

**Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Developmental Services**



**LICENSURE AND CERTIFICATION
PROCEDURES MANUAL
5TH EDITION**

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I. PREFACE

A. Introduction

This is the fifth edition of the DDS Licensure and Certification Procedures Manual. Since the inception of the Licensure and Certification process in 1994, the tool and process have periodically been revisited to refine and strengthen the system drawing upon the collective wisdom of individuals, families, providers, staff of the Office of Quality Enhancement (OQE) and DDS, as well as a review of national trends in the area of quality management and improvement.

B. How the Standards were Developed

In March, 2009 a workgroup of providers and DDS staff was formed to make recommendations regarding revisions to the Department's licensure and certification process. The primary purpose of the workgroup was intended to address the following:

- 1) The importance of insuring consistency, transparency, reliability, objectivity and efficiency of the process,
- 2) Lessons learned by surveyors as a result of 15 years of implementation,
- 3) The need to better integrate service definitions and requirements under the HCBS waiver program,
- 4) The reconfiguration of day and employment services,
- 5) An increasing emphasis on self-directed services,
- 6) The importance of periodically revising and improving the system

In making its recommendations, the workgroup gathered feedback in meetings with Self Advocacy Groups, DDS Quality Councils, DDS Regional Boards, the Statewide Advisory Council and other stakeholder groups conducted around the state to gather input regarding the strengths of the system as well as recommendations for change. Self advocates and family members provided critical input regarding what they consider important indicators of quality services and supports. The workgroup also reviewed the recommendations made by the Center for Developmental Disabilities Evaluation and Research (CDDER)/ University of Massachusetts Medical School to revise the sampling methodology in order to gather information that is more representative of the breadth and depth of a provider's supports. The tool was piloted with four providers and revisions were made based on the experience and feedback received.

The revised tool and process reflect the combined wisdom of our many stakeholders. The revisions make the tool and process more transparent, objective and quantifiable, at the same time that it maintains the focus on positive outcomes in the lives of individuals. As always, we are grateful to the many individuals and groups who have, in the spirit of cooperation, shared generously of their time and ideas. Finally, we thank the individuals who receive supports for allowing us to share in their lives, if only for a brief period of time. We continue to be energized at both the small and large triumphs that people achieve and trust that the continuing partnership of DDS, providers, families and self-advocates will help individuals move closer to realizing their dreams and goals.

The chart on the following pages summarizes the major changes between the current and new process and tool. The narrative in the manual describes the changes in greater detail.

C. Summary of Changes

Current Process (prior to 2009)	New Process (as of 2010)
Separate processes for full reviews, Individual Support Services, Safeguard Systems Reviews.	One integrated process for all services; indicators tailored to the specific services being reviewed.
Services licensed include 24 hour and less than 24 hour residential, placement, site based respite, employment and community based day services.	Same, with the addition of individual support services greater than 7 hours and out of home respite supports. 8/2016 – Several other services are now also licensed and certified including ABI residential and ABI placement services. I H S are now licensed when being delivered for 15 hrs or more.
One license issued for the agency which encompasses all services offered.	Separate license issued for each of two major service groupings: Residential/Home Supports and Day/Employment Supports.
License is issued for a maximum of two years based on the outcome of a full review	Same. A self-assessment process with a targeted licensing review is offered for providers with a full two year license on alternate survey cycles
Level of certification applies to the agency as a whole and is integrated with the licensure findings. May lead to a “certification with distinction” level.	Licensure and certification results reported separately and not integrated into one outcome. Certification findings are specific to individual service types and are reported by the number of indicators that have a “standard met” rating. 8/2016 - Certification findings are reported specific to individual service types, and then certification results are combined and integrated into one certification level for each Service Grouping (Residential/ I H S; Employment/ Day).
Agencies maintaining a full 2 year license may elect to deem CARF or The Council for the certification component of the DDS survey.	Same.
Sampling Process	
Individuals served by the agency are selected randomly and reviewed across all of the rated indicators.	Individuals served by the agency are selected randomly, but different individuals are followed for different clusters of indicators. Each individual audit is comprised of data from at least two individuals.
The number of individuals sampled is determined by a percentage range for the	25% of the sites for each kind of service that has a site selected randomly. A

agency as a whole and is proportional to the numbers served in each of the services the agency provides. Safeguard Systems Reviews are completed for 50% of the 24 hour homes not included in the original sample selection.	statistical model determines the number of individual reviews for both site-based and non-site-based services. No additional safeguard systems reviews are conducted. 8/2017 Placement services changed to a non-site-based sampling model.
Survey Process	
21 days prior to the start of the survey the provider is notified of the sample of individuals and locations to be surveyed.	Provider is notified of the sites to be visited on the first day of the review. Individuals whose services will be reviewed at a specific location are identified at the time of the visit to that site. Individuals whose services will be reviewed for a site-less service, will be identified on the day of the administrative review.
Survey visits occur over a period that typically takes 7-14 days.	The goal is to complete survey visits within 5 working days.
Survey Tool and Ratings	
The licensure tool is based on broad quality of life areas for individuals.	The licensure tool is based on specific areas such as personal safety, environmental safety, health, rights, competent workforce, and goal accomplishment/skill acquisition.
The certification tool is based on broad quality of life areas for individuals	The certification tool is based on support expectations for specific service types which when implemented effectively are expected to lead to positive outcomes. 8/2016- The tool has been strengthened in the areas of respect, individual control and choice, and community integration as a result of the Community Rule.
Indicator ratings are integrated together to arrive at a rating for an outcome. Outcomes are integrated together to arrive at a rating for a quality of life area. The overall number of quality of life areas achieved determines the level of licensure.	Each indicator is rated separately. The percentage of indicators where the standard is met in relation to the total number of indicators rated determines the level of licensure.
Licensure levels as a result of survey include: Two Year License, One Year Conditional License, and Recommendation for non-licensure.	Licensure levels as a result of survey include: Two Year License, Two Year License with Mid-cycle Review, Deferred License, and Recommendation for non-licensure.
One Level of licensure is granted for all of the agency's services.	Separate licenses are granted for residential/home supports and

	day/employment supports.
Certification levels as a result of survey are combined with licensure and include: Certification with Distinction, or Certification with a specific number of quality of life areas achieved.	Certification levels are not integrated with licensure levels and are reported by the number of indicators where the standard was met for each specific service type. 8/2016 - Separate certification levels are granted for residential/home supports and day/employment supports. Certification levels as a result of survey include: Certified; Certified with Progress Report. Certification levels are included on the License.
Report of Survey Findings	
The Provider Report includes an executive summary, indicator charts and a lengthy narrative for each quality of life area.	The provider report includes an executive summary, an accounting of the numbers of indicators that met the standard, areas needing improvement where the specific indicators did not meet the standard. There is also an addendum for situations that were noted to be beyond the provider's control as well as a summary of feedback received by family members and guardians.

D. Statement of Vision

The vision of the Office for Quality Enhancement is to promote the continuous improvement of the quality of individuals' lives through licensing and certifying providers, overseeing the implementation of important safeguards, and serving as a catalyst for positive change by providing technical assistance and consultation to people within and outside of the Department.

The Office of Quality Enhancement (OQE) is located within the Office of Quality Management of the Department of Developmental Services (DDS). As with all components of DDS, the OQE is committed to the Department's mission of creating innovative and genuine opportunities for individuals with intellectual disabilities to participate fully and meaningfully in, and contribute to, their communities as valued members.

The OQE fosters the realization of the Department's mission in several unique ways. As a licensure and certification unit, the OQE serves as a catalyst for change in supporting providers of services to continually improve their supports to individuals. Through other processes, including site feasibility, pre-occupancy approvals, and review of waivers, the OQE assures that essential safeguards for individuals are present in home and work settings. Lastly, through the creation and dissemination of information regarding quality supports, the OQE serves an important technical assistance and consultative role to individuals, families, providers and DDS staff.

The success of the OQE in achieving its stated purposes rests with its ability to carry out certain guiding principles. Because the licensure and certification process, by definition, is an anxiety provoking one, it is critical the OQE create a constructive, communicative and service enhancing tone in all its activities. The OQE must also respect and value the contributions of all the individuals, providers and DDS staff with whom it comes in contact, and honor the essential partnerships involved in supporting quality in individuals' lives. Finally, the OQE must recognize the importance of sharing the information it collects in a supportive and constructive manner, which facilitates both individual and systemic change. This is no small mandate for the OQE and requires examination of its own service practices on an ongoing basis as well as ongoing training and sharing of ideas.

