety system are operational. Where there are door closures, all are operational.	
28.13	Any adaptive devices (bed-shaker, horn, flashing/strobe light) are installed properly and are operational. Where there is a sprinkler system, there has been a yearly inspection that certifies that it is operational.	Adaptive equipment must be present if needed for safe evacuation of client.
28.13	There is at least one (1) (A-B-C TYPE) fire extinguisher which is in an easily seen and accessible area of each habitable floor of the residence. The fire extinguisher has been inspected within the last year.	New fire extinguishers must also be inspected and tagged.
B421.7.1	Hazardous vertical openings such as laundry chutes, dumb waiters, or non-functional heating ducts are permanently blocked with one (1) hour fire construction.	
F.	There is an operable flashlight in the residence.	
s410.452	When there is a fire escape: it is operational; it is not blocked; it is structurally sound; access can be easily gained;	
s410.503(B), B421.425, 427	there are rails on both sides; and leads to grade;	
s410.253(A)	has adequate exterior lighting that is operable from the interior.	Sensor devices that activate lighting is acceptable.
s410.451	All means of exit and passageways are unobstructed.	
s410.452	The fire escape is kept clear of snow and ice in winter.	
28.13	<b>Carbon Monoxide Alarms</b> - Approved carbon monoxide alarms are installed and maintained in accordance with the Board of Fire Prevention Regulations 527 CMR 31.00.	

# DMH LICENSING PHYSICAL FACILITY INSPECTION

Regulation/ Code/Safety	Requirement	Comment
28.14	<b>Fire Drills and Self-Preservation</b> - The program conducts a test of each client's ability to exit the building from the client's sleeping quarters (or common area, if more remote ) prior to placement in the program and annually thereafter.	Annual self-preservation testing for clients living in their own apartments or homes without on-site staffing may be a simulated drill.
28.14	A central record of client classification must be maintained.	Licensing or Building Inspector may review central record to assure compliance with regulations and code.
28.14	Programs shall classify clients as impaired, partially impaired or unimpaired.	Unimpaired clients are capable of self preservation, that is able to exit the program, unassisted , within 2 1/2 minutes. Change in status should be reported to the Licensing Coordinator within three business days. 780 CMR 423 requires that only unimpaired clients may reside in a group residence.
28.14	The program shall test each client's ability to exit the building from the sleeping quarters.	
28.14	Test documentation shall include: the time required to exit the building, the type of assistance required (verbal or physical) if any, and the name of the person conducting the test.	Fire drill documentation is maintained for each unannounced drill in central fire log. Quarterly drills are not required in units serving no more than 4 residents where all are capable of self preservation. Annual "simulated testing/evaluation" is required for clients living in provider owned, leased or co-leased sites.
28.14	Testing shall be conducted at least quarterly, with 2 such tests being conducted at night.	After 6 pm, and at least one of these drills on the overnight shift, if applicable.
28.14	No client shall have his/her status changed to a less restrictive classification without substantiating documentation.	Consecutive tests, conducted at least one week apart. See I & R 04-03
28.14	If a client is classified as impaired or partially impaired, the program must develop and maintain a staffing pattern to ensure the safety of the client and egress of all clients within 2 1/2 minutes.	
28.14	All staff shall be trained in evacuation procedures for impaired or partially impaired clients.	This may be included within staff orientation and annual self-preservation and fire safety training. Training must be sufficiently documented.
28.14	The program shall provide or arrange annually for provision of training in self-preservation, including knowledge of fire safety for clients.	



# **DMH LICENSING PHYSICAL FACILITY INSPECTION**

Regulation/ Code/Safety	Requirement	Comment
28.12	<b>Emergency Procedures</b> - The site has procedures for clients and staff to follow in case of fire or other emergency, including:	Disaster/Relocation plans.
28.12	A procedure for evacuating clients and staff;	
28.12	Provisions for first aid, including the availability of first aid supplies at each site/apartment unit;	
28.12	Provision for notification of fire, police, and hospital facilities	
28.12	Training for clients and staff in emergency procedures, regular fire drill procedures and annual fire safety training;	
28.12	Ensuring the provision of transportation, when necessary; the identification of alternative sites for relocation.	
F.	<b>Designated Smoking Areas</b> - Ashtrays of non-combustible material and safe design shall be provided in all areas where smoking is permitted.	
F.	Provisions are made so that smoking materials can be disposed of in a safe manner.	Smoking policy should include these provisions.
28.12	There is no smoking evident in resident sleeping rooms.	
s410.451	<b>Exits, Exterior Stairways and Ramps</b> - All exit ways within the residence are unobstructed.	
28.13	Each floor shall have at least one means of egress and one escape route that leads to grade. Escape routes must be proven useable and provide a path to open air outside at grade.	Staffed apartments (4 or less occupants) must have two means of egress from the unit. Non-staffed apartments (4 or less occupants) must have two means of egress off the floor.
B425.33\B427.3.3	Exit doors must be easily operable by hand by all residents from inside without the use of keys. (Draw bolts, double cylinder dead bolts, chain latches, and hook and eye locks should not be used on exit doors.)	689 housing must have lever door handles designed to open in a single action when locked. Single or double cylinder dead bolts are not allowed.
s410.480	There is an operable locking device on every entry door to the residence.	
s410.253(A)	Each exit way shall be furnished with exterior lighting, operable from inside and adequate to ensure the safe and reasonable use by residents.	
s410.452	All exterior stairways are in good repair; treads, risers and railings are safe.	
s410.452	Each exterior stairway: is unobstructed; has a secure handrail on one side that is in good repair; is well-lit; and, is kept clear of snow and ice in winter.	

# **DMH LICENSING PHYSICAL FACILITY INSPECTION**

Regulation/ Code/Safety	Requirement	Comment
28.14(2)(b)	<b>Exits, Exterior Stairways and Ramps</b> - If there are ramps, each ramp is built in accordance with AAB regulations; is maintained in good repair; has lighting adequate for safe and reasonable use; and, is kept free from snow and ice in winter.	Architectural Access Board (AAB)
s410.500	<b>Porches/Decks/Patios</b> - are in good repair.	
s410.602	There are no loose rubbish or other combustible products accumulated on or under the porch.	
s410.253(A)	Every porch/deck/patio is provided with adequate lighting which is in good repair and adequate for safe and reasonable use by residents.	
*s410.503(C)	Every porch, balcony, deck or roof used as a porch or deck which is more than 30 inches above ground, has a wall or protective railing at least 36 inches high and in good repair.	
*s410.503(C)	Any wall or guardrail replaced or constructed after 8/28/97 must be at least 42 inches in height.	
F.	All gas grills are located away from the house (at least 15 feet) and are properly maintained.	
s410.500	<b>Roof/Gutter/Downspouts</b> - There is no evidence of structural damage to roof (interior: stains or cracks; exterior: loose or missing parts).	
s410.500	If there are gutters, they must be: secured properly; have no visible evidence of obstructions; and, have no visible evidence of missing segments.	
s410.500	Downspouts are not required by Sanitary Code, but if present must be: secured properly; have no visible evidence of obstructions; and, have no visible evidence of missing segments.	
s410.500	<b>House Exterior</b> - The exterior of house is in good condition. This includes: no chipped or peeling paint; no rotted wood and holes; and no dents or rusted parts are found in the following: siding; trim; shutters; bulkheads; fences; garages; and, sheds or other buildings on the property.	
*s410.484	The exterior of building contains the street number which is visible from the street.	
B420.0	<b>Swimming Pool</b> - Deck and stairway (or ladders) are in good repair. Pool meets local ordinances regarding security and safety (program must provide documentation). Pool is maintained in sanitary condition at all times.	See DMH Guideline: Pool Safety/Residential Programs



B

**COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF MENTAL HEALTH  
Rental Subsidy Program  
Licensing Physical Facility Inspection Report**

Name of Tenant		Phone No.		<input checked="" type="checkbox"/> Initial Inspection		Inspection Date	
Address (inspected)		Unit #	City		State MA	Zip	
Rental assistance type:		Licensor		No. of Bedrooms		Condo Unit <input type="checkbox"/> Yes	
Name of Owner / Agent		Contact Person		Phone		<b>Housing Type</b> <input type="checkbox"/> Single family detached <input type="checkbox"/> Duplex or two family <input type="checkbox"/> 3 family house <input type="checkbox"/> Row house or town house <input type="checkbox"/> Low rise: 3 or 4 stories/garden <input type="checkbox"/> High rise: 5 or more stories <input type="checkbox"/> Multi family <input type="checkbox"/> Manufactured/Mobile Home	
Address		City	State	Zip			
Comments/Summary:							
<input type="checkbox"/> Pass <input type="checkbox"/> Pass Repair <input type="checkbox"/> Fail							

Date Passed

Item	1: Living Room				Comment	Pass Date
1.1	Living Room Present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.2	Electricity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.3	Electrical Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.4	Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.5	Windows, Screens, Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.6	Ceiling Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.7	Wall Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.8	Floor Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.9	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Item	2: Kitchen				Comment	Pass Date
2.1	Kitchen Area Present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.2	Electricity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.3	Electrical Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.4	Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.5	Windows, Screens, Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.6	Ceiling Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.7	Wall Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.8	Floor Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.9	Stove/Range with Oven G/E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.10	Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.11	Kitchen Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.12	Kitchen Space for Storage/Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.13	Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.14	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Item	3: Bathroom				Comment	Pass Date
3.1	Bathroom Present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.2	Electricity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.3	Electrical Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.4	Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.5	Windows, Screens, Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.6	Ceiling Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.7	Wall Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.8	Floor Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.9	Flush Toilet in enclosed room in unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.10	Fixed Washbasin or Lavatory in unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.11	Tub or Shower in unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.12	Bathroom Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.13	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Item	4: Bedroom(s)				Comment	Pass Date
	Room Code* Use room # _____ or location: (X one) <input type="checkbox"/> Right <input type="checkbox"/> Center <input type="checkbox"/> Left (X one) <input type="checkbox"/> Front <input type="checkbox"/> Center <input type="checkbox"/> Rear _____ Floor Level _____					
4.1	Electricity/Illumination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.2	Electrical Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.3	Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.4	Windows, Screens, Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.5	Ceiling Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.6	Wall Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.7	Floor Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

