



**PROVIDER REPORT
FOR**

**FRIENDSHIP HOME INC
458 Main St.
Norwell, MA 02061**

July 12, 2024

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider FRIENDSHIP HOME INC

Review Dates 6/5/2024 - 6/11/2024

Service Enhancement Meeting Date 6/28/2024

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Survey scope and findings for Residential and Individual Home Supports

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Residential and Individual Home Supports	1 location(s) 2 audit (s)	Targeted Review	DDS 10/10 Provider 55 / 55 65 / 65 2 Year License 06/28/2024-06/28/2026		No Review Conducted
Respite Services	1 location(s) 2 audit (s)			No Review	No Review
Planning and Quality Management (For all service groupings)				DDS Targeted Review	6 / 6

Survey scope and findings for Employment and Day Supports

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Employment and Day Supports	2 location(s) 14 audit (s)	Targeted Review	DDS 11/11 Provider 45 / 45 56 / 56 2 Year License 06/28/2024-06/28/2026		DDS 3 / 3 Provider 39 / 39 42 / 42 Certified 06/28/2024 - 06/28/2026
Community Based Day Services	1 location(s) 7 audit (s)			DDS Targeted Review	15 / 15
Employment Support Services	1 location(s) 7 audit (s)			DDS Targeted Review	21 / 21
Planning and Quality Management (For all service groupings)				DDS Targeted Review	6 / 6

EXECUTIVE SUMMARY :

EXECUTIVE SUMMARY :

Friendship Home, Inc. was founded in 1999 to create a recreational/social club (Friendship Club) to ensure social and recreational opportunities for family members as well as opportunities for individuals with developmental disabilities to share similar interests. The agency provides services for adults with intellectual and developmental disabilities that includes its Bridges to Work program, which consists of both Community Based Day Services (CBDS) and Employment Supports, and a Respite program offering weeklong respite opportunities for individuals as well as weekend overnight respite care. The Bridges to Work and CBDS program has expanded to intake 16 new participants in the last year, and the respite program can accommodate up to 10 at a time. Friendship Home has also expanded their respite services to offer overnight stays during the week.

The scope of this survey conducted by the Department of Developmental Services (DDS) Office of Quality Enhancement consisted of a targeted review of licensing and certification indicators for Employment Services. Respite services and CBDS were reviewed for targeted licensing indicators only. The agency conducted their own assessment for all indicators that were not reviewed by DDS.

Organizationally, the agency demonstrated strength in ensuring that allegations of abuse/neglect were reported as mandated by regulation, staff were knowledgeable concerning what constitutes a reportable condition and their role as mandated reporters.

In licensing, under environmental, the respite site was in good repair, and all inspections were current. In the Domain of healthcare, the agency obtained Individualized protocols from healthcare providers for respite guests who had specialized needs and conducted staff trainings to ensure that staff are knowledgeable, one guest had a well written seizure protocol even though they have not a seizure for over 5 years, another guest had a well written dysphagia protocol, staff demonstrated a thorough knowledge of the treatment protocols. All prescribed medication was administered according to the written order of a practitioner and were properly documented on a medication treatment chart, medication was packed by the pharmacy for the duration of the visit only. Emergency Facts Sheets were available on site, and they were accurate with individual's current emergency medical and contact information.

Survey findings also revealed several strengths in the licensure indicators within the CBDS and Employment programs. The location was clean, and well maintained. Individuals were able to evacuate in a safe, orderly, and in a timely manner, all required inspections were in place and there were approved smoke detectors at each level of the home. In the area of competent workforce, support staff were trained to recognize signs and symptoms of illness.

In Certification within the domain of career planning, development, and employment, the agency's employment services program, individuals were supported to explore job interests and the provider had developed a plan that identified job goals and support needs. Individuals were supported to obtain work that matched their skills and interests. One individual who had expressed a desire to increase her hours and potentially obtain another job in a different field was supported by the agency to obtain a seasonal position in another field to determine if the increase in hours and change in responsibilities would suit her, another individual who needed support in her current position was supported by the agency staff to increase her on the job interactive skills with customers to maintain her position.