E. Operating Principles

The Office of Quality Enhancement and the Licensure and Certification process is based on the following principles to support the Department's mission and the vision of OQE:

1. The processes are based on a quantitative and qualitative review of both essential safeguards for health and safety as well as a review of supports that lead to optimal outcomes for individuals.
2. The processes promote the value and worth of all individuals and the importance of choice and self-determination.
3. The processes are inclusive and collect information from a variety of sources including the individual and those close to him/her.
4. The processes use a set of standards developed and updated through collaboration with individuals, families, providers and DDS staff and are based on current and accepted national standards of service.
5. The survey standards are applied in a respectful, professional, objective, fair and neutral manner.
6. The processes model respect for individuals, providers and other colleagues.
7. The processes seek to provide information and are aimed at fostering the sharing of best practices between providers as well as offering information to assist individuals and families to choose between and among service providers.
8. The processes recognize the importance of a provider's own internal quality management and improvement systems in order to support quality services on an on going basis.
9. The processes gather, analyze and disseminate information through a data based management system to promote systemic change.

II. LICENSURE AND CERTIFICATION PROCEDURES AND PRACTICES

A. Regulatory Foundation for Licensure and Certification

The licensure and certification process applies to all providers subject to the requirements of Chapter 19B; section 15(a) of the Massachusetts General Laws. According to Chapter 19B, DDS has the authority to issue licenses “to any private, county or municipal facility or department or ward of any such facility which offers to the public residential or day care services and is represented as providing treatment of persons with an intellectual disability and which is deemed by it to be responsible and suitable to meet applicable licensure standards and requirements...” Consistent with current language in Chapter 19B of the Massachusetts General Laws, DDS will license private agencies, county or municipal facilities whose primary purpose is providing services to adults with intellectual disability and which do not receive DDS funding when they are not regulated by any other state or federal agency.

B. Definition of Licensure

The licensure process confers upon the provider, the legal authorization to provide services and supports to individuals. It is based upon the ability of the provider to meet several essential safeguards in areas relating to:

- personal safety
- environmental safety
- communication
- health
- rights
- a competent and skilled workforce
- goal development, skill acquisition and implementation of Individual Support Plans (ISPs)

These essential safeguards are non-negotiable and are considered threshold requirements in order for a provider to serve adults with intellectual disability in Massachusetts.

C. Definition of Certification

Certification is the process by which the quality of a provider’s supports is reviewed.

The certification process sets forth standards for specific services that promote quality and responsiveness and when implemented are predictive of positive outcomes in the lives of individuals. These indicators are equally as important as the licensure indicators, but are tied to the intended outcomes of the specific service model and represent a focus for continual quality improvement on the part of the provider.

The certification process, while distinct from the provider’s license to operate, provides additional, important information to DDS staff, providers, individuals and families regarding the quality of a provider’s supports. It measures the provider’s ability to assist individuals to achieve outcomes delineated in the Department’s mission statement and regulations as well as specific support expectations outlined for discrete services. The information generated from the certification process

enables providers to continually enhance their supports and enables individuals and families to be more informed purchasers of services.

The findings of an agency's certification review do not impact upon its level of licensure, but are outlined in the agency report generated through OQE or the deemed accreditation agency report. The report outlines the agency findings identified during the review for each separate service (e.g., 24 hour residential supports, placement services, employment supports) and since 2016, a certification level is determined for each of the two service groupings (residential and employment/day supports).

8/2016- Certification

The certification process sets forth standards for specific services that promote quality and responsiveness and when implemented are predictive of positive outcomes in the lives of individuals. These indicators are equally as important as the licensure indicators but are tied to the intended outcomes of the specific service model and represent a focus for continual quality improvement on the part of the provider. The specific support expectations in certification fall into several domains. These include but are not limited to planning and quality improvement, choice and personal growth, supporting and enhancing relationships, and career planning and development. A new domain, access and integration, has been added to certification.

Certification findings for each discrete service type will now be combined and "rolled up" and be reported by two primary service groupings, i.e. Residential/Individual Home Supports and Employment/Day. A full review of certification indicators will be conducted every two years either by DDS or through the self-assessment process.

The two levels of certification are:

- 80% or more certification indicators met are "certified"
- Less than 80% certification indicators met are "certified with a progress report"

D. Designation of a Provider

The designation of a provider is typically determined by its unique Federal Employer Identification Number (FEIN). While this continues to be appropriate for the vast majority of providers, situations arise where providers merge and/or form subsidiaries or affiliates but maintain their unique FEINs. In these situations, a determination is made regarding the provider's status by reviewing the organizational threads that bind the affiliates together. When an agency has more than one FEIN, the determination as to whether it should be surveyed as one or separate agencies should rest with a review of several key variables. These variables include:

1. Shared management, and
2. Common oversight and governance, and
3. Common personnel and program policies

If the agency has the preponderance of the above criteria in common, then it will be considered one agency for purposes of licensure and certification.

E. The Unit of Licensure and Certification

Providers often offer a range of different services (e.g., residential, individualized home supports, employment, and/or community-based day) in multiple locations. The licensure and certification processes, however, do not result in a license and/or certification for discrete program locations. Licenses are granted to the provider for the major categories of service offered. As an example, a provider that offers 24 hour residential supports, placement services, employment services and community based day services will be granted a separate license for each of the two major categories of service, that is, residential/home supports and day/employment supports.

As of 2016, certification results, will be reported out both by each unique service model as well as for each of the two major categories of service, that is, residential/home supports and day/employment supports.

F. Services Subject to Licensure and Certification

Services subject to licensure and certification by the Department of Developmental Services include the following:

Residential/Home Supports

- 24 hour Residential Supports
- Individualized Home Supports
- Placement Services (including 24 hour, less than 24 and respite services with a live-in care provider).
- Site Based Respite Services (planned and stabilization services)

Day/Employment Supports

- Employment Supports (including individual and group supported employment) Center Based Employment Supports (previously licensed; eliminated service in 2018)
- Community Based Day Supports

G. Services not Subject to Licensure and Certification

Services not subject to licensure and certification are:

- Transportation Services
- Family Support Services
- Clinical Teams

Supports to persons with intellectual disability are also not subject to the licensure and certification process if they are regulated by another state or federal agency. This includes:

- DDS operated residential facilities certified by the Department of Public Health pursuant to Title XIX of the Federal Medicaid regulations.
- Services to individuals with intellectual disability where there is at least one individual under the age of 18. Pursuant to an inter-agency service agreement, the Department of Early Education and Care (DEEC) retains licensing responsibility for these services.
- Day habilitation services licensed by Mass Health pursuant to Federal Medicaid regulations.

H. Services subject to requalification, but not subject to licensure (since 2014)

Although not subject to licensure, Qualifying Providers of Support Services (SSQUAL) services must be requalified every two years. Some examples of services subject to requalification include:

- Adult emergency stabilization
- Adult respite in a family home
- Adult companion
- Individualized Home Supports <15 hours/ week
- Peer support
- Family training

Once qualified, providers are placed on a qualified provider list and they can be chosen to provide the specific services for which they have been qualified. Qualified providers remain on the list as long as they continue to be qualified. Providers of SSQUAL services are re-qualified every two years when returning a form:

- (I) expressing interest in renewing status as a qualified SSQUAL Provider;
- (II) submit a current and valid DDS license or a current and valid license from another Massachusetts state agency; and
- (III) attesting that specific policies and procedures are in place for these SSQUAL services.

If there is not a current and valid state agency license, the provider undergoes an abbreviated renewal process that consists of a review of documentation to ensure that qualification criteria are met.

I. Deemed Status

The DDS regulations contain a provision that enables national accreditation processes to be deemed as equivalent to the Department's certification review process. The Department has, consistent with the regulations, deemed CARF and The Council on Quality and Leadership for the certification review process. Other accreditation organizations may submit applications for consideration as a deemed entity, subject to DDS approval.

