



**PROVIDER REPORT
FOR**

**Incompass Human Services,
Inc
4 Omni Way
Chelmsford, MA 01824**

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider Incompass Human Services, Inc

Review Dates 8/24/2022 - 8/30/2022

**Service Enhancement
Meeting Date** 9/14/2022

Survey Team Anne Carey
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Citizen Volunteers

Survey scope and findings for Residential and Individual Home Supports

| Service Group Type | Sample Size | Licensure Scope | Licensure Level | Certification Scope | Certification Level |
|---|---------------------------------|------------------------|---|----------------------------|---|
| Residential and Individual Home Supports | 12 location (s) 14 audit (s) | Full Review | 76/92 2 Year License 09/14/2022 - 09/14/2024 | | 61 / 66 Certified 09/14/2022 - 09/14/2024 |
| Residential Services | 5 location(s) 5 audit (s) | | | Full Review | 17 / 20 |
| ABI-MFP Residential Services | 1 location(s) 3 audit (s) | | | Full Review | 20 / 20 |
| Placement Services | 6 location(s) 6 audit (s) | | | Full Review | 18 / 20 |
| Planning and Quality Management (For all service groupings) | | | | Full 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) 15 audit (s) | Full Review | 51/67 2 Year License with Mid-Cycle Review 09/14/2022 - 09/14/2024 | | 29 / 38 Certified with Progress Report 09/14/2022 - 09/14/2024 |
| Community Based Day Services | 1 location(s) 10 audit (s) | | | Full Review | 9 / 15 |
| Employment Support Services | 1 location(s) 5 audit (s) | | | Full Review | 14 / 17 |
| Planning and Quality Management (For all service groupings) | | | | Full Review | 6 / 6 |

EXECUTIVE SUMMARY :

Incompass Human services, based in Chelmsford, MA, launched in 2020 and is the newly rebranded agency founded when LifeLinks Inc and CLASS merged. Prior to the merger, LifeLinks, operating since 1954, provided support to adults and children with developmental and intellectual disabilities within the Northeast Region. Services offered included 24 hr. Residential support, Placement Services, and Individual Home Supports (IHS). CLASS, founded in 1976, served adults with developmental and intellectual disabilities within the Northeast Region, providing several services, including Community Based Day Services (CBDS) and Employment Supports. Today, Incompass Human Services offers a wide array of supports to the community, including Residential and Day services for adults with developmental and intellectual disabilities. This evolving agency has recently expanded its services to include supports for adults with acquired brain injuries and Huntington's Disease and supporting individuals with forensic needs.

The Scope of the survey conducted by the Office of Quality Enhancement (OQE) was a full review of all Licensing and Certification indicators within the Residential, CBDS, and Employment programs.

Organizationally, one area of strength for the agency is its efforts to solicit feedback and engage service recipients, employees, and stakeholders in their new directives. As part of the rebranding initiative, the agency created a "culture team" in which representatives from each group are valuable members. Contributions made by this team included the development of the new agency mission and culture statements, which is the agency's foundation.

The agency demonstrated strength in both Residential and Day support in the domain of Environmental Safety. All the locations where audits occurred were clean and in good repair, all appliances were in working order, and required inspections had been conducted. Fire safety systems were functional; evacuation drills were conducted as regulated, and individuals were supported to evacuate within the required timeframe. In Residential supports, assessments were completed for individuals evaluating each person's skills and abilities to ensure their safe use of equipment in the home. In Day supports, all individuals were assessed for fall risk and other environmental safety concerns as needed.

In Licensing, there were several areas within Residential Services where the agency's robust systems and oversight resulted in success for individuals. Within the Health domain, episodic health care was occurring on an ongoing basis when required. Medical protocols were in place when required and staff were trained and implemented these protocols correctly. All staff had received training to support individuals in following a healthy diet which resulted in weight loss success for some. For example, in Placement Services, this support led to improved outcomes for the overall health of one of the individuals. Within the Human Rights domain, all individuals receive annual and often monthly training in Human Rights and Mandated Reporting. The Human Rights training curriculum has been adapted as needed to meet the learning style and abilities of the trainees to ensure its effectiveness. As a result, individuals were well versed on their rights and who to call if they had concerns.

In Certification, homes were well appointed, reflected those in the surrounding neighborhood, and individuals were supported to personalize their rooms and shared spaces. People were supported to maintain relationships with their families and friends. One home provider has gone the extra step and supported the individual in locating long-lost family members and establishing a new relationship.

There were several areas of strength in both CBDS and Employment identified. Through record reviews and on-site observations, all communication about and with individuals being supported was found to be respectful. All staff had been trained on the unique needs of the individuals. The agency had developed "Personal Profiles," which contained information about the person, including strengths, interests and dislikes, and support needs. These also included information on any positive behavioral supports effective when supporting and interacting with the person. As a result,

individuals were well supported in their unique needs, and for staff unfamiliar with individuals, this system ensured that they were well informed of any pertinent information when working with individuals.

Within the medical domain, staff were trained on the correct implementation of medical protocols and found to be knowledgeable about the medical needs of the people they support. All medications were being administered in accordance with MAP regulations, per the doctor's order by trained staff, and stored correctly.

In addition to the many positive practices seen during the survey, some areas requiring further attention were identified. Within the Residential area of licensing, the agency needs to improve its financial monitoring system to provide greater oversight of individual funds. This includes the need to ensure funds management plans are in place and include all required components when the agency has shared or delegated money management responsibilities. Medication Treatment Plans (MTP) for those prescribed behavior-modifying medications need to be in place and include all the required components, and written behavior support plans should be developed whenever a restrictive practice is in place for the affected individual. Within the area of Certification, the agency needs to ensure it has a mechanism to assess and support individuals to identify their needs and interests regarding intimate relationships and companionship. Additionally, the agency needs to increase and expand opportunities for community activities that align with individual and expressed interests.

Within CBDS and Employment services, there are also some areas that require further attention. Within the Human Rights domain, several areas need to be addressed. For example, individuals need to be trained annually and guardians provided with information on how to report alleged abuse and neglect. When restrictive practices are in place, there needs to be individualized plans and rationales for these restrictions and mitigation plans for those who do not need these restrictions. Within the Certification realm, there needs to be increased emphasis on pre-employment exploration for those within the CBDS programs. While many individuals are being supported to attain employment-related skills, such as workplace interpersonal skills and increased focus, the agency needs to support individuals to explore their potential job interests and develop individualized support plans that outline goals, support needs, and interventions to reduce barriers to employment. Within the Tree program, community activities were not occurring, and in-house activities and groups offered were limited and did not expose the individuals to a variety of opportunities. Focus should be directed to increasing meaningful activities and participation within the community.