4.8	100 sq. ft. or 120 sq. ft. 2 persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.9	Closest Space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.10	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Item</b>	<b>5. Other Rooms Used for Living/Halls</b>				<b>Comment</b>	<b>Pass Date</b>
	Room Code* Use room # or location: (X one) <input type="checkbox"/> Right <input type="checkbox"/> Center <input type="checkbox"/> Left (X one) <input type="checkbox"/> Front <input type="checkbox"/> Center <input type="checkbox"/> Rear Floor Level					
5.1	Electricity/Illumination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.2	Electrical Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.3	Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.4	Windows, Screens, Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.5	Ceiling Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.6	Wall Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.7	Floor Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.8	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<b>MEDICATION ADMINISTRATION</b>				<b>Comment</b>	<b>Pass Date</b>
M1	Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
M2	DPH Registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
M3	Self-Medicating stored securely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<b>EMERGENCY PROCEDURES</b>				<b>Comment</b>	<b>Pass Date</b>
E1	Self-Preservation status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E2	Flashlight/ 1st Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E3	Emergency Numbers Posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E4	Two Mean of Egress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E5	Fire Safety Drills/Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Item</b>	<b>6. Secondary Rooms / Bsm.</b>				<b>Comment</b>	<b>Pass Date</b>
6.1	NONE Go to Part 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.2	Security, Stairs, Railings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.3	Electrical Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.4	Other hazardous features	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Item</b>	<b>7. Building Exterior</b>				<b>Comment</b>	<b>Pass Date</b>
7.1	Condition of Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.2	Condition of Stairs, Ralls, Porches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.3	Condition of Roof, Gutters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.4	Condition of Exterior Surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.5	Exterior Electric Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.6	Condition of Chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.7	Manufactured Homes: Tie Downs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.8	Manufactured Homes: Smoke Det.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Item</b>	<b>8. Heating and Plumbing</b>				<b>Comment</b>	<b>Pass Date</b>
8.1	Adequacy of Heating Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.2	Safety of Heating Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.3	Ventilation/Cooling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.4	Water Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.5	Water temperature 410.190	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.6	Approvable Water Supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.7	Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.8	Sewer Connection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.9	Heating System Type <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Other // Water Sub metering 16.7.5.3 <input type="checkbox"/> - MGL 186§22 Copy of Inspection Approval required					
<b>Item</b>	<b>9. General Health &amp; Safety</b>				<b>Comment</b>	<b>Pass Date</b>
9.1	Unit Access / Egress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9.2	Evidence of Infestation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9.3	Garbage and Debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9.4	Refuse Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9.5	Interior Stairs, Common Halls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9.6	Other Interior Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9.7	Elevators <input type="checkbox"/> Not applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Must see current inspection cert. or copy of maintenance contract if marked fail	
9.8	Site and Neighborhood Conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9.9	Entry Door Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9.10	Building Postings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
					<b>Comment</b>	<b>Pass Date</b>
Asbestos	410.353	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maintain per Mass. Law using certified contractor if marked fail-invoice required	
Smoke Detectors	410.482	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Install/maintain per Mass. Law if marked fail	
Carbon Monoxide Detectors	16.8.12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Install/maintain per Mass. Law 527CMR31.00 if marked fail	
Lead Paint	410.502	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Remove/maintain per Mass. Law G.L. c.111, 19. Letter of Compliance signed by licensed lead inspector required for child occupant under 6.	

Licenser Signature

Date

Copy to DMH Manager, DMH Housing Coordinator, Provider Licensing Liaison

**DMH Community Licensing Tool 2017 - Policy and Procedure Review (last revision 9/7/2017, 12/11/2017)**

**Date:**

**Provider Staff:**

**DMH Staff:**

**Provider:**

**Service Model(s):**

CITATION	REQUIREMENT	COMPLIANCE		Source	Timelines	COMMENT
		Yes	No			
	<b>Policies and Procedures Review</b>					Develop or revise: 1 to 6 months; if not followed by staff, 1 to 3 months
28.12	Each provider shall ensure that each service it provides has and implements written policies and procedures consistent with the requirements of 104 CMR 28.00.				1 to 6	Provider policies and procedures will be reviewed at least once every five years and when revisions are made. Implementation of these are assessed during licensing visits. When the licensor finds that policies are not being followed, additional assessment against full regulatory requirement may be necessary with deficiencies ascribed to specific regulation.
	Each service shall have available written policies and procedures that address:					At least every two years, Licensor verifies that policies and procedures are available at the sites where the staff work. Availability of emergency procedures will be verified every year.
28.12(1)(a)	Provider philosophy and objectives			written policies and procedures	6	See 104 CMR 28.02.
28.12(1)(b)	Enrollment, intake and discharge, including criteria for enrollment into and discharge from the service			written policies and procedures	6	Specific for the varied service models when needed; involuntary discharge must be consistent with 28.12(1)(o) procedures for compliance with Community Tenancy Residency Law.
28.12(1)(c)	Maintenance of person records, consistent with the provisions of 104 CMR 28.09 and all other applicable state and federal laws and regulatory requirements			written policies and procedures	6	address 104 CMR 28.09(1-5); each service maintains an individual record for persons served containing accurate, complete, timely, and relevant information; record is confidential and not open to inspection except as provided in 104 CMR 28.09(3)&(4)&(5).
28.12(1)(d)	Development, implementation and review of individualized action plans consistent with 104 CMR 29.00: <i>Application for DMH Services, Referral, Service Planning and Appeals</i> , as appropriate			written policies and procedures	6	See 104 CMR 29.11 for IAP general provisions.

**DMH Community Licensing Tool 2017 - Policy and Procedure Review (last revision 9/7/2017, 12/11/2017)**

**Date:** \_\_\_\_\_

**Provider Staff:** \_\_\_\_\_

**DMH Staff:** \_\_\_\_\_

**Provider:** \_\_\_\_\_

**Service Model(s):** \_\_\_\_\_

CITATION		REQUIREMENT	COMPLIANCE		Source	Timelines	COMMENT
			Yes	No			
Policies and Procedures Review							
28.12(1)(e)	Quality and utilization management				written policies and procedures	6	Describes the quality and utilization management activities and process related to evaluating a service/residential site.
28.12(1)(f)	Medication, for those services prescribing or administering medications, consistent with 104 CMR 28.06				written policies and procedures	1	Licensing will review the written medication policies and procedures for a service that prescribe or administer medications; and, review findings of medications audits provided by DMH MAP Coordinator. (See 104 CMR 28.06, DPH/DMH Medication Administration Program (MAP) Policies, and the MAP Technical Assistance tool.)
28.12(1)(g)	Protection of human rights consistent with 104 CMR 28.03				written policies and procedures	6	consistent with 104 CMR 28.03, 28.04, 28.07, 28.10(1-6)
28.03(1)(i); 32.08	Complaint and investigation procedures				written policies and procedures	6	procedures consistent with 104 CMR32.00.
28.12(1)(h)	Searches of property consistent with 104 CMR 28.08				written policies and procedures	6	28.08(4) A provider ensures that its service establishes, maintains and operates pursuant to written policy, consistent with applicable laws and requirements of 104 CMR 28.08, regarding personal possessions and the implementation of searches and seizures at service sites. Person shall be informed of the policy prior to enrollment in the service.

**DMH Community Licensing Tool 2017 - Policy and Procedure Review (last revision 9/7/2017, 12/11/2017)**

**Date:** \_\_\_\_\_

**Provider Staff:** \_\_\_\_\_

**DMH Staff:** \_\_\_\_\_

**Provider:** \_\_\_\_\_

**Service Model(s):** \_\_\_\_\_

CITATION		REQUIREMENT	COMPLIANCE		Source	Timelines	COMMENT
		Policies and Procedures Review	Yes	No			
28.08		Possessions; and, Shared or delegated management of client funds			written policies and procedures	3	Procedures on possessions consistent with 28.08. A service having shared or delegated management of a person's funds shall have written procedures in accordance with the requirements of 104 CMR 30.03 for the shared or delegated management of client funds.
28.12(1)(i)		Use of physical restraints consistent with 104 CMR 28.05			written policies and procedures	1	Written policies and procedures consistent with 104 CMR 28.05(1-5). -Emergency physical restraint description and protocols are clear. -Staff training that focuses on crisis prevention, de-escalation; and the safe and appropriate use of physical restraint is provided.
28.05(1)		Medication restraint, mechanical restraint or seclusion shall not be used			written policies and procedures	1	Prohibitions are clear in policies, procedures, staff training.
28.05(3)a		Service has policy and procedures supporting the prevention of physical restraint			written policies and procedures	6	
28.12(1)(j)		Billing third party payers and persons for residential services and supports and Department charges, when applicable, cancellation procedures, fee reductions, and abandoned of property consistent with 104 CMR 30.00: Fiscal Administration and any agreements with the Department			written policies and procedures	6	Fees or charges for room and board are consistent with 104 CMR 30.06; Procedures for disposition of abandoned property at residential sites consistent with 104 CMR 30.07

**DMH Community Licensing Tool 2017 - Policy and Procedure Review (last revision 9/7/2017, 12/11/2017)**

Date:

Provider Staff:

DMH Staff:

Provider:

Service Model(s):

CITATION		REQUIREMENT	COMPLIANCE		Source	Timelines	COMMENT
		Policies and Procedures Review	Yes	No			
28.12(1)(k)		Personnel, including job descriptions and minimal staff qualifications, staff supervision, and training			written policies and procedures	6	See 104 CMR 28.12(c)&(d) for related requirements. Personnel or hiring procedures include process to assure minimal qualifications are met. Procedures for staff orientation to all provider policies and procedures, including , but not limited to those required by 28.12(1).
28.12(2)(f)(2)&(3)		Staff positions and qualifications shall be documented in writing through: documentation of individual staff training, education, and experience; and, individual job descriptions.			written policies and procedures/ job descriptions	6	
28.12(1)(l)		Each service shall have available written policies and procedures that address fire safety and other emergencies and disasters, including at least: 1. Procedures for evacuating persons and staff; 2. Provision for first aid, through the availability of first aid supplies, and appropriate staff training; 3. Provision for notification of fire, police, and hospital facilities for assistance; 4. Training for persons and staff in emergency procedures and regular fire drill procedures; 5. Ensuring the provision of transportation, when necessary; 6. The identification of an alternate site for relocation, when necessary; and 7. Notification and coordination with the Department and other state or federal agencies as applicable			written policies and procedures, training, disaster and relocation plans	1	This is Included in the review of the provider's policies and procedures, however, at the annual residential site visit, the Licensor will review: site specific fire and emergency procedures, trainings, and, as applicable, fire drills and evacuation plans for impaired or partially impaired person. First aid and CPR training for staff providing direct care will be reviewed every two years at the residential site or administrative office for the service.



