Commonwealth of Massachusetts
Department of Developmental Services
Office of Quality Enhancement

DDS Licensure & Certification Interpretations Guide

July 2026

About This Edition

This edition of the DDS Licensure & Certification Interpretations and Administrative Review Guide reflects a comprehensive revision and update to the previously published interpretations dated August 2023.

The purpose of this guide is to provide OQE surveyors with a practical tool for measuring indicators and applying rating guidance consistently during licensure and certification reviews. It is intended to support consistent interpretation of indicators, promote objective review practices, and assist surveyors in determining whether standards are met based on available evidence.

Some sections of this edition remain subject to additional clarification from other departments within DDS. As those clarifications are received, the guide will be updated as needed to ensure continued alignment with DDS expectations and DDS-issued guidance.

The July 2026 edition includes:

- Updated guidance to align with current DDS practices and standards.
- Reorganized layout and structure to improve clarity, navigation, and ease of use for both surveyors and provider agencies.
- Revisions that promote greater consistency, transparency, and service improvement during the survey process.

Interpretations are intended to supplement the official DDS Manual, Appendices, and Tools. This document will continue to be updated periodically to reflect evolving expectations, clarifications and DDS issued guidance.

Interpretation Updates and Notation Key

To support surveyors in navigating updates, this guide uses icons to identify entries that have been newly added, revised from previous editions, or clarified for better understanding.

Icon Key:
New interpretation – Added in July 2026
Revised interpretation – Updated from the 2023 version
Clarified – Content refined for clarity without a substantive change to expectations

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Section 1 – Licensing Indicator Interpretations

L1- Individuals and guardians are trained in how to report alleged abuse/neglect

Guardians:

- Every guardian must have been provided with information by the agency on how to report alleged abuse/neglect. The Provider needs to have a system for tracking mailings.

Training for Individuals

- Annual Training to include date of training, who was in attendance, and should include Hotline number.

Individuals who are Competitively Employed:

- **Training Alternatives:** For individuals who work independently (competitively employed), the required annual abuse/neglect reporting training does **not** have to be done in person. It is acceptable to provide this training via remote means – for example, sharing a video link or sending informational materials by mail or email – as long as the individual can access and understand the material. Mailed packets must include definitions of abuse and neglect (with reportable examples) and the Commission for the Protection of Persons with Disabilities (CPPD) (formerly DPPC) hotline number.
- **Verification:** The provider should keep proof that the information was sent (e.g. a mailing list or email log), and surveyors will confirm that the agency distributed the training material. Surveyors may also ask individuals if they received information about reporting abuse. (Obtaining a return receipt or confirmation from individuals is best practice but not required.)

✔ L2- Allegations of abuse/neglect are reported as mandated by regulation

Rating Calculation Process:

A separate rating is assigned per location based on whether allegations of abuse, neglect, or mistreatment were reported in accordance with DDS regulations. Surveyors should review all documentation including incident reports, communication logs, and interviews relevant to each site sampled for the previous 24 months.

Checking for Hotline MORs in HCSIS

- Hotline MORs automatically meet the criteria for CPPD reporting.
- Surveyors should verify whether a **Hotline MOR** has been recorded for a sampled site in the past 24 months. This can be done by searching in HCSIS.
- If a Hotline MOR exists for the site, there should be a corresponding Incident Report and a CPPD Report.

Rating Approach by Setting:

- **Residential Services (24-hour, ABI, Shared Living):**
  - One rating per residential site.
  - Consider all sampled individuals, staff interviews, and supporting documentation from that site.
- **ILS**
  - One rating per individual sampled
- **CBDS Services:**
  - One rating per individual sampled
- **Employment Services:**
  - One rating per individual sampled

- **Remote Supports Monitoring (RSM):**
    - One rating individual sampled

Scoring Example:
If the survey sample includes the following:

- 3 residential homes (with 3 people audited at each)
- 2 Shared Living settings
- 1 ILS individual
- 2 CBDS individuals
- 2 employment individuals

You would rate 10 distinct locations. This results in:

- **Denominator = 10** (total sites rated)
- **Numerator = number of locations where the indicator was rated 'Met'**

If 8 of the 10 sites met the standard and 2 did not:

- **Result = 8 out of 10 Met**
- This equates to an 80% compliance rate, which would result in an overall rating of Standard Met for the provider on this indicator.

Organizational Review
Information is also reviewed organizationally, through a review of various Reports. If incidents are identified organizationally that should have been reported to Commission for the Protection of Persons with Disabilities (CPPD) these are factored in. For example, 8 locations were found to report abuse and mistreatment allegations appropriately and showed no evidence of unreported allegations. Each location would be rated as met. Two HCSIS incidents were revealed organizationally that met the reporting threshold but had not been reported as allegations of abuse/ mistreatment. This would result in a score of 8 out of 10 with a standard met. If 80% have met the criteria for reporting as required, the Provider would receive a standard met for this indicator.

📌 L4- Action is taken when an individual is subject to abuse or neglect.

Rating Guidance: Action Plans Completed as Recommended and Submitted on or Before Due Date

Purpose:
To measure the provider's compliance with completing and submitting required Action Plans as recommended by the DDS Complaint Resolution Team (CRT), within the established timeframes.

Process:

1. Run the "Action Plan/Resolution Report" for the past 24 months.
    - Do not use the "Action Plan/Resolution Status Report" it does not pull accurate information.
2. Count the total number of Action Plans (AP).
3. Determine the Final Action Plan Count (APF)
    - From the total in Step 2, determine the Final Action Plan Count (APF) by removing any Action Plans that:
        i. Have target dates in the future.
        ii. Have "No action necessary" or "No recommendations".

iii. Have a blank target date.

4. Determine how many of the Final Action Plans were:
   - Completed as recommended, and
   - Submitted to DDS on or before the established due date.
   - Record this number as APC (Action Plans Completed).
5. Calculate the score:
   APC ÷ APF = % of Action Plans Completed as Recommended and On Time

Example Calculation (24 Month Period)

Total AP	APs removed in Step 3	Final AP Count (APF)	APFs Completed as Recommended & On Time (APC)	Score	Rating
22	4	18	16	16÷18 = 88%	**Met**

Rating Thresholds

- **Met:** ≥ 80% of Action Plans completed as recommended and submitted by or before due date.
- **Not Met:** < 80% of Action Plans completed as recommended and submitted by or before due date.

L5- There is an approved Safety Plan in home and work locations.

Refer to Safety Plan Guidance: DDS Safety Plan Guidelines

L6- All individuals are able to evacuate homes in 2.5 minutes with or without assistance and workplaces within a reasonable amount of time

Guidance for Independent Living Supports (ILS), Supported Collaborative Living (SCL) and Shared Living Supports:

- Fire drills are not required.
- Review whether evacuation procedures have been discussed with the individual and household members, as applicable.
- Look for documented walk-throughs, scenario reviews, practice of key steps, or other evidence the plan has been tested in a reasonable way.
- Verification may occur through documentation (assessment or training), interviews, or observation.

Refer to Safety Plan Guidance: DDS Safety Plan Guidelines

📌 L7- Fire drills are conducted as required

- Fire drills must be conducted at the frequency specified within the safety plan.
- Residential fire drills must be conducted using the minimum staffing identified in the Safety Plan. Staff who have already evacuated may not be relied upon to re-enter and provide assistance in order to meet the evacuation time.
- At a minimum, fire drills should occur at least quarterly for residential services, and every 6 months for day services.

- Four quarterly drills per year means at least one drill in each calendar quarter: Jan–Mar, Apr–Jun, Jul–Sep, and Oct–Dec. Drills do not need to be evenly spaced. For example, a drill in March, another in April, and the next in September would still meet the quarterly requirement.
- Residential settings must include at least two overnight drills per year when individuals are in bed and asleep.
- Fire drill documentation must be complete and include, at a minimum, the total evacuation time, assistance provided, equipment/devices used, staff participating, and an assessment of staff and individual performance.
- Fire Drills are not required in Independent Livings Supports (ILS), Individual Home Supports (IHS), Supported Collaborative Living (SLC) and Shared Living.

Effective April 2026 (to be included in rating as of 4/1/2027)

- To ensure familiarity with both means of egress, residential settings must conduct at least one awake blocked-primary-egress drill and one asleep blocked-primary-egress drill annually.

Refer to Safety Plan Guidance: DDS Safety Plan Guidelines

L8- Emergency Fact Sheets are current and accurate and available on site

To determine compliance, it is essential to understand the role of the **Emergency Fact Sheet (EFS)**. The EFS is a **critical document** designed to facilitate emergency response by providing essential details that can:

- Aid in locating an individual if they go missing.
- Guide medical personnel in delivering appropriate care in a health emergency.

For a provider to meet the standard, the EFS must be readily available (in paper or electric form) and easily accessible to all staff across site-based services, outreach, and case management to ensure quick access for emergency personnel.

When Individuals receive services in multiple settings (e.g., residential and day programs), the day program can obtain a copy of the current EFS from the residential provider. In these cases, the day provider will be responsible for ensuring that the information is maintained and updated when information is shared, or changes have occurred.

Key Required Components for Compliance ("Standard Met"):
To meet the standard, the EFS must be complete, current, and accurate, containing the following:

1. **Photograph:** A current and accurate photo, per regulations (taken within the last five years and updated after any significant change in appearance).
2. **Name:** Include any nicknames the individual might respond to.
3. **Age:** Either birth date or current age (if listed, must be accurate).
4. **Language & Communication Ability:** Examples include English, Spanish, American Sign Language (ASL), gestures, or other communication methods.
5. **General Physical Characteristics:** Gender, weight, height, build, hair color, and any identifying marks (e.g., visual scars, eyeglasses (if worn regularly), tattoos).
6. **Abilities & Physical Limitations:** Mobility level (e.g., no mobility issues, uses wheelchair, requires supervision).

7. **Special Medical Conditions:**
   - Specialized Medical Equipment – If applicable: Ventilators, feeding tubes, insulin pumps, or implanted devices like pacemakers or defibrillators
   - Medical History – Key medical conditions such as:
     - Cardiac disease (e.g., history of heart attacks, heart failure)
     - Respiratory conditions (e.g., asthma, COPD)
     - Medical conditions that affect medical care such as diabetes, seizure disorders, dysphagia
     - Stroke history
     - Dementia or other cognitive impairments (ASD, I/DD)
     - Known allergies (food, drug, environmental).
     - Advanced directives such as **DNR, DNI, MOLST/POLST** (attach to EFS if applicable).
8. **List of Current Medications:**
   - All currently prescribed/taken medications (as per the current medication treatment chart).
   - Dosages are not required and will not be taken into consideration for rating L8.
9. **Significant Behavioral Characteristics:** Any notable psychiatric conditions or behaviors that may affect emergency care (e.g., PICA, Prader-Willi, SIB)
10. **Pattern of Movement (if previously missing):** Frequent locations the individual may visit if lost.
11. **Response to Search Efforts:** How the individual typically reacts when approached by police or emergency responders (e.g., cooperative, frightened, likely to hide).
12. **Provider Contact Information:** Name and phone number of the designated contact person for each provider serving the individual.
13. **Legal Competency Status:** Type of guardianship (if applicable)
14. **Guardian/Emergency Contact Information:**
    - Health care proxy contact information (if applicable)
    - Guardian's name and phone number (if applicable).
    - If no guardian, include the name and phone number of a family member or friend to be contacted in an emergency.

Other Components (Not Required for Compliance but Recommended)
The following information is not required for a rating of "standard met" but should be completed when possible:

- **Health Insurance Information:** Insurance status and contact information for medical inquiries.
- **Service Coordinator Information:** Name and phone number of the service coordinator.
- **Primary Physician Contact:** Name, address, and phone number of the individual's primary physician.
- **Self-Protection Ability:** Assessment of whether the individual can protect themselves without assistance.
- **Former Address:** Previous residence, if relevant.
- **Training/Work Program Information:** Name, address, and phone number of any active work or training programs.

DDS Emergency Fact Sheet (EFS) Standards & Guidance May 2025

L9- Individuals are able to utilize equipment and machinery safely

This indicator is rated when individuals use any form of equipment or machinery.

Equipment and machinery include (but are not limited to):

- Kitchen items (e.g., microwaves, stove)
- Exercise equipment (e.g., treadmills, stationary bikes)
- Outdoor tools (e.g., lawn mowers, leaf blowers)
- Work-related machinery (e.g., shrink wrap machines, heat sealers)

What Should Be in Place:

1. **Current Written Assessment, that includes**
    - Individual's safety skills related to equipment use in all relevant settings
    - Current skills and any identified support needs
2. **Support & Training**
    - If support needs are identified, provider must offer:
        i. Training on how to use the equipment safely
        ii. Supervision or safety prompts as needed
        iii. Environmental modifications or other safety measures

L9 Applies when:

- The individual uses or is expected to use equipment or machinery in a provider-operated setting (e.g., home, day program, supported employment site, or volunteer site where provider staff are present); or
- Uses equipment in an employment setting where the provider has a continuing support role such as job coaching, group employment, or enclave settings.
- Does not apply in shared living settings.

This Indicator is Not Rated:

- If an individual does **not** use and is not expected to use equipment or machinery. No assessment is required and the indicator is not rated.
- If the individual is competitively employed and the employer (not the provider) is responsible for training, supervision, and ongoing safety oversight, this indicator does not apply.
- In Shared Living settings.

For additional guidance on safe use of equipment (including treadmill and other exercise equipment), see https://www.mass.gov/lists/health-and-safety-guidelines.

📌 L10- The provider implements interventions to reduce risk for individuals whose behavior may pose a risk to themselves or others.

Key Review Areas

Risk Strategy Implementation

- Risk mitigation strategies are in place and consistently implemented.

Staff Training and Knowledge

- Staff are trained and knowledgeable about the specific risks and how to implement the corresponding strategies.

Ongoing Review

- The provider monitors and reviews the effectiveness of interventions on an ongoing basis and updates supports as needed.

Examples of Common Risks

- Risk of elopement (no aggression, no restrictive interventions).
- Pica behavior managed through environmental controls.
- Fall risk due to seizure disorder or balance issues.
- Refusal of medication or medical treatment.
- Engaging with strangers in the community.
- Family restrictions (e.g., Do Not Contact orders).
- Substance use risks.

Supplemental Guidance: Use of Transportation Safety Devices (e.g., Buckle Guards)

This section clarifies how to assess and rate the use of transportation safety devices during DDS Licensing Reviews, in alignment with 115 CMR 5.13: Transportation Safety Devices.

Regulatory Basis

Under 115 CMR 5.13:

- The use of transportation safety devices must be justified; and
- Devices must be implemented in a manner that is **least restrictive** while ensuring the individual's safety during transport.

Expectations for Implementation

When an agency determines that a transportation safety device, other than the use of standard passenger safety devices (for example, seatbelts), is needed for an individual's safety during transport, the following expectations apply:

- The device must be the least restrictive intervention that effectively ensures safety.
- The device's use should be clearly documented in the individual's ISP or supporting documents.
- Staff must be trained and able to demonstrate competency in using the device as required.