Some areas requiring improvement were identified during the survey on the organizational level. The agency needs to focus on increasing its Human Rights Committee membership attendance to meet quorum as written in its bylaws and promote more active participation from its diverse members. Additionally, systems to ensure that time-sensitive documentation such as ISP-related materials, restraint reports, and incident reports are submitted within required timelines need to be improved. The agency needs to also ensure that all staff receive all required trainings.

Based on this Licensing and Certification review findings, Incompass will receive a Two-Year License for their Residential Programs with a score of 83% indicators rated Met. The agency achieved a Certification score of 92% indicators rated Met and is therefore Certified for its Residential Supports. Incompass will receive a Two-Year License with a Mid-Cycle Review for Employment / Day Services with a score of 75% of Licensing indicators rated Met. The agency is also Certified with a Progress Report with a score of 76% indicators rated Met. OQE will return within 60 days of the Service Enhancement meeting to conduct a follow-up on all Licensing indicators receiving a Not Met rating for both Residential and Employment/ Day services.

LICENSURE FINDINGS

| | Met / Rated | Not Met / Rated | % Met |
|--|--------------|-----------------|------------|
| Organizational | 6/10 | 4/10 | |
| Residential and Individual Home Supports | 70/82 | 12/82 | |
| ABI-MFP Residential Services Placement Services Residential Services | | | |
| Critical Indicators | 8/8 | 0/8 | |
| Total | 76/92 | 16/92 | 83% |
| 2 Year License | | | |
| # indicators for 60 Day Follow-up | | 16 | |

| | Met / Rated | Not Met / Rated | % Met |
|---|--------------|-----------------|------------|
| Organizational | 6/10 | 4/10 | |
| Employment and Day Supports | 45/57 | 12/57 | |
| Community Based Day Services Employment Support Services | | | |
| Critical Indicators | 8/8 | 0/8 | |
| Total | 51/67 | 16/67 | 76% |
| 2 Year License with Mid-Cycle Review | | | |
| # indicators for 60 Day Follow-up | | 16 | |

Organizational Areas Needing Improvement on Standards not met/Follow-up to occur:

| Indicator # | Indicator | Area Needing Improvement |
|-------------|--|---|
| L4 | Action is taken when an individual is subject to abuse or neglect. | For 5 out of 15 Action Plans reviewed, it was found that action was not taken when an individual was subject to abuse or neglect. The agency needs to ensure that there is follow up to CRT recommendations including documentation of staff re-trainings, suspensions, etc. when an incident occurs. |

Organizational Areas Needing Improvement on Standards not met/Follow-up to occur:

| Indicator # | Indicator | Area Needing Improvement |
|--------------------|---|--|
| L48 | The agency has an effective Human Rights Committee. | The agency's Human Rights Committee did not maintain the required membership as it did not have a member with medical expertise for the last 6 meetings or consistent attendance by members. While meeting minutes reflect compliance with regulatory requirements, the agency needs to ensure that the committee meets membership requirements. |
| L65 | Restraint reports are submitted within required timelines. | 29 of 51 restraint reports were not submitted to the DDS Area Office within the required timeframe. The agency needs to ensure that restraint reports are submitted within the required timeframe. |
| L76 | The agency has and utilizes a system to track required trainings. | 15 of 20 employees had not received the required trainings; The agency does not have a mechanism to provide ongoing verification of external staffing agency trainings. The agency needs to ensure that staff receive required trainings and that external relief agencies provide required trainings to their staff prior to them working for Incompass. |

Residential Areas Needing Improvement on Standards not met/Follow-up to occur:

| Indicator # | Indicator | Area Needing Improvement |
|--------------------|---|--|
| L8 | Emergency fact sheets are current and accurate and available on site. | For 4 out of 14 individuals, Emergency Fact Sheets were not fully completed or accurate. The agency needs to ensure that each EFS contains all the required components, including diagnoses and probable patterns of movement. The EFS should be updated as needed when any information changes. |
| L43 | The health care record is maintained and updated as required. | For 5 out of 14 individuals, the health care record was not maintained as required. The health care record is required to be updated annually (in preparation for the ISP). The HCR also needs to be updated when significant changes occur throughout the year. The medical information in the individual record located within the residential home needs to be current and updated in an ongoing manner so that it can serve to facilitate routine, specialty, and emergency medical contacts and encounters. |
| L59 | Behavior plans have received all the required reviews. | For one individual, the behavior plan had not been reviewed by the Human Right Committee. The agency needs to ensure the human rights committee reviews any existing PBSP containing restrictive procedures upon the introduction of a new procedure and/or at least annually. |

Residential Areas Needing Improvement on Standards not met/Follow-up to occur:

| Indicator # | Indicator | Area Needing Improvement |
|--------------------|--|--|
| L63 | Medication treatment plans are in written format with required components. | For 5 out of 11 individuals, a medication treatment plan was not present or did not contain the required components. The agency needs to ensure a medication treatment plan is in place if the individual is prescribed any medication to modify behavior, including but not limited to medications for sleep or medication for depression. The plan must contain at least the following: a description of the behavioral symptoms to be managed or treated , a description of clinical indications that might require suspension or termination of the drug therapy; monitoring data pertaining to the target behavior, including goals, and target behavior prior to and subsequent to the administration of the medication(s), such that the individual's clinical course may be evaluated. |
| L67 | There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility. | For 7 of 14 individuals, the agency's funds management plans were missing required components and/or did not contain an accompanying training plan. For every individual for whom the agency has shared or delegated money management, there needs to be a written funds management plan accompanied by a training plan. The management plan needs to include all sources of income, identification of the institutions holding the funds, representative payee designation, budgeted monthly expenses, if applicable the dollar amount the individual can hold or manage independently, and how the individual accesses their money. |
| L68 | Expenditures of individual's funds are made only for purposes that directly benefit the individual. | For 3 of 14 individuals where the agency had shared or delegated financial responsibility, financial records identified expenditures of funds for purposes that did not directly benefit the individual. Examples of such expenditures included bank fees inclusive of monthly account fees, transaction fees, paper statement fees, and balance inquiry fees. The agency needs to ensure all expenditures of funds are made for purposes that only directly benefit the individual. |
| L80 | Support staff are trained to recognize signs and symptoms of illness. | At 12 locations, the Signs and Symptoms of Illness training utilized by the agency did not contain two sources required by the DDS. The agency needs to ensure all staff receive a Signs and Symptoms of Illness Training that includes the DDS resources "Just Not Right" and "Health Observation Guidelines". |
| L84 | Staff / care providers are trained in the correct utilization of health related protections per regulation. | 3 out of 8 health related supports and protections reviewed did not have an accompanying staff training. The agency needs to ensure staff are trained, knowledgeable and capable of safely implementing any health related protections. |