**DMH Community Licensing Tool 2017 - Policy and Procedure Review (last revision 9/7/2017, 12/11/2017)**

Date:

Provider Staff:

DMH Staff:

Provider:

Service Model(s):

CITATION		COMPLIANCE		REQUIREMENT			
		Yes	No	Source	Timelines	COMMENT	
		Develop or revise 1 to 6 months. If not followed by staff, 1 to 3 months					
		Policies and Procedures Review					
28.12(5)	Emergency procedures for each service			emergency procedures	1	(a) Have the capacity to access staff as appropriate to provide or arrange crisis intervention and stabilization support to meet the individual needs of persons. (b) Have a written plan for providing or arranging emergency services during all hours of the service's operation. (c) Be responsible for providing or arranging transportation in an emergency situation. (d) Maintain an emergency fact sheet(s) for each person which shall be readily available to staff and held in more than one location. The emergency fact sheet shall include, to the extent available the requirements of 28.12 (5)(d)(1-5).	
28.12(1)(m)	Implementation of appropriate protocols for when a person is missing			written policies and procedures	3		
28.12(1)(n)	Risk management and mitigation			written policies and procedures	6	When risk and safety issues are identified DMH and its contracted service providers are expected to incorporate an evaluation and formulation of those safety concerns into assessment and planning activities as appropriate. (See DMH Community Risk Mitigation Policy.)	
28.12(1)(o)	Procedures for compliance with the Community Residence Tenancy Law, G.L. c.186 §17A, as applicable			written policies and procedures	6	Procedures are written. If applicable, the Licensor will verify that the Community Residence Tenancy Law notice is posted at the residential site.	
28.07	Labor			written policies and procedures	6	Procedures are consistent with 104 CMR 28:07 for residential site having person served perform labor.	

# DMH Community Licensing Tool 2017 - Policy and Procedure Review (last revision 9/7/2017, 12/11/2017)

Date:

Provider Staff:

DMH Staff:

Provider:

Service Model(s):

CITATION	REQUIREMENT	COMPLIANCE		Source	Timelines	COMMENT
		Yes	No			
	<b>Policies and Procedures Review</b>					Develop or revise, 1 to 6 months; If not followed by staff, 1 to 3 months
28.10	Legal Capacity, Guardianship and Conservatorship			written policies and procedures	6	consistent with 104 CMR 28.10(1-6)

References: 104 CMR 28:00, 29.11, 30.03, 30:06, 30.07, 32:00, DMH Community Risk Mitigation Policy, and Community Residence Tenancy Law, G.L. c.186 §17A.

Notes:

Licensing Tool 2017 - Residential Site License Review (Every 2 Years)				
Start/End Dates:			Provider:	
Residential Site(s):				
Service/Residential Site Staff:				
Licensors(s):				
Licensors facilitates Questionnaire with Staff at each staffed Residential Site and/or with Staff for supported apartment sites.				
Review any changes that have occurred during the past 2 years.		If yes, review that procedures were followed as required by regulation and Agency's protocols.		
Requirement: During the past 2 years		Yes	No	Comments
28.11	Is there a Human Rights Committee for this service site?			
28.10	Has it been determined that any of the persons served by this service site need a guardian, conservator or other fiduciary (including a Rep-Payee)?			
28.12 (1)(i)	Has there been any need to relocate the residents?			
28.05	Has there been any use of restraints or seclusion (which would include time outs)?			
28.02, 28.03, 28.11 (3)	Are there any behavioral and/or restrictive plans in place for any of the residents?			
28.04, 32.00	Have there been any complaints and/or investigations?			
28.08	Has staff restricted the possession(s) of client owned property for any reason?			
28.08, 30.07	Has staff had to dispose of abandoned personal property?			
28.08	Has staff conducted searches of a person's room/apartment or personal property?			
28.08, 30.02	Does the program hold a person's funds?			
28.12 (2)	Are there any staff vacancies? How long vacant?			

CITATION	REQUIREMENT	COMPLIANCE		Source	Timelines (1 - 6 mo.)	COMMENT
		Yes	No			
	<b>Polices and Procedures</b> - Each service site and staffed residential site shall have available on site the provider's written polices and procedures.				1	At least every two years, Licensor verifies that policies and procedures are available at the sites where the staff work. Availability of emergency procedures will be verified every year.
28.12	<b>Capacity of Residential Site</b> - Established in accordance with DMH regulation and siting process, and the State Building Code.				1	
	<b>Staffing</b>					
	<b>Director</b> - Each service has an assigned director.			job description, schedule	3	The Director shall be responsible for the direction of all staff and operation of the service. The Director shall possess sufficient training, education, and professional experience.
28.12(2)(a)	Documentation shall be available for the following:				3	
28.12(f)1	An organizational outline detailing the working/ reporting relationships and responsibilities of staff.				3	
28.12(f)4	Individual work schedules.				3	
28.12(2)	The service/residential site shall have adequate staffing to carry out the program functions.			staffing schedules, service description	3	Enables the service to satisfy the requirements of 104 CMR 28.00.
28.12(2)	Staffing shall be adequate in numbers, organization and qualifications to meet the needs of persons served.			schedule, records	3	policies and procedures are followed, adequate staff to implement emergency procedures
	Staffing plan shall address the following:					
	- on site staff presence, when needed				1	Capacity to exit program in 2 1/2 minutes needed
	- awake staff, if needed				1	
	- back up personnel to respond to an emergency				1	Prompt response time capacity

CITATION	REQUIREMENT	COMPLIANCE		Source	Timelines (1 - 6 mo.)	COMMENT
		Yes	No			
28.12(3)(d)3	Staffing pattern shall assure safe egress within 2 1/2 minutes.				1	
	<b>Staff Training</b>					
28.12(2)(c)	Staff shall receive an orientation to all relevant provider policies and procedures; including, but not limited to, those required by 104 CMR 28.12(1).			orientation records, policies	1	
28.12(2)(d)	All staff and volunteers shall receive on-going training as appropriate to their responsibilities, including training on human rights.			policy & procedures, training record	3	Service is tracking staff training and /or certificates - human rights, complaints, reporting for suspected abuse, neglect or mistreatment; emergency procedures, fire safety, first aid/CPR; crisis prevention and de-escalation, prevention of restraint, safe use of physical restraint
28.12(1)(f)	Staff providing direct care are trained in First Aid and CPR			training certificate	3	
<b>***Human Rights Committee (HRC)***</b> *** HRC section is monitored by the DMH AREA Human Rights Coordinator for vendor/State operated services. Licensing shall review for Private residential programs. ***						
28.11(4)	The provider of a service has appointed at least one Human Rights Committee in accordance with the provisions of 104 CMR 28.00.				6	
28.11(4)	The HRC shall have at least 5 members.				6	Membership, bylaws and meeting minutes will be reviewed at least every two years by Licensor, or by Area Human Rights Coordinator, if more routinely monitored.
28.11(4)	The majority of HRC membership shall be current or former consumers, family members, or advocates.				6	
28.11(5)	The HRC shall meet at least quarterly and shall maintain minutes.				6	
28.11(5)	The HRC shall develop necessary operating rules and procedures.				6	

CITATION	REQUIREMENT	COMPLIANCE		Source	Timelines (1 - 6 mo.)	COMMENT
		Yes	No			
28.11(3)	The responsibility of the HRC will be to monitor the activities of the program related to a person's rights, specifically to include:			Bylaws	6	
28.11(3)(a)	reviewing and making inquiry into complaints and allegations of mistreatment, harm or violations of a person's rights and referral of such complaints for investigation			Bylaws, HRC minutes/ document	3	
28.11(3)(a)	monitoring the restriction of possessions			Bylaws, HRC minutes/ document	3	
28.11(3)(b)	reviewing and monitoring the use of physical restraint and/or other limitations on movement in accordance with 28.05			Bylaws, HRC minutes/ document	3	
28.11(3)(c)	reviewing and monitoring methods utilized by the provider to inform persons and staff of persons' rights, to train persons served by the provider in the exercise of rights and to provide opportunities to exercise their rights to the fullest extent of their capabilities and interests			Bylaws, HRC minutes/ document	3	
28.11(3)(d)	making recommendations to the provider and to DMH to improve the degree to which human rights of person served are understood and enforced			Bylaws, HRC minutes/ document	3	
28.11(3)(e)	visit the service sites, including all staffed residential sites once per year			Bylaws, HRC minutes/ document	3	

CITATION	REQUIREMENT	COMPLIANCE		Source	Timelines (1 - 6 mo.)	COMMENT
		Yes	No			
28.11(3)(e)	<u>Human Rights Officer (HRO)</u>					Licensors reviews compliance for residential sites.
28.11(7)(a)	The service director shall designate and empower a person or persons employed or affiliated with the program to serve as the Human Rights Officer.			Appointment letter, job description, posting	1	
28.11(7)(c)	Each HRO must, as a formal component of his or her job description:			job description posted or available, training document	3	HRO participates in HRC meetings.
	1. Participate in training programs for Human Rights Officers, including training provided by the Department;					
	2. Serve as staff to the provider's Human Rights Committee;			HRC Minutes		
	3. Under the general direction of the Human Rights Committee and with the technical assistance of the Department, inform, train and assist persons served in the exercise of their rights in accordance with 104 CMR 28.00 and providing information about the availability of legal advocacy assistance;					Notice of rights posted in GLE and posted or readily available in supported housing sites. See DMH Human Rights Handbook for technical assistance on postings.
	4. Assist persons in obtaining legal information, advice and representation through appropriate means, including referral to independent attorneys or legal advocates;					
	5. Provide information to provider staff regarding persons' rights.					includes volunteers
28.11(7)(c)	Annual human rights training should be provided to each person.				1	