Applicable Indicators

L10 – Interventions to Reduce Risk

Indicator L10 is rated based on whether the provider implements interventions to reduce risk for individuals whose behavior may pose a danger to themselves or others.

L10 should be rated as Met when:

- A transportation safety device (e.g., buckle guard) is:
  - In active use;
  - Included in the individual's ISP; and
  - Implemented by staff who are trained and competent in its use.

L10 should be rated as Not Met when:

- If the use of the transportation device is not included in the ISP and/or staff have not been trained in its use.

Note: If the behavior that justifies the use of the transportation safety device meets the threshold for requiring a Positive Behavior Support (PBS) Plan, then L57 must also be rated**.**

L57 – Written Behavior Plan

Indicator L57 must be rated if the use of the device is related to behavioral concerns that require a restrictive intervention.

- If a PBS Plan is required but has not been developed, then L57 should be rated Not Met, even if L10 is rated Met.
- L57 focuses on whether the necessary written plan is in place to support the use of the device as part of a behavior strategy.

L61 and L62 – Health-Related Supports
Transportation safety devices are not considered health-related supports or protective devices under DDS regulations. Therefore, L61 and L62 are not applicable to buckle guards or similar safety interventions.

Section 8 inspections relative to OQE Survey and Certification site visits

A partial environmental site review may be conducted in lieu of a full DDS site review for homes that have undergone a Section 8/HUD inspection within the previous 12 months. If the most recent Section 8/HUD inspection occurred more than 12 months prior to the review date, OQE must conduct a full environmental site review of the home.

August 15, 2024 Memorandum

Licensing Indicators applicable to Section 8 Inspection

L11- All required annual inspections have been conducted

This indicator evaluates whether necessary environmental and system inspections have occurred as required by DDS regulations and environmental safety expectations. The full list of inspections required is in the Licensure Tool.

Required Inspections
All agency-owned or leased locations and Shared Living Provider homes, must receive the following inspections. Each inspection must be conducted by a qualified service technician, and documentation must be maintained. All inspections must have occurred within the past 15 months.

- **Heating and Plumbing Systems:** All systems fueled by gas, propane, oil, or wood/biomass that provide heat and/or hot water must receive annual maintenance and inspection. Acceptable documentation includes a service report or heating system inspection record.

- **Fireplaces, Pellet Stoves, and Wood-Burning Stoves** (if in use): Must be inspected annually by a qualified professional. ***Note:*** *If a fireplace or stove is not in use, no inspection is required, and its presence alone does not necessitate any additional documentation or action.*

- **Sprinkler Systems** (if present): Must be inspected in accordance with applicable fire safety requirements.

All inspections must confirm operational safety, identify any service or maintenance needs, and ensure that any required maintenance or repair is completed in a timely manner.

Expectations regarding fire extinguishers:
Fire extinguishers are now equipped with a dial that indicates in green that it is operational. As such there is no longer a need to annually inspect fire extinguishers. Fire extinguishers will need to remain in the green zone or to have some visual indication that they are operational.

✔ L12- Smoke detectors and carbon monoxide detectors, and other essential elements of the fire alarm system required for evacuation are located where required and are operational

General Requirement
All components of the fire alarm system, including smoke detectors, CO alarms, and interconnected alarm systems, must be installed, maintained, and functional in accordance with the Massachusetts State Building Code (780 CMR) and Fire Code (527 CMR).
DDS expects all required detectors to be fully operational at the time of the licensing review.

Smoke Detectors
All agency-owned, leased, and/or operated residential homes and all site-based respite locations must be equipped with fully interconnected smoke alarm systems that meet applicable building and fire code standards for placement and function.

- **Interconnection:** Activation of one detector must trigger all alarms throughout the home or program.
- **When purchasing or renovating:** The smoke alarm system must be upgraded to meet **current Massachusetts Building Code** requirements prior to occupancy.
- **Existing homes:** Must continue to meet the building code standards applicable at the time of purchase and be brought up to current code whenever renovations occur.

Shared Living Homes
Shared living homes must comply with all applicable Massachusetts Building and Fire Code standards for smoke detector installation and operation, based on the home's original construction or most recent renovation date.
DDS does not impose requirements beyond those codes for shared living settings.

Mixed Systems in Shared Living Homes (Interconnected and Battery-Operated Detectors)
In some shared living homes, both interconnected and battery-operated smoke detectors may be present. This typically occurs when homeowners or providers install additional battery-operated detectors in areas beyond those required by building code (e.g., basements, garages, or other common areas) to enhance safety.

How to Evaluate These Situations:

- The required system based on the home's construction or renovation date must meet applicable building code standards for placement and function (e.g., hardwired, interconnected, or battery-operated).
- **Supplemental battery-operated detectors** are permitted and do not need to be interconnected, provided the required system complies with code and all detectors are operational.
- Surveyors should:
    - Confirm that all code-required detectors are present, properly located, and functioning.
    - Test code-required detectors/system to ensure they work as intended.

Carbon Monoxide (CO) Detectors
CO detectors must be installed and maintained in all residential settings in accordance with 780 CMR and 527 CMR requirements.

- On every level of the home, including basements (finished or unfinished) and habitable portions of attics

- Within 10 feet **outside** each bedroom
- Outside mechanical rooms containing fuel-burning equipment (e.g., oil or gas furnaces) not inside the mechanical room itself

Locations Excluded from CO Installation

- Mechanical rooms
- Garages
- Crawlspaces
- Unfinished attics used solely for storage
- Other non-habitable utility areas

Day Programs

Day programs must ensure that all fire alarm and CO detection systems are:

- **Regularly inspected and maintained:** Systems must undergo testing and preventive maintenance at least annually (minimally every 15 months).
- **Documented:** Providers must maintain records of all inspections, tests, and maintenance, which must be available for review during licensing.

Note: Surveyors do not conduct on-site alarm testing in day programs but must review inspection and maintenance documentation to verify compliance. If agency leases space in a multi-purpose building (not solely occupied by the agency) then the agency will need to obtain annual verification of inspection and maintenance from the building manager/lessor.

Additional Resource Appendix F: Safety Plan Regulatory Applicability by DDS Service Type

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L15- Hot water temperature tests between 110 and 120 degrees

Hot water systems in residential and non-residential DDS settings must comply with safety and sanitation standards outlined in the Massachusetts Plumbing Code (248 CMR), the Consumer Product Safety Commission (2014), **and DDS licensing requirements.**

Health & Safety Precautions:

- Providers must take proactive steps such as using scald protectors and performing regular checks.
- The Burn Foundation recommends filling the tub before entry, mixing water thoroughly, and testing it with the wrist or elbow.

Note: Surveyors should always record both the temperature and the site of measurement.

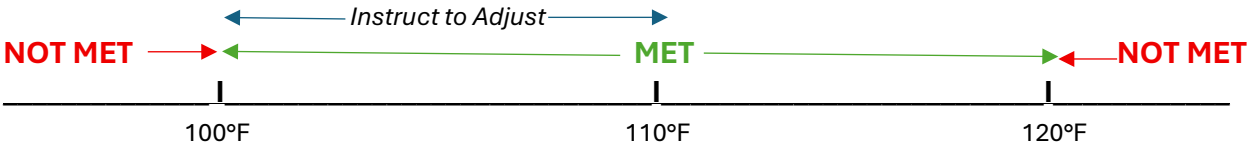
Residential/Shared Living Expectations:

- ***Deliverable water temperatures*** at faucets and sinks must be maintained between **110°F and 120°F,** and showers **110° to 112° F.**
- Surveyors will test water temperatures at all showers and sinks during the licensing review to confirm compliance.
- Anti-scald devices (such as thermostatic or pressure-balanced mixing valves) are strongly recommended in all homes, including those not required by code, to protect individuals from sudden temperature fluctuations and scalding risk.

- If there is no hot water (i.e. below 100°F) at a specific sink/shower, but all individuals are able to access hot water at another sink/shower in the home, then an Immediate Jeopardy would not be issued.

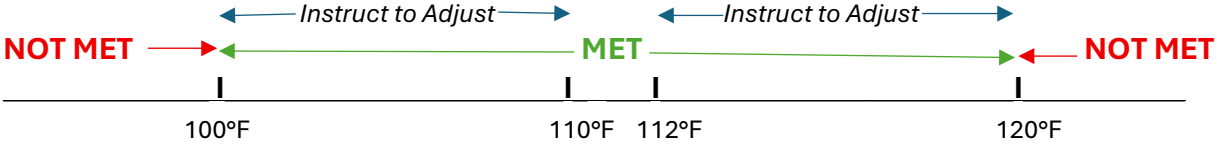
Action Levels for Residential Sinks:

- Required Water Temperature: 110 – 120°F
- Below 100°F or above 120°F → Not Met
- Above 100°F and below 110°F → Instruct to Adjust
- Above 120°F → Immediate Jeopardy
- Below 100°F → Immediate Jeopardy (if no hot water available to all individuals)



Action Levels for Residential Showers:

- Required Water Temperature: 110 – 112°F
- Below 100°F or above 120°F → Not Met
- Between 100°F to 110°F or 112°F to 120°F → Instruct to Adjust
- Above 120°F → Immediate Jeopardy
- Below 100°F → Immediate Jeopardy (if no hot water available to all individuals)

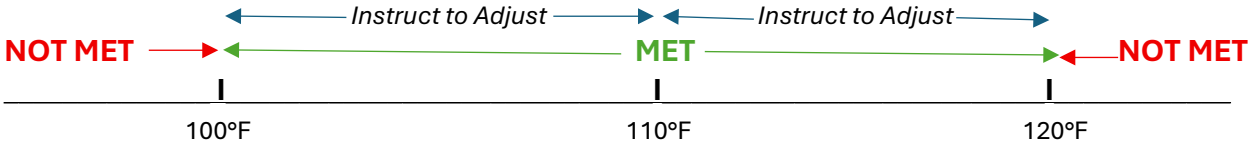


Day Services Settings:

Sink temperature will be tested at all sinks used by individuals, including lavatories and kitchen sinks.

Action Levels for Sinks:

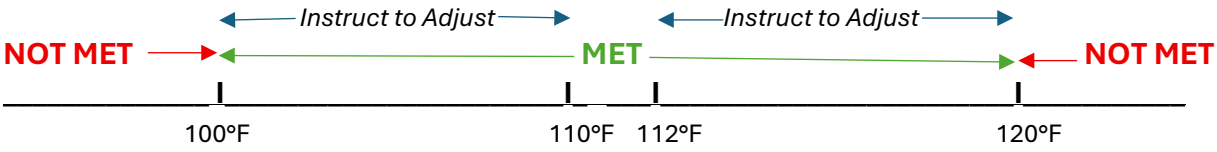
- Required water temperature: **110°F**
- Acceptable rating range: **100–120°F**
- Below 100°F or above 120°F → **Not Met**
- Above 120°F → **Immediate Jeopardy**
- Below 100°F → **Immediate Jeopardy** (if no hot water available to all individuals)



Action Levels – Showers (if used by individuals at any time)

- Must be equipped with temperature-limiting devices (per 248 CMR 10.14).
- Required Water Temperature: 110 – 112°F
- Below 100°F or above 120°F → Not Met
- Between 100°F to 110°F or 112°F to 120°F → Instruct to Adjust
- Above 120°F → Immediate Jeopardy

- Below 100°F → Immediate Jeopardy (if no hot water available to all individuals)



Refer to: Appendix K for issuance of Immediate Actions related to water temperature.

L18- All other floors above grade have one means of egress and one escape route on each floor leading to grade

- All floors above grade that are used by individuals receiving services must have:
  - One means of egress, and
  - One escape route leading to ground level (that is proven usable).
  - The basement needs one means of egress and one proven usable escape route if there is a bedroom or common area in the basement. The secondary escape route is not needed if individuals only access the basement intermittently (for example, to use laundry or exercise equipment).
- In general, private homes used in Shared Living arrangements are not required to meet the same egress/escape route criteria as provider-controlled properties.

L21- Electrical equipment is safely maintained

Space Heaters in 24 hour residences - Refer to Space Heater Technical Memorandum (7/9/25)

Shared Living Homes: Surveyors will conduct a brief walk through the basement to ensure that as on other floors, there are no overloaded outlets, electrical wires passing across frequently traveled floor areas, etc. The requirement that circuit breakers are labeled does not apply to Shared Living homes.

L22. All appliances and equipment are clean, operational and properly maintained.

This standard is assessed as a point-in-time observation. Situations in which the agency has already taken immediate corrective action do not automatically require a rating of "Not Met." For example, if a dishwasher is found to be broken on the date of the visit and the agency has already contacted a plumber for repairs, the standard may still be considered met.

The presence of lint in a dryer's lint filter alone is not sufficient to rate this standard as "Not Met." However, lint accumulation in the dryer hose, behind the dryer, or within the dryer vent presents a safety hazard and must be rated "Not Met."

L28 – Flammables are stored appropriately.

Oxygen Storage Location and Safety: (per NFPA 99-2012, 11.6.5.2)

- Oxygen **must be stored in a well-ventilated area**, away from heat sources, flammable materials, and direct sunlight.

- **Tanks (cylinders)** must be secured in an upright position to prevent tipping (e.g., chained or placed in a stand)
- Empty and full tanks should be **clearly labeled** and stored **separately**.

Medication Special Contexts & Rating Guidance

For use when rating the following medical indicators.

Visiting Nurse Association (VNA)

- Surveyors must still confirm that the provider has a system of oversight and should ask for the agency system if the VNA does not show up. If there is no system in place, then an action would be issued.
- Medication(s) administered by VNA must be included on the Medication Administration Chart (MAR), indicating the medication is administered by VNA.
- Medications only administered by the VNA would not be rated in L44–L47.

Individual Home Supports (Service Code 3798)

When medications are stored in the individual's home and administered by MAP certified staff:

- A valid MCSR is required.

Family Home (Service Code 3703)

- Does not follow MAP
- Unlicensed staff cannot administer medication.

Co-Located CBDS & Day Hab Services

In most cases, provider agencies deliver both CBDS and Day Hab services at the same physical location to individuals who are split-funded, receiving some CBDS hours and some Day Hab hours during the same program day.

A. **Medication Administration for Individuals Receiving Both Services (where the site is NOT a MAP registered site):**
   - A Day Hab nurse may administer medications to individuals who are split-funded and receive both Day Hab and CBDS services at the same co-located site. Surveyors should ask about the system for medication administration if the nurse is not available or when individuals go out into the community.
   - Medications are administered by nursing and stored exclusively within the Day Hab area.
   - Medications are administered under the Day Hab license and so indicators L44–L47, L82 are not rated.
   - Note: The Day Hab RN can train non-certified staff to administer rescue medication in the community when allowed under MAP requirements (for L38 rescue medications).

B. **Medication Administration to Individuals Receiving CBDS Supports Only at a Shared Site:**
   - For individuals who receive only CBDS services and require medication administration during the day (standing order or PRN), the agency must:
     - Maintain a valid MCSR for the CBDS site
     - Have separate MAP med storage area from Day Hab
     - Follow MAP policies
     - Medication must be administered by a MAP certified staff or licensed professional.
     - Indicators L44–L47 and L82 are rated.