Residential Areas Needing Improvement on Standards not met/Follow-up to occur:

| Indicator # | Indicator | Area Needing Improvement |
|--------------------|--|--|
| L86 | Required assessments concerning individual needs and abilities are completed in preparation for the ISP. | For 4 of 13 individuals, required assessments had not been submitted within ISP timelines. Assessments must be submitted at least 15 days in advance of the ISP meeting. |
| L89 | The provider has a complaint and resolution process that is effectively implemented at the local level. | The complaint resolution form used in the agency's ABI program does not include the required components. The agency needs to ensure these components are present. |
| L91 | Incidents are reported and reviewed as mandated by regulation. | For 3 out of 10 locations, incidents were not reported and reviewed as mandated by regulation. The agency needs to ensure that timelines are followed for both minor and major incidents and that all reportable events are entered into HCSIS. |
| L94 (05/22) | Individuals have assistive technology to maximize independence. | For 5 of 14 individuals, an assistive technology assessment had not been conducted. The agency needs to engage in an assessment of an individual's desire for independence and autonomy and to thoughtfully consider what assistive technology might be engaged to promote further independence. |

Employment/Day Areas Needing Improvement on Standards not met/Follow-up to occur:

| Indicator # | Indicator | Area Needing Improvement |
|--------------------|---|---|
| L1 | Individuals have been trained and guardians are provided with information in how to report alleged abuse/neglect. | Five individuals had not received training on reporting abuse and neglect (DPPC/mandated reporter training), and three Guardians had not received information covering the same. The agency needs to ensure that all individuals receive at least annual training in how to file a complaint, including DPPC Hotline information, what constitutes a reportable condition and their right to file a Complaint if they have reason to believe that there is mistreatment, abuse or neglect occurring. Individuals should be trained in accordance with their communication and other needs. Guardians of individuals need to be provided with information and training on how to file a complaint. |
| L8 | Emergency fact sheets are current and accurate and available on site. | The Emergency Fact Sheets for twelve individuals did not include all required components such as relevant medical diagnoses, complete and accurate information pertaining to Guardianship, and prescribed medications. The agency needs to ensure that Emergency Fact Sheets include all required components as outlined in the DDS OQE Interpretations. |

Employment/Day Areas Needing Improvement on Standards not met/Follow-up to occur:

| Indicator # | Indicator | Area Needing Improvement |
|--------------------|---|---|
| L15 | Hot water temperature tests between 110 and 120 degrees (as of 1/2014). | At the CBDS location, water temperatures measured outside of the required range. The agency needs to ensure that water temperatures are within the required range (110 degrees for faucets in public buildings (employment/day sites |
| L49 | Individuals and guardians have been informed of their human rights and know how to file a grievance or to whom they should talk if they have a concern. | Five individuals had not received at least annual training in human rights, including how to file a grievance, and three Guardians had not received information regarding human rights and how to file a grievance. The agency needs to ensure that all individuals and Guardians for individuals have been informed of their human rights and know how to file a grievance or to whom they should talk if they have a concern. |
| 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. | Three individuals participated in a program where restrictive practices were in place (door alarms, 1:1 bathroom monitoring, no use of the internet) without written rationale. The agency needs to ensure that site restrictions in place to safeguard a specific individual(s) but not all individuals served at the site have a written rationale for the restriction, review by the Human Rights Committee and have practices in place that ensure access for those not requiring the restriction(s). |
| L57 | All behavior plans are in a written plan. | For one individual, restrictive practices are utilized without a written behavior modification plan. The agency needs to ensure written plans are developed whenever restrictive practices are used, and the Human Rights Committee reviews such plans. |
| L61 | Supports and health related protections are included in ISP assessments and the continued need is outlined. | Five individuals were supported to use health related supports, for which the agency did not have written authorization. The agency needs to ensure that all health related supports, including but not limited to wheelchair, walker, and gait belt are utilized under the written authorization of a qualified clinician and, at minimum health related supports documentation includes reason/rationale for use, details frequency and duration of use, frequency of safety checks, maintenance and cleaning instructions and conditions for modification and discontinuance |
| L63 | Medication treatment plans are in written format with required components. | Five individuals had medication treatment plans (MTPs) in place for medications they received while receiving community based day services (CBDS). Data tracking was not occurring during CBDS hours on the target behaviors for which medications were prescribed as outlined in the MTPs. The agency needs to ensure data tracking is occurring on target behavior(s) as defined within each individual's MTP. |

Employment/Day Areas Needing Improvement on Standards not met/Follow-up to occur:

| Indicator # | Indicator | Area Needing Improvement |
|--------------------|---|---|
| L86 | Required assessments concerning individual needs and abilities are completed in preparation for the ISP. | For four individuals, ISP assessments were not submitted within the required timeframe. The agency needs to ensure that all required assessments are submitted in preparation for the ISP. |
| L87 | Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP. | For five individuals, ISP support strategies were not submitted within the required timeframe. The agency needs to ensure that all required assessments are submitted in preparation for the ISP. |
| L88 | Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented. | For 3 of 13 individuals, the agency was unable to demonstrate through data collection that services and support strategies identified and agreed upon in the ISP were being implemented. The agency needs to ensure all individuals are supported to meet their ISP goals and objectives through implementation of identified support strategies and evidenced through data collection. |
| L94 (05/22) | Individuals have assistive technology to maximize independence. | None of the 15 individuals had been evaluated, formally or informally, to determine if they would benefit from any assistive technology. The agency needs to ensure that individuals receive formal or informal assistive technology assessments and that they receive and are supported to use the technology. |