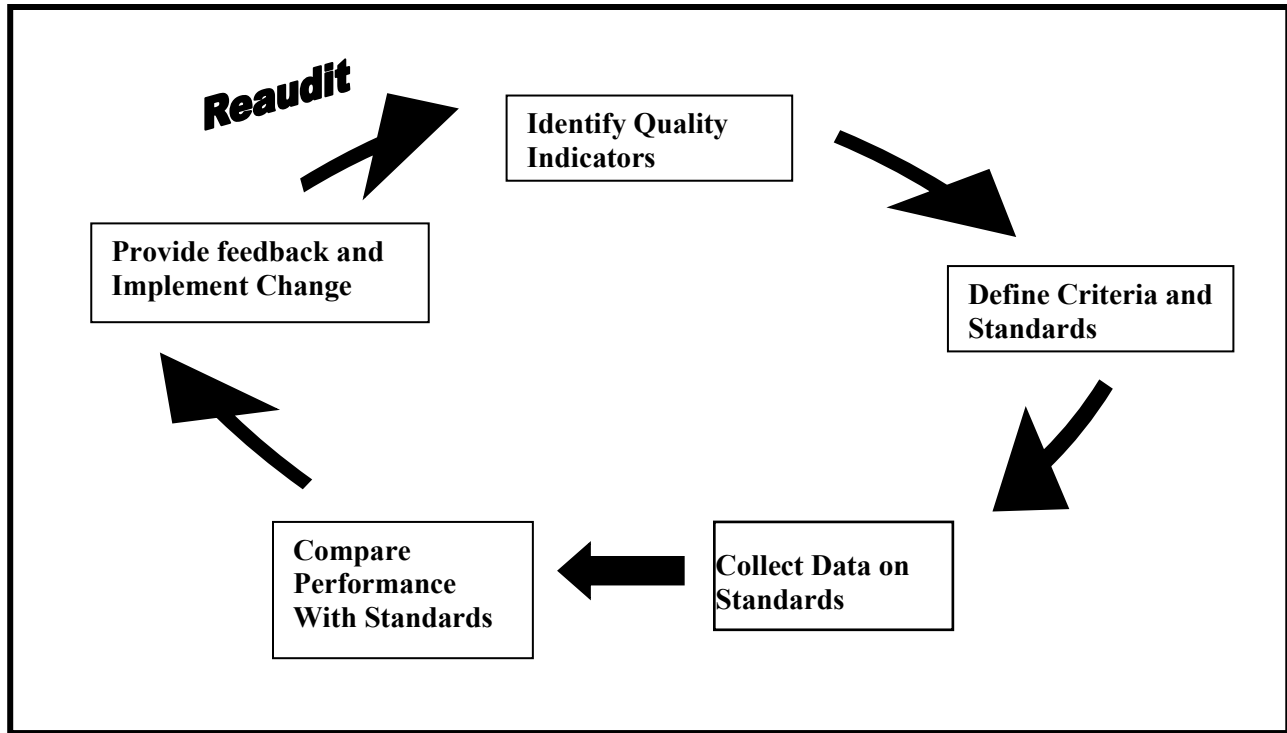
The responsibility for conducting the licensure review rests with the state and no other outside accreditation agency will be deemed in lieu of that process. Providers, however, may choose to use an approved deemed process for the certification review for all or part of their services. Providers are eligible to use a deemed process as long as they maintain a Full Two Year License.

III. THE SURVEY PROCESS

A. General Approach to the Survey Process

The revised licensure and certification process utilizes the principles of an "audit" methodology. The audit process seeks to identify areas of high quality as well as areas for service improvement. The audit process can be described as a cycle, in which standards are established, performance is measured against specific criteria, action is taken to improve services and monitoring is conducted to sustain improvement. Auditing closes the loop between feedback and change, and helps measure

progress toward quality over time. Re-auditing helps make sure that changes are implemented and that the changes benefit the individuals being served.



The goals of the audit process utilized in the revised licensure and certification system are to ensure that a minimum standard of quality is met within the supports provided by an agency, to ensure that safeguards are in place and to improve quality and outcomes for the individuals served by the agency through a feedback loop.

The audit process utilized in the revised licensure and certification system has the following strengths:

Transparency: The goals and the method of measuring goals are articulated in a clear format. All stakeholders have knowledge of the goals to be measured, how they will be measured and the standard against which they will be measured. (See Appendices for the complete set of tools and indicators)

Measurability: The process utilizes a system of criteria and standards to assess quality. Each criterion is a measurable outcome with a concrete threshold for achieving the standards.

Efficiency: The revised process tries to answer as many questions as possible with the information gathered, making the best use of the information gathering efforts. The revised process is careful to balance the amount of work involved in the review with the precision of information needed to draw valid conclusions.

Well-informed: The revised system uses a variety of different sources of information to inform the indicators. In doing so, it integrates varied sources of information to provide a more complete and balanced view of the agency under review.

B. Application Process

All agencies subject to licensure and/or certification must submit a survey application 60-90 days prior to the expiration of the agency's license or certification. A provider will be considered to be operating with a valid license as long as the survey application is on record with the Office of Quality Enhancement within the prescribed timeframe.

Agencies receive an application packet 120 to 150 days prior to the expiration date of their current license. The application packet includes:

1. Cover memo;
2. Application form;
3. Computer printout of the agency's services subject to licensure and certification along with a listing of individuals receiving services at each location.

Providers are required to verify and correct information generated and submit it to the Office of Quality Enhancement 60-90 days in advance of the expiration of the license. This is a critical component of the survey process as this information forms the basis for selecting the individuals and sites that will be included in the audit. Providers are also requested to indicate whether there are any individuals who are Deaf or Hard of Hearing in order to arrange for interpreters well in advance of the survey.

Providers are requested to identify a liaison from their agency to the Regional Office of Quality Enhancement in order to facilitate communication and the scheduling of the survey. Additionally, providers need to confirm whether they will be using a deemed accreditation review in lieu of the Departmental review for their certification review. Providers that have services that cross over regional lines will be assigned a "host" region for purposes of the survey process.

When a provider new to the Department, that is one that has not been previously licensed, begins a service, the provider will be informed that it must apply for licensure and certification. This is also the case when an existing provider begins a service for which it has not been previously licensed. The new provider will be subject to an initial review within 60 days of the commencement of services and a full review within 6 months. An existing provider that begins a service for which it has not been previously licensed will be subject to an initial review within 60 days of the commencement of new services and a full review at the next licensure cycle.

C. Scheduling and Notification

Once the Office Quality Enhancement in the Central Office of DDS receives the completed application, the application is forwarded to the Regional QE office and the process of scheduling the survey begins.

Notification to the agency of the survey dates is made 45 days in advance of the survey. Notification of the sites to be reviewed, as well as individuals in non-site based services, occurs on the first day of the survey. Involved DDS Regional and Area Directors in addition to the provider

receive notification of the survey schedule. Notification of the individuals to be reviewed occurs when the surveyor arrives at the selected sites. The provider needs to be prepared on the first day of the survey to have any of their sites and individual information reviewed. The provider should also make sure that appropriate staff is available at program locations to provide surveyors with information necessary to complete the review.

D. Selection of Sample to be Audited

The licensure and certification process relies on conducting a prescribed number of “audits” which will be accomplished by interviewing different individuals for different indicators, as well as documentation, site reviews and observation. The number of units to be audited is based upon finding the right balance of information needed to arrive at valid conclusions. In order to assure validity, a number of safeguards have been put in place. First, the selection of sites, consumers and records to review will be randomized where possible to ensure broad coverage of information gathered. Additionally, efforts will be made to select survey sites, consumers and records that were not examined during the last review. This allows the samples to have more complete coverage over time, minimizing the chance to draw the wrong conclusion due to a non-representative sample. In addition, the use of multiple sources of information on the corporate, site and individual levels helps provide a more complete view of the agency’s services and supports.

The number of sites to be visited and individual audits conducted will be identified based upon a standard formula that takes into account the number of people served by the agency within each service type, differences between service types, the number of sites, and the number of DDS administrative regions in which the agency has a significant number of sites. Next, sites will be randomly selected to visit. This selection takes into account the business rules to ensure representation of service types, selection of different sites than in past reviews, regional representation, and the ability to measure certain distinct indicators. A set number of audits of individual level indicators will be conducted at each site. The information necessary to arrive at the total number of individual audits, however, may involve different individuals at each site. Diversifying the individuals from whom the information is derived ensures that results are not skewed by a focus on a specific individual or individuals.

For a more detailed description of the methodology for selection of the number of sites to be visited and audits of individuals to be conducted, please refer to Appendix C.

E. Survey Team

The Regional Quality Enhancement Director is responsible for determining the composition of the survey team.

In selecting team members for a particular survey, the Regional Quality Enhancement Director assures that proposed team members have no interest in the provider or individuals being surveyed that might compromise the integrity of the process. QE staff adheres to the conflict of interest policy developed by the Department and included in Appendix V of this manual. Providers are informed of the team composition well in advance of the survey and are given the opportunity to request a change in membership prior to the onset of the survey. The basis for any request, however, must be consistent with the criteria outlined in the conflict of interest statement.

In addition to QE staff, the Regional QE Director may utilize citizen volunteers. The involvement of citizen volunteers in all surveys has been a stated goal of the Office of Quality Enhancement since its inception. Whether self-advocates, family members or other interested individuals, citizen volunteers offer a unique perspective into the quality of services for the individuals DDS supports. Since volunteers may not have time to participate in all aspects of the survey process, QE staff will tailor their involvement in order to assure that their perspective enriches the evaluation process. While they will not review written information about the individuals, they may participate in any and all other aspects of the process in conjunction with survey team members.

F. Survey Team Size

The size of the team will vary depending upon the size of the provider. In some circumstances, where a provider supports a very small number of individuals, the survey may be completed by one team member.

Increasingly, providers are offering services across several different regions. In these situations, one QE region will be assigned to be the “host” region, and team members may be drawn from the other regions where the provider serves individuals.

IV. CONDUCT OF THE SURVEY

A. Setting the Tone

It is very important that the survey team set a tone for the entire review that fosters a collaborative, constructive, service enhancing approach.