C. **Service Provider Responsibility:**
   - The agency must account for the medication administration needs of all individuals supported during the day, regardless of whether they participate in Day Hab, CBDS, or both.
   - If an individual is unable to self-administer medication and may require medication during the day, the agency is responsible for ensuring that appropriate systems, policies, and qualified staff are in place to administer the medication safely and in compliance with all applicable requirements.

D. **Surveyor Checks:**
   - Ask: Who administers the medications?
   - If an agency holds medications for both split-funded **and** CBDS-only individuals:
     - Medications must be stored separately for each program.
     - The CBDS program must have a valid MCSR.
     - CBDS program must maintain its own secure, clearly labeled storage area that meets MAP storage requirements, including restricted access and documentation.

Note: If an individual is not prescribed any standing orders or emergency PRNs, the day program is not required to store non-emergency PRN medications on site.

E. **CBDS Only Sites Without MCSR**
   - Medications cannot be stored at a location without an MCSR.
   - Ask: "Does anyone have HCP orders for a PRN medication, if so, how is that managed?"

EpiPens and Inhalers

For CBDS MAP Sites:

- The site has a valid MCSR
- Ask: "Where are rescue meds stored and who has access?"
  - The rescue medication is not stored in the MAP med storage area
    Verify rescue meds are accessible during community outings

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L33- Individuals receive an annual physical exam.

Timeliness Requirement: 15-Month Rule

Surveyors will apply a 15-month interval when reviewing compliance. To meet this indicator:

- The interval between the two most recent annual physical exams must be no more than 15 months.

Documentation Review:

- Surveyors will check the dates of the last two exams.
- If the interval exceeds 15 months, the result is Not Met.

✔ L34- Individuals receive an annual dental exam.

Timeliness Requirement: 15-Month Rule

Surveyors will apply a 15-month interval when reviewing compliance. To meet this indicator:

- The interval between the two most recent dental exams must be no more than 15 months.

Documentation Review:

- Surveyors will check the dates of the last two dental exams.
- If the interval exceeds 15 months, the result is Not Met.

Refusals and Provider Responsibilities:

- If an individual refuses dental care, providers must:
    - If an individual has not received a dental exam, the provider should be able to demonstrate how it is supporting the individual to access dental care.
    - This may include documentation of outreach, scheduling efforts, follow-up, and other person-centered supports responsive to the individual's needs and circumstances.
    - Surveyors should consider whether the provider's actions reflect ongoing efforts to support access to needed dental services.

Edentulous Individuals – For individuals who are edentulous and have not seen a dentist, Indicator L34 should be marked Not Rated.

📌 L35- Individuals receive routine preventive screenings.

The MA DDS Preventive Health Screening Guidelines and Checklists (April 2024) replaces the previous Adult Screening Checklists. These tools align with current recommendations to ensure individuals receive age- and gender-appropriate preventive screenings.

Surveyors should start by reviewing whether the individual has been supported to receive all recommended routine screenings according to their age and gender:
Routine Screenings Checklist for Females
Routine Screenings Checklist for Males

If screenings did not occur, staff can demonstrate that recommendations outlined in the DDS Adult Screening Recommendations Checklist were communicated to the physician. Staff can explain why the physician did not conduct (e.g. ability of the individual to cooperate, guardian recommendations, etc.). There is documentation of discussion of these screenings with the physician and rationale as to why screening(s) did not occur.

Training videos, instructions, and downloadable checklists are available here:
DDS Preventive Health Screenings for Adults with Intellectual Disabilities

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L36- Recommended tests and appointments with specialists are made and kept.

Scope of Review:
This indicator evaluates the agency's follow-through on treatment recommendations made by the individual's healthcare providers. These may include:

- Follow-up medical appointments
- Referrals to specialists
- Scheduled diagnostic testing or blood work
- Requests to collect specific medical data unrelated to medication administration (e.g., monthly weights, weekly blood pressure, daily temperature, fluid intake tracking)

Key Compliance Criteria:

- All recommendations must be addressed in a timely manner.
- The agency must schedule and document the completion of these medical appointments and procedures.

- If recommendations are ongoing (e.g., weight checks), the agency must demonstrate routine implementation and tracking.

L38: Physicians' orders and treatment protocols are followed. (When agreement for treatment has been reached by the individual/ guardian/ team).

Definition and Purpose

A medical treatment protocol is a written set of instructions that directs staff in managing a specific, significant medical condition.

Protocols are required when a health condition involves:

- Monitoring or actions beyond routine medication administration
- Symptom based staff response or defined clinical parameters
- Emergency procedures requiring immediate and consistent staff action.

Determining When a Protocol is Required

A Protocol *Is Required*	A Protocol *Is Not Required*
• The HCP provides instructions that require staff to track symptoms and initiate responses. • Staff must act based on monitored parameters (e.g., blood glucose, weight, BP). • Multiple coordinated interventions are required across settings.	• Only routine medication administration. • Data collected solely for HCP review, without required staff action. • Health data tracked for informational purposes only.

A written medical protocol should include the following:

1. The medical diagnosis for which a protocol is needed.
2. A description of the medical condition and/or list of symptoms that require monitoring.
3. A series of actions that staff need to implement to treat, manage, and/or prevent a more serious health condition.
4. If required by an HCP, instructions on when to contact the person's HCP and/or call 911.

Additional requirements for medical protocols include:

- The protocol should be reviewed by the HCP in charge of managing the condition. If the protocol is not signed by the HCP, verification of review can consist of reference to protocol review within the HCP's narrative summary of the visit, or HCP sign-off on a Health Care Practitioner Encounter Form that lists review of the medical protocol among "Reasons for Visit."
- The agency must ensure that staff/care providers are knowledgeable of how to implement the protocol.
- The agency must monitor the implementation of the protocol to ensure that action steps and treatment procedures are followed consistently and accurately.
- Medical protocols should be reviewed at a frequency determined by the monitoring HCP or when significant change or worsening of a medical condition occurs. It is recommended that the date of last protocol review or revision be included.

Surveyor Assessment regarding the Need for a Medical Protocol

- Prior to the audit, the surveyor reviews the ISP, HCR, and site information via the HCSIS system to learn about the individual's needs and the setting(s) where he or she is supported. This helps the surveyor understand what health supports they should expect to see and hear about when they visit. Reference within an HCR or ISP to a medical diagnosis or condition that would typically require a medical protocol is not evidence that a written protocol is required. Rather, it is a point of reference that should drive further discussion with Provider staff in determining whether a medical protocol is necessary.
- When conducting the audit, the surveyor reviews the individual's record, including healthcare encounter forms, progress notes, or communication logs for discussion about the individual's healthcare.
- When a medical protocol is in place, the surveyor reviews any documentation related to the protocol, including training documentation.
- The surveyor will ask if the protocol has been implemented and review supportive documentation.

Rating Criteria

To receive a rating of **Met** for L38, all of the following conditions must be present:

1. **Written Protocol**: Current, condition-specific and consistent with HCP orders.
2. **Consistent Implementation**: Staff must implement the protocol as written.
3. **Staff Training and Awareness:**
    a. Know required actions and emergency steps
    b. Can describe the protocol
    c. Training documentation available
    d. Data collection occurs when required
    e. **ALL staff** working with the individual must be trained on the current protocol

Day Service Considerations

- Day services support staff need to be aware of significant medical conditions affecting a person's health and have a consistent approach to managing the condition should it become active during day service hours. Further, staff should be knowledgeable of their role and actions to take in supporting the person.
- When a medical protocol is needed, the day service provider must obtain or develop a protocol guiding its staff. If a person is supported by a residential agency, the residence may have developed a specific medical protocol, a copy of which should be made available to the day service. In situations where the individual does not receive another service, the day service must rely on its own mechanisms for obtaining relevant health information from the individual or his/her family.

When rating L38 for a day service, the following criteria must be met.

- The day service must have a written summary of the steps staff should be prepared to take if needed, including how to recognize signs and symptoms related to the condition to determine when to contact medical professional and/or call 911 if necessary.
- Staff must be knowledgeable of the individual's medical protocol.
- There is evidence of the protocol being implemented correctly when it has been needed.

L39- Special dietary requirements are followed.

This indicator applies to individuals who require a special diet, it does not apply to general healthy eating supports, which are reviewed under indicator L41. A specialized diet that is due to a diagnosis of

Dysphagia or history of aspiration with prescribed dietary modifications would be rated under indicator L38.

When is this indicator applicable?
A "special diet" is defined as a dietary regimen that:

- Is medically necessary, and
- Requires specific planning, restrictions, or monitoring based on a diagnosed health condition.

It is the provider's responsibility to:

- Identify the need for a special diet in collaboration with the Health Care Provider (HCP)
- Develop written guidance outlining how to implement the specialized diet in daily practice.

Examples of Special Diets:

- Low-sodium (salt-restricted) diet
- Low-sugar or carbohydrate-controlled diet
- Gluten-free diet
- Renal diet (low sodium, potassium, phosphorus)
- Low-fat, low-cholesterol diet
- Bland or low-acid diet

L43- Health Care Record is maintained and updated as required.

Purpose: This indicator evaluates whether the Health Care Record (HCR) in HCSIS reflects the most current and accurate information.

The Health Care Record must be updated annually at the time of the Individual Support Plan (ISP) and within 30 calendar days of the annual physical and annual dental.

Note - if a qualifying event (annual physical or annual dental exam) occurred within the last 30 days and is not yet documented, the provider is still within the allowable update window. This should **not** be rated as "Not Met."

L44 - The location where MAP certified staff is administering medication is registered by DPH.

MCSR Requirements and Compliance

The Massachusetts Controlled Substances Registration (MCSR) is a license issued by the Department of Public Health (DPH), Drug Control Program. An MCSR authorizes a DDS-licensed site to possess, store, and allow MAP-certified staff or licensed nurses to administer medications and perform medication-related tasks.

Without an MCSR:

- MAP-certified staff or licensed nurses cannot give meds to non-self-administering individuals.
- Prescription meds, OTC meds, and supplements for non-self-administering individuals cannot be stored at the site.

L46- Prescription Medications Are Administered According to Practitioner Orders and Properly Documented.

The role of OQE under Indicator L46 is not to conduct a MAP compliance audit. Rather, the review focuses on whether the provider agency has effective systems in place to ensure that prescription medications are administered exactly as ordered and that all documentation accurately reflects the prescribed regimen.

OQE reviewers verify that:

- Current practitioner orders are maintained on site.
- Medication labels and Medication Administration Records (MARs) match the practitioner's orders.
- Documentation accurately reflects the prescribed dosage, timing, and route of administration.

Medication Administration and Documentation Issues

1. Medication Administration Issues

A medication issue is present when any of the following occurs:

- A violation of one or more of the Five Rights (right person, medication, dose, time, route).
- Administration of an expired medication.
- Physician orders are missing or outdated and result in, or has clear potential for resulting in, missing one of the 5 rights under MAP

Provider-Identified Medication Issues

When the agency identifies medication issues internally, OQE reviews whether the provider:

- Took prompt and appropriate corrective action.
- Documented the resolution.

If the provider recognized and addressed the issue appropriately (prior to receipt of the sample) the rating is **Met**.
If the issue was not addressed or remains unresolved, the rating is **Not Met**.

QE-Identified Medication Issues

When medication issues are identified by OQE, reviewers evaluate the number, seriousness, and potential risk associated with the errors.

- **Met:** Minor, isolated issues involving low-risk, over-the-counter PRNs (e.g., Tylenol, Bacitracin), when no potential risk of harm is present.
- **Not Met:** Multiple or clinically significant issues involving prescribed medications for specific health conditions, evidence of harm/risk, or a pattern suggesting weak systems of oversight.

2. Documentation Issues

A documentation issue is present when:

- Medication is verified to have been administered as ordered, however, initials verifying administration are missing (including prn medications).
- PRN effects are not documented, however, do not result in risk or potential harm.

- Medication Administration Record (MAR) does not match the physician's orders and medication label (order and label are accurate and medication administered correctly).
- White-out is used on the MAR.
- A physician's order is missing but is obtained and there is no evidence that the medication was missed or given incorrectly.
- Discrepancy between MAR, orders or label in terms or specificity that do not result in risk or potential harm. For example, the order states "Apply to affected area" vs. "Apply to rash on buttocks."

Documentation issues may be considered significant when they present a clear or likely risk of administering the wrong medication, dose, or timing, or when there are three or more recurring documentation errors, such as:

- Multiple (3 or more) unresolved discrepancies between orders, labels, and documentation.
- Multiple (3 or more) missing sign offs documenting administration (able to verify administration).
- An uncorrected discrepancy that results in or has clear potential for missing one of the 5 rights under MAP would be a medication issue. For example, MAR documents "Depakote 500 mg three times daily," but practitioner order states "twice daily."

Expectations for Shared Living Services

Although MAP regulations do not apply to care providers in Shared Living Services, the following standards must be in place:

- Current Health Care Provider Orders (within the past 15 months).
- Medication Information (e.g., side effects, instructions).
- Labeled Pharmacy Containers.
- Evidence that medications are administered as prescribed, such as:
    - Medication sheets.
    - Calendar notations.
    - Daily logs or check-off systems.

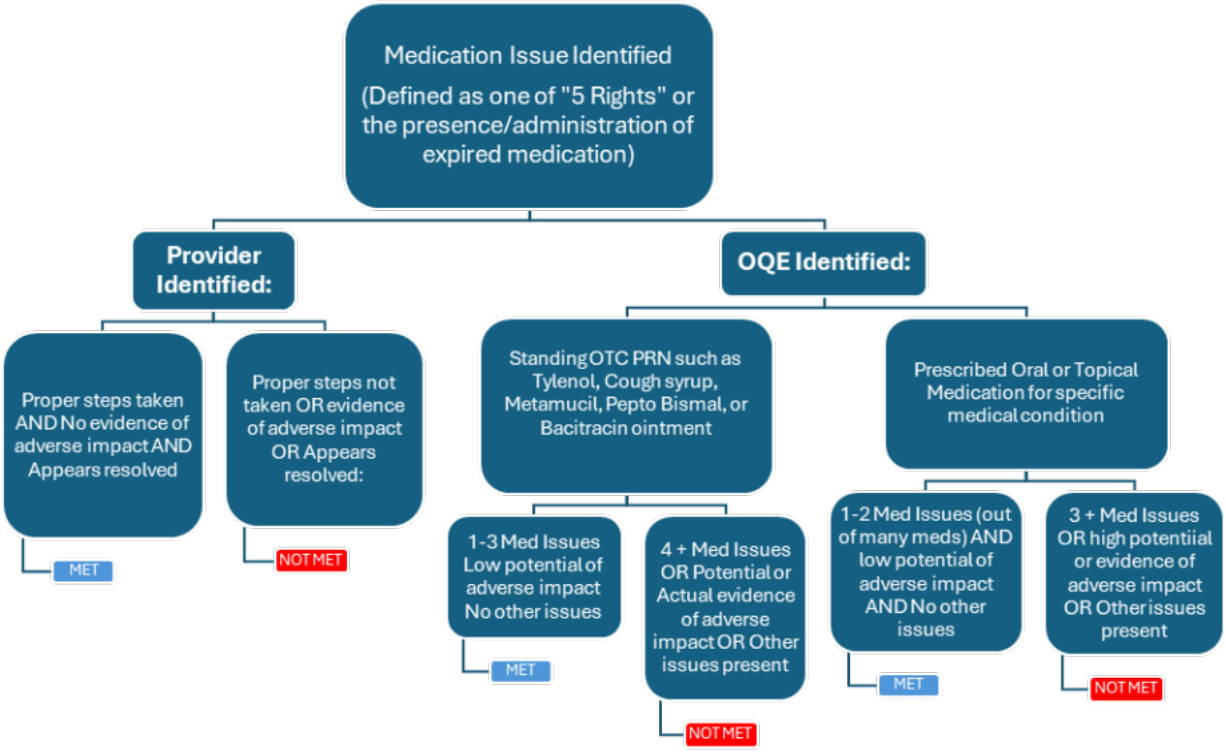
Provider Oversight:

- The provider agency must describe and implement a monitoring system (e.g., monthly reviews by the coordinator of physician orders, packaging, and documentation).