CERTIFICATION FINDINGS

| | Met / Rated | Not Met / Rated | % Met |
|--|--------------------|------------------------|--------------|
| Certification - Planning and Quality Management | 6/6 | 0/6 | |
| Residential and Individual Home Supports | 55/60 | 5/60 | |
| Placement Services | 18/20 | 2/20 | |
| ABI-MFP Residential Services | 20/20 | 0/20 | |
| Residential Services | 17/20 | 3/20 | |
| Total | 61/66 | 5/66 | 92% |
| Certified | | | |

| | Met / Rated | Not Met / Rated | % Met |
|--|--------------------|------------------------|--------------|
| Certification - Planning and Quality Management | 6/6 | 0/6 | |
| Employment and Day Supports | 23/32 | 9/32 | |
| Community Based Day Services | 9/15 | 6/15 | |
| Employment Support Services | 14/17 | 3/17 | |
| Total | 29/38 | 9/38 | 76% |
| Certified with Progress Report | | | |

Placement Services- Areas Needing Improvement on Standards not met:

| Indicator # | Indicator | Area Needing Improvement |
|--------------------|--|---|
| C7 | Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them. | None of the six placement locations had a mechanism for individuals to provide feedback on their providers or the agency coordinators that support them. The agency needs to ensure that individuals have an opportunity to provide feedback on staff both at the time of hire and on an ongoing basis. |

Placement Services- Areas Needing Improvement on Standards not met:

| Indicator # | Indicator | Area Needing Improvement |
|--------------------|--|---|
| C12 | Individuals are supported to explore, define, and express their need for intimacy and companionship. | 3 of 6 individuals had not been formally or informally assessed to determine their needs relative to intimacy and companionship; the agency does not have a curriculum and has not trained staff in this realm. The agency needs to ensure that individuals are formally or informally assessed to determine their needs, and that support is provided to address these needs. The agency must also ensure that either external resources are utilized to meet needs, or that an internal curriculum and training is available to staff. |
| C12 | Individuals are supported to explore, define, and express their need for intimacy and companionship. | For all 5 individuals, there was no support to explore, define and express their need for intimacy and companionship. The agency did not have a formal or informal mechanism or curriculum to provide individuals or their support staff in this area. The agency needs to ensure all individuals are supported to explore, define and express their need for intimacy and companionship. For those individuals needing support, the agency needs to ensure education is provided in a manner consistent with the individual's ability to learn and understand. |
| C17 | Community activities are based on the individual's preferences and interests. | For 4 of 5 individuals, community activities based on identified or expressed preferences and interests had not occurred or were not occurring on an ongoing basis. The agency needs to ensure that identified and preferred community activities are able to occur, and effort is made to ensure they occur on an ongoing and sustained basis. |
| C46 | Staff (Home Providers) support individuals to learn about and use generic community resources. | For 3 out of 5 residential locations, staff did not support individuals to learn about and use generic resources. The agency needs to ensure that individuals are supported to access the bank, post office, and other resources on a regular basis. They should also be supported to become more involved and independent when accessing such resources. |

Community Based Day Services- Areas Needing Improvement on Standards not met:

| Indicator # | Indicator | Area Needing Improvement |
|--------------------|--|---|
| C38 (07/21) | Specific habilitative and behavioral goals necessary to prepare individuals for work are identified. | Five of eight individuals did not have specific goals developed to prepare them for the employment arena. The agency needs to utilize all information obtained to address potential barriers to work and formulate habilitative and behavioral goals. |
| C39 (07/21) | There is a plan developed to identify job goals and support needs that would lead to movement into supported employment. | Six of eight individuals did not have person-centered plans in place identifying their job goals and support needs. The agency needs to ensure that all individuals on the path to employment have plans which include individually tailored strategies to enhance their skills and interests. |
| C41 | Individuals participate in activities, including those in the community, that reflect their interests and preferences. | Six of nine individuals were not participating in community-based day activities reflective of their interests and preferences. The agency needs to ensure that once individualized interests have been assessed, individuals are supported to participate in these community activities on a frequent and ongoing basis. |
| C42 | Individuals are involved in activities that connect them to other people in the community. | Six of nine individuals were not involved in activities connecting them to other people in the community. The agency needs to ensure that the activities offered allow for frequent contact with the community at large. |

| Indicator # | Indicator | Area Needing Improvement |
|-------------|--|--|
| C44 | Staff have effective methods to assist individuals to explore their job interests if appropriate. | Individuals were not supported to explore their particular individualized job interests. Paid work experiences were limited to the agency's in-house employment onsite (janitorial through the agency and contracted work performed on-site, either loom weaving or medical equipment assembly). Vocational interest exploration was limited to using a visual choice making paper tool and similar checklist. The agency needs to ensure that individualized preferences are explored using a variety of methods, for example, using interest inventories combined with volunteer experience, online career exploration, job tours, and visiting different types of employment. Employment opportunity exploration and placement should then be based on the findings or thorough, varied, and individualized exploration |
| C46 | Staff (Home Providers) support individuals to learn about and use generic community resources. | For 5 of 10 individuals, there was no support to learn about and use generic community resources either in person or virtually. The agency needs to support all individuals to learn about and use generic community resources. |
| C26 | Career planning includes an analysis of how an individual's entitlements can be managed in a way that allows them to work successfully in the community. | Individuals had not been supported to have an analysis of how their entitlements can be managed in a way that allows them to work successfully in the community, earning promotions, wage increases, and increasing their working hours as desired. The agency needs to ensure that benefits analysis occurs for each individual with employment and inform individuals (and their families as applicable) of the impact of future earnings on their current disability benefits, for example, SSI, SSDI, SSP, and Mass Health. |

| Indicator # | Indicator | Area Needing Improvement |
|-------------|---|--|
| C29 | Individuals are supported to obtain employment that matches their skills and interests. | For one of two individuals, ongoing and sustained efforts to obtain competitive employment in their specific field of interest had not occurred. The agency needs to identify the interests and skills of an individual and support placement in community positions that are in line with identified interests and talents. |
| C34 | The agency provides the optimal level of support to promote success with a specific plan for minimizing supports. | Two of five individuals did not have a plan in place to fade the levels of support needed as greater independence was realized. The agency needs to ensure that once employment begins, plans are developed that outline how supports will be minimized or faded over time. |