The team leader will work with the provider liaison to establish the general framework and schedule of the survey. If requested by the provider, the team will hold an orientation session for agency staff to inform staff that may be unfamiliar with the process about what to anticipate during the course of the review and to set the tone for the survey.

The survey process, from the initial contact with the provider to the conclusion of the survey, should be characterized by an open and honest flow of communication between all involved. The team leader and team members are expected to communicate with provider representatives at all stages of the survey. While the service enhancement meeting is scheduled for the end of the survey review, the flow of communication during the various visits and observations should lead to “no surprises” at the conclusion of the process.

On the first day of the survey, the agency will be informed of which homes and program locations will be visited, as well as which individuals will be reviewed for non-site based services. Individual team members will schedule their site visits on the first day of the survey. They will identify the individual information to be reviewed at the beginning of each site visit. Providers should be prepared on the first day of the survey for visits to any of their program sites.

B. The Survey Sequence

The survey process consists of four components:

- Pre-survey activities
- Administrative review
- On-site reviews
- Post survey activities

Pre-survey Activities

After reviewing the information submitted in the provider application, the sites and individuals to be audited will be determined. The surveyors will also be assigned.

Pre-survey activities also include a “desk review” where surveyors use a variety of available information sources to inform a number of the indicators. Please refer to Appendix G for more specific information on off-site activities. Sources include documents which may have been submitted by the provider in advance of the survey as well as electronic information available through the Home and Community Services Information System (HCSIS).

Administrative Review

Members of the team conduct the administrative review at the corporate office of the agency. The review involves interviewing key agency staff and reviewing documentation. Key agency staff should be prepared to discuss service improvement initiatives and promising practices as well as information that addresses organizational level indicators in the tool. (See appendix H for more specific information regarding the content of the administrative review.) Specific indicators reviewed include but are not limited to training, staff recruitment, supervision, human rights committee information and quality improvement efforts. Information compiled in the corporate offices for the purposes of the review should be continuously available to surveyors for the duration of the survey.

On Site Reviews

Surveyors will be using an “audit” approach that captures information from a cross section of individuals, records and interviews in order to gather information that is representative of the full range of the provider’s supports. Staff present at the review should be those who are most knowledgeable about all of the individuals served at the site.

Staff will be informed at the time of the review which individuals’ information is to be reviewed for the audit. The review will consist of the following components:

- Physical site review is required for 24 hour and less than 24 hour staffed homes (when owned or leased by the provider), placement services, site based respite, and provider operated day program sites.
- Documentation review is an important supportive element of the survey process, but must be evaluated in the full context of the review, including facts garnered through observation and discussion. Pertinent information includes review of individual information such as medication records and behavior plans as well as site based information such as safety plans and staff logs.

- Observation provides the team member with information about what is occurring in the lives of individuals and about the outcomes of services and supports. The team member must be able to observe activities objectively and unobtrusively.

Team members do not routinely visit individuals at competitive employment sites. Individuals living in homes they own or lease have the right to refuse a visit to their home if they so choose. While this request will be honored, the reviews will still take place. When conducting a licensing review only, observation may be more limited.

- Discussion with individuals and staff provide valuable information, which is incorporated into the survey results.
 - Discussion with individuals will take place as part of the observation process. Efforts will be made to assure this is a comfortable, non-threatening experience for the individuals. Individuals have the right to refuse to speak with surveyors and this will be respected.
 - Direct support professionals will be interviewed on site. The staff person should be someone regularly assigned to the home or workplace. For some indicators, it will be necessary to interview supervisory staff.

Post-Survey Activities

A random sample of guardians will be contacted to participate in an interview that will be used to measure specific indicators requiring input from guardians and/or family members.

Following the survey, the ratings will be finalized and the licensure level determined. The survey team will draft the Provider Report. The Provider Report is distributed to the provider two days in advance of the Service Enhancement Meeting. The Service Enhancement Meeting is held with provider staff to review the survey findings.

C. Situations that Require Action

During the course of a survey, a team member may encounter a situation that either creates an immediate threat to the health or safety of an individual, or a situation if not corrected in a timely manner would place the individual in harm's way. In these situations, two courses of action exist – the issuance of an “Immediate Jeopardy” notice or the issuance of an “Action Required” notice. In both instances, the issuance of this type of action represents a departure from the ongoing flow of the survey. Because this course of action is intended only for those circumstances that place people at risk, it is used judiciously. Providers need to act promptly to correct these situations.

Immediate Jeopardy

A situation where the life, health, safety and/or dignity of an individual is severely jeopardized if not immediately corrected is deemed to be an “Immediate Jeopardy.” The determination of whether a situation puts someone into immediate jeopardy is based upon the type of situation and the needs and capabilities of the individuals. The team member determines the likelihood that the condition would result in serious injury and also looks at what safeguards are in place to mitigate the likelihood of immediate harm before arriving at a decision that a situation involving immediate jeopardy exists.

If the determination is made, the team member immediately notifies the provider, the Regional QE Director, the team leader of the survey, and forwards a copy of the Immediate Jeopardy form to the Regional Director and the Area Director. The situation must be corrected within 24-48 hours unless otherwise indicated and the provider must take any and all actions necessary to correct the situation. The team member validates that the situation has been corrected within the designated time frame. If the situation is not corrected, the Area and Regional Director must take appropriate action to assure the safety of the individual(s) deemed to be at risk as a result of the provider's inaction.

Action Required

During the course of the survey, a team member may encounter a situation that, while not placing an individual in immediate jeopardy, has the potential for harm if not corrected. In such circumstances, the team member completes an "Action Required" notice and the issue will be subject to follow-up, typically within a 30 day time frame.

Mandated Reporter

As is true with all DDS employees, survey team members are mandated reporters and, as such, are required to follow appropriate procedure in all cases where a reportable condition exists pursuant to Chapter 9 of the DDS regulations or 19C of the Disabled Persons Protection Commission.

D. The Service Enhancement/Post Survey Feedback Meeting

Upon the completion of the survey, a feedback meeting is held for the purpose of presenting the survey team's findings. In addition to outlining the level of licensure and certification results for both residential supports and day supports, the meeting allows sufficient time to discuss any areas where additional agency effort might be needed to meet basic licensing requirements or service expectations as defined by the indicators, as well as highlighting promising practices that demonstrate exceptional service performance on the part of the organization. The goal of this meeting is to support the maintenance of service quality and promote continuous quality improvement.

In order to facilitate this process, the provider and Area Office receive a draft of the written report 2 days in advance of the meeting. This enables the provider to be better prepared for a constructive discussion of the findings.

At this point, the provider report is a draft document, subject to change as a result of supplementary information, which may be submitted during or up to five days after the Service Enhancement Meeting.

The feedback meeting is convened by the survey team leader who facilitates discussion based on the draft of the provider report. While the involvement of agency representatives, DDS Area Office staff and QE survey team members is essential, the feedback process may be enhanced by the participation of individuals served and other agency stakeholders who may also be invited to attend.

At the feedback meeting, survey team members are prepared to provide specific information to clarify the basis of indicator ratings, if needed, and the survey team leader will outline any "next steps" in the survey process such as "Follow-Up" and "Mid-Cycle Review".

Before the close of the meeting, the team leader will solicit informal feedback from the attendees regarding the conduct of the survey to inform the ongoing improvement of the survey process and practice.

E. The Provider Report Format and Distribution

The written report consists of the following sections:

- 1) **Summary of Findings:** shows a summary of the licensure and certification results
- 2) **Executive Summary:** a concise description of the agency's services and supports as well as key findings of the review process. This includes both positive findings as well as areas needing improvement. Promising practices identified are also highlighted in the executive summary.
- 3) **Ratings:** The specific ratings for each indicator for each service subject to licensure and certification. Commendations and areas needing improvement for indicators are also included in this section.
- 4) **Survey Detail Report:** Includes the specific information regarding the specific locations and/or individuals reviewed where the standard was not met. (This is an internal document for provider and operations use only).
- 5) **Addendum:** This section of the report contains any information which impacts upon either individual or provider service quality which is outside of the provider's control or area of responsibility. It will also contain general comments from guardians/families that did not fit into any of the rated indicators. (This is an internal document for provider and operations use only).

When finalized, the Provider and appropriate DDS Operations staff receive a copy of the report. Individuals, guardians and family members may also request a copy of the report. In the interest of transparency and advancing consumer choice and self-direction, all provider reports are posted on the DDS web-site.

F. The Survey at a Glance

Pre-Survey (Off-site activities)

Prior to the beginning of the survey, the survey team will do the following:

- Conduct an orientation for the agency explaining the survey process, purpose and outcomes.
- Review information available through DDS databases including but not limited to the Home and Community Based Information System (HCSIS) (e.g., incidents, investigations, health care records as well as Individual ISPs).
- Review any information that the provider or Area Office has submitted to the survey team

Day One- Administrative Review (Corporate Offices)

- The provider should assemble all information/documentation necessary to conduct the review in one room so that the team members can have access to the relevant documentation throughout the course of the survey.
- Overview and presentation by key agency staff should occur highlighting key areas of operation and service improvement.
- The agency is informed of which homes and program sites will be visited as part of the survey process.