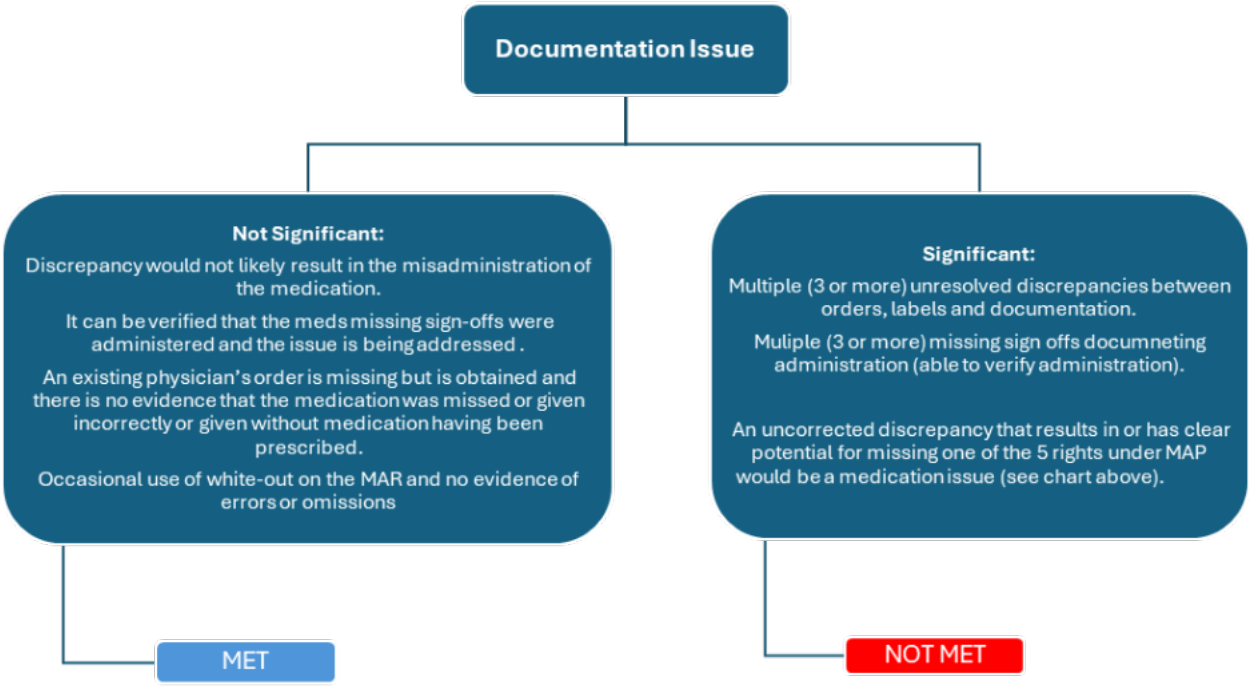
Shared Living Documentation Issues Include:

- Incomplete or missing notations verifying administration.
- Discrepancies between orders, packaging, and documentation system.

IV. Rating Determination Flow Chart



✱ Not Met - Immediate Jeopardy should be issued.



✱ Not Met - Action Required should be issued.

L47- Individuals are supported to become self-medicating when appropriate.

For Individuals in MAP Settings:
The following must be present to rate this indicator Met:

1. **Safe and Secure Storage**
   The individual stores their medications in a safe and secure manner.
2. **Medication Administration Compliance**
   The individual takes medications as prescribed, consistent with physician orders.
3. **Assessment of Self-Medication Skills**
   A written assessment exists that evaluates the individual's skills and support needs related to self-medication.
4. **Medication Support Plan (if applicable)**
   If the assessment identifies any support needs, there is a corresponding written medication support plan that addresses how those supports are provided and monitored.
5. **Ongoing Review**
   The individual is reassessed regularly to determine whether changes to the medication support plan are needed.

For Individuals in Non-MAP Settings/Shared Living:
To rate this indicator Met, the following must be present:

1. **Medication Administration Compliance**
   The individual takes medications as prescribed, consistent with physician orders.
2. **Ongoing Review**
   The individual is assessed regularly to determine if support needs or the medication routine have changed.

L55- Informed Consent Is Obtained When Required

This indicator evaluates whether written, informed consent is obtained from individuals (or their guardians/legal representatives) when required by regulation, specifically related to the use of photographic or video images.

Resource: DDS Photo/Video Release Guidance

Use of Photos, Videos, and Similar Media
Regulated under 115 CMR 5.04(2) to ensure individuals are not exposed to public view without their knowledge and permission.
Use of media requires consent. The release form must:

- Be dated
- Clearly define the purpose and extent of image use
- Be accurately completed and signed by the individual or guardian
- Reflect voluntary consent, with no pressure to agree

DDS provides a Photo/Video Release template that individuals (or their guardians) may use to provide consent for photographs or video. The template is intended to align with 115 CMR 5.04(2) and support individuals' rights related to privacy and protection from private and commercial exploitation.

DDS Permission for Release and Use of Photographs Electronic Consent Form.

- If no image is in use, a completed form on file is acceptable and could be rated as Met, but is not required for compliance.
- If an image is not in use and the form is not completed, then this indicator would not be rated.

Rate as "Not Met" if:

Media is used without proper authorization, including consent forms that are missing, incomplete or not specific.

🔄 L56- Restrictive practices intended for one individual that affect all individuals served at a location need to have a written rationale that is reviewed as required and have provisions so as not to unduly restrict the rights of others.

When an environmental restriction impacts others in the home or program, the provider must demonstrate mitigation efforts to ensure their rights are protected. This is the central focus of Indicator L56.

Required Mitigation Strategies Include:

- **Provisions to Minimize Restriction for Others:**
  The provider must implement practical accommodations to avoid undue restrictions, such as:
  - Using door chimes only when the targeted individual is home
  - Providing a passcode or alternative access for others
  - Allowing free access to restricted areas for individuals not affected by the restriction (e.g., keys to cabinets)
- **Informing Others and Their Guardians:**
  - Individuals and/or guardians must be informed of the restrictions and the mitigation steps in place.
  - While annual consent is not required, there must be evidence of notification. Acceptable documentation may include:
    - Documentation in the ISP
    - A statement in the intake packet (e.g., "This home uses door chimes. Here is how access is managed…")
    - A signed acknowledgment of the mitigation plan (e.g., "My son has access to the locked cabinet using a key provided to him")
- **Human Rights Review**

Normative Security Systems

Security systems commonly used in community homes, such as alarms, exterior cameras, or door locks may be considered acceptable if they do not restrict individual rights.

Provider Responsibilities:

- Ensure that the system does not limit privacy, freedom of movement, or access to the community.
- Use these systems only in ways that are non-restrictive and consistent with typical household use.

Examples:

- **Acceptable**: An exterior security camera pointed at the driveway, used for property protection.
- **Not Acceptable**: Interior cameras that monitor individuals' movement or private areas, or door alarms that prevent an individual from exiting the home because they do not have the access code.

Providers must proactively address any unintended restrictive impact, even with normative systems. Please refer to the DDS Policy: Use of Technology in DDS Services

Day Program Considerations:
Day Programs are typically a public place of work, therefore features such as door alarms on external emergency doors, secured entry or intercom entry systems and locked supply areas are considered normative of a workplace setting. A restriction in a day program would be something in place that limits an individual's access to their own personal possessions.

Note on the Individual Requiring the Restriction:
While Indicator L56 focuses on how restrictions are mitigated for others in the setting, it is important to note that any restriction imposed on a specific individual must still follow standard requirements, including:

- A written rationale explaining why the restriction is necessary and the least restrictive alternative
- A plan for fading or elimination of the restriction over time
- Guardian or legal representative agreement, typically obtained through the ISP process
- Inclusion in the ISP
- Review by the Human Rights Committee (HRC)

These elements are formally evaluated under Indicator L57.

L61- Supports and Health-Related Protections Are Included in ISP Assessments, and the Continued Need Is Outlined

When evaluating Indicator L61, surveyors must determine whether any health-related support or protective equipment in use is:

- clearly identified
- clinically justified
- appropriately authorized
- maintained in good repair (as determined through observation of equipment during the audit process)
- properly applied

The required information does not need to appear on one form. Documentation may be found across multiple sources, such as physician orders, nursing documentation, treatment plans, PBSPs, therapy evaluations, or S&P Authorization Forms.

Identify the Type of Support or Equipment
Before rating L61, first determine which category applies.

1. Health-Related Supports

These are supports or devices used for an ongoing medical purpose, not for behavioral reasons.

They may be used to:

- promote body positioning, balance, or alignment
- aid in healing or recovery
- prevent medical complications such as infection or reinjury

- support safe participation in daily activities
- enable safe evacuation

Examples include:
- walkers, canes, crutches
- gait belts
- shower chairs and commodes
- wheelchairs, including accessories such as seatbelts, harnesses, lap trays, foot straps, or head supports
- braces, AFOs, and other orthopedic appliances
- prosthetics
- therapeutic footwear or orthotics
- casts, walking boots, surgical dressings, protective sleeves or gloves
- hospital beds and accessories such as bedrails
- hoyer lifts
- compression stockings

Annual Authorization (15 months) by: a licensed medical professional, such as an OT, PT, RN, or physician.

2. Health-Related Protective Equipment
These are devices used primarily to prevent injury and include two subtypes.

A. Medical Protective Equipment
Protective equipment used only during a specific medical or dental procedure to address a defined medical need.

Key features:
- time-limited use
- related to a specific procedure
- not used for ongoing positioning
- not used for behavioral support
- typically ordered and applied under the prescriber's supervision

Examples:
- arm guard during dental treatment
- bite block during oral procedures
- gloves used to prevent interference with wound care or dressing changes

When equipment is used only during a specific medical or dental procedure under the direct supervision of the prescriber, the additional requirements in 115 CMR 5.12 such as ongoing safety checks, maintenance schedules, and monitoring protocols are not required.

Annual Authorization (15 months) by: physician, nurse practitioner, physician assistant, or dentist.

B. Protective Equipment Used for Self-Injurious Behavior
Protective equipment used to prevent harm during self-injurious behavior is considered a restrictive procedure and requires a higher level of oversight.

Examples:

- arm splints to prevent biting
- helmet to prevent head-banging
- soft mitts to prevent skin picking

Requirements:

- must be included in an Intensive Positive Behavior Support Plan
- must include safety checks and maintenance procedures

Annual Authorization (15 months) by: PBS-qualified clinician

Special Consideration: Seizure Helmets

Seizure helmets should be treated as protective equipment, not positioning equipment, because their purpose is injury prevention. Although they may be used on an ongoing basis, they are still considered protective equipment under 115 CMR 5.12.

Required elements include:

- medical order
- clinical justification
- monitoring and safety checks
- maintenance procedures

Required Documentation

To support a rating of **Met**, documentation must show the following elements, as applicable.

A. Type of Support or Equipment

The documentation must clearly identify the specific device or support in use.

Examples:

- gait belt
- lap tray
- arm splint
- shower chair

B. Clinical Purpose and Justification

The documentation must include:

- the medical or behavioral condition being addressed
- why the device or support is needed

Examples:

- "Lateral supports allow upright posture in wheelchair for safe dining and communication."
- "Helmet prescribed to prevent injury from uncontrolled seizures."

Acceptable sources may include physician orders, PBSPs, nursing assessments, or therapy evaluations.

C. Frequency and Duration of Use

The documentation must indicate when and how often the support or equipment is to be used.

Examples:

- during ambulation
- throughout waking hours
- during daily hygiene

D. Routine Safety Checks (only applies to protective equipment used for SIB)
For protective equipment, documentation must identify:

- what is to be checked
- how often checks occur
- where the checks are documented

Example:

- "Inspect helmet daily for cracks or frayed straps. Document in the equipment log and notify nursing of concerns."

Application of Health-Related Supports and Protective Equipment in CBDS/Employment Supports

When staff in CBDS or Employment Supports assist with applying, using, or managing, health-related supports or protective equipment, the provider is responsible for ensuring that required documentation and authorization are available and that L61 and L84 requirements are met.

This includes:

- authorization
- documentation
- maintenance
- safe application of the equipment

If the individual uses the support independently and staff have no role in applying or managing it, L61 and L84 are not rated.

L62- Supports and health related protections receive the required reviews.

Additional reviews for Health-related Protective Equipment used to prevent harm from self-injurious behavior are as follows:

- The device or equipment reflected in the Intensive PBS plan must be reviewed by the Human Rights Committee when implemented and at least annually thereafter, or when a new protective device or equipment is introduced.
- An Intensive PBS plan that incorporates use of health-related protective equipment must be outlined within the individual's ISP.

L63- Medication Treatment Plans are in written format with required components.

Note: Further updates regarding rating this indicator are pending guidance from PBS.

A MTP does not require development by a health care professional or clinician.

A Medication Treatment Plan is not needed when the individual self-administers medications.

Medication Treatment Plans must include the following components:

1. **Clear description of the challenging behaviors** the medication is intended to manage or treat. The challenging behaviors must be described in individualized objective and **observable terms** (e.g., "slapping and punching" instead of "aggression", "hurried speech" or "two or more days of sleeplessness" instead of "mood instability").

2. **Data tracking necessary for ongoing monitoring such that the individual's clinical course may be evaluated.**
    - Documenting challenging behaviors (as defined in measurable terms) to evaluate whether the medication is achieving its intended effect.
    - Ensuring data is collected in a structured format (e.g., behavior frequency charts or logs).
3. **A mechanism to share data in an ongoing manner with the prescribing physician.**

Medication Incidental to Treatment (Pre-Sedate Medications)
Medications prescribed for treatment that are administered to reduce anxiety, agitation, or other symptoms prior to a medical or dental procedure (commonly referred to as "pre-sedate medications"). These do not require a full MTP.