Based on the findings of this report, Friendship Home, Inc. received two Two-Year Licenses for Residential (respite) and Employment/Day Supports and is Certified for its CBDS and Employment services. Friendship Home Inc. scores resulted in a 100% for licensing within Residential Services (respite) and 100% for Employment/Day Supports and 100% for certification.

Description of Self Assessment Process:

To consistently continue to meet DDS standards, FH evaluated the physical site & records of persons served using L&C indicators; utilizing these measures ensures adherence to providing person centered & quality supports in a safe and well-maintained environment. Internal audits occur regularly, with the last being completed in the month prior to the DDS targeted review.

Tools utilized during the process include:

Employee Training Record Spreadsheet; Safety/Evacuation Plans; Fire Drill record; Environmental Safety Record; Confidential (Case) Files; Monthly Building Safety & Maintenance Checklist; site walk-through; Assistive Technology Assessments; physician orders, specialized diets, MAR's; Human Rights Committee materials; health related protections; personnel records; financial drivers; ISP Submission reports; HCSIS management reports; employment records; employment data tracker; satisfaction survey results; service delivery observation.

During this process the following record samples were reviewed: All Employment records, 57 (or 85%) of CBDS confidential files, and 39 (or 85%) Respite confidential files. For all critical indicators & those indicators rated as "Not Met" from the 2022 survey, 100% of individuals served were reviewed. The criteria determining "standard met" was based on a compliance factor of 85% or higher

Personal Safety: All program staff are trained to prevent & report instances of suspected abuse. All instances are reported to DPPC & immediately acted upon to ensure the safety of individuals. Complaints & reportable incidents are reviewed by the agency HRC, as well as internal administrative review. Evacuation Plans are updated and submitted for approval by DDS Area Offices prior to annual review with program staff and participants; Crisis response protocols are established and reviewed with staff and participants. Fire drills are conducted as required for CBDS. Emergency Fact Sheets are kept current & regularly updated to reflect ongoing changes. The ability of individuals to safely use physical equipment is assessed through the annual Safety Assessment & staff are trained to support the individual to gain greater personal independence.

Environmental Safety: To maintain environmental safety & identify emerging needs, the FH Facilities Manager completes monthly building & safety inspections. The monthly building inspection includes; water temperature checks, condition & operational status of facilities throughout the interior & exterior, and expiration of required inspections or maintenance. Required inspections are conducted by vendors (i.e.: septic, HVAC, fire alarms, etc.); these are coordinated by the Facilities Manager. The Director of Programs & Quality works directly with the Facilities Manager to coordinate action appropriate to area of concern.

The FH building is adapted & accessible to the needs of persons served & includes wheelchair accessible stovetops, sinks, & counters, as well as an elevator to support those with mobility challenges.

Communication: There is a continued focus on the ability of DSP's to understand how the population we serve communicates both expressively & receptively. This is reflected through increasing use of adaptive means to assist the person to communicate their wants & needs, & also understand tasks & concepts. There is increased focus on enhancing communication between programs in order to enhance & improve the quality of service provided. There is ongoing attention to ensure that all communications & interactions promote the respect & dignity of the person. Individuals participate & provide input into hiring staff & performance reviews; this includes participating directly in the interview process by asking questions of the candidate, providing feedback after an interview, and again providing feedback at the time of the annual performance review.

Health: Health related trainings such as Medical Awareness, Signs & Symptoms, & Transmission of Diseases is required for all staff. Additionally, staff are trained in specialized / unique medical information (i.e.: health related protections, seizure protocols, specialized diets etc.) at staff meetings & on an as-needed basis. DSP's have ongoing access to protocol & procedure information within staff resource or shift binders.

There has been a growing focus on promoting physical and mental well-being within programs at FH.

The CBDS program facilitates fitness opportunities such as daily access to the Norwell Athletic Center, 110 Fitness, as well as in-house yoga & Zumba classes. Other therapies such as music & art are provided through a combination of instructors from the community and program staff. The CBDS program has collaborated with Triangle, Inc. to facilitate their TAPS program & Boston Medical Center's Good Grief program to promote improved social emotional well-being.