- Members of the team conduct the administrative review of the agency’s operations utilizing the material compiled by the agency at the administrative headquarters.
- The on-site reviews are scheduled and occur following the administrative review. The specific number of “audits” to be conducted on site is determined by the sample selection formula described in more detail in Appendix C.

Days Two-Five – Location and individual reviews (This time may vary depending upon the size of the agency)

- The on-site review entails discussion with individuals and staff, observation, physical site review and review of documentation.

Post-Survey Activities

- Family/Guardian interviews.
- Survey Team Members convene to review findings and finalize ratings.
- Draft Report is written and distributed to agency 2 days in advance of Service Enhancement Meeting.
- Service Enhancement Meeting is held with agency staff.
- Final Report is disseminated.

V. LICENSURE AND CERTIFICATION DECISIONS

A. Scoring System and Ratings

Each indicator will be rated Standard Met or Standard Not Met for each audit performed. The audits are then totaled by each service type.

Specific criteria for “standard met” and “standard not met” is identified for each indicator in the licensure and certification tools. (See Chapter VIII for more detailed information regarding the tools, indicators and criteria)

The scoring system used to determine the level of licensure and results of the certification review is based upon two possible ratings:

- 1) **Standard Met:** For each indicator, the standard will be rated “met” if 80% or more of the units reviewed (individuals, records, site review, etc) are in compliance.
- 2) **Standard Not Met:** For each indicator, the standard will be rated “not met” if less than 80% of the units reviewed (individuals, records, site review) are in compliance.

B. Levels of Licensure

Once all the indicators have been reviewed and rated, the provider will receive one of the following levels of licensure. A separate level of licensure is granted for residential/home supports and day/employment supports:

- a. **Two Year License** - “standard met” for at least 80% of the licensure indicators in its residential/home supports and day/employment supports (rated separately) and a rating of “standard met” for all 8 critical indicators (refer to flagged indicators in the licensure tool for designation of 8 critical indicators).

- b. **Two Year License with Mid Cycle Review** – “standard met” for 60-79% of the licensure indicators in either or both of its residential/home supports and day/employment services (rated separately) and a “standard met” for all 8 critical indicators .
- c. **Deferred License-** applies when one or more of the 8 critical indicators receive a “standard not met.” In this situation the provider is given the opportunity to make corrections within 60 days. If corrected, the provider receives a Two Year License with a Mid Cycle Review. If not corrected, a recommendation for non-licensure is made.
- d. **Recommendation for Non-Licensure** – “standard met” for 59% or less of the licensure indicators in its residential and day/employment services (rated separately) Operations either accepts this recommendation or develops and implements a 60 day work plan. The results of this plan are subject to follow up by licensure and certification staff within 60 days to determine their effectiveness. If the agency or service remains below 60%, the process of non-licensure begins.
Non-licensure is also recommended if an agency achieves a rating of less than 80% of indicators with “standard met” for 2 full licensure reviews in a row or a full licensure review followed by a mid-cycle review.

C. Results of Certification and Levels of Certification

8/2016- The overall rating for each indicator for each discrete service is included in the provider report, and the level of certification is determined for the service grouping as a whole (residential / individual home supports; employment /day supports). The certification reviews and consistent with the scope of licensure reviews, alternating between full reviews and DDS targeted reviews. Standards not met for each indicator in each service will be reviewed at the next cycle.

Levels of Certification are:

- a. **Certified-** “standard met” for at least 80% of the certification indicators in one or both of the service groupings (residential/home supports and day/employment supports)
- b. **Certified with a Mid-cycle Progress Report** – “standard met” for 60-79% of the certification indicators in either or both of its service groupings (residential/home supports and day/employment services (rated separately)

Providers may choose to use an approved deemed process for the certification review for all or part of their services. As with providers who are reviewed by DDS for certification, the issuance of the Certification level will be by Service Grouping, however the certification level will be determined based on DDS scores only.

D. Mid-Cycle Licensure Review

Agencies receiving a standard met in 60-79% of the licensure indicators for residential and/or day/employment services will be subject to a mid-cycle review one year after completion of the full licensure review. All licensure indicators that received an overall rating of “standard not met”

during the full licensure review will be subject to review during the mid-cycle survey. This is true even of indicators that were corrected upon initial follow-up.

The sample size and process for the mid-cycle review will mirror the sample selection process utilized in the full survey. The sample will be random but may include, when possible, at least one site from the previous full survey in addition to new sites. The agency will be informed of the sites to be reviewed one day prior to the beginning of the mid-cycle review.

If, the mid-cycle review results in the agency receiving a “standard met” for 80% or more for all indicators, including all critical indicators, the no new business sanction will be lifted. Indicators that continue to receive a “standard not met” will be forwarded to the appropriate Area Office for resolution.

If, on the other hand, an agency remains below 80% in the number of indicators with a rating of “standard met” for any of the major service categories (i.e., residential/home supports or day/employment supports) that service will be recommended for non-licensure. Operations staff can either accept this recommendation or develop and implement a 60 day work plan with the agency.

For more detail on the licensure levels and follow-up activities, please refer to the attached Licensure and Certification Levels chart.

E. Certified with a Progress Report

Agencies receiving a “standard met” in 60-79% of the certification indicators for residential and/or day/employment service groupings will be subject to a mid-cycle progress report one year after completion of the full licensure review. The Provider will review their progress on certification indicators, note efforts to improve, and evaluate the status of all certification indicators that received an overall rating of “standard not met” during the full licensure and certification review.

Licensure and Certification levels Licensure levels and certification results are issued separately Licensure Designations: Service Type: Residential and Home Supports include: 24 hour residential, placement, respite and individualized home supports Service Type: Day and Employment Supports include: Integrated employment, supported employment, center based work, and community based day supports.				
Cycle one	2 Year License	2 Year License with Mid-cycle Review	Defer Licensure	Recommendation to De-license
Criteria for Licensure Levels	Service Type meets at least 80% of all indicators including all 8 critical indicators	Service Type meets 60% - 79% of all indicators including all 8 critical indicators	Service Type meets 60% or more of all indicators, but does not meet one or more of the 8 critical indicators. Defer Licensure decision pending results of follow-up.	Service Type meets 59% or less of the indicators. Recommendation to de-license → Operations either accepts this recommendation or develops and implements a 60 day work plan with the Provider
Criteria for certification levels	Service Type meets at least 80% of all certification indicators CERTIFIED	Service Type meets 60% - 79% of all certification indicators CERTIFIED WITH PROGRESS REPORT		
Decision on sanction		Sanction on accepting new business if provider cannot meet 80% or more of the indicators (and the reconsideration period has passed)	Sanction on accepting new business if provider cannot meet 80% or more of the indicators or one or more of the 8 critical indicators are not corrected (and the reconsideration period has passed)	Sanction on accepting new business if provider cannot meet 80% or more of the indicators or one or more of the 8 critical indicators are not corrected (and the reconsideration period has passed)
30-60 days post survey There is no 60 follow-up on certification	Follow up on all licensure indicators where standard was not met	Follow up on all licensure indicators where standard was not met. Provider may request follow up before 60 days.	Follow up on all indicators where standard was not met. Provider may request follow up before 60 days.	Follow up on 60 day work plan developed by the Provider with Operations and all indicators where standard was not met
Follow up results and sanction actions		1) Provider improves to 80% or more of the standards met. Provider retains Two Year with Mid-cycle review level of licensure. Sanction lifted.	1) Provider improves to 80% or more of the standards met and all critical indicators met. Provider is issued Two Year with Mid-cycle review level of licensure. Sanction lifted.	1) Provider improves to 80% or more of the standards met and all critical indicators corrected. Provider receives Two Year with Mid-cycle review level of licensure. Sanction lifted.