Requirements:

- Written plan to assist the individual to learn how to cope with the procedure and that leads to the decrease or elimination of medication for chemical relaxation incidental to treatment. Examples include:
    - **Gradual exposure** (short, non-invasive visits to the treatment setting).
    - **Behavioral strategies** (reinforcement, modeling, role play, pre-appointment preparatory conversations, or time of day considerations like early morning appointments when the person is not tired or middle of day when less patients are at the doctor's office so it is less stimulating and/or scheduling when preferred staff are available to take them, etc).
    - **Environmental modifications** (quiet waiting area, reduced wait time, preferred/familiar staff).
    - **Consent via agreement through ISP process rated under L64.**

Day Program Considerations

When an individual takes behavior modifying medication during day service hours and day support staff administer the medication, the day service provider must develop or obtain a medication treatment plan for the medication it administers.

If a person is supported residentially, the residential provider may have developed a medication treatment plan, a copy of which can be made available to the day service. If the individual lives with family, or the day provider does not want to use the plan from the residential provider, the day service must develop a medication treatment plan. In both scenarios, the medication treatment plan must address all required components, and data must be collected as it relates to the medication that is being administered and to the target behaviors observed at the day service.

The day service should be able to describe their mechanism for ensuring that data is shared with the residential provider, family or whoever is responsible for collecting the data for the prescribing physician.

ILS/SCL

- Medication Treatment Plan is not required unless the ISP specifically states the agency has a role in supporting the individual with psychiatric care (not simply transportation).
- In ILS/SCL data collection would be consistent with the providers more limited scope of supports in these service models and responsibilities identified in the ISP.

L64- Medication treatment Plans are reviewed by the required review groups.

The Medication Treatment plan must be included in the ISP by either being:

- Noted in the individual's ISP which includes name of medication and date of plan
- If the medication has been prescribed within the ISP year, the requirement is to upload or include in the next ISP.
- Uploaded into HCSIS by the provider responsible for oversight at the time of ISP.

This ensures the team has access to the most current plan during the planning process.

Additionally, there must be a Rogers guardian in place for any individual on antipsychotic medication who is not competent.

L67- There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.

A written plan is required when the provider shares or assumes responsibility for managing any part of an individual's finances.

1. **Money Management Skills Assessment (DDS Financial Assessment)**
   - A current financial assessment must be conducted to evaluate the individual's ability to manage money, including specific areas of independence and those requiring assistance.
2. **Shared/Delegated Money Management Plan.**
   - This must clearly define the provider's involvement in money management, including:
     - Type of responsibility (e.g., shared support, delegated, rep payee)
     - Who holds and accesses the individual's funds (in any form)
     - How funds are stored, accessed, tracked, and monitored (including bank accounts)
     - How much money the individual can manage or hold independently.
     - Procedures for assisting with spending (e.g., for meals, activities, personal needs).
     - A budgeting plan outlining regular expenditures and spending expectations
   - The plan must be incorporated into or referenced within the ISP
   - The provider must obtain documented agreement to the plan from the individual or, if applicable, their guardian or conservator.

3. **Training Plan Requirements:** A training plan is required unless the ISP indicates that the person would not benefit from a training plan. The training plan must include:
   - Learning objectives/teaching plan to promote independence
   - Target any areas of need identified in the assessment (e.g., budgeting, making purchases, using an ATM, recognizing denominations)
   - Describe teaching strategies, prompts, and skill-building steps

Note: The Shared/Delegated Money Management Plan and Training Plan may be in one document or separate documents as long as all required components are present.

L68- Expenditures of individual's funds are made only for purposes that directly benefit the individual.

Surveyors must verify that individual funds are used appropriately, with no evidence of misuse, borrowing, lending or diversion. All expenditures must clearly and directly benefit the individual. The following practices are not allowed:

- Borrowing money from an individual, including by staff, home care providers, housemates, or other individuals.
- Reimbursing a home care provider or staff for items purchased on behalf of the individual, unless clearly supported by agency policy and proper documentation.
- Paying the home care provider directly (e.g., writing checks to Shared Living caregivers monitoring and assisting with individual funds).
- Any expenditure where the individual does not directly benefit or retain ownership/use of the item or service.
- Paying for items that should be covered by their Residential Charges for Care.

Periodic use of an agency credit card to make larger or online purchases may be acceptable when properly documented and reconciled. However, use of personal credit cards by staff, Shared Living providers, or other individuals should not be used as a purchasing or reimbursement practice.

Joint purchases and/or non-routine expenses
When non-routine joint purchases or expenses, such as cable television, are present, these need to include a description of the purchase/expense to be shared and have the agreement/ signature of the legal decision-maker.

Restaurants and Takeout
Individual funds may be used for restaurant meals or takeout only when the expense directly benefits the individual and is clearly documented.

The individual's funds may only be used to pay for the individual's own meal or agreed-upon share of the order. Individual funds may not be used to pay for staff, home care providers, housemates, or others.

Documentation should identify the purchase, who participated, the individual's portion of the cost, and how the amount was determined when the expense was shared.

L69- Individual expenditures are documented and tracked.

Three-Month Audit Focus
During the in-depth review of the selected three-month period, the surveyor must assess the following components:

A. Confirm presence/outcome of purchased item(s)
Examples:
- **Electronics and Personal Devices (e.g., laptops, iPads, tablets, TV):** Verify that the item is present in the individual's space and available for their use.
- **Bulk Personal Care Supplies**: Confirm that hygiene products or toiletries purchased in bulk are present in the home and available to the individual.
- **Activity-Based** (e.g., concert tickets, museum admissions, theme park passes): Cross-check the receipt with the individual's activity calendar, progress notes, or community outing documentation.

B. Verify Tracking and Timeliness of Transactions
- **Compare receipt dates to entries** on the Financial Transaction Record (FTR):
  - Confirm that purchases are recorded on the date of the transaction.
  - Ensure transactions are entered in real time, not in bulk or after-the-fact.
  - Receipts required for any purchases over $25.

- **FTR entries must include**
  - Date of transaction
  - Total amount spent
  - Type of purchase
  - Staff initials
  - Evidence that the transaction was logged and signed at the time it occurred (e.g., cash in/cash out documentation)

C. Review Handling of Gift Cards and Gift Certificates

- Gift cards and gift certificates must be tracked like cash:
  - Each card must have its own separate FTR.
  - Transactions involving gift cards must record:
  - Amount spent
  - Remaining balance (if applicable)

Rep-Payee Responsibilities and Bank Statement Review

When the provider agency acts as Representative Payee, additional audit steps are required:

A. Review of Bank and Financial Statements

- Review individual bank statements to confirm:
  - All withdrawals are properly documented.
  - Each withdrawal is clearly identified by purpose and aligned with the individual's plan or known expenses.

B. Verification of Withdrawals and Cash-on-Hand Transfers

- If funds are withdrawn for personal spending:
  - Verify that the funds are deposited into the Cash-on-Hand (COH) account.
  - Ensure the withdrawal amount matches what is shown in COH and is reflected in the FTR.

C. Review of Payments for Monthly Obligations

- For expenses such as rent, utilities, and charges for care:
  - Ensure payments are prompt and consistent.
  - Cross-reference payments with supporting documentation (e.g., invoices or billing statements).

D. Documentation of Income Deposits

- For individuals receiving income (e.g., wages, benefits, entitlements):
  - Confirm that all income is:
    - Deposited timely into the individual's account
    - Clearly reflected on bank statements
    - Accurately recorded on FTRs

E. Review any Adverse Impacts of Mismanagement

- Ensure the individual has not been adversely impacted by any mismanagement of funds by the agency including:
  - Individual entitlements being negatively impacted by high balances on account(s)
  - Individual being charged late fees for bill payments that the agency is responsible for making.

Shared Financial Responsibility – Guardian/Conservator Transfers (Non-Rep-Payee)

When the agency is not the rep-payee but shares responsibility and receives funds from a guardian or conservator:

A. Verification of Funds Received

- Agency must document:
    - The amount received
    - The date funds were received
    - The staff member's name who received funds (if delivered in person)

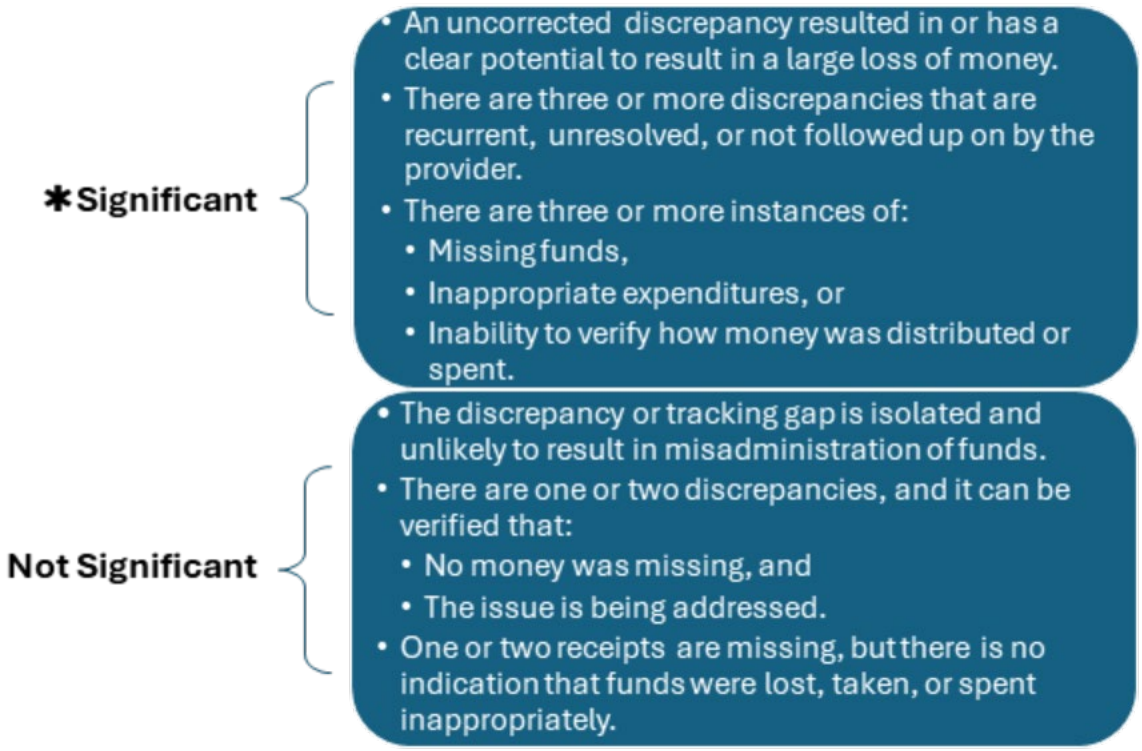
B. Transaction Documentation

- Deposits must be recorded on:
    - The applicable bank account or Cash-on-Hand FTR
    - Each entry must include:
        - Deposit amount
        - Date of transaction
        - Source of funds (e.g., "Funds received from Guardian [Name]")

C. Audit Expectations

- Surveyors must verify:
    - The existence of a tracking system for funds received from guardians/conservators
    - All deposits are logged in real time and clearly linked to the appropriate individual
    - Internal procedures ensure staff accountability and timely deposit of received funds

Below is a decision tree that can assist in determining the rating of met or not met.



✱ Action Required should be issued.

L70 – Charges for Care are Calculated Appropriately

To meet this indicator, the following requirements must be in place:

1. **Written Notification Requirements**

Written notice of the charges for care must be provided:

- To each fee payor *(per 115 CMR 3.05(4)(a))*
- To the individual and guardian (per 115 CMR 5.10(c)8)
- Timing of Notification:
    - Before the individual begins receiving residential services
    - Before any change in the charge

2. Charge Calculation Documentation

The notification must:

- Clearly explain how the charge was determined
- Include the actual calculation used
- 75% of the individual's entitlements or other recurrent income
- If earned income is used:
    - Only 50% of the earned income/wages after the first $65 per month may be counted
    - Recommend quarterly review if earned income/wages fluctuate

Note: ABI/MFP waiver individuals must be left with at least $200/month after Charges for Care are calculated.

3. Ongoing Review and Updates

- The charge must be:
    - Updated annually using current income information with supporting documentation (e.g. current SSI benefit letter), or
    - Adjusted when circumstances change (e.g., changes in income or applicable expenses)

📌 L74 – The agency screens prospective employees per requirements.

As part of the review of L74, surveyors will review a sample of employee records to confirm that required pre-employment screening is completed before hire or before the employee, volunteer, or independent contractor begin working in a DDS-funded service.
This includes confirmation that a DDS Suitability Letter was obtained when required. A DDS Suitability Letter is issued by the DDS Background Check Unit after a candidate completes the DDS fingerprint-based criminal background check and is determined Suitable. Issuance of the letter also confirms that the required CORI check was completed.

For L74 to be rated Met:

- The agency has a process for screening prospective employees before hire
- Required background checks and qualification reviews are completed
- A DDS Suitability Letter is present for sampled employees
- Job descriptions, resumes, references, or other hiring documentation show that staff met the qualifications for the position
- For ABI/MFP services, required additional screenings are completed, including LEIE checks, TB screening, and driver's license verification when driving is part of the job

L74 must be rated Not Met if:

- Required screening did not occur
- A required DDS Suitability Letter is missing
- Staff were hired or began working before required screening was completed

- Staff did not meet the qualifications for the position
- Required ABI/MFP-specific screenings were not completed or documented

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L77 - The agency assures that staff are familiar with and trained to support the unique needs of individuals.

This indicator evaluates whether staff have the knowledge and training necessary to support each individual's unique needs and preferences. It **does not** include any supports that would be rated in a different indicator e.g. L10 risk plans, L38 medical protocols, L39 Special diets, L57 behavior plans, etc.

Often there is a staff training and/or document that covers the individualized support needs of the individual such as a personal profile, about me document or person-centered plan.

Examples of needs that may fall under this indicator include:

- Individual specific support needs, such as, preferences, communication needs, important relationships, religiously based or personal preference for meals (e.g. kosher, vegan, vegetarian), etc.
- Interactions/ staff guidelines that do not rise to the level of needing a PBS plan but provide instruction on how to support the individual, for example. effective approaches.
- Unique needs of the individual that would affect how staff work with them, but does not require a specific protocol that would be rated elsewhere, for example, Dementia, Prader Willis Syndrome, Acquired Brain Injury, Deaf Culture, an inactive Seizure Disorder, etc.
- Hearing or vision loss and related specialized supports.

Expectations for Staff Knowledge and Training for the following support needs:

- **Eyeglasses:** Documentation should specify the type and purpose of the prescription (e.g., *"Mary Smith is prescribed bifocals/progressive eyeglasses for both near and far vision and should wear them daily"* or *"Thomas Jones is prescribed reading glasses and should wear them during activities such as reading, puzzles, or crafts"*). Staff must know when the individual should wear glasses and what steps to take if glasses are lost or damaged.
- **Dentures:** Documentation should note if dentures are prescribed and include instructions for use (e.g., removal before bed, proper storage, and cleaning). Staff knowledge must align with the documented directives.
- **Hearing aids:** Documentation should note if and why a hearing aid is prescribed and outline related care needs (e.g., battery checks/replacement, proper placement, cleaning). Staff must be aware of the individual's needs and what to do if a device malfunctions.

Day Program Considerations

Day program staff are expected to be knowledgeable about individuals' use of devices (e.g., eyeglasses used only for reading). If staff have a direct role in supporting the use or maintenance of a device, then the expectations are the same as those above. If the individual is independent in the use of the support, and staff have no role in applying, managing, or monitoring the device, then surveyors will assess staff awareness of the device under L77.