MASTER SCORE SHEET LICENSURE

Organizational: Incompass Human Services, Inc

| Indicator # | Indicator | Met/Rated | Rating(Met,Not Met,NotRated) |
|-------------|-------------------------|-----------|------------------------------|
| Ⓡ L2 | Abuse/neglect reporting | 15/15 | Met |
| L3 | Immediate Action | 15/15 | Met |
| L4 | Action taken | 10/15 | Not Met(66.67 %) |
| L48 | HRC | 0/1 | Not Met(0 %) |
| L65 | Restraint report submit | 22/51 | Not Met(43.14 %) |
| L66 | HRC restraint review | 49/49 | Met |
| L74 | Screen employees | 5/5 | Met |
| L75 | Qualified staff | 2/2 | Met |
| L76 | Track trainings | 5/20 | Not Met(25.00 %) |
| L83 | HR training | 20/20 | Met |

Residential and Individual Home Supports:

| Ind. # | Ind. | Loc. or Indiv. | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|------------|---------------------------|----------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|-------------------|
| L1 | Abuse/neglect training | I | 5/5 | | 6/6 | | 3/3 | | 14/14 | Met |
| L5 | Safety Plan | L | 4/5 | | 6/6 | | 1/1 | | 11/12 | Met (91.67 %) |
| R L6 | Evacuation | L | 5/5 | | 6/6 | | 1/1 | | 12/12 | Met |
| L7 | Fire Drills | L | 5/5 | | | | 1/1 | | 6/6 | Met |
| L8 | Emergency Fact Sheets | I | 3/5 | | 4/6 | | 3/3 | | 10/14 | Not Met (71.43 %) |
| L9 (07/21) | Safe use of equipment | I | 5/5 | | | | 3/3 | | 8/8 | Met |
| L10 | Reduce risk interventions | I | 2/2 | | | | 2/2 | | 4/4 | Met |
| R L11 | Required inspections | L | 5/5 | | 6/6 | | 1/1 | | 12/12 | Met |
| R L12 | Smoke detectors | L | 4/5 | | 6/6 | | 1/1 | | 11/12 | Met (91.67 %) |
| R L13 | Clean location | L | 5/5 | | 6/6 | | 1/1 | | 12/12 | Met |
| L14 | Site in good repair | L | 5/5 | | 6/6 | | 1/1 | | 12/12 | Met |
| L15 | Hot water | L | 5/5 | | 6/6 | | 1/1 | | 12/12 | Met |
| L16 | Accessibility | L | 5/5 | | 3/3 | | 1/1 | | 9/9 | Met |
| L17 | Egress at grade | L | 5/5 | | 6/6 | | 1/1 | | 12/12 | Met |

| Ind. # | Ind. | Loc. or Indiv. | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|--------|----------------------------|----------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|---------------|
| L18 | Above grade egress | L | 3/3 | | | | 1/1 | | 4/4 | Met |
| L19 | Bedroom location | L | 4/4 | | 1/1 | | 1/1 | | 6/6 | Met |
| L20 | Exit doors | L | 5/5 | | | | 1/1 | | 6/6 | Met |
| L21 | Safe electrical equipment | L | 5/5 | | 6/6 | | 1/1 | | 12/12 | Met |
| L22 | Well-maintained appliances | L | 5/5 | | 6/6 | | 1/1 | | 12/12 | Met |
| L23 | Egress door locks | L | 4/4 | | | | 1/1 | | 5/5 | Met |
| L24 | Locked door access | L | 5/5 | | 6/6 | | 1/1 | | 12/12 | Met |
| L25 | Dangerous substances | L | 5/5 | | | | 1/1 | | 6/6 | Met |
| L26 | Walkway safety | L | 5/5 | | 6/6 | | 1/1 | | 12/12 | Met |
| L27 | Pools, hot tubs, etc. | L | 1/1 | | 2/2 | | | | 3/3 | Met |
| L28 | Flammables | L | 4/5 | | | | 1/1 | | 5/6 | Met (83.33 %) |
| L29 | Rubbish/combustibles | L | 5/5 | | 6/6 | | 1/1 | | 12/12 | Met |
| L30 | Protective railings | L | 4/4 | | 6/6 | | 1/1 | | 11/11 | Met |

| Ind. # | Ind. | Loc. or Indiv. | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|--------|-----------------------|----------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|-------------------|
| L31 | Communication method | I | 5/5 | | 6/6 | | 3/3 | | 14/14 | Met |
| L32 | Verbal & written | I | 5/5 | | 6/6 | | 3/3 | | 14/14 | Met |
| L33 | Physical exam | I | 4/5 | | 6/6 | | 3/3 | | 13/14 | Met (92.86 %) |
| L34 | Dental exam | I | 4/5 | | 6/6 | | 3/3 | | 13/14 | Met (92.86 %) |
| L35 | Preventive screenings | I | 4/5 | | 6/6 | | 3/3 | | 13/14 | Met (92.86 %) |
| L36 | Recommended tests | I | 4/5 | | 6/6 | | 3/3 | | 13/14 | Met (92.86 %) |
| L37 | Prompt treatment | I | 5/5 | | 5/5 | | 3/3 | | 13/13 | Met |
| L38 | Physician's orders | I | 4/4 | | 2/2 | | 3/3 | | 9/9 | Met |
| L39 | Dietary requirements | I | 3/3 | | 2/2 | | | | 5/5 | Met |
| L40 | Nutritional food | L | 5/5 | | | | 1/1 | | 6/6 | Met |
| L41 | Healthy diet | L | 5/5 | | 6/6 | | 1/1 | | 12/12 | Met |
| L42 | Physical activity | L | 5/5 | | 6/6 | | 1/1 | | 12/12 | Met |
| L43 | Health Care Record | I | 2/5 | | 4/6 | | 3/3 | | 9/14 | Not Met (64.29 %) |
| L44 | MAP registration | L | 5/5 | | | | 1/1 | | 6/6 | Met |
| L45 | Medication storage | L | 5/5 | | | | 1/1 | | 6/6 | Met |