			2) Provider remains at 60% to 79% of the standards met and all critical	2) Provider improves to 60% to 79% of the standards met and all critical
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Licensure and Certification levels cont Licensure levels and certification results are issued separately Licensure Designations: Service Type: Residential and Home Supports include: 24 hour residential, placement, respite and individualized home supports Service Type: Day and Employment Supports include: Integrated employment, supported employment, center based work, and community based day supports.				
Cycle one	2 Year License	2 Year License with Mid-cycle Review	Defer Licensure	Recommendation to De-license
		2) Provider remains at 60% to 79% of the standards met. Provider retains Two Year with Mid-cycle review level of licensure. Sanction remains.	indicator(s) corrected. Provider is issued a Two Year with Mid-cycle review level of licensure. Sanction remains. 3) Provider does not correct one or more of the critical indicators. Recommendation to De-license → Operations either accepts this recommendation or develops and implements a 60 day work plan with the Provider	indicators corrected. Provider receives Two Year with Mid-cycle review level of licensure. Sanction remains. 3) Provider does not correct indicators not met and remains at less than 59% met or if any critical indicators remain uncorrected. Recommendation to De-license
Post 60 days	Refer indicators not corrected to Operations for follow-up	Refer indicators not corrected to Operations for follow-up	1) and 2) Refer indicators not corrected to Operations for follow up. 3) Subsequent to the 60 day work plan with Operations, the status of corrective actions on critical indicators is assessed. If all critical indicators are corrected, then QE recommends switch to Two Year with mid-cycle review. If critical indicators are not corrected, QE recommends to Operations pursuit	1) and 2)Refer indicators not corrected to Operations for follow-up. 3) Operations proceeds with de-licensure.

			of de-licensure.	
<p align="center">Licensure and Certification levels</p> <p>Licensure levels and certification results are issued separately</p> <p>Licensure Designations:</p> <p>Service Type: Residential and Home Supports include:</p> <p>24 hour residential, placement, respite and individualized home supports</p> <p>Service Type: Day and Employment Supports include:</p> <p>Integrated employment, supported employment, center based work, and community based day supports.</p>				
Cycle one	2 Year License	2 Year License with Mid-cycle Review	Defer Licensure	Recommendation to De-licensure
One Year mark		<p>Mid-cycle Review on all indicators where standard was not met at Cycle One.</p> <p>Provider completes a Progress Report when Certified with Progress report</p>	Mid-cycle Review on all indicators where standards were not met at Cycle One.	1) and 2) Mid-cycle Review on all indicators where standards were not met at Cycle One.
Options as a result of Mid-cycle review		<p>1) Provider meets 80% or more of the indicators met. Sanction is lifted. Provider retains Two Year with Mid-cycle review level of licensure.</p> <p>2) Provider does not improve to 80% or more of the standards met. Sanction remains with Recommendation to de-licensure → Operations either accepts this recommendation or develops and implements a 60 day work plan with the Provider</p>	<p>1) Provider meets 80% or more of the indicators met. Provider retains Two Year with Mid-cycle review level of licensure. No sanction in place.</p> <p>2) Provider meets 60-79% of indicators. Provider retains Two Year with Mid-cycle review level of licensure. Sanction in place.</p> <p>3) Provider does not meet one or more of the 8 critical indicators. Sanction in place. Recommendation to de-licensure.</p>	<p>1) Provider meets 80% or more of the indicators met. Provider retains Two Year with Mid-cycle review level of licensure. No sanction in place.</p> <p>2) Provider meets 60% to 79% of indicators. Provider retains Two Year with Mid-cycle review level of licensure. Sanction remains.</p>
Cycle Two	Targeted Review: Review of all licensure and certification indicators not met at Cycle One and all 8 critical indicators. Provider conducts Self-	1) FULL review	1) and 2) FULL review	FULL review

	assessment and reviews all licensure and certification indicators as part of their self-assessment.			
Cycle Three	Full Review	Full Review or Targeted Review depending on outcome of Cycle Two	Full Review or Targeted Review if >80% at second cycle	Full Review or Targeted Review if >80% at second cycle

8/2016 - Certification summary

License and certify by two primary service groupings, i.e. Residential/IHS and Employment/Day.
<p>Assign the following two levels of certification:</p> <ul style="list-style-type: none"> Providers that have 80% or more certification indicators met would be “certified” Providers with less than 80% certification indicators met would be “certified with a progress report” <p>No provider will be de-certified or have its license negatively impacted by a “certification with progress report”.</p>
A full review of certification indicators would be conducted every two years either by DDS or through the self-assessment process.
Regardless of the level of certification, the certification review is tied to the licensure cycle.
Certification indicators will not be subject to a 60 day follow-up.
Providers whose certification is below 80% need to complete a Progress Report outlining progress to address all certification indicators which were not met. Given that the certification indicators require improvement over time, rather than a “quick fix”, a Progress Report at the one year mark rather than at the 60 day mark is more appropriate.
<p>Providers that receive a Two Year license are eligible to conduct a self-assessment on both the licensure and certification components of the tool. The process is similar to that used for licensure. Thus, a provider choosing to self-assess would complete the self-assessment on all licensure and certification indicators while DDS would review any licensure and certification indicators that were not met and all critical licensure indicators.</p> <p>NOTE: For the first cycle after implementation (2016), a provider choosing to self-assess would complete the self-assessment on all licensure and certification indicators while DDS would review any licensure and certification indicators that were not met, all critical licensure indicators, and all new and revised licensure and certification indicators.</p>

Providers with a Two Year License Providers can use a deemed process for the certification review. New providers and providers who receive a Two Year with Mid-cycle Review License cannot deem.

The new and revised indicators addressing the requirements of the Community Rule are important to continued Massachusetts participation in the HCBS waiver program and warrants DDS' conduct of the certification review, until such point as the deemed processes (CARF; Council) can integrate these new indicators into their reviews.

E. No New Business Sanction

Providers that receive a 2 year license with a mid-cycle review in either their residential or day services, or receive a deferred license due to one or more critical indicators receiving a standard not met, or that receive a recommendation for de-licensure may not begin any new business. Providers may fill vacancies in existing programs or sites, or move an existing home/day site to a new location, but may not:

Be awarded a new contract which increases their contracted capacity in their existing service constellation.

The no new business sanction applies to:

- 1) Only the major category of particular service (i.e., residential/home supports or day/employment supports) that received a license with a mid-cycle review,
- 2) Only to DDS licensed services,
- 3) Only to DDS funded services

The no new business sanction takes effect after any administrative reconsideration options have been exhausted. Providers will be subject to follow up within 60 days of the Service Enhancement Meeting. Should follow up determine that substantial corrections have occurred, the no new business sanction will be lifted. Providers that have not substantially corrected identified issues upon follow up will be afforded one additional opportunity to request a follow up visit. At that point in time, providers will either have the sanction lifted, or it will remain in place until the mid-cycle review.

F. DDS targeted reviews with Provider self-assessments

Consistent with the audit approach, on alternate survey cycles, surveyors will be reviewing indicators where the standard was not met, as well as the 8 critical indicators. This review process will focus attention on areas where providers need to improve performance. In addition, providers obtaining a full two year license will conduct a self assessment that focuses on continued service quality. The details of the self assessment process are outlined in Appendix W to this manual.

G. Administrative Reconsideration and Appeals Process

As discussed previously, it is the intent of OQE that the survey be conducted in an open and communicative manner. Surveyors should be discussing issues, concerns and areas needing improvement with representatives of the provider during the course of the survey. There are also opportunities up until the time the final report is issued to raise issues with respect to the findings and to submit supplementary information. However, there still may be times when a provider disagrees with certain findings in the final report. Two processes, administrative reconsideration and formal appeal, are in place when providers disagree with the survey findings.

Administrative Reconsideration

If the provider so chooses, it may file a request, in writing, for an administrative reconsideration of either or both of the licensure and certification findings, or any portion thereof.

The request must be very specific with respect to what indicators are being challenged and why. The Regional QE Director will notify the appropriate Regional and Area Director, the Director of

Licensure and Certification and the Assistant Commissioner for OQM when a request for administrative reconsideration has been made.

The Regional QE Director has primary responsibility for conducting the review unless that Director was either a team leader or team member on the survey in question. In that case, the review will be conducted by the Director of Licensure and Certification.

A provider can request an administrative reconsideration on the basis of the following criteria:

- a) The provider disagrees with either the facts or the conclusions in the final provider report.
- b) The provider disagrees with the timelines for correction of areas needing improvement and follow-up.

A provider cannot request administrative reconsideration for any of the following reasons:

- a) The provider disagrees with the nature, content and/or values of the licensure tool.
- b) The provider challenges the composition of the team.
- c) The provider disagrees with the methodology developed for scoring the survey.
- d) The provider challenges the sampling methodology.

In conducting the administrative reconsideration, the Regional QE Director can speak with team members and/or provider representatives as well as review any and all relevant back up and documentation of the surveyor or provider. The Regional QE Director must render a decision, in writing, within 30 working days of receipt of the request. The decision letter shall clearly state the conclusions reached and the rationale for those conclusions.

If the provider chooses, it may request a second level of administrative reconsideration, in writing, to the Director of Licensure and Certification within 10 working days of receipt of the decision letter by the Regional QE Director. If the Director of Licensure and Certification conducted the first level of administrative reconsideration, the Assistant Commissioner of Quality Management would complete the second level. The Director of Licensure and Certification has 30 working days to conduct the second level of review and must notify the provider of his/her decision in writing.