Human Rights: FH remains committed to providing person centered quality care in the most dignified & respectful manner possible. Staff and program participants receive training and education on Human Rights, Abuse Prevention & Reporting, and informed of means to file complaints & grievances. Families & guardians are provided information regarding all of these topics during the annual ISP meeting, or via an annual mailing. Two Human Rights Officers are assigned to each program & all staff are encouraged to act as advocates at all times. FH is part of an active, vocal Human Rights Committee, & HRC members have been an effective oversight; minutes of the HRC meetings are distributed to the appropriate Area Offices & HR Specialists. The HRC reviews DPPC complaints, restraints, significant behavior incidents, unplanned hospital visits, supportive & protective devices & behavior plans.

Competent Workforce: Applicant credentials are screened as part of the hiring process. Upon hire, the orientation initiates the start of required training assignments. FH utilizes several approaches to staff training given the diverse schedules of employees. Modalities include interactive cloud-based trainings, on-site certification trainings & self-teaching curriculum. Training models include competency testing to ensure staff proficiency. Audits of required trainings are completed by the DP&Q regularly via training spreadsheet.

Performance development and supervision meetings occurs on a regular basis, monthly or quarterly according to program & need. BTW meets as a full team on a weekly basis and supervisors meet individually with direct reports on a monthly basis. Respite Team Meetings occur bi-annually while ongoing staff support / feedback is provided as necessary. Director's meet as a full team and individually with DP&Q on a monthly basis. Senior Leadership meets weekly & Finance Meetings occur monthly.

Staff are trained to adequately & safely support the unique needs of persons served by reviewing individual-specific medical protocol/procedures. This takes place upon hire and on an annual basis as a team, or upon any changes to protocol information.

Goal Development & Implementation: The BTW ISP Submission Process is a strategic system that was established to ensure timely and quality development of program participant Individual Support Plans each year. The process consists of advanced completion of assessments and documentation required by the agency and DDS. Support strategies, etc. which are developed from the Person Centered Planning questionnaire along with required assessments are submitted to the Program Director 2 weeks prior to the document due date on the HCSIS portal. Each submission is reviewed for completeness, quality, and accuracy on the basis of agreed upon standards and expectations. Monitoring occurs at the programmatic level to ensure that objectives, once agreed upon, are implemented for the individual. Case Managers strive to complete support strategies & assessments according to the established ISP timeline.

Planning & Quality Improvement: FH actively seeks to measure progress towards outcomes through objective measures including utilizing input from stakeholders to inform decision making. Satisfaction Surveys for participants are completed in program with support of staff. Surveys from families & DDS Service Coordinators are distributed and completed electronically. Participant surveys were adapted to meet the needs of limited & non-readers by incorporating visual response options. Participant & family surveys are completed every two years or as needed, depending if there is targeted / unique information to seek feedback on. Survey of DDS Service Coordinators is ongoing given limited responses to repeated requests & inquiries.

Monthly program reports are submitted by each Program Director. These reports capture financial overview and tracks service trends (ie. Employment Supports metrics, transportation, incidents, # of participants / guests). Administration and program leadership teams are able to use these monthly reports to identify trends and patterns that support future planning.

Additional quality improvement initiatives include investing in technology applications to improve data management.

Career Planning, Development & Employment: Participants are regularly assessed to determine skills, interests, career goals & training support needs related to employment. Employment benefit & entitlement information is reviewed & shared with participants & their guardians. Friendship Home currently engages with 24 community employment partners. Accommodations are made for participants in order to remove barriers to independent performance while on shift; examples include task lists, digital timers, grabbers & kneepads. Employers provide feedback to participants related to job performance annually & as needed. Participants receive direct support to enhance work related interpersonal skills on-site at work via job coach (as needed) as well as on-site at Friendship Home during skills classes.

Meaningful & Satisfying Day Activities: Participants are supported to explore opportunities & interests as they relate to employment, skill building, & recreation in a way that is person centered & customized. This is completed within the ES/CBDS setting through interest assessments have been implemented. In the CBDS setting, people structure their preferences for day to day options through daily check-in meetings, & a weekly schedule that offers a menu of skill-building & enrichment class options that refresh bi-annually (at a minimum). Participants are supported to identify & connect with personal interests related to hobbies & community involvement.