CITATION	REQUIREMENT	COMPLIANCE		Source	Timelines (1-6 mo.)	COMMENT
		Yes	No			
	<b><u>Complaints and Investigations</u></b>					
32.03(1) & 28.03(1)(i)	Information on the complaint and investigation/reporting process is posted and a copy is given to each person upon admission.			posting, record		HRO provided trainings and individual's record should include same.
32.03(2)	Copies of complaint and appeal forms are available and provided upon request.				1	Forms to be provided by DMH
	<b><u>Legal Capacity, Guardianship and Conservatorship</u></b>					as applicable, staff follow procedures
28.10(4)	If at any time a person is determined to lack capacity to make informed decisions with regard to his or her health, welfare, or property and if non-judicial less restrictive alternatives such as trusts, representative payees, co-signatory bank accounts and citizen advocates are inadequate, the person's nearest living relatives shall be notified, if appropriate, and the provider shall assist in the appointment of a conservator or guardian or other fiduciary, as appropriate.				6	The considerations outlined in 104 CMR 28.10(3) must be taken in any assessment of an individual's capacity.
28.10(5)	If at any time a person is determined to have regained the capacity to make informed decisions with regard to his or her health, welfare, or property, the provider shall assist in the removal of the person's guardian, conservator or other fiduciary, as applicable.				6	
28.10(6)	The provider shall implement procedures to ensure that suspected improprieties of a guardian, conservator, trustee, representative payee or other fiduciary are reported to the Department and other appropriate authorities.				3	
	<b><u>Seclusion and Restraint</u></b>					Licensors reviews practices every two years, as needed.
28.05(1)	Medication restraint, mechanical restraint or seclusion shall not be used.				1	Prohibitions are clear in policies, procedures, staff training.



CITATION	REQUIREMENT	COMPLIANCE		Source	Timelines (1 - 6 mo.)	COMMENT
		Yes	No			
28.05(4)	All use of physical restraint is documented in the person's record. The documentation shall address all requirements of 28.05(4)			Individual's Record	1	
28.05(3)	At the end of any month when physical restraint was utilized in a service, the Director shall submit a report to the HRC on the nature and frequency of physical restraint in the program during the month.				1	A copy shall be kept on file at the applicable service site or at the provider's administrative office.
	<b>Personal Possessions</b>					Licensors reviews practices every two years, as needed.
28.08(4)	A provider ensures that its service establishes, maintains and operates pursuant to written policy, consistent with applicable laws and requirements of 104 CMR 28.08, regarding personal possessions and the implementation of searches and seizures at service sites.			written policies and procedures, staff practice	1	Person shall be informed of the policy prior to enrollment in the service.
28.08(2)	In the event of a restriction of personally-owned property, the provider shall issue a receipt to the person and place the object in safe keeping.			Individual's Record, secure storage	1	Restriction of a person's funds are subject to 104 CMR 30.03.
28.08(2)	Any restrictions on the possession of personally-owned property shall be documented in the person's record.			Individual's Record	1	
28.08(2)	Any restriction on the possessions of personally-owned property are to be reviewed and monitored by HRO and HRC.			HRC minutes/document	1, 3	

CITATION	REQUIREMENT	COMPLIANCE		Source	Timelines (1 - 6 mo.)	COMMENT
		Yes	No			
	<b><u>Searches</u></b>					Licensors reviews practices every two years, as needed.
28.08(4)(a)-(c)	Except in an emergency, persons and their legally authorized representative, if applicable, are to be informed of a search prior to the search; be provided with an opportunity to consent to the search; and be present during the search of their property.			Individual's Record	1	
28.08(4)(c)	In an emergency, the nature of the emergency and the reasons why the person was not present are to be entered into the person's record.			Individual's Record	1	
	<b><u>Records</u></b>					Licensors reviews sample of individual records every two years per Licensing Guidelines.
28.09	There is an individual record for each person.			Individual's Record	1	
28.09	A list of each person, outside the service staff, who inspects the record is maintained. This listing describes the uses to be made of the information, and the person authorizing access is stated.			Individual's Record	1	
28.12(5)(d)	Each person has an <u>Emergency Fact Sheet</u> , which is readily available to staff and held in more than one location.				1	
28.12(5)(d)(1-13)	Each Emergency Fact sheet contains the following:			Individual's Record		Emergency Fact Sheets shall include all information to the extent available.
	1. Name (and nicknames, if any);					
	2. Age;					
	3. General physical characteristics, including gender identity, weight, height, build, hair and eye color;					
	4. A recent photograph;					
	5. General nature of abilities and physical disabilities;					

CITATION	REQUIREMENT	COMPLIANCE		Source	Timelines (1 - 6 mo.)	COMMENT
		Yes	No			
	6. Strengths and limitations;					
	7. Location of person's crisis plan, if any;					
	8. Special medical problems, including allergies and the names and doses of medications used;					
	9. Preferred language, and contact information for an interpreter, if available;					
	10. Pattern of movement, if missing previously;					
	11. Current addresses of family members, previous residence, place of employment, school, or day programs, and places frequented; and					
	12. Name, telephone, and address of person's treating physician.					
	13. The person's legally authorized representative and contact information, if applicable.					
	<u>Individual Self-Preservation Documentation</u>			Individual's Record		
28.14(4)(c)1	The provider conducts a test of each person's ability to exit the building from the person's sleeping quarters, and common areas if more remote, prior to placement into the residential site, and annually thereafter.					Annual classification testing can be based on the person's results from routine fire drills, or for 1 person living in a supported apartment, a simulated test. See DMH Licensing Guidelines for a sample classification test.
28.14(4)(c)2	Each person's record contains quarterly documentation of self-preservation classification status, if applicable, including length of time to exit, type of assistance required, date and person(s) conducting the test					Except for a residence or apartment for up to four persons in which all of the residents are capable of self preservation, testing for person classification shall be conducted at least quarterly, and may be part of the quarterly fire drill. Where quarterly fire drills are not required self-preservation testing shall be conducted at least annually
	<u>Individualized Action Plans (IAP)</u>			Individual's Record		

CITATION	REQUIREMENT	COMPLIANCE		Source	Timelines (1 - 6 mo.)	COMMENT
		Yes	No			
28.12(d)	Each person's record contains integrated individualized action plan that is consistent with applicable service standards.				1	See 104 CMR 29:11 for IAP general provision. When applicable, consistent for implementation of CRT procedures.
28.12(d)	IAP has been accepted by the person or the person's legally authorized representative.				1	
28.12(d)	Individualized action plans are reviewed by staff at three months, six months, and at least annually thereafter as needs change, or upon the request of the person or person's legally authorized representative.				1	
30.03(5)(d) & (e)	When management of funds is shared or delegated to the service, written consent of the person, or if appointed, the consent of the fiduciary to funds management plan have been obtained.			Individual's Record	1	If a fiduciary has been appointed, he/she should provide written authorization for funds management plan.
	<u>Informed Consent</u>			Individual's Record		Informed consent is the knowing consent, voluntarily given by treatment or issue being proposed.
28.03	Consent to participate in services upon intake, and acknowledgement of information received including notice of rights and responsibilities, search procedures, and complaint information. Consent and acknowledgement provided by LAR, if applicable.			Individual's Record	1	Includes description of services, all fees/charges, rules, rights and responsibilities. Annual notice to person/LAR for all fees/charges.
28.03(1)(i)2.	Person will consent to routine and preventative medical care, but in the absence of a formal representative, the program director may consent to routine and preventative medical care when the person is not capable of giving such consent.				1	Upon recommendation of the treating physician
28.06(13)(e)	Appropriate consent or court order for medication shall be documented in the person's record.				1	Informed consent per 28.03(1)(i) & 28.06(13)(e) obtained annually.

CITATION	REQUIREMENT	COMPLIANCE		Source	Timelines (1 - 6 mo.)	COMMENT
		Yes	No			
28.09(4)(b)	Prior to the release of records the informed consent of the competent client or the legally authorized representative shall be obtained.				1	See 104 CMR 28.09 for exceptions.
28.09(7)	Records shall be open to inspection by third parties with consent.				1	Consent may be given by competent person or their legally authorized representative.
	<u>The Person's Funds</u>			Individual's Record		
30.03(3)	Each person has the right to acquire, retain and dispose of personal funds unless the person is under guardianship/conservatorship or has had a representative payee appointed.				1	
30.03(5)(b)	If a determination is made that a person is incapable of managing funds, the program shall implement procedures to assist with funds.				1	Determinations to be made as per 30.01 and expenditures are to be in accordance with a person's needs, interests and desires.
30.03(5)(c)1	Where no fiduciary has been appointed, the person's written authorization for the shared or delegated management of funds shall be obtained.				1	If a fiduciary has been appointed, he/she should provide written authorization for funds management plan
30.03(5)(c)2	A person's funds shall not be applied to goods or services which are program obligations.				1	policy and person's funds management plan (budget/plan, expenditures)
30.03(5)(c)3. &4	Program or program staff shall have no survivorship interests in a person's funds and staff shall only participate as representatives of the program.				1	
30.03(5)(c)5	Funds management responsibilities shall be addressed if the person transfers to another program				1	
30.03(5)(c)7	Expenditures shall be made only for purposes that directly benefit the person.				1	

CITATION	REQUIREMENT	COMPLIANCE		Source	Timelines (1 - 6 mo.)	COMMENT
		Yes	No			
30.03(5)(d)&(e)	Where a program manages funds for a person including funds received from a fiduciary, all such funds shall be accounted for, showing the amount and source of funds received, amount disbursed date disbursed, and to whom disbursed.				1	The person, guardian, fiduciary and treatment team have the right to a written accounting of all funds if desired. See 30.02(7)
	<b>Medication</b>					
28.06	Medication practices are consistent with DMH Regulation and Medication Administration Program (MAP) policies and procedures.					Licenser will review annual MAP audits provided by MAP Coordinator.