L78 - Staff are trained to safely and consistently implement restrictive interventions.

To meet this indicator, the provider must ensure that all staff responsible for implementing restrictive interventions receive timely and appropriate training on the following:

1. Environmental Restrictions

- Training must include:
  - The nature and purpose of any environmental restriction (e.g., locked cabinets, alarmed doors)
  - When and how the restriction is to be used
  - Procedures for monitoring and removing the restriction when no longer needed

2. Mitigation Plans

- If mitigation strategies are in place to reduce the use or impact of restrictions, staff must be trained on:
  - The specific mitigation plan for others
  - Steps to actively minimize the restrictive intervention

L82 - Medications are administered by licensed professional staff, MAP certified staff (or authorized PCA staff) for individuals unable to administer their own medications.

There are specific training and documentation expectations for specialized medications and treatments administered under the Medication Administration Program (MAP). Each section below identifies Ancillary and Specialized Trainings required prior to medication administration, including any training requirements.

Specialized Medication/Treatment	Training Requirement
Vital Signs (VS) Monitoring	Onsite Individual Specific training and proficiency, includes: • Name/contact of trainer (HCP, RN, LPN, Pharmacist, Paramedic, EMT) • Dated attendance list of trained staff
Blood Glucose Monitoring (BGM)	Onsite Individual Specific training and proficiency, includes: • Name/contact of trainer (HCP, RN, LPN, Pharmacist) • Dated attendance list of trained staff
Oxygen Therapy	General Knowledge Oxygen Therapy Training; Individual Specific training and proficiency, includes: • Name/contact of trainer (HCP, RN, LPN, Respiratory Therapist or Oxygen Vendor) • Dated attendance list of trained staff
Epinephrine via Auto-Injector	Annual General Knowledge Epinephrine via Auto-Injector Device Training; Annual Individual Specific training and proficiency, includes: • Name/contact of trainer (HCP, RN, LPN, Pharmacist, PA or EMT) • Dated attendance list of trained staff
G/J Tube Meds & Water Flushes	General Knowledge Medication Administration via the G or J Tube Route Training;

	Onsite Individual Specific training and proficiency (at least every 2 years), includes: • Name/contact of trainer (HCP, RN, LPN) • Dated attendance list of trained staff
Warfarin (Coumadin) Therapy	General Knowledge Warfarin sodium Therapy Training; Onsite Individual Specific training and proficiency, includes: • Name/contact of trainer (HCP, RN, Pharmacist) • Dated attendance list of trained staff
Clozapine (Clozaril) Therapy	Onsite Individual Specific training and proficiency, includes: • Name/contact of trainer (HCP, RN, Pharmacist) • Dated attendance list of trained staff
Insulin via Pen Therapy	General Knowledge Insulin Administration via Insulin Pen by MAP Certified Staff Training; Individual Specific training and proficiency includes: • Name/contact of trainer (HCP, RN, Pharmacist) • Dated attendance list
Naloxone (Narcan)	• Naloxone can be administered by any trained staff (MAP or non-MAP staff). • Training may be conducted by any qualified trainer, including mental health program staff. • Training documentation should be maintained on site.

✔ L84 – Staff/ home care providers are trained in the correct utilization of health-related protections per regulation.

This indicator is about staff's training and correct implementation of Supports and Health-Related Protections (L61). This indicator is always rated for anyone that uses a health-related protection in which staff have a role.

Surveyors must confirm that:

1. **Training:** Staff have been trained on the current supports to safely apply, use, and maintain the specific device(s) in accordance with clinical orders and regulatory requirements.
2. **Implementation:** The device is used only as prescribed, at the required frequency and duration, and for the intended purpose.
3. **Safety Checks:** Are documented safety checks occurring as required and identified in the PBSP/S&P form (for protective equipment used for self-injurious behavior only)
4. **Condition of Device (as determined through observation):** The device is clean and in good repair, meaning:
    a. Functional and in working order
    b. Free from defects or hazards
    c. Clean and sanitary

🔄 L85 – The agency provides on-going supervision and staff development.

Sampled Sites/Services
At the site or service level, surveyors should confirm that:

- Supervision and team meetings are occurring in accordance with the agency's policies.
- Documentation of supervision, team meetings, and follow-up is consistent with the agency's policies and protocols.
- Staff receive the guidance, support, and staff development needed to carry out their responsibilities.
- Supervisors are aware of concerns and take follow-up action as needed.
- Agency oversight systems are implemented in practice and support consistent service delivery.

Rating Considerations (For all service types)
If isolated issues are identified (e.g., a few missing receipts, an occasional missed medication count), address them under the relevant indicators (e.g., L67–L70 for finances, L46 for medication).

If there are multiple and recurring issues across various domains (e.g., financial mismanagement, poor medication documentation, inadequate ISP implementation, maintenance problems) this may indicate that site-level supervision, or oversight systems are ineffective, and L85 could be rated Not Met due to ineffective oversight.

ILS/SCL Considerations
Supervision includes whether the agency has a clear and effective system for documenting and communicating the services and supports it has assessed and agreed to provide to each individual. When an ISP is not available, the agency should have another current service document or comparable system that clearly identifies:

- the supports to be provided
- staff responsibilities
- the individual's relevant needs, goals, and support areas
- any important health, safety, behavioral, or risk-related information staff need to know

L86-L88 Rating Applicability

These indicators are only rated when an individual has an ISP. If an ISP has not occurred, or has not been scheduled, then these indicators would not be rated.

L86 – Assessments are Submitted on time.

Notification of the ISP is completed no later than 30 days in advance of the ISP. This allows the Provider at least 15 days to complete the assessments, which must be submitted at least 15 days prior to the ISP meeting. Surveyors will review the notification date, the date that the assessments were submitted, and the ISP date. If there is evidence that the assessments were submitted at least fifteen (15) days prior to the ISP, then the indicator is rated "standard met."

In the event that notification of the ISP is not shared by the Service Coordinator at least 30 days in advance of the ISP date, and as a result the provider completes the assessments less than 15 days prior to the ISP, the provider will not be penalized for this. While reference will be made that the assessment was not on time, this score will not be included in the provider report, and the issue of late notification will be referred back to DDS to resolve.

L87 - Support Strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.

Notification of the ISP is completed no later than 30 days in advance of the ISP. This allows the Provider at least 15 days to complete the support strategies, which must be submitted at least 15 days prior to the ISP meeting. Surveyors will review the notification date, the date that the assessments were submitted, and the ISP date. If there is evidence that the assessments were submitted at least fifteen (15) days prior to the ISP, then the indicator is rated "standard met."

In the event that notification of the ISP is not shared by the Service Coordinator at least 30 days in advance of the ISP date, and as a result the provider completes the proposed support strategies less than 15 days prior to the ISP, the provider will not be penalized for this.

Although Providers are not dependent on the notification to begin creating the proposed objectives as HCSIS allows support strategies to be entered 90 days in advance of the meeting, consistent with past practice the provider will not be penalized in the event that they were provided less than 30 days notification of the ISP. Reference will be made that the proposed support strategies were not on time, and this score will not be included in the provider report.

✔ L90- Individuals are able to have privacy in their own personal space.

Individuals must have privacy in their personal space, especially in their bedrooms. This includes control over access, safeguarding personal belongings, and respectful staff practices such as knocking and requesting entry.

A guardian's request alone does not justify omitting a lock. Locks may only be excluded when it is clinically contraindicated, and less restrictive alternatives have been thoroughly explored and documented.

1. **Lockable Bedroom Doors –**
    a. Every individual must have a lockable bedroom door unless the bedroom door provides access to an egress.
    b. The lock allows for personal privacy, but individuals are not required to use it. Simply having the option is one criterion for compliance.
2. **Respectful Practices**
    a. Providers and staff must foster an overall culture of privacy, which includes:
        i. Knocking and requesting permission before entering bedrooms
        ii. Supporting individuals' control over their space and possessions
        iii. Protecting personal information and belongings from intrusion or exposure
3. **Egress Exceptions**
    a. Bedroom doors providing access to egress doors cannot be lockable.
4. **Type of Locks – Keys and Keypads**
    a. Doors must be easily opened from the inside without requiring a key, and the individual must be able to unlock the door independently from the inside.
    b. Common options include:
        i. **Push-button locks:**-For interior use only.
        ii. **Key locks:** Allowing individuals to lock their rooms when they are not home.
        iii. **Keypad locks** (increasingly common)
            1. Each individual should have a unique personal code**.**
            2. Use of a universal code for all individuals defeats privacy protections**.**

5. **Staff Access and Safety Considerations**
    a. Staff must retain master keys or master codes to unlock rooms when needed for emergencies or health and safety.
6. **Determining Preferences**
    a. Providers should discuss with each individual:
        i. Whether they want to lock their door when they leave
        ii. Whether they want privacy when in their room
    b. Lock types and access plans should be based on these conversations and documented accordingly.
7. **Contraindications and Documentation**
    a. If the use of a lock is clinically contraindicated (e.g., due to risk such as pica or elopement), the concern must be:
        i. Clearly documented in the ISP
        ii. Reviewed with the individual/guardian and team

Rating consideration – Issues with the type of lock and staff access/safety considerations would be rated in L24.

✔ L91 – Incidents are reported and reviewed as mandated by regulation

This is a site-based indicator, meaning that it is rated for each site sampled, using several sources of information and evidence:

A. Providers are responsible for meeting the following required timelines regarding incident reporting (Off-site):

	Major Incidents	**Minor Incidents**
Initial	1 business day	3 business days
Final	7 business days	7 business days

- Generate Aging Incident Summary Report for the last 13 months to review timelines for submission and finalization of incident reports for those locations selected. This report only shows incidents that are out of compliance with the timelines.
- If the incident is listed but is noted to be 0 days late in the provider creation and provider finalization sections, then DDS was overdue in their review(s) and the provider's rating should not be impacted by this.
- If an individual's name appears without a site identified, determine the location that the incident occurred to determine if the incident occurred at the sampled location.
- If the location/ individual "looks like" timelines are not met per the Aging report, this is ONLY a starting point. The surveyor must drill down into each incident to determine whether there was an actual delay in reporting.
- In rare circumstances, a final incident report may not be completed within seven (7) business days (e.g., an unexpected hospitalization). Providers should submit an extension notification as soon as it is apparent that the finalization timeline will not be met. Delays related to documented circumstances requiring an extension should not be considered late.
- Surveyors may have to recount by hand. If upon recount, counting from the date of discovery as day 0 to the day of creation or finalization, you find that they are within timelines, do not count this as late.

B. All incidents need to be reported as mandated. Anything meeting the threshold of a reportable incident needs to have a corresponding incident report filed through HCSIS (On-Site Cross Check).

- Interview staff for knowledge in incident definitions and reporting requirements.
- Review documentation (individual and location) to assess whether reportable items noted within communication log, individual record, or interview were also submitted as incident reports.
- Examples of reportable incidents that may have occurred and would have required a corresponding incident report
    - Unexpected hospitalization noted through hospital discharge paperwork
    - Injuries that meet the reportable threshold (communication logs, shift notes)
    - Police involvement to manage a situation referenced in a communication logbook
    - Staff report/ describe an incident that occurred more than a week ago

C. Guardians need to be notified of all major incidents.

- Confirm through guardian interview and
- Check the box under notification on incident report (if major incident) that indicates that the guardian has been notified.

Rating consideration – this indicator would be rated met if there was no evidence of missed timelines reporting incidents, unreported incidents and lack of guardianship notification.

Urgent Care Guidance

Per the July 24 2025 updated DDS Urgent Care Incident Report Guidance, treatment for any type of injury beyond minor first aid requires an incident report, regardless of the treatment setting.

Use of Urgent Care facilities, tele-health models or mobile health options and incident reporting requirements:

Requires an incident report	Does not require an incident report
• As an alternative to a hospital ER for an immediate treatment	• Purpose of a convenient, preventative care option • Treating routine episodic illness as an alternative to visiting the PCP

L92 – The Provider has ensured that all Provider owned/operated sub-locations have the required licenses and inspections.

Day and Employment services can support individuals in a variety of settings including site-based and site-less options. For example, Community Based Day Supports (CBDS) services can be provided at a site where individuals spend most of their time, or services can be fully site-less, and individuals are transported directly from home to activities based within the local community. Services can also be provided within satellite or "sub-locations" which are managed by the Provider agency and offer supported employment, training, or specific activities to individuals. QE requirements for approving and reviewing these locations vary depending on how the site is used and who has primary responsibility for it.

Community Based Day Support service location

Definition: A provider owned, or operated site used on a routine and ongoing basis to provide CBDS services to individuals during the day, with some attending full-time and many attending part-time. This

location provides some level of programming within the building to a group of individuals, as well as serves as a drop off location prior to and between community activities. From this starting point, individuals are transported to other activities and destinations in the community.

Site Requirements:

- Site feasibility and occupancy approval processes must be followed.
- At least one egress must be accessible, i.e., exit at grade or ramped to grade.
- Programing must be limited to a floor with horizontal exit to grade.
- At least one bathroom must be accessible
- The site must file and obtain Area Office approval for a written Safety Plan, assuring the safety of individuals in the event of an emergency such as fire, loss of heat or electricity, interior flooding, or other circumstances requiring emergency evacuation.
- Fire drills occur at least every six months
- These sites are tracked by DDS. A unique site id is assigned to each site-based location.
- QE will visit and conduct an environmental inspection of the location during a survey if used by sampled individuals.

Agency Corporate Offices from which CBDS and/or Employment services are managed

Definition: A corporate office, administrative hub, or other center where staff are housed and/or confidential records are stored. This corporate base does not provide any direct services within the building but may serve as a starting point for staff who transport individuals to activities within the community. For Employment Services, this location may serve as office space for job coaches. These sites are not tracked by DDS; however, a site id might be issued for the service under the agency's corporate address.

Site Requirements:

- QE confirms that no services are occurring at these locations, and no site review requirements are necessary.
- Training information or confidential files can be reviewed at these sites as applicable.
- If medications stored at these locations, the site would require MAP registration.

Provider owned, leased, or operated CBDS or Employment Satellite or "Sub-location"

Definition: Satellite locations include provider owned, leased, or operated buildings/ spaces used for day activities or as worksites supporting a group of individuals. These sites are tracked by DDS as "sub-locations" and are listed under the site id assigned to the agency's day or employment service. Sub-locations used for CBDS, or employment are not "full locations" for several reasons. A Provider sub-location may be used as an employment or day support site for some portion of programming such as training or classes. The sub-location may be used for some but not all individuals on a routine basis, or the sub-location may be a service option for a particular group of individuals. These spaces are operated and managed by the Provider. These locations generally interface with the community and are buildings, businesses or spaces reviewed by other city/state entities when established and ongoing. For example, a café or catering business may need inspection by the Board of Health, or a thrift shop may be subject to Certificate of Occupancy from the city/town.

Examples:

- Group employment location where social enterprise or other business is housed.
- Retail shops
- Recycling centers
- Office space or business used as a setting for specific activities or training.