Access & Integration: BTW participants are supported to explore & expand their interests within the greater community. Along with regular use of community resources, there is continuing emphasis for people to become active members of their community (volunteering at the local COA, membership to the local gym 110 Fitness, etc.). Choices in routines, schedules, leisure activities, & satisfaction with service are ongoing subjects of focus. 2-3 times each year the schedule offerings are revised to reflect the interests & needs of participants. Participants meet with their respective Case Managers to identify their schedule preferences based on personal & career goals.

Choice, Control & Growth: People are supported to maximize personal control of their lives according to the demands of their own person. Choices in routines, schedules, leisure activities, & satisfaction with service are daily & ongoing subjects of focus. Environmental supports are in place for participants to maximize independence with routines & tasks. Assistive technology has been implemented within several areas including: within the participant feedback form used during the interview process, use of appliances throughout the building, visual schedules, and task lists for employment and programmatic activities. Development of individual skills is ongoing through regular offerings of skill-building classes & trainings.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	10/10	0/10	
Residential and Individual Home Supports	55/55	0/55	
Respite Services			
Critical Indicators	8/8	0/8	
Total	65/65	0/65	100%
2 Year License			
# indicators for 60 Day Follow-up		0	

	Met / Rated	Not Met / Rated	% Met
Organizational	11/11	0/11	
Employment and Day Supports	45/45	0/45	
Community Based Day Services Employment Support Services			
Critical Indicators	6/6	0/6	
Total	56/56	0/56	100%
2 Year License			
# indicators for 60 Day Follow-up		0	

CERTIFICATION FINDINGS

	Reviewed By	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	DDS 0/0 Provider 6/6	6/6	0/6	
Residential and Individual Home Supports	DDS	0/0	0/0	
Respite Services		0/0	0/0	
Total		6/6	0/6	100%
No Review Conducted				

	Reviewed By	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	DDS 0/0 Provider 6/6	6/6	0/6	
Employment and Day Supports	DDS 3/3 Provider 33/33	36/36	0/36	
Community Based Day Services	DDS 0/0 Provider 15/15	15/15	0/15	
Employment Support Services	DDS 3/3 Provider 18/18	21/21	0/21	
Total		42/42	0/42	100%
Certified				

MASTER SCORE SHEET LICENSURE

Organizational: FRIENDSHIP HOME INC

Indicator #	Indicator	Reviewed by	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓡ L2	Abuse/neglect reporting	DDS	7/7	Met
L3	Immediate Action	Provider	-	Met
L4	Action taken	Provider	-	Met
L48	HRC	Provider	-	Met
L65	Restraint report submit	Provider	-	Met
L66	HRC restraint review	Provider	-	Met
L74	Screen employees	Provider	-	Met
L75	Qualified staff	Provider	-	Met
L76	Track trainings	Provider	-	Met
L83	HR training	Provider	-	Met
L92 (07/21)	Licensed Sub-locations (e/d).	Provider	-	Met

Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I	Provider		-		-	-	-	-	Met
L3	Immediate Action	L	Provider		-		-	-	-	-	Met
L5	Safety Plan	L	Provider		-		-	-	-	-	Met
Ⓡ L6	Evacuation	L	DDS				1/1			1/1	Met
L8	Emergency Fact Sheets	I	DDS				2/2			2/2	Met
L9 (07/21)	Safe use of equipment	I	Provider		-		-	-	-	-	Met
Ⓡ L11	Required inspections	L	DDS				1/1			1/1	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
Ⓡ L12	Smoke detectors	L	DDS				1/1			1/1	Met
Ⓡ L13	Clean location	L	DDS				1/1			1/1	Met
L14	Site in good repair	L	Provider		-		-	-	-	-	Met
L15	Hot water	L	Provider		-		-	-	-	-	Met
L16	Accessibility	L	Provider		-		-	-	-	-	Met
L17	Egress at grade	L	Provider		-		-	-	-	-	Met
L18	Above grade egress	L	Provider		-		-	-	-	-	Met
L19	Bedroom location	L	Provider		-		-	-	-	-	Met
L20	Exit doors	L	Provider		-		-	-	-	-	Met
L21	Safe electrical equipment	L	Provider		-		-	-	-	-	Met
L22	Well-maintained appliances	L	Provider		-		-	-	-	-	Met
L23	Egress door locks	L	Provider		-		-	-	-	-	Met
L24	Locked door access	L	Provider		-		-	-	-	-	Met
L25	Dangerous substances	L	Provider		-		-	-	-	-	Met
L26	Walkway safety	L	Provider		-		-	-	-	-	Met
L28	Flammables	L	Provider		-		-	-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L29	Rubbish /combustibles	L	Provider		-		-	-	-	-	Met
L30	Protective railings	L	Provider		-		-	-	-	-	Met
L31	Communication method	I	Provider		-		-	-	-	-	Met
L32	Verbal & written	I	Provider		-		-	-	-	-	Met
L37	Prompt treatment	I	Provider		-		-	-	-	-	Met
Ⓡ L38	Physician's orders	I	DDS				2/2			2/2	Met
L39	Dietary requirements	I	Provider		-		-	-	-	-	Met
L40	Nutritional food	L	Provider		-		-	-	-	-	Met
L41	Healthy diet	L	Provider		-		-	-	-	-	Met
L44	MAP registration	L	Provider		-		-	-	-	-	Met
L45	Medication storage	L	Provider		-		-	-	-	-	Met
Ⓡ L46	Med. Administration	I	DDS				2/2			2/2	Met
L49	Informed of human rights	I	Provider		-		-	-	-	-	Met
L50 (07/21)	Respectful Comm.	I	Provider		-		-	-	-	-	Met
L51	Possessions	I	Provider		-		-	-	-	-	Met
L52	Phone calls	I	Provider		-		-	-	-	-	Met
L53	Visitation	I	Provider		-		-	-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L54 (07/21)	Privacy	I	Provider		-		-	-	-	-	Met
L55	Informed consent	I	Provider		-		-	-	-	-	Met
L61	Health protection in ISP	I	Provider		-		-	-	-	-	Met
L62	Health protection review	I	Provider		-		-	-	-	-	Met
L77	Unique needs training	I	Provider		-		-	-	-	-	Met
L80	Symptoms of illness	L	DDS				1/1			1/1	Met
L81	Medical emergency	L	Provider		-		-	-	-	-	Met
Ⓡ L82	Medication admin.	L	DDS				1/1			1/1	Met
L84	Health protect. Training	I	Provider		-		-	-	-	-	Met
L85	Supervision	L	Provider		-		-	-	-	-	Met
L90	Personal space/ bedroom privacy	I	Provider		-		-	-	-	-	Met
L91	Incident management	L	Provider		-		-	-	-	-	Met
L93 (05/22)	Emergency back-up plans	I	Provider		-		-	-	-	-	Met
L94 (05/22)	Assistive technology	I	Provider		-		-	-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L96 (05/22)	Staff training in devices and applications	I	Provider		-		-	-	-	-	Met
#Std. Met/# 55 Indicator										55/55	
Total Score										65/65	
										100%	

Employment and Day Supports:

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L1	Abuse/neglect training	I	Provider		-	-	-	Met
L5	Safety Plan	L	Provider		-	-	-	Met
☞ L6	Evacuation	L	DDS			1/1	1/1	Met
L7	Fire Drills	L	Provider		-	-	-	Met
L8	Emergency Fact Sheets	I	DDS	6/7		6/7	12/14	Met (85.71 %)
L9 (07/21)	Safe use of equipment	I	Provider		-	-	-	Met
☞ L11	Required inspections	L	DDS			1/1	1/1	Met
☞ L12	Smoke detectors	L	DDS			1/1	1/1	Met
☞ L13	Clean location	L	DDS			1/1	1/1	Met
L14	Site in good repair	L	Provider		-	-	-	Met
L15	Hot water	L	Provider		-	-	-	Met
L16	Accessibility	L	Provider		-	-	-	Met