E

**EOHHS Siting Guidelines and Operational Procedures  
2017  
EOHHS NEW HOME REQUEST, Page 1**

To be submitted to the Director of the EOHHS Facilities Office for all current and/or proposed homes for all EOHHS' agencies, state operated or provider operated residential programs.

EOHHS Agency: \_\_\_\_\_ EOHHS Agency Contact: \_\_\_\_\_

Date Request Received by Agency \_\_\_\_\_ Date Request Sent to EHS \_\_\_\_\_

Operator of the home: (provider name or state operated) \_\_\_\_\_

Address of home  
Street and number: \_\_\_\_\_

City/Town, Zip \_\_\_\_\_  
(Including street address, city/town, and zip code)

Status: (current; proposed; sale in process; pending licensure, in response to RFR, etc)  
\_\_\_\_\_

Number of individuals to be served/ occupy the home \_\_\_\_\_

Setting: Shared Living; Group Home; Independent Apartment; Supported Housing  
\_\_\_\_\_

Brief profile of the population to be served: (for example, Intellectual Disabilities, Developmental Disabilities, Mentally Ill, Brain Injured, Teen Program, Children or Youth Programs.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Useful Information: -  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EOHHS RESIDENTIAL HOME ADDRESSES ARE CONFIDENTIAL AND ARE EXEMPT FROM DISCLOSURE UNDER THE MASSACHUSETTS PUBLIC RECORDS LAW. THE INFORMATION SUBMITTED PURSUANT TO THIS FORM SHOULD NOT BE SHARED EXCEPT AS PROVIDED IN THIS FORM**

**This form once completed is to be sent to the Director of the EOHHS Facilities Office at [EHS.Grouphomes@Massmail.state.ma.us](mailto:EHS.Grouphomes@Massmail.state.ma.us)**

**with a copy to the Director of the Interagency Council on Housing and Homelessness.**

**EOHHS NEW HOME REQUEST, Page 2**  
**GROUP HOME SITING CONSIDERATIONS**

Agency \_\_\_\_\_ Date \_\_\_\_\_

Agency contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Vendor contact if applicable \_\_\_\_\_ Phone Number \_\_\_\_\_

Proposed location \_\_\_\_\_

Building owner (please check one)

- State owned \_\_\_\_\_
- Vendor owned \_\_\_\_\_
- State leased \_\_\_\_\_
- Vendor leased \_\_\_\_\_

Population profile \_\_\_\_\_

Please describe neighborhood:

Please provide description, including distance to site, for the following:

- Please identify stores and other services:
- Please identify parks and recreational activities:
- Please identify health care services:
- Please identify places of worship:
- Please identify public transportation:

Other considerations:

*Form filled out by* \_\_\_\_\_





**Commonwealth of Massachusetts  
Department of Mental Health**

**LICENSING  
SITE FEASIBILITY ASSESSMENT**

<b>Date of Visit</b>	
<b>Assessment Completed By</b>	
<b>Provider</b>	
<b>Provider Representative</b>	
<b>Location of Proposed Site</b>	
<b>Proposed Use</b>	
<b>Proposed Capacity</b>	
<b>Description of Site</b> <b>Type of Building</b> <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Three Family <input type="checkbox"/> Apartment Building <input type="checkbox"/> Other <b>Exterior</b> <b>Property/Building</b> <b>Interior</b> <b>Description of Rooms/Facilities</b> <b># of Single Occupancy Bedrooms</b> <b># of Double Occupancy Bedrooms</b> <b>Occupancy Permit Requirements</b>	

	N/A	Satisfactory	Unsatisfactory	Comments
<b>Neighborhood</b>				
<b>Public Transportation</b>				
<b>Off Street Parking</b>				
<b>Grounds/Yard Area</b>				
<b>Building Exterior</b>				
<b>Smoke/Heat/Fire Alarm System/Carbon Monoxide Detector</b>				
<b>Fire Extinguishers</b>				
<b>Emergency Lighting</b>				
<b>Means of Egress</b>				
<b>Fire Escape</b>				

	N/A	Satisfactory	Unsatisfactory	Comments
Handicap Accessibility				
Heating & Hot Water Gas & Electricity				
Basement				
Attic				
Laundry Area				
Bathroom(s)				
Kitchen				
Refrigerator				
Stove				
Dishwasher				
Equipment/Appliances				
Dining Room				
Living Room				
Den/Activity Room				
Porches				
Hallways, Foyers, Passageways				
Storage Areas				
Bedroom(s) Closet(s)				
Windows (good repair, weather tight, operable, locks, screens and privacy shades)				
Doors				

List of physical site deficiencies that must be corrected before clients can occupy the site:	List of physical site deficiencies that require correction before or after client placement. It is recommended that as much work as possible be done prior to the program opening. Timelines for uncorrected deficiencies will be established at the time of the Pre-placement Survey

Please be reminded that the owner/program must contact the local Building Inspector for further physical facility requirements and to apply for occupancy.

This Site Feasibility Assessment should not be construed to mean that this site is acceptable from a licensing standpoint. Acceptance may only come as a result of a residential site inspection. The next steps in the licensing process are to:

- ☐ Submit a full Application for Licensure to the Licensing Coordinator.
- ☐ Submit addendum documents for the existing application including: ☐ Appendix A, ☐ Appendix B, staffing schedule, floor plans, occupancy permit, and ☐ certification page.
- ☐ Schedule a Pre-Placement Survey seven (7) days prior to the first client moving in or if an overnight visit is planned. A list of Pre-Placement Survey Requirements is enclosed for your review.

Please contact the Licensing Coordinator for further assistance or information.

9/09 Revised



**Commonwealth of Massachusetts  
Department of Mental Health**

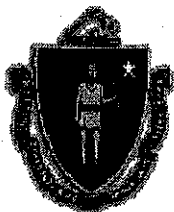
TO: Service Provider  
FROM: DMH Licensing  
RE: **PRE-PLACEMENT SURVEY REQUIREMENTS**

Adult residential sites must make arrangements with the Licensing Coordinator to inspect the program site for compliance with the requirements listed below. This visit must take place within one (1) week prior to the initial placement of the client(s) into the program or overnight visit. General requirements that must be met before client(s) are placed in a new or renovated site include:

- \_\_\_ 1. At least one (1) fire extinguisher, inspected within the last year, is placed on each floor of the facility.
- \_\_\_ 2. Heat/Smoke/Fire Alarm system and carbon monoxide detectors are operational (as applicable).
- \_\_\_ 3. An adequately supplied first aid kit and working flashlight are present.
- \_\_\_ 4. Medication Storage/DPH Registration (as applicable).
- \_\_\_ 5. Disaster Plan
- \_\_\_ 6. Telephone service is operational or backup service has been arranged.
- \_\_\_ 7. Each required egress is useable (doors open, exit way is clear).
- \_\_\_ 8. Heating system is functional (during heating season).
- \_\_\_ 9. Premises are in a safe and sanitary condition.
- \_\_\_ 10. Certificate of Occupancy has been secured from the Building Inspector.  
(Exempt - apartments (less than 4 occupants) if clients are unimpaired)
- \_\_\_ 11. Safe smoking policy is present.
- \_\_\_ 12. Staff schedule is present for staffed sites
- \_\_\_ 13. Deficiencies identified by the Site Feasibility Study have been corrected (as applicable).
- \_\_\_ 14. Self-preservation classification testing completed prior to client placement.

Pre-Placement Survey Date: \_\_\_/\_\_\_/\_\_\_ Licensing Coordinator: \_\_\_\_\_  
Residential Site Location: \_\_\_\_\_

Street Address: \_\_\_\_\_ Unit: #: \_\_\_\_\_  
City/Town Zip: \_\_\_\_\_



Commonwealth of Massachusetts  
Department of Mental Health

Licensing  
Physical Facility Inspection Summary

TO: \_\_\_\_\_

FROM: \_\_\_\_\_

DATE: \_\_\_\_\_

The physical facility of the program known as \_\_\_\_\_

Located at \_\_\_\_\_

Was inspected for compliance with applicable DMH Regulations and found to be:

☐ The physical facility (Site) was inspected on this day and found to be in compliance with DMH Regulations, the State Sanitary Code, and applicable Building Codes. The Site is suitable for client placement.

☐ The physical facility is not suitable for client placement until the following corrections are made:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Survey: \_\_\_/\_\_\_/\_\_\_ Survey Completed By: \_\_\_\_\_

Program Representative: \_\_\_\_\_

**Note:** 1 A complete evaluation is sent to the Area Housing Coordinator and available on request.  
2. This suitability statement is neither a license to operate nor a certificate of use and occupancy.

## Capability of Self Preservation Test

This test is designed to determine a person's ability to self-preserve at the residential placement location prior to admission or relocation. This test may also be used to assess self-preservation status annually for programs that are exempt from quarterly fire drill requirements.

Client Name: \_\_\_\_\_ Testing Location: \_\_\_\_\_

Testing Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Person Conducting Test: \_\_\_\_\_

### Part I - Verbal Test Questions

#### 1. Name some ways you can tell when there is a fire?

(To answer this question satisfactorily, three of the following six indicators must be mentioned. If not enough accurate answers are given, the tester should ask? "WHAT ELSE?")

	Satisfactory	Unsatisfactory
Seeing smoke		
Smelling smoke		
Seeing flames		
Feeling heat		
Hearing alarm bell		
Hearing someone yell "FIRE"		

Other responses given by client: \_\_\_\_\_

#### 2. What would you do if the building you were in was on fire?

(To answer this question satisfactorily, the answer must include mentioning leaving or getting out of the building.)

### Part II - Evacuation Testing

Testing is conducted at placement location after emergency evacuation procedures have been reviewed with the client. Bring client to his/her proposed sleeping quarters. Explain to client that you will be testing his/her ability to leave the building in case of fire. Explain that the test is necessary for all persons accepted into the program. Sound the fire alarm/smoke detector to initiate tests, if possible.