The purview of the second level of reconsideration is distinct from the first. The second level is not a review of the substantive facts that were reviewed during the first level of reconsideration. Rather, the second level of reconsideration is conducted in order to assure that all appropriate procedures were followed and relevant material included in the first level of the reconsideration process. The provider may not submit information at this point in time that was not part of the first reconsideration request. In the case of the second level of administrative reconsideration, the decision of the Director of Licensure and Certification is final.

Appeal Process for Non-Licensure Recommendations

a. Within DDS

A recommendation not to license a provider has serious consequences and therefore is subject to significant review prior to a final determination.

In all instances, where a team recommends non-licensure, the Regional QE Director will review the team's decision. The Regional QE Director shall review the pending recommendation with the Regional Director(s) of the regions in which the provider operates. The Regional QE Director shall inform the Director of Licensure and Certification and the Assistant Commissioner for Quality Management. The Regional Director shall also inform the Assistant Commissioner for Operations relative to their concurrence or non-concurrence with the non-licensure recommendation.

The Assistant Commissioner for Quality Management, the Assistant Commissioner for Operations, the Deputy Commissioner and the General Counsel jointly will review all recommendations for non-licensure before the Assistant Commissioner for Quality Management presents a final recommendation to the Commissioner. The Commissioner will notify the provider in writing of the decision of non-licensure. The decision for non-licensure pertains only to those services that DDS has reviewed as part of the licensure process.

The provider can request a Commissioner's review of the non-licensure decision, in writing, within 10 working days. The Commissioner retains final authority over all non-licensure decisions.

b. Outside of DDS

The provider can request a formal administrative hearing to appeal the Commissioner's non-licensure decision in accordance with provisions in M.G.L. Chapter 30A. If the formal hearing upholds the non-licensure decision, the provider is not licensed and the agency's contracts will be terminated. The timelines for terminating contracts and moving supports to another agency will be negotiated with the provider and the Area and/or Regional Office and are contingent upon many operational and safety concerns.

VI. FOLLOW- UP PROCESSES (revised 2011)

Follow up on issues identified during the survey process serves the important purpose of assuring that situations that put individuals' health and safety at risk are corrected in a timely manner. Please refer to Appendix O for further information.

Follow up will occur in the circumstances outlined below:

A. Immediate Jeopardy and Action Required Notices: As described in Chapter IV, Section C, an Immediate Jeopardy or Action Required notice is issued when a team member encounters a situation that creates an immediate threat to the health and safety of an individual, or could place an individual in harm's way if not corrected in a timely manner. In these circumstances, follow-up occurs within 24-48 hours for an "immediate jeopardy" and within a 30 day time frame for an "action required."

B. Survey Follow up:

Providers that meet the standard for 90% or more of the applicable licensure indicators will be expected to correct identified issues and submit information on the status of such correction to QE 60 days after the service enhancement meeting. (Provider Follow-up)

Follow-up is conducted within 60 days for any Provider that meets the standard for 89% or fewer of the applicable licensure indicators and/or is in deferred status. Any indicator that is still "not met" after follow-up by the survey team, will be referred to the appropriate DDS Area Office for resolution.

Sample size and process for follow-up is reduced for providers that have received a Two Year License with 80 to 89% of the licensure indicators met. Sample size consistent with the full survey will occur with providers in deferred status or those with a Two Year License with Mid-cycle review. The sample will be random but will include, when possible, at least one site from the original survey, as well as new sites. The agency will be informed of the sites to be reviewed one day prior to the beginning of follow-up.

C. Deferred status Follow up: There are 8 indicators within the licensure tool that have been determined to be so critical that the granting of a license to a provider is deferred until such time as they are corrected. The provider is given 60 days to correct the issue, at which time follow up will be conducted. At any time prior to the end of the 60 day period, a provider may request the survey team to return to do follow up. Pending correction at follow-up, the Provider will be granted a Two Year with Mid-cycle License.

D. Follow-up on Recommendation for Non-Licensure:

When Operations develops a work plan in response to a recommendation to de-license, survey staff will conduct follow-up in 60 days. The results of the follow-up determine whether the provider receives a Two Year license with a mid-cycle review or whether action is initiated to de-license the provider.

VII. OTHER QUALITY ENHANCEMENT PROCESSES

A. Site Feasibility and Pre-Occupancy Approval

The Office of Quality Enhancement provides support and consultation to both providers and DDS Area Office staff in choosing appropriate locations for homes, work/community supports and site based respite supports. In some instances, site feasibility is done purely on a consultative basis and approval from the Office of Quality Enhancement is not required. In other instances, site feasibility is a requirement and a prerequisite to DDS approval to occupy a home, day site or site-based respite location. Listed below are the specific circumstances under which both site feasibility and approval to occupy is required, and those circumstances in which site feasibility is done on a consultative basis.

1. Site Feasibility and Approval to Occupy Required

Site feasibility and approval to occupy by the Office of Quality Enhancement is required for all homes providing 24 hour staffed supports when those homes are owned or leased by the provider. DDS site feasibility and approval to occupy are also required for facility based day supports and for site-based respite supports. It is not required for supported employment sites.

2. Site Feasibility Study Conducted on a Consultative Basis

Site feasibility studies and approval to occupy are not required for any homes that are owned or leased by the individual or homes providing less than 24 hour supports that are owned or leased by the provider. QE Staff is available, however, to provide consultation regarding the feasibility of any home at the request of a provider or DDS office.

Requests for site feasibility studies should be forwarded to the Regional QE Director who shall assign a QE staff person to conduct the appropriate review. For more detailed information regarding site feasibility and approval to occupy please refer to Appendix Q.

B. Initial Review

An initial review is always conducted 60 days after a service subject to licensure is initiated for which the provider is not currently licensed. This includes both residential/home and day/employment supports. For more detailed information regarding the initial review process, please refer to Appendix R.

C. Immediate Transfer Review

An Immediate Transfer Review may occur when the Regional and Area Office have determined that it is necessary to terminate a provider's contract with or without cause and transition individuals' services to a successor provider. When a contract is terminated for reasons other than the normal RFR process, the Regional Office meets with all interested parties and develops a written transition plan. As part of the transition plan, the Area Office notifies the Office of Quality Enhancement.

The Immediate Transfer Review is completed within seven days after the transfer of the service. The involved Area or Regional Office will be notified of the date of each review and, whenever possible, will identify a key staff person with knowledge of the individuals to communicate and interface with during each review. The receiving agency will be informed of the date of each review. The detailed process is outlined in the Appendix S.

D. Special Reviews

At any point in time, the Commissioner, Regional Director or Area Director may request a special review outside of the regular cycle of licensure and/or certification. Typically, the request would be an outgrowth of serious concerns, multiple incidents, or other issues which have come to the attention of Operations staff. Reviews may be requested for a particular home or work location, a cluster of homes or the provider's entire constellation of services. In these instances, the DDS staff requesting the review would meet with the appropriate Regional Quality Enhancement Director to determine the parameters of the review and the timeframe in which it would be completed. QE staff will make every effort to schedule the review in a timely manner. Results of the review will be forwarded to the Operations staff for appropriate action and follow up. Providers may also request special reviews for technical assistance purposes.

E. Waivers

The Office of Quality Enhancement (OQE) reviews requests for waivers of DDS regulations. OQE reviews requests when no other clearly established review mechanism is in place as designated in DDS regulations – CMR 115 Chapters 1.00 – 9.00. Appendix U contains a detailed description of the Waiver process along with the forms that must be used in applying for a Waiver. Situations that do require a waiver include (but are not limited to):

- Extension of evacuation times beyond 2.5 minutes in residential settings – requires Fire Safety Equivalency System (FSES) assessment by OQE. Specific instruction in U.
- Composition of a Human Rights Committee
- Human Rights Committees serving multiple regions

Specific situations that will be handled through processes other than the waiver process include the following:

Home Alone Approvals

The decision as to an individual's capability to be at home alone for any specified period of time is one that needs to be made by those closest to the individual. As such, the assessment and the decision will be made by the ISP team, subject to approval by the DDS Area Director.

Changes in fire drill protocols

CMR 115 Chapter 7.00 of the DDS regulations requires the development of safety plans by providers of service. Safety plans describe how the safety and evacuation needs of individuals will be met through a combination of environmental, staff and individual supports. In cases where providers are proposing a change in fire drill protocols (not to include mandated evacuation times),

these changes will be reviewed in the context of an overall provider safety plan that clearly describes how the safety of individuals in a particular home or work place will be assured. Safety plans are subject to review and approval by DDS Area Directors.

Limitations/Restrictions of human rights

Any limitation or restrictions of the rights of individuals receiving supports are subject to review by human rights committees and peer review committees (if the restriction is part of a Level II or III behavior plan). 2/2020 -Please also refer to PBS requirements for restrictive practices and PBS plan reviews.

