



**PROVIDER REPORT
FOR
COOPERATIVE FOR HUMAN
SERVICES
420 Bedford St, Ste. 100
Lexington, MA 02420**

June 05, 2023

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider COOPERATIVE FOR HUMAN SERVICES

Review Dates 5/3/2023 - 5/9/2023

Service Enhancement Meeting Date 5/22/2023

Survey Team John Downing
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Citizen Volunteers

Survey scope and findings for Residential and Individual Home Supports

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Residential and Individual Home Supports	19 location(s) 21 audit (s)	Targeted Review	DDS 21/26 Provider 67 / 67 88 / 93 2 Year License 05/22/2023-05/22/2025		DDS 1 / 3 Provider 84 / 84 85 / 87 Certified 05/22/2023 - 05/22/2025
Residential Services	10 location(s) 10 audit (s)			DDS Targeted Review	19 / 20
ABI-MFP Residential Services	1 location(s) 3 audit (s)			DDS Targeted Review	20 / 20
Placement Services	4 location(s) 4 audit (s)			DDS Targeted Review	20 / 20
Individual Home Supports	4 location(s) 4 audit (s)			DDS Targeted Review	20 / 21
Planning and Quality Management				DDS Targeted Review	6 / 6

EXECUTIVE SUMMARY :

Cooperative for Human Services (CHS), founded in 1981, is a nonprofit agency providing support services to individuals with intellectual and other related disabilities across 40 communities in Massachusetts. The agency provides 24-hour residential support, which includes supporting individuals with Acquired Brain Injuries (ABI- MFP), Placement Services, and Individual Home Support (IHS). The agency also provides Family supports and guardianship services.

As the agency achieved a 2-year license during the 2021 survey, they were eligible and elected to complete a self-assessment for the current licensing cycle, with DDS conducting a targeted review of the eight critical licensing indicators, licensure and Certification indicators receiving a rating of not met during the previous survey, and any new or revised indicators since the last survey. The overall ratings from this survey process combine the agency's self-assessment and the DDS targeted review.

The survey identified several accomplishments on the part of the agency, which resulted in positive individual outcomes. Organizationally, allegations of abuse or neglect are reported as required, and all staff are trained in the agency's emergency procedures.

In the domain of Environmental safety, all critical indicators related to site reviews were rated as met. All locations were found to be clean and in good repair, and all required inspections were conducted. In addition, the agency conducts monthly fire drills to ensure individuals are frequently assessed on their ability to evacuate within the required timeframe.

Medication administration and medical protocols were areas of strength within the medical domain. Medical protocols were in place when required, and staff were trained and implemented these protocols correctly. All medications were being administered in accordance with MAP regulations, per the doctor's order, by trained staff.

The agency is encouraged to focus efforts on some areas identified through the survey as needing strengthening.

One area identified through both the self-assessment and the DDS review as needing improvement was related to the timely submission of documentation in HCSIS. The agency needs to ensure that time-sensitive documentation such as Restraint reports, Incident reports, and ISP assessments are submitted within the required timelines. Additionally, within licensing, Medication Treatment Plans (MTP) for prescribed behavior-modifying medications must be in place and include all the required components.

In Certification, the agency needs to ensure all individuals are supported to explore and express their needs for intimacy and companionship through assessment and develop plans to address any unmet needs.

As a result of this survey, CHS Met 95% of licensing indicators, including all critical indicators, and will receive a Two-Year License for its Residential/ Individual Home Support Services. The agency is certified, receiving a rating of Met in 98% of certification indicators reviewed. As the agency scored above 90%, CHS will complete its own follow-up on the licensing indicators rated not met within 60 days of the Service Enhancement Meeting (SEM).

Description of Self Assessment Process:

Cooperative for Human Services Inc. (CHS) is a multi-service organization that provides residential, ABI residential, Individual Support Services (ISS) Shared Living and family supports in 40 eastern Massachusetts communities as well as Corporate Guardianship services throughout Massachusetts. For the 2023 DDS Licensing and Certification evaluation, CHS conducted a self-audit of 44 Residential programs, all Human Resources and employee training systems and a sample of 40% of the in-home supports programs. CHS evaluated these sites using the DDS Licensing Standards tool. The survey of all program models was conducted beginning March 21, 2023 and concluded April 28, 2023. The organization developed and continually refines its interconnected systems linking the strategic planning process to its agency-wide Program Evaluations and quality audits.