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L17	Egress at grade	L	Provider		-	-	-	Met
L20	Exit doors	L	Provider		-	-	-	Met
L21	Safe electrical equipment	L	Provider		-	-	-	Met
L22	Well-maintained appliances	L	Provider		-	-	-	Met
L25	Dangerous substances	L	Provider		-	-	-	Met
L26	Walkway safety	L	Provider		-	-	-	Met
L28	Flammables	L	Provider		-	-	-	Met
L29	Rubbish/com bustibles	L	DDS			1/1	1/1	Met
L30	Protective railings	L	Provider		-	-	-	Met
L31	Communication method	I	Provider		-	-	-	Met
L32	Verbal & written	I	Provider		-	-	-	Met
L37	Prompt treatment	I	Provider		-	-	-	Met
Ⓡ L38	Physician's orders	I	DDS	1/1		6/6	7/7	Met
L39	Dietary requirements	I	Provider		-	-	-	Met
L49	Informed of human rights	I	Provider		-	-	-	Met
L50 (07/21)	Respectful Comm.	I	Provider		-	-	-	Met
L51	Possessions	I	Provider		-	-	-	Met
L52	Phone calls	I	Provider		-	-	-	Met
L54 (07/21)	Privacy	I	Provider		-	-	-	Met
L55	Informed consent	I	DDS	6/7		7/7	13/14	Met (92.86 %)
L61	Health protection in ISP	I	DDS			5/5	5/5	Met
L77	Unique needs training	I	Provider		-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L80	Symptoms of illness	L	DDS	1/1		1/1	2/2	Met
L81	Medical emergency	L	Provider		-	-	-	Met
L84	Health protect. Training	I	Provider		-	-	-	Met
L85	Supervision	L	Provider		-	-	-	Met
L86	Required assessments	I	Provider		-	-	-	Met
L87	Support strategies	I	Provider		-	-	-	Met
L88	Strategies implemented	I	Provider		-	-	-	Met
L91	Incident management	L	Provider		-	-	-	Met
L93 (05/22)	Emergency back-up plans	I	Provider		-	-	-	Met
L94 (05/22)	Assistive technology	I	Provider		-	-	-	Met
L96 (05/22)	Staff training in devices and applications	I	Provider		-	-	-	Met
#Std. Met/# 45 Indicator							45/45	
Total Score							56/56	
							100%	

MASTER SCORE SHEET CERTIFICATION

Certification - Planning and Quality Management

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

	C6	Future directions planning	Provider	-	Met
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Community Based Day Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	Met
C8	Family/guardian communication	Provider	-	Met
C13	Skills to maximize independence	Provider	-	Met
C37	Interpersonal skills for work	Provider	-	Met
C38 (07/21)	Habilitative & behavioral goals	Provider	-	Met
C39 (07/21)	Support needs for employment	Provider	-	Met
C40	Community involvement interest	Provider	-	Met
C41	Activities participation	Provider	-	Met
C42	Connection to others	Provider	-	Met
C43	Maintain & enhance relationship	Provider	-	Met
C44	Job exploration	Provider	-	Met
C45	Revisit decisions	Provider	-	Met
C46	Use of generic resources	Provider	-	Met
C47	Transportation to/ from community	Provider	-	Met
C51	Ongoing satisfaction with services/ supports	Provider	-	Met

Employment Support Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	Met
C8	Family/guardian communication	Provider	-	Met
C22	Explore job interests	DDS	6/6	Met
C23	Assess skills & training needs	Provider	-	Met
C24	Job goals & support needs plan	DDS	7/7	Met
C25	Skill development	Provider	-	Met
C26	Benefits analysis	Provider	-	Met

Employment Support Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C27	Job benefit education	Provider	-	Met
C28	Relationships w/businesses	Provider	-	Met
C29	Support to obtain employment	DDS	7/7	Met
C30	Work in integrated settings	Provider	-	Met
C31	Job accommodations	Provider	-	Met
C32	At least minimum wages earned	Provider	-	Met
C33	Employee benefits explained	Provider	-	Met
C34	Support to promote success	Provider	-	Met
C35	Feedback on job performance	Provider	-	Met
C36	Supports to enhance retention	Provider	-	Met
C37	Interpersonal skills for work	Provider	-	Met
C47	Transportation to/ from community	Provider	-	Met
C50	Involvement/ part of the Workplace culture	Provider	-	Met
C51	Ongoing satisfaction with services/ supports	Provider	-	Met