Site Requirements:

- No requirements for site feasibility or occupancy approval from DDS,

- No requirement for Safety Plans or fire drills.
- The site must meet the needs of the individuals served, but there is no expectation of full accessibility.
- QE confirms that all necessary inspections have been obtained by the Provider for any sub-location, i.e., provider-owned or leased space and/or space operated and managed by the Provider for employment, training, or other specific activities.
- QE will visit the sub-location during a survey, if used by sampled individuals, but will not conduct an environmental inspection.

Community spaces and locations
Definition: These locations are open to the public and used by all. Day service providers are encouraged to freely utilize public spaces for activities as much as possible. As these places are used by the general public and not owned, leased or managed by the provider, there is no need to identify them as sub-locations, conduct a site review prior to use, or visit the location during a survey when used by a sampled individual.
Examples:
- Public buildings, town hall
- College classes/campus
- Churches
- Elks Club kitchens and community spaces
- Libraries
- Malls

Site Requirements:
- No tracking by DDS or any additional site requirements.

Community-based businesses that employ individuals through group-supported employment
Definition: These locations represent local companies/business that offer work to a group of individuals that are generally supervised by agency staff. The business owner is responsible for the site, not the provider agency. This category does not include provider owned or leased locations. These locations are not tracked by DDS.
Examples:
- Factories that feature light assembly and packaging work that utilize an enclave/group of individuals generally supervised by the provider agency.

Site Requirements:
- No tracking by DDS or any additional site requirements.

L99 – Medical monitoring devices needed for health and safety are authorized, agreed to, used and data collected appropriately (August 2023 Interpretation).

Electronic equipment and devices needed for health or safety reasons are evaluated in this indicator. These devices have certain elements in common. They represent equipment needed for medical treatment, devices that monitor the status of a medical diagnosis, and devices that monitor an individual's safety and well-being related to a medical condition.
These devices are authorized for medical reasons, not for behavioral/clinical reasons.
They operate electronically and can have the capacity for remote monitoring, including the ability to measure and/or transmit data electronically. Generally, the Provider has a role in managing the equipment or device, i.e., agency staff are involved in applying and using the device and/or staff are monitoring data produced by it.

Equipment used to treat or monitor a health condition/concern require:

- A written authorization for the equipment by a licensed medical professional that explains its purpose.
- Written instructions for staff related to the device, including using the device and any instructions for maintenance, cleaning and care.
- For devices that impact privacy, incorporation into the ISP, and human rights committee review are necessary. Additionally, use of cameras for medical monitoring requires written informed consent.

Examples of devices that are vehicles for medical treatment and/or monitoring include but are not limited to:

- CPAP and BIPAP equipment used to treat sleep apnea.
- Oxygen concentrators and accessories.
- Nebulizer compressor and accessories used to treat asthma and COPD.
- Portable ECG/EKG heart monitoring equipment
- Remote patient monitoring equipment for pacemakers.
- Continuous glucose monitoring devices (CGM) are hand-held devices or sensors affixed to the skin that can read blood sugar levels on demand.

Devices and sensors that monitor individuals for their health or safety related to a medical condition.

These alert devices can be wearable or placed in an individual's immediate environment to detect sound or movement and send auditory, visual, or electronic signals to alert staff. Examples of devices that monitor an individual's safety and well-being related to a medical condition include:

- Wearable medical alert devices that detect falls or seizure activity, including devices with active GPS capability that send GPS coordinates of an individual's location.
- Motion sensors affixed to chairs or beds to detect movement of individuals who are at high risk for falls.
- Audio or video monitors (cameras) authorized by a licensed medical professional to monitor a person for specific health/medical reason, not to monitor challenging behaviors.
- Specialized monitors for dementia and Parkinson's disease.

Individuals have a reasonable expectation of privacy in their home environment and personal space. When a medical monitoring device is used in a manner that impacts an individual's expectation of privacy, such as monitors and sensors placed in a person's bedroom or devices used to monitor seizure activity and track a person's location via GPS, there are additional requirements for review and approval.

- An assessment of need and written authorization from a licensed medical professional that explains its use and purpose.
- Where staff assist in employing the device, written instructions for using and maintaining the device must be in place.

In addition, the use of devices that impact on privacy must be reviewed by the agency's human rights committee and be incorporated into the individual's ISP for review and agreement of the individual or his/her guardian. Video cameras used as a medical monitoring device in bedrooms, bathrooms, or other areas of the home are subject to written informed consent of the individual or guardian and approval by the agency's human rights committee and the DDS Human Rights Committee.

When are devices not reviewed in L99:

- Medical devices such as cardiac monitors that transmit data directly to the individual's healthcare practitioner with no role for the Provider.
- Electronic medical devices that are controlled by the individual and used independently with no role for the provider.
- Devices and sensors used to address behavior for purposes of risk management.

There are additional types of medical devices that are reviewed within other licensing indicators and are not evaluated here. The following devices are reviewed within the context of L46 (medication administration) and L82 (MAP certification and specialized MAP trainings).

- Use of blood pressure equipment for obtaining vital signs required for giving a medication (MAP 08-1).
- Electronic glucose monitoring devices used to determine medication dosage or frequency (MAP 08-03).
- Use of equipment that supplies oxygen in accordance with a physician's order (MAP 08-04).

Proper use of devices such as nebulizer or oxygen concentrator within the context of a medical protocol are evaluated in L38, however, authorization for the device, instructions for its care and maintenance would be reviewed in L99.

Section II – Certification Indicator Interpretations

Guidance for Evaluating Indicators C1–C6

Each of these indicators assesses a distinct element of an agency's overall quality management system. While smaller agencies may have less formalized systems, they are still expected to demonstrate evidence of quality practices, planning, and evaluation. Ratings should be based on the presence of observable documentation, systems, or actions that reflect each indicator's intent, regardless of size or structure.

C1 – The provider collects data regarding program quality including, but not limited to, incidents, restraints, investigations and medication occurrences.

Indicator Focus: The provider collects data related to program quality (e.g., incidents, investigations, restraints, medication occurrences) beyond required reporting systems.

Standard Met:

- There is documentation showing the provider actively collects quality-related data.
- Data is collected systematically (e.g., monthly summaries, internal logs, tracking spreadsheets).
- Data sources may include critical incident trends, medication errors, injury reports, grievances, or restraint use.

Standard Not Met:

- The provider only relies on required DDS systems (e.g., HCSIS) with no evidence of internal data collection.
- Data is anecdotal or not compiled in any consistent or retrievable format.

C2 – The provider analyzes information gathered from all sources and identifies patterns and trends.

Indicator Focus: The provider analyzes the collected data to identify patterns and trends.

Standard Met:

- Documentation shows review and analysis of quality data (e.g., quarterly reports, summary memos, charts).
- Patterns or trends are identified.
- There is evidence that findings inform internal decision-making or improvement planning.

Standard Not Met:

- Data is collected but not reviewed or analyzed.
- No patterns, themes, or trends are identified.

C3 – The provider actively solicits and utilizes input from individuals and families regarding satisfaction with services.

Indicator Focus: The provider actively gathers and uses feedback from individuals and families to inform service improvements.

Standard Met:

- The provider uses surveys, interviews, family forums, or informal channels to collect feedback.
- There is evidence that this input is compiled, reviewed, and used to guide improvements.
- Feedback efforts target all relevant programs (e.g., residential, day, employment).

Standard Not Met:

- Feedback is not routinely gathered or only solicited after issues arise.

- There is no indication that the feedback informs service changes.
- Feedback methods are inconsistent, inaccessible, or not clearly documented.

C4 – The provider receives and utilizes input received from internal systems, DDS and other stakeholders to inform service improvement efforts.

Indicator Focus: The provider receives and utilizes feedback from external stakeholders (e.g., DDS including site visits, quarterly meetings and other means of feedback and input, advisory boards, Office of Human Rights, OQE, etc) to inform quality improvements.

Standard Met:

- Feedback from licensing reports, contract reviews, site visits, or other stakeholders is reviewed and incorporated into action plans or service improvements.
- Examples include responses to performance-based objectives, DDS guidance on employment, or health/safety issues.

Standard Not Met:

- Stakeholder feedback is acknowledged but not acted on.
- There is no documentation showing that external input influences planning or system changes.

C5 – The provider has a process to measure progress towards achieving service improvement goals.

Indicator Focus: The provider sets service improvement goals and tracks progress over time.

Standard Met:

- Specific, measurable goals are documented (e.g., reduce medication errors by 25% in 6 months).
- Progress is monitored and reported (e.g., graphs, status updates).
- Mid-course adjustments are made based on performance.

Standard Not Met:

- Goals are vague, not documented, or not measurable.
- No tracking or reporting on progress.
- No system exists to assess whether improvements are occurring.

C6 – The provider has mechanisms to plan for future directions in service delivery and implements strategies to actualize these plans.

Indicator Focus: The provider has documented mechanisms for future planning and implements strategies to actualize long-term service goals.

Standard Met:

- There is a written strategic plan, vision document, or long-term planning summary.
- Goals are forward-looking (e.g., transitioning to integrated employment).
- There is evidence of steps taken to actualize these plans (e.g., training, budget planning, policy shifts).

Standard Not Met:

- The provider operates reactively with no future planning.
- Future goals are undocumented or disconnected from service activities.
- There is no clear link between stated plans and action taken.

✔ C12 – Individuals are supported to explore, define, and express their need for intimacy and companionship

The presence of staff's knowledge regarding a person's unique interest and needs and the provision of support/resources in this area is the primary focus. Whether or not an agency has a curriculum/training materials is not sufficient to determine a rating but rather should be seen as a potential resource and lays a foundation to assist in success.

Considerations that would support a rating of Met:

- Individual and/or staff have resources (other knowledgeable staff, training, practice, external counselor, etc.)
- Agency culture promotes all types of relationships.
- The provider utilizes a curriculum and has appropriately trained staff OR has access to resources that supports learning in this area.
- A general (formal or informal) assessment/information around interests and preferences in this area.
- Demonstrated Support and Education provided for the person based on assessments and information (unique learning style).
- Support to work with family and help person to discover self and express preferences in identity and relationships.
- Demonstrated ongoing support and progress based on ongoing evaluation process.
- Person is satisfied with the support he/she has received in this area.

CBDS and EMPLOYMENT SERVICE GUIDANCE

Community-Based Day Supports (CBDS) 3163 – This service provides a range of options for structured day activities. The service can focus on skill development for individuals who have goals for future employment or provide socialization and enrichment activities for individuals who are retired. It can also supplement an individual's employment with structured day activities during times during time of the day or week when they are not working.
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.

3163 CBDS to individuals of retirement age
Services for 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, include:

- 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

3163 CBDS to those of working age who need a structured program to develop skills and behaviors or who are on a Pathway to Employment

Services to these individuals include:

- Career and work 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.

CBDS serves a variety of individuals, some with complex behavioral, medical, forensic, cognitive or mental health support needs. Therefore, the program may be serving individuals who need a structured program to develop skills and behaviors necessary to create a pathway, for whom employment is not yet an envisioned goal. The intent is to keep movement toward employment as a possibility by ensuring services and supports are purposeful and linked to the development of goals and skills that will facilitate movement toward employment. Community integration, skill development and training, and enhancement of interpersonal skills are expectations for this service.

Employment Supports 3168

There are several different services offered as employment supports including individual and group supported employment.

Individual Supported Employment

This category includes individualized services that support a person to obtain, maintain, or advance in competitive employment in an integrated community setting. Services are divided into two subcategories:

- **3168A – Initial Employment Supports**: Includes active planning, job development, initial and ongoing training, and employment supports.
- **3168B – Ongoing (Maintenance) Employment Supports**: Focuses solely on job maintenance and advancement for individuals already established in employment.

3168A Employment Supports: This support is provided when an individual is actively seeking employment, transitioning into a new job, or working in a position that requires continued direct support. The service components vary based on the individual's employment status:

A. **When the individual is currently employed in a job aligned with their interests but still requires active support:**
   a. Person-centered career planning (career and job interests and skills are assessed on an ongoing basis)
   b. Assistance to individuals to locate jobs/ developing jobs for individuals (if done recently; if looking for advancement)
   c. Initial and ongoing support at the job site.

B. **When the current job does not fully match the individual's interests or goals:**
   a. Full assessment of career interests and employment-related skills.
   b. Assistance to individuals to locate jobs/ developing jobs for individuals (assess efforts to develop job in area of interest)
   c. Initial employment supports (support to do existing job; support to learn skills for new job.
   d. Ongoing employment supports

C. **When the individual is not currently employed:**
   a. Full assessment of career interests and employment-related skills.
   b. Assistance to individuals to locate jobs/ developing jobs for individuals

c. Initial employment supports through job trials, skill building, training

D. When an individual is new to the agency, less than 4 months;
   a. Comprehensive person-centered career planning (career and job interests and skills are fully assessed)
   b. Assistance to individuals to locate jobs/ developing jobs for individuals (assess efforts to develop job in area of interest)
   c. Initial employment supports (if the individual has a job)

3168 Ongoing (Maintenance) Employment Supports: Individuals in this category have typically been determined independent in their preferred job. The primary focus of ongoing supports should be in maintaining and/or increasing independence on the job or with new tasks as they arise. Job coaching would typically be intermittent and include periodic check-ins with the individuals and their employer to assist in resolving issues or changes in job responsibilities or the workplace, as needed. Other key elements of staff support include:

- Conduct periodic check-ins with both the individual and their employer.
- Provide ongoing training to facilitate job retention and career progression.
- Respond to issues raised by employer
- Continue to develop natural supports and independence within the workplace
- Fading of job coaching and direct assistance
- Offer education on employee rights and access to public benefits (e.g., SSI/SSDI).
- Assist with transportation-related training, as needed.
- Support requests for reasonable accommodations in the workplace.

Group Supported Employment 3181: Individuals receiving this service are typically supported in discrete groups of 2 to 8 at any given time. Individuals may be employed in community businesses or in a provider business enterprise. They may be completing a specific set of tasks for the employer, be employed in an enclave (at a community business or an agency owned/ operated business), or as part of a mobile work crew at multiple locations in the community. They may be employees of the provider agency or hired directly by the business. Key elements include:

- Individuals are working in the community under the supervision of agency staff
- Individuals work in an integrated environment
- Individuals have opportunities for contact with co-workers, customers, supervisors and others without disabilities

Core service elements of this support include:

- Person-centered planning including the identification of career goals.
- Skill assessment and the identification of support needs.
- The agency displays expertise in developing opportunities for group employment in the community, and/or in the operation of small business or social enterprise.
- Job coaches need to display competencies in the following areas:
  - Skill building and the development of competencies.
  - Ability to assist individuals to maximize productivity and move toward independence.
  - Identify/develop natural supports.
  - Facilitate contact with people without disabilities.
  - Assist individuals to develop appropriate social interactions.
  - Maximize training opportunities.
  - Be knowledgeable and train individuals/families on the potential impact of earnings on benefits.

Best practices regarding Group Supported Employment include:
Small group placements (2-5) with opportunities for individuals to be integrated or dispersed into the work placement.

- Individuals are hired and paid directly by the employer.
- Individuals are paid minimum wage or higher.