Environmental Safety: Monthly vehicle and site inspections are date stamped and posted on a cloud-based Google document to meet licensure standards and CHS's vision for a positive home environment. If a health/safety issue is found, an electronic request is dated and processed through WorkStraight, an online system. The Maintenance Director reviews WorkStraight reports quarterly. Reports are reviewed by CHS senior managers for benchmark compliance. CHS maintains a vehicle fleet through Enterprise and scheduled routine vehicle maintenance is managed centrally. The Safety Committee meets quarterly, reviews reports of all employee accidents or injuries and responds to trends and recommendations. Fire drills are conducted monthly, cross referenced with EESP ratios and levels of support to meet compliance standards.

Human Rights: The organization conducts an annual Human Rights assessment for individuals using cross-functional teams from all company departments. ISS individuals participate in facilitated discussions regarding self-advocacy, dignity and rights vs responsibilities. Human Rights education is incorporated into the weekly house meetings and is formally conducted at the time of the ISP. Every home has a Human Rights Officer, who attends monthly forums on human rights topics. ABI homes, utilize a house log to track resolution of grievances. All CHS clinicians are trained as Human Rights Officers and visit each program to discuss and resolve human rights related concerns. Incidents, investigations, MORs and restraint outcomes are reviewed weekly during the multi-disciplinary Clinical team meetings and Executive Management meetings. The monthly Human Rights Committee is in place and reviews formal behavioral interventions.

Healthcare and Medication: The Director of Healthcare is an RN, certified MAP trainer and consultant who manages a team of five RNs, LPNs and healthcare coordinators. Coordinators are on-call 24/7 to all levels of management for assessments and consultations, attend key medical appointments, assess referrals and participate in intake/transitions. They conduct consistent MAP audits with results posted on the intranet for all levels of management to follow. Division Managers conduct quarterly compliance audits of healthcare systems. The RNs provide staff training on specific medical needs of individuals and the Director participants in the weekly Clinical Review Meetings.

Clinical Supports: Each person's unique support needs are captured in My Story and/or behavior plans/guidelines. The Director of Clinical Supports trains and manages five clinicians, each assigned to a cluster of programs and available on an as-needed basis for any program. Clinicians develop My Story, behavior plans, restrictions, lead behavioral data collection and practical assistive technologies. Team members provide site-based, individual-specific training and coaching support to the staff. A new position, ISP Specialist, trains and tracks ISP submissions. The clinical team uses an intimacy assessment tool based on identification of the needs and desires of each individual served. The tool incorporates the person's level of knowledge regarding the facets of intimacy as well as an understanding of consents.

Community and Social Engagement: During the annual Human Rights survey, individuals rate satisfaction with current activities and offer ideas for new experiences. This information is shared with families, and particularly siblings and incorporated into the ISP process. Weekly activity planning occurs at the House Meeting and staff may use Cultural Connections, a program that provides details about what to expect during the outing to minimize anxiety. Individuals participate in the annual Giving Back project - volunteerism in the community as determined by each program.

Competent Workforce: The company uses software applications such as Paylocity HRIS system and cloud-based Google to manage employee licenses, certifications, Program Orientations, mandatory employee trainings and performance evaluations. Required in-services and trainings are completed at monthly Staff Meetings where individual-specific trainings are also covered. Although each residential program is unique, Direct Support Staff receive universal trainings that are transferrable from one