| Ind. # | Ind. | Loc. or Indiv. | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|-------------|--------------------------|----------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|---------------|
| L46 | Med. Administration | I | 5/5 | | 5/5 | | 2/3 | | 12/13 | Met (92.31 %) |
| L47 | Self medication | I | 1/1 | | | | 1/1 | | 2/2 | Met |
| L49 | Informed of human rights | I | 5/5 | | 6/6 | | 3/3 | | 14/14 | Met |
| L50 (07/21) | Respectful Comm. | I | 5/5 | | 6/6 | | 3/3 | | 14/14 | Met |
| L51 | Possessions | I | 5/5 | | 6/6 | | 3/3 | | 14/14 | Met |
| L52 | Phone calls | I | 5/5 | | 6/6 | | 3/3 | | 14/14 | Met |
| L53 | Visitation | I | 5/5 | | 6/6 | | 3/3 | | 14/14 | Met |
| L54 (07/21) | Privacy | I | 5/5 | | 6/6 | | 3/3 | | 14/14 | Met |
| L55 | Informed consent | I | 1/1 | | | | 2/2 | | 3/3 | Met |
| L56 | Restrictive practices | I | 0/1 | | | | 3/3 | | 3/4 | Met |
| L57 | Written behavior plans | I | 1/1 | | | | | | 1/1 | Met |
| L58 | Behavior plan component | I | 1/1 | | | | | | 1/1 | Met |
| L59 | Behavior plan review | I | 0/1 | | | | | | 0/1 | Not Met (0 %) |
| L60 | Data maintenance | I | 1/1 | | | | | | 1/1 | Met |
| L61 | Health protection in ISP | I | 3/4 | | 1/1 | | 3/3 | | 7/8 | Met (87.50 %) |

| Ind. # | Ind. | Loc. or Indiv. | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI- MFP Res. Sup. | ABI- MFP Place. | Total Met/Rat ed | Rating |
|--------|------------------------------------|----------------------|--------------|----------------------|--------|-------|-----------------------------|-----------------------|------------------------|-------------------------|
| L62 | Health protecti on review | I | 3/3 | | 1/1 | | 3/3 | | 7/7 | Met |
| L63 | Med. treatme nt plan form | I | 2/4 | | 3/4 | | 1/3 | | 6/11 | Not Met (54.55 %) |
| L64 | Med. treatme nt plan rev. | I | 3/3 | | 4/5 | | 3/3 | | 10/11 | Met (90.91 %) |
| L67 | Money mgmt. plan | I | 2/5 | | 2/6 | | 3/3 | | 7/14 | Not Met (50.0 %) |
| L68 | Funds expendi ture | I | 4/5 | | 4/6 | | 3/3 | | 11/14 | Not Met (78.57 %) |
| L69 | Expendi ture tracking | I | 4/5 | | 5/6 | | 3/3 | | 12/14 | Met (85.71 %) |
| L70 | Charges for care calc. | I | 5/5 | | 6/6 | | 3/3 | | 14/14 | Met |
| L71 | Charges for care appeal | I | 5/5 | | 6/6 | | 3/3 | | 14/14 | Met |
| L77 | Unique needs training | I | 5/5 | | 6/6 | | 3/3 | | 14/14 | Met |
| L78 | Restricti ve Int. Training | L | | | | | 1/1 | | 1/1 | Met |
| L79 | Restrain t training | L | 1/1 | | | | | | 1/1 | Met |
| L80 | Sympto ms of illness | L | 0/5 | | 0/6 | | 0/1 | | 0/12 | Not Met (0 %) |
| L81 | Medical emerge ncy | L | 5/5 | | 6/6 | | 1/1 | | 12/12 | Met |
| L82 | Medicati on admin. | L | 5/5 | | | | 1/1 | | 6/6 | Met |

| Ind. # | Ind. | Loc. or Indiv . | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI- MFP Res. Sup. | ABI- MFP Place. | Total Met/Rat ed | Rating |
|----------------|--|------------------------------------|----------------------|-------------------------------|---------------|--------------|---------------------------------------|--------------------------------|---------------------------------|----------------------------------|
| L84 | Health protect. Training | I | 1/4 | | 1/1 | | 3/3 | | 5/8 | Not Met (62.50 %) |
| L85 | Supervi sion | L | 5/5 | | 6/6 | | 1/1 | | 12/12 | Met |
| L86 | Require d assess ments | I | 2/5 | | 4/5 | | 3/3 | | 9/13 | Not Met (69.23 %) |
| L87 | Support strategi es | I | 2/4 | | 6/6 | | 3/3 | | 11/13 | Met (84.62 %) |
| L88 | Strategi es implem ented | I | 4/5 | | 5/5 | | 3/3 | | 12/13 | Met (92.31 %) |
| L89 | Complai nt and resoluti on process | L | | | | | 0/1 | | 0/1 | Not Met (0 %) |
| L90 | Persona l space/ bedroo m privacy | I | 5/5 | | 6/6 | | 3/3 | | 14/14 | Met |
| L91 | Incident manage ment | L | 3/5 | | 4/4 | | 0/1 | | 7/10 | Not Met (70.0 %) |
| L93 (05/22) | Emerge ncy back-up plans | I | 5/5 | | 6/6 | | 3/3 | | 14/14 | Met |
| L94 (05/22) | Assistiv e technol ogy | I | 2/5 | | 4/6 | | 3/3 | | 9/14 | Not Met (64.29 %) |

| Ind. # | Ind. | Loc. or Individ. | 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 | 2/2 | | 1/1 | | 3/3 | | 6/6 | Met |
| #Std. Met/# 82 Indicator | | | | | | | | | 70/82 | |
| Total Score | | | | | | | | | 76/92 | |
| | | | | | | | | | 82.61% | |

Employment and Day Supports:

| Ind. # | Ind. | Loc. or Individ. | Emp. Sup. | Cent. Based Work | Com. Based Day | Total Met / Rated | Rating |
|------------|---------------------------|------------------|-----------|------------------|----------------|-------------------|-------------------|
| L1 | Abuse/neglect training | I | 0/5 | | 7/10 | 7/15 | Not Met (46.67 %) |
| L5 | Safety Plan | L | | | 1/1 | 1/1 | Met |
| Ⓡ L6 | Evacuation | L | | | 1/1 | 1/1 | Met |
| L7 | Fire Drills | L | | | 1/1 | 1/1 | Met |
| L8 | Emergency Fact Sheets | I | 0/5 | | 3/10 | 3/15 | Not Met (20.0 %) |
| L9 (07/21) | Safe use of equipment | I | 5/5 | | 10/10 | 15/15 | Met |
| L10 | Reduce risk interventions | I | | | 5/5 | 5/5 | Met |
| Ⓡ L11 | Required inspections | L | | | 1/1 | 1/1 | Met |
| Ⓡ L12 | Smoke detectors | L | | | 1/1 | 1/1 | Met |
| Ⓡ L13 | Clean location | L | | | 1/1 | 1/1 | Met |
| L14 | Site in good repair | L | | | 1/1 | 1/1 | Met |