1. From sleeping quarters, with doors closed, have the client exit the entire building through the primary means of egress to ground level. Record the following data.

Total time to exit building: \_\_\_\_\_ Type of assistance required if any: \_\_\_\_\_

2. From sleeping quarters, with doors closed, have the client exit the building through the second means of egress to ground level.

Total time to exit building: \_\_\_\_\_ Type of assistance required if any: \_\_\_\_\_

# Capability of Self Preservation Test

Page 2 of 2

Client Name: \_\_\_\_\_

## Part III- Conclusions of Test

	Satisfactory	Unsatisfactory	Additional Training Required
Has adequate knowledge of fire signs and signals?			
Has adequate knowledge of procedures during a fire?			
Able to exit the building in 2 ½ minutes from the main route of exit?			
Able to exit the building in 2 ½ minutes from the secondary route of exit?			

### Self-preservation Status:

- ☐ Capable of independent self-preservation (unimpaired)  
☐ Capable of self-preservation with verbal instruction (partially impaired)  
☐ Capable of self-preservation with physical instruction (impaired)  
☐ Not capable of self-preservation at this time.

Does the client have any known hearing, visual or mobility impairments that may affect his/her ability to self-preserve? ☐ Yes ☐ NO If yes, describe:

\_\_\_\_\_  
\_\_\_\_\_

Adaptive equipment to be installed, if any: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Tester

\_\_\_\_\_  
Title

J

**Commonwealth of Massachusetts  
Department of Mental Health**

**Criteria for Filing an Application for Residential Site Licensure**

An application for Licensure must be completed for residential sites which serve mentally ill adults. For purposes of DMH licensure, a residential site is a site at which one or more person reside, or are provided with sleeping accommodations, and in which the provider has direct or indirect ownership interest, or which the provider/service leases or co-leases. Licenses will be issued for sites whether or not there are staff persons on site. The applicant filing the application for licensure must be the primary provider.

An application should not include sites owned by a person served or their family or sites solely leased by the person served who has control over occupancy. This includes a leased site where DMH contract funds are provided as rental assistance or the rental payment is guaranteed by the provider. These sites will not be licensed.

Please refer to the DMH Licensing Guidelines (9/2017) for further direction.

**Instructions for Filing the Application for Residential Site Licensure**

A licensing application must be submitted every two years to the local Licensing Coordinator no less than 90 days prior to the license expiration date. If a DMH contracted service has a large number of residential sites with varied expiration dates, the application should be filed every two years on the anniversary date of the initial application.

**Instructions**

If certain information is not available at the time of completing the application, the applicant may leave the question blank. It is the applicant's responsibility to complete and update all responses as soon as the information becomes available.

**DMH Area**

Specify the DMH Area in which the residential site(s) is located.

**I. Applicant Information**

- A. Enter the full legal name of the entity or person with principal legal responsibility for the program seeking the residential site license(s).
- B. Self-explanatory
- C. Self-explanatory
- D. Identify the Licensing Liaison for your agency and include contact information. This person will serve as the DMH Licensing Coordinator's point of contact for scheduling licensing surveys, receiving and disseminating deficiency reports, training materials, and guidelines,



and will receive a copy of all licensing correspondence sent to your agency by the Licensing Coordinator.

### **DMH Contract/Service Information**

All DMH contracted or operated providers must complete an Application for Licensure for each DMH contract or service if residential site(s) with sleeping accommodations for one or more persons are provided.

- E. Enter the DMH contract number and choose the appropriate service code from the drop down list. If state-operated, check Not Applicable, and choose the appropriate service code.
- F. Enter the contact information for the director of the service.

## **II. Residential Site Information**

- A. Enter DPH Registration- Medication Administration Program information for all residential sites where medications are stored for individuals not capable of self administration. The information may be entered directly on the form or "see attached" maybe entered on the form and the information attached to this Application.

- B. Self-explanatory

- C. **Appendix A**

Appendix A is completed for all DMH contracted sites under a single DMH contract or all sites under a DMH Area/Site Office as well as private program seeking licensure.

Enter the information for each unit on a separate line. If the site has more than one dwelling unit, the information for each unit should be entered separately.

For example, on the first line enter: 12 Maple Street, Apt. 1, Boston. On the second line enter: 12 Maple Street, Apt. 2, Boston. Continue filling out all the requested information for all residential sites associated with this application.

When identifying a subsidy or resources, please note all types utilized in the site. If number 14 is chosen, please identify source.

- D. **Appendix B**

Appendix B is completed only for residential sites included in Appendix A that have on-site staffing.

Complete a separate Appendix B for each site with on-site staffing. Sections A. through F. are self-explanatory.

Section G. Asks if the residential site provides respite beds in a residential site. A respite bed is a bedroom(s) within a staffed residential site, subject to licensure providing short term support for persons residing off site.

Sections H. asks that a copy of the Occupancy Permit and the recent Annual Building Inspection or if applicable, the City issued Lodging House License be submitted with this Application for those sites serving three or more people. Section H is not applicable to scattered apartment sites for one or two persons.

I through L. of Appendix B are self-explanatory.

### **III. Floor Plan of Residential Site(s)**

With this application, return a floor plan of each licensable residential site, to include: (1) square footage of each room and its proposed use, (2) location of windows, (3) exitway routes and means of egress.

A floor plan is not necessary if this is a renewal application and the physical site has not changed. If there have been substantial modifications to the site, a current floor plan must be included with this application.

### **IV. Waiver Petitions**

Include completed waiver petitions/renewals with this application, if applicable. Note: DMH cannot waive building, health or fire codes. Waivers will only be granted or denied by DMH when a DMH regulation is affected.

### **V. Legal Proceedings**

If "yes" is checked, sufficiently summarize the outcome of any legal proceedings, which have been lodged against the service/residential site, to include investigations under **104 CMR 32.00**.

### **VI. Policies and Procedures**

Self-explanatory

### **VII. Certification**

The application must be signed by the Applicant's Executive Director or a designated legally authorized to act for the Applicant. A designee's authorization must be on file with the Licensing Office. Check the appropriate box to describe if the certification of this application is for an initial application, renewal application or addendum information to update an existing application (e.g. new or relocation site). Include on this certification page the DMH contract number or check not applicable.

### **Instructions for Return of the Application**

Attach Appendix A, and if applicable, Appendix B, floor plans, staffing schedules and occupancy/building permits to the application. An initial application must be returned to the DMH Licensing Coordinator prior to the DMH Physical Facility Pre-placement Survey.

The applicant must update unanswered questions and projected responses as soon as the information becomes available. If the applicant has any questions about the application or the licensing process, the applicant may contact the Licensing Coordinator.

**Commonwealth of Massachusetts  
Department of Mental Health**

**Application For Licensure/ Renewal/ Certification**

**DMH Area:** ☐ Central ☐ Metro Boston ☐ Northeast ☐ Southeast ☐ West

**I. Applicant Information** (Please Type All Responses)

A. Applicant's Name(s): \_\_\_\_\_

B. Office Address: \_\_\_\_\_  
   Street    Town    Zip Code

C. Executive Director's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Office Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
   Area Code/Phone Number    Area Code/Phone Number

Email Address: \_\_\_\_\_

D. Licensing Liaison Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
   Street    Town    Zip Code

Office Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
   Area Code/Phone Number    Area Code/Phone Number

Email Address: \_\_\_\_\_

**DMH Contract/Service Information**

E. Enter the Department of Mental Health Contract Number:

\_\_\_\_\_ Or Not Applicable: ☐ State-operated ☐ Private Residential Program

Enter DMH Service Code from list (double click) Other: \_\_\_\_\_

Name of Service: \_\_\_\_\_

Office Address: \_\_\_\_\_  
   Street    Town    Zip Code

F. Name of Director: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
   Street    Town    Zip Code

Office Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
   Area Code/Phone Number    Area Code/Phone Number

Email Address: \_\_\_\_\_

## II. Residential Site Information

- A. If the Applicant has or intends to register a site with the Dept. of Public Health for administration of medications and storage of controlled substances, list below each site location and, if known, specify the Massachusetts Controlled Substance Registration (MCSR) # and expiration.

Street Address/Unit #	Town	MCSR #	Expiration Date

- B. Does the Applicant receive funding for the service or residential site from sources other than the Department of Mental Health?  
☐ N/A Private Program   ☐ No   ☐ Yes   If "Yes", list the site location and source of funding:

Street Address/Unit #	Town	Source

## C. Appendix A

### DMH Contracted or Operated

Complete **Appendix A** for all residential sites under a single DMH contract or for State-operated the single DMH Site for which a license is being sought. Identify by each residential unit: the street address, unit number, town, number people occupying and their self-preservation classification, staff and office location, ownership of building, type of lease arrangement, and if any, type of housing subsidy.

### Private Residential Program

Complete an **Application** and **Appendix A and B** for each residential program.

## D. Appendix B

Complete **Appendix B** for each residential site included in Appendix A that has on-site staffing.

## III. Floor Plan of Residential Site

If a floor plan is required for a residential site(s) please attach to application.

## IV. Waivers

Does the Applicant intend to petition the Department of Mental Health for a waiver or waiver renewal? Yes ☐   No ☐

If "Yes", completed waiver petitions should be included with this application.

## V. Legal Proceedings

Has the Applicant or any of its employees been the subject to any legal proceedings (suits, investigations, including DMH investigations) related to the provision of services or that would impact the provider's ability to provide such services?

Yes ☐   No ☐

If "Yes", please attach summary and outcome of proceedings.

VI. **Policies and Procedures**

Has the Applicant added or revised any written policy and procedure relative to 104 CMR 28:00, 104 CMR 30.02: Client Funds in Community Programs, or 104 CMR 30.07: Disposition of Personal Property Abandoned at Facilities or Programs since the last Application?

Yes ☐ No ☐ N/A ☐ (For Initial Application)

If yes, please list these below and attach copies with this Application.

Policy/Procedure Title	Effective Date	Indicate if New or Revised

**VII. Certification**

I certify that all the information contained herein is correct and complete. I will provide any information to the Department that may be required under statute or regulation for the purpose of licensure.