residential program to another. Setting performance expectations begins on day-one in New Employee Orientation when Human Resource professionals present the company's Policies and Procedures, review job description and the organization's unique culture of caring. Program Directors/Coordinators participate in CHS New Manager Training where they are encouraged to "know their employees' stories" as a basis for building a cohesive team. Managers coach through 1:1 feedback, re-assignment of tasks, modeling positive behaviors or assigning new DSPs to shadow veteran staff. Managers assess performance within the first ninety days of hire, including feedback from the individuals served, families and co-workers. Annual Performance Evaluations follow the same process and highlight performance goals for the coming year. CHS continues to be committed to employee development and recognizes this as a core strength of the organization. Year-over-year, word-of-mouth remains the largest source of new employee referrals and the majority of CHS managers are promoted from within. CHS offers a formal career ladder for non-management employees called L.E.A.D. (Lead, Engage, Accelerate and Develop) which readies participants for future management opportunities. CHS conducts formal /informal DSP focus groups to seek input on their stressors and schedule impacts. Executive management analyzes the feedback, compares it to internal and external data, develops strategies and then creates programs that are continually assessed for effectiveness. In FY2022, CHS doubled the number of Division Managers for greater program oversight. The company re-evaluated its traditional structure of support roles resulting in a new position, Home Support Specialist. Staff manage the home environment which allows DSPs to focus on engagement and community connections. For decades, CHS has been a leader in Direct Support Professional compensation, one of the key factors that has resulted in longevity of many of its DSPs. Below is a summary of findings as an outcome of the company's QE self-assessment audit and a plan of correction.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	9/10	1/10	
Residential and Individual Home Supports	79/83	4/83	
Residential Services Individual Home Supports Placement Services ABI-MFP Residential Services			
Critical Indicators	8/8	0/8	
Total	88/93	5/93	95%
2 Year License			
# indicators for 60 Day Follow-up		5	

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

Indicator #	Indicator	Area Needing Improvement
L65	Restraint reports are submitted within required timelines.	For 12 of 15 restraints, the agency did not meet the required timelines for reporting or reviewing restraint reports within HCSIS. The agency needs to ensure all restraint reports are created and submitted within three days of the incident and approved by the restraint manager within five days of the incident.

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

Indicator #	Indicator	Area Needing Improvement
L63	Medication treatment plans are in written format with required components.	For 4 of 15 individuals, Medication treatment plans were not developed or did not contain all the required components. Plans must contain the following components: A description of the behavioral symptoms being treated with the medication, treatment goals, criteria to reduce or eliminate the medication, historical or baseline data, and current data for identified behavioral symptoms so the efficacy of the medication can be evaluated.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For 5 of 14 individuals, ISP assessments were submitted outside the required ISP timelines. The agency needs to ensure ISP assessments are submitted at least 15 days before the ISP meeting date.

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

Indicator #	Indicator	Area Needing Improvement
L91	Incidents are reported and reviewed as mandated by regulation.	At 11 of 18 locations, the agency did not meet the required timelines for reporting or reviewing incidents in HCSIS. The agency needs to ensure that reportable incidents are entered and finalized in HCSIS within the mandated timelines.
L99 (05/22)	Medical monitoring devices needed for health and safety are authorized, agreed to, used and data collected appropriately. (eg seizure watches; fall sensors).	For 1 of 2 individuals, staff were not sufficiently trained to monitor the medical monitoring device for proper operation. The agency needs to ensure that when medical monitoring devices are used, staff are trained to use, clean, and monitor the device for correct operation.

CERTIFICATION FINDINGS

	Reviewed By	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	DDS 0/0 Provider 6/6	6/6	0/6	
Residential and Individual Home Supports	DDS 1/3 Provider 78/78	79/81	2/81	
ABI-MFP Residential Services	DDS 0/0 Provider 20/20	20/20	0/20	
Individual Home Supports	DDS 0/1 Provider 20/20	20/21	1/21	
Placement Services	DDS 1/1 Provider 19/19	20/20	0/20	
Residential Services	DDS 0/1 Provider 19/19	19/20	1/20	
Total		85/87	2/87	98%
Certified				

Individual Home Supports- Areas Needing Improvement on Standards not met From DDS Review:

Indicator #	Indicator	Area Needing Improvement
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	2 of 4 individuals have not been formally or informally assessed to determine their needs regarding intimacy and companionship, or if assessed, the agency had not created plans to address any unmet needs. The agency needs to ensure that all individuals are assessed to determine areas of need and develop plans to provide support and education appropriate for the learning style of that individual.

Residential Services- Areas Needing Improvement on Standards not met From DDS Review:

Indicator #	Indicator	Area Needing Improvement
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	4 of 10 individuals have yet to be formally or informally assessed to determine their needs regarding intimacy and companionship, or if assessed, the agency had not created plans to address any unmet needs. The agency needs to ensure that all individuals are assessed to determine areas of need and develop plans to provide support and education appropriate for the learning style of that individual.