| Ind. # | Ind. | Loc. or Individ. | Emp. Sup. | Cent. Based Work | Com. Based Day | Total Met / Rated | Rating |
|-------------|----------------------------|------------------|-----------|------------------|----------------|-------------------|-------------------|
| L15 | Hot water | L | | | 0/1 | 0/1 | Not Met (0 %) |
| L16 | Accessibility | L | | | 1/1 | 1/1 | Met |
| L17 | Egress at grade | L | | | 1/1 | 1/1 | Met |
| L18 | Above grade egress | L | | | 1/1 | 1/1 | Met |
| L20 | Exit doors | L | | | 1/1 | 1/1 | Met |
| L21 | Safe electrical equipment | L | | | 1/1 | 1/1 | Met |
| L22 | Well-maintained appliances | L | | | 1/1 | 1/1 | Met |
| L25 | Dangerous substances | L | | | 1/1 | 1/1 | Met |
| L26 | Walkway safety | L | | | 1/1 | 1/1 | Met |
| L28 | Flammables | L | | | 1/1 | 1/1 | Met |
| L29 | Rubbish/combustibles | L | | | 1/1 | 1/1 | Met |
| L30 | Protective railings | L | | | 1/1 | 1/1 | Met |
| L31 | Communication method | I | 5/5 | | 10/10 | 15/15 | Met |
| L32 | Verbal & written | I | 5/5 | | 10/10 | 15/15 | Met |
| L37 | Prompt treatment | I | 5/5 | | 10/10 | 15/15 | Met |
| ℞ L38 | Physician's orders | I | | | 5/5 | 5/5 | Met |
| L39 | Dietary requirements | I | | | 4/4 | 4/4 | Met |
| L44 | MAP registration | L | | | 1/1 | 1/1 | Met |
| L45 | Medication storage | L | | | 1/1 | 1/1 | Met |
| ℞ L46 | Med. Administration | I | | | 6/6 | 6/6 | Met |
| L49 | Informed of human rights | I | 0/5 | | 7/10 | 7/15 | Not Met (46.67 %) |
| L50 (07/21) | Respectful Comm. | I | 5/5 | | 10/10 | 15/15 | Met |

| Ind. # | Ind. | Loc. or Indiv. | Emp. Sup. | Cent. Based Work | Com. Based Day | Total Met / Rated | Rating |
|----------------|--------------------------------|---------------------------|------------------|---------------------------------|-------------------------------|----------------------------------|------------------------------|
| L51 | Possessions | I | 5/5 | | 8/9 | 13/14 | Met (92.86 %) |
| L52 | Phone calls | I | 5/5 | | 10/10 | 15/15 | Met |
| L54 (07/21) | Privacy | I | 5/5 | | 10/10 | 15/15 | Met |
| L56 | Restrictive practices | I | | | 0/3 | 0/3 | Not Met (0 %) |
| L57 | Written behavior plans | I | | | 0/1 | 0/1 | Not Met (0 %) |
| L61 | Health protection in ISP | I | | | 1/6 | 1/6 | Not Met (16.67 %) |
| L62 | Health protection review | I | | | 2/2 | 2/2 | Met |
| L63 | Med. treatment plan form | I | | | 0/5 | 0/5 | Not Met (0 %) |
| L64 | Med. treatment plan rev. | I | | | 5/5 | 5/5 | Met |
| L77 | Unique needs training | I | 5/5 | | 10/10 | 15/15 | Met |
| L78 | Restrictive Int. Training | L | | | 1/1 | 1/1 | Met |
| L79 | Restraint training | L | | | 1/1 | 1/1 | Met |
| L80 | Symptoms of illness | L | 1/1 | | 1/1 | 2/2 | Met |
| L81 | Medical emergency | L | 1/1 | | 1/1 | 2/2 | Met |
| L82 | Medication admin. | L | | | 1/1 | 1/1 | Met |
| L84 | Health protect. Training | I | | | 5/6 | 5/6 | Met (83.33 %) |
| L85 | Supervision | L | 1/1 | | 1/1 | 2/2 | Met |
| L86 | Required assessments | I | 1/4 | | 6/7 | 7/11 | Not Met (63.64 %) |
| L87 | Support strategies | I | 1/4 | | 5/7 | 6/11 | Not Met (54.55 %) |
| L88 | Strategies implemented | I | 4/4 | | 6/9 | 10/13 | Not Met (76.92 %) |
| L91 | Incident management | L | 1/1 | | 1/1 | 2/2 | Met |

| Ind. # | Ind. | Loc. or Indiv. | Emp. Sup. | Cent. Based Work | Com. Based Day | Total Met / Rated | Rating |
|--------------------------|----------------------------|----------------|-----------|------------------|----------------|-------------------|---------------|
| L93 (05/22) | Emergency back-up plans | I | 5/5 | | 10/10 | 15/15 | Met |
| L94 (05/22) | Assistive technology | I | 0/5 | | 0/10 | 0/15 | Not Met (0 %) |
| L99 (05/22) | Medical monitoring devices | I | | | 1/1 | 1/1 | Met |
| #Std. Met/# 57 Indicator | | | | | | 45/57 | |
| Total Score | | | | | | 51/67 | |
| | | | | | | 76.12% | |

MASTER SCORE SHEET CERTIFICATION

Certification - Planning and Quality Management

| Indicator # | Indicator | Met/Rated | Rating |
|-------------|----------------------------------|-----------|--------|
| C1 | Provider data collection | 1/1 | Met |
| C2 | Data analysis | 1/1 | Met |
| C3 | Service satisfaction | 1/1 | Met |
| C4 | Utilizes input from stakeholders | 1/1 | Met |
| C5 | Measure progress | 1/1 | Met |
| C6 | Future directions planning | 1/1 | Met |

Residential Services

| Indicator # | Indicator | Met/Rated | Rating |
|-------------|---|-----------|---------------|
| C7 | Feedback on staff / care provider performance | 5/5 | Met |
| C8 | Family/guardian communication | 5/5 | Met |
| C9 | Personal relationships | 5/5 | Met |
| C10 | Social skill development | 5/5 | Met |
| C11 | Get together w/family & friends | 5/5 | Met |
| C12 | Intimacy | 0/5 | Not Met (0 %) |
| C13 | Skills to maximize independence | 5/5 | Met |