CAREER PLANNING, DEVELOPMENT, AND EMPLOYMENT (C22-27, 29-30, 34-36)

C22 – Staff have effective methods to assist individuals to explore their job interests.

- This indicator focuses on assessment of job/employment interests. It applies to Group Supported Employment (3181) and Individual Employment (3168A).
- Interest assessments completed or updated within the past year.
- Discovery process to help person get to know herself/himself in terms of job interests
- Use variety of means to explore job interests including interest inventories, job tours, informational interviews, job shadows, etc.
- The exploration process needs to be purposely broad so that the process truly identifies the person's strongest job interest. Assessments should go beyond an agency's available job options. If the assessment is not comprehensive, it would affect the ratings in C22, C23 and C24.
- Methods of exploration must be customized to the specific needs of the individual, such as communication style and preferences.
- A wide array of possible jobs and careers must be explored based on the person's interest.

C23 - Staff utilize a variety of methods to assess an individual's skills, interests, career goals and training and support needs in employment.

- Skill assessments completed or updated within the past year.
- Discovery process to determine individual's strengths and abilities
- Skills assessments must focus on both what a person can do and not only on what they cannot do.
- Must assess both skills and support needs.
- Need to use a variety of means, which could include assessments, discussions with the individual, behavioral observations, results of any testing, previous performance history, assistive technology information, etc.
- Assessments must accommodate person's unique learning and communication styles
- Assessments must identify both work skills and training needs as well as identify settings that the individual is more competent in and therefore be settings that would further promote learning and skill development.

C24 – There is a plan developed to identify job goals and support needs.

- This indicator focuses on development of a plan based on skills, needs and employment interests.
- A well thought out plan is the foundation to success in finding and obtaining employment.
- The plan must be based on the assessments of job/employment interests and of skills and training needs.
- The plan should identify job goals and support needs.
- The plan must be tailored to the skill set of the job/career interest.
- Employment goals addressed in the plan must be congruent with the individual's ISP.

C25 – Staff assist individuals to work on skills development for job attainment and success.

This indicator focuses on plan implementation.

- Focuses on skill acquisition occurring within the program site, such as practicing/improving skills to obtain employment of choice.
- Strategies need to be put in place to implement the plan and meet the identified goals.
- Strategies should include guidance and education to learn, master and refine job skills.
- There needs to be evidence that strategies are consistently being implemented on a regular and ongoing basis.

C26 – Career planning includes an analysis of how an individual's benefits/ entitlements can be managed in a way that allows them to work successfully in the community.

This indicator emphasizes the importance of individuals being aware of how their current and future earnings may impact their benefits and entitlements, particularly when receiving Supplemental Security Income (SSI) and/or Social Security Disability Insurance (SSDI). This knowledge is crucial for individuals and their families, as it allows them to comprehend the impact of going to work or increasing their earnings.

To assist individuals and their families in understanding the complexities of benefits and entitlements in relation to career planning, agencies should have personnel who can provide guidance and referrals to benefits counseling. This counseling is meant to offer specific information on how employment and change in income may affect their benefits.
Through access to benefits counseling and expert guidance, individuals can make informed choices about their careers, earnings, and how they can continue to receive essential supports while contributing to their community.

Two online resources are available to further inform individuals on this area; the first is a website (https://www.mass.gov/service-details/statewide-employment-services) that offers statewide employment services, including benefits counseling. The second is a platform that specializes in benefits counseling to help individuals navigate their entitlements effectively. https://workwithoutlimits.org/benefits-counseling/

When rating C26 for employment supports, the following criteria must be met.

- Agencies must have knowledgeable personnel who can provide guidance and referrals to benefits counseling to assist individuals in navigating their entitlements effectively.
- Individuals and their families should receive information on how their earnings impact their benefits, helping them understand the consequences of working or increasing earnings.
- Information should be shared annually at ISP, or when a new job or raise may impact entitlements.

C27 – Individuals and families are encouraged and supported to understand the benefits of integrated employment.

This indicator focuses on support to understand the benefits of integrated employment.

- Both individuals and families should receive basic education about the benefits.
- If concern is noted, a variety of methods for discussion should be utilized, such as ongoing conversations, presentations, talking with other individuals successfully employed, etc.
- Efforts should be made to address any issues raised.

- If the family remains opposed to an individual working, there must be ongoing efforts to address their concerns, as opinions may change over time. Efforts should not cease just because the family says they are opposed.

C29 – Individuals are supported to obtain employment that matches their skills and interests.

- Typically, an individual would be actively pursuing employment after 3-4 months of beginning an employment service.
- If the individual has previously been employed but is now unemployed, the provider may need to quickly reassess the person's skills and interests at this point in time and then based on current information, renew the employment search.
- Individual is supported to pursue actual job acquisition. This includes researching the types of jobs that would be in line with the person's interests, going on job interviews, distributing resumes and applications, making phone calls, etc. Although some activities might occur in-house, such as looking for job postings. the focus is on what is occurring toward obtaining outside employment and should include outreach and networking efforts.
- Support job acquisition in line with each individual's interests and talents. Job exploration should also include the individual's desired amount of time to work (2 hours a day or 2 days per week vs a 40 hour week), how far they want to travel, and the times they want to work (mornings vs. afternoons, etc.).

C30 – Individuals are supported to work in integrated job settings.

- Evidence of individual being supported to work in an integrated setting. If the individual is not yet working in an integrated setting this would be rated "Not Met."
- Should include regular contact with co-workers who are not disabled in line with the same opportunities of others employed in a similar position.
- Should include social interactions with co-workers at the work site in line with others in a similar position.

C32 – Wages earned are in accordance with at least minimum wage or the prevailing wage rate.

- The individual is paid at least the minimum wage or the prevailing wage rate, consistent with others performing similar work.
- If the individual is in competitive employment, wages are aligned with the employer's pay scale for the role and reflect standard compensation practices.
- If the individual participates in volunteer activities, those activities comply with the U.S. Department of Labor (D.O.L.) guidelines for unpaid work.
- The agency demonstrates knowledge of wage requirements and ensures that employment arrangements are legally and ethically compliant.

C34 – The agency provides the optimal level of support to promote success with a specific plan for minimizing supports.

This indicator focuses on promoting success in least intrusive manner possible.

- Individual is receiving the necessary support to be successful at this time.
- There is a plan for how support can be reduced while maintaining success. There must be a well thought out plan for fading job supports developed from the beginning of employment so that the individual can perform the current job with greater independence.
- The plan is being implemented as needed.
- The individual is a partner in determining the level of support needed.

C35 – Individuals are given feedback on job performance by their employer.

This indicator focuses on the provision of timely, documented feedback to the individual on their performance.

- Feedback should be given at a minimum, annually, and more frequently if this is consistent with feedback to other employees.
- Feedback should be clearly documented.
- If the provider is the employer, they are responsible for providing the feedback.
- If the provider is not the employer, there should be evidence of an evaluation by that employer or evidence of advocacy on the part of the agency that a job performance evaluation be conducted on the same timeline as for other employees of that employer.

C36 – Ongoing supports are provided to enhance job retention and advancement.

Focuses on security and movement within the place of employment.

- Employer needs to know how to contact the agency if additional or renewed supports are needed.
- There must be a schedule of ongoing check-ins with the employer and individual to monitor status and performance issues in a timely manner.
- At a minimum, the provider should have periodic discussions with the individual as to whether the job is still of interest, the number of hours of employment meets the individual's needs, the work schedule is satisfactory, and whether the individual wants to work in a different type of job at the company or with another company, should the opportunity arise. This should occur at least annually, such as through an annual evaluation or feedback on performance or vetted through the ISP.
- This indicator also focuses on issues like seniority, pay increases, increase in hours and/or promotions. There should be documented evidence that these areas are reviewed. The agency needs to be knowledgeable about the company's schedule and requirements for pay raises and possible advancement.

MEANINGFUL AND SATISFYING DAY ACTIVITIES (C37 – C39)

C37 – There is support to develop appropriate work related interpersonal skills.

- Interpersonal/social skills may have been evaluated. (See C23)
- When needs are identified, there are clear strategies for supporting the individual to develop appropriate interpersonal skills.
- If there is a specific ISP objective relative to social skills, the provider must develop and implement support strategies to meet that objective.
- For others, while an annual objective may not be necessary, support should be provided on the development of social skills on a routine and ongoing basis. For example, day-to-day interactions such as greetings, manners, interactions with others at the day site, the conduct of commercial transactions, and interface with the public are all opportunities that can be used as "teachable moments" to prompt appropriate skills.
- If an individual is employed or in the process of being employed, the agency should be cognizant of the specific social culture and climate of that workplace
- If the employer indicates difficulties in interpersonal interactions, the agency develops and implements strategies to address.
- Areas of support may include, but not be limited to appropriate attire for work, interpersonal skills with co-workers/supervisors, discrimination and sexual harassment

C38 – Specific habilitative and behavioral goals necessary to prepare individuals for work are identified.

This indicator addresses the process of identifying goals to prepare individuals for future employment.

- Assessments must be completed to determine general goals such as increasing attention span, completing assigned tasks, and addressing needs such as interfering behaviors than could impact future employment.
- Support strategies must be developed to address habilitative goals.

C39 – There is a plan developed to identify job goals and support needs that would lead to movement into supported employment.

- Plans addressed in this indicator must be individualized with a person-centered process so the individual can build an awareness and understanding of pursuing job possibilities as distinct from other goals and interests. Assessing an individual's work-related abilities, desire for work, and the barriers to achieving it are critical to the process.
- Assessment should occur on an ongoing basis as the individual explores their interests and develops skills. Assessments should also occur for individuals for whom employment is not envisioned as a long-term goal at this time.
- Staff activities should seek to guide and inform the individual's evolving interests and decisions about employment options and the types of jobs to pursue.
- Based upon the results of exploration activities and skill development, the program must continually identify the barriers to achieving the employment desired and develop approaches toward removing barriers.
- It should be clear how various activities support the individual's personal desires for employment.

Specialty Indicators subject to sample substitution.

When a specialty indicator does not apply to the sampled individual then another individual receiving the same site-based service will be substituted. For example, if the Cluster B person does not require health-related supports and protective equipment, rate this for the Cluster A person, if they're applicable. If these specialty indicators are not applicable to either the A or B person, rate them for another person within the home. Whenever possible rate all indicators relevant for the service type; however, do not expand beyond the home or service to select people from another home or separate service for rating. Note that making sample substitutions for specialty indicators applies in CBDS but does not apply to Employment Supports.

Indicator	Topic	For site-based residential services, replace the A or B person with another individual within the site for whom the indicator is applicable. For community-based day services (CBDS), replace the sampled person with another individual within the same service site. Sample replacements can be made up to the total number of audits for the location.
L10 Cluster B	Reduction of risk for individuals whose behaviors may pose a risk to themselves or others	Rate this for sampled individual (Cluster B person). If not relevant, rate the indicator for the Cluster A person. If not relevant to A person, ask if it is applicable to anyone else at the location. If so, apply indicator to that person.
L38 Cluster A	Physicians' orders and treatment protocols are followed.	Rate this for sampled individual (Cluster A person). If not relevant, rate the indicator for the Cluster B person. If not relevant to B person, ask if it is applicable to anyone else at the location. If so, apply indicator to that person. For CBDS, if sampled individual does not require a healthcare protocol, ask if anyone within the audited service site requires a healthcare protocol to manage a significant medical condition. If so, rate L38 for that individual as a sample substitution for that indicator.
L39 Cluster A	Specialty dietary requirements are followed.	Rate this for sampled individual (Cluster A person). If not relevant, rate the indicator for the Cluster B person. If not relevant to B person, ask if it is applicable to anyone else at the location. If so, apply indicator to that person.
L46 Cluster A	Medication Administration for non- self-medicating individuals.	Rate this for sampled individual (Cluster A person). If the individual is not prescribed any medication, rate the indicator for the Cluster B person. If not relevant to B person, ask if it is applicable to anyone else at the location. If so, apply indicator to that person. For CBDS, if sampled individual does not take medication administered by staff, ask if anyone within the audited service site is administered medications by staff. If so, rate L46 for that individual as a sample substitution for that indicator.
L47 Cluster A	Self-Medication	Rate this for sampled individual (Cluster A person). If the individual is not self-medicating, rate the indicator for the Cluster B person. If not relevant to B person, ask if it is applicable to anyone else at the location. If so, apply indicator to that person.
L56 Cluster B	Restrictive practices for one individual that affect all individuals served at a location need to have a written rationale and have provisions so as to not unduly restrict the rights of others.	This is focused on the mitigation plan in place for other individual's affected by a housemate's restriction. If the Cluster B person is the one who the restriction is in place for, then apply the indicator to the Cluster A person as someone affected by it.
L57-L60 Cluster B	Behavior intervention plans are in writing and have the	Rate this for sampled individual (Cluster B person). If the individual does not require a PBS Targeted or Intensive plan, rate the indicators for the

	necessary reviews and approvals.	Cluster A person. If not relevant to A person, ask if PBS Targeted or Intensive plan is applicable to anyone else at the location. If so, apply indicator to that person. For CBDS, if sampled individual is not supported by a PBS Targeted or Intensive plan, ask if anyone within the audited service site has a Targeted or Intensive plan. If so, rate L57-60 for that individual as a sample substitution for those indicators.
L61-L62, L84 Cluster B	Supports and health related protections have the necessary reviews and approvals.	Rate this for sampled individual (Cluster B person). If the individual does not utilize supportive or protective equipment, rate the indicator for the Cluster A person. If not relevant to A person, ask if these supports are applicable to anyone else at the location. If so, apply indicators to that person. For CBDS, if sampled individual does not use supportive or protective equipment, ask if anyone within the audited service site uses supportive/protective devices. If so, rate L61, L62, L84 for that individual as a sample substitution for those indicators.
L63-L64 Cluster A	Medication Treatment Plans.	Rate this for sampled individual (Cluster A person). If the individual is not prescribed behavior modifying medication or is self-medicating AND competent, rate the indicator for the Cluster B person. If not relevant to B person, ask if it is applicable to anyone else at the location. If so, apply indicator to that person. For CBDS, if sampled individual does not take a behavior modifying medication administered by staff, ask if anyone within the audited service site takes a behavior modifying medication administered by staff. If so, rate L63-L64 for that individual as a sample substitution for those indicators.
L67 - L69	Money plan, expenditures benefit the individual and are tracked.	Rate this for sampled individual (Cluster A person). If the agency has no role in managing the person's finances at all, rate the indicator for the Cluster B person. If not relevant to B person, ask if it is applicable to anyone else at the location. If so, apply indicator to that person. For CBDS, if the agency does not hold money for the sampled individual, ask if there is anyone within the audited service site that they support with finances.
L99 Cluster B	Medical Monitoring and Treatment Devices	Rate this for sampled individual (Cluster B person). If the individual does not utilize a medical monitoring or treatment device, rate the indicator for the Cluster A person. If not relevant to A person, ask if these supports are applicable to anyone else at the location. If so, apply indicator to that person. For CBDS, if sampled individual does not utilize a medical monitoring or treatment device, ask if anyone within the audited service site requires these devices. If so, rate L99 for that individual as a sample substitution for that indicator.