MASTER SCORE SHEET LICENSURE

Organizational: COOPERATIVE FOR HUMAN SERVICES

Indicator #	Indicator	Reviewed by	Met/Rated	Rating(Met,Not Met,NotRated)
☐ L2	Abuse/neglect reporting	DDS	19/20	Met(95.00 %)
L3	Immediate Action	Provider	-	Met
L4	Action taken	Provider	-	Met
L48	HRC	DDS	1/1	Met
L65	Restraint report submit	DDS	3/15	Not Met(20.0 %)
L66	HRC restraint review	Provider	-	Met
L74	Screen employees	Provider	-	Met
L75	Qualified staff	Provider	-	Met
L76	Track trainings	Provider	-	Met
L83	HR training	Provider	-	Met

Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I	Provider	-	-	-		-	-	-	Met
L5	Safety Plan	L	Provider	-	-	-		-	-	-	Met
☐ L6	Evacuation	L	DDS	10/10	4/4	4/4		1/1		19/19	Met
L7	Fire Drills	L	Provider	-	-	-		-	-	-	Met
L8	Emergency Fact Sheets	I	Provider	-	-	-		-	-	-	Met
L9 (07/21)	Safe use of equipment	I	DDS	10/10	4/4			3/3		17/17	Met
L10	Reduce risk interventions	I	Provider	-	-	-		-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
☑ L11	Required inspections	L	DDS	10/10	2/2	4/4		1/1		17/17	Met
☑ L12	Smoke detectors	L	DDS	10/10	1/2	3/4		1/1		15/17	Met (88.24 %)
☑ L13	Clean location	L	DDS	10/10	2/2	4/4		1/1		17/17	Met
L14	Site in good repair	L	Provider	-	-	-		-	-	-	Met
L15	Hot water	L	Provider	-	-	-		-	-	-	Met
L16	Accessibility	L	Provider	-	-	-		-	-	-	Met
L17	Egress at grade	L	Provider	-	-	-		-	-	-	Met
L18	Above grade egress	L	Provider	-	-	-		-	-	-	Met
L19	Bedroom location	L	DDS			2/2				2/2	Met
L20	Exit doors	L	Provider	-	-	-		-	-	-	Met
L21	Safe electrical equipment	L	Provider	-	-	-		-	-	-	Met
L22	Well-maintained appliances	L	Provider	-	-	-		-	-	-	Met
L23	Egress door locks	L	DDS		1/1					1/1	Met
L24	Locked door access	L	DDS		2/2	4/4				6/6	Met
L25	Dangerous substances	L	Provider	-	-	-		-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L26	Walkway safety	L	Provider	-	-	-		-	-	-	Met
L27	Pools, hot tubs, etc.	L	Provider	-	-	-		-	-	-	Met
L28	Flammables	L	Provider	-	-	-		-	-	-	Met
L29	Rubbish /combustibles	L	Provider	-	-	-		-	-	-	Met
L30	Protective railings	L	Provider	-	-	-		-	-	-	Met
L31	Communication method	I	Provider	-	-	-		-	-	-	Met
L32	Verbal & written	I	Provider	-	-	-		-	-	-	Met
L33	Physical exam	I	Provider	-	-	-		-	-	-	Met
L34	Dental exam	I	Provider	-	-	-		-	-	-	Met
L35	Preventive screenings	I	Provider	-	-	-		-	-	-	Met
L36	Recommended tests	I	Provider	-	-	-		-	-	-	Met
L37	Prompt treatment	I	Provider	-	-	-		-	-	-	Met
Ⓡ L38	Physician's orders	I	DDS	10/10		2/2		3/3		15/15	Met
L39	Dietary requirements	I	Provider	-	-	-		-	-	-	Met
L40	Nutritional food	L	Provider	-	-	-		-	-	-	Met