Residential Services

| Indicator # | Indicator | Met/Rated | Rating |
|-------------|---|-----------|------------------|
| C14 | Choices in routines & schedules | 5/5 | Met |
| C15 | Personalize living space | 5/5 | Met |
| C16 | Explore interests | 5/5 | Met |
| C17 | Community activities | 1/5 | Not Met (20.0 %) |
| C18 | Purchase personal belongings | 5/5 | Met |
| C19 | Knowledgeable decisions | 5/5 | Met |
| C46 | Use of generic resources | 3/5 | Not Met (60.0 %) |
| C47 | Transportation to/ from community | 5/5 | Met |
| C48 | Neighborhood connections | 5/5 | Met |
| C49 | Physical setting is consistent | 5/5 | Met |
| C51 | Ongoing satisfaction with services/ supports | 5/5 | Met |
| C52 | Leisure activities and free-time choices /control | 5/5 | Met |
| C53 | Food/ dining choices | 5/5 | Met |

ABI-MFP Residential Services

| Indicator # | Indicator | Met/Rated | Rating |
|-------------|---|-----------|--------|
| C7 | Feedback on staff / care provider performance | 3/3 | Met |
| C8 | Family/guardian communication | 3/3 | Met |
| C9 | Personal relationships | 3/3 | Met |
| C10 | Social skill development | 3/3 | Met |
| C11 | Get together w/family & friends | 3/3 | Met |
| C12 | Intimacy | 3/3 | Met |
| C13 | Skills to maximize independence | 3/3 | Met |
| C14 | Choices in routines & schedules | 3/3 | Met |
| C15 | Personalize living space | 1/1 | Met |
| C16 | Explore interests | 3/3 | Met |
| C17 | Community activities | 3/3 | Met |
| C18 | Purchase personal belongings | 3/3 | Met |
| C19 | Knowledgeable decisions | 3/3 | Met |
| C46 | Use of generic resources | 3/3 | Met |

ABI-MFP Residential Services

| Indicator # | Indicator | Met/Rated | Rating |
|-------------|---|-----------|--------|
| C47 | Transportation to/ from community | 3/3 | Met |
| C48 | Neighborhood connections | 3/3 | Met |
| C49 | Physical setting is consistent | 1/1 | Met |
| C51 | Ongoing satisfaction with services/ supports | 3/3 | Met |
| C52 | Leisure activities and free-time choices /control | 3/3 | Met |
| C53 | Food/ dining choices | 3/3 | Met |

Placement Services

| Indicator # | Indicator | Met/Rated | Rating |
|-------------|---|-----------|------------------|
| C7 | Feedback on staff / care provider performance | 0/6 | Not Met (0 %) |
| C8 | Family/guardian communication | 6/6 | Met |
| C9 | Personal relationships | 6/6 | Met |
| C10 | Social skill development | 6/6 | Met |
| C11 | Get together w/family & friends | 6/6 | Met |
| C12 | Intimacy | 3/6 | Not Met (50.0 %) |
| C13 | Skills to maximize independence | 6/6 | Met |
| C14 | Choices in routines & schedules | 6/6 | Met |
| C15 | Personalize living space | 6/6 | Met |
| C16 | Explore interests | 6/6 | Met |
| C17 | Community activities | 6/6 | Met |
| C18 | Purchase personal belongings | 6/6 | Met |
| C19 | Knowledgeable decisions | 6/6 | Met |
| C46 | Use of generic resources | 6/6 | Met |
| C47 | Transportation to/ from community | 6/6 | Met |
| C48 | Neighborhood connections | 6/6 | Met |
| C49 | Physical setting is consistent | 6/6 | Met |
| C51 | Ongoing satisfaction with services/ supports | 6/6 | Met |
| C52 | Leisure activities and free-time choices /control | 6/6 | Met |
| C53 | Food/ dining choices | 6/6 | Met |

Community Based Day Services

| Indicator # | Indicator | Met/Rated | Rating |
|-------------|---|-----------|--------------------------|
| C7 | Feedback on staff / care provider performance | 10/10 | Met |
| C8 | Family/guardian communication | 10/10 | Met |
| C13 | Skills to maximize independence | 10/10 | Met |
| C37 | Interpersonal skills for work | 8/9 | Met (88.89 %) |
| C38 (07/21) | Habilitative & behavioral goals | 3/8 | Not Met (37.50 %) |
| C39 (07/21) | Support needs for employment | 2/8 | Not Met (25.00 %) |
| C40 | Community involvement interest | 9/10 | Met (90.0 %) |
| C41 | Activities participation | 3/9 | Not Met (33.33 %) |
| C42 | Connection to others | 3/9 | Not Met (33.33 %) |
| C43 | Maintain & enhance relationship | 8/9 | Met (88.89 %) |
| C44 | Job exploration | 5/9 | Not Met (55.56 %) |
| C45 | Revisit decisions | 10/10 | Met |
| C46 | Use of generic resources | 5/10 | Not Met (50.0 %) |
| C47 | Transportation to/ from community | 10/10 | Met |
| C51 | Ongoing satisfaction with services/ supports | 10/10 | Met |

Employment Support Services

| Indicator # | Indicator | Met/Rated | Rating |
|-------------|---|-----------|-------------------------|
| C7 | Feedback on staff / care provider performance | 5/5 | Met |
| C8 | Family/guardian communication | 5/5 | Met |
| C25 | Skill development | 2/2 | Met |
| C26 | Benefits analysis | 0/4 | Not Met (0 %) |
| C27 | Job benefit education | 2/2 | Met |
| C29 | Support to obtain employment | 1/2 | Not Met (50.0 %) |
| C30 | Work in integrated settings | 5/5 | Met |
| C31 | Job accommodations | 5/5 | Met |
| C32 | At least minimum wages earned | 3/3 | Met |
| C33 | Employee benefits explained | 1/1 | Met |
| C34 | Support to promote success | 3/5 | Not Met (60.0 %) |
| C35 | Feedback on job performance | 2/2 | Met |
| C36 | Supports to enhance retention | 5/5 | Met |

Employment Support Services

| Indicator # | Indicator | Met/Rated | Rating |
|--------------------|--|------------------|---------------|
| C37 | Interpersonal skills for work | 5/5 | Met |
| C47 | Transportation to/ from community | 5/5 | Met |
| C50 | Involvement/ part of the Workplace culture | 5/5 | Met |
| C51 | Ongoing satisfaction with services/ supports | 5/5 | Met |