F. National Core Indicators Project

Massachusetts is currently one of several states participating in the National Core Indicators (NCI) Project. This initiative utilizes nationally recognized performance and outcome indicators that enable state DD/ID agencies to benchmark the performance of their state against the performance of other states. Indicators measured include, but are not limited to, rights, choice, relationships, and community integration. The core indicators themselves represent consumer, family, systemic, cost and health and safety outcomes. NCI also enables each state agency to track system performance and outcomes from year to year on a consistent basis. The NCI Project utilizes a variety of survey methodologies including mailed surveys, as well as, face to face consumer interviews.

One source of information determining the presence of the outcomes is consumer satisfaction surveys. The Office of Quality Enhancement is responsible for conducting these surveys and gathering this information. This is accomplished as a process separate from the licensure and certification surveys.

G. Active Treatment Reviews (as of 2012)

Under the licensing authority of the Department of Public Health, (DPH), the Commonwealth of Massachusetts monitors active treatment for individuals with Intellectual Disability/Developmental Disability (ID/DD) residing in nursing facilities. In each Quality Enhancement Regional Office, there are trained QE Surveyors who work in conjunction with DPH survey teams to complete an annual review of active treatment for individuals with ID/DD. The DPH and DDS surveyors utilize the Active Treatment Survey Tool to review active treatment at both pediatric and non-pediatric nursing facilities. The active treatment reviews on non-pediatric nursing facilities are conducted by DDS OQE surveyors. The DDS surveyor is integrated into the DPH federal survey as a specialty surveyor. QE conducts approximately 35 AT Reviews annually for individuals remaining in nursing facilities.

VIII. LICENSURE AND CERTIFICATION TOOLS

A. Introduction

The licensure and certification standards are separated into two separate tools.

The **licensure tool** focuses on essential safeguards that must be in place for the agency to do business. The safeguards are in the following areas:

- 1) Personal Safety,
- 2) Environmental Safety,
- 3) Communication,
- 4) Health,
- 5) Human Rights,
- 6) Competent and Skilled Workforce
- 7) Goal Development, Skill Acquisition and Implementation of ISP

The **certification tool** goes beyond the essential safeguards that form the basis for licensure and sets out the standards upon which a provider's support strategies are evaluated for a particular service. The tool identifies service expectations for discrete services, universal service expectations across all services and organizational expectations for the agency. The certification indicators are in the following areas:

- 1) Planning and quality improvement
- 2) Communication,
- 3) Supporting and Enhancing Relationships
- 4) Choice, Control and Growth
- 5) Access and Integration
- 6) Career Planning and Development and Employment
- 7) Meaningful and Satisfying Day Activities

Standards are identified for the following services:

- 1) 24 Hour Residential Supports
- 2) ABI/MFP 24 hour Residential Supports (as of 2014)
- 3) Placement Services
- 4) ABI/ MFP Placement Services (as of 2014)
- 5) Individualized Home Supports
- 6) Employment Supports (including individual and group supported employment, enclaves and mobile work crews)
- 7) Community Based Day Supports

The Following are the specific service descriptions:

24 Hour Residential Supports

24 hour residential supports consist of ongoing services and supports by paid staff that are designed to assist individuals to acquire, maintain or improve the skills necessary to live in the community. Residential supports are available to individuals who need daily staff intervention with care, supervision and skills training in activities of daily living, home management, community integration and relationships. Individuals in residential supports require the presence of staff at the home whenever they are at home. Knowledge of the individuals to be supported is the cornerstone by which service delivery decisions are made. Staff provides supports in accordance with individual ISPs, as well as, support to foster community membership; freely given relationships; rights and dignity; individual control and decision making; personal growth and accomplishment; and health and safety.

Placement Services

Services provided by an agency that locates, recruits, trains, supervises and pays persons to provide 24 hour or less than 24 hour supports and respite services to one or more individuals. Individuals are supported in the home of a care provider or in their own home with live in care provider support. Knowledge of the individuals to be supported is the cornerstone by which service delivery decisions are made. Care providers provide supports in accordance with individual ISPs, as well as, support to foster community membership; freely given relationships; rights and dignity; individual control and decision making; personal growth and accomplishment; and personal well-being.

Individualized Home Supports

Limited to less than 24 hours services and supports in a variety of activities that may be provided regularly or intermittently designed to support community living. Services may include teaching and fostering the acquisition, retention or improvement of skills related to personal finance, health, shopping, use of community resources, community safety and other social and adaptive skills necessary to establish, live in and maintain on an ongoing basis a household of their choosing. Supports are flexible and specific to individual needs and are based on a plan developed by the individuals and others close to them. Supports will vary, but may include assistance in making sound decisions, fostering natural and other supports, community relationships, rights and dignity, individual control and decision making; personal growth and accomplishment; and health and safety. (Please note that only when 15 hours or more of service is provided to individuals, will the I H S service be licensed).

Employment Supports (Individual and Group Supported Employment)

Individual supported employment services provide a program of supports to enable an individual, for whom integrated individual employment is unlikely absent the provision of supports, to acquire and sustain employment in an integrated community setting. It may also include self-employment or temporary/seasonal employment which may assist a participant in securing an individual position within a business.

Individual supported employment programs will reflect an array of services designed to create and sustain opportunities for long term and successful employment.

Group supported employment services support a small number of individuals (typically discrete groups of 2 to 8 at any given time), working in the community under the supervision of a provider agency. Emphasis is on work in an integrated environment, with the opportunity for individuals to have contact with co-workers, customers, supervisors, and others without disabilities.

Group supported employment programs will include an array of services designed to help individuals attain employment in a community setting, and to develop skills and independence that will allow them to transition into individual employment.

Community Based Day Supports

This program of supports is designed to enable an individual to enrich his or her life and enjoy a full range of community activities by providing opportunities for developing, enhancing, and maintaining competency in personal, social and community activities. Community Based Day Supports is primarily a community based program and services will typically be provided in an integrated community setting.

Services include, but are not limited to, the following service options:

- Career exploration including assessing interests through volunteer experiences or situational assessments
- Community integration experiences to support fuller participation in community life
- Skill development and training
- Socialization experiences and support to enhance interpersonal skills
- Pursuit of personal interests and enrichment activities

This service is intended for:

- Individuals of working-age who may be on a ‘pathway’ to employment, or who need a structured program to develop skills and behaviors necessary to create a pathway to employment
- A supplemental service for individuals who are employed part-time and need a structured and supervised program during the day when they are not working, which may include opportunities for socialization and peer support
- Individuals who are of retirement-age and who need and want to participate in a structured and supervised program of services in a group setting.

Site-Based Respite Services

Services are short term planned or emergency stabilization services provided outside of the individual’s own home in a staffed site. Short term planned respite services provide relief for those who normally provide care and are typically less than 30 days. Stabilization services may be of longer duration for individuals who, due to behavioral or environmental circumstances, are unable to care for themselves.

B. Description of Charts and Tables

Included in this chapter are the licensure and certification tools displayed in a variety of formats to aid readers in their understanding of what standards apply to the services subject to the licensure and certification processes.

1. Summary Table of all of the licensure indicators and the specific services to which they apply

Lists all of the standards that apply to services subject to the licensure process.

The table is formatted in the following manner:

- 1) The Standard number is listed followed by the specific wording of the standard and grouped by subject area (e.g. personal safety; environmental safety. An “L” before the standard indicates that it applies to the licensure process.
- 2) After each standard, the specific service type is listed, with an “X” indicating whether the standard applies to the particular service.
- 3) Eight critical indicators are marked by a “flag” denoting their importance in the licensure process.

2. Summary table of all of the certification standards and the specific services to which they apply

The table is formatted in the following manner:

- 1) The Standard number is listed followed by the specific wording of the standard and grouped by subject area (e.g. personal safety; environmental safety) A “C” designates that the standard applies to the certification process.
- 2) After each standard, the specific service type is listed, with an “X” indicating whether the standard applies to the particular service

3. Certification Indicators that apply to each specific service type

This chart displays the standards applicable to each specific service type. The organizational standards apply to all services. Many of the standards are the same regardless of service type. They are displayed in this format so that readers can clearly see which standards apply to different services.

4. The Licensure Tool with Guidelines

The tool displays all of the standards without reference to which service types they apply. The tool contains the following information:

- 1) The Standard number and specific wording,
- 2) Guidelines that include the regulatory underpinning for the standard and/or additional explanatory information to aid in understanding what the rationale for the standard is,
- 3) All the information sources that will be used to determine whether the standard is met,
- 4) How the standard will be measured,
- 5) The criteria that will be applied to determine whether the standard is met or not met.

5. The Certification Tool with Guidelines

The tool displays all of the standards without reference to which service types they apply. The tool contains the following information:

- 1) The Standard number and specific wording,
- 2) Guidelines that include the regulatory underpinning for the standard and/or additional explanatory information to aid in understanding what the rationale for the standard is,
- 3) All the information sources that will be used to determine whether the standard is met,
- 4) How the standard will be measured,
- 5) The criteria that will be applied to determine whether the standard is met or not met.