L41	Healthy diet	L	Provider	-	-	-		-	-	-	Met
L42	Physical activity	L	Provider	-	-	-		-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L43	Health Care Record	I	Provider	-	-	-		-	-	-	Met
L44	MAP registration	L	Provider	-	-	-		-	-	-	Met
L45	Medication storage	L	Provider	-	-	-		-	-	-	Met
Ⓡ L46	Med. Administration	I	DDS	10/10		4/4		3/3		17/17	Met
L47	Self medication	I	Provider	-	-	-		-	-	-	Met
L49	Informed of human rights	I	Provider	-	-	-		-	-	-	Met
L50 (07/21)	Respectful Comm.	I	DDS	10/10	4/4	4/4		3/3		21/21	Met
L51	Possessions	I	Provider	-	-	-		-	-	-	Met
L52	Phone calls	I	Provider	-	-	-		-	-	-	Met
L53	Visitation	I	Provider	-	-	-		-	-	-	Met
L54 (07/21)	Privacy	I	DDS	10/10	4/4	4/4		3/3		21/21	Met
L55	Informed consent	I	Provider	-	-	-		-	-	-	Met
L56	Restrictive practices	I	Provider	-	-	-		-	-	-	Met
L57	Written behavior plans	I	Provider	-	-	-		-	-	-	Met
L58	Behavior plan component	I	Provider	-	-	-		-	-	-	Met
L59	Behavior plan review	I	Provider	-	-	-		-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L60	Data maintenance	I	Provider	-	-	-		-	-	-	Met
L61	Health protection in ISP	I	Provider	-	-	-		-	-	-	Met
L62	Health protection review	I	Provider	-	-	-		-	-	-	Met
L63	Med. treatment plan form	I	DDS	8/10		1/2		2/3		11/15	Not Met (73.33 %)
L64	Med. treatment plan rev.	I	Provider	-	-	-		-	-	-	Met
L67	Money mgmt. plan	I	DDS	7/8	3/3	2/2		3/3		15/16	Met (93.75 %)
L68	Funds expenditure	I	Provider	-	-	-		-	-	-	Met
L69	Expenditure tracking	I	Provider	-	-	-		-	-	-	Met
L70	Charges for care calc.	I	Provider	-	-	-		-	-	-	Met
L71	Charges for care appeal	I	Provider	-	-	-		-	-	-	Met
L77	Unique needs training	I	Provider	-	-	-		-	-	-	Met
L78	Restrictive Int. Training	L	Provider	-	-	-		-	-	-	Met
L79	Restraint training	L	DDS	1/1						1/1	Met
L80	Symptoms of illness	L	Provider	-	-	-		-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L81	Medical emergency	L	Provider	-	-	-		-	-	-	Met
L82	Medication admin.	L	DDS	10/10				1/1		11/11	Met
L84	Health protect. Training	I	Provider	-	-	-		-	-	-	Met
L85	Supervision	L	Provider	-	-	-		-	-	-	Met
L86	Required assessments	I	DDS	3/4	0/3	4/4		2/3		9/14	Not Met (64.29 %)
L87	Support strategies	I	Provider	-	-	-		-	-	-	Met
L88	Strategies implemented	I	Provider	-	-	-		-	-	-	Met
L89	Complaint and resolution process	L	DDS					1/1		1/1	Met
L90	Personal space/bedroom privacy	I	Provider	-	-	-		-	-	-	Met
L91	Incident management	L	DDS	2/10	3/3	4/4		0/1		9/18	Not Met (50.0 %)
L93 (05/22)	Emergency back-up plans	I	DDS	10/10	4/4	4/4		3/3		21/21	Met
L94 (05/22)	Assistive technology	I	DDS	7/10	2/2	4/4		3/3		16/19	Met (84.21 %)