Further, I hereby certify, on behalf of the Applicant, that the Applicant will undertake to fully comply with all DMH requirements in **104 CMR 28.00**.

\_\_\_\_\_  
Signature of Executive Director or Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Title

Applicant's Name: \_\_\_\_\_  
Provider Agency

Above Certification is being submitted as part of:

- ☐ Initial Application  
☐ Renewal Application – due 90 days prior to license expiration  
☐ Appendix update to Application for a new residential site

Enter DMH Contract # \_\_\_\_\_

Not Applicable: ☐ State-operated ☐ Private Program

Attach **Appendix A**, and if applicable, **Appendix B** with floor plans, staffing schedule and occupancy/building permit(s).

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_ If Applicable, DMH Contract # \_\_\_\_\_

Revised 2017 - Application For Licensure/ Renewal/ Certification



## Appendix B

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_ If Applicable, DMH Contract # \_\_\_\_\_

A. Residential Site Name: \_\_\_\_\_

B. Address of Residential Site with on-site staffing:

\_\_\_\_\_  
Street Town Zip Code

Mailing Address (if different)

\_\_\_\_\_  
Street Town Zip Code

C. Site Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Area Code/Phone Number Area Code/Phone Number

D. Program Director: \_\_\_\_\_ Title: \_\_\_\_\_  
Email Address: \_\_\_\_\_

E. Is this Application for a site that has been relocated from a previously licensed site or had previously applied for licensure?

Yes ☐ No ☐ If "Yes", Previous Address/Town: \_\_\_\_\_

F. Is this application for a site that has been operated previously by another provider agency?

Yes ☐ No ☐ If "Yes", Previous Provider Name: \_\_\_\_\_

G. If the site is not a DMH contacted or operated Respite Program, does the residential site provide respite beds?

Yes ☐ No ☐ If "Yes", define number: \_\_\_\_\_

H. Has occupancy permit or local building official certification been granted for the program site(s)?

**Note: Occupancy permit capacity number must include on-site respite beds, if any.**

☐ Yes, copy attached

☐ Other (explain) \_\_\_\_\_

☐ Applied for but not yet granted

☐ Not applicable (explain) \_\_\_\_\_

I. Does the site have the capacity to serve one or more persons with disabilities? Yes ☐ No ☐

Program Site Accessibility:

☐ Completely accessible to the mobility impaired person. (entrance, bathroom, bedroom, kitchen, dining, living, meeting and laundry rooms)

☐ In part accessible, explain: \_\_\_\_\_

☐ Not accessible

Do the emergency warning systems include both audible alarms and visual alarms? Yes ☐ No ☐

J. Maximum client capacity: \_\_\_\_\_ Anticipated date of full client capacity: \_\_\_\_\_

K. Does the Applicant control occupancy of this residential site? Yes ☐ No ☐

L. 1. Include total number of staff stated in full-time equivalency: \_\_\_\_\_. If not known, please project. \_\_\_\_\_

2. Attach a site specific staffing schedule with position title and name, Include vacant positions.

3. Check one box to best describe daily staffing hours on site when clients are home:

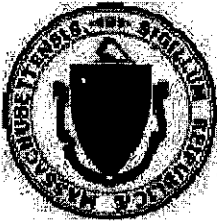
☐ 24 hours per day

☐ 18 to 24 hours per day

☐ 15 to 18 hours per day

☐ 8 to 15 hours per day

☐ Less than 8 hours per day



*Commonwealth of Massachusetts*  
*Department of Mental Health*  
**WAIVER PETITION**

Applicant/Licensee Name: \_\_\_\_\_

Service/Residential Site Location:

Street Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

City/Town/Zip: \_\_\_\_\_

License #: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_

**Instructions:** Complete item 1-5, using additional pages as necessary and attaching any documentation that would support the granting of this waiver. This Waiver Petition Must Be Typed.

1. Cite the regulation number that the Waiver is based upon and include the complete text of the regulation.
2. Is this a request for a renewal of a Waiver that has previously been granted to the residential service/residential site?  
YES ☐ NO ☐
3. Write a standard that the service/residential site would comply with and proposes to adopt as a substitute.
4. Write a justification for the newly written standard.
5. If this Petition is approved, I agree to be held accountable to the substantiated standard in the same degree and manner as any other regulation.

\_\_\_\_\_  
Signature of Executive Director

\_\_\_\_\_  
Date

**\*\* For additional information on the Waiver Process, please contact the Licensing Coordinator.**

Revised 9/2017

<b>Department of Mental Health</b> <b>Guideline: Pool Safety/Residential Programs</b>	<b>Date: 4/1/03</b> <b>Amended: 11/24/04</b>
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**Residential Programs with Pools:**  
**Safety Guidelines**

The following are Department of Mental Health procedural guidelines for residential providers to follow to support safety when there is a pool at one of their residential programs. These apply to both above ground and in-ground pools. These procedures define what should be in place at a minimum for individuals in living arrangements where there is 24 hour staffing. Providers may build in additional safety features based on the capabilities and needs of the individuals who live in the program.

**I. Staff Supervision and Training**

1. When the pool is in use, at least one staff person is present by the pool that has completed an American Red Cross course in Emergency Water Safety (or equivalent).
2. At least one staff who is certified in CPR is present by the pool when the pool is in use.
3. Both #1 and #2 above are required when the pool is in use. A staff person certified in CPR and Water Safety must be at the pool while it is in use.
4. Documentation of #1 and #2 is available to the Licensor at the time of the licensing review of the program.

**II. Policies and Procedures**

1. The agency has policies and procedures that define the use of the pool and are specific to the capabilities of the individuals who live in the program. The policies and procedures include the following:
  - Assessment of individuals' water safety skills;
  - Staff training and supervision;
  - Environmental safeguards.
2. All staff is familiar with the policies and procedures. Documentation of staff training is available in the program.

3. There is an assessment of each individual's water safety skills and a plan to address the unique safety needs of individuals when using the pool (e.g., seizure disorders). Included in the assessment is the individual's need for supervision while in the pool area. Education to individuals regarding pool safety is also a part of the assessment. Results of the assessment are included in each individual's record. When indicated, the need to address water safety skills shall be included in the person's Program Specific Treatment Plan.
4. An assessment of individual's water safety skills is also necessary for any guests using the pool and a Water Safety Certified Staff Person/and CPR certified staff person must be present while the pool is in use for guests.

### **III. Environmental Safeguards**

1. **Meeting applicable local ordinances:** The provider complies with all local ordinances that pertain to a private pool issued both by the local building authority and the local board of health. Written documentation verifying compliance is available to the Licensor at the time of the program review. Provider verification should contain documentation on how the provider has complied with these local ordinances or that the provider has researched local ordinances and found that none were applicable.
2. **Safeguards when the pool is temporarily not in use:** Safeguards are in place when the pool is not being used during the summer months. The agency must ensure that individuals are protected from accidentally falling in or accessing the pool without supervision. One or both of the following two options must be used:

**OPTION A:** Locked access to the pool by surrounding the in-ground with a fence that is at least six feet high and includes an entryway that can be locked. For above ground pools, locked access to the ladder/stairway or any other entrance way to the pool.

#### **AND/OR**

**OPTION B:** An alarm system in place that alerts staff inside the home that the pool area is potentially in use/being accessed without supervision.

**AND**

Motion sensor device in the pool that alerts staff that someone may be in the pool.

**AND**

An emergency plan in place for staff response when the alarm or motion sensor device is set off.

At least monthly checks that the alarm system is operational. A log of the tests must be maintained in the program.

While Option A is preferred, there may be instances where Option B is more feasible because the layout of the property may not make a fence a useful option.

3. **Safeguards when the pool is permanently or seasonally not in use:**  
There are safety features in place when the pool is not being used seasonally or on a permanent basis. The pool has a cover that prevents individuals from accidentally falling in and keeps the pool from accumulating standing water, which could pose a hazard. Should the program not intend to use the pool on a permanent basis, it could also be completely filled in, or in the case of an above ground pool, dismantled and removed.
4. **A pool that is in an apartment building or housing complex:**  
Verification that it meets state and local ordinances is not required. Clients living in apartment complexes with swimming pools should be encouraged to follow all pool safety instructions provided at the apartment complex. They should also be encouraged to use the pool during hours when the pool has a lifeguard on duty (when applicable).

## DMH Licensing I&R 17-1: Implementation of revised 104 CMR 28:00

Implementation of the revised 104 CMR 28:00 regulations on Licensing and Operational Standards for Community Services effective August 11, 2017.

Inquiry: Will the DMH process for licensing residential programs change when the revised 104 CMR 28:00 regulations are promulgated?

Response: Yes, currently the Licensing process is focused on the physical site requirements (104 CMR 28:00 Subpart B: Standards for Residential Service Sites) beginning 10/1/17, compliance with the program standards under Subpart A: Standards for Community Services will also be reviewed as part of the Licensing process. (see Licensing Guidelines, revised September 2017 for reference)

This will be accomplished by conducting an Agency/Provider Policy and Procedure Review every 5 years. (Please see Agency/Provider Policies and Procedures Review Tool for reference). If an agency provides services for multiple contracts or service types, there will be only one review conducted by a team of the appropriate Licensing Coordinators.

It is anticipated that the initial 5 year reviews will be completed for all agencies by 4/1/18. Scheduling will be based on the earliest expiration date of all of the current licenses of the agency's sites.

Licenses will continue to be issued to each residential site as is the current practice. The licenses will continue to be for a period of 2 years and the current expiration dates for all current sites will not change (unless there are other changes unrelated to the promulgation of the revised regulations, such as a change in Provider or relocation).

For new sites and those whose license is expiring, a Licensing review will be conducted based on the existing review schedule that includes a determination that the Subpart A requirements are being implemented at the site level. This will be done by using the new Licensing Site Questionnaire (see Licensing Guidelines, revised September 2017 for reference), feedback from the most recent MAP site review, an audit of a sample of medical records as well as the physical site review as is currently conducted. For sites with licenses not due to expire, an annual physical site inspection will be completed as has been the current practice.