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L96 (05/22)	Staff training in devices and applications	I	DDS	7/7	1/1	4/4		2/2		14/14	Met
L99 (05/22)	Medical monitoring devices	I	DDS	1/2						1/2	Not Met (50.0 %)
#Std. Met/# 83 Indicator										79/83	
Total Score										88/93	
										94.62%	

MASTER SCORE SHEET CERTIFICATION

Certification - Planning and Quality Management

	Indicator #	Indicator	Reviewed By	Met/Rated	Rating
	C1	Provider data collection	Provider	-	Met
	C2	Data analysis	Provider	-	Met
	C3	Service satisfaction	Provider	-	Met
	C4	Utilizes input from stakeholders	Provider	-	Met
	C5	Measure progress	Provider	-	Met
	C6	Future directions planning	Provider	-	Met

Residential Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	Met

Residential Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C8	Family/guardian communication	Provider	-	Met
C9	Personal relationships	Provider	-	Met
C10	Social skill development	Provider	-	Met
C11	Get together w/family & friends	Provider	-	Met
C12	Intimacy	DDS	6/10	Not Met (60.0 %)
C13	Skills to maximize independence	Provider	-	Met
C14	Choices in routines & schedules	Provider	-	Met
C15	Personalize living space	Provider	-	Met
C16	Explore interests	Provider	-	Met
C17	Community activities	Provider	-	Met
C18	Purchase personal belongings	Provider	-	Met
C19	Knowledgeable decisions	Provider	-	Met
C46	Use of generic resources	Provider	-	Met
C47	Transportation to/ from community	Provider	-	Met
C48	Neighborhood connections	Provider	-	Met
C49	Physical setting is consistent	Provider	-	Met
C51	Ongoing satisfaction with services/ supports	Provider	-	Met
C52	Leisure activities and free-time choices /control	Provider	-	Met
C53	Food/ dining choices	Provider	-	Met

ABI-MFP Residential Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	Met
C8	Family/guardian communication	Provider	-	Met
C9	Personal relationships	Provider	-	Met
C10	Social skill development	Provider	-	Met
C11	Get together w/family & friends	Provider	-	Met
C12	Intimacy	Provider	-	Met

ABI-MFP Residential Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C13	Skills to maximize independence	Provider	-	Met
C14	Choices in routines & schedules	Provider	-	Met
C15	Personalize living space	Provider	-	Met
C16	Explore interests	Provider	-	Met
C17	Community activities	Provider	-	Met
C18	Purchase personal belongings	Provider	-	Met
C19	Knowledgeable decisions	Provider	-	Met
C46	Use of generic resources	Provider	-	Met
C47	Transportation to/ from community	Provider	-	Met
C48	Neighborhood connections	Provider	-	Met
C49	Physical setting is consistent	Provider	-	Met
C51	Ongoing satisfaction with services/ supports	Provider	-	Met
C52	Leisure activities and free-time choices /control	Provider	-	Met
C53	Food/ dining choices	Provider	-	Met

Placement Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	Met
C8	Family/guardian communication	Provider	-	Met
C9	Personal relationships	Provider	-	Met
C10	Social skill development	Provider	-	Met
C11	Get together w/family & friends	Provider	-	Met
C12	Intimacy	DDS	4/4	Met
C13	Skills to maximize independence	Provider	-	Met
C14	Choices in routines & schedules	Provider	-	Met
C15	Personalize living space	Provider	-	Met
C16	Explore interests	Provider	-	Met
C17	Community activities	Provider	-	Met

Placement Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C18	Purchase personal belongings	Provider	-	Met
C19	Knowledgeable decisions	Provider	-	Met
C46	Use of generic resources	Provider	-	Met
C47	Transportation to/ from community	Provider	-	Met
C48	Neighborhood connections	Provider	-	Met
C49	Physical setting is consistent	Provider	-	Met
C51	Ongoing satisfaction with services/ supports	Provider	-	Met
C52	Leisure activities and free-time choices /control	Provider	-	Met
C53	Food/ dining choices	Provider	-	Met

Individual Home Supports

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	Met
C8	Family/guardian communication	Provider	-	Met
C9	Personal relationships	Provider	-	Met
C10	Social skill development	Provider	-	Met
C11	Get together w/family & friends	Provider	-	Met
C12	Intimacy	DDS	2/4	Not Met (50.0 %)
C13	Skills to maximize independence	Provider	-	Met
C14	Choices in routines & schedules	Provider	-	Met
C15	Personalize living space	Provider	-	Met
C16	Explore interests	Provider	-	Met
C17	Community activities	Provider	-	Met
C18	Purchase personal belongings	Provider	-	Met
C19	Knowledgeable decisions	Provider	-	Met
C21	Coordinate outreach	Provider	-	Met
C46	Use of generic resources	Provider	-	Met
C47	Transportation to/ from community	Provider	-	Met

Individual Home Supports

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C48	Neighborhood connections	Provider	-	Met
C49	Physical setting is consistent	Provider	-	Met
C51	Ongoing satisfaction with services/ supports	Provider	-	Met
C52	Leisure activities and free-time choices /control	Provider	-	Met
C53	Food/ dining choices	Provider	-	Met