Prior to implementation, each Agency/Provider will receive a copy of the revised regulations, Licensing Guideline- 2017, the Agency/Provider Policies and Procedures Review Tool, Licensing Site Questionnaire, Licensing Physical Facility Inspection 2016 and this implementation plan.

Inquiry:      What annual human rights training should the persons served and staff receive and by whom?

What should be included in human rights training and what documentation is needed to indicate annual human rights training has been provided?

1. Staff, the persons served and Human Rights Officers shall receive human rights training consistent with the current DMH Human Rights Policy and Handbook.
2. Human Rights Officers shall receive human rights officer training and shall provide training to all other staff and the persons served annually. Human Rights Officer training can be DMH or provider sponsored and must be documented.

For larger supported housing programs (serving more than twenty) other staff that have received training equivalent to Human Rights Officer training, may provide human rights training to the persons served. Agency human rights training plans must outline this process.

It is recommended however, that larger supported housing programs have more than one Human Rights Officer as it is preferable for designated Human Rights Officers to provide annual human rights training.

2. Persons receiving residential services should receive annual human rights training (group or individual).

The training should include the following information:

- Basic Rights (refer to handbook).
- Who is the HRO?
- How to file a complaint.
- A list of rights and contact information should be provided to each person in writing.
- If a person served refuses to attend a training session they should be provided with human rights information and this should be documented.

Documentation should include steps taken to provide annual human rights training.

Written Documentation indicating that Human Rights training have been provided to a given person served and staff should include the following:

- Who the presenter is;
- The date of the training;
- Length of training;
- Description of the training;
- Curriculum utilized;
- Who attended the training;
- Handouts provided.

Inquiry:      What is required for Annual Fire Safety training for persons served and staff?

What documentation is needed in the record to indicate that annual fire safety training was provided?

1.

- All residential staff, and persons receiving residential services, shall receive annual fire safety training. The training should include basic life safety/fire prevention skills training. This should include information on how to exit a building safely in the event of a fire, who to call, and how to prevent fires.
- Individual and/or group Fire Safety training should be provided by a fire-safety professional or a staff person trained in DMH approved community residential fire safety training.
- The training shall include approved DMH curriculum that may be supplemented with approved fire safety videos.
- If a person refuses to attend a training session he/she should be provided with fire-safety information and this should be documented. Documentation should include the steps taken to provide annual fire safety training.
- Staff and persons served must also receive training in emergency procedures and disaster response planning. Additionally, staff must be trained in individual evacuation plans for impaired and partially impaired persons. These training areas may be included in the fire safety training or in a separate training agenda.

2.

Documentation of Fire Safety training should include the following:

- Who the presenter is;
- The date of the training;
- Length of the training;
- Description of the training;
- Curriculum utilized;
- Name of video when applicable;
- Who attended the training;
- Handouts provided.



## MH Licensing I&R 04-3 Topic: Self Preservation Testing -November 24, 2004

**Inquiry:** What is required for self-preservation testing for all persons receiving residential services and what is required for persons exempt from quarterly fire-drills?

- For purposes of 104 CMR 28.14, self-preservation means the capability both mentally and physically to take action to preserve one's life, specifically to egress the building in which one resides unassisted within 2.5 minutes.
- All persons receiving residential services at intake shall be given a self-preservation test. The test shall include assessing the person's ability to exit the building from his or her sleeping quarters, and common areas if more remote to grade. 104 CMR 28.14(1)(c).
- Test documentation shall include the time required to exit the building, the type of assistance required, if any, either physical or verbal, date of testing, and name of the person(s) conducting the drill.
- All persons moving from one location to another should also be re-tested to ensure that they are aware of the evacuation routes in their new living space.

### **Quarterly/Annual testing**

- For required programs, quarterly self-preservation testing is required and may be included in quarterly fire drills. A central log should be developed for all quarterly drills and separate (by person served) drill results should be recorded on a separate form for each person's record to meet the quarterly self-preservation evaluation regulation.
- A person who fails a quarterly fire drill must be re-tested one week from the failed drill. If the person fails a second drill resulting in a self-preservation status change, a documented response plan for the person must be developed and implemented within thirty days. The plan should include an assessment, and plan of intervention. Self-preservation issues fall under health and safety, with one-month timelines for corrective action and can affect the status of a program license issuance.

### **Reporting**

- If the person fails the retest fire drill the program must report the self-preservation issue to the Licensing Department within three (3) working days.

### **Assessment**

- The assessment should determine the reason for the failed drill in order to plan for appropriate interventions. It can include but is not limited to the following:
  - Review drill results and assessment made by staff.
  - Explore with the person why he/she was unable to evacuate successfully.
  - Assess the fire alarm system. Is it working properly? Are all horns sounding? Is it loud enough? If there is adaptive equipment for the person is it working?
  - Determine if a medication assessment is needed.
  - Is hearing or other medical issues a concern?
  - Are there any specific behavioral issues impeding the person's ability to evacuate successfully?

### **Intervention Plan**

- An intervention plan should be developed and documented in writing using the results of the assessments. The plan may include but is not limited to discussion, role playing, fire drills, a behavioral plan, adaptive equipment (e.g. bed or pillow shaker, strobe lights), adding a fire horn, relocation of bedroom for the person due to health concerns.
- The program should retest the person's self-preservation status again one month after the failed drill to ensure that the intervention plan implemented is effective. An evacuation plan must be a part of the intervention plan.

### **Exempt Clients**

- Quarterly drills are not required for persons residing in units serving four or less where all are capable of self-preservation. Persons who are exempt from quarterly fire drills shall receive annual self-preservation testing. This shall include a simulated drill from sleeping quarters to grade and common areas if more remote. Test documentation requirements are listed above. Simply pushing the test button on the smoke detector in the apartment is sufficient for the drill simulation. This is mandatory for provider leased or co-leased apartments and strongly recommended for persons receiving services who hold the lease for his or her apartment.

**Inquiry:** Is it a requirement to keep an updated list of medication on the emergency fact sheet in each person's record?

What assessment documentation is required at intake and annually to report on the status of a person's medication management abilities?

## **I. Emergency Fact Sheet Medication List**

Each person's record must have a current list of medications (psychiatric and medical) on the Emergency Fact Sheet. This includes persons who have been assessed as independent in the area of medication management. This list is required as an emergency response precaution per CMR 28:12(5) (d)8.

It is recommended that the medication list be obtained from current physician orders. However, for independent persons unwilling to share their doctor's written orders, the list may be self-reported and should be documented as such.

## **II Assessment Documentation**

Upon intake, persons admitted to DMH residential services (supervised living, and supported housing), will be assessed in all levels of functioning.

### **Condition I**

A person is assessed as needing assistance and or supervision to manage his or her ability to take their medications as prescribed. All MAP policies and procedures apply for documentation and monitoring.

When a person's skill level changes to independence in the course of receiving rehabilitative services, the documented assessment of residential providers, his or her psychiatrist, and all other pertinent treatment team providers, should be placed in the record per MAP policy. The residential treatment provider should assess and document the person's medication management skill level annually thereafter.

## **Condition II**

When persons are assessed as independent in the area of medication management upon intake the following documentation requirements apply.

- Documentation recorded by the residential provider that the person has been assessed as independent in managing his or her prescribed medication must be in the record.
- This assessment must be updated annually.
- Any referral documentation recording the person's independence in this area should also be placed in the record.
- It is not necessary to file the person's psychiatrist assessment; however, if the information is available and the person is willing to have this placed in his or her record it is acceptable and recommended to do so.

## **III Medication Management Emergency Response Plan**

Each residential treatment provider/program must have a policy in place for ongoing monitoring and assessment of medication management needs for all persons receiving residential services. The policy shall indicate the program's emergency response plan for mental status changes impeding and or affecting a person's ability to independently self-administer medications. This shall include documented communication and conferencing with all of the person's treatment team providers. The policy shall also include the steps that will be taken by the residential treatment provider to change and implement a monitoring and assistance plan that will best suit the person's level of need accordingly. The policy should also indicate the ongoing assessment plan following MAP policy to assist a person(s) in regaining levels of medication independence according to need.

MH Licensing I&R 04-5 Topic: Annual Licensing Site review-non DMH subsidies  
November 24, 2004

**Inquiry:** Are residential program sites leased by the person served or persons receiving Mental Health Residential services and non-Department of Mental Health subsidy dollars subject to Licensing Site reviews (104 CMR 28.15 (1))?

**Response:** No, sites that are subsidized through entities other than the Department of Mental Health are leased by the person served and the residential treatment provider is in no way involved in the leasing or ownership of the property, are not subject to site reviews.

With the following exceptions:

- The vendor/provider controls occupancy in spite of the site being leased by the person served.  
This means that subsidy dollars attached to the consumer lease remain with the program/site. Meaning that when the person is discharged from the program, the vendor/provider is free to transfer the subsidy to another person (assist another person to receive the subsidy) coming into the program.
- GLE programs that have non-Department of Mental Health subsidies for all persons served and the leases are in the persons' names will be subject to annual site reviews if the vendor/provider owns the site or if the following applies to the program:
  - Staff is on site at the program.
  - There is a staff office.
  - Medications are stored and locked up by staff on-site (medication room).

Inquiry: Is a waiver required for alarm systems installed in group homes for security purposes?

Response: Alarm systems are common security measures in many homes. If the intent is to provide security for the building/ persons served and NOT to restrict their movement, no waiver is required.

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Approved: \_\_\_\_\_

Jay Potter, Director Community Licensing/Program Evaluation

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Kim Clougherty, Director Community Services

MH Licensing I&R 16-02 Topic: Waivers for Camera Use March 16, 2017

Inquiry: Is a waiver required for use of cameras installed outside of group homes for security purposes?

Response: Use of security cameras is a common security measure for many homes and businesses. If the intent is to provide security for the building/persons served and NOT to restrict their movement, no waiver is required.

A waiver is required for use of cameras within the group residence.

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Approved: \_\_\_\_\_  
Jay Potter, Director of Community Licensing/Program Evaluation

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Kim Clougherty, Director